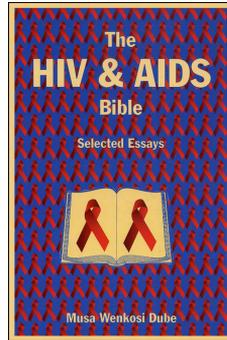


○ **REVIEW OF MUSA WENKOSI DUBE, *THE HIV & AIDS BIBLE: SELECTED ESSAYS***
(UNIVERSITY OF SCRANTON PRESS, 2008)

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When I saw this book up for review in George Aichele's regular emails, I knew I had to review it. It was not just because I was familiar with Musa Dube's work in postcolonial and biblical studies and had learnt from it. It was the subject matter itself – HIV & AIDS. In a very real sense it is the HIV & AIDS pandemic that propelled me into biblical studies. I came to biblical studies as a 'mature age' student starting undergraduate studies in religion at University of Qld back in 1992. At the time, and in the years before, I had been working as volunteer and paid worker with the Qld AIDS Council. When the pandemic first hit in Queensland and Australia, Queensland was subject to a corrupt and reactionary conservative state government whose response to HIV & AIDS was authoritarian, homophobic and stigmatizing. It refused to provide funding to gay community groups such as the AIDS Council that were seeking to provide education and HIV support services in the Qld gay communities. It refused to co-operate with the Australian Government response which was to build a partnership with affected communities in the response to HIV & AIDS. The State government would not even participate in federal planning meetings if representatives of the gay communities and various AIDS Councils were also in attendance. Instead, the State government responded by passing strict monitoring legislation for people testing positive to HIV together with stigmatization of the gay community. It even boasted of passing legislation that spelled the end of gay bars in Qld (the legislation didn't close the bars but provided more payola opportunities for a long entrenched culture of police corruption and criminality). In short the government's solution to HIV was driving the queers south of the border in the hope of running HIV out of town (and thus winning kudos for being tough on poofers and deviants).

Of course, HIV doesn't discriminate, only people do. One state health minister knew that, the only health minister during those early days of the pandemic who tried to build a proper response in partnership with the gay and other affected communities. He was also the only health minister who would not end up in prison following the electoral demise of the 30 year reign of the conservative National Party regime under the weight of exposed police and other corruption

in the 1989 state election. With the election of the centrist Labor Party government in December 1989, a new era of funding and collaboration began together with a new era of treatments which would see HIV & AIDS becoming, by the late 90s in this country, a fairly manageable chronic condition. At the time of writing it is almost 24 years since I first experienced a friend dying from AIDS. Through the 80s and into the 90s I went to a lot of funerals. But in 2009 it has been many years now since I attended a funeral of someone dying from HIV disease. Those days in the 80s were both exhilarating and appalling due to the hostile political climate in which we worked. HIV & AIDS stigma was driven not only by fear of an incurable new disease but by homophobia, as malignant and virulent as HIV itself. I saw firsthand the impact of homophobia not only as a cultural disease but on a personal level, the internalized homophobia we all have to deal with, thrown into sharp relief in my life and the lives of those around me at risk from HIV, living with HIV and, most terribly in some cases, dying from HIV disease. One of the important wellsprings of homophobia is religion. In the early 90s, when many of us who'd struggled through the dark days of the pandemic in the previous decade realized we were burnt out and in need of a rest, we went off to study at university (and through all the time of our studies and beyond, we all remained actively involved in HIV and LGBT community concerns). So I chose to study religion, which led me to biblical studies, because I wanted to tackle with the beast in its lair.

This might sound too autobiographical for some, especially for a book review, but I learnt very early on that it is not really possible to talk about HIV & AIDS without entering into autobiography. Musa Dube understands this fact and it comes as no surprise that the first essay in this anthology is an autobiographical account of how HIV & AIDS has impacted her life as an African woman and biblical scholar and how she has responded as an advocate, an academic and an HIV & AIDS Theological and Gender Consultant for the World Council of Churches. The book is an anthology of 10 essays plus other materials representative of Dube's work on HIV/AIDS for the World Council of Churches in Africa. The essays are grouped into four sections, together with an Introductory section comprising a prose chapter and a poetic biblical reading and a final short conclusion in the form of a HIV & AIDS Decalogue. As the book is an anthology of essays written for different contexts, notes and bibliography are provided at the end of each essay. Each of the four sections is introduced by a poetical biblical reading based on the slogan for World AIDS Day 2004, "Have you heard Me Today."

The first section, Theological Education in the HIV & AIDS Struggle, comprises two chapters. As noted above, the first chapter is an autobiographical essay recounting how Dube came to this work and why HIV & AIDS has become so central to her scholarship. The second chapter addresses the shortcomings in Christian theological/religious institutions especially in Africa that makes them so unresponsive to the pandemic. Based on a lecture given to the St Paul Theological in Kenya to mark its centennial, Dube diagnoses the poverty of theological responses to the pandemic. She cites an apocryphal story of the African PhD graduate newly returned from abroad called upon to save his sister from spirit possession. The graduate:

went to the wonderful theological work of R. Bultmann, who says that such a phenomenon has been demythologized. The graduate student then said that his sister should be taken to the hospital. Unfortunately the hospital was many miles away. The theological formation of this student was shown to be impotent (43).

This story illustrates the failures of a 'socially divorced' (42) theological framework to properly address HIV & AIDS. The story further shows how in Africa this theological paucity is compounded by the colonialist legacy.

The second section, *Biblical Studies in the HIV & AIDS Struggle*, Dube uses her skills 'as a trained and practicing academic biblical scholar to read against the silence and stigma, against social injustice' that surround and foster the pandemic' so as to read 'for prevention, provision of quality care, an access to affordable treatment' (8). In chapter 3, Dube explores the various methods of biblical interpretation and the way they can be applied as part of the solution of the crisis. Dube provides an example of such readings in chapter 4, where she turns to Mark 5:21-43, *Talitha cum* – the bleeding woman and the daughter of Jairus. She develops a narrative reading grounded in a postcolonial feminist analysis. Chapter 5 addresses an African women's theological hermeneutics for reading scriptures towards the struggle against the pandemic. This essay, first published in 2003, was written for the Yale Divinity School and Circle of African Women Theologians HIV & AIDS solidarity meeting.

Section 3, *The Gospel & Christology of the HIV & AIDS Struggle*, again addresses questions of theological hermeneutics now focusing on Christological concerns. In chapter 6, Dube addresses the way HIV & AIDS is a challenge for Christians and how 'the gospel' (124) can be deployed to challenge HIV & AIDS. Dube uses Luke 4:16-22, the account of Jesus reading from the Isaiah scroll in the synagogue at Nazareth, as a framework for a Christian response to the pandemic. Chapter 7 draws on a number of gospel passages to develop an HIV & AIDS Christology of Christ as the Compassionate Healer and Liberator. Dube cites the work of a number of African women to ground this Christology in a decolonizing and gender inclusive basis. I was particularly struck by the insights of Ntloedibe Seratwa who holds that 'Jesus and *ngaka*, the southern African indigenous diviner-healer, are both saviors, messiahs of their people and should be seen as such' (148). The centrality of healing to messiahship fits developing new understandings of Temple theologies of atonement as cosmic healing and reconciliation, which may well have underpinned Jesus' own self-understanding and early Christian concepts of atonement as applied to his crucifixion and the Easter experiences.

The ethical challenges of the pandemic are addressed in section 4, *Ethics and Hope in the HIV & AIDS Struggle*. Nehemiah 2:17-18 is the base text for chapter 8 in which Dube addresses 'questions, issues and debates concerning moral and ethical guidance in the HIV & AIDS struggle' (171). In chapter 9, Dube returns to Mark 5:21-43, which she links to the story of an African princess buried in the forest and to the story of women and HIV & AIDS in Africa, to demonstrate the power of storytelling in the struggle against the pandemic. The ethical dimension is underlined in the Conclusion which is an HIV & AIDS Decalogue. The Decalogue serves as a guide for 'church leaders and members in their biblical reflections, sermons, prayers and inform constructive action' (10). Dube's Decalogue has been adopted by the All Africa Conference of Churches as an HIV/AIDS Covenant Document.

The title of the anthology, *The HIV & AIDS Bible*, is deliberate. Dube sets out to challenge the churches, 'to call into question what it means to be a Christian' in the era of HIV & AIDS. She both asks 'what are the authoritative scriptures in the struggle against HIV & AIDS' and how to read them, as well highlighting the fact 'that the story of HIV & AIDS is a moment of revelation, an authoritative story in itself, that compels us to critically confront and rethink all our relationships at all levels as members of the earth community' (14). But it is not just church

members and church leaders Dube seeks to address through this volume but also biblical scholars and theologians.

I believe Dube is successful in almost all of her goals for this book. I found much of what she describes in the book of the African experience of the pandemic appalling but not, alas, surprising. As Dube points out HIV & AIDS is a pandemic located within other social pandemics 'such as poverty, gender inequality, child abuse, racism, ethnic conflict, war, international injustice and discrimination on the basis of sexual orientation' (47). Indeed, HIV is an infection that thrives on oppression, injustice and marginalization. In Australia, it was government partnership with affected communities that led to our early successes in controlling the spread of HIV. Education programs were backed up by law reforms in areas of sexuality, drug use, sex work, anti-discrimination and human rights. Furthermore, that HIV is considered a chronic manageable condition in this country is due to the fact that we have a universal health care system (albeit seriously compromised by the 12 years of conservative Howard government) which means that the cocktails of anti-viral treatments are not prohibitively expensive for those who need them. For too many countries in Africa and elsewhere even making condoms freely available for people at high risk is too costly for annual health budgets. The medication/treatments regime to maintain wellness amongst HIV+ people is so much more expensive, even if the pharmaceutical companies were to put people before profits.

As well as working with the AIDS Council, I was also involved with ACT UP Brisbane. One of the key ACT UP slogans was Knowledge = Power. So what was especially appalling for me was the depth of ignorance Dube exposes that still reigns across so much of Africa and within the churches. This ignorance is fostered and maintained by the structural injustices of international capital, of gender inequality and patriarchy and of homophobia (if I have any complaint with this book it is that homophobia is not explicitly mentioned in the concluding Decalogue). The churches both in Africa and beyond are both infected with this ignorance and complicit in it. Across Africa, the struggle against HIV & AIDS is based on promoting the ABC strategy – abstinence, being faithful (in marriage) and condomisation. The churches have been mostly willing to support A and B but not C (and for the past few years they were aided and abetted by the now former Bush regime playing to its own evangelical support base in the US). Furthermore the churches have apparently been remiss in not countering the falsehoods surrounding HIV (e.g. that having sex with a virgin – generally a young girl – will rid men of HIV infection) or the stigma associated with the pandemic. Indeed the churches are very much complicit in the stigma associated with HIV. Certainly a new disease that kills people will generate fear and dread for the people it infects amongst the uninfected. But I wonder how much of the stigma is due to the early associations of HIV with gay men? But even if not, that HIV is transmitted through unprotected sex and sharing injecting equipment guarantees that the pandemic is associated with taboo behaviours. Thus HIV poses a challenge to traditional Christian sexual moralities. The churches have preferred to uphold these moralities even if the consequences are fatal for untold millions.

Dube challenges the churches to acknowledge that the Body of Christ is HIV+. To embody Christ the compassionate healer and liberator, the churches must put the sustenance and promotion of life at the centre of their praxis and not the rigid maintenance of moralities that marginalize and disempower and consequently promote HIV infection. Dube's challenge is not only addressed to the churches but also the theological and biblical scholarship guilds. As she observes the scholarly guilds have not been notable for contributing to the struggle against HIV & AIDS. She

further calls for a biblical and theological studies that recognize the fact we are all HIV+ (as the US performance artist, Diamanda Galas, has tattooed on her fingers) and thus join in the struggle against HIV & AIDS and the many structural injustices that foster and promote the pandemic. Many years ago, a friend of mine in the AIDS Council would regularly observe that the central question about HIV/AIDS was not where it came from or why it was here but how we respond to it.

I said earlier that Dube was not completely successful in all her goals for this book. What she does not do is identify any scriptures that can be more authoritative than others. However it is through her readings of her selected scriptures and her impassioned call to choose life in the face of death that she provides authoritative models for all of us for answering the question of how to respond to the pandemic. That's why this book deserves a wide readership both within the scholarly worlds and beyond.