

WARM INDIGNATION: A PASTORAL ENGAGEMENT WITH PERSONS WITH AIDS

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"Once he was approached by a leper, who knelt before him begging his help. 'If only you will,' said the man, 'you can cleanse me.' In warm indignation Jesus stretched out his hand, touched him, and said, 'Indeed I will; be clean again.'

Mark 1:40-42 (NEB)

The occasion of my own anger in a routine clinical course in seminary is a reminder of the power and the opportunity that have a chance to work through ministers in some human dilemmas. The clinical supervisor had handed out the assignments. Mine focused on Miss H — fifty-nine years old, suffering mercilessly with cancer for nearly 20 years. Having depleted all of her resources in the fight for health, she was at the end of her life in a charity hospital. She was alone in the world — forgotten by associates from a very lucrative career. They had been her family. The assignment: **Give her hope!** Knowing that the only peace this woman experienced was from sleep induced by morphine, and that her deepest prayer was for the end of her pain brought by death, I angrily refused the direction to "give her hope." What could Miss H possibly have to hope for? My anger masked both my fear and the frustration of feeling helpless in a hopeless situation.

Giving hope felt easier to me twenty years later when "Mark" called for an appointment. I recalled that it had been nearly eleven years since I had last seen him. In the earlier years we had struggled with his belief that he was drawn to a

homosexual lifestyle. He had trusted me then simply because I was his sister's campus minister. I also recalled the pain he had experienced from what seemed a life-time of rejection by others. This current call began a pastoral relationship that would extend fourteen months through his funeral. He wanted to come to tell me about his fear of contracting AIDS. Mark's disease became only the "tip of an iceberg" as he taught me how his suffering could be made easier.

The pastoral care of persons with AIDS clarifies one's role as a "broker" of caring services. Campus ministers soon realize that we are in pivotal positions to respond not only to the person with AIDS, but also to their families, their friends and lovers, the mental health and hospice workers, the medical community, the legal system, and those in the AIDS support system (such as Buddies who daily assist in the management of this disease). All of these lives are touched by one person with AIDS. Before much help can be given, however, there are some tasks that the minister must confront — they may feel frightening and powerful.

The first task that must be faced is the fear of catching AIDS. All of my knowledge and information about this disease made little difference when Mark's first uncovered sneeze sent saliva toward my chair in an office that seemed to grow smaller by the second. Nor did my knowledge comfort me when Mark wanted me to embrace him as he shared his pain and fear. As the months passed and the disease progressed Mark helped me look at my own discomfort, to recognize and understand fear when I saw it in others, and to appreciate those times when others were able to lend their strength to his without fear.

The second task relates to one's attitude about the circumstances where AIDS is found. Campus ministers generally have little contact in the world that was home for Mark. There **is** a need for some persons to voice their concerns about lifestyles that seem to "take life" rather than to "give life". Nonetheless, it is necessary that one become more clearly engaged in **joining** the other in suffering than in **judging** the

particular history from which it emerges. It is essential to remain nearly amoral if one intends to be truly helpful either to the person who tests HIV positive or the person with AIDS. I suggest an "amoral" posture for ministry because effective therapy depends on our ability to give help that is not shaped by our criteria of morality. We are well acquainted with other students whose decisions and actions have changed their lives in horrible ways. A person with AIDS is equally in need of a sense of grace and forgiveness. We must decide between how much energy we will give to "cursing the darkness" out of which this disease comes, or in being truly helpful and supportive. Persons with AIDS are very clear that in the time they have available they will cast their lot with those who can accept and embrace them.

A third task that is encountered is the resistance of the helping community to assist a person with AIDS. Campus ministers in pastoral work must decide whether it is more important to be liked or to be helpful in this relationship. It is understandable that in a world of limited resources there is a push to employ those resources most effectively. As of this writing we have limited medical help to offer these victims. The resistance, however, is usually more subtle. Mark was just 30 when he died. He had nearly 20 recorded suicide attempts and a total of several years of intermittent residency in hospitals for the emotionally disturbed. Since Mark could no longer maintain employment he lived on welfare payments. His income and the source of his income made it difficult for him to find adequate housing. There was no medical insurance to cover him, and his family was unable to help him financially. Mark had inadequate signs and symptoms to medically confirm AIDS even though he was known to have an HIV infection. HIV infection seems always to progress to AIDS. Very early in his disease Mark became angry and frustrated when he sought help from the medical and mental health communities. They may not have been aware that two of his previous partners had died from AIDS in recent months. Because of his unconfirmed diagnosis Mark did not seem to be a suitable candidate for the limited

help that was available. Mark's stubborn persistence and the progression of his disease allowed him to find two hospitals that could provide comprehensive assistance. This points to the final task to be encountered.

Persons with AIDS help us to understand our own limits and prejudices very quickly. The facing of this disease, with all of the complexities it poses for relationships, forces ministers to assess what we cannot do. It frees us to give our energies to what we can accomplish. My frustration and anger about Miss H came because I was preoccupied with the hopelessness of her situation. Following her death I knew that hope takes the form of letting persons know that their own presence in the world matters a great deal to at least one other person. It comes by catching the notion that the community has not failed them — by being reminded through friendship of their significance. And sometimes we can uncover a truth that "significance" is a gift of grace that surpasses reason. What we can do is to become hope!

Mark helped me to see how strong his community of support could grow and how quickly it could form. The "iceberg" began to reveal more of its composition. There was a profound need to work with the dysfunctional family in which Mark had lived. There is an important ministry in assisting a gay or chemically dependent community to grieve the losses it has experienced. Networks of care formed through ministry with Mark needed maintenance so that others might become recipients of grace.

There is a puzzling quality about Jesus' turning to the young leper with indignation. It is not his nature to be angry at one with a disease. What is the anger for? What does it point to? Could it be that the religious persons and their prescriptions label some persons as "untouchable"? Do we have the power to make some people "unclean" and unapproachable? We must be reminded that what the leper requested — his deepest prayer — was for cleansing and not healing! Being "clean" would allow him, once again, to enter the fellowship of God's people. I began to learn that we are empowered to give hope — to reach out, to

touch, and to restore another of God's children to the community of grace where he or she finds genuine belonging.