

## **Facing Fragility in a Fragile State**

*Philip Gibbs SVD*

A fragile state leaves its citizens vulnerable through its shortcomings. Papua New Guinea (PNG) has been called a “fragile state” because of the precarious nature of its structures of governance, questionable adherence to democracy and the retreat of State influence from rural areas. Over much of 2012 PNG citizens had to endure the tense competition of two governments and two prime ministers. People were confused as one section of the police referred to another as “rogue elements” and the Supreme Court passed judgements only to be ignored by the Parliament. I refer specifically to PNG in this paper; however, issues raised and reflections on those issues may apply in fragile states in many other parts of our world. State fragility is a state of instability, wherever it occurs.

It is no coincidence that the countries struggling to face the HIV and AIDS epidemic today are often the ones with a legacy of political, social, economic and religious instability. HIV and AIDS tend to spread particularly among those in unstable worlds, where there is little law and order; where heads of families need to migrate for employment, and those at home await them; where some feel pressured into sexual activity to support their children, their families, or their school fees; where those who are faithful to their marriages or to other stable sexual relationships are put at risk because of external sexual liaisons by their partners. HIV is not just a disease. It is a symptom of cultural and social instability where some people are particularly vulnerable because their lives and their social settings lack the stability needed to live safely in a time of HIV and AIDS.

Papua New Guinea is a fragile state where over 31,609 people having tested positive to HIV by the end of 2010.<sup>1</sup> The number infected could be far greater because the majority of those infected don't know it. Besides the infected there are hundreds of thousands of people *affected* – searching for the resources to care for family members who are ill, or trying to cope without a husband, a wife, a mother or father. In a country with no formal system for social security or old age pension, the loss of a son or daughter is a severe blow to the security of parents in their advanced years.

Violence accompanies social instability and women who are the victims of violence have a significantly higher likelihood of being HIV infected than other women. A national study of sexuality showed that 55 per cent of women interviewed said they had been forced into sex against their will, and half the married women involved in the survey said their husbands had used beatings or threats to force them into sex.<sup>2</sup>

### **Research Mission**

For five years I have been researching social and cultural factors that are contributing to the HIV and AIDS epidemic and looking for strategies that can help alleviate the situation. One might ask: Why be concerned about this particular situation when ministry to the sick has always been part of the Church's mission? Perhaps it has to do with HIV and AIDS being symbolic of frailties associated with our human condition that cry out for the love that we hope to share through the Church's ministry. The situation with HIV could also call for special attention because so many people, particularly in the so-called developed world, do not realise its impact.

A significant element of my experience over the past few years has been a reflexive one. It has taught me a lot about mission because I have come to realise that I am the one who needs to be converted – in my attitudes, my values, and my openness to different cultural views of life and death, and ultimately to a renewed theological anthropology. This paper outlines some of these changing viewpoints, and shares insights into the human mystery that come from the often-times reluctant exposure to the fragile side of life.

### **What does it look like?**

Agnes was a young woman, living in one of the settlements in a town in Papua New Guinea. She cared for her sister who died of AIDS and Agnes was infected with HIV also. She had not been to school. She couldn't read or write. But she worked as a volunteer at one of the urban clinics, washing patients, talking with them, and encouraging them. She had a small house in the crowded settlement and she invited women – mostly those living with HIV – to come and stay with her and share what little food she had. I went and stayed there one night. Women came at different times through the darkness of the unlit settlement until there were eight of us sitting on the rough wooden floor around a kerosene lamp with them sharing about what it was like, some having been cast out of their families due to stigma and discrimination. Surely

for some, their only means of income would hardly square with official church moral teaching. However, what impressed me was the sense of community and the way they supported one another. By about 1am I felt tired and was shown a corner where I could sleep. As I lay there in the early hours of the morning I could hear the others in the next room praying the rosary. You can imagine my mixed feelings, with these women from the streets conducting devotions while I the missionary lay in splendid isolation, secure under my mosquito net. I must have fallen asleep as they recited a litany from the movement for Divine Mercy.

The next day a phrase came to mind: “The Word became flesh and dwelt among us.” Agnes could teach me a lot about what we call theological anthropology – about how to view humanity from a faith perspective. Jesus’ life is the primary source for such theological reflection on what it means to be human – yet how often do we stifle Christ’s incarnational presence in theological discourse remote from human experience? “Incarnation” is a technical word with Latin roots, but I think the important question is not the phrase itself, but rather, “*What does it look like?*”

Two weeks later, early one morning, Agnes called me on a borrowed cell phone:

“Father Philip...?”

“Yes, Agnes...”

“Scholastica died.” (Scholastica was one of the women who had been with us that evening in the house).

“Oh, I’m sorry to hear that. What are you going to do?”

“I don’t know. She is beside me now – she died.”

“Are there some relatives?”

“No, they kicked her out.”

“So, what can you do?”

“I’m going to bury her, but they want K30 for a place in the cemetery.” Father... can you call me back, this phone is running out of units...”

After the call I sat there gazing at the computer screen in my room. I had just returned from saying mass at the nearby convent. The sisters had provided breakfast. I was safe, secure, well fed – but with some questions that troubled me. How can we understand the HIV epidemic in the light of the Christian mystery of life and death? Our response to such questions will affect the way we think about the epidemic and the experience of those affected by it. Could it be that our shared mission is found in promoting respect and quality of life for people living such personal fragility?<sup>3</sup>

Before she herself died of AIDS, Agnes taught me a lot about what incarnation could look like – showing Christ-like love in very down-to-earth human ways. We have a lot to learn from the many people like Agnes; witnessing to life and service in situations of great insecurity.

### **Church Response**

There are different perspectives on the Church response to the HIV epidemic. Some so-called religious people are tempted to keep a distance, backed by a moral judgementalism, whether explicitly stated or not. There are Christians who believe the pandemic is a punishment from God. Others are of the opinion that since the condition is in many cases presumed to be the sufferers' own fault, it does not merit the sympathetic, supportive, humanitarian response that other catastrophes prompt. Still others find the HIV and AIDS issue embarrassing because they think of it as linked to behaviour of which the Church disapproves. Yet when one looks at the reality in many developing countries the persons most "at risk" of contracting the virus are not so-called "high-risk" groups such as sex-workers, but church going married people. A majority of women with HIV are infected by their husbands or steady partners. As one person put it, "HIV/AIDS makes love drag us to death"<sup>4</sup>

At the same time we must acknowledge the enormous contribution that Christian Churches, particularly the Catholic Church, have made to HIV prevention, care, support and treatment. God works through us in the way we treat one another. The ideal behind this is the Churches' human rights and faith based approach that promotes respect for the sacredness of the individual made "in the image and likeness of God."

Churches are also instrumental in helping to promote a sense of unity and social cohesion among their members. The support and health of a community has been identified as an important factor in slowing the rate of the spread of HIV infection. Helen Epstein in her book *The Invisible Cure* tells how the hundreds of tiny community-based AIDS groups, that sprang up throughout Uganda, were instrumental in warning people about the dangers of casual sex, and addressing the particularly vulnerability of women and girls to infection. Many of these groups were church based.<sup>5</sup>

### **The example of Jesus**

Jesus showed a particular ministry to the sick and the marginalised. The

Gospels present us with an image of table fellowship as a divine banquet in which the last are first and the weak have a special place, not because they are cured and strong, but because they are more ready to accept being welcomed by God for who they are. Wholeness and healing run deeper than restoration of bodily functioning, for becoming healthy or able-bodied is not the criterion for membership in the kingdom. Everyone has something unique to offer the human family and the reign of God. As Christians we welcome people, not because of what they can offer, but for who they are, and in welcoming such persons, we welcome Christ (Matt 25:45).

Jesus' mission and ministry provide a model for healing and care in the way he showed compassion for and solidarity with the sick and marginalised. Our mission must give witness to our belief that nothing can take away the essential sacredness of who we are as persons. God works through us in the way we treat each other, seeing the person rather than the disease. If we are to talk about God, then it must be about how God accepts us as we are and wants us to have life even amid the perplexity, the suffering and the fragility of living with HIV and AIDS.

### **Advocacy in unstable times**

Administrative errors are common in fragile States. A series of slip-ups in the procurement process by the National Health Department has meant a recent severe shortage of drugs for anti-retroviral therapy (ART) in PNG. This resulted in a time of crisis for many infected persons. Having been tested and found to be infected, people had found new hope in the health support found in ART drugs. During the latter part of 2012, particularly in the PNG Highlands, people came to health centres to renew their monthly supply only to be told that supplies had not arrived and there were no drugs available. This results in acute anxiety for such people because they have been told previously that they must not default and they will have to take the drugs every day for the rest of their lives lest they develop drug resistance. These people have been confronted again by the very real prospect of dying from AIDS.

I attended a meeting in the Capital City Port Moresby and raised the matter with a leading doctor in the health department. I doubt that he had realised the seriousness of the situation, nor that health workers were avoiding use of alternative drugs for fear of side effects on the patients. That same afternoon

the doctor sent out a memo to all health centres specifying how alternative drugs could be used until a regular supply would resume.

Such advocacy is an important mission, particularly in fragile states. However, it requires prudence in judging when and how to intervene, lest one be perceived as meddling or attempting to utilise church privilege that is more appropriate for a colonial situation, than in a post-colonial State. While promoting honest and more efficient management, the Church should not be taking over functions of the State, lest it become a proxy for the State. Ideally one would empower infected persons themselves to be involved in such advocacy. Yet in a place like PNG, with no road access to the Capital City, infected persons cannot afford the expensive plane flight, and even if they did, very likely they would not gain access to the bureaucracy of Health Department Offices. It is in such situations I realise that as a church worker I sometimes can access the power of privilege, but I am equally wary of the potential for such privilege to disempower infected people who have a right to be at the forefront of such actions.

### **Accepting weakness**

Paul tells the Corinthians that “power is made perfect in weakness”, “Whenever I am weak, then I am strong” (2 Cor 12:9-10). Paul is not romanticising weakness but points to God’s loving concern for us in Christ. People are accepted as they are. Jesus paid particular attention to those who were socially excluded – such as the ten lepers (Lk 17: 11-19). Jesus encountered the blind Bartimaeus by the roadside (Mk 10:46-52; Lk 18:35-43). Bartimaeus was healed and then found new meaning in life in following Jesus along the Way. Jesus healed people, particularly the socially excluded, not so much to demonstrate signs and wonders, but to reveal the loving compassion of God.

I find that I must be careful not to trivialise HIV infection with phrases such as “victims” or “innocent sufferers” – likening an infected person to the “least of these” – helpless people in need of grace and objects for charitable goodwill. Such an attitude leaves one open to condescending acts of care and assistance that can be disabling – reducing people to helpless objects. Such attitudes may be directed less towards the infected person and more towards helping the “helpers” feel better about themselves.

We must also be aware of how stigma affects people. External stigma occurs when community members brand a person they know or suspect as being infected with HIV as a danger or liability to the community, with that person being excluded or marginalised as a result. To some extent HIV infection is culturally constructed through the ways people talk about it. In PNG, often infected people are called nicknames, for example “4 kofi” (connoting the very lowest grade of coffee beans). People experience internal stigma when they themselves though fear or shame isolate themselves and perhaps also feel that they are being punished for something they have done.

I find that the words of Jean Vanier referring to his relationship with handicapped people, express well my experience with the fragility of infected people.

I have learned more about the Gospels from handicapped people, those on the margins of our society, those who have been crushed and hurt, than I have from the wise and the prudent. Through their own growth and acceptance and surrender, wounded people have taught me that I must learn to accept my weakness and not pretend to be strong and capable. Handicapped people have shown me how handicapped I am, how handicapped we all are.<sup>6</sup>

I may not experience what it is like to be living with HIV. However, if I take seriously the fragility of others, I should also be aware of my own inadequacies and the ways I too easily accept culturally constructed forms of stigma. As a counter measure I find it is helpful to focus on “living with HIV” rather than “dying from AIDS.”

### **Life in its fullness**

John 10:10 indicates that the promise of life is the purpose of Jesus’ mission and this is surely an important aspect of mission in the context of fragility. The passage occurs within a section with a parable (or two) about entering the sheepfold (v.1-3a) and the shepherd (3b-5) and an extended allegory in vv 7-18 in which Jesus identifies with the gate for the sheep (vv 7,9) and the good shepherd (vv 11,14). There is no moralism or judgement here in terms of good and bad as one finds in Matt 25 (with the sheep and goats). Any condemnation is levelled at the stranger-thief who would want to steal the sheep.

Jesus is the gate and it is through him that the flock will find life in security, nurture and wellbeing. Sadly some church leaders act as gatekeepers discouraging the sort of open debate necessary to increase the level of

awareness in the community. “Going to church”, prayer groups or bible study groups do not necessarily help reduce the spread of the epidemic. In fact some studies have found that attending church regularly may open new doors to relationships and consequent multiple sexual partnerships. Church crusades have been identified as “risk occasions” for youth in Papua New Guinea.<sup>7</sup>

“Life,” in the Fourth Gospel is a new quality of life with an eternal future and this is particularly relevant to those living with the HIV virus. Eternity touches history when it refers to the quality of a person’s existence. Too often the diagnosis that one has the virus is perceived as a death sentence. If one could see that Jesus’ promise of eternal life is not about some heavenly ideal but rather that it could have direct and radical relevance to one’s experience here and now, then surely it could make a difference to the way people live out faith and purpose in their lives.<sup>8</sup>

Attention to the quality of life is also a way to “touch the soul” of a community. Researchers refer to “social capital” as the cultural coherence or “glue” that holds a community together. I believe that communal relationships strengthened by faith can enable people to reach beyond their social obligations and to adopt the Christ-like role of gatekeepers that guard against corrupt death-dealing forces and promote new life in the community.

### **Humanity in a Fragile World**

What does it mean to talk of the God of life in the context of HIV and AIDS? The epidemic is claiming lives; it remains incurable and fuels stigma and discrimination. However what appears to be a tragedy need not remain so. We are not meant to remain penned in, compulsively subject to cultural and socioeconomic driving forces such as alcohol abuse and corruption. We are called to follow the good shepherd in freedom to discover the pastures of the fullness of life. Yet, how does one find freedom in the context of a fragile state with such pervasive instability and violence?

Christian anthropology draws particularly on the incarnation – that “Christ, the last Adam, fully discloses humankind to itself and unfolds its noble calling by revealing the mystery of the Father and the Father’s love”( *Gaudium et spes* 22). Through the incarnation God entered fully into the human condition, “loving with a human heart” (GS22) even to the point of taking on human suffering and dying in the passion and death of Jesus Christ.



Viewing the incarnation from the predicament of a person infected with HIV adds even greater poignancy to the significance of Jesus' life and death. People who are healthy and prosperous might believe in Christ's passion and death, but those living with HIV not only believe, but in their own way also share the experience of suffering and the fragility of life. Dying from AIDS is a cruel death and without care and ART many infected people would be dead. Not only that, but they are very aware of their mortality, some having to bury their friends as Agnes did.

The mystery of the incarnation is also linked to Christ's kenosis (letting-go or emptying oneself) (Phil 2:7). True love often means "letting go" as Jesus the good shepherd was prepared to let go of his life in a life-giving act of love. A person living with HIV is faced with multiple experiences of letting go. Many have had to let go of toxic feelings of shame or anger in order to live positively. They have no certainty that there will be life-supporting drugs available a month from now. For some the confrontation with death and the realisation that life is a precious gift strengthens their faith. God can be found within the HIV epidemic. Eternal life can give a new quality to the existence of a believer in whom eternity has already begun.

### **Mission in a Fragile World**

Personal, social and structural sin must be confronted for the God of life to be revealed. The parable of the good shepherd acknowledges the threat of the stranger-thief and calls for a life-giving and liberating response to the driving forces of the epidemic. If the life-giving face of Christ is to be seen in the person living with HIV, then the Christian community is required to respond with the love and compassion that has its origin in God. Also a prophetic stance is called for about a gender-sensitive society in which the rights of both women and men are respected.

In the past, if asked about the mission of Jesus, I would cite Jesus reading from Isaiah as found in Lk 4:18 "He has anointed me to bring good news to the poor, to proclaim liberty to captives and new sight to the blind: to free the oppressed and to announce the Lord's year of mercy." I still think this is an excellent summary of Jesus' mission and a commission for his disciples then and now. However, my recent experience with HIV has helped me to see another side of mission, which is not necessarily to empower the powerless, secure the insecure and fix the damaged or broken. After my exposure to the fragility of

people living with HIV, I see the need for mission from a different perspective. Maybe it is not about power at all, but rather accepting weakness? Maybe it is more about letting go than securing? Could it be that life is not meant to be perfect and that brokenness is part of our human experience that has been blessed by Christ?

A similar train of thought applies to the fragile State. In PNG the State has little presence in rural areas. Church health services are the only services operating in many places. Missionaries and church health workers serving faithfully in isolated areas with very little institutional support inspire me. Yet, we must be cautious that we do not simply extend the fragility of the State. Recently, the Parliament-elect PNG Prime Minister announced he would like more foreign missionaries to help deliver services in the country. An American Baptist missionary replied that the government should be delivering services itself. The headlines read, “Missionaries in PNG for God’s work not Government’s”<sup>9</sup>

So, what then is God’s work in a fragile State? The reign of God seeks our participation in its growth and those who consider themselves followers of Jesus are called to respond by active caring, loving personal relationships as well as advocacy for structural reform. Relationships are important in dealing with quality of life, but the work must include both communal and individual relationships. The Church will find its life-affirming mission as an integral part of the community. I think that just as the instability of a fragile State makes people more vulnerable to the social and cultural factors that are contributing to the HIV and AIDS epidemic, so, countering those driving forces with life-enhancing strategies may, in turn help arrest the negative spiral of that instability. This is an important aspect of mission today as faith-filled people promote the transformation of the world into one exemplifying freedom, acceptance and quality of life – particularly a world where women and girls, such as Agnes, are valuable, rather than vulnerable.

**Note:** An earlier version of this article was published in French as, “La fragilité dans un État fragile, *Spiritus* 208 (2012) pp. 322-335.

## **Endnotes**

- 1 National Department of Health STI, HIV and AIDS Surveillance Unit. *The 2010 STI, HIV and AIDS Annual Surveillance Report*, Waigani, Papua New Guinea, 2012.

- 2 C. Bradley & J. Kesno, "Family and Sexual Violence in Papua New Guinea. Discussion Paper no. 84. Institute of National Affairs, Port Moresby, 2001, pp. 8, 12-13.
- 3 For further reflection on the story of Agnes, see Philip Gibbs, "*Mission and Culture – the SVD Connection*," chapter 10 in S. Bevans (ed.) *Mission and Culture. The Louis J Luzbetak Lectures*, NY: Orbis, 2012.
- 4 Musa Dube, *Culture, Gender and HIV/AIDS*. <http://www.wcc-coe.org/wcc/what/mission/dube-9.html>.
- 5 Helen Epstein, *The Invisible Cure. Africa, the West and the Fight against AIDS*. London: Penguin Books, 2007.
- 6 Jean Vanier, *Becoming Human*, Mahwah, New Jersey: Paulist Press, 1998, p.39.
- 7 Enga Province Social Mapping Project, Port Moresby: National HIV/AIDS Support Project, 2005, p. 17.
- 8 For further development of these points see Philip Gibbs, "Forces of Death and the Promise of Life in Papua New Guinea." *Australian E-Journal of Theology* 14 (2009). [http://www.acu.edu.au/\\_data/assets/pdf\\_file/0005/197690/Gibbs\\_-\\_Death\\_and\\_Life\\_PNG.pdf](http://www.acu.edu.au/_data/assets/pdf_file/0005/197690/Gibbs_-_Death_and_Life_PNG.pdf).
- 9 <http://www.radioaustralia.net.au/international/radio/onairhighlights/missionaries-in-png-for-gods-work-not-governments>. Accessed 18 October, 2013.