

**THE DOCTRINE OF SOCIAL HOLINESS IN THE FREE
METHODIST CHURCH, DRC: IMPLICATIONS FOR
THE HIV AND AIDS EPIDEMIC**

By

Esther Lubunga Kenge

Supervisor: Dr. Beverley Haddad

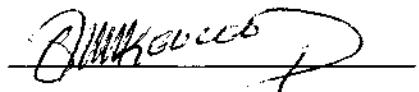
**Submitted in partial fulfillment of the requirements for the degree of Masters in Theology
(Theology and Development) in the School of Religion and Theology
University of KwaZulu-Natal**

Pietermaritzburg

2007

DECLARATION

This dissertation, unless specified in the text, is my original work. I therefore declare that I have not submitted it to any other institution for examination.



Date 15 Mars 2007

Esther Lubunga Kenge

ABSTRACT

The devastating consequences of the HIV and AIDS epidemic are endangering many lives and shaking weak economies of the Sub- Sahara Africa. The Church of Christ in Africa has decided to join hands with other players who are seeking appropriate responses to the epidemic. The Church has an important role of providing theological understanding upon which the response should be grounded. This study explores how the Free Methodist Church in the Democratic Republic of Congo could participate in the alleviation of suffering and loss due to the HIV epidemic in the region of Kivu. The eastern part of DRC, especially the Kivu region, has experienced a severe outbreak of HIV-related diseases as the aftermath of the six-year war (1996-2002) that has destroyed economic and medical infrastructures in the territory. The recent crisis is the result of rape, which was used as a cheap weapon of war and the impoverishment of the community due to political and economic instability in the area.

This study therefore draws the attention of the Free Methodist Church to the urgent need of providing care to many poor people suffering from HIV-related diseases who are unable to access treatment or purchase medicines. It suggests that the doctrine of social holiness that has been the driving force behind the involvement of the Free Methodist Church in providing social services to poor community could be used as a theological framework for its intervention. The doctrine of social holiness is expressed in extending God's love and mercy to people who live in misery and marginalized. My argument is that, in the case of the Kivu region, the doctrine of social holiness could motivate the Free Methodist Church to meet the needs of those living with HIV and AIDS. As a matter of emergency the focus could be put on providing physical and spiritual care, and also care with justice. The doctrine of social holiness could be used to mobilize the community to provide care for the needy by sharing the theological insights about human sexuality, God's love, stewardship, acceptance of the other and restoring dignity to every person created in God's image. These theological themes could be integrated in formulating a theology of HIV that could become a tool in the hands of the Free Methodist church as it ministers to people living with HIV and AIDS in Kivu.

This study advocates that, even though the response of the Free Methodist Church in responding to the HIV epidemic is still timid, there are enough potentialities in the doctrine of social holiness that could be re-examined and restated in order to meet the actual needs. The doctrine of social holiness requires that every believer who had received in his/her heart the love of God by faith may share this love with others, especially with the poor and marginalized. The misery and suffering of people living with HIV and AIDS in the Kivu region presents an opportunity to the Free Methodist Church in DRC to mobilize the community towards caring for the sick. The magnitude of the epidemic requires that the Free Methodist Church uses its theological foundation as a motivating factor in networking and lobbying other stakeholders in the region and externally so that those who are abandoned without care can find care and support.

DEDICATION

This dissertation is dedicated to my late father, Ngulu Kiama who, if alive, could have been proud of my degree. Thanks Dad for showing me that education is the best gift a father can give to his children.

ACKNOWLEDGMENT

The achievement of this work is to be given to God who has strengthened me to write this paper.

I would also like to express my deep appreciation to many persons who have in one way or another contributed to make this dissertation possible.

To my supervisor, Dr. Beverly Haddad I owe a special thanks for the guidance and academic advice. I appreciate the time she took scrutinizing this piece of work despite her tight schedule.

Thanks to all my lecturers, administration and my fellow students for each one of them have contributed to my training.

I am thankful to the Church of Sweden and the Women Ministry International of the Free Methodist Church for their financial support.

I am thankful to the following people, friends, brothers and sisters in the Lord for their love and impact in my life and studies. Mrs. Charlotte and Mr. Muhanzu Bernard, from Sweden, Nguilu Panzu from DRC, Yvonne Goode the vice president of Women Ministry International from US. May God bless you all!

Finally my sincere gratitude goes to my dear husband, Lubunga W' Ehusha for his patience, support, encouragement and understanding. Thanks.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
BDOM	Bureau Diecesain des Oeuvres medicales
DRC	Democratic Republic of Congo
ECC	Egilse du Christ au Congo
EHAIA	Ecumenical HIV and AIDS Initiatives in Africa
EVREJ	Education pour une Vie Responsible et le Bien-etre des Enfants et des Jeunes au Congo
FMC	Free Methodist Church
HIV	Human Immune Virus
MCSA	Methodist Church of Southern Africa
NRC	Norwegian Refugee Council
PLNS	Programme National de Lutte contre le SIDA
SANRU	Santé en milieu Rural
UMAC	Umngeni AIDS Centre
UN	United Nations
UNAIDS	United Nations Acquired Immune Deficiency Syndrome
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WCC	World Council of Churches
WFP	World Food Program

MAP OF THE DEMOCRATIC REPUBLIC OF CONGO

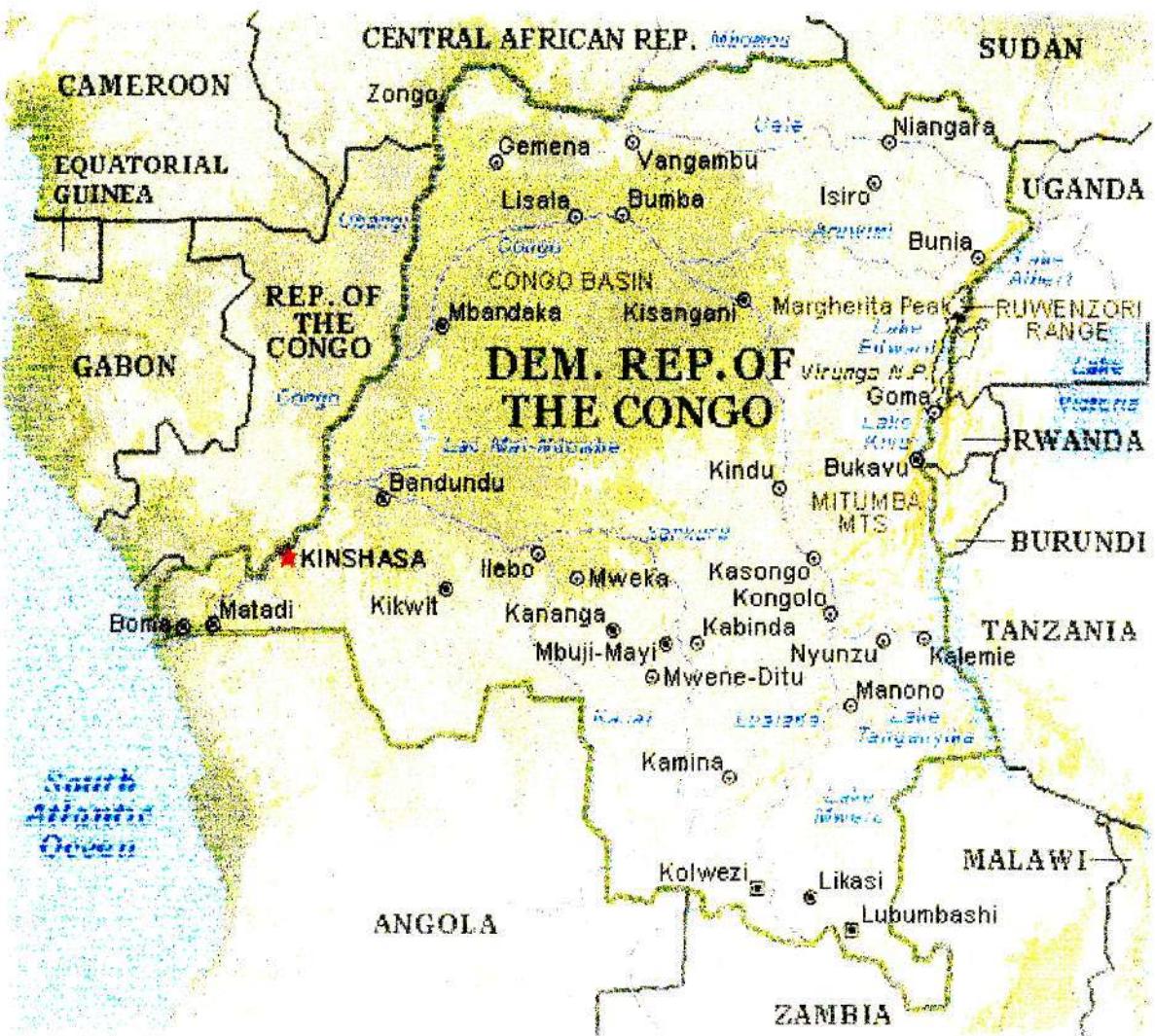


TABLE OF CONTENTS

DECLARATION	i
ABSTRACT	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
ACRONYMS	v
MAP OF THE DRC	vi
TABLE OF CONTENTS	vii

CHAPTER ONE: INTRODUCING THE STUDY

1.1. Introduction	1
1.2. The Democratic Republic of Congo	3
1.3. Research Problem and Objectives	8
1.4. Theological Framework	10
1.5. Outline of the Study	12

CHAPTER TWO: THE ROLE OF THE CHURCH IN THE HIV EPIDEMIC

2.1. Introduction	13
2.2. Defining the Church	14
2.3. The Need for a Theology of HIV and AIDS	16
2.4. Theology of HIV and AIDS	17
2.4.1. Sexuality	17
2.4.2. Love and Compassion	23
2.4.3. Christian Fellowship (Koinonia)	25
2.4.4. Death and Resurrection	27
2.5. Response of the Church of the Democratic Republic of Congo to HIV	29
2.6. Response of the Free Methodist Church in DRC to HIV	33
2.7. Conclusion	34

CHAPTER THREE: THE DOCTRINE OF SOCIAL HOLINESS

3.1. Introduction	36
3.2. Wesleyan Doctrine of Social Holiness	37
3.2.1. Christian Holiness	37
3.2.2. Social Holiness	39
3.3. Social Holiness in the Free Methodist Church	44
3.4. Social Holiness in the Free Methodist Church of DRC	46
3.5. Strengths of the Doctrine of Social Holiness	48
3.5.1. Social Holiness and God's Love	48
3.5.2. Social Holiness and Stewardship	50
3.5.3. Social Holiness and Christian Fellowship	52

3.5.4. Social Holiness and God's Creation	54
3.6. Weaknesses of the Doctrine of Social Holiness	55
3.6.1. Conservative View of the State	56
3.6.2. Rejection of Structural Change in Society	57
3.6.3. Individual Influence Rather Than Mass Movement	59
3.7. Conclusion	61

CHAPTER FOUR: SOCIAL HOLINESS AND CARE FOR PEOPLE LIVING WITH HIV AND AIDS IN KIVU

4.1. Introduction	62
4.2. Why Care?	63
4.3. Spiritual Care	64
4.4. Physical Care	72
4.5. Care With Justice: The Importance of the Doctrine of Social Holiness	79
4.6. Conclusion	88

CHAPTER FIVE: CONCLUSION

5.1. Summary of Discussion	90
5.2. Recommendations	92

BIBLIOGRAPHY	94
---------------------	----

CHAPTER ONE

INTRODUCING THE STUDY

1.1. Introduction

For decades the Free Methodist Church in the Democratic Republic of Congo (DRC) has been involved in ministries to the poor and marginalized. It is known as a church with a deep vocation towards sharing good news with the poorest of the society and providing welfare relief. In the Kivu region where the Church has her centre of operations, the FMC is active in establishing hospitals and health centres, distributing clothes and food, and also initiating development projects for the rural population. The Free Methodist Church is struggling to address human needs with regard to poverty alleviation. This concern for the poor is based on her Wesleyan heritage of social holiness that stresses the pursuit of justice and social transformation (Brewer and Jackson 1988:29). By so doing the Free Methodist Church participates in what should be the mission of the Church of Christ worldwide. Desmond Tutu defines this mission as:

The church of God has to be the salt and light of the world...We are servants of the God who reigns and cares. He wants us to be the alternative society, where there is harshness and insensitivity, we must be compassionate and caring; where people are statistics, we must show they count as being of immense value to God; where there is grasping and selfishness, we must be a sharing community now (1990:6-7).

This definition is an ideal that the Church is pursuing but I cannot affirm that in DRC the Free Methodist Church has ever successfully reached this goal. The weaknesses of the present mechanism of charity appear clearly when it is measured against the impact of HIV and AIDS in the community. The Church has not been able to rise to the challenge posed by the epidemic in the region. I concur with the declaration of the late Pope John Paul II as he argues,

HIV and AIDS are challenging the very essence of who we are as people of faith. Hearts are being broken in a struggle with death on an enormous scale. Whether it impacts on our church or the global community, this is happening to each of us in a wholly personal way beyond our control. We

may struggle with questions of death and life, sexuality and morality, of paralyzing fear and action. Ultimately, our belief in the Supreme Being may struggle with questions of death and life, sexuality and morality, of dictates that we reach out our hands with compassion and service to people living and dying with HIV and AIDS (2001).

The Church as the body of Christ and a healing community is challenged in its foundational theology of love and redemption when people living with HIV are discriminated against and many of them are left without help or support. Ronald Nicolson suggests that the Church should be a sanctuary, a safe place, a refuge, a shelter for the stigmatized and the excluded (1996:43). But the Church has not always put this suggestion into practice; on the contrary, the Church is accused of fuelling stigma and discrimination. Rachel Blackman attests this reality as she observes that, "If someone is thought to have contracted HIV through ungodly practices, people may not want to associate with them and may seek to punish them through abuse and discrimination" (2005:71). The aim of this work is to motivate the Church to move away from apathy and inactivity and engage in providing care and relief because people created in God's image are dying.

In the Democratic Republic of Congo, especially in the Kivu region, the current spread of HIV and AIDS constitutes a real threat to the survival of the community. The report given during the Helina Conference on AIDS in 2005 reveals that the impact of the six-year-war in the DRC is most severe in this eastern region that lies on the borders of Rwanda and Uganda. During the invasion of the region by foreign soldiers, rape was used as a weapon of war; its social infrastructures were destroyed, including roads and health facilities (Kingombe, Helina 2005). This has compounded the spread of HIV.

At the present people who live with AIDS are desperate because they mostly depend on the help from their own extended families. The reason is that either they do not have any medical facility in the nearby town or they do not have enough means to pay expensive bills in the few medical centres still operating in the region. The bad state of roads, which have been unattended since the war broke out in 1996, enhances the seclusion in their homes of patients who cannot support painful traveling. Many people who could live

longer are dying from HIV related diseases because of the lack of adequate care and treatment. Charles Ryan argues that, “I suggest that the root cause of the disproportionate response of government and society to the AIDS tragedy is theological—not theology as it is taught in seminaries and universities, but theology that is witnessed to by the action of the church” (Ryan 2003:11). Since the response of the Church, according to Ryan, depends on making its theology right, my argument is that the Free Methodist Church has in its theological teaching all that is needed in order to respond positively to the HIV epidemic. The doctrine of social holiness compels the Free Methodist Church to be involved in providing care, poverty alleviation and also advocating for social justice for the rights of people living with AIDS. This work is a call to the Free Methodist Church of DRC to respond to the challenge presented by the HIV epidemic.

This chapter will firstly locate DRC in Africa and then the region of Kivu with its main city Bukavu. Then I will talk briefly about the development of HIV both before and after the period of war. I will also explore the impact of war on the spread of HIV and also on other vital sectors of life.

1.2. The Democratic Republic of Congo

The Democratic Republic of Congo is the third largest country in Africa. Located in the central part of the continent, DRC shares the boundaries with many countries. It is bounded on the West by the Republic of Congo and Cabinda, on the North by Central African Republic and Sudan; on the East by Uganda, Rwanda, Burundi and Tanzania; and on the South by Angola and Zambia. It is a vast country with a total area of 2,345,000 square kilometers. The country is divided into 11 administrative provinces with Kinshasa as the capital city (EHAIA 2006:2). This study focuses on the Kivu region. Kivu is situated in the eastern part of the DRC where it shares borders with Uganda, Rwanda, Burundi, and Tanzania.

Statistics of population are not accurate but the number is estimated at around 60 million people with 45% of the population aged between 15-49 years of age. 60% live in rural areas. Because of the war prevailing in the country many people have fled to Kinshasa,

the capital city where 10 million of the population live now. Women represent 51% of the total population. There are 400 major tribes, which occupy their own territory (EHAIA 2006:3).

The DRC is famous because of its abundant natural resources. The country is rich in natural gas, lead, zinc copper. Diamond, gold and magnesium and other resources are not exploited today (EHAIA 2006:3). Given the country's equatorial climate and the high quality of its soil, the agricultural potential is great. The country produces bananas, tobacco, corn, sugarcane, cocoa, beans, cassava, maize, rice, palm oil and does animal husbandry (WFP 2006). There are potential resources in woods, lakes and rivers. Most of these resources are located in the eastern part of the country. The abundance of resources is the cause of the prevalence of war in the eastern DRC. However, despite its natural wealth, DRC ranked among the twenty least developed countries by the Human Development Report of the UN in the year 2004 (WFP 2006). There is a close link between the enormous potential resources in DRC and its political instability.

The DRC has been the theater of continuous civil wars since its independence in 1960. According to a report compiled by the Norwegian Refugee Council (NRC), the problem resides primarily in the control of the immense resources we mentioned above. This study is more interested in the recent war, which lasted six years (1996 – 2001) and the crisis that followed. Several factors may have existed at the origin of this war. The devastating war in DRC started in 1996 when a rebel army supported by Rwandan and Ugandan troops attacked Mobutu's regime. The dying regime of Mobutu was unable to stop the war and people were in support of anyone who could remove Mobutu from power (NRC 2004:41). It resulted in Mobutu fleeing the country and the president Laurent Kabil taking over power in 1997. In 1998 another rebellion against Kabil's regime supported by Rwanda and Uganda, started in the East and developed into civil war. At the same time, clashes broke out between the rebel factions resulting in a large-scale massacre (NRC 2002: 41).

Internally the long reign of the late president Mobutu Sese Seko (1965-1997), he plundered the country and left it into economic and political chaos. In reaction to this oppressive regime, people were ready to allow any invasion of the country provided they could bring Mobutu's regime to an end. The Mobutu's regime became a disgrace not only internally but also in the sight of Mobutu's supporters, as Sean Kelly reports in the speech given on February 5, 1992 by the former Assistant Secretary of State, Cohen:

Well, we have publicly said and we have told him (Mobutu) that we hold him responsible for deteriorated situation in Zaire. His profligate handling of the finances, his use of government money to try to manipulate the transitional process toward democracy, has effectively bankrupted the country. His financial management, or lack of financial management, effectively led the military riots and looting that took place in September and subsequently (Kelly 1993: 254).

Apart from the internal dissatisfaction there are also some external factors with regard to the war. For Richard Joseph, the war in DRC was a continuation of a new geopolitics change in the region including countries such as, Rwanda, Ethiopia, Uganda and Angola, in which America wanted to put an end to French supremacy on the continent (Joseph 1999:73). Nevertheless, many observers and analysts agree with the fact that the major factor behind the war of DRC was economic. The country has always struggled over the years to avoid the foreign exploitation of its immense resources. Joseph argues,

As in the case of Sierra Leone, on the illicit mining and export of diamonds, a considerable part of Mobutu's republic, financed by pilfered resources, also operated in the shadows. Representatives of major corporations rushed to sign contracts with the ADFL (Alliance of Democratic Forces of Liberation), as soon as it took control of areas of Zaire containing exploitable mineral deposits, thereby, in effect helping finance the final stages of the insurgency (Joseph 1999:72).

According to *The Nation*, the war in DRC was a competition to control DRC's rich natural resources, including diamonds, gold and other precious metals, which sustained the war.

UN Security panel has cited eighty-five multinational corporations for their involvement in the illegal exploitation of natural resources from the

DRC. The commerce in these ‘blood’ minerals’ such as coltan, used in cell phones and laptops, cobalt, copper, gold, diamonds, and uranium, drives the conflict. The brutality of the militias—the use of slavery, transmission of HIV/AIDS through rape, cannibalism, slaughter and starvation, forced recruitment of child soldiers—has routinely been employed to secure access to mining sites or insure a supply of captive labor” (*The Nation*, 8 March 2004: 6).

This struggle for mineral resources has caused the death of over 3 million people. According to UNICEF, “An estimated 4 million people have been killed in the civil conflict. In the eastern part of the country, numerous militia groups have forced 800,000 people in North and South Kivu to permanently abandon their home and seek shelter in camps” (UNICEF 2006). Even the government of America has acknowledged the economic motivation of the war in DRC. “Outside forces have taken advantage of the internal weaknesses in the DRC to promote their own selfish economic interests at the expense of the life, dignity and sovereignty of the people of the DRC” (Washington Office on Africa 2006). A more devastating effect of this war remains its link to the outbreak of the HIV pandemic in the eastern part of DRC.

Many foreign actors operating on the field have established the link between the recent outbreak of HIV and the situation of war prevailing in the same region. *War Child Canada* reports, “Over 3 million people died during the conflict which involved the armies of 7 different countries. Adding to the devastation created by the war was a severe outbreak of HIV/AIDS. The virus was used as a weapon during the war, combatants raped women in order to infect them with the disease” (*War Child* 2006). Statistics confirm the relation between war and HIV infection. According to the United Nations Program on AIDS (UNAIDS) and WHO, they give an average of 5% prevalence rate of HIV infection in the country while in the eastern part the rate is 12% (*Watchlist* 2006). Raïs Neza Boneza in his article “War and the HIV/AIDS Epidemic in the Great Lakes Region of Africa” argues that many countries that sent soldiers to invade DRC, such as Rwanda, Burundi and Uganda, had a higher rate of HIV prevalence at that period (Boneza 2006).

Since then the eastern part of DRC, has had a higher prevalence rate of HIV. The explosion of the HIV epidemic has always been connected to sexual assault by forced armies. In a report released by the National AIDS Control Programme (PNLS) in 2001, it was estimated 5% seroprevalence in the area under the government control against 20% in the rebel held area (WCC 2003: 6). These statistics show that the HIV prevalence rate is much higher in the eastern part than in the western part of the DRC. For almost 6 years the DRC was divided into two parts. One should remember that in 2001 the government was controlling the western part of the country while the northern and eastern parts were under the rebels' control. According to UNAIDS, "the systematic use of sexual violence during the war in eastern part of the country may have played a major role in spreading the virus from the soldiers to the population and from the population to the soldiers" (*Watch List* 2003: 1). The *Watch List* states, "60 percent of the combatants involved in the war in DRC are HIV positive." (*Watch List* 2003: 1). Many articles have reported the tragedy brought about in the eastern part of DRC by the invasion of foreign armies. "Armed forces from Rwanda and Uganda had by 1997 a higher prevalence of HIV/AIDS in their homeland than in DRC has occupied that region" (*Transcend* 2003: 3).

The consequences of this situation are that it is difficult to find a family not affected by sexual violence in the Kivu region. Tony Barnett and Alan Whiteside write, "Few populations on earth have been abused to the same degree as those of the Democratic Republic of Congo (DRC)" (2003: 142). What Barnett and Whiteside describe can be supported by what Anneke Van Woudenberg, the specialist for Human Rights in the DRC illustrates, "I, too was sickened by what I saw and heard, I have never before come across the cases described to me by Congolese doctors, such as gang-rape victims having their labia pierced and then padlocked and usually die of massive infection" (*The Nation*, 8 March 2004: 3). The testimonies collected by Human Rights Watch estimate that as many as 30% of rape victims are sexually tortured and mutilated during the assaults, usually with spears, machetes, sticks or gun barrels thrust into their vaginas. Increasingly, the trigger is being pulled. About 40% of rape victims usually the younger ones, aged 8 to 19, are abducted and forced to become sex slaves (*The Nation*, March 2004: 3). Trevor Lowe the spokesperson for the UN World Food Program echoes this view. "The nature of

sexual violence in the DRC conflict is grotesque, completely abnormal, babies, children, women—nobody is spared. For every woman speaking out, there are hundreds who've not yet emerged from the hell." (*The Nation*, 8 March 2004: 4). Christian Berthiaume, colleague to Lowe explains, "Never before have we found as many victims of rape in conflict situations as we are discovering in the DRC yet where is the international media coverage? The outrage? The demand for justice? (*The Nation*, 8 March 2004: 4, 5). The International Alert states,

The risk for transmission during forced or violent sexual intercourse is high because of the likelihood of genital injuries, including tears and scratches. Girls who have not yet reached puberty run an even higher risk of HIV infection, as they are more liable than older girls or women to suffer vaginal injuries during rape" (*Watch List* 2003: 2).

The testimonies described above show that the victims of rape run a higher risk of contracting the HIV infection because of the genital injuries during the sexual assault. In Kivu, 30 % of the rape victims treated in Panzi Hospital are HIV positive; this has been reported by Dr. Denis Mukwege, the medical director of the Panzi hospital in Bukavu (*The Nation* 2004: 3).

1.3 Research problems and Objectives

The current situation in which more and more people are being infected daily, including members of the Church, calls the Church to participate in the alleviation of suffering and loss due to the HIV epidemic. All reports about HIV and AIDS agree that the African continent is the most stricken by the epidemic. Its consequences affect patients physically, emotionally and spiritually. That is why the WCC document is calling the Church to respond to this human crisis.

The crisis challenges the churches to re-examine the human conditions which in fact promote the pandemic and to sharpen their awareness of people's inhumanity to one another, of broken relationship and unjust structures, and of their own complacency and complicity. HIV/AIDS is a sign of the times, calling us to see and to understand (WCC document 1997:2).

The Church has been for sometime in denial of the epidemic because of its association with promiscuity and sexual unfaithfulness (Ryan in Bates 2003:11-12). But as years go by the reality has shown that even innocent children and people of good morality are being infected in one way or another and the attitude of the Church towards HIV and AIDS is changing. Voices are raised to engage the Church to respond to the HIV epidemic as our expression of God's love to humanity and also our participation in a global effort to counter the threat to human existence. Patricia Fresen argues that,

Our responsibility is to care for one another to be concerned that the body of Christ has AIDS. Each of us is personally called to reach out in some healing way to some member of the body of Christ, look at them ask them *what are you going through?* And listen attentively to the answer (Fresen in Bates 2003:64).

To extend the love of Jesus to every creature and being conscious that we are all part of one body should compel the Church to participate in caring for people living with AIDS all over the world. The Church of Christ has to respond by solidarity to the cry of our continent and our world, which are crying out for compassion and care. It is denying our spirituality when we bear the guilt of letting people, mainly the poor and vulnerable, die around us without intervening. It is the responsibility of the Church to love and care for one another, especially those who are discriminated against and stigmatized by being HIV positive in our community. Caring for people living with AIDS in our community is a life changing experience and a proof of our belief in hope beyond worldly tragedies.

This consciousness and paradigm shift in our attitude towards HIV and AIDS requires a re-examination of our doctrinal foundation as proposed in this dissertation, so that both Church members and leaders come to a shared vision and work in unison for social change. A theological reflection on biblical principles upon which the Church of Christ is founded is necessary in order to dismiss false interpretations and mobilize Church assets in what is the essential of our faith. Social transformation is at the heart of the message of the Gospel taught by Jesus and carried out by the early Church. We are today heirs of this

rich heritage of a healing and transforming community of believers. This study seeks to answer the following key question:

How can the doctrine of social holiness motivate the Free Methodist Church in DR. Congo to be involved in the care of people living with HIV and AIDS in Kivu?

In order to explore in details the significance of the topic, this study will consider the following sub-questions:

- What is the history of the FMC DR Congo involvement in ministry to and for the poor and marginalized?
- What is the Wesleyan doctrine of social holiness?
- How is it applied in the Free Methodist Church
- What constitutes the care of people living with AIDS?
- How can the doctrine of social holiness be applied in caring for people living with AIDS?

This study is designed to achieve a number of objectives. These include:

1. To identify the challenges posed by the HIV and AIDS epidemic in the Kivu region of the DRC.
2. To provide a motivation as to why the FMC should be involved in caring for people living with AIDS.
3. To show how the doctrine of social holiness has implications for the spiritual and physical care with justice in relation to those living with HIV and AIDS.

1.4. Theological Framework

This study is located in the framework of social transformation as defined by the doctrine of social holiness of the Free Methodist Church. The crisis brought about by the HIV epidemic on the African continent, and in Kivu region in particular, may deepen if we do not deal strongly with its fundamental causes. Caring for people living with AIDS is a condition for the survival of our society. In his article, “Wesley: Conversion From Passion to Compassion” Stanley Mogoba observes that,

Wesley’s focus on the poor assumes fresh relevance when we realize how poverty became South Africa’s number one social problem... Many

churches today try to suggest separation between individual holiness and social holiness. In holding the two together, Wesley speaks directly to our situation in the South Africa today (Mogoba in Malina and Richardson 2005:151).

Mogoba is correct in suggesting that the Church should address the problem of poverty on the basis of her social holiness doctrine. In the case of Kivu, the major social problem is poverty due to an economic crisis but more especially brought about by the HIV and AIDS epidemic. The doctrine of social holiness, if it is well applied, is able to mobilize people and become the driving force in bringing about social change. It may be compared to the Fourth Generation theory of David Korten as he argues that,

Social movements have a special quality. They are driven not by budgets or organizational structures, but rather by ideas, by a vision of a better world. They move on social energy more than on money. The vision mobilizes independent action by countless individuals and organizations across national boundaries, all supporting a shared ideal. Participants in successful movements collaborate in continuously shifting networks and coalitions (Korten 1990, 124).

My argument in this study is that the doctrine of social holiness of the Free Methodist Church (FMC) offers ideas and vision that can be used to bring about social change in caring for people living with AIDS in Kivu. According to Korten, this vision should be able to mobilize individuals and organizations to support the shared ideal. The aim of this strategy is to move from charity work, public handouts or relief to mutual empowerment in order to attack the crisis at its roots (Korten 1990:143). With this model the FMC could play the role of a voluntary organization that draws the attention of local, national and international communities to make better use of available resources for caring for people living with AIDS. Korten defines the above role as follows: "Voluntary organizations are expected to play important roles as catalysts, mobilizers, feedback facilitators, analysts and advocates" (Korten, 147). The doctrine of social holiness, in shaping the concern for the poor and marginalized of the Methodist movement from its inception, provides a solid basis on which the FMC can build a scheme of fighting the consequences of HIV and AIDS in Kivu.

1.5. Outline of the Study

The structure of this thesis comprises five chapters. Chapter One circumscribes the topic of my research, giving to the reader the significance of the study, the context and my approach in tackling the subject, and the limitation of the study. Chapter Two discusses the role of the Church in the HIV epidemic. Chapter Three defines the doctrine of social holiness, as the Methodists conceived it, and its implication in bringing about social change in society. Chapter Four deals with providing care to people living with AIDS and explores the various aspects of the doctrine of social holiness that may be used in promoting or advocating for care. Focus is put on spiritual, physical and care with justice as they lead to the mobilization of people. Finally I conclude with Chapter Five by suggesting areas that need further research in order to deepen the understanding of this topic.

CHAPTER TWO

THE ROLE OF THE CHURCH IN THE HIV EPIDEMIC

2.1. Introduction

The devastating effects of the Human Immunodeficiency Virus (HIV) and its consequent Acquired Immunodeficiency Syndrome (AIDS) on persons being infected or affected worldwide has led people to declare the disease an epidemic. The World Council of the Churches describes the impact of this global epidemic as a serious situation to deal with:

Increasing numbers of people worldwide are falling sick, suffering physically, emotionally and spiritually – many in abandonment and desolation. Men, women, young people and children are dying; families and communities are severely affected socially and economically, particularly in less affluent countries. The effects of HIV/AIDS are impoverishing people, breaking their hearts, violating their human rights and wreaking havoc on their bodies and spirits (WCC 1997:1).

This statement underscores that the impact of the epidemic is more severe in less affluent countries, such as Africa. Most of the publications on HIV agree that Africa is the continent worst hit by the disease. “By the end of 2002, it was estimated that 70 per cent of all persons living with HIV are located in Sub-Saharan Africa. This amounts to nearly 30 million African men, women and children” (Lewis in Kauffman and Lindauer, 2004:98). It is also reported that, “during 2003, there were 5 million new infections worldwide, 3.5 million in Africa.” (Gennrich 2004:6). During our fieldwork in Howick (South Africa) we learned that, according to uMngeni AIDS Centre (uMAC) estimation, 27,000 out of 100,000 persons living in the uMngeni River District are HIV positive. This means that 30% of the population in that area is in danger of losing their life soon if appropriate care is not provided. The consequences of HIV are felt in all sectors of human life as Lewis notes it in his analysis of AIDS in South Africa:

Just as the society needs more resources to confront HIV/AIDS, the adverse impact of the epidemic on human capital, on productivity, and on government finances could impose a macroeconomic cost which would run as high as 1 per cent or more of the growth in GDP per capita, which

is already too low to create enough jobs and alleviate widespread poverty (2004:117).

In his article Ferdinand Nwaigbo argues that the Church in Africa must respond to HIV epidemic, because it does not only affect the development of our society but it also constitutes a challenge to the mission of the Church.

The reality of HIV/AIDS in our time may, if no cure is found, turn out to be the biggest challenge for the mission of the Church on the continent. The Church must give priority to the HIV/AIDS issue by articulating focused programmes to counter the problems of AIDS in the society (2004:2).

This chapter is designed to respond to the call of many scholars who would like to see the Church playing an important role in addressing the effects of the HIV epidemic. The major contribution of the Church should primarily consist in providing theological reflections on issues related to the disease and defining a real theology of AIDS. The Church also needs to show practical ways of ministering to people who are affected or infected by participating in the prevention through helpful education, providing care to people living with HIV and orphans, and advocating treatment for the patients. I will discuss in this chapter the response to the epidemic of the Church in DRC in general and the Free Methodist Church in particular, and then draw a conclusion at the end of the chapter.

2.2. Defining the Church

There is a wide range of groups and denominations that call themselves Churches but are different in their theological stands on many issues. This disparity has led to an ambiguity in responses by these different groups to the role of the Church in a time of HIV and AIDS. It is important therefore to define what I mean by the Church whose mission could be threatened by the epidemic. Many books have been written on this topic and I cannot cover in this study the full discussion on the meaning of the Church. The term Church is used in this chapter in its wider and practical sense as defined by John Webster. "The Church is the form of common human life and action which is generated by the gospel to

bear witness to the perfect word and work of the triune God" (Webster in Husbands and Treier 2005:96). Webster insists on the temporal, material and social existence of the Church as a visible body of followers who participate in the divine communion. Through the empowerment of the Holy Spirit, men and women engage in a number of activities. These activities become witness of what the gospel can do in human life (Webster 2005:101). This understanding is wider than any local assembly because it embraces all those who are motivated and inspired by their faith to make visible the love and perfection of God to others. This is the kind of Church that may respond actively to the challenge posed by the HIV epidemic. We believe that the Free Methodist Church is part of this Church of Christ in the world. In the plurality of our denominations it becomes hard to pinpoint which one is "the one Church of Christ." Divisions have emerged along our uniforms, days of worship, places and forms of our sanctuaries, and even in our concept of the Church. Nevertheless, the Church does exist, because the gate of hell cannot overcome the Church that Jesus built on the rock (Matt. 16:18).

Avery Dulles in his book, *Models of the Church*, has distinguished five different ecclesiological types of churches. These are: Church as Institution, Church as Mystical Communion, Church as Sacrament, Church as Herald and Church as Servant (1988). Each denomination opts for one or a combination of the above models of the Church and distinguishes itself from another. But Dulles is right as he argues that, "Although all the models have their merits, they are not of equal worth, and some presentations of some models must positively be rejected" (1988:33). The book raises the question of defining the true Church. Dulles answers this question by proposing the theological aspect of the Church as a more comprehensive and unifying concept, which could unite all denominations and bring them to convergence.

Theologically the term "church" refers to the mystery of Christ as realized in the community of those who believe in him and are assembled in his name. To the Christian believer, the Church is not a purely human thing, it is not simply of this creation or of this world; rather, it is the work of God who is present and operative in the Church through the Holy Spirit, in whom Christ continues his saving presence (1988:123).

This community of believers working under the power of the Holy Spirit to continue the saving work of Christ cuts across our denominations or faith groups. It is the body of Christ working towards bringing the kingdom of God on earth (Mat. 10:7). They pursue the mission of Christ in this world. “The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favor” (Luke 4:18-19). This is the Church that has to respond to the human misery because it has the mandate to reach the world with the message of redemption and love. In this time of HIV and AIDS, this Church will stand alongside and identify with people living with HIV and AIDS and show them love and care, just as Jesus would have done it if he were present in our society. “Just as there is no closing off of relationships in the gospel accounts of Jesus, so churches cannot withdraw into being congenial groups of the like-minded, refusing openness to and esteem for others who are physically or socially different” (WCC 1997:23). In the scope of this study we are calling the FMC in DRC to establish relationship and provide care to those living with HIV and AIDS, even though some seem to be different from our followers.

2.3. The Need For a Theology of HIV and AIDS

The Church in its mission of reaching the world with good news, is called to be on the frontline of what is today the most challenging threat to human well being, the HIV and AIDS epidemic. In his article, “Doing Theology in a time of AIDS,” Steve de Gruchy acknowledges that,

Not only are Christians and the church called to respond to the pastoral and practical challenges raised by the pandemic by drawing on a long tradition of care and compassion; but the nature and scope of the pandemic is itself challenging some of the key elements of our tradition (2006:2).

De Gruchy shows that the Church has a long tradition, which lies beneath its existence and actions. This tradition is rooted in the theology of the Church, which defines God's design for the Church and its mission on earth. De Gruchy is right as he observes that key elements of this tradition are being challenged by the disease. The challenge is great

when one considers the division in the Church on how to respond to the epidemic. There is a real need to define a theology of AIDS as Beverly Haddad states in one of her articles, "There is theological confusion within the ranks of the Church leadership" (2006:83). In a time of AIDS the Church should affirm and strengthen its theological stand in order to be relevant to the suffering society. The Church of Christ has, in its tradition, theological and practical answers for people living with HIV. Neville Richardson argues that, "The very nature and function of the Church – what the church is and what it does, oblige the church to be active in responding to HIV/AIDS" (2006:80). One cannot deny what the Church is already doing in this regard, but what is required here is to provide a theological basis upon which those actions should rest. Richardson argues that, "Unfortunately, those churches and church-related agencies that are actively responding to HIV/AIDS pandemic often lack an explicit, robust theological rationale for what they are already doing" (2006:81). This section is an attempt to providing the theological rationale concerning the involvement of the Church in combating the disease. It is clear that I can only scratch surface the topic because a full theology of HIV and AIDS should expand beyond the scope of this study. Nevertheless I will discuss here some theological insights that are crucial in the involvement of the Church in responding to the epidemic.

2.4. Theology of HIV and AIDS

2.4.1. Sexuality

An exhaustive theology of HIV and AIDS should have many strands because of the complexity of the consequences of the disease upon the society. One important strand is a theological understanding of sexuality. A theology of sexuality is necessary because of the persisting confusion about human sexuality in this time of AIDS. In many African cultures sex and issues related to sexuality are surrounded with mystery. People are not allowed to share openly things pertaining to sex. In his study on how the Church in South Africa should respond to HIV and AIDS, Sam Pick argues, "In some conservative and traditional communities there is a reluctance to talk about, AIDS, and other aspects of

sexual health. It may be feared that open discussion and guidance concerning sexuality will lead to promiscuity" (Pick 2003:64).

This same attitude is found in the Church where sex is often associated with sin. Ronald Nicolson argues, "In the past the churches' teaching about sexuality was negative, implying that all sexuality even in marriage is regrettable if not sinful" (Nicolson 1995:20). The challenges posed by HIV and AIDS have intensified the suspicion about sex because of the link established between sexuality and HIV infection. From the beginning, HIV was introduced to the community as a disease that started among people practicing homosexuality or leading a promiscuous life. This negative presentation of the origin of the disease has fuelled discrimination and stigmatization that people living with HIV face until today. "It was observed that if the Church advocated that AIDS is not a sin, it would reduce fears, silence, denial and the stigma surrounding the disease" (Chepkwony 2004:63).

In many Churches people living with HIV were or still are discriminated against as sinners who deserve God's punishment. It has become almost a deviant and fundamentalist theology that needs to be corrected by sound doctrine. Colin Crowther defines the statement, "AIDS is a curse, visited by a just and vengeful God, on sexual deviants as a punishment for their deviance" as false doctrine (1991:6). Beverly Haddad attests, "Anecdotal evidence suggests that Church leaders believe that 'AIDS is a punishment from God' and assume that a person has died of AIDS because of 'promiscuous behaviour'" (2006:82). This attitude has led people to approach the whole area of human sex and sexuality with guilt and disdain.

A theology of sexuality should seek to establish the beauty and dignity of sex as God's gift to humanity. Jean Garland and Mike Blyth argue,

In the church's witness to the world regarding HIV/AIDS, we must make clear that God calls us to celebrate sex as his gift. Christians should not be against sex, only against its misuse. In God's wonderful plan of marriage, sexual satisfaction and pleasure are not only allowed but encouraged (2005:294).

To celebrate sex would be an appropriate way of breaking the shame and taboo around human sexuality and a firm stance of the Church against degrading cultures about sex that exist in various African communities. Human sexuality is neither shameful, nor taboo in the sight of the creator as it is clearly stated in the Bible. God created Adam and Eve as sexual beings and blessed them with the capacity to multiply through their sexuality (Gen. 1: 26-27). Paul, in his first letter to Corinthians, explains God's directives concerning human sexuality. He reveals God's design for sexuality from the institution of marriage in the book of Genesis (1 and 2). He urges spouses in marriage to satisfy their mutual sexual needs in order to avoid immorality. They should keep enjoying their sexuality, unless they agree to separate sometimes for prayer. Each partner is accountable and responsible to the other part so that they remain attached one to another (1 Cor. 7:2-6).

Moreover, to develop a Christian theology of sexuality in a time of HIV and AIDS, people need to hear again the message of the Song of Songs. In the preface of his commentary to the book of *Song of Songs*, Richard Hess argues,

The book avoids both extremes of the cheapening of sex into promiscuity and the locking away of this gift, never to be mentioned or appreciated for what it is. It does this despite the insistence of proponents from both sides that the Song belongs to them. It joyfully celebrates physical love and a couple's committed relationship... Ultimately, love and its enjoyment are what matter. Thus this amazing book has a wonderful place in the Bible, for the love in which it rejoices is a gift of creation (2005:11).

The book of Song of Songs describes with many details the romance and erotic dimensions of sexual relationship. Some theologians consider this book as a typology of God's love for His people or Jesus' love to the Church (Lloyd Carr 1984:25-26). It reveals the emotional and physical expressions of human love and sexuality. The book opens with an overt appeal to lovemaking: "*O that you would kiss me with the kiss of your mouth, for your love is more delightful than wine*" (1:2). The song goes on,

Draw me after you, let us make haste. The king has brought me into his chambers. We will exult and rejoice in you; we will extol your love more than wine; rightly do they love you" (1:4).

Chapter 4 of the book of Song of Songs is full of imagery as the groom exalts his bride. He praises her beauty and charm using romantic language. "How beautiful you are my darling, how beautiful you are" (4:1). He admires each part of her body with some comparisons:

*Eyes are like doves
Hair long like a flock of goats
Teeth in pairs are white as sheep
Lips are red and lovely
Cheeks (temples) like a slice of pomegranate
Neck like the tower of David
Breasts like twins full of tenderness (4:1-5).*

The lover concludes his admiration by saying "You are altogether beautiful my darling and there is no blemish in you" (4:7). Later on I read a further allusion to kissing, "Your lips, my bride, drip honey. The groom invites her bride from Lebanon and compares her to mountain peaks to be explored (4:8). Honey and milk are under your tongue" (4:11). The beauty of the bride attracts the groom as he says, "You have made my heart beat faster, my sister, my bride... How beautiful is your love my sister, my bride? How much better is your love than wine (4:4:9-10). The chapter concludes with an appeal to intimacy between the lover and the beloved

*Let my beloved come into his garden
And eat its choice fruits
I have come into my garden, my sister, my bride
I have gathered my myrrh, along with my balsam
I have eaten my honeycomb and my honey
I have drunk my wine and my milk (4:16 – 5:1).*

In their analysis of this passage Hank and Cathy Pott argue that, "Song of Solomon 4.12-5.1 is one of the outstanding sex passages in all the world literature" (2006:56). Hess does another interesting observation on this chapter as he writes,

The whole of chapter 4 and the first verse in chapter 5 bring together an epicurean delight that exults in the senses and pleasures of the physical world. More than any text in the Bible, these verses reject the suppression of physical pleasures as though in themselves are somehow evil or unworthy of God. The poet masters all of the physical senses and their indulgence in magnifying the experience of physical lovemaking. In so doing, the male lover recognizes the fullness of divine blessing in the gifts of this world and the joy that they bring (2005:158).

The reader of the book of Song of Songs is amazed by how the writer extols human body and sexuality. Chapter 7 repeats the description of the bride body by adding lower part, which was not mentioned in chapter 4 such as belly and thighs with the same admiration and ends up with the call by the bride for an escape into Lebanon Mountains and make love in the fields.

*Come my beloved let's go out into the country
Let us spend the night in the villages
Let us see whether the vine has budded
And its blossoms have opened
And whether the pomegranates have bloomed.
There I will give you my love (7:12).*

Some expressions in the book of Song of Songs use expressions of human love without metaphor. We read, “*Let his left hand be under my head, and his right hand embrace me*” (8:3). For Joseph Dillow, God has used this poetical language to provide guidelines for sex, love and marriage as he notes, “God has spoken authoritatively on sex through Solomon, and those who try His guidelines will find them workable and true” (1977:9).

However, a balanced theology of sexuality should teach both the beauty of God’s gift and the responsibility of human sexuality. Sex is like any other good gift from God; it may be a source of blessings but when it is misused it becomes a source of problems. In a time of HIV and AIDS, the Church should encourage people to find the happiness and fulfillment of their sexuality in the marriage setting where each individual works for mutual benefit. Ronald Nicolson writes, “AIDS may provide society with a sense of urgency about the importance of faithfulness and deep commitment in sexual relationships, which may assist the Churches in recalling us to a more sane sexuality than the permissiveness

prevailing in parts of the modern world” (1995:22). The epidemic has revealed that the rejection of God’s design for sexuality and irresponsibility in sexual behaviour kill (Garland and Blyth 2005:292). The link that has been established between HIV infection and sexual violence and rape can justify the call to responsible sexuality. This means that sexuality is designed to be practiced in a setting of love and mutual enrichment. Those who use sexuality for selfish motives or to oppress a partner adopt a behavior that puts the life of others at risk. Tony Barnet and Alan Whiteside argue,

Rape and gang rape have become potent methods of spreading HIV. In 1998 a total of 54, 310 sexual crimes were officially reported...Rape has much higher odds of HIV transmission because of physical trauma; its frequency tells us something about the nature of gender relations in the South African communities (2003:154).

In his article, “Why is South Africa the HIV Capital of the World”, Kyle Kauffman mentions among other factors, the fact that South Africa has the highest rates of reported rapes against women in the world (2004:23). Virginia van der Vliet adds another factor related to rape, the myth of being healed from HIV by having sex with a virgin, which has led to sexual violence against children and babies (2004:68). The issue of rape draws our attention to the problem of gender relations, which needs to be addressed as a component of a theology of sexuality. The union between men and women is often considered as a relationship between the stronger sex and the weaker sex. Gideon Byamugisha observes, “Whenever women are culturally and economically subordinate to men, they cannot control or even readily negotiate safer sex, including condom use and life-long mutual fidelity” (1998:31). What Byamugisha argues is that since culturally women are not able to negotiate safer sex, they become more vulnerable to the infection of HIV than men. Gender inequality generates sex abuse in our society and contributes to the spread of the HIV epidemic. Therefore, the theology of sexuality should draw the attention of the community to the danger of misusing or abusing one’s sexuality. This admonition is found in the resolutions of Roman Catholic bishops of Eastern Africa during the 15th Association of Member Episcopal Conferences of Eastern Africa (AMECEA) plenary, held in Uganda, from 3rd –11th June 2005, which declare:

Sexuality is a precious gift from God our Creator to every man and woman. We are therefore called to honour it, respect it, and use it according to God's commandment and the teaching of the Church.

(3) We condemn all negative and unethical use of sexuality in our region (Bakyenga 2005:387).

A theology of sexuality is not the only element that should constitute the theological framework that the Church has to offer to our community in order to mitigate the consequences of HIV and AIDS. We turn now to other components of a theology of HIV and AIDS, which can help us efficiently minister to our brothers and sisters who are HIV positive.

2.4.2. Love and Compassion

People living with HIV are often socially rejected and discriminated against by their family, community and even churches. In many cases they are neglected so much so that they experience depression and die in isolation. A number of them feel guilty about attending Church services because some Christians consider them as sinners. What they need is love, acceptance and compassion. Eunice Kamaara says, "As far as HIV/AIDS is concerned, individuals infected desperately turn to the Church for care and consolation in the midst of poverty and desolation; for love in spite of who they are or how they got infected, and for hope in the hopelessness presented by the incurable scourge" (2004:35). It is true that people living with HIV should turn to the Church for love, consolation, hope and care because the Church of Christ has what it takes to provide all these virtues. One cannot be sure that the Church has always shown love and compassion to people living with HIV. My argument is that if the poor and marginalized of our society will not hesitate to turn to the Church if they see true love and compassion, as taught and lived out by Jesus, being practiced by Christians.

The entire mission of Jesus on earth revolved around showing God's love toward sinners. Although, God sent Jesus because He loved the whole world (John 3:16), Jesus' mission had a special focus on those who were rejected or discriminated against by the society. People of Palestine accused Jesus of being "a friend of tax collectors and sinners" (Matt.

11:19). Jesus' life demonstrates what a theology of love means because he lived and practiced love, especially to those who needed it most. He cried with those who were mourning, such as Mary and Martha upon the death of their brother Lazarus (John 11); and also shared the joy of a newly married couple in a wedding ceremony in which he provided tasty wine when their store ran short (John 2). He was a true friend of marginalized people, such as first century tax collectors. He entered their houses and ate with them (Luke 19:1-10). He approached sick people with compassion and healed them. He accepted to the touch of a bleeding woman who needed healing and His heart was moved by human misery so that everybody found relief, acceptance and forgiveness in Jesus. People of all kind of conditions, blind, deaf, crippled, adulterers, demon possessed and bereaved widows came to Jesus and none of them went away unanswered.

The incident reported in Matthew 8:2-3 sets an example on how the Church should show love to people living with HIV and AIDS. A man with leprosy came to Jesus for healing. Reacting against all the religious and cultural barriers of His time, Jesus stretched his hand out and touched the body with unclean sores, even before healing him. Inspired by this biblical story Willem Saayman and Jacques Kriel argue,

It is in this respect that AIDS may be described as the leprosy of our time. In biblical times, leprosy was the catch-all name for a whole number of skin diseases, some curable, some not. Middle Eastern people's view of leprosy was determined by concepts of ritual cleanliness and uncleanness. This, coupled with the abiding human fear of incurable diseases, as well as revulsion at the visible symptoms of the disease, provided an easy justification for expelling lepers from the community. Whether or not the same attitude is adopted towards AIDS, there will in any case be tremendous demand for caring ministries (1991:166).

Many years after the above observation, there is still a tremendous demand for Christians who are ready to imitate Jesus and touch with love people living with HIV. The advice given by the Catholic Health association is crucial for the Church today:

Thus AIDS with all its pain, suffering, and stigma, provides religious an opportunity to minister to God's special people with all the hope of the Gospel. Jesus told us to touch and heal. AIDS brings this call to some of

the poorest and the most disenfranchised. It calls us to bring love and compassion to the alienated and the abandoned (1988:40).

Love is not complete until it is expressed in practical deeds towards others. The best way to show love to others is to live with them in fellowship.

2.4.3. Christian fellowship (*Koinonia*)

There is a need today for the Church to promote a community where love can find its full expression. People living with HIV and AIDS feel isolated and rejected, thus they are looking for a community which can love and accept them. The Church should be a fellowship where people come together to find appreciation and belonging because members are brothers and sisters, members of one family and children of our loving father—God. This doctrine needs to be recovered from the early Church in which *koinonia* was practiced so well that it drew multitudes to join the congregation of believers (Acts 2: 42; 4:32). The term *koinonia* is an inclusive concept as stated in this definition:

Koinonia—the Greek word for Christian fellowship—is an essential quality of a holistic congregation. Loving, welcoming, reconciling, accountable, joyous fellowship is a foundation for other church activities. The essence of the gospel is uniquely embodied in the way members of a congregation treat one another (Sider et al. 2002:178).

Koinonia can be a frame for or an outward expression of several acts of fellowship. The various activities taking place in a joyous koinonia can be expressed by some theological theme, such as Christian service (*diakonia*), mutual respect among people created in God's image and also in the doctrine of the body of Christ. The idea of diakonia is important to any fellowship because members should learn to serve and support one another. This becomes crucial when the community has people who are impoverished and weakened by the HIV epidemic. They ought to find a helping hand in the fellowship in order to meet their various needs. This service is possible when people in the fellowship have learned how to share their goods. The example set by the early Church is

that donations and distributions were done on a daily basis among the believers. Their testimony in the Bible is eloquent. “Selling their possessions and goods, they gave to anyone as he had need (Acts 2:45). Also, “There was not a needy person among them” (Acts 4:34). People living with HIV may find great help if they are integrated into such a fellowship for their healing and restoration. Members of the fellowship can easily cater for the basic needs of sick people, such as cooking, cleaning, shopping and communication.

Healing and restoration of people living with HIV is possible if members of the koinonia treat one another with dignity and respect. The Church should teach that we are all created in God’s image regardless of our class, gender, status and health (Gen 1:26-27) that being infected does not remove the image of God in us.

The *Imago Dei* concept makes a statement about human worth as well as about the meaning of human existence. All humanity, accordingly, possess inviolable dignity. This holistic view establishes a basic for empowerment for all human beings, not merely for some special groups or individuals (Ajulu 2001:40).

The concept of God’s image will provide a more dignified image to our service because it will help us not to discriminate ourselves between the sick and the healthy, the helpers and the helped. We are all members of one body and when one suffers, the whole body suffers with him/her. “That there should be no schism in the body, but that the members should have the same care for one another. And if one member suffers, all the members suffer with it; or if one member is honored, all the members rejoice with it (1 Cor. 12:25-26). We need to take seriously the recommendations given by the World Council of Churches:

In opening itself to persons living with HIV/AIDS, in entering into their suffering and bearing it with them, in standing with them against rejection and despair, the church expresses more fully what it is to be the body of Christ. And as the church enters into solidarity with persons living with HIV/AIDS, its hope in God’s promise of abundant life comes alive and becomes visible to the world (WCC 1997:44).

The different theological themes discussed here, sexuality, love, fellowship, diakonia and the body of Christ, offer a solid basis for the involvement of the Church in responding to the challenges posed by the HIV and AIDS epidemic. But our theology cannot be complete if we do not address the issue of death, which is a reality that our society faces in the time of AIDS.

2.4.4. Death and Resurrection

One source of the trauma that people living with HIV and AIDS experience is that until now there has been no medicine to heal the disease. Those who are infected feel their vulnerability with regard to death more than any other human being on earth. They need an encouragement from the Church that the quality of life that one leads today, no matter what its length is, and the ultimate victory upon death in the resurrection are more important than our concern for death. It requires, therefore, the Church to provide a theological understanding of suffering and death on the one hand, and life and resurrection after death on the other hand.

The Bible teaches that the earth and all creatures in it, including human beings, were created in a perfect state and to last forever (Gen.1). But a tragedy occurred in the Garden of Eden when our ancestors disobeyed God, which brought misery and death (Gen. 3). Ever since then the experience of suffering and death has become a reality and no human being is spared. “Therefore, just as sin entered the world through one man, and death through sin, and in this way death came to all men, because all sinned” (Rom. 5:12). In the sight of God we are all sinners and mortals. Those who are HIV positive are not more sinners or more mortal than any of us. We all die in Adam (1 Cor. 15:22). I see people who are not infected dying as well as those who are HIV positive because we all share the same fate. In spite of a lot of wealth and enjoyment we see around us, there is always an accompaniment of suffering and death in all human beings. People suffering with AIDS-related diseases should not feel guilty or miserable because their sickness is thus far incurable, they are not alone, and we all share in this misfortune.

Suffering and death is not limited to human beings, but the whole creation is suffering with us longing to be redeemed. “For we know that the whole creation groans and labors with birth pangs together until now” (Rom. 8:22). Trees, animals, fish and insects suffer and die; even material things such as rocks and mountains experience decay and erosion. Today people are warned about the destruction that takes place in our ecosystem affecting seas and atmosphere, which also has consequences for human life. This means that the law of vulnerability touches the whole of creation. A theological understanding of death is not just a matter of comforting those who are infected by HIV but a call to all of us to prepare ourselves to confront the reality of death sooner or later.

The good news is that we are not doomed forever. Clear teachings from the Bible show that death is not the ultimate destiny of humanity. God is at work to redeem his creation (Rom. 8:23). God, in Jesus came to share our suffering and death so that he may deliver us from the power of suffering and death. Just as Jesus suffered and died was then resurrected and now lives in eternity, in Him our mortal bodies will be resurrected into glorious body with Jesus. We suffer with Jesus so that we may partake in his glory; “if indeed we suffer with Him, that we may also be glorified together” (Rom. 8:17). If we live today we live in the hope of being united with Christ one day in his resurrection.

Those who understand that our suffering is a way to glorification, imitate Jesus by identifying themselves with people living with HIV in their suffering in order to show that this is the way to glorification. “For as in Adam all die, so in Christ all will be made alive” (1 Cor. 15:22). “So when this corruptible has put on incorruption, and this mortal has put on immortality, then shall be brought to pass the saying that is written: "Death is swallowed up in victory" (1 Cor. 15:54). There is this assurance that present sufferings and death will be swallowed up one day by eternal life, therefore, one should not focus on death as an ultimate condition. What is important is to give a meaning to one’s life, be it short or long, as we prepare to live in eternity. There are today many people infected with HIV who are leading a positive and meaningful life because they have understood that they should not be frightened by death. Death is a common fate for all humanity and it

comes at its own time; meanwhile, people should continue to try find meaning in their lives.

I have therefore covered a number of theological themes that provide a theological framework for the Church's teaching in its response to the HIV scourge. These themes are materialized in practical actions that we will explore in Chapter Four as we discuss how the Free Methodist Church of DRC can provide care for people living with HIV and AIDS on the basis of the doctrine of social holiness. It is important to examine first how the Church in DRC is currently responding to the epidemic.

2.5. Response of the Church in the Democratic Republic of Congo to HIV.

In general, the Congolese Church has been involved in responding to HIV and AIDS from the beginning of the epidemic because of its traditional task of providing, together with the gospel, health care to the community. Its involvement became more vital after the collapse of all political structures, which followed the fall of the Mobutu regime in May 1997 (MacGaffey and Bazenguissa-Ganga (2000:32). Most of the activities and programs run by Churches to respond to HIV and AIDS at various levels are currently located in Kinshasa. The reason behind this may be because of the existence of all the facilities that are offered in a capital city, the presence of headquarter of majors organizations and Churches and especially a relatively peaceful atmosphere in a country torn by civil wars and tribal clashes. This study targets the eastern part of the country because it had long been under the occupation of foreign armies and years after cease-fire peace has never come. This is the region where HIV programmes are needed the most but where they are mostly lacking.

During the six-year war (1996-2002) and through the whole period of transition that led to the recent elections, held on 27 July and 29 October 2006, the government has been unable to engage in the battle against HIV. This situation is mostly observed, as we said earlier, in the eastern part of DRC where political instability continues until now. The Integrated Regional Information Network (IRN), a UN service, reports that, "Continuing

unrest in the Democratic Republic of Congo's mineral-rich eastern provinces is denying HIV-positive people access to adequate care and treatment services" (PlusNews 25 October 2006). However, the action of the Church and nongovernmental organizations has sustained the life of many people living with HIV despite the absence of the government. The same report argues that, "The Congolese government is unable to provide a comprehensive HIV/AIDS programme, leaving international NGOs and Churches with the task" and adds, "South Kivu has no HIV clinics run solely by the government – nongovernmental organisations or the Church support them all – and the authorities have yet to implement an effective ARV distribution programme or care for patients on treatment" (PlusNews 25 October 2006).

The Ecumenical HIV/AIDS Initiative in Africa (EHAIA), a joint commission of the WCC, has published an important document, which maps the activities and experiences of Churches in the DRC in relation to HIV and AIDS epidemic (EHAIA, 2006). According to this document, there is a network between the four major religious groups, namely, Roman Catholic, Protestant, Kimbaguist and Salvation Army, which are more active in responding to the HIV and AIDS epidemic in DRC, in partnership with the government and international organizations. From their headquarters in Kinshasa churches are trying to provide care and relief to people living with HIV and AIDS in other regions.

Roman Catholic Church: Under its medical direction BDOM (Bureau Diocésain des Oeuvres Médicales), the Archdiocese of Kinshasa undertakes many activities with Youth, Women, Justice Commission and others in a 5-year programme focusing on prevention, training, support and care, behavior, communication for change and care of orphans and pastoral ministry. The Archdiocese has appointed a full-time national coordinator on HIV and AIDS who is based in Kinshasa to organize and implement HIV and AIDS work (EHAIA 2006:19). The Archdiocese of Kinshasa broadcasts its programme through Elikia Radio (Radio of Hope) in order to disseminate information, education and communication on HIV and AIDS. It is reported that the Day Care Centre managed by the sisters of "Mère Theresa Congregation" in Kinshasa is caring for about 80 children

living with HIV and AIDS and 70% of 4000 people counseled by the Archdiocese have been encouraged to identify themselves, live positively and die with dignity (EHAIA 2006:20).

Protestant Churches: Medical activities of the confederation of Protestant congregations in Congo called “Eglise du Christ au Congo” (ECC) are channeled through the SANRU (Santé Rurale) project, the rural health development program. ECC has a national influence because of its activities which are often community based and have targeted the grassroots including the vulnerable and un-reached, irrespective of gender (EHAIA 2006:17). A new project has been set up by ECC with regard to HIV and AIDS called SANRU III, which focuses on HIV testing, counseling, treatment and training. This project covers the 75 health zones supervised by SANRU and scattered all over the country (EHAIA 2006:17). Unlike the Roman Catholic Church which is reluctant about the use of condoms, SANRU III is presently providing 7000 condoms per health zone per year in order to slow down the spread of HIV and AIDS. The report concludes that, “ECC has the moral authority and influence, particularly with regard to behaviour change communication. Therefore, it could fight stigma, denial, discrimination, and rejection attached to HIV/AIDS from grass-roots level. Through the involvement of ECC member Churches people would be encouraged to have voluntary testing and counseling and also contribute to breaking the silence towards HIV/AIDS” (EHAIA 2006:18).

Kimbanguist Church: Its activities are mainly concentrated in Kinshasa where the Kimbanguist Medical department is involved especially in prevention and training, care of the infected and affected people and safe blood transfusion (EHAIA 2006:21). The Church has undertaken to bring about behaviour change communication through home cell prayer groups. 60 “cellules de prières” have been initiated and 25 counselors have been trained to care for people living with HIV and AIDS through information, education, spiritual and medical support (EHAIA 2006:21). 10% of blood donors were tested positive from 2000 to 2001, which underscores the importance of testing in order to control the HIV/AIDS infection even in Church settings (EHAIA 2006:22).

Salvation Army: Its support and intervention are felt at every level. The medical service of the Salvation Army is involved in prevention, counseling and care and treatment of opportunistic infections (EHAIA 2006:20). The approach of the Salvation Army has been visionary and rooted in the practicability and where a need is perceived. The main target of their activities is towards health centres, schools, hotels, pubs and military camps in order to deliver information, education and communication on HIV and AIDS and Sexually Transmitted Infections (STI). This is done with the involvement of the community, which made it possible to identify multiple sex partners among the military who are separated from their spouses for long periods and also areas where needy people who cannot afford hotels have sex (EHAIA 2006:21). The Salvation Army is very proactive in their response to the HIV and AIDS crisis in DRC.

Apart from health care, the document indicates various educational activities in relation to HIV and sex and HIV and gender issues among the youth and adults. Churches have set up programmes for sex education and prevention. Among them are, “Carrefour des Jeunes” which brings together “Union des Jeunes Catholiques” (Union of Catholic Youth) and “Union des Jeunes Protestants” (Union of ECC Youth). Also “Education pour une Vie Responsable et le Bien-Etre des Enfants and des Jeunes au Congo”— Education for Responsible Living and Well-being in Children and Youth (French acronym EVREJ-Congo), a Christian organization helping young people to fulfill their dreams and ambitions with respect to God in a time of HIV and AIDS. “Services Education à la Vie” works with young people from all churches including Muslims and Kimbanguists to reflect upon the “real life.” More interesting programs are Papa Plus (Men) and Femmes Plus (women) that target women and men living with HIV and AIDS to break out of their marginalization, denial and victim-blaming (EHAIA 2006:24-30). Papa Plus is very active in Kinshasa where the organization involve men in to contribute to the decline in the spread of HIV and AIDS.

The objective of Papa Plus is to encourage men to reflect critically on themselves as many of the practices of men contributes to the spread of HIV/AIDS. Papa Plus is distinguished by its determination to act, innovate and to lead through examples and encouragements (EHAIA 2006:31).

Femmes Plus is doing well by expanding its activities even in the eastern part of DRC, which is often neglected with regard to HIV and AIDS programmes. Femmes Plus encourages women to live positively even though the general public falsely accuses women of being the source of infection and blame them as they are regarded as useless people with short life spans (EHAIA 2006:30). Churches in Congo have decided to collaborate without segregation in order to join their efforts in responding to the HIV epidemic. A National Council of Interfaith-based Alliance comprising 8 religious leaders has been established in order to work closely with government structures and give the right message and support to the community (EHAIA 2006:22).

2.6. Response of the Free Methodist Church-DRC to HIV

The Free Methodist Church, together with other churches and organizations located in the eastern part of DRC has experienced the terrible consequences of war. Minutes of various Annual Conferences report that equipment that was used for testing HIV and other interventions in the Free Methodist Hospital of Nundu (120 miles South of Bukavu, capital of South Kivu region) have been totally destroyed during the war. The existing health centres suffer the lack of equipment, lack of well-trained staff and poor stock of medication (FMC report, 2002). A new health centre of the Free Methodist Church was inaugurated in Bukavu two years ago (2004), and is now operational providing basic treatment to people around. Some of the patients suffer from HIV-related sickness but the centre has not yet opened a full HIV service (FMC report, 2005).

Members of the FMC in DRC are deeply involved in providing care and support to relatives who are infected and affected by the disease and the Church participates in national programmes set up by ECC and SANRU. However, this seems to be a part of routine work in which the Church is called to provide material support such as food, clothes, funerals and shelter for the needy. However, the challenge presented by the HIV epidemic requires more than simple relief but a deep engagement to confront the problems of HIV and AIDS and make an impact on the epidemic. The response in this

regard seems slow because, in my opinion, the executive of the FMC in DRC has not yet put HIV and AIDS as a priority on its agenda of actions.

2.7. Conclusion

In this chapter I have discussed the response of the Church to the epidemic. I have said that a major contribution of the Church in the fight against HIV and AIDS would be to provide a theological understanding of the epidemic. This means that there is a need to develop a theology of HIV and AIDS which takes into account the different aspects of human life and relationships that need to be enlightened by the gospel. I have singled out four important ingredients to be taken seriously in setting a theology of HIV and AIDS. These include, human sexuality, love and compassion, Christian fellowship and death and resurrection. A better theological understanding of these themes is necessary if the Church is going to make an impact in responding to HIV epidemic.

Moreover, I have examined how the Church in DRC is responding to the challenges of HIV and AIDS. The Church in DRC has put a wide range of activities and programmes in place and a network of different denominations is established to alleviate the misery of those living with HIV and to reduce the spread of the epidemic. A strong partnership between the government, international organizations and the major denominations, mainly ECC, the Archdiocese of Kinshasa, Salvation Army and the Kimbanguist Church, has promoted prevention, care, treatment and breaking the silence around the plight of the AIDS scourge. Nevertheless, I have deplored that most of these activities take place in the capital city, Kinshasa, while the eastern part seems to be neglected for various reasons.

Besides what is being done through the Church in general in the DRC, I have brushed against the response of the FMC in DRC. I have realized that apart from participating in national programmes of the ECC, members of the FMC are involved in their routine duties of extending the love of God to the needy. They provide food, clothes, shelter and funerals for people who are affected or infected by the virus. However, there is a lack, at

the present, of a strong engagement in making an impact on the epidemic in the region. This paper is an attempt to draw the attention of the leaders of the FMC in DRC to the urgency of standing in the gap for dying people who cannot be helped by the government. My argument is that we have in our Wesleyan inheritance what it takes to mobilize our members and other stakeholders in order to bring change in that region. In the following chapter I will discuss the doctrinal teaching of the Free Methodist Church and its relevance to responding to the challenges posed by HIV and AIDS in Kivu region.

CHAPTER THREE **THE DOCTRINE OF SOCIAL HOLINESS**

3.1. Introduction

The doctrine of Christian perfection and its corollary of social holiness are considered as the most significant heritage of John Wesley to Christianity. Many Churches and organizations have based their doctrinal foundation on the teaching of John Wesley concerning holiness. William Greathouse observes:

While there are multitudes yet within Methodism who treasure Wesley's doctrine of Christian perfection, the proclamation of this message has largely passed to denominations of the modern holiness movement. These include The Wesleyan Church, the Free Methodist Church, the Salvation Army, the Church of God (Anderson, Ind.), and the Church of the Nazarene, plus a number of smaller groups including several yearly meetings of the Society of Friends (Quakers) [Greathouse 1079:112].

The hallmark of Wesleyan teaching is primarily the pursuit of Christian perfection or holiness. Brewer and Jackson declare that, "By salvation, a Methodist means holiness of heart and life. Christian perfection, as a mark of a Methodist, is only another term for holiness" (Brewer and Jackson 1988:16). This holiness of heart and life in Wesleyan theology is not limited to personal perfection but it reaches its fullness in interpersonal relationships or in society. The exercise of personal holiness in order to influence the community constitutes what is called social holiness. In his comment on God's intention for community H.R. Dunning writes, "When God set out to redeem and restore his fallen creation he intended to renew people's relations not only to him but also to each other" (Dunning 1998:86). This chapter discusses the meaning of the Wesleyan doctrine of social holiness and its implication in addressing social problems. The focus is put on how the Free Methodist Church has applied it in general and in the Free Methodist Church of the DRC in particular. In my opinion, the understanding of the doctrine of social holiness is fundamental if one wants to mobilize the FMC in DRC into caring for people living with AIDS in the Kivu region. I will also show both the strengths and weaknesses of this doctrine.

3.2 Wesleyan Doctrine of Social Holiness

One cannot speak of social holiness without evoking personal holiness. The idea is that holy persons bring about social holiness because the Wesleyan doctrine assumes that only transformed persons are able to transform their society. It is important, therefore, to understand the concept of Christian holiness in the Wesleyan theology in order to comprehend its implication for the doctrine of social holiness.

3.2.1 Christian Holiness

There are a number of terminologies used synonymously in Wesleyan writings to translate the same experience. These include: ‘Christian perfection’, ‘entire sanctification’ and ‘holiness’. John Wesley himself acknowledges that Christian perfection and holiness are synonymous. “It is only another term for holiness. They are two names for the same thing” (*Wesley, Works, 6:6*). For Wesley Christian perfection is the work of the Holy Spirit who pours God’s love in our heart. This perfect love coming from God is the essence of Christian perfection. He defines his understanding of perfection in these words: “By perfection I mean the humble, gentle, patient love of God, and our neighbor, ruling our tempers, words, and actions” (*Works, 11:446*). Wesley believed that the ruling love of God is able to produce tremendous transformation in the life of a believer in such a way that he/she can attain Christian perfection on earth. R.L. Maddox sums up Wesley’s belief as follows:

He believed that both Scripture and Christian tradition attested that God’s loving grace can transform our lives to the point where our own love for God and others becomes a ‘natural’ response. Christians can aspire to take on the disposition of Christ, and live out that disposition within the constraints of our human infirmities. To deny this possibility would be to deny the sufficiency of God’s empowering grace—to make the power of sin greater than that of grace (*Wesley in Maddox 1994:188*).

One important point in the Wesleyan doctrine is that this perfect love or entire sanctification is not static or an instantaneous experience but a dynamic process in which a Christian grows to maturity. It is accepted that, “perfection in the

Christian life was dynamic in nature... Growth in holiness would continue within Christian perfection and not just before it" (Greathouse 1994:187). This growth is made possible by remaining attached to Christ as a branch is to the vine (*Works*, 11:395).

John Wesley was aware that Christian perfection was not acquired by human effort or by mystical practices but given as a free gift to human believers through the work of the Holy Spirit and by faith. Perfection for Wesley is centered on God's love as he declares, "Entire sanctification is neither more nor less than pure love—love expelling sin and governing both the heart and life. It is love excluding sin; love filling the heart, taking up the whole capacity of the soul." He adds, "For as long as love takes up the whole heart, what room is there for sin therein?" (*Works*, 6:46). Some of his critics have accused Wesley of holding a sinless state in his idea of, perfection, but he answered by summarizing his doctrine in 11 points. The few points given here below illustrate what Wesley means by Christian perfection:

4. It is not absolute. Absolute perfection belongs not to man, nor to angels, but to God.
5. It does not make a man infallible: None is infallible, while he remains in the body.
6. Is it sinless? It is not worthwhile to contend for a term. It is "salvation from sin."
7. It is perfect love (1 John iv. 18). This is the essence of it; its properties, or inseparable fruits, are, rejoicing evermore, praying without ceasing, and in everything giving thanks (1 Thess. v. 16 & c) [*Works*, 11:441-42].

According to Wesley, this perfection should not be confused with a state of being sinless or infallible, but as a way of growing to maturity as a Christian opens his/her heart to the action of the Holy Spirit. There might be different stages of growth in the process of perfection rather than a static state. This is clearly expressed in Thomas Oden's comments:

The key idea is not that of getting to a fixed state of perfection. In a motionless sense—a very un-Wesleyan notion, but rather being in a continuing process of growth in grace that has multiple moments of

completion and fulfillment, where the refraction of inexhaustible love occurs at many points along the way (1994:322).

The urge for Christians to seek the holiness of heart and life as God's plan for his people dominates the teaching of Wesley. He believed, in spite of some critiques that we will explore soon, in the possibility of maturing in Christian perfection in the present life.

Wesley was convinced that God does not command or promote the impossible, but calls for what grace can indeed supply. And he added a pragmatic argument: If there is no expectation of sanctification that is entire and complete, present life cannot be nurtured and shaped by this hope (T. Runyon 1998: 97).

Maddox has appropriate words to describe Wesleyan perfection:

While the affirmation of the possibility of entire sanctification may have been distinctive of Wesley, the conception of sanctification (as a whole) as the progressive journey in responsive co-operation with God's empowering grace was most characteristic of Wesley (Maddox 1994:190).

Thus God's empowering is intended to bring transformation in human faculties, enabling Christians to overcome human infirmities resulting from sin and bring change in their society. Christian perfection breaks human selfishness to allow them to participate in sharing their life and resources with the needy.

3.2.2 Social Holiness

Having briefly explained what Wesley meant by Christian perfection or holiness, I now turn to the doctrine of social holiness. This doctrine stands as the practice of Christian holiness. The center of Wesleyan holiness is God's love poured in our heart by the Holy Spirit. Love is by nature outward and not inward. It is therefore obvious that perfect love cannot not be expressed otherwise than through interpersonal relationships. Social holiness becomes a link between personal sanctification and its expression in a practical engagement in ministry towards the needy. Harold le Roux notes that, "Wesley consistently connected engagement in ministry to, and with the poor, which he usually

called ‘works of mercy,’ to the existence or retention of the sanctified life” (le Roux 2001:178). In Wesley’s view personal holiness is meaningless if it is not lived out in family or community. He argues,

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

What Wesley means in the above statement is that Christianity should not be lived in isolation because Christians are called to influence their society. “Exerting Christian influence in the world is the God-given responsibility of all who would be the light of the world or the salt of the earth” (Dunning 1998:125). Isolationism would destroy the social character of Christianity.

Dunning distinguishes two ways of exerting Christian influence in society. One way, which is adopted by conservative Christianity, is through individual conversion. This view overemphasizes winning people to Christ in order to bring change in the society to the point of neglecting to address unjust practices and corruption. The second perspective consists in engaging the church in social actions for change (1998:126). The Wesleyan social holiness belongs to the second perspective as noted by Dunning:

Research has conclusively shown that the movement stemming from the Wesleyan revival, which could never be accused of losing the emphasis on personal religious experience, has been extremely active in addressing social problems and attempting to meliorate social ills (1998:127).

Social holiness is not content with the influence that lives of converted people can bring in their society but also seeks to challenge evil social institutions that enslave people. This has prompted Wesley to be involved in the fight against slavery, poverty and sickness and also in the promotion of education.

Wesley's anti-slavery conviction is well documented in all writings about the Methodist movement. He opposed the practice because it defiles the image of God and deprives a person of his/her dignity. Maddox acknowledges that,

Wesley's encounter with slavery in Georgia made him a vocal opponent of the institution...Wesley most systematically contested the various humanitarian and economic justifications of slavery. More important, Wesley drew upon his central mature theological conviction about human equality and Preventive Grace to provide a theological critique of slavery. Admittedly, the focus of that conviction led to increasing support of political moves to abolish slavery in his later years (1998:246).

Wesley believed in human equality and freedom that allow all children of God to share and enjoy with equity the abundant resources at their disposal. The following extract from Wesley's works exhibits his strong view against slavery:

Has any man living, a right to use another as a slave? ... It cannot be, that either war, or contract, can give any man such a property in another as he has in his sheep and oxen. Much less is it possible, that any child of man should ever be born a slave. Liberty is the right of every human creature, as soon as he [sic] breathes the vital air, and no human law can deprive him the right which he derives from the law of nature. If, therefore, you have any regard to justice, (to say nothing of mercy, nor the revealed law of God,) render unto all their due. Give liberty to whom liberty is due, that is, to every child of man, to every partaker of human nature. Let none serve you but by his own act and deed, by his own voluntary choice. Away with all whips, all chain, all compulsion! (*Works* 11:79).

Wesley did not use only his militant advocacy for the slaves but also shared God's love to those who were enslaved. He initiated a movement of showing love to the Blacks in order to address the social injustice of slavery. In his comment on Wesley's involvement in the fight against slavery M. Marquardt attests:

This movement began with two powerful forces: a denunciation of slavery as a sin against God's commandment and an injury to the natural rights of all people, and a demonstration of love for the distressed. Above all, this love provided the necessary impetus for carrying through with this self-appointed task. John Wesley's method of sensitizing people to existing injustice in order to inspire them to abolish it ultimately made the decisive contribution to the success of the anti-slavery movement [sic] (1992:75).

Social holiness, for John Wesley was not limited to the anti-slavery movement. He opposed with the same energy economic injustice that generated poverty and the exploitation of the poor.

Wesley especially regarded as abuses of freedom the many rich people who lived in the lap of luxury, the smugglers whose business flourished at all times, and the brewers and sellers of spirits. He strove to counter these abuses by direct appeals to the groups involved and by demands for governmental intervention (Marquardt 1992:45).

Wesley denounces the upper class that becomes rich by underpaying poor people and lets them live without daily supply. He opposes the smugglers who put import duties on their goods violating God's command and defrauding their fellow citizens. He denounces the brewers who produce high alcoholic beverages that cause drunkenness and misery among the poor. He calls also the government and Parliament to take some measures that can lower food prices and restrict luxury among the rich (Marquadt 1992: 46-47). Besides this campaign of advocacy, Wesley was more involved in practical actions towards the poor and needy. He wrote in his journal:

I remind the United Society, that many of our brethren and sisters had not needful food; many were destitute of convenient clothing; many were out of business, and that without their own fault; and many are sick and ready to perish: That I had done what in me lay to feed the hungry, to clothe the naked, to employ the poor, and to visit the sick, but was not, alone sufficient for these things; and therefore desired all whose hearts were as my heart, (1) to bring what clothes each could spare, to be distributed among those that wanted most, (2) To give weekly a penny, or what they could afford, for the relief of the poor and sick (*Works* 1:309).

From this statement one can perceive Wesley's concern for sharing resources with the poor and providing relief to the needy. He was convinced that there were enough resources, which could be shared so that everybody could have food, clothing and shelter (Brewer & Jackson 1988:56-58). The relief became even more practical as the idea of a penny a week was turned into interest-free loans to the poor. In his Comment Runyon affirms, "Their penny a week grew into the first credit unions, which gave interest-free loans to those who had fallen on hard times. Methodists need no longer go to debtor's

prison" (1998:192). This concern for the poor and socially disadvantaged justified the inclusion of women in the leadership of Wesley's movement. He encouraged women by saying,

Let all you that have it in your power assert the right which the God of nature has given you. Yield not to that vile bondage any longer. You, as well as men, are rational creatures. You, like them, were made in the image of God: you are equally candidates for immortality. You too are called of God...Be not disobedient to the heavenly calling (*Works* 3:396).

Wesley views the equality of sexes as imbedded in biblical texts. They are created in God's image; both men and women bore *imago Dei*. It is also said that in Christ there is no male or female (Gal. 3:28). More so, Wesley considers gender equality as a mark of the coming kingdom of God. His argument is based on the promise of Joel quoted by Peter in Acts 2:17: "*In the last days, God says, I will pour out my Spirit on all people. Your sons and daughters will prophesy, your young men will see visions; your old men will dream dreams. Even on my servants, both men and women, I will pour my Spirit in those days and they will prophesy*" (Hardesty 1981: 168). For Wesley, the Spirit endows all men and women for a purpose. They will be responsible before God of what was entrusted to them. Since women have gifts and graces from God, Wesley finds it unfair to refuse them leadership positions in the Church.

Although this right given by Wesley to women was later on abolished in England, many women today acknowledge the significant role played by Wesley's teaching in their liberation. Nancy Hardesty has appropriate words as she notes,

A final factor in the Methodist tradition, which opened up leadership roles for women was its emphasis on social outreach. Wesley's concept of salvation—justification and sanctification—was never simply an individualistic vision, but incorporated a strong concept of social services. For Wesley, the kingdom of God was barely a future happy state in heaven, but a state to be enjoyed on earth (1981:172).

What Hardesty means is that the fact that salvation for Wesley includes social services, the role played by women became significant because of their efficiency in rendering social services. There is not enough room in this chapter to expand on how social

holiness in the Wesleyan movement was translated into building hostels, schools, orphanages and other facilities in order to meet the needs of marginalized people. This passion for helping the poor is at the heart of the doctrine of social holiness in the Free Methodist Church, as inherited from Wesley.

3.3. Social Holiness in the Free Methodist Church

From its foundations the Free Methodist Church strives to live out the legacy of the doctrine of social holiness. The reader should remember that the Free Methodist Church broke away from the Methodist Episcopal Church of North America in 1860. The main reason for division was the protest against the rental of pews to finance the Church. This practice was discriminatory towards the poor and contrary to the doctrine of social holiness, which is concerned with reaching out to the poor and marginalized (J. Schlosser 1977: 74-96). The founders of the Church adopted the name 'Free Methodist' to express the freedoms they wanted to see in their assemblies. These include:

1. Freedom from Episcopal domination.
2. Freedom from secret society control.
3. Freedom from slavery and slave holding.
4. Free seats in all churches.
5. Freedom of the Spirit in experience and worship (Schlosser 1977:81).

The Church is committed to the pursuit of its Wesleyan heritage as expressed in the Book of Discipline of the Free Methodist Church:

Socially, from their early days, Free Methodists displayed an awakened conscience characteristic of the early Wesleyan movement. Their outspoken action against the institution of slavery and the class distinction inherent in the rental of pews to the wealthy demonstrated the spirit of true Methodism. Although issues change, the sensitive social conscience remains, evidenced by the continuing active participation in the social concerns of the day (*Book of Discipline* 1999:3-4).

It is true that issues have changed from the time of Wesley to today, and from one country to another, but the same drive towards social concerns remains. In his description

of the spread of the Free Methodist Church all over the world, John Hay attests, “Identity with the poor set the tenor and course for the denomination in profound ways for several generations” (Hay n.d:6).

This identity with the poor can take place only if the work of the Holy Spirit in the heart of a believer has transformed individual selfishness into self-giving. This is possible when transformed people express the perfect love outwardly. In an issue of the Free Methodist Magazine, Amy Sherry depicts this transformation as she says,

The gospel is the power of God for the salvation of everyone who believes (Romans 1:16). And it has the power to transform us from selfish people consumed with our busyness and pleasures into self-giving people who—relying prayerfully and intentionally upon the strength of Christ—love others sacrificially, genuinely and cheerfully (2001/*Light and Life*).

True love should be expressed in a relational way when the love of God and the love of a neighbor as oneself go together. This kind of love is expressed through social works done sacrificially to meet the need of others. Free Methodists believe that the love of God poured in our heart by the Holy Spirit gives power to transform human selfishness and make Christians to be sensitive to the misery of others. This is well noted in the Book of Discipline: “Free Methodists are committed to the task of understanding the most important needs of persons, institutions, and varying cultures so that they may minister meaningfully and redemptively to them.” It adds, “Free Methodists are committed to taking advantage of opportunity where, as individuals, local churches, conferences, and denominations they can minister healing and redemptive helpfulness in the world” (Book of Discipline 1999:4-5). Wherever Free Methodists carry out the work of church planting in a new area, they strive to achieve the goals that I have just mentioned, as stated in the Book of Discipline. The following report on Mission in Africa expresses clearly the social dimension of what the Church is doing in various parts of Africa.

The mission was very active in beginning schools, opening clinics and hospitals, training health care workers, planting churches, and generally reaching out to the poor. Their reason for doing these was first, a response to specific calls from God, and secondly, mercy flowing from their Free

Methodist souls needing an outlet, and they found it in the needy of the world (H. Church 2006:4).

What Church calls “the Free Methodist soul” is that deep concern of social needs among the poor that characterizes the Wesleyan heritage of social holiness in the Church. The fact that the Free Methodist Church is primarily a ministry geared towards the poor offers an opportunity to minister God’s love to people who need it the most. This brings us to the next point of our discussion: how does the Free Methodist Church in the DRC carry out the doctrine of Social Holiness.

3.4. Social Holiness in the Free Methodist Church of the DRC

Unlike in other parts of Africa where missionaries were sent from North America to start churches, the presence of Free Methodists in DRC was an indigenous initiative. During the war of independence in 1960 the missionaries of the Pentecostal Church of Great Britain and Ireland (UPMGBI) who worked for 20 years in the Southern part of Kivu, mainly in the territory of Fizi, (Eastern DRC) left the country without any follow up on all the churches they had built. Believers who felt abandoned by their shepherds called upon the Free Methodist that was in the neighboring Burundi to take over the work. More than the spread of the gospel, people were in need of social transformation with the establishment of infrastructures for general education, theological training and health facilities. The Free Methodist Church Mission accepted to take up the challenge in an agreement signed on April 24, 1962 (P. Emedi 1996:40-50).

It was therefore clear from the start that the Free Methodist Church in DRC would engage in providing social development that was lacking in the area of their mission. Despite the political instability and recurrent civil wars that have plagued the region of Kivu, more than any other part of the country, the Free Methodist Church has been active in creating schools and health care centers and reaching out to the poor. Nundu hospital is the only facility which has been operational even during the dark days of war, especially during what is known as the ‘Mai Mai Rebellion’ and during the recent invasion of the country by foreign armies. Although many missionaries have left the country since armed

conflicts broke out in DRC, members of the Church continue to provide health care to their co-citizens in very difficult conditions. They are themselves impoverished by the actual crisis in the country; still they feel compelled to share God's love to others.

The Free Methodist Church in DRC has been used by many organizations to channel relief to people who have suffered the consequences of wars and also to refugees from neighboring countries who settled in the region during the genocide in Rwanda and Burundi in 1994. In some instances the FMC Congo has raised funds from other Free Methodists in USA or Canada for emergency when the needs were so crucial. Besides providing relief to poor people, the FMC Congo has made an impact in the education of children from poor family. Several schools have been opened by the Free Methodist Church to meet the need of education in remote areas where local government or other organizations had no school. What is more significant is that because of poverty in rural areas the Church had to find a way of sponsoring education in order to allow all children to attend class. In the early 1970s, the FMC has worked in partnership with an organization called "Compassion International" to provide funds for scholarship as well as building facilities. The provision of funds from Compassion International have given access to free education to many children from poor families who could not be educated otherwise. The instability brought in by the last six-year-war has led the organization to close its work in Kivu; but there is hope that if peace comes back after the recent elections all these activities will resume.

Besides the aid provided by Compassion International, another ministry of the Free Methodist Church called "Child Care International" has provided substantial relief to children of many servants of the Church. This ministry is designed to bring aid to children of people involved in full time ministry in the Church and widows who serve the Church actively and whose income does not allow them to educate their families. It is important to notice that the Church is committed to preach the gospel to the poor who often are unable to pay a salary to their leaders. In those cases Child Care funds become the only means for these men and women of God who have accepted to work sacrificially for the Church. What is commendable is that Child Care ministry in DRC has never

closed its office even during the period of war. The Church has always found a way of channeling this support wherever beneficiaries are, even in refugees' camps that are established outside of the country.

There are many small projects of development initiated by the FMC in DRC to generate income or provide relief to the needy people in several local churches. Most of them are run by Women Ministries in order to empower women who, in most cases, bear the huge responsibility of supporting their households when there is no opportunity of jobs for men.

The Free Methodist Church in DRC is pursuing its goal by sharing the love of God with the poor by offering training, health care, spiritual care and materiel relief. The opening of the newly created Hope University in Bujumbura to serve people of the Great Lakes region appears as a consolidation of the way the Free Methodist Church seeks to consolidate leadership training and skills equipment for the community. All these works flow from their belief in social holiness for all. They use every little means available to them to show God's mercy and compassion to our suffering community. This doctrine has a number of strengths and also some weaknesses that we need to underscore in this chapter.

3.5. Strengths of the Doctrine of Social Holiness

Social holiness stands as practical theology in the teaching of Wesley. It draws its strengths from being rooted in the Scripture. It is the expression of wholeness and freedom from sin that salvation brings in the life of a believer. The strength of the doctrine of holiness rests on a number of biblical doctrines which guarantee its wholeness and freedom.

3.5.1 Social Holiness and God's Love

In Wesley's view, love is the center of everything in Christian life. This unselfish love comes from God and enables human beings to love God and love one's neighbors. "We

love him because he first loved us" (1 John 4: 19). For Wesley the love for God and neighbor should be the motivating factor behind any social action. Therefore it is possible to distinguish between a pure humanistic performance of good deeds and an act shaped by God's love, which is received by faith. Social holiness requires that all good be done under the indispensable condition of love because without love it loses its value and becomes an outward piety with selfish motive. Maquardt quotes several sentences from Wesley's teachings that define his understanding of the basis of believers' actions:

It is in consequence of our knowing that God loves us, that we love him, and love our neighbor as ourselves. The love of God poured out in the heart produced love for God and neighbor. Our gratitude towards our Creator and benefactor, the redeemer from sin and guilt who first loved us, set us free from self-concern; freed us from anxiety about others as well. From this gratitude there arises true, unselfish goodness toward all men (1992:104).

The important fact of acting out of God's love is that goods deeds are performed not only with unselfish motives but also to all people because they all belong to the same father. Only God's love can enable a believer to embrace all humanity without discrimination. Wesley urges his followers to exercise this undivided love to all:

See that your heart be filled at all times, and on all occasions with real, undissembled benevolence; not to those only that love you, but to every soul of man...Be not straightened or limited in your affection but let it embrace every child of man. Every one that is born of a woman has a claim to your goodwill (*Works* 7:144).

When love is given to every soul, the poor and marginalized attract the particular attention of believers because they are often forgotten or overlooked by people in positions of power and the rich. They feel rejected as if they were not full human beings. Therefore, through God's perfect love poured into a Christian by the Holy Spirit, he/she is able to love those who seem unlovable. This is where social holiness is well demonstrated as Methodists engage in activities that benefit those who are socially downtrodden. Social holiness seeks to extend the blessings of God to those who are rejected by the world. This is what the Sermon on the Mount is all about; to bless people that the world would curse. Blessed are the poor in spirit, the meek, those who hunger

and thirst for righteousness, the merciful, peacemakers and those who are persecuted for righteousness (Matt. 5:3-11). Perfect love of God should prompt believers to imitate Jesus who was called a friend of sinners and tax collectors (Matt. 11:19) because he extended God's love to the marginalized and sought their welfare. For Wesley believers should not tarry to love because the source of our love is in the everlasting God. Wesley's view on the increasing of love for others is well rendered in Runyon's comment as he writes,

The perfection of which man [sic] is capable while he dwells in a corruptible body is the ever-increasing love of God and neighbor. Because the love which is given is love received from God, and returned through those whom God has given us to love on God's behalf, the source of this love is infinite; the supply can never run out as long as we continue to receive (1998:88).

Out of such an understanding of the source of Christian love, serving others becomes a pleasure and not a burden because by so doing one blesses other people on behalf of the loving God. However, love is not the only motive of Wesleyan social ministry.

3.5.2 Social Holiness and Christian Stewardship

Social involvement also depends on Wesley's perspective on stewardship. Christian stewardship is a way of being part of what God is doing to redeem the world. Wesley based his view of God's stewardship on God's liberation of Israel from the house of bondage in Egypt (Exod. 20:2, Deut. 5:6, 77-21) and Jesus' death to redeem his people from sin (Rom. 5:6-8; Phil. 2:5-9). Douglas Meeks notes,

The concentration of Wesley's view of stewardship on the poor is not an ideological quirk. It derives from the character of the God of Israel. God has a claim upon all human beings, all things in nature, and all social goods as their creator. Furthermore, God has a soteriological claim upon the poor, for it is in them that the glory of God's power for life appears (Meeks in R.L. Maddox 1998:87).

What Meeks means is that God liberated His people when they were strangers and oppressed, therefore the Church should show the same compassion to the needy and

oppressed in its midst. God identified with those who were condemned to death by sin and slavery in order to become a steward who grants them life. God's stewardship to the house of creation is that He makes sure that everyone in the household has what it takes to live (Meeks 1998:89). God does not free us or resurrect us so that we submit again to slavery, but that we may share in the economy of life. The poor and slaves are considered as people who do not have access to life. God's stewardship is extended to God's people through various laws that He gave to Israel. To the farmers God, the owner of the land, ordered that part of the harvest, sheaves and fruit, should be left for the poor and aliens (Lev 19:9-10). God allows gleaning for the poor and aliens as a right to livelihood to which the rich have to attend as God's stewards. The law on Sabbath and Jubilee expands this idea further as it is meant to be a year to free slaves, to cancel debts and give rest to the land (Lev. 25). There is a link between poverty (debts) and slavery that the law of Sabbath/Jubilee addresses. If stewardship is well practiced everybody might enjoy fullness of life in God's household of creation. The mission of Jesus, as defined in Luke 4:18-19, is another expression of the law of jubilee. It consists in giving access to life to those who are excluded from life by the society. God's concern for the marginalized is also expressed in the practice of hospitality required from people of God. God's stewardship calls for orphans, migrants, strangers and the poor to be invited into homes so that they do not die because of their exclusion from homes (Deut. 15:7-11).

Wesley's view of Christian stewardship is underlined in his attitude towards possessions. For Wesley, possessions are designed to be distributed in order to alleviate human needs and not to be spent on selfish desires. This understanding is clearly expressed in Wesley's 51st sermon on "The Good steward":

In what manner didst thou employ that comprehensive talent, money? Not in gratifying the desire of the flesh, the desire of the eyes, or the pride of life? Not in squandering it away in vain expenses, the same as throwing it into the sea? Not in hoarding it up to leave behind thee, the same as burying it in the earth? But first supplying thy own reasonable wants, together with those of thy family; then restoring the remainder to me, through the poor, whom I have appointed to receive it (Sermon 51, III §5, *Works IV*: 146).

Wesley's understanding of possessions is that one should not spend his/her possessions beyond personal needs while there are other persons in need waiting to be blessed by one's surplus. The Golden rule in three points that is repeated several times in Wesley's sermons can be summarized as:

1. Gain all you can
2. Save all you can
3. Give all you can (Sermon 50, "The Use of Money" *Works* IV:124-136).

This Wesleyan understanding of possessions remains the basis upon which the practice of social holiness rests, though our modern economics and individualistic way of life have undermined the practice of Christian stewardship. In our market world everything is for sale, therefore little place is left for good stewardship. Meeks suggests that,

According to the gospel and the depth of human wisdom, what is necessary for life cannot be a commodity or exclusively a commodity. Thus social goods such as food, housing, jobs, education and health care should not be exclusively distributed according to the market logic; and social goods such as justice, security, belonging, respect, affection, and grace should not be distributed in any sense according to the logic of exchange commodities. Otherwise, it is inevitable that those with nothing to exchange will get left out of home (1998:98).

Many Methodists churches today need to adjust their structure or culture in order to carry on the Wesleyan heritage of stewardship.

3.5.3 Social Holiness and Christian Fellowship

Social holiness also draws its strength in Christian fellowship. From the conviction that solitary religion does not exist Wesley encourages Methodists to live in connections. No Christian should live isolated from others under the pretext of enjoying a personal relationship with God. For Wesley relationship with one another in the fellowship of the saints remains the essence of Christianity, which is first and foremost a social religion. Brian Beck argues that "If Wesley failed to offer the Methodist people a satisfactory doctrine of the Church, he certainly gave them an experience of the Church—meeting in

small groups together, sustaining one another—in which the Eucharist took on a new significance” (Beck in Maddox 1998:138). Christian fellowship in small groups, classes or bands were intended to offer a welcoming space where believers feel welcomed, valued and helped. To sustain one another was the golden rule of Methodist classes. Marquardt says,

Sympathy and courtesy are owed even to the most utterly corrupt and depraved, the poor and the outcast, who should be loved for the sake of their Creator and redeemer. Their body and soul, their temporal and eternal happiness, are valued equally with others (1992:33).

The poor are in need of not only material aid but also of restored dignity and esteem. Wesley would like Christian fellowship to act in both directions, meeting material needs and also restoring a sense of human dignity to those who experience marginalization. One of the rules given by Wesley to members of Methodist fellowships, as quoted by Marquardt, stipulates:

Give them [the poor] soft words if nothing else; abstain from either sour looks or harsh words. Let them be glad to come, even though they should go empty away. Put yourself in the place of every poor man, and deal with him just as you would God would deal with you (Wesley in Marquardt 1992:34).

Wesleyan fellowship is well expressed by the current concept of Koinonia. The idea behind this interpersonal relationship is to motivate the Church of Christ, individual members, congregations, and wider groups to respond to the needs of one another. Beck establishes a link between the two concepts as he notes,

Koinonia, like connexion [sic], is mission oriented: a common mission witnessing to all people to the gospel of God’s grace and serving the whole creation...The koinonia of the Church is... universal. So too for Wesley the connexion was potentially universal, embracing all who will (Beck in Maddox 1998:138).

3.5.4 Social Holiness and God's Creation

Parallel to the concept of fellowship is the doctrine of creation. Wesley finds that Christianity assumes social responsibility because of its understanding of God's creative activity. We all bear the *imago Dei* as the essence of our human nature therefore we should treat or relate to others as our brethren. God's laws should regulate human relations in order to lead a meaningful and successful life in the world. For Wesley many social problems, such as poverty and slavery, occur because people violate God's standard laws of creation. Wesley rejects slavery because it deprives other humans of God's created right of liberty. He argues that, "The slave is the brother of the slave owner or trader and should be respected as such" (*Works* 11: 157). The fact that we are created in God's image with equal rights to freedom and dignity should discourage people who trade or ill-treat others as slaves. This commerce is a violation of God's principles. Wesley used the same creation ethic to denounce the exploitation of the poor by the owners of industries. In his comment on Wesley's involvement in social welfare Dunning notes,

Much of his appeal for alleviation of social ills is based on reason and inherent worth of human persons. These are not naturalistic value judgments, however they are based on what Wesley, in principle, refers to as the 'law of nature,' which was built into the structure of humanity by creative fiat. It is, as he says, unchangeable reason; it is unalterable rectitude, it is the everlasting fitness of all things that are or ever were created (1998:136).

From the beginning of the movement, Wesley wanted Methodists to be gathered in small groups or classes where new converts might experience the restoration of worth and dignity. In these classes people were taught to live new in social relationships as well as being sensitive to the needs of others. Marquardt observes that,

From the first, though not consistently, the Methodist classes had this twofold aim: to help individuals gain a new identity a consciousness of worth, and to provide a starting point for social activity within and beyond the classes themselves. The democratic ground rules learned in these classes would later make a large number of Methodist laypersons into

leading personalities of the labor union movement and political reform movements (1992:137).

Social holiness is therefore a way of transforming the evil structures of our society that impact negatively on human life, happiness and dignity which pertains to all persons, whether poor or rich, whether believer or unbeliever. Exercising social holiness is a way of restoring the creative law of human togetherness disrupted by sin. Dunning has appropriate words as he commands Wesley's approach to the doctrine of creation in order to address social problems:

Creation ethics is the basis for understanding how human society will survive and achieve a measure of justice in God's world with the hope that it will lead to the ultimate goal for which the creator designed his most exalted creatures (1998:137).

The above description of the doctrine of social holiness should not let the reader think that everything is beyond critique. Like any human endeavor, the doctrine of social holiness by the time of Wesley, and also in its application today, shows some weaknesses to which we want to turn in this last part of our discussion.

3.6. Weaknesses of the Wesleyan Doctrine of Social holiness

It should be noticed that human beings are products of their epoch; this is also applicable to John Wesley. His theology reflects the reality of Eighteenth century England with its monarchy at the rise of industrialization. Many scholars have raised pertinent critiques on Wesley's approach on some important issues. We will explore a few for the sake of this study. Marquardt has underscored the conservative view of the state and the rejection of structural changes in society among the weaknesses of Wesley's social ethics. We would like to explore these two major weaknesses first and then add some other areas of weakness.

3.6.1. Conservative View of the State

Wesley is said have held a very conservative view of politics and total reverence to the King and the state. He believed that civil power derived from God, therefore to challenge the state appeared for him as godless and hostile to Christianity (Marquardt 1992:133). The following instruction given to his followers, as quoted by Arthur Attwell, shows how deep was Wesley's conservatism:

1. None of us shall either in writing or conversation, speak lightly or irreverently of the government under which he lives.
2. We are to observe that the oracles of God command to be faithful to the higher powers and that honour to the King is there connected with the fear of God [sic] (Attwell 1989:142).

For a champion of social transformation this conservative view appears as contradicting Wesley's inner conviction. Was it possible to criticize people who oppress the poor and slaves without pointing his finger to the political structure that has put the evil system in place? Reasons for Wesleyan conservatism have often been described in ironical statements:

They were primarily citizens of heaven, and had discovered in their own peace of soul the secret of living, which, as practical men, they felt was a possession worth more than riches. They were not willing to put external conditions of any sort first in life; they sought first the Kingdom of God – but they sought also its righteousness. They had the defects of their qualities, but their primary emphasis on character, rather than on conditions, was the right emphasis (Attwell 1989:143).

Being citizens of heaven and seeking first the Kingdom of God does not absolve us from our earthly responsibility. Wesley was preoccupied with temporal life as well as heavenly happiness. The point is that he was the product of his epoch and one should not read the eighteenth century England in the light of our contemporary global world. In the time of Wesley fearing God and honoring the King expressed loyalty. However, even within the Methodist movement not everybody adopted Wesleyan conservatism. Henry Rack reports that Charles Wesley had a different opinion from his brother John Wesley on how to denounce state evil.

He admitted that he had differed on one point from his brother John that exposing the King's ministers was a way of exposing the King himself, but Charles disagreed, and had not scrupled to expose Sir Robert Walpole and all other evil ministers (Rack 1992:371).

It is obvious along the history of Methodism that the tendency to radicalism in religion and politics were observed. However, at the heart of the Wesleyan heritage many churches belonging to Wesleyan movements have been very soft towards confronting societal structures. In DRC the Free Methodist Church, as far as I can remember, does not speak out against politics. The constitution of the Church which forms the first part of our Book of Discipline and is common to the Free Methodist Church worldwide, does not have a clear indication of what kind of relationship a member of the church should adopt when the government violates God's laws and infringes human rights. It is written that,

Free Methodists should actively participate in civic life by involvement in constructive efforts for the improvement of social, cultural, and educational standards (Matthew 5:13-16); by opposition to degrading influences (2 Peter 2:4-10); and by the exercise of the right to vote (Book of Discipline 1999:52-53 A/340).

In many African countries, social problems are primarily due to bad governance and mismanagement of public funds. It becomes very hard to practice social holiness if one cannot expose the evil in the government, not for the sake of political opposition but for constructive admonition. In this study we need to waive this conservative stance of the Free Methodist Church and our Wesleyan heritage in order to make social holiness a driving force in addressing AIDS pandemic.

3.6.2. Rejection of Structural Change in Society

This second weakness derives from the first one, because Wesley's loyalty was not only toward the King but also towards institutions of the state. Although people acknowledge that Wesley was powerful in the denunciation of evil in his society, he did not push far enough to ask for the change of the law or the reform of parliament. Marquardt argues,

He challenged individuals and groups on the basis of humanitarianism or responsibility to undertake measures toward eliminating distresses, but he was not concerned about having these measures legally and institutionally established and assured (1992:134).

The Wesleyan movement was known for its awakening of social conscience in his society and a deep concern for the poor, but he was torn between bringing about social reform and avoiding political activism. He refused to be part of, or work towards political agitation against the King and the government. Preaching the gospel was a safer ground for his ministry than any political involvement. His conservative approach to the Bible and mainly to Romans 13 made him a defender of the political status quo. Rack quotes Wesley as he declares,

The Bible says that you should not speak ill of the ruler of your people, yet many people do, and when the clergy rebuke them they cry out, ‘O, he is preaching politics!’ In this sense, however, it is a minister’s duty to do so; and to defend the King’s ministers, too, as the King is weakened if they are weakened (Rack 1992:373).

Wesley considered himself as being a preacher of the word and not a politician and advised his followers to distance themselves from politics. He objects, “Politics lies quite out of my province” (quoted by Rack 1992:373).

As said earlier, this attitude of not engaging in politics, has handicapped the extent of social transformation. Scholars are divided on whether the Wesleyan movement had a great impact on the British society of his time. Many have concluded that, “Wesley did not always make the right judgment, but what he did still served as an example, and thus set in motion humanitarian waves leading to more far-reaching reforms than he himself envisaged” (Marquardt 1992:138). Today the Methodist movement is still wrestling with finding a balance between social involvement and political activism. The Free Methodist Church in Congo may be considered among those who have decided to distance themselves from all political involvement. The Church preaches holiness and encourages its members to be active in social activities, but there is no allusion at all to the political or structural evils that generate misery and distress. In the case of this work, I might take

a more militant stance because of the complexity of the AIDS epidemic. To fight against the consequences of AIDS and provide care to people living with AIDS requires more than humanitarian aid. The church may opt to engage in challenging societal structure and oppressive laws that prevent substantial support and care to patients of HIV and AIDS. Wesley himself did it before, as he became an outspoken anti-slavery agent. He could not stick to his religious toleration.

3.6.3. Individual Influence Rather Than Mass Movement

This third weakness of Social holiness stands as the consequence of the two previous ones. If a movement refuses to challenge the King and his ministers as well as all institutions established by the King, the only alternative is to count on individual influences. This describes what Wesley preached and expected from his followers. He wanted to be considered as an apolitical preacher therefore, he did not like to call upon mass action for the social change lest he became a politician. He was convinced that he could achieve the transformation of his society through the influence of believers who lived out their personal holiness. Marquardt uses appropriate words to describe Wesley's view:

According to Wesley's pointedly formulated statement...no real transformation of an individual by God's grace could fail to immediately affect the shared life of all people. The aim of Wesley's preaching was therefore twofold: to lead individuals to renewal through God's grace in justification and sanctification and thus to a meaningful life, and to guide them into activity suited to transform the whole of society from within (1992:119).

This attitude of Wesley becomes ambiguous to a contemporary reader and seems even naive to believe that simply showing individual holiness can lead to social transformation without challenging evil political structures. In his analysis of Wesley's approach to education, Raymond S. Kumalo deplores this emphasis on individual perfection as a way of influencing the society.

A second problem with Wesley's approach to education was his belief that there was a need to save individuals who could only then be able to influence or transform society. He was oblivious to the fact that individuals are historical beings who are shaped by the context and social structure of the society in which they live (Kumalo 2006:140).

This focus on individual perfection has led many scholars to think that Wesley was not interested in social transformation. Kumalo shares the same feeling as he attests that, "To say that Wesley taught and worked for social transformation is a misunderstanding of his thinking work" (2006:142). In my opinion one should not confuse the weakness in Wesley's approach to social transformation with its rejection. It would be hard to believe that a person who is known across the world as a vigorous fighter against slavery, poverty and illiteracy did not think of social transformation. The ambiguity in Wesley's attitude comes, as stated earlier in this chapter, from the fact that he wanted to pursue social change without engaging in the political game. The reality is that one cannot divorce politics from social life. By trying to keep the two separate and remain loyalist, Wesley found himself working toward protecting what he wanted to eliminate. Rack notices that in several instances Wesley found himself involved controversially in politics over questions such as the American controversy, religious liberty, controversy with Calvinists, abolition of slavery and others (1992:374). It was not possible for Wesley to keep his political neutrality while engaging in anti-poverty and anti-slavery campaigns.

I have considered the emphasis on personal perfection as a weakness, because in the case of our study the change of individual morality is not enough to tackle the deep consequences of HIV and AIDS, unless a wider action of transformation is taken which involves the society and its institutions. Individual examples are always required when one operates in a very limited social level but to eradicate national or international structural evils requires extensive involvement. I will deal more profoundly with this point further when I discuss how the doctrine of social holiness can help us mobilize the community for change.

3.7. Conclusion

In this chapter I have discussed the doctrine of social holiness as conceived by John Wesley. I have shown that social holiness is a practical way of exercising personal perfection or holiness. It is the work of the Holy Spirit filling a believer with God's love and is received by faith. It enables a Christian to move from a solitary and selfish life to being useful to the society. The doctrine of social holiness from its inception and in all Churches that have adopted this Wesleyan legacy, is expressed in a deep concern for the poor and marginalized. In Congo, the Free Methodist Church has been characterized by various social works in favor of the needy as a sign of its Wesleyan heritage. I have demonstrated that the strengths of the doctrine reside in its roots in sound biblical doctrines. Social holiness flows from God's love, which enables Christians to love their neighbors. It provides a mobilizing effect of extending Christian fellowship to those who are rejected by the society and also to restore their humanness and dignity as people created in God's image.

However, there are areas where social holiness shows significant weaknesses when it has been used to address social problems today. Most of these weaknesses come from the particular context of England in the Eighteenth century and also in Wesley's personal convictions. Though Wesley championed the defense of the right of the poor, he was firmly grounded in his loyalty to the King and the state. This loyalty motivated him to concentrate on personal charity as the result of individual Christian holiness instead of organized and wide scale charity. The reason being he did not like to depart from his apolitical stance by stirring mass movement who might challenge political rulers. His conservatism led him to interpret loyalty to all established authority as a mark of Christianity. This part will help consolidate my thesis as I propose to use Wesleyan social holiness in order to mobilize the Church and the community to address the problem of caring for people living with AIDS in Kivu. I argue that the doctrine of social holiness contains elements that can establish our proposal on mobilizing the Church to fight against the epidemic.

CHAPTER FOUR

SOCIAL HOLINESS AND CARE FOR PEOPLE LIVING WITH HIV AND AIDS IN KIVU

4.1. Introduction

In the Democratic Republic of Congo (DRC) the number of people living with HIV and AIDS is increasing everyday. As I have shown in Chapter Two of this study, the six-year-war has contributed a lot to the increase of the infection in the eastern part of the country in general and in the Kivu region in particular. I discussed earlier that the HIV epidemic was almost stable from 1983 to 1999, but from 2000 the rate of infection by the virus has increased. The effect of this increase is that people who have been infected and affected experience tremendous emotional, spiritual, psychological, and physical pains because of the weight of the disease. After losing houses and belongings in the war, they are now facing the consequences of the HIV epidemic. Many of them are experiencing shame, anger, low self-esteem, fear and depression. People are worried about how the disease is going to affect families and communities even in the future. Some have come to the point of asking "Where is God in this situation?" A number of sick people wonder how can God, in His sovereignty, allow the war and HIV infection to destroy lives instead of saving the country from this calamity. The important question today is how can the Church of Christ respond to the epidemic?

This chapter will explore certain ways in which the Free Methodist Church can promote and mobilize people to care for people suffering from the disease. It is necessary to notice that in the fight against HIV and AIDS there is a connection between prevention, treatment and care/support that makes it hard to separate between these different steps. However, recent progress in the study of HIV and AIDS has loaded them with abundant materials and peculiar technicality that we cannot tackle each of them within the scope of this study. Our emphasis is on promoting care towards people infected and affected by the disease in ways that ordinary members of the Church can afford and not as medical experts or specialized units.

4.2. Why Care?

The response to HIV and AIDS comprises many sectors of intervention. The most important are prevention, care/support and treatment. I have chosen to focus on care in this study firstly because there is an urgent need to serve many people who are affected and do not receive the attention and care they deserve. The combination of HIV and war in the eastern part of the country has plunged the region into a state of emergency. In a document written by Lori Bollinger and John Stover on *The Economic Impact of AIDS in Congo (DRC)*, the statistics show that the total cost per year for an HIV-infected adult in DRC is US\$936 for low cost and US\$3230 using private sources. How can people who have no job and no income afford to pay that amount. It is even higher than the annual GDP per capita estimated at US\$170 (Bolinger and Stover 1999:9). *PlusNews* reports that almost 1 million children with AIDS have been orphaned in the DRC. And in Bukavu alone the prevalence rate is 10-12% among blood donors (*PlusNews* 2006).

Doctors Without Borders (MSF acronym in French) report that many people in South Kivu have no functional hospital and those that exist lack trained staff or stocked medication. They run two small centres in Bukave and treat 1800 patients with AIDS related illnesses. Those in rural areas who cannot reach Bukavu are left to die without help (*PlusNews* 2006). The eastern part has been for many years isolated because of war and does not have health facilities like Kinshasa and in the west and yet it is prevalence rate is higher. The misery that HIV and AIDS brings on individuals directly affected by the disease and to their family even after their death calls the community to intervene with care. These people are desperate and wait for an urgent and practical intervention while long-term solutions to prevention and eradication of the disease are being searched for. Richardson underscores the urgent need of care as he argues,

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

Since the first initiative proposed by Richardson belongs to medical technology, this work focuses on care because of being it within the Church's capability and also its significance in the current situation in Kivu. I will concentrate on three major areas of care where we assume that the role of the Church is indispensable. These include spiritual care, physical care and mobilization for care with justice.

4.3. Spiritual Care

This is the area par excellence where only the Church has the capacity and knowledge of the matter more than any other philanthropic organization. Our aim is to draw the attention of the Free Methodist Church in DRC to spiritual needs among people affected in one way or another by the disease. More than physical pain, people living with HIV and AIDS and their families suffer from moral and psychological hurts. The actions of experts cannot replace a personal contact of love and compassion that individuals receive from Christians who are committed to live out their faith. The WCC document argues,

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

In spite of all the campaigns of awareness about HIV and AIDS, infected people continue to experience stigma and rejection in many countries, which aggravate their state of sickness and quicken their death. In his article about what sick people experience, Grace Jantzen writes,

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

In the eastern DRC in general and in the Kivu region in particular the situation of those living with HIV and AIDS is even worse. It is hard to understand the deep spiritual damage that accompanies the infection among women and children in the Kivu region, especially, for many those who were infected through rape during the war; they live in shame and total disgrace. As I have shown it in Chapter One, the spread of HIV in Kivu is mostly due to rape, which has been used as an easy weapon of war. During the period of war three foreign armies and a dozen rebel groups fought in the region and now we have UN peacekeepers. Several reports from the region have shown that all of them, without exception, have used sexual violence against women. Reports from *Women eNews* magazine by Tiare Rath show that in Shabunda alone, an area in central south Kivu, an estimated number of 3000 women were raped between 1999 and mid 2001. Some commentators have given an estimated number of 40,000 women raped during the six year of war in Eastern part of DRC (*Women eNews*, June 2006).

We know that the number could be higher because of the inaccessibility of some remote areas cut off from communication with main cities during the crisis and also the secret nature of human sexuality in the culture of the region. Trevor Lowe, spokesperson for the UN World Food Program, echoes this view. "The nature of sexual violence in the DRC conflict is grotesque, completely abnormal," he says. "Babies, children, women--nobody is being spared. For every woman speaking out, there are hundreds who've not yet emerged from the hell" (*The Nation*, August 2004).

What makes it devastating for women victims of rape is that perpetrators of sexual violence perform it openly, often in the presence of members of the family or young children. The result is that raped women are devalued and dehumanized and in which cases their husbands divorce victims of sexual violence after rape. These women feel dirty and useless because they have lost their dignity, their family and their health. We see in Kivu a larger scale of violence against women. While in South Africa young men engage in forced sex as a way of gaining dominance and control over women (B. Haddad 2003:154); in DRC militia and foreign armies do it to humiliate the Congolese nation. Words cannot express how raped women in eastern Congo experience trauma, as many of

them become HIV-infected. The trauma is not limited to victims of rape but the whole family is morally devastated. Imagine what would be the moral state of young children who have witnessed the rape of their mother and elder sisters. They are also spiritually wounded, mostly if the family breaks apart through divorce after sexual assaults. The following testimony collected by Stephanie Nolen is very eloquent on the reality of rape in Kivu.

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

The damage is done to women but sometimes even to children. Another report from Goma reveals that old women aged 70 and small children younger than 6 years old have fallen victims of rape and been infected. The extent of this violence has plunged the whole region into fear and hopelessness. The desperation is total among people as expressed by a lady HIV-counselor working in Goma who wondered in an interview by journalists of the Nation:

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

The last sentence is symptomatic of the reality felt by people “It is more painful to kill the spirit.” The above report underscores the big question that victims of rape raise: Is there any cure for a dead spirit? My argument in this study is that these women, more than any other persons living with HIV in the world, need spiritual healing that the Free Methodist Church can provide or promote. They need love, acceptance and restoration from God. The problem is that in rural areas we do not have professional counselors to deal with such levels of trauma, even pastors are not usually equipped for counseling. Churches or temples do not have an office where these people can be received in privacy and helped to overcome their trauma. On the other hand the number of people affected is

increasing so that it becomes utopia to think that a minister or counselor would be able to handle the multiple cases at hand. There is such a great need of spiritual healing that if the task is left only in the hands of professionals (pastors and counselors) they will be outnumbered. A member of one Church declared, “We are burying people many days of the week, and our pastors are sometimes more busy with the affairs of death than with the affairs of life. What toll will this take on tomorrow’s church? (Dortzbach in Yamamori et al. 2003:51).

To deal with spiritual needs created by the outbreak of HIV-related diseases in eastern Congo the Free Methodist Church has to go back to its Wesleyan inheritance. The time of letting professionals address individual cases of spiritual counseling is over, now we need to organize people as a healing community. We need to equip Church members and affected families with the biblical message of healing.

My suggestion in this study is that the Free Methodist church can mobilize its members to rediscover the healing power of spreading the good news of the kingdom among themselves, as practiced by early Methodists in their small groups, classes, societies and fellowships. Marquardt explains how the preaching of God’s love brought change in Methodist societies:

Despite many hindrances, early Methodism produced astounding social achievements. This should be attributed not only to Wesley’s serious investigation of the causes of social injustice, but above all to his preaching God’s love for all persons—an emphasis which lent to this movement of awakening its great impetus for ministry (Marquardt 1992:32)

People living with AIDS are rejected and stigmatized because of the disease itself and/or the shameful way they contracted the illness. They need to hear the message of God’s love to all humankind regardless of what they are or experience. This love poured in our heart by the Holy Spirit is the basis of Wesleyan social holiness, as I discussed in Chapter Three of this study. Today people are discovering how the reading of the bible can empower and bring spiritual healing to those who are infected by the virus. Gerald West

and Bongi Zengele share, in their study, how the members of the Siyaphila Support Group in Kwazulu Natal have experienced empowerment through Bible study in their context as people living with HIV and AIDS. They observe that, "Women of the group feel in control of their body as well as of the Bible" (West and Zengele 2006:63). Beverley Haddad has experienced the same power of reading the Bible with the community of people suffering with HIV and AIDS in her research among the Vulindlela community (Haddad 2006: 80-90). She realize that the church may become a redemptive community to those who live with HIV if some traditional church rituals, such as the Eucharist or Breaking of Bread, can be given new meanings, which convey hope, healing and redemption (Haddad 2006:90).

A person who receives God's love by faith should not keep it for selfish interest because love by nature is and requires to be shared with one's neighbor. Early Methodists practiced this love of God and of neighbors in their Christian fellowships in which members learned to share burdens with one another and show solidarity with everybody who needed help or support. Marquardt notices,

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

Showing love is not enough by itself because people infected by HIV in Kivu have lost their dignity and self-esteem. In the above report from Kivu we heard women declaring that we are "Not women anymore." They need strong assurance that nobody can change their created nature because they are made in God's image. Rape or mutilation does not affect God's creation. This is also another area where social holiness has solid roots as I said earlier. Wesley had a deep conviction in the image of God present in every human being, be it poor, outcast and slave. In his sermon 124, Wesley shows that we are all created in God's image and because of this we are enabled to give a clear, satisfactory account of the greatness, the excellency, the dignity of mankind. Even though the fall tarnished this image of God in us we still have the treasure in earthly vessels. Part of this treasure that believers have is common with other men; this is "the remains of the image

of God" (Wesley, Works 7:345). It is through this 'remains' that the prevenient Grace of God is active even in a person who is not yet justified. People living with HIV need to hear this message of *imago Dei* and to see people treating them with dignity as still worthy of respect and esteem. According to Wesley only Christians who have been renewed by the Holy Spirit and liberated from the power of sin by grace are restored to the likeness of God and empowered to do good works. Good works include showing love and social concern to the needy and also valuing human lives. That is why I think that spiritual healing for people living with HIV and AIDS lies first in the hands of the Church.

Spiritual healing should also include a message of hope for the future. People living with HIV are hopeless, firstly because they feel guilty and abandoned by God. They can be reconciled with God if only there are Christians who diffuse the positive image of God. Not as a person who takes every opportunity to punish and cast into hell all sinners, but a loving father waiting for the worst of the sinners to come back home (Luke 15: 24, 32). HIV is often associated with sexual immorality, homosexuality and drug addiction which are things repugnant to society and especially by the Church. This attitude enhances the feeling of condemnation and guilt among HIV-positive persons; unless somebody comes to them with a message of reconciliation. The message of reconciliation is that we are all sinners and deserve God's wrath, but our merciful Father is ready to forgive and receive us back as we turn our hearts to him. Good news to all sinners is that we can have good health today after sinning because of the steadfast love of God that redeems sinners. "Whoever calls on the name of the Lord shall be saved" (Rom. 10:13). In his writings Paul affirms that the Church of Christ is entrusted with the message of reconciliation, to bring those who are far and those who are near in close relationship with God (2 Cor. 5:18-19).

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

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

Gospel, as good news of the kingdom, is to tell dying people that there is life, resurrection and the intercession of Jesus, which surround them now, and even after passing away, so that they should not be desperate. They should be prepared to face death with courage and joy because they know their destiny. John Piper attests that, “The magnificent message of Christ is that there’s hope—in this life for love, and in the life to come for new, pain-free bodies in fellowship with Jesus” (Piper in Yamamori et al. 2003:245).

In the case of dealing with HIV and AIDS the movement has to go beyond what early Methodism initiated because the nature and impact of the damage in Kivu is more than what poverty did to eighteenth century England. That is why I suggest that we use the doctrine of social holiness in a new way, which should strengthen the action of the Church as a large-scale. I am not here to bring only relief and charity to people but a total spiritual healing which takes time and energy to implement. On the other hand we are not dealing with a localized calamity for emergency but a widespread and long life epidemic, which people should learn to cope with for life, until a cure is found. If responsible Christians preach the message of hope, love and reconciliation in words and actions, people living with HIV will mobilize their energy and passion for spiritual healing. The Free Methodist Church should act as the NGO that feels the need for spiritual healing, initiates the movement, and brings awareness to the community (Korten 1990:127).

What I envisage is that the FMC in DRC should feel the need of creating healing communities among our members where our brethren living with HIV and AIDS can find, love, peace and acceptance flowing from God’s word and transformed lives. This should be the duty of every believer in his or her capacity, to practice the social holiness in a way that influences positively the lives of those who need spiritual healing. It does not need to be an ordained minister or a trained counselor to share the word of God with a neighbor or show love and compassion to a person in pain. There is room for ‘ordinary

members' to participate in providing spiritual healing to people who are suffering from HIV and AIDS in Kivu and bring social change.

In her article, "Responsibility and Caring for One Another", Fresen mentions caregivers as a group that also need care. "These caregivers are the salt of earth. But we need to have policies and practices in place which prevent the salt from losing its savor" (2003:67). She argues that they experience the stress of working with those who live with AIDS and if they do not receive attention and care they will undergo burnout. She proposes that working conditions be improved and also that they may receive spiritual and psychological strength to cope with their duties and that policies and laws may be sensitive to the needs of carers (2003:68). The list of those who are directly or indirectly affected by HIV and who need spiritual care in relation to the HIV epidemic is endless. The number of patients is so high that if spiritual healing is only left in the hands of the few pastors, priests and ministers of the Church, many people will not be attended to. That is why the Church should encourage local initiatives of Bible reading where ordinary people can be empowered to read the Bible for themselves. The examples mentioned earlier of Gerald West and Bongi Zengele of the Ujamaa Centre for Community Development and Research in Kwazulu Natal reading the Bible with the Siyaphila Support Group and Beverley Haddad with the Vulindlela community illustrate how spiritual care to people living with HIV can be received through reading the Bible in group.

What matters is that the Church draws the attention of its members to be sensitive to provide care whenever they come across somebody who needs care. I think that the FMC in DRC should revive our Wesleyan inheritance, which encourages lay members to read the Bible and minister to one another in their small groups and societies as a means of enlarging the number of people receiving spiritual care. The practice will not necessitate huge funding from overseas, but shared biblical values that can mobilize church members to grasp God's will and spread it around the community. This healing movement should be multidisciplinary, because the disease is not only spiritual but also physical and social. Let us now turn to the physical aspect of care.

4.4. Physical care

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

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

She goes on saying,

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

The situation can become worse if some measures are not taken to alleviate the consequences of HIV and AIDS. More people will be added to the 4 million already buried during the period of war. Nolen notes that apart from firepower, more people died of starvation and preventable diseases such as malaria and diarrhea, all this because nobody cares. Internally there is certain apathy from the Church and local government because they assume that the misery is so deep that their feeble means could amount to

nothing. Or they have no control over militias and soldiers who are perpetrating this violence upon women. From the international community silence has been kept for the atrocities perpetrated in DRC for some hidden agenda that we cannot explore in this study (*MS Magazine* 2005). The silence of the Church and the international community towards the atrocity of war in DRC would remind us of what Beverly Haddad denounces in the case of South Africa as she argues,

In the face of the enormity of the crises of gender violence and HIV/AIDS and the particular vulnerability that women and girl-children face in the South Africa context, the silence of the Church on these matters is deadly! This silence is in effect a death sentence and the Church needs to be called to accountability (Haddad 2003:155).

In the current situation in Kivu I would concur with Haddad that the silence of the Church and its inactivity are deadly. The Free Methodist Church has to stand and put into practice the doctrine it affirms in the Book of Discipline. Although physical care to HIV patients is an area where medical institutions, international agencies, experts and government have invested their efforts because they have the knowledge and the means that it takes, there is still room for 'ordinary people' from the Church to make a significant contribution. Especially, when those who have the means are absent, as in the present case in the Kivu region.

In a practical way the Church is compelled to provide care for people who are suffering as a sign of identifying with the misery of our community. Through their care to people living with HIV, Church members minister to Jesus and one day they will be told:

For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me. ... I say to you, inasmuch as you did it to one of the least of these my brethren, you did *it* to Me (Mat. 25: 35-36, 40).

Items mentioned in the above passage are an indication of certain material needs that people living with AIDS experience today. Some have been estranged from their community so that they cannot satisfy their basic needs such as, food, drink, clothes and

shelter. Others are in need of somebody who can pay them a visit or somebody to talk to. Specialized institutions can provide care for those people but the major contribution will come from Church people because they are part of the ordinary things they always do. They do not have big financial resources but they can share the little they have with love and provide company for the lonely. Patricia Fresen says, "Our best or only possible response may be to be there, to stay with the person. And we know how difficult this being there can be, how demanding of us: yet how important, how comforting and even healing, for the person who is suffering" (20032).

The point is when things are decaying like this the Church has always stood as the sole lifebuoy. The situation in Congo is described with the same horror as the one which prompted John Wesley to engage in social action. He wrote,

I reminded the United Society, that many of our brethren and sisters had not needful food [sic]; many were destitute of convenient clothing, many were out of business, and that without their own fault; and many sick and ready to perish: That I had done what in me lay to feed the hungry, to clothe the naked, to employ the poor, and to visit the sick; but was not, alone, sufficient for these things; and therefore desired all whose hearts were as my heart, 1. To bring what clothes could spare, to be distributed among those that wanted most. 2. To give weekly a penny, or what they could afford, for the relief of the poor and sick (*Works* 1:309).

Wesley was so moved by the misery he saw among his people that he decided to put into practice the love for God and for neighbor that he preached. In this account Wesley gives more details on how he decided to employ some women in knitting so that he could create jobs for them. He gave himself too much to it so that for the rest of his week he fell sick (*Works* 1:310). Wesley's practical theology was not limited to giving relief to the poor but in another account he reports that since poor people could not afford to pay their medical bills, which were very expensive, that he decided to become a kind of physician providing medicines as he used his knowledge of physics and anatomy learnt long ago. He reports:

But I was still in pain for many of the poor that were sick; there was so great expense, and so little profit. And first, I resolved to try, whether they

might not receive more benefit in the hospitals. Upon the trial, we found there was indeed less expense, but no more good done, than before. I then asked the advice of several Physicians for them, but still it profited not. I saw the poor people pining away, and several families ruined, and that without remedy. At length I thought of a kind of desperate expedient. "I will prepare, and give them physic myself" (*Works* VIII: 263-64).

It is important to notice that, for Wesley, theology is praxis and not words. What Wesley did is the kind of reaction that I would like to see the Free Methodist Church in Congo taking as we see the misery of our own people perishing without appropriate care. One needs a great measure of love and compassion to approach people living with HIV after being gun raped, destroyed in their inner part and left without any substantial treatment. They have become the true untouchables and outcasts. I think if we practice what Jim Kane, a Free Methodist member wrote in the Church Magazine "light and Life" is an important admonition. "Often Jesus touched the untouchable. Jesus knew that compassion—real compassion—requires touching and sometimes getting dirty. Go and do likewise" (Kane 2003:20). It is not our intention in this study to describes the various forms of physical care that a person living with HIV needs and the technicality involved in each one of them. My aim is to stir up the Church and draw its attention to the fact that, "Appropriate care and support for people living with HIV will enable them to live longer, healthier, and more productive lives, which benefits the individuals, their families, and the whole society" (Wendy Holmes 2003:175).

As I said earlier, the FMC in DRC should engage aggressively in providing care for people living with HIV because the magnitude of the epidemic is far beyond what Wesley experienced among the poor of eighteenth century England. HIV is more complex and has far reaching consequences on global life. Since many people in Bukavu do not have access to treatment at present, physical care and support would play a great role in sustaining the lives of HIV-positive persons as it may meet their physical, emotional, social and economic needs. I want here to quote the engagement of the Methodist Church of Southern Africa (MCSA) as a model to be adopted by all branches of Methodism worldwide:

The Methodist Church represents the body of Christ. As such, it is the place where God's healing love should be experienced and God's promise of fullness of life is made freely available. HIV/AIDS offers the Church an opportunity to become a prophetic sign of the kingdom of God in making tangible the care and love of Christ in its proclamation (preaching) and service, worship and liturgy (MCSA 2002:15).

There are a variety of aspects of the disease that need to be taken care of. This includes testing so that people may know their status and start living positively. In DRC, especially in the eastern part of the country, health centres where people can get free testing are very rare. It took almost 15 years before establishing the first Voluntary Counseling and Testing (VCT) in DRC and ever since there have been very few centres offer testing (EHAIA 2006:12). Since the population has been impoverished by war and the few hospitals still operational are expensive, many people are dying with HIV-related diseases without knowing it. In those cases were the cause of death is not known it is common to attribute it to witchcraft or sorcerers, as often happen in rural areas. In this regard the FMC in DRC can be useful if all the small health centers that it operates in remote areas, where there is no governmental hospital, could receive, testing instruments from donors or international agencies. What is needed is to express loudly and widely the crucial need for these instruments and some people out there may be touched and donate them. There is also a need for home-based care and self care because of the scarcity of medical facilities. In some countries home-based care is an alternative but in eastern DRC it becomes the only solution. Who will mobilize families to share their love with their relatives or other practitioners and volunteers to visit people in their homes? I think the FMC in DRC is able to inspire its members with biblical insights to provide care for patients where hospital services are lacking.

The distribution of food to people living with AIDS should not be considered as charity in order to satisfy their hunger, but as a powerful support for their survival. Provision of appropriate foods is medicine and life for AIDS patients. Good diet is required to them because it constitutes a means of sustaining their health, prevention and also an indispensable accompaniment to any medication. HIV infection and the lack of food in the household impact negatively on one another as demonstrated in this statement:

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

Those who are on ARV can develop deadly side effects if their treatment is not accompanied with good diet. It becomes a challenge when we know that the region of our study is experiencing shortage of food because of political and economic crises generated by civil wars. Yet, people who live with HIV and AIDS have higher nutritional requirements than normal because food shortage has a tremendous impact on the growth of the epidemic.

Difficulties with food production lead to poor nutrition: both protein-energy malnutrition and deficiencies in micronutrients such as iron, zinc and vitamins. Poor nutrition leads to compromised immune systems, making individuals more susceptible to infection in general (Barnett and Whiteside 2002:223).

One should remember that the soil in Kivu is very fertile and before the war the region was the granary, which provided a variety of food for the rest of the country. What I mean is that since famine in this region is not due to some natural calamity such as drought or flood, the situation can be reversed if a movement is launched that can mobilize people to farm and produce food for those in need. The FMC in DRC should motivate its members to produce more food and distribute to HIV patients.

Caring for HIV has to be extended to the family of the sick person, especially after death, orphans and the widows or widowers, who sometimes are also infected, and are so devastated in their bereavement that they need help. Many institutions are being opened to deal with the problem of orphans of HIV and AIDS. But these institutions cannot take everybody in, Church people are able to identify in their milieu children who are left without support and provide them with adequate care. In some cases some children have to be adopted into families. Care of orphans is a growing field where everybody has to participate if we need to make a significant impact. The United States Agency for International Development (USAID) estimates that 44 million children under 15, in 34

developing countries will have lost one or both parents by 2010, mostly through AIDS (Guest 2001:1). If these figures are accurate, one can realize the magnitude of the crisis awaiting Africa in the years to come if the whole community is not mobilized to provide care for orphans. Widows and widowers also need relief, love and company from Church people, as they feel lonely and rejected.

I want here to highlight the complexity of providing care for people living with HIV. In a region where many facilities are lacking the problem becomes even more complicated. To handle the situation requires therefore exceptional approaches. What I said earlier applies also here that the Free Methodist Church moved by God's love should stand and mobilize people towards giving care. The operation should be a large-scale movement including various actors in order to face the magnitude of the epidemic. Mobilizing people around the doctrine of social holiness can make it easier, as people with different skills, talents and training engage in this enterprise. No single church or organization can try to do it alone. The vision of providing physical care can easily hook many more people than spiritual care because it is a visible and tangible thing.

I suggest that the Free Methodist Church might sensitize people to the biblical foundation of caring for the body in the same way the church does for the soul, by preaching a holistic salvation which takes into account both physical and spiritual needs at the same level, and sharing how important it is for the community to participate in this praxis as the expression of their faith. The movement should start in places where the Church is present, then, the circle can be broadened to include other churches and secular organizations internally and externally. This network is important because it will enrich the movement with the expertise and skills that Church does not possess. To succeed in such an operation there should be good coordination of various sub-units within the movement. Each of these sub-units should deal with a set of activities such as, education on HIV and AIDS, treatment, home-based care, support for orphaned children, welfare services and many other activities involved in physical care.

Spiritual and physical care will not be efficient if the Church does not look into how justice is done to people living with HIV in Kivu. This leads us to the last aspect of care we propose in this study.

4.5. Care with Justice: The Importance of the Doctrine of Social Holiness

Giving care can be hindered by some factors that are beyond the capacity of the Church. Justice is one of those areas that are conceived and implemented by agents and organizations that are not under the control of the Church. This does not mean that the Church has to accept injustice but we need here to exercise a prophetic role as the voice of the voiceless. More than any form of care discussed before, care with justice requires a massive action of mobilization in order to challenge policy-makers, governments and international opinions. Justice and human rights determine the access to adequate treatment to people living with HIV, especially in poor countries and also some violations of human rights due to discrimination in relation to HIV and AIDS.

I have demonstrated in this study how the current outbreak of HIV is linked with massive rapes perpetrated by armed persons. I have also shown how many national and international programmes concerning HIV have, since the beginning of the war, neglected the eastern part of the region. Access to treatment is hard because of the lack of medical infrastructures and political instability. Elementary justice for people suffering with HIV in Kivu is to find somebody who can break the silence and denounce publicly what is being done to women and children. Also somebody who can defend their human right of access to adequate treatment including antiretroviral therapy (ARV). A crucial area of struggle in relation to HIV and AIDS is the access to anti retroviral (ARV) treatment for people who are in an advanced stage of illness. ARV drugs have the effect of slowing down the disease course, and lowering illness frequency and death rates if they are taken appropriately (Sonja Weinreich and Christoph Benn 2003:79). However, this important treatment is not available for many poor people living with HIV in Africa. Statistics of the year 2002 show that only 1% of people who need ARV therapy in Sub-Saharan Africa have access to ARV drugs (Weinreich and Benn 2003:80). This number

may have increased ever since, but is still insignificant in relation to the rapid rates of infections and the growing population in need of ARV therapy in developing countries. The same document argues that, “The issue of access to ARV for people in developing countries is not a medical, but rather a political question: the medical treatment of HIV infection follows the same principles throughout the world” (2003:81).

At local or national level the major problem is not the lack of funds to purchase the drugs but a matter of priorities of government. A lot of resources that could be used to heal people are allocated to some other programmes that are not necessarily for the benefit of the poor. In countries under war like D.R. Congo, military equipment is the priority of the government for its security. In some instances corruption and other forms of mismanagement of national resources are taking away funds that could be used for this life-preserving therapy. It is the role of the Church to see that justice and human rights are given to all people, without discrimination because they are all created in God’s image. To do so the Church has to use advocacy and lobbying at local, national, even global levels if possible. The WCC document recommends,

The reality of HIV/AIDS existing in the individual, the community and the church creates a fresh opportunity for the Church to be with its people – to leave the church buildings and to go and suffer with its people where they live. It is an opportunity for the church to reclaim as its own the struggle for the restoration of human rights (1997:76).

Although John Wesley was known for his apolitical stance and conservatism towards government, Leon Hynson argues that Wesley was ready to join a mass movement when human rights and freedom were violated. This is why he opposed the American Revolution and criticized slavery intensively to the point of joining the anti-slavery movement (Hynson 1984:49).

My argument is that the doctrine of social holiness, as conceived by John Wesley, may constitute a strong motivation for FMC in DRC to pursue that which is the God-created will for people living with HIV and AIDS in the Kivu region. For Wesley, the Church is

called to join in the work of building God's kingdom on earth by destroying the kingdom of Satan. Wesley argues,

This is the original design of the church of Christ. It is a body of men compacted together in order, first, to save each his own soul, then to assist each other in working out their salvation, and afterwards, as far as in them lies, to save, all men from present and future misery, to overturn the kingdom of Satan and set up the kingdom of Christ (Wesley, Sermon LII, *Works* VI: 149-150).

What Wesley suggests is that the world operates in a sinful context from original sin. This fallen context is responsible for all kinds of injustice and misery the world experiences. Original sin is expressed, in our context, in evil acts such as rape, civil wars, being deprived of treatment when one needs it badly. Wesley considers that, "without the grace of God all people are rank idolaters, filled with pride, self-will and love of the world" (Collins 1989:21). In His sermon on *the original sin* Wesley observes that,

"The whole head is sick, and the whole heart faint. From the sole of the foot even unto the head there is no soundness; but wounds, and bruises, and putrifying sores." The same account is given by all the Apostles, yea, by the whole tenor of the oracles of God. From all these we learn, concerning man in his natural state, unassisted by the grace of God, that "every imagination of the thoughts of his hearts is" still "evil, only evil" and that "continually" (Wesley, Sermon XLIV vol. II, *Works* VI:58).

This distortion of God's creation that affects the whole of humanity is what constitutes the kingdom of Satan that should be overturned through the work of salvation. The good news is that this situation is not definitive because Jesus came to provide healing to our fallen nature. In the same sermon Wesley adds, "The great physician of souls applies medicines to heal this sickness, to restore human nature, totally corrupted in all its faculties" (*Works* VI: 64). Jesus himself defines his mission in eloquent words as he was given the opportunity to read the Scripture in Nazareth.

*The Spirit of the Lord is on me,
because he has anointed me to preach good news to the poor.
He has sent me to proclaim freedom for the prisoners
and recovery of sight for the blind,
to release the oppressed,*

to proclaim the year of the Lord's favor (Luke 4:18-19).

To overturn the kingdom of Satan in Jesus' perspective does not limit itself to words only, but also in the performance of physical works. The FMC in DRC today is called to the same mission, to overturn the kingdom of darkness, materialized in flagrant injustices behind the spread of HIV and AIDS in Kivu and to liberate the oppressed. One cannot tackle the problem of care with justice in Kivu without addressing all the irregularities observed in the region. This should be a leap into a new field where we do not have enough expertise. It is a domain of advocacy and lobbying which can be successfully explored with the help of external networks. If this task is carried out successfully, it will result in changing our society into a community where people live at peace with one another. The different ingredients needed for social transformation, as mentioned above, can be summarized in what Perry Yoder calls 'biblical shalom' (Yoder 1987:10-23). Shalom, as a comprehensive, concept covers a wide range of meanings, prosperity, well-being, peace, justice and everything we can expect from the rule of the sovereign God. The transforming mission of Jesus and His kingdom become the establishment of shalom on earth. Yoder in a rhetorical question urges the Church to join in this pursuit of shalom;

If the coming of shalom demands a transformation, should not the church be leading the way in dismantling the structures of oppression and death wherever they are found so that shalom, God's will, may be done on earth as it is heaven? (1987:23).

The answer to this question is yes, because there is no other alternative for the church if it is to follow the footsteps of Jesus Christ than to seek shalom for people living with HIV and AIDS. Transformation is needed to relieve sick people and the poor from oppressive structures and misery. The practical way to do it is to use the solid biblical principles of social holiness and turn them into a driving force of a people's movement, which can really bring social change. The battle for bringing about the kingdom of shalom, in the biblical point view, is an ongoing process because the ultimate shalom will be reached in the second coming of Jesus. This is not unique to the kingdom of God, all theorists of development will agree with the fact that social transformation is not won in a single battle; as long as life continues on earth people will keep on working towards helping the

needy. The following statement expresses well the tension in which the Church lives between the current redemption and the ultimate shalom.

By God's grace we have received the good news of his kingdom; we have submitted our hearts to the King and experienced his transforming love in our lives. Yet the culmination of the kingdom is still to come. The eschaton, the new heaven and the new earth, has not yet arrived. Christ redeems all things, but we do not yet see all things redeemed. We live between the times; the new age has begun, but the old age is still here. We are in neither the garden nor the New Jerusalem (Walsh and Middleton 1984:87-88).

This aspect of keeping on fighting for an ideal even though the ultimate result is far to be reached is encouraging news for this study which deals with the battle against HIV and AIDS. There is up to now, no cure for the disease and full social justice is yet to be reached, but the Church continues its task.

One of the effects of the epidemic on the poor who are HIV-infected is that they tend to look down on themselves, as useless and unable to work for their destiny. Without restoring their dignity it would be impossible to mobilize rural masses in Kivu for social justice. David Williams attests, "It is hardly possible to doubt the wretchedness of poverty and the stress that it produces" (D.T.Williams 2001:7). This study aims to showing that the doctrine of social holiness can be a useful tool in building up human dignity because it is grounded in God's creation. The dominant idea behind the theology of creation is that human beings are created in God's image (Genesis 1:26-28). This concept can have significant implications in mobilizing the poor for social actions.

The doctrine of social holiness is able to impress upon the poor that they are created in God's image just like everybody else in the world. Rich and poor, male and female, old and young, all are equal in God's sight as His creation, and they all bear God's image in them. More so, when Jesus died on the cross it was for everybody without distinction. John Wesley was so concerned about treating the poor with dignity as people created by God that he urged his followers, "If you cannot relieve, do not grieve the poor. Abstain from either sour looks or harsh words. Put yourself in the place of any poor man, and deal

with him as you would God should deal with you" (Wesley in Rack 1992:363). This admonition was intended to stop the discrimination and stigmatization, which the poor suffered in the time of Wesley and even today. Methodists were asked to set an example of valuing the worth of the poor and by so doing proclaim human equality. Wesley considered it as sin if somebody underestimated the worth of the poor. Marquardt expresses this in his comment on Wesley's attitude towards charity.

The point was not just to do good, to help the poor, and to be active in charitable works; this was no more than the "religion of the world" was already doing. What was involved, rather, was allowing one's fellow human being to share the high regard and esteem rightfully belonging to them in the same measure, on the basis of God's love, and this could not be denied without incurring guilt before God (1992:34).

Walsh and Middleton argue, "Our humanity, in the image of God, is essentially a cohumanity. We are socio-cultural beings, called by God to work together in developing and cultivating the creation" (1984:55). We are all created in God's image, poor and rich, therefore we should together exercise dominion over the rest of creation. This dominion calls for the idea of working and being active instead of being passive recipients. If poor people need to be involved in claiming their rights they have to believe in their capacity to achieve great things. Runyon gives a powerful testimony on how Wesley associated charity of the poor. and empowerment.

Wesley brought to the poor not only a sense of their own worth but a sense of their power over their own destiny. As they were being renewed in the image of God, they were being given the power to live out that image. They were called to be coworkers together with God in extending the benefits of the grace they received to all with whom they came in contact (Runyon 1998:191).

When the doctrine of human dignity and dominion are well understood, it will be easy to encourage poor people in Kivu to mobilize themselves for social change and justice in their community.

None can deny the power of religion in shaping the human mindset. Quoted by David Williams many scholars acknowledge that, "The problems of the world cannot be solved

with mechanisms, but only by changing the hearts and minds of men and speaking courageously...if modernization is to be permanent, it must start from the religio-cultural substratum" (Williams 1998:19). My argument in this section is that the doctrine of social holiness can be an important ingredient in bringing care with justice to people in Kivu. It will help the poor and sick people realize their own worth as people created in God's image. They will see themselves in this perspective and require from local and national authorities and even from the international community to be treated respectfully as God's creation. At the same time they will express their *Imago Dei* in being involved in social activities, not as a duty, but in honor to their creator. They may understand that passivity and laziness are contrary to God's intention for people who bear His image. The doctrine of social holiness brings in the spiritual dimension of social actions and theological motives for the poor to be actors of their own destiny.

The doctrine of social holiness is at stake when church members are being raped and infected with HIV in the Southern part of Kivu where the FMC is among the dominant churches. More so, some perpetrators also attend our services. Unless the Church wakes up and starts showing its faith through actions against rape, the FMC may fail in its vocation of bringing God's shalom to people. Isabel Phiri is right when she argues,

Church doctrines and teachings on the humanity of women and children are questioned. The Church is being asked to practice justice and side with the oppressed, especially women with HIV/AIDS. The African Women Theologians are reminding the church to put into practice what they promised to do in the Ecumenical Response to HIV/AIDS Plan of Action where the church: ... (2) We will combat sexual violence, abuse and rape in homes, communities, schools and conflicts/war situations (Phiri 2003:16).

In the current situation in Kivu this very resolution is being violated because sexual violence, rape and abuse in conflicts and war situations are being perpetrated before the Church. I understand that the combat suggested by this resolution is not asking churches to take arms, but through lobbying and advocacy to denounce and oppose sexual assaults. The task is not beyond the Church if it conforms to the doctrine of social holiness. The position of the Methodist Church of Southern Africa is again recommended here,

The challenge of HIV/AIDS opens the community to enter into their suffering; to stand with them against rejection and despair. This is our witness to Christ which will become visible to the world...The relevance of the Methodist Church will be determined by the response of the Methodist people. Only when the churches commitment becomes a reality can the Methodist Church of Southern Africa hope to respond meaningfully to the HIV/AIDS pandemic (MCSA 2002:15).

In my opinion, making a strong statement or declaration of the Church to denounce rape and break the silence around sexual assaults in DRC may be a starting point for the FMC to providing care with justice. From there they can move to other crucial issues where people living with HIV cry for justice. I will here mention a few.

Access to medicines is considered as the basic right of any sick person. People suffering with HIV-related diseases in Kivu have been denied this right as they continue to die in great numbers without any treatment. Many factors contribute to this violation of human rights. The major problem is that the war for political and economic greed has captured the attention of national, regional and global actors so that they prefer flooding the region with guns rather than medicines. Through advocacy and lobbying the prophetic voice of the Church may influence governments, policy-makers and global agencies to put the response to HIV and AIDS epidemic in priority of their political agenda and allocate substantial funds towards the pandemic

The churches and their agencies have a special responsibility here, since as social forces and power factors they can exert a far-reaching influence. Advocacy should also take place within church structures. Target groups of advocacy include the executive level and staff in organizations, church communities and people outside those communities (Weinreich and Benn 2003:92).

The Free Methodist church in DRC, like the prophet Amos, must raise a prophetic voice to condemn those who are seeking their luxury and entertainment at the expenses of the lives of the poor. *I will not revoke the punishment because they sell the righteous for silver, and the needy for a pair of sandals-those who trample the head of the poor into the dust of the earth and turn aside the way of the afflicted* (Amos 2:6-7).

When those who manage national resources misuse them or priority is given to futility instead of saving lives, the Church should stand with love and compassion for the poor to accuse and condemn evildoers. The exchange of resources for weapons is a huge network, which goes beyond national boundaries; therefore, a single Church like the Free Methodist Church cannot efficiently tackle it. Doug Priest suggests how the church should respond in such a case as he says, "Advocate, either directly or through appropriate agencies, that regional and national government bodies set aside additional resources to address HIV/AIDS" (Priest in Yamamori et al. 2003:303).

What Priest suggests in the above statement is crucial in the political disorder prevailing now in DRC, even after having our first president democratically elected. The role of the Church is to advocate and sensitize churches and organizations worldwide, through other agencies, to allocate funds for this cause. It takes few resources to heal some of the HIV-related sicknesses that are killing people in DRC. The surplus or leftovers of some organizations can be a great contribution towards alleviating the consequences of the disease. The recent World Conference on HIV and AIDS held in Canada in August 2006, has revealed that the world is aware of the problem of the disease in Africa and people are ready to invest millions in this fight. It is an encouraging sign that when some people cannot enjoy their right to treatment, advocacy by the FMC may find a favorable echo at the international level.

The Church could also join in the great battle of many African nations to provide Anti-retroviral drugs to those who are in an advanced state of illness. There is already in Africa and all over the world hot debate on this issue. It is true that ARVs have produced positive results for people using them but many reasons are given to discourage the poor in Africa to use these drugs. I think with appropriate information on the debate, the Church can also make this a battlefield for caring with justice for patients who need it.

4.6. Conclusion

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

I have identified three major areas of intervention. Spiritual, physical and care with justice. In each of these areas, the FMC in DRC can make an impact, but the magnitude of the damage requires, in addition, external help and expertise to support the action of the Church. Therefore, our suggestion is that the FMC in DRC should provide biblical insights from its doctrine of social holiness for the grounding of the mobilization of the people so that the mass movement it generates might be accepted by both the religious and non-religious communities. The movement should be multi-talented and diversified in its nature to be able to carry out the various activities involved in total care. The success depends on how the vision based on biblical principles will be accepted by the members of the community, and also how flexible and persuasive is the Church to accommodate and lobby other churches and even secular organizations. I have shown that in some areas the Church has to break new avenues that were not envisaged before, for example addressing issues that are political in nature. The Free Methodist Church should stand up to the challenge and start doing something if it wants to maintain its head

above the crowd which points accusative fingers instead of showing love in praxis to people living with HIV in the Kivu region and elsewhere.

CHAPTER FIVE CONCLUSION

5.1. Summary of my Discussion

This study began by showing how the HIV epidemic is spreading in the Kivu region of the DRC, causing devastation among the poor. Though the first cases of HIV were diagnosed in the early 1980s, the situation was almost under control until 1996 when the country was invaded by foreign armies. Many of the soldiers came from neighboring countries such as Uganda, Rwanda and Burundi, where the rate of infection was already higher at that time. This invasion is a determinant factor in the actual outbreak of the pandemic because soldiers who were already HIV positive have used rape as a weapon of war disseminating the disease in the region. Other factors related to the situation of war are the destruction of medical infrastructures, economic and political instability, unemployment and destruction of all means of communication. The combination of these factors resulted in the total impoverishment of the people in the region so much so that those who live with HIV and AIDS are unable to access treatment or purchase medicines. The toll of death is so high that the Church has to get involved as well as ring the bell to draw the attention of the rest of the world to this disaster.

I have used the doctrine of social holiness as our theological framework in order to discuss the role the FMC in DRC is playing and how to enhance its action to meet the increasing needs of persons living with HIV. In my analysis of what the Free Methodist Church can offer in such a situation, I examined the doctrine of social holiness, which has been the driving force behind the involvement of the Church in social services towards the poor as a tool that can be sharpened for this epidemic. The doctrine is based on God's love poured by the Holy Spirit in the heart of believers. When a person is endowed with God's love, he has to put it into practice by loving God and his/her neighbor. The FMC is portrayed as a social religion that extends God's love and mercy to people suffering from the consequences of sin. Early Methodism was moved by the doctrine of social holiness

to oppose slavery and the exploitation of the poor by owners of new industries that emerged in eighteenth century England. Today this same doctrine can be polished and extended to deal with the complexity of the HIV epidemic. That is why the doctrine of social holiness can offer an appropriate framework for the Church to mobilize and empower the community and lobby external players in order to make a large scale social transformation for the benefit of those who live with HIV.

I have concentrated my work on three major areas. The domain of spiritual care is by tradition, the domain of the Church. Since patients with HIV-related diseases are emotionally, psychologically and morally broken, the FMC in DRC can play a great role in providing the spiritual care that is needed. However, the magnitude of the calamity makes it impossible for one Church or a few professionals to carry out this job, and I have suggested the creation of a true people's movement which can mobilize many actors inside and outside the region. People should be educated on how to share biblical values of love, stewardship, acceptance and restoring dignity to all God's image bearers for healing. The second area of urgent intervention is the physical care. It is obvious that this is the most apparent which displays the misery of people affected by the virus. They are deprived of basic necessities, such as food, medicines and clothes. Care is also needed for various categories of those who are infected and affected, such as babies, widows and widowers, orphaned children and the caring families and workers. This is a wide area of intervention but workable if the church can share biblical principles along with physical care and mobilize mass movements to join in this battle. Here again the doctrine of social holiness offers a solid foundation for a people's movement engaged in providing care for the sick. The last domain of intervention is the area of care with justice. People living with HIV in Kivu have experienced massive violation of their primary rights. Infected armed persons are raping women and children even until now. Most of the patients do not have access to elementary medicines because of a combination of political, social and economic factors. Although people in developed countries are living longer and healthier with the use of anti retroviral drugs, it seems even utopia to speak of ARVs in many rural areas of Kivu where patients do not receive any medicine for malaria, fever and other HIV-related illnesses. Arms trafficking is flourishing in the region pushing people to kill

one another and spreading HIV while resources are being plundered to enrich international powers and their national allies. I have shown that the Church cannot be silent when flagrant violations of human rights are being practiced before our eyes. The doctrine of social holiness allows the Church to be militant when human rights are violated, as it was with slavery during the eighteenth century.

In this study I acknowledged that providing care at these three levels is a huge task for the FMC in DRC. Nevertheless, no one, apart from the Church, has the heart of God's compassion and love to initiate this kind of support to patients of HIV in a country where there is no political stability. My suggestion is that the Free Methodist Church could run with this vision to mobilize people and organizations at different levels to have compassion for other human beings who are created in God's image. It requires the church to go beyond its common routine and conservatism. I use the admonition of Ronald Nicolson to conclude this discussion:

The AIDS crisis needs the Churches to take a strong lead, confronting matters of ethical concern, speaking out to challenge sinful, selfish or fearful responses, demanding that notice be taken of the needs of people with AIDS who are poor and silent. If the churches wait for a lead from the state, they will be false to their own calling and nature. Yet we should have no illusion about how difficult the churches will find it to do this, especially since it will cut across the innate conservatism, legalism and pharisaism which is inherent in human nature (Nicolson 1995:71).

5.2. Recommendations

This work has explored how within the framework of the doctrine of social holiness the FMC in DRC can mobilize the community to provide care to persons living with HIV and AIDS in the Kivu region. My intention in this study was to call for more interventionist research on specific topics that have been beyond the scope of this work. I therefore recommend that further research be carried out in the following areas:

- On the basis of the doctrine of social holiness, the Church should formulate a fuller theological understanding of HIV and AIDS. This study has proposed some elements to be included in such a theology, but the list is not exhaustive.
- The issue of prevention needs to be explored in a relevant and contextual way. This issue is directly related to the Church' theology, and needs to be linked to a deeper understanding of a positive theology of HIV and AIDS.
- The area of access to anti-retroviral treatment needs a thorough discussion because of its significance in the current situation of people deprived of their human rights. Advocacy and lobbying should be directed at relevant stakeholders since the Church does not have enough means to afford HIV treatment. This means that the Church has to challenge policies and programmes that are hindering people living with HIV and AIDS from access to adequate treatment, such as ARV drugs. An investigation is necessary in order to establish the internal and external factors that lie behind the distribution of medicines and allocation of these resources.

BIBLIOGRAPHY

- Ajulu D. 2001. *Holism in Development: An African Perspective on Empowering Communities*. Monrovia, CA: Marc.
- ARV Theraphy in DR. Congo: www.doctorswithoutborders.org/news/drc.htm retrieved on 26 March 2006.
- Attwell, Arthur F.I. 1989. *The Growing of Saints: Determinative Factors in the Rise and Development of Methodism*. Pretoria: University of South Africa.
- Bakyenga, Paul K. "The 15th AMECEA Plenary: Message" in *African Ecclesial Review*. Vol. 47. No.4 (December 2005), 383-392.
- Barnet, Tony and Whiteside, Alan 2003. *AIDS in the Twenty-First Century: Disease and Globalization*. New York: Palgrave Macmillan.
- Beck, Brian E. 1998. "Connexion and Koinonia: Wesley's Legacy and the Ecumenical Ideal" in Maddox, Randy L. (ed) *Rethinking Wesley's Theology: For Contemporary Methodism*. Nashville: Kingswood Books, 129-142.
- Brewer, Earl D.C. and Jackson, Mance C. Jr. 1988. *Wesleyan Transformations*. Atlanta: A Publication of the ITC Press.
- Byamugisha, Gideon B. 1998. *AIDS, the Condom and the Church: Are Science and Morality Exclusively Antagonistic*. Kampala: EATWOT Publishers.
- Carr, Lloyd G. 1984: *The Song of Solomon*. Tyndale Old Testament Commentaries. Leicester: Inter-Varsity Press.
- Catholic Health Asociation 1988. *The Gospel Alive: Caring for Persons With AIDS and Related Illnesses*. St. Louis: The Catholic Health Association of the United States.
- Chepkwony, Adam Arap K. 2004. "Christian and Traditional African Attitudes Towards HIV/AIDS" in *African Ecclesial Review* Vol. 46, no 1(March 2004),55-66.
- Church, Henry 2006. "Is Mercy an Issue of the Soul? Unpublished paper for a Free Methodist conference, Lilongwe, Malawi.
- Collins, Kenneth J. 1989. *Wesley on Salvation: A Study in the Standard Sermons*. Grand Rapids: Francis Asbury Press.
- Crowther, Colin E. *AIDS: A Christian Handbook*. London: Epworth Press.

- Czerny, Michael F. ed. 2005. *AIDS and the Church in Africa*. African Jesuit AIDS Network. Nairobi: Paulines Publications Africa.
- De Gruchy, Steve 2006. "Editorial: Doing Theology in a Time of AIDS." In *Journal of Theology for Southern Africa* 125 (July 2006), 2-3.
- Dillow, Josph C. 1977. *Solomon On Sex*. Nashville: Thomas Nelson Publishers.
- Dortzbach, Deborah 2003, "Growing Gloom, Growing Grace: Pervasive Consequences of the Crisis" in Yamamori, Tetsunao et al. (eds). *The Hope Factor: Engaging the Chucrh in the HIV/AIDS Crisis*. Federal Way, WA: World Vision Press.
- Dulles, Avery 1988. *Models of the Church: A Critical Assessment of the Church in all its Aspects*. Dublin: Gill and Macmillan.
- Dunning, Ray H. 1998. *Reflecting the Divine Image: Christian Ethics in Wesleyan Perspective*. Downers Grove: InterVarsity Press.
- EHAIA 2006. "Mapping of Resources-Central Africa: Democratic Republic of Congo": www.wcc.coe.org/wcc/what 2006/10/27.
- Emedi, Philippe 1996. *L'Episcopat Methodiste Libre du Zaire Face au Protestantisme et au Methodisme: Une Remise en Question*. Unpublished MTH Thesis from the Université Protestante au Zaire (now Democratic Republic of Congo) – Kinshasa.
- FMC Report 2003: Minutes in the Annual Conference. Uvira: FMC in DRC.
- FMC Report 2005: Minutes of Annual Conference. Bukavu: FMC in DRC.
- Free Methodist Church 1999. *Book of Discipline*. Indianapolis: The Free Methodist Publishing House.
- Fresen, Patricia 2003. "Responsibility and Caring for One Another" in Stuart C Bate OMI (ed.) *Responsibility in A Time of AIDS*. Pietermaritzburg: Cluster Publications.
- Garland, Jean and Blyth, Mike 2005. *AIDS Is Real and It's in Our Church*. Bukuru, Nigeria: Africa Christian Texbooks.
- Gennrich, Daniela, ed. 2004. *The Church in an HIV+ World: A Practical handbook*. Pietermatitzburg: Cluster Publications.
- Greathouse, William M. 1979. *From the Apostle to Wesley: Christian Perfection in Historical Perspective*. Kansas City: Beacon Hill Press.
- Guest, Emma 2001. *Children of AIDS: Africa's Orphan Crisis*. Pietermaritzburg: University of Natal Press.

Haddad, Beverley 2003. "Choosing to Remain Silent: Links between Gender Violence, HIV/AIDS and the South African Church" in I.A Phiri, B. Haddad and M. Masenya eds. *African Women, HIV/AIDS and Faith Communities*. Pietermaritzburg: Cluster Publications.

Haddad, Beverly 2006. "We Pray but we Cannot Heal": Theological Challenges Posed by the HIV/AIDS Crisis." In *Journal of Theology for Southern Africa* 125 (July 2006), 80-90.

Hardesty, Nancy A. 1981. "The Wesleyan Movement and Women's Liberation" in Runyon, Theodore (ed). *Sanctification and Liberation:Liberation Theologies in the Light of the Wesleyan Tradition*. Nashville: Abingdon Press.

Hess, Richard S. 2005. *Song of Songs*. Edited by Templer Longman III. Baker Commentary on the Old Testament, Wisdom and Psalms. Grand Rapids: Baker Academy.

HIV and AIDS in DR. Congo: www.plusnews.org/AIDS reports.asp? March 2006

Holmes, Wendy 2003. *Protecting the Future: HIV Prevention, Care ans Suppport Among Displaced and War-Affected Population*. Bloomfield, CT: Kumarian Press.

Hynson, Leon O, 1984. *To Reform the Nation: Theological Foundations of Wesley's Ethics*. Grand Rapids: Francis Asbury Press.

IRIN 2006. "DRC: The Battle Against HIV/AIDS in South Kivu." www.reliefweb.int/rw/RWB.NS 2006/10/27

IRIN PlusNews 2006. "DRC: AIDS Programmes" www.plusnews.org/AIDS/drc.asp 2006/06/28

Jantzen, Grace 1990. "AIDS, Shame and Suffering" in Woodward, James (ed) *Embracing the Chaos: Theological Responses to AIDS*. London: SPCK

Joseph, Richard 1999. "The Reconfiguration of Power in Late Twentieth Century Africa" in Joseph, Richard (ed). *State, Conflict and Democracy in Africa*. London; Lynne Rienner Publishers.

Kamaara, Eunice 2004. "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenges." In *African Ecclesial Review*. Vol.46. No. 1 (March 2004), 35-54.

Kane, Jim, 2003. "With Love That Acts" in *Light and Life*. July/August 2003.

Kauffman, Kyle D. 2004. "Why is South Africa the HIV Capital of the World? An Institutional Analysis of the Spread of a Virus" in Kyle D. Kauffman and David L. Lindauer (eds). *AIDS and SOUTH AFRICA: The Social Expression of a Pandemic*. New York: Palgrave Macmillan, 17-30.

Kelly, Sean. *American's Tyrant: The CIA and Mobutu of Zaire*. Washington, DC: American University Press.

Kingombe, Dennis-Roger 2003. "Armed Conflicts: A Real Factor Favoring HIV/AIDS Propagation with Great lakes Subregion. Specific Case of South-Kivu Province in Democratic Republic of Congo." Helina Conference 2003.
www.mrc.ac.za/conference/helina2003/abstract_67.htm

Korten, David 1990. *Getting to the 21st Century: Voluntary Action and the Global Agenda*. West Hartford: Kumarian Press.

Kumalo, Simangaliso R. 2006. *Theology and Education: Role of the Church in Education for Social Transformation: A Methodist Contribution*. PhD Thesis, University of KwaZulu Natal, Pietermaritzburg.

Le Roux, Harold 2001. *The Local Congregation Empowering the Urban Poor, With Special Reference to John Wesley's Social Ethics*. PhD Dissertation. University of Natal. Pietermaritzburg.

Lewis, Jeffrey D. 2004. "Assessing the Demographic and Economic Impact of HIV/AIDS" in Kyle D. Kauffman and David L. Lindauer (eds). *AIDS and SOUTH AFRICA: The Social Expression of a Pandemic*. New York: Palgrave Macmillan, 97-119.

Maddox, Randy L. 1994. *Responsible Grace: John Wesley's Practical Theology*. Nashville: Kingswood Books.

MacGaffey, Janet and Bazenguissa-Ganga, Remy 2000. *Congo-Paris: Transnational Traders and the Margins of the Law*. Bloomington, IN: The International African Institute.

Marquardt, Manfred 1992. *John Wesley's Social Ethics: Praxis and Principles*. Nashville: Abingdon Press.

Meeks, Douglas M. 1998. "Sanctification and Economy: A Wesleyan Perspective on Stewardship" in Maddox, Randy L. (ed). *Rethinking Wesley's Theology for Contemporary Methodism*. Nashville: Kingswood Books.

Methodist Church of Southern Africa 2002. *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan*. Pietermaritzburg: MCSA Mission Unit.

Mogoba, Stanley 2005. "Wesley: Conversion From Passion to Compassion in Purity Malinga and Neville Richardson, *Rediscovering Wesley for Africa: Theme for John Wesley for Southern Africa Today*. Pretoria: MCSA, Education for Ministry and Mission Unit.

MSF-USA 2005: "Democratic Republic of Congo: Latest Operational Update August 2005. www.doctorswithoutborders.org/news/drc.cfm retrieved on 2006/06/28.

Nicolson, Ronald 1996. *God in AIDS?* London: SCM Press.

_____. 1995. *Aids: A Christian Response*. Pietermaritzburg: Cluster Publications.

Nolen, Stephanie 2005. "Not Women Anymore: The Congo's rape survivors face pain, shame and AIDS" www.msmagazine.com/spring2005/congo.asp retrieved on September 3, 2006.

Nwaigbo, Ferdinand 2004. "The HIV/AIDS Pandemic: A Crucial Task For the Church in Africa" in *African Ecclesial Review*. Vol. 46, No. 1 (March 2004), 2-22.

Oden, Thomas C. 1994. *John Wesley's Scriptural Christianity: A Plain Exposition of His Teaching on Christian Doctrine*. Grand Rapids: Zondervan Publishing House.

Olivier, Ross 2005. "The Wesleyan Heritage planted to African soil." in Malinga, Purity and Richardson, Neville. *Rediscovering Wesley for Africa: Theme for John Wesley for Southern Africa Today*. Pretoria: The Methodist Church of Southern Africa Education for Ministry and Mission Unit.

Outler, Albert C. ed. 1980. *John Wesley*. New York: Oxford University Press.

Phiri, Isabel A. 2003. "African Women of Faith Speak Out in an HIV/AIDS Era" in Isabel Apawo Phiri, Beverley Haddad and Madipoane Masenya (eds.) *African Women, HIV/AIDS and Faith Communities*. Pietermaritzburg: Cluster Publications.

Pick, Sam 2003. *HIV/AIDS Our Greatest Challenge Yet! The Road Ahead for the Church in South Africa*. Wellington: Lux Verbi.BM.

Piper, John 2003. "Guilt, Grace and the Global AIDS Crisis in Yamamori, Tetsunao et al. eds. *The Hope Factor: Engaging the Church in the HIV Crisis*. Waynes Boro, GA: Authentic Media, 245-245.

Pope John Paul II 2001. *All African Anglican Conference on HIV and AIDS*. Boksburg: South Africa.

Pott Hank and Cathy 2006. *Play it Again Solomon!: A Study and Interactive Workbook of the Song of Solomon*. Unpublished work.

Priest, Doug 2003. "Avenues of Involvement for the Church" in Yamamori, Tetsunao et al., eds. *The Hope factor: Engaging the Church in the HIV/AIDS Crisis*. Federal Way, WA: World Vision Press.

Rack, Henry D. 1992. *Reasonable Enthusiast: John Wesley and the Rise of Methodist*. London: Epworth Press.

Rape in Congo. www.thenation.com/doc/20040308/goodwin retrieved on September 4, 2006.

Rath, Tiare. "In War-Riddled Congo, Militias Rape With Impunity" in *Women's eNews* June 26, 2006.

Richardson, Neville 2006. "A Call for Care: HIV/AIDS Challenges the Church" *Journal of Theology for Southern Africa* 125 (July 2006), 38-50.

Runyon, Theodore 1998. *The New Creation: John Wesley's Theology Today*. Nashville: Abingdon Press.

Ryan, Charles 2003. "AIDS and Responsibility: The Catholic Tradition" in in Stuart C Bate OMI (ed.) *Responsibility in A Time of AIDS*. Pietermaritzburg: Cluster Publications.

Senillosa, Ignacio de 1999. "A New Age of Social Movements: A Fifth Generation of Non-Government Development Organizations in the Making? In Eade, Deborah (ed.) *Development and Social Action*. Oxford: Oxfam GB.

Schlosser, John H. 1997. *The Free Methodist Church in the Philippines*. PhD Thesis, Fuller Theological Seminary, Pasadena, CA.

Schmid, Barbara 2006. "AIDS Discourse in the Church: What we Say and What we Do" in *Journal of Theology of Southern Africa*. 125 (July 2006), 91-1103.

Sherman, Amy 2001. "Some Thoughts on Motivation and Empowerment" in *Light and Life* 60 (May-June 2001).

Sider Roanld J., P.H. Olson and H.R. Unburn 2002. *Churches that Make a Difference: Reaching your Community With Good News and Good Works*. Grand Rapids: Baker House.

Snidle, Heather and Welsh, Rosalind 2001. *Meeting Christ in HIV/AIDS: A Training Manual in Pastoral Care*. Salt River: Methodist Publishing House.

TRANSCEND articles: "War and the HIV/AIDS Epidemic in the Great Lakes Region"
www.transcend.org/t_database/printarticle.php?2006/06/28.

Tutu, Desmond 1990. *Crying in the Wilderness: The Struggle for Justice in South Africa*. Grand Rapids: WM. B. Eerdmans Publishing Co.

UNICEF 2006. "At A Glance: Congo, Democratic Republic of the www.unicef.org/infobycountry/drcongo_33650html" 2006/06/28.

UN Office for the Coordination of Humanitarian Affairs-IRIN 2006. "DRC: The Battle Against HIV/AIDS in South Kivu" www.plusnews.org/webspecials/ART 25 October 2006.

Van der Vliet, Virginia 2004. "South Africa Divided Against AIDS: A Crisis of Leadership." in Kyle D. Kauffman and David L. Lindauer (eds). *AIDS and SOUTH AFRICA: The Social Expression of a Pandemic*. New York: Palgrave Macmillan, 48-96.

Walsh, Brian J. and Middleton, Richard J. 1984. *The Transforming Vision: Shaping a Christian World View*. Downers Grove: InterVarsity Press.

War Child Canada 2006. "HIV/AIDS" www.warchild.ca/rocked_hiv 2006/06/28.

Washington Office on Africa 2006. "Toward a Just Approach to the Conflict in the Democratic Republic of the Congo" www.woafrica.org/congo.html 2005/07/21.

Watchlist. "HIV/AIDS Overview 2003: DRC" www.watchlist.org/reports/dr_congo.report.20060426.php?p=9 retrieved 2006/06/28.

WCC Study Document 1997. *Facing AIDS: The Challenge, The Churches' Response*. Geneva: WCC Publications.

Webster, John, 2005. "The Visible Attests the Invisible" in Mark Husbands and Daniel J. Treier (eds). *The Community of the Word: Toward an Evangelical Ecclesiology* (Downers Grove: InterVarsity Press), 96-113.

Weinreich, Sonja and Benn, Christoph 2003. *AIDS – Meeting the Challenge: Data, Facts, Background*. Geneva: WCC Publications.

Wesley, John 1979. *The Works of John Wesley*. Third Edition. Grand Rapids: Baker Books House.

West, Gerald O and Zengele, Bongi 2006. "The Medicine of God's Word: What People Living with HIV and AIDS Want (and Get) From the Bible" in *Journal of Theology for Southern Africa* 125 (July 2006), 51-63.

Williams, David T. 2001. *Christian Approach to Poverty*. Lincoln: Authors Choice Press.

_____. 1998. *Capitalism, Socialism, Christianity and Poverty*. Pretoria: J.L. van Schaik: Religious Books.

World Food Programme: "World Hunger- Congo, DR"
www.wfp.org/country_brief/index retrieved on 26 June 2006.

Yoder, Perry 1987. *Shalom*. London: Hodder and Stoughton.