

# **Catholic Social Teaching and the Response of the Church to HIV/Aids**

## INTRODUCTION

Real stories about real people often communicate a sense of what being a member of humankind is all about, a sense of what it means to be human in the real world of today, and also an awareness of what dehumanizes countless millions of people in these times. I want to take you to the real world of South Africa as a starting point for what you, hopefully, will experience and reflect on in a personal way in the coming days. I take you to the real world and the real people of the area where I have ministered for almost 20 years as bishop.

At the beginning of 2005 I sat on the floor of a chapel next to a woman and a little boy. Both were very ill, dying of diseases associated with AIDS. Their stories were very special, and their stories had very different outcomes.

The woman – Rosina – came from a very rural area of the Eastern Cape in South Africa, a region characterized by extreme poverty, very high unemployment, and hopelessness. Rosina married and they had one child, a little boy. Her husband struggled to care for his small family, but they were able to survive. But, one day, he suddenly died of a heart attack. Rosina was left alone with her little boy, with no work, no family, no money, nothing.

There was no hope for her in that region. So, like so many others, she migrated north to the big cities of Johannesburg and Pretoria, and ended up in the diocese where I minister. She came to a shack settlement next to a mine shaft about 20 minutes from where I live, a mining area where the richest and biggest platinum mines in the world are to be found. But these mining areas – a symbol of wealth, prosperity and all that the technological world can offer - are also home to the most terrible poverty and misery imaginable.

These mines have traditionally depended on migrant workers from countries near South Africa, like Lesotho and Mozambique, because these miners have skills. But they have to leave their families in these countries and come alone to the mines in South Africa. They work for many months far from their wives and families, and then go home for their holidays.

So, here we have the picture which encapsulates, gives us a synthesis of the complex issues which weave together the reality of the HIV/AIDS pandemic in this country. This is an aerial photo of just one of these shack settlements. Here is the mine shaft; next to it, a mine hostel. The men, miners, far from home and their wives, are housed in hostels next to a mine shaft, men who earn money. This mine shaft has a twin down here and another mine hostel. Between the two mine shafts and hostels this huge shack settlement of over 5000 shacks housing more than 25,000 people.....and this picture is replicated, is repeated over and over again in my area. Hundreds of thousands of migrants, often

desperate women, single mothers, single women and others who come from countries to the north or from rural regions like the Eastern Cape in South Africa – as did Rosina.

Because this is a so-called illegal squatter camp, nothing is provided for the people by Government – no water, no electricity, no refuse removal, no toilets, no clinics, no schools – absolutely nothing. The only sign and presence of hope for the people here is the complex I developed with my Aids programme team which opened in 1997 with a primary health care clinic in a shipping container, now a clinic which offers a comprehensive one-stop service to the people of the area providing all the drugs they need. This small beginning grew over the years into programmes providing home-care nursing and counselling to the whole camp, an anti-retroviral clinic caring for over 150 patients, a primary school which we ran for 6 years until the Government built one in a nearby low cost housing scheme, a kindergarten, skills training programmes, and some income generating programmes like a bread making facility, and finally an orphan and vulnerable children's programme, and after-care centre for Aids orphans when they return from the Government primary school which was built in a neighbouring area about 5 years ago.

The migrant women who come here cannot find work, and they find they are trapped in the prison of extreme poverty. The only way they can survive is to offer the only thing they have to the miners who have money – sex, in return for a little money which will help them survive for 24 hours and pay for some food for themselves and their children. Many of the men have AIDS because of multiple sexual relationships with women who are infected; or HIV positive men infect the women, and the women do not even know the men are HIV positive, and the women are then repeatedly re-infected.

This is what happened to Rosina. She and her boy arrived in this shack settlement healthy. She was forced into offering sex for money in order to survive with her little boy. She got infected, and re-infected through many sexual encounters, she had a baby girl also born HIV positive, and soon she was very sick and dying.

We brought her to the hospice I built on the mission where I live specifically designed for people like Rosina. There we fought for her life. On that day we were having a prayer service in the chapel for the sick and dying patients in the hospice, and Rosina lay on the floor of the chapel on a mattress next to a little boy. His name was Omphemetse.

Omphemetse was born in a very poor area in our diocese. He only had a mother and a grandmother who had migrated to our area. But because his mother was HIV positive, he was also born positive. Because they lived in extreme poverty, and did not have food to eat each day, Omphemetse picked up serious infections, and he went down....and down. That day he also lay on the floor on a mattress, very weak.

We also tried to save the life of Omphemetse. But he was too weak, too sick; he had too many serious infections including painful cancerous growths in his mouth. And slowly, we had to sit by his bed and give him our love, care for him, hold his hand, pray for him....until one day, he slipped away and went to God. I was heartbroken, and so were our nurses who had cared for him with such love.

Caring for those who are dying of Aids related illnesses is indeed a heartbreaking experience. In the 6 years our hospice in-patient unit has been open we have accompanied 1057 people, including 13 children, to death....each of them sharing their personal story with us, each of them affecting us in a very personal way, but each of them dying in a simple, clean home – our hospice - where professional nursing care of the highest standard is provided, including pain control, and above all deep love, compassion, reverence for the unique person and their story, and the counselling and spiritual care which we know has enabled so, so many to die in peace and with a sense of real dignity and personal worth. Like this woman, a migrant from the north with a baby, who developed Kaposi sarcoma in her throat and mouth, and on that evening as I sat with her she was dying. The pain was eliminated through a morphine drip....for the rest it was presence to her, touching her, holding her, assuring her we were caring for her baby, and waiting with her until she passed on to God.....which happened the next morning.

But Rosina's story ended differently. We were able to save her life in the hospice in-patient unit. We put her and her little girl on anti-retroviral drugs; she went home to the shack settlement where the team took over providing the ARV drugs, food and vitamins, social and spiritual support. She survived, began to live a normal life, came to the clinic every week to begin her own ministry of encouraging the other patients. She eventually found work in a town nearby. Today, she is living and caring for her family.

At the heart of these stories is injustice, the terrible injustice suffered by the poor and marginalised in South Africa and sub-Saharan Africa. Doctor Malebo, after my presentation, will give you a comprehensive explanation of the statistics, the challenges and what the Church is doing about the reality of HIV in this country. But, the picture will vary very much from place to place. For example, the Department of Health in the area where I minister around Rustenburg stated at a recent meeting that the overall infection rate in the greater Rustenburg town area had increased from 22% to 29% since 2002. The doctor from Impala Mine Hospital supports this assessment – the infection rate of the miners admitted to his hospital has increased from 11% - 16% since 2002.

What makes HIV/AIDS such a complex reality, especially in the context of such extreme poverty and marginalisation, is the interface between the structural or systemic dimensions underlying this reality and the very unique personal circumstances or experience of those infected or affected – an interface which is happening at every moment.

Undeniably, extreme poverty which utterly impoverishes the human person, family, community and society – like that woman Rosina, an economic migrant – is a major contributing factor. But poverty in sub-Saharan Africa has a cause. It is a structural and systemic justice issue which, because of the effects it has, becomes one of the principal drivers of the HIV pandemic. There are indeed *internal* causes to be found in Africa itself and its governance, like systemic and endemic corruption, mismanagement of resources by the politically powerful, creaming off the revenues from the extractive industries to benefit only the powerful political and economic elites in the countries, and so on.

But there are also external reasons and dimensions to this reality, e.g. the global economic system and policies; the financial markets and how these are managed and even

manipulated; the issue of heavily indebted poor countries and the debt owed to the World Bank and IMF and other states; the issue of trade policy implemented by the WTO, and agricultural subsidies implemented as policy in the developed world which effectively exclude the third world, and so forth. These complex issues cannot be dealt with here in this talk.

We do indeed live in a globalised world where, because of many complex factors, the poorest in societies really fall through the net of security for a human life, none more so than those who become infected with the HI Virus. It is this world which I tried to share in a personal way with you earlier in my talk.

For me, the response required by the Church must have two key focus areas of action: advocacy and pastoral responses which respond holistically to the actual needs of the sick and dying in their particular socio-cultural environment. This means for us as Church, that we must think and act in a different way. As Pope John Paul II once said:

‘The Church therefore amongst others is duty bound to contribute towards ensuring a different approach rather than just different strategies and policies. Fundamentally it requires another vision of what is valuable, another perception of what is possible, another recognition of what is required.’

I am hoping in this talk to look at the approach being called for by the Pope by reflecting on some issues relating to HIV and Aids in South Africa in the light of Catholic Social Teaching.

In modern CST there have been several significant shifts, but the basic ones are captured in *Octagessima Adveniens*, paragraph 4.

- A move from the contextual to the universal.
- A move from an emphasis on charity to justice.  
(‘charity is no substitute for justice withheld’ - St. Augustine)
- Inductive method to a deductive method.
- A move from a reliance on natural law to an integrated theological approach.

The move from an emphasis on charity to justice is powerfully expressed in that memorable text from the introduction to the Statement of the 1971 Synod on Justice in the World:

‘Action on behalf of justice and participation in the transformation of the World, fully appear to us as a constituent element of preaching the Gospel, in other words of the Church’s mission for the redemption of the human race and its liberation from every oppressive structure’.

Therefore.....whatever the shape or form of our ministry/witness/leadership etc. in the Church.....it is always a project of the redemption of the human race and its liberation from every oppressive structure. That is surely very true when it comes to our response to HIV and AIDS.

The Key Principles in CST which I will note or refer to throughout my talk are:

- Human dignity
- Solidarity
- Justice
- Fundamental option for the poor
- The Common Good
- The universal destiny of goods
- Suffering
- Subsidiarity
- Responsibility
- Hope
- Participation

But firstly, the context of HIV and the factors which drive the pandemic. There are several “drivers” of the HIV pandemic in South Africa. I would like to deal with one of them in the light of a few of the key CST principles I have just enumerated.

### MIGRATION

In the stories I shared with you earlier, there was a word which I repeated several times. What was it? Migration - migration, both within a particular country, and migration between countries in Africa because of famine, wars, conflict, extreme poverty and other factors.

In South Africa we have over 8 million political and economic migrants and refugees from other countries (some 3 million from Zimbabwe), in addition to 22 million of our own people living below the poverty line of \$US 1 per day.

Migration is a structural and systemic justice issue, and migration therefore raises a whole range of ethical issues and questions – and the great need for continual advocacy by the Church in addition to a range of pastoral responses by the Church. Both in terms of the sheer scale of migration and its consequences, one of which is that it is a major driver of the HIV pandemic, this is one of the most challenging “signs of the times” which society, including the Church, must consider.

It is clear that migration is becoming more and more of a global issue and many countries, including in Europe, are facing serious challenges and difficulties in developing policies to respond to this issue. But, my primary concern here is, of course, Africa and South Africa.

John Keteler the secretary general of the International Catholic Migration Commission reflecting on Pope Benedict’s recent encyclical *Caritas in Veritate*, says this:

‘The new encyclical, *Caritas in Veritate*, embeds the migration issue in the request for a fundamental change in mentality, calling for a rights-based approach and inviting all to reconsider the link between justice, truth and charity.’<sup>1</sup>

The fundamental change in mentality called for by the Pope requires that we examine and analyse the social pathologies/illnesses present in the society in the light of a radical anthropological foundation or emphasis, viz. the supreme importance of the dignity of each person no matter what their status might be, including their HIV status, and the consequence of this dignity which is that every person is an undisputed bearer of human rights.

This needs to be read against a minimalist approach to assessing the presence of migrants, heard in both the global north and south.

The argument that ‘migration is bad development’ is heard increasingly in recipient countries. The argument here is that foreign migrants, legal or unauthorised, undermine citizens’ economic and social development. Migrants are said to deprive citizens of already limited employment opportunities, depress wages, compete for scarce public resources (such as land, services, housing, health care) and out compete local business. This is usually a zero sum game in which every job occupied by a migrant is a job lost to a citizen. The belief that migrants undermine development for citizens is extremely pervasive in migrant receiving countries, often shading into attitudes and acts of intolerance and xenophobia.<sup>2</sup>

This thinking is often followed by national policies which reflect a minimalist, limited and exclusionary (keeping people out rather than integrating them) approach to the human rights of people on the move. Catholic Social Teaching (CST) moves in a different direction and through a human rights approach seeks to integrate people, and more specifically to give those silenced a voice in shaping their future, which is a key aim of a human rights regime. So, for people living and dying with HIV/Aids, we want to enable them to feel they belong, they belong to the community and must not be discriminated against or suffer stigma, and they must be enabled to participate in the programmes which respond to their whole situation.

CST holds a position where it sees the state in its function of regulating migration into the country as being secondary to the consideration of “the common good”. This holds that states are morally bound to protect and provide for the basic human rights of their citizens and the resident alien.

There is a strong Biblical tradition supporting this view. The idea of being bound together as brothers and sisters is particularly helpful especially as evidenced in the notion of the “neighbour”, as witnessed for example in the story of the Good Samaritan. It adds particular force to or raises the bar for the discourse around human rights and the migrant by designating the victim as “a neighbour” and not as a faceless, amorphous, abstract stranger to whom (because of the lack of relationship) little or nothing is owed and who thus absolves us of our obligation to act prophetically in their interest. The idea of neighbour removes the anonymity and posits a relationship of care and responsibility for the good of the other. Our tradition is rich in this regard. Pope Benedict XVI reminds us in *Deus caritas*

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<sup>1</sup> <http://www.icmc.net/activities/caritas-veritate-and-call-a-rights-based-approach-migration>

<sup>2</sup> Crush, J & Frayne, B. ‘Surviving on the Move: Migration, Poverty and development in Southern Africa.’ IDASA Publishing, Johannesburg, 2010. p.8

*est* that ‘our neighbour is not limited to a closely knit community or single country or people.’<sup>3</sup> This is especially important when we consider the fact that a significant number of our internal migrants in South Africa, and our aliens from other countries, do not belong to a closely knit family or people, and through a variety of circumstances become infected with the HI virus.

CST affirms that if persons cannot support themselves and their families in their countries of origin, (and therefore in a particular region of a country) they possess the right to migrate in order to do so.<sup>4</sup> The CST principle of “the universal destination of goods” can indeed be invoked in this regard and the USA bishops have led the way on this and stated quite categorically that in the light of global poverty and where, in addition, rich nations have often accumulated their wealth at the expense of and on the backs of poorer nations in any number of ways, the richer nations carry a responsibility to share their prosperity with people from poorer nations.<sup>5</sup> This includes sharing the physical space, rights and direct access to goods, and not merely to aid.

In our context in South Africa, this approach must be followed through in terms of our internally displaced people or migrants, who travel far from their homes to seek a way out of poverty, with so many ending up sick with HIV. The entire nation, and especially the more well-resourced people and areas must share the available resources with those who are marginalised. South Africa happens to be the country with the greatest inequality between rich and poor as measured by the Gini co-efficient – we are now far worse than Brazil which used to be up in first spot.

Thus the economically poor and destitute, who are the underside of development, and migrants who seek to better their lot, constitute that sector of society that is regarded as the poorest of the poor and who deserve the special advocacy of the church in terms of the key CST principle of the “fundamental option for the poor”.

Kristin Heyer puts it well: ‘The Catholic vision radically challenges a culture that prioritises economic efficiency over solidarity with the weak and marginalised, or narrow national interest over global concern. The tendency to prioritise capital to persons helps foster the dehumanising conditions that generate economic refugees.’<sup>6</sup>

(CST also enjoins on us the duty not only to construct a human rights culture but one which is expressly concerned with an option for the poor or most marginalised. In this regard it is worth noting that the UNHCR in an analogous category of ‘persons of concern’ list children and adolescents under the age of 18 as the core group of concern. ‘Roughly a quarter of the refugee population is composed of girls under the age of 18 who are particularly vulnerable to threats to their safety including separation from families, sexual exploitation, HIV/Aids, human trafficking, forced labour, rape and forced recruitment into militia.’<sup>7</sup>)

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<sup>3</sup> Deus caritas est. #15

<sup>4</sup> Pacem in Terris. #106

<sup>5</sup> USCCB ‘Strangers no Longer’ 2003 #34-35.

<sup>6</sup> Kristin Heyer: Faithful Citizenship Principles and Strategies to Serve the Common Good.’ Journal of Religion and Society. Supplement Series 4. 2008.

<sup>7</sup> UNHCR, The State of the Worlds refugees 2006, pp.10 &17.

On the basis of this reflection on the migration issue, I would want to suggest that there are indeed several CST principles which would help us significantly and guide us in our quest to create a better and more life-giving situation for all our poor, but particularly with regard to those with HIV/Aids. I will look at two such principles, one could easily choose others.

## JUSTICE

Pope Benedict XVI has reminded us that **justice** is the key element of CST. In talking to politicians for example, he said: ‘rather the church wishes to help form consciences in political life and to stimulate greater insights into the authentic requirements of justice as well as readiness to act accordingly even when this might involve conflict with situations of personal interest.’<sup>8</sup>

The requirements of justice in this time of an HIV/Aids pandemic include:<sup>9</sup>

- A critical knowledge of global structures and issues and the way they impact on peoples lives, and the social and relational dislocation which they cause, e.g. unemployment, poverty, poor working/living conditions.
- Attentiveness to people on the margins, the poorest of the poor and the restoration of dignity and hope...the centrality of dignity as the key element of CST and hope as one of the end points or objectives of CST. Listening to the stories of the poor, giving them a voice, and allowing them to find their voices and help create their solutions.
- Interior discipline, being grounded ourselves in faith, hope and love and thus building meaningful, supportive relationships. What has emerged from HIV/Aids praxis is a *profound spirituality of accompaniment*, and a deepening awareness that the privileged locus of God’s presence in our world of today is in *the world of suffering*. The very personal experiences of suffering of those living and dying with Aids poses a special challenge to the Church in terms of enabling the sick to experience God in their reality of suffering precisely through the holistic spirit and experience of accompaniment which we can offer in all our programmes.
- Active, creative engagement: the whole world of advocacy at the three levels which are at the heart of CST, namely advocacy on the ground, on the barricades and in the HIV/Aids struggle. During the President Mbeki era we saw many demonstrations against Government policy, particularly the failure to roll out ARV drugs. Advocacy that changes minds and hearts through education and sharing of information, was something which was done resolutely again during the Mbeki era when despite the dominant discourse of the Government, groups such as Treatment Action Campaign and the Faith Based Organisations and others did a great deal to correct the disinformation and keep other discourses on the radar screen.

## SOLIDARITY

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<sup>8</sup> Deus caritas est. #28.

<sup>9</sup> I have taken these 4 categories from Maria Cimpermans book: ‘When Gods people have HIV/Aids, an Approach to Ethics.’ Orbis Publications. New York. 2005 p.54 BUT I have given it a totally different content, so only the headings are hers!

Another key tenet of CST which we need to take heed of especially in an era of globalisation, is the principle and virtue of solidarity.

John Paul II says that solidarity helps us to see the other...not just as some kind of instrument, with a work capacity or physical strength to be exploited at low cost and then discarded when no longer useful, but as our “neighbour” or “sharer” at the banquet to which we are all equally invited.’<sup>10</sup> The definition which he offers is important in a world and definitely in a country like South Africa where greed and self aggrandisement are key social attitudes, and where stigma and discrimination against people who are HIV positive is still prevalent. Sadly, some of the Churches and faith based organisations are directly responsible for fuelling stigma by their fundamentalist approach to sin and God, expressing both in word and action their judgement that “Aids is a punishment from God for sin” – again, revealing their obsession with all matters sexual to the exclusion of so many other sin-filled realities in the social framework of our country.

The pope says: ‘Solidarity is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary it is a firm and persevering determination to commit oneself to the common good; that is to say, to the good of all and of each individual because we are all really responsible for all.’<sup>11</sup>

In the next paragraph the Pope challenges the Church to move from a position of *identification with suffering*, vitally important, but to move from this to a *practical response to suffering*. CST is clear that the kinds of actions of which flow from solidarity are meant to be ‘transformative’. For this to happen, faith-based responses must be technically correct and based on sound analysis and scientific research. This is a challenge for the faith based communities because it involves a move from random acts of kindness to structural involvement in processes *with* the affected people which change the suffering and dehumanisation caused by HIV. In this regard transformation is another word for enabling our own people to become agents of change, to be creative and persevering in finding the socio-cultural ways of responding to this disease holistically. This is an expression of the CST principle of “subsidiarity” which calls for the “higher” level not to take over what can be done at the “lower” level....the “lower” level becomes the agent of change through its special awareness of what needs to be done.

But this does not in any way diminish or undermine personal acts of care. Indeed an ethos of solidarity is built on the personal and often prophetic actions of individuals. History is replete with many examples of personal actions being the trigger for greater acts of solidarity and social change. Indeed in the world of Aids in Africa one can think, for example, of the Noerine Kaleeba whose experience of ostracisation and stigmatisation led her to begin a grassroots organisation in Uganda called TASO (The Aids Support Organisation), which sensitised and mobilised people first in Uganda and then across the continent, and now in Asia and South East Asia to counter ostracisation through grassroots educational programs.

By and large we see especially in the faith communities like the Catholic Church and the communities in which we minister through our HIV/Aids response.....we see great

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<sup>10</sup> On Social Concern #39

<sup>11</sup> *ibid* # 38

examples of generosity, kindness and personal sacrifice and this reveals the great truth that the spark of hope can live on very little! We just have to look at the carers, the quality of their ministry, their perseverance against all odds, e.g. the grannies looking after many children when their own children have died of Aids, and so on. This is just one example of solidarity.

A second major aspect of solidarity, especially in Africa, lies in the strengthening of community. 'Ubuntu' which is key to the SA worldview makes the point that we become what are meant to be through the presence, support and care of others. It is frequently acknowledged that a key African response to the pandemic has been the emphasis on the caring/receiving/supporting community as the essential and principal therapeutic strategy for those living with HIV/Aids. Michael Czerny says: 'Forming and guiding vital communities are a prior and a more demanding task than the relatively straight forward task of distributing medicines.'<sup>12</sup> I think our response as Church has shown that our focus has been primarily directed to the task of strengthening our communities, because the crucial need to ensure the sustainability of our programmes can only be met by whole communities taking responsibility for the response that is needed.

Thirdly if solidarity is indeed a matter also of co-responsibility, then solidarity is ultimately about the larger contexts of injustice, suffering and evil - and in turn our co-responsibility in the face of this. We are asked to look at the *systemic* roots of the poverty and inequalities which fuel the pandemic. A. E. Orobator in commenting on the tendency to reduce the Aids prevention debate to the use of condoms says: 'As a complex disease, HIV/Aids exposes inherent deficiencies and lapses in the global, continental, regional and national patterns of socio economic and political organisation. To speak of HIV/Aids is to implicate the multiplicity of socio economic and political ills such as illiteracy, poverty, inadequate or nonexistent healthcare and treatment delivery systems and facilities, gender based violence, human rights abuses and multiple forms of injustice. The pandemic delineates a complex reality of which the discourse on the methods of prevention represents one facet.'<sup>13</sup>

One aspect of immense importance, that you will see for yourselves over and over again as you travel around this country, is the fact that despite the many cultural and even religious limitations which women are subjected to, African women's creative commitment and approaches to HIV/Aids information, education and communication, born of their experience and the burden of providing primary care for people living with HIV/Aids, is a wonderful witness to the tenacity and endurance of women in the face of adversity.<sup>14</sup>

Here I also see the importance of exploring and utilising religion, or rather spirituality, in our contemporary fight to eradicate poverty and to address the scourge of HIV/Aids and gender based violence expressed succinctly in a study by Beverley Haddad amongst poor, black, rural women in Vulindlela in Kwa Zulu Natal. The study underlines the

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<sup>12</sup> Katongole, E. 'ids, Africa and the Age of Miraculous Medicine' in 'Applied Ethics in a World Church' ed Linda Hogan. Orbis Publications. New York. p.145

<sup>13</sup> Orobator, A.E. 'Ethics of HIV/AIDS Prevention' in 'Applied Ethics in a World Church' ed Linda Hogan. Orbis Publications. New York. p. 153.

<sup>14</sup> *ibid* p.152

point about women taking situations into their own hands and doing something about it (poverty, HIV/Aids), eloquently:

‘...in planning programs of development action, faith as an integral part of women’s lives must be acknowledged as a community resource. Networks of religious women such as the ‘*manyano*’ movement are a key site of survival practice and a place where poor and marginalised women are taking control of their lives. The movement accounts for one of the largest religious groupings of indigenous African women in South Africa. Through these church women’s prayer groups, poor and marginalized women find courage, strength and resources to persevere in the face of near death.’

Hence it is clear that poor people are not strangers to strategic agency, to becoming creative agents in achieving strategic responses to the pandemic. It is also clear that a sense of the transcendent is critical in this realization. Haddad is correct - a sense of the transcendent is necessary to the realisation of meaningful agency, or people becoming the agents of transformation. SA is rich in this tradition.

## CONCLUSION

Your journeys through our country will sensitise you to how the problems of apartheid continue to haunt us and bedevil our social fabric, so that its scars still hold many especially the poor, in bondage. We remain a very brutal and violent country, the heritage in many ways of State sponsored violence in the apartheid era. There are many positive things happening in our country, and especially at the level of Church sponsored and civil society community programmes which try to address the very complex reality of HIV/Aids. But you will at every turn also be confronted with the immense task that lies ahead. In the words of one of the greatest South Africans and the first SA to win the Nobel Peace Prize, Chief Albert Luthuli, we still have before us the sacred task of building a home for all. He said:

*‘SA is not yet home to all her children. There remains before us the task of building a new nation....A synthesis of the rich cultural strains which we have inherited. It will not necessarily be all black, but it will be African.’*

May your visit help to inspire us and the carers you will meet to see this task through to the end.

Thank you.

Bishop Kevin Dowling C.Ss.R.

La Verna, 30 October 2010