

MEMORIES OF AIDS: A CRITICAL EVALUATION OF NATAL CLERICS' REFLECTIONS ON THEIR AIDS EXPERIENCES BETWEEN 1987 AND 1990¹

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Abstract

The interface between apartheid and Aids in the unique South African context between 1987 and 1990 is particularly striking. Natal was such a volatile ground, one rocked by political violence and threatened by a world epidemic. The Natal clerics' accounts differ widely in their reflection on the Aids disease. They use different philosophical frameworks to interpret the response of the ecumenical churches to the unfolding world epidemic. Doctor Sol Jacob, an Indian minister who served in "Black Methodism" and belonged to the "Black Consciousness Movement", witnessed *a racial church*. Professor Vic Bredencamp, a white minister who served in "White Methodism", witnessed *a judgemental church*, one that propagated a punitive theology as far as Aids was concerned. Professor Ronald Nicolson, a white Anglican minister, perceived paralysis ignorance in the church over the disease. Consequently, he only witnessed *an ignorant church*. The Catholic priest, Father Paul Decock, who was himself engaged in Aids activism, witnessed *an active church*. The four differ in their accounts of not only how the church responded to the pandemic but also in their reasons as to why the churches took particular positions toward HIV and Aids. Nonetheless, they agree that the churches lacked the prophetic foresight fundamental to warning the community of an imminent catastrophe. This was caused by factors such as the inverted priorities of the churches, unfamiliarity with the Aids issue, and

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the theological bankruptcy of the day. By and large, their historical reflections on Aids are circumstanced by the philosophical frameworks of the interviewees.

1 INTRODUCTION

The early history of HIV and Aids in Africa is much more certain than ever before. New evidence seems to suggest that by 1959 the virus was in Leopoldville (Kinshasa), the capital of Belgian Congo (Iliffe 2006:2). About 672 frozen blood samples collected in the city by an American researcher studying malaria were tested for HIV and one was found to be positive. Other such studies in the region suggest that Aids was present in the equatorial Central and West Africa in the 1950s although it was a rare disease (Iliffe 2006:3). The earliest indication of the presence of the disease in South Africa came much later in 1982 when two white homosexual air stewards were diagnosed and died shortly after.¹ In 1983, blood specimens from 200 white homosexual men in Johannesburg showed that 32 were already infected, whereas another 522 blood specimens from African men were all found to be negative in 1985.² Researchers are in agreement that South African “gay plague” was predominantly in the white community and was most probably transmitted through relations abroad whereas the heterosexual transmission was predominantly in the black community and was transmitted from the central part of the continent.³ In 1986, the country’s attention was drawn to the alarming “miners’ plague” which was more severe among Malawian mine workers (Iliffe 2006:44). By the end of 1986 there were sixteen reported cases of Aids in the mining industry.⁴ It is an interesting concern, at least for this research, that the Province of Natal came to be the most adversely affected region as compared to the other provinces in the country.

The interface between apartheid and Aids in the unique South African context is particularly interesting. The article entitled, *Aids will soon eclipse apartheid*, found in the *Natal Witness* on 16 August 1988⁵ was an indicator that the two concerns were already competing for national attention. The end of apartheid was entangled and dovetailed with an emerging new epidemic. The ecumenical community, which had explicitly and consistently fought apartheid for decades, easily found the concern for social justice overshadowing the rising problem of Aids in South Africa. A Geneva meeting of the World Council of Churches (WCC) had in 1983 recommended ways in which its member churches could become

involved in the Aids crisis. The proceedings of its first HIV and Aids executive consultation held in Geneva in June 1983 was published under the title *AIDS and the church as a healing community* in 1986.⁶ This executive consultation called on the churches to work against the real danger that Aids would be used as an excuse for discrimination and oppression and to work to ensure the protection of the human rights of persons affected directly or indirectly by AIDS.⁷ This call was seemingly not heeded, according to WCC reports of 1987. The 38th meeting of the WCC central committee in Geneva regretted that “through their silence, many churches share responsibility for the fear that has swept our world more quickly than the virus itself”.⁸ As such, the international ecumenical watchdog kept vigilant and pleaded with the ecumenical churches to respond creatively to the pandemic.

However, the South African context seems to suggest otherwise. During the early years of the South African epidemic, isolated voices expressed concern over the churches’ slowness in responding to the Aids crisis. One of the first to raise this issue was Ronald Nicolson (1995:7), an Anglican priest who in 1995 lamented that the churches had been silent and idle yet they were best positioned and uniquely so in South Africa to address the pandemic. His reasons were partly that, unlike the government, the churches had enjoyed years of undoubted trust, especially from the side of the majority black population. He however maintained that the slowness of the churches’ response to Aids was inherent in the lack of a theology on Aids. He went ahead and suggested a framework for theological reflection on the subject (Nicolson 1995:54). A more recent and stern voice on the matter is that of Donald Messer. In his opinion, the churches had participated in what he calls “the conspiracy of silence” (Messer 2004:34). Both Nicolson and Messer are of the view that, had the churches been quick and aggressive in the early years of diagnosis, the epidemic and the stigma would have been significantly reduced.

This article undertakes to outline the Aids experiences of the ecumenical community in Natal with a view to establishing its response. Its main objective is however to demonstrate the methodological challenges involved in the evaluation of oral history evidence as depicted in the Aids-associated experiences of four clerics in Natal. It endeavours to highlight the element of the reconstruction of memories in oral history and its influence on history writing.

2 METHODOLOGY

This article is based on two-phase research methodology. In the first phase, the focus was primarily on oral history retrieved through interviews. Four clerics were interviewed because of their involvement with the churches and theological institutions in Natal during the four-year period (1987-1990). Whereas all of these clerics were South African citizens, one was of Asian origin (Indian), another was an Afrikaner, and the other two were of European origin. The four were Ronald Nicolson, Sol Jacob, Vic Bredencamp, and Paul Decock. It is regretted that no female clergy were interviewed even though efforts were made to arrange this. As much as the Indian interviewee claimed to be representative of the indigenous black clerics, it is equally regretted that none of the interviewees were black Africans.

All the four clerics interviewed were actively involved in Christian ministry in Natal in the period under review. Father Paul Decock, a Roman Catholic priest, was an administrator and a theological educator in St Joseph's Scholasticate, a Catholic training institution for ministerial candidates.⁹ Besides lecturing at St Joseph's Scholasticate, he was also the chairperson of the Theological Advisory Commission of the Southern African Catholic Bishops' Conference (SACBC). He was also the Catholic representative at the Anglican Theological Commission (ATC). Professor Ronald Nicolson is an ordained Anglican minister and a retired professor from the University of KwaZulu-Natal (UKZN), the School of Religion and Theology (SORAT). During the period under review he was lecturing at SORAT and ministering with the Anglican Church in Natal. Professor Vic Bredencamp is a Methodist minister who was at the time the chair of the Religion Department at the UKZN. He was also the chaplain at the Epworth School and a minister at the Methodist church in Pietermaritzburg.¹⁰ Doctor Sol Jacob is a Methodist minister in the City of Pietermaritzburg and an Aids activist. He served in various Methodist congregations in the Natal Midlands between 1987 and 1990. The interviews conducted with these church leaders and scholars are thus evaluated in order to glean a sense of the Aids experience of the ecumenical churches in Natal and most particularly in the Natal Midlands.

The interviews concentrated on the experiences of these leaders and the attitudes they could remember being displayed in the church congregations as well as in the theological institutions they represented. A large part of the interview information also consisted of the interviewees' own evaluation of the activities and persuasions of both the

church membership and the church leadership in the unfolding Aids scene.

The second phase involved the print media. Articles found in the *Natal Witness*, a widely read daily newspaper in Natal, were also studied. These articles were released during the four-year period and were used as an external source of evidence. Due to the limited scope of this research, other available newspapers like *The Mercury*, *Ilanga Lase*, and *Daily News* were not consulted. The *Natal Witness* was chosen for its reliability at the time and its wide readership in the Natal Midlands. It was relatively more inclusive in terms of race, gender, and politics.

3 PHILOSOPHICAL FRAMEWORKS

Whereas the interviewees essentially agree that public awareness of the Aids disease was considerably lower in the late 1980s than in the late 1990s, they differ immensely in their interpretation of the churches' stance on the available information between 1987 and 1990. Ronald Nicolson speaks of "a paralysis ignorance" that permeated the church leadership.¹¹ In his view, everybody was to some degree, naïve about the disease, including the medical doctors. He notes that there were very few known Aids cases in the country and even fewer in the province. He however observes that the church leadership was lagging far behind the other professionals in knowledge about Aids. The relatively lower level of information among the clergy paralysed the churches' ability to educate and counsel people on the disease. He attributes this ignorance in the church to its general reluctance to cope with the latest scientific information and research findings. To him, the church is "generally and traditionally not apt to source the latest academic and medical information even in matters of societal interest".¹² Therefore, with the exception of the Catholic Church, the churches were not aware of the disease to the extent of either engaging in a dialogue or even launching prevention campaigns.

Sol Jacob would not agree with the simple "paralysis ignorance" evaluation of Nicolson. He talks of a "wilful ignorance".¹³ He felt that the churches did not know the plight of their members in the Aids crisis for racial reasons. Taking the Methodist Church as a case in point, Jacob argues that the churches had been divided along racial lines. There was the black church which consisted of the Africans, the Indians and the coloureds. The white church consisted of the Europeans. In his view, the

white church “considered Aids to be a black problem”. He vehemently explains it as follows (Interview: 11 September 2006):

The white churches in the city regarded Aids as a black (Indian, African, and coloured) problem, not their problem. Aids being a black problem in terms of the geographic, social and demographic factors, it was located away from the city ... in the suburbs. Aids could not be seen, invisible. What you can't see is what you think is the case.¹⁴

He maintains that Aids was “a hidden disease”, located among the blacks who “never read those newspapers”.¹⁵ The whites wilfully chose not to know about it because “it was among those people,” the blacks. According to him the white church did not know “because it did not care to”.

Looking at Jacob's argument in the light of the *Natal Witness* reports, Jacob could be right in one sense but exaggerating in another. The reports agree with him that the Aids issue was to a large extent viewed as racial propaganda. This was especially the case in the first two years (1987-1988). These fabricated racial messages were believed by the majority of the illiterate black population. A good example is the myth that Aids was manufactured by the whites in the laboratory to control the increasing black population (Mkhize 1990:4). The whites equally believed that Aids was a black man's disease. According to the *Natal Witness* reports therefore, these stereotypes were directed at the two major sides of the racial divide and they were marginalised to the illiterate. In 1989 and 1990 however, there was a concerted effort by the media, the government and the private sector to address these false perceptions through awareness campaigns. Jacob seems to capitalise on a one-sided perception and totally ignores the time frame.

As depicted in the *Natal Witness* articles, between 1987 and 1989 the disease was in a sense hidden. The magnitude and the course of its spread could not be easily established. This was due to various factors such as lack of a reliable information system, the poor living conditions of the black population, and the secrecy surrounding the disease itself.¹⁶ According to the *Natal Witness*, nobody knew the extent of the disease among the blacks, not even the white medical professionals.¹⁷ Jacob is, according to the reports, misinterpreting the hiddenness of the disease. It was hidden to both the white church and the black church alike. In any

event, it was the whites who were dying of the disease at this time. The surveillance testing of 1990 revealed that the infection rate was high among blacks but the mortality was still highest among the white population.

Apparently, Jacob is biased in his evaluation of the “hiddenness of the disease”. His association of the churches’ ignorance with a wilful decision motivated by a racial agenda is deficient of substantial evidence. His judgement can best be understood in the light of his philosophical background. Jacob was a “Black Consciousness” minister, vehemently opposed to the ANC at the time. This is most probably the reason why he keeps talking about race. It was a typical ideological position. Seemingly, he uses the same ideology to interpret the Aids situation even to date.

It appears that what both Nicolson and Jacob call ignorance on the part of the churches had little to do with factual knowledge. Both “paralysis ignorance” and “wilful ignorance” speak of attitudinal standpoints as opposed to the mere lack of awareness. On the contrary, Vic Bredencamp thinks that the churches actually knew enough about Aids but they could not reveal that they had the information because of the secrecy that surrounded the disease. He argued as follows (Interview: 4 September 2006):

Because it [Aids] was very new at that time, people were very judgemental; because it was associated with homosexuality and drug abuse, respectable people were not talking about the disease. The government could not issue those statistics. Doctors were certainly not allowed to release death certificates on Aids cases. There was a high level of secrecy around the entire disease.¹⁸

In his view, “secrecy” was the popular way of dealing with the disease. It was not the churches alone that dealt with Aids in this way. Bredencamp explains that secrecy was also common among the other professionals in society like doctors, teachers and lawyers. “Indeed”, he qualifies, “the government was also a participator in the Aids secrecy”.¹⁹ Therefore, to him the churches were not ignorant but merely secretive in the way they dealt with the whole issue of HIV and Aids.

Reports in the *Natal Witness* to a large extent agree with Bredencamp on the issues of judgemental attitude and secrecy. The comments from

readers in 1987 not only moralised the disease but also blamed those who suffered from it for their moral wickedness which they attributed to the infection.²⁰ As a result of the prevailing judgemental attitude among the general public, many individuals diagnosed with the disease opted to hide and suffer in secret.²¹ The *Natal Witness* reported stories of “secret Aids testing” by the government and certain employers with the collaboration of certain medical clinics. Such tests on unsuspecting workers in the Johannesburg mining industry and in the Cape Town gay community confirm what Bredencamp calls “government involvement in the Aids secrecy”. In such a secretive and judgemental environment, being party to the secretive Aids dealings would be an easy temptation for the clergy to succumb to.

Whether the churches actually knew the intensity of the Aids epidemic or not and whether they could access information or not are questions that seem to draw different opinions from the interviewees. It is however clear that the Aids disease was not an easy issue in the church. This was evidenced in a research survey conducted by the University of South Africa (Unisa) in 1990. The results were published much later in 1992. In this publication under the title of *AIDS: The leprosy of our time*, Willem Saayman and Jacques Kriel placed the spotlight on the churches’ bewilderment over the disease. They made the following observation (Saayman & Kriel 1992).

Whether the churches would be able and willing to become so actively involved and productively involved in the education programme, is, of course, open to question. Based on our survey of theological students at Unisa, it seems as if most churches still practise head-in-the-sand politics about Aids, either not noticing what is happening around them as far as the spread of Aids is concerned, or pretending that it is not happening at all.²²

Saayman and Kriel could not establish whether the church was ignorant or just pretending to be so. It is therefore no surprise that Nicolson, Jacob, and Bredencamp are divided over the matter.

Paul Decock however took a different position, that of Aids activism. However, he maintained this activism from a church-apologetic approach. As a Catholic priest himself, he undertook to demonstrate that the churches in Natal were neither ignorant nor secretive but rather fully

aware of the Aids implications and quite vocal about the matter. As if to complement Nicolson in his appraisal of the Roman Catholic Church's awareness of the disease, he first outlined his own participation in the Aids awareness campaigns as early as 1987.²³ At that time he was the Catholic representative in the Anglican Theological Commission. In his view, the Catholic Church had nothing to hide about its position on Aids. In a meeting held in Pietermaritzburg on July 1989, "the SACBC produced a document drawing attention to the disease. On a practical level, the SACBC set up a body to reach people suffering from AIDS and to train the church personnel to minister to them". In the same year, St Joseph's Scholasticate sent students to Johannesburg for training in Aids exposure counselling. Later, in Pietermaritzburg, the same students cooperatively participated in a particular church project²⁴ which gave counselling and support to people living with Aids (PLWA). He remembers vividly that, in a joint effort in 1988, he and Archbishop Desmond Tutu questioned some medical professionals at the University of the Witwatersrand about the transmission risks involved in the administration of Holy Communion.²⁵ Desmond Tutu had just come back from the 1988 Lambeth Conference with a great deal of material on the disease and he wanted Decock to help him publish an Anglican document on the matter. He confessed, "We had to consult a medical specialist on the issue at Wits, who reassured us that a small amount of spittle would not transmit the disease."²⁶ In his experience therefore, and contrary to Nicolson's, both the Catholic and the Anglican churches kept in touch with the scientific advice and accordingly relayed this to the respective institutions and parishes. They wrote papers, advised their respective episcopal conferences, and trained theological students on how to handle PLWA.

Whereas it was extremely difficult for the four interviewees to reach a consensus, a few trends in the churches' awareness of the Aids disease could be gleaned from the interviews. First, the level of awareness as well as the attitudes towards the disease differed from church to church. The Catholic and the Anglican churches were seemingly more advanced in awareness and in readiness to become involved. Second, it seems that the information available to the churches at episcopal conferences and at top leadership level was not immediately transmitted to the parishes. There was a disparity between what the church leadership and the academics knew and what the membership understood as far as Aids was concerned. The bishops' experiences and information acquired at the conferences was seemingly not transferred to the congregations, at least not until 1990. And thirdly, comparing the *Natal Witness* reports with the

reflections of the clergy, showed that awareness of the disease varied widely over the four-year period. In many cases, the interviewees' narratives confuse the chronology of the events.

4 PREVENTION EFFORTS

Another very controversial issue evidenced in the interviews, besides the awareness of the disease, was the prevention efforts by the ecumenical churches. Two main questions were posed to the interviewees on this matter: (1) whether the churches were involved in prevention efforts and (2) whether prevention messages were either politically or racially biased. The interviewees seemingly used a particular framework, alluded to above, to reconstruct their memories. Sol Jacob, seemingly irritated by the racism manifested in the church and especially against his people at that time, witnessed nothing but *a racial church*. Vic Bredencamp admits that he did not know anything about the Aids condition among the black community and never worshipped in a black church partly because there was none near him and "sometimes it was dangerous to do so".²⁷ Probably because of his close association with the white Methodist church, he testifies to *a judgmental church*. The Catholic priest, Father Paul Decock, had been involved in Aids writing and training for a long time and had only witnessed *an active church*. The Anglican priest, even though he wrote a lot on the disease a few years after the period under survey (1994), has some sympathy with the church and only witnessed *an ignorant church*. It is only fair that we look at each of these frameworks a little more closely.

The racist church, according to Jacob, did absolutely nothing as far as Aids prevention was concerned. He explained it as follows (11 September 2006):

What was happening among the whites was not shared or disseminated to the blacks. The blacks in Natal were dying of Aids more than the whites, but its spread among the blacks was not known. The church knew Aids reality but did nothing at that time. The word Aids was a rare one.²⁸

Once again Jacob sharply contrasts with the *Natal Witness* reports. According to those reports, the first black person to be diagnosed with the disease was a Malawian mother on 20 July 1987.²⁹ According to the reporter, this was the first time a black person, a woman and a baby were diagnosed of the disease in South Africa. Emphasis is laid on the fact that

this woman was a wife of a Malawian miner and that she had had a blood transfusion in an earlier child delivery. The surprise element in this article and others that followed indicated the unawareness of the general public that the disease was spreading among the black community. The reports, both in 1987³⁰ and 1990,³¹ sharply contradict Jacob's position that there had been a massive mortality rate caused by Aids. Indeed, even the advanced information system of 1990 which relied on surveillance testing demonstrated that death among the blacks was much lower than among the whites.

Whereas the white churches would not involve themselves with the disease because "it was not their problem", Jacob observes that the black church in the Natal Midlands had a problem with the cause of Aids and thus concentrated on the cause of the disease instead of its prevention. Aids was perceived to be a sin rightly deserving punishment. The blacks used their cause-and-effect worldview to explain the Aids disease. It followed therefore, according to Jacob, that those who suffered from the disease had committed a moral sin, thereby displeasing God. In this sense Jacob differs with Bredencamp whose view was that the punitive thinking was an American influence. He explains that the black community dealt with the Aids problem in their own way. Resilience and care emanated from the extended family and not from the pastoral ministry or the professional counsellor. The Methodist church, in Jacob's view, did nothing about Aids until he challenged it in the late 1990s. The church then challenged him to write a theology on Aids, a process that led to the publication of the only Southern Africa Methodist document available on the disease – *The Methodist response to HIV/AIDS in Southern Africa: Strategy and implementation plan*.³²

It is extremely difficult to reconcile Jacob's above argument with the *Natal Witness* reports. The majority of black South Africans barely knew the Aids disease in the period under review let alone defining its theological cause. Contrary to Jacob's view, other sources indicate that in the early 1990s there was a Methodist project called the Hillcrest AIDS Counselling Centre which was at that time directed by Linda Knox.³³ Apparently Jacob completely mixed up the dates and thereby projected a much later Aids experience into the late 1980s context.

Neither the ecumenical churches nor the government, in Jacob's view, had any interest in combating Aids. The government campaigns in 1989 were located away from the black community. They were motivated

merely by business and economic interests as opposed to genuine eradication of the suffering from a humanitarian concern. The government realised that Aids would have a long-term negative impact on business and started doing some education. These education campaigns were happening in white towns and not in the black townships. Jacob insists that Aids was not used to score any political goals by either side of the political groupings because Aids was not on the agenda at all.

On the other hand, Bredencamp, being a white person and a member of the white Methodist Church himself, witnessed a judgemental church. Because of its association with white homosexuals and drug users, Aids was seen to be a dirty issue relegated to secret practices. Bredencamp says, "It was not a topic that was discussed at all to the best of my knowledge." He agrees with Jacob that no prevention efforts were made by the Methodist Church. However, he differs with him on the reasons for that lack of prevention efforts. In contrast to Jacob, Bredencamp maintains that the churches' judgemental attitude hindered any meaningful prevention efforts and thereby pushed the disease underground. The topic of condoms did not even arise then, partly "because there were no condoms anywhere".³⁴ He compares the churches' attitude towards Aids to that on abortion. The churches persecuted anyone who assumed a sympathetic position on abortion. He said (4 September 2006):

I was doing abortion all the time. I have never condoned abortion but I have advocated for abortion in certain areas. People were suspicious of me because I allowed abortion. If you said anything against these people they would have said carry on, hope you don't burn your fingers.

In his capacity as a departmental chair at the university, he was often confronted with situations that necessitated abortion as an option. In such cases he tended to advise in favour of abortion. This did not go down well with his church critics despite the fact that he did it secretly. According to him, Aids was treated with the same judgemental attitude. The church leadership cared little about the practicality of the ideal position it held. Those ministers who dared to deviate from the conservative position held by the church, in Bredencamp's experience, were treated with suspicion and contempt. This applied to both Aids and abortion. Just like Jacob who interprets church activities from a racial perspective, Bredencamp interprets these from a judgemental perspective. Bredencamp felt that the

churches tended to be judgemental on unpopular issues like Aids and abortion, instead of engaging in practical and critical solutions. In the experiences of both Bredencamp and Jacob, the churches did nothing as far as Aids prevention was concerned. Both Bredencamp and Jacob however resorted to their frameworks, judgemental and racial respectively, to explain why the churches did not get involved in "Aids virus" prevention work.

Both the Catholic and the Anglican priests perceived some efforts by certain churches to prevent the spread of the Aids disease. For his part, Father Decock witnessed an active church that was busy discussing, writing and publicising its Aids policy. From his position as theological advisor to the SACBC, he participated in the 1990 deliberations in Pietermaritzburg. "In this meeting," he explains, "the Catholic position which promotes moral reform as opposed to the use of condoms started to take form". In his view, this position did not hinder prevention efforts. He is both passionate and convincing in the following extensive explanation (Interview: 10 July 2006):

The SACBC produced a document drawing attention to the disease. The rapid spread of the disease was seen as fostered by a widespread lack of sexual discipline. In the discussions the moral and practical issue of condoms arose early on. Because of the position of Catholic moral teaching against the use of condoms, the question was asked whether the use of condoms could or should be encouraged. As an adequate method against the spread of AIDS the use of condoms was seen as unreliable; first of all, because the real solution was considered to be the promotion of sexual responsibility, promoting the use of condoms was viewed as detracting from that most important method; the effectiveness of the use of condoms was seen as only about 70%, which meant simply relying on condoms was compared to playing the Russian Roulette. Some also felt that promoting the use of condoms was synonymous with promoting sexual promiscuity.³⁵

Decock affirms that the Catholic Church had several Aids education and counselling centres in Natal by 1990. He had a friend³⁶ who had been diagnosed as positive and was helping to counsel other patients in Natal. But stigmatisation was quite high. Aids was seen as the result of sexual promiscuity. He says that, "All kinds of myths developed about how to

protect oneself against Aids: having sex with children ... sleeping with an Indian woman. Aids was seen mainly as a Zulu disease.”³⁷

Decock’s reflections are well supported by a publication of the SACBC 1990 report in the *Southern Cross*, a Catholic weekly newspaper.³⁸ The *Natal Witness* reports also confirm the presence of such myths as “sex with virgins is a cure for Aids”.³⁹ A sharp contrast is however evident between Decock’s report and that of the *Natal Witness* over the SACBC. According to the *Natal Witness* reports which cited a statement of the conference summarised in the newspaper, Aids was not on the agenda of the conference.⁴⁰ Decock is sure that they discussed the Aids issue and he is well supported by the conference report. This is but obvious case where the oral account differs from the written one. Apparently the *Natal Witness* reporter summarised the statement and did not consider the Aids issue worthy of including in the summary. It is possible that the statement offered by the conference left out the Aids deliberations.

Decock purports to remember very well that the people with Aids were seen by the church members as people without a future, doomed to die in a very short while. They were seen “as people who now bear the consequences of their sexual irresponsibility”.⁴¹ Such people were at times neglected by their families. He says, “I met mothers well into their 70s looking after a son or daughter rejected by the rest of the family.”⁴² Sometimes the fear of rejection led to denial of Aids. He testifies from his experience by saying, “I know a Zulu mother who never accepted the fact that her 22-year-old son died as a result of AIDS.”⁴³

As a dynamic Catholic Aids activist, Decock claims to have been actively engaged in Aids campaigns from as early as 1987. In contrast to the experience of Jacob, Decock did not find Aids to be a hidden disease. In the experience of Decock, the Catholic Church was fully aware that the blacks were leading in Aids mortalities because it was involved in care and counselling in the Natal Midlands black townships. Its preventive message was simply sexual discipline and that condoms were no solution.

The experience of Decock outlined above does not fall within the 1987-1990 period context as portrayed by the *Natal Witness* reports. Apparently Decock mixes the periods. Contrary to his account, there was no time during which the blacks were leading in Aids mortality rate between 1987 and 1990. The situation he describes – with orphans in the

care of their grandmothers and the care training for students he alluded to above – only fits into a much later context.

Whereas Nicolson agrees that the Catholics were engaged in some prevention campaigns between 1987 and 1990, he is doubtful whether the Anglicans did anything meaningful regarding Aids. He felt that both the Anglicans and the Congregationalists – indeed all other churches in Natal apart from the Catholics – had a very limited understanding of Aids. They did not talk about it. It is implied in his speech that Aids had not been in South Africa for very long before 1987. He does not seem to support the “hidden disease theory” put forward by Jacob. He says, “It was only in 1987 that people started to make a connection between Aids as discovered in America and ‘the thinning disease’ along the Lake Tanganyika.”⁴⁴

The *Natal Witness* reports are in agreement with Nicolson that the Aids virus was transferred to South Africa largely from Central and East Africa. The reports also demonstrate that 1987 was the time when the disease was increasingly reported in South Africa. The infection had scarcely been noticed earlier in 1982. Between 1982 and 1986 it was found in certain pockets that had relations with the outside world, the Europe-related white gay community in Cape Town and the Africa-related mining community in Johannesburg. Aids however received national attention in late 1986. The *Natal Witness* reports of 1987 indicated that the disease was proliferating relatively rapidly in the country while, at the same time, being perceived to be most pronounced in distant overseas countries. The *Natal Witness* reports indicated that people understood the disease to be gradually approaching Natal from overseas (1987) and from Africa (1988). It was in 1989 that people increasingly felt the presence of the disease in the country and, to the amazement of many Natalians, it was being more frequently diagnosed in their province. This trend in geographical spread is well supported by historians such as John Iliffe⁴⁵ and Philippe Denis.⁴⁶ Nicolson is well supported by various sources of evidence disproving the existence of the “hidden Aids disease” in South Africa. However, Nicolson’s statement that it is only in 1987 that people started to make a connection between the thinning disease in Tanganyika and Aids in the USA is rather misleading. Nicolson does not mean that Aids was not known to be in Africa by 1987. Rather, he refers to the discovery in 1987 that Aids in Africa was connected to the thinning syndrome known to be prevalent along Lake Tanganyika in the early 1980s.

According to Nicolson, the scant awareness did not trigger the churches' intervention. In his view, "in 1987 our problem existed somewhere else and it hadn't occurred to many that Aids would become that widespread epidemic".⁴⁷ He refutes Bredencamp's thinking that the churches' reluctance to speak on Aids prevention was because of the sexual prejudices associated with Aids. It was not his experience at all. He says (Interview: 9 October 2006):

I know in literature you read stories of church's reluctance to deal with Aids because it had to do with sexuality. I never experienced that in the churches in Natal. I never witnessed the churches saying we won't talk about Aids because of homosexuality or sexuality. I think it was generally because they didn't know about Aids and they didn't think it will affect people here that much.⁴⁸

In his view, the churches did not find either sexuality or homosexuality per se problematic. It was a theological problem intertwined with morality as preached by the churches. The thought of compromising the moral position on sex seemingly contradicted the obvious prevention option, the use of condoms. According to Nicolson, the dilemma was exacerbated by the clergy's realisation that people actually never lived the moral ideal they upheld. He said, "The church had difficulty admitting that there is sex outside marriage yet it found that to be the reality."⁴⁹

The four clerics however agree that the churches did not act and speak responsibly enough to prevent the spread of Aids in Natal. They agree that the churches generally failed in their prophetic mission; they lacked the wisdom to foresee the impending danger. Business professionals used statistics and other information they harnessed through conferences to predict the future impact of the epidemic on the economy. But not the church! The voice of the churches was hard to find and very shy when it was. The churches were, according to the interviewees, entangled in various factors relating to Aids prevention. These were: inverted priorities, unfamiliar road, and theological bankruptcy.

4.1 Inverted priorities

Ronald Nicolson observed that "Aids was something far from the church sphere, as far as the church leadership was concerned. It involved the

homosexuals, the prostitutes, and the drug addicts.”⁵⁰ According to Jacob, the churches “were not interested in investigating about ‘those people’, the blacks”.⁵¹ Nicolson puts it even more clearly: “We were not aware of the disease but our problem existed somewhere else.”⁵² Even the active Catholic priest, Paul Decock, concurs that “at that time [1987-90] the political and the social issues were still receiving more attention; among other issues also the issue of capital punishment”.⁵³ Most of the churches did not have Aids on the agenda. For the Catholics, it was preceded in priority by other “more important issues” and did not receive the attention it deserved.⁵⁴ The churches were busy, and genuinely so, with the liberation struggle, racial discrimination, political violence, and other such pressing concerns during those volatile times in South Africa.

In view of the limited Aids awareness seemingly displayed among the general population between 1987 and 1990, one is compelled to be a little empathetic in evaluating the churches’ apparent delay in engaging in prevention efforts. But the failure to become the prophetic voice and creatively participate in educating the membership, minimising stigma, and creating a forum for open dialogue have not gone without criticism. The churches in Natal had an example of an Aids epidemic in central and east Africa, yet they did not make Aids a prime issue. For reasons that the interviewees differ about, the churches relegated Aids to the course of nature and opted to be “a latecomer on the matter”.⁵⁵ Indeed, the priorities of the churches were inverted. The ecumenical churches’ preoccupation with other issues, as much as those were of great importance, denied them the opportunity to warn, educate and prepare the community to protect itself against the unfolding Aids epidemic.

4.2 Unfamiliar road

In the late 1980s, the Aids disease was closely associated with homosexuality, prostitution, and drug abuse. These were new horizons not only to the ecumenical churches in Natal but also to ecumenism at large. Bredencamp observes that these are still very scary subjects to the churches in Natal. The phobia associated with these exacerbated the mystery around Aids and delayed meaningful action by the churches. Bredencamp particularly highlights white homosexuals as the common face of Aids in the 1980s. The unfamiliarity of this subject led ecumenism to retreat into its safe zone instead of uncovering “cans of worms”. It was thus assumed that there is neither homosexuality nor Aids among the blacks. Bredencamp is precise in his evaluation that “respectable people” would never talk about or indulge in such subjects. Nicolson remembers a lady doctor who in 1987 was practising in Zambia and who had difficulty relating the sexual life of male sufferers of the “thinning disease” to the homosexuals in America and the newly publicised Aids syndrome.⁵⁶ Stories relating homosexuality to black Africans were available to the clergy in Natal but they were kept under wraps and were neither researched nor probed.

The entire concept of sexuality and the use of condoms were no-go areas to the churches in Natal. Nicolson expounds on the uneasiness of the clergy regarding talk about sex in those days. He notes that majority of the clergy were men. The membership in the congregations was predominantly female. “A male clergyman found it quite uncomfortable to talk about sex to a congregation of women!” Decock observes that allowing the use of condoms was feared to be allowing sexual promiscuity.⁵⁷ The churches did not have a clear-cut message on condoms, sexuality, and homosexuality. These were not familiar paths to the churches.

4.3 Theological bankruptcy

All four clergy interviewed have written a lot on the subject of HIV and Aids. In the process, they highlighted the absence of theological reflection on Aids in the 1980s as a key cause for delayed church activity as regards Aids prevention. Nicolson observed that, upon his return, he lacked a church forum to relay his findings from the East African exposure tour. He thus resorted to publishing as a method of engaging the church in the much needed theological reflection. Bredencamp’s 1990 article in

the *Natal Witness*, *AIDS: A moral dimension*, was a theological critique of the punitive theologies that had started to take root in Natal as an importation from America. Decock's writings in the late 1980s were mainly in the formulation of church policy on Aids. Jacob's writings came much later in the late 1990s. By and large, there was a great deficiency in the churches' reflection on the disease in the 1980s. Nicolson knows of only one book on the subject that preceded his, one by Willem Saayman and Jacques Kriel, *AIDS: The leprosy of our time*.⁵⁸ He maintains that the church's action and speech are dependent on its theological reflection as a theory behind the praxis (Nicolson 1995:7). The church was handcuffed without a theology on Aids.

But underneath this lack of theological reflection was the churches' uncertainty on how to go about doing a theological reflection on the human body. A close study of the interviews indicates that the churches had a tradition of care and even had hospitals and doctors but no tradition of reflecting theologically on the human body. Nicolson became aware of this gap in the early 1990s. It was magnified by the presence of Aids. He proceeded to provide a starting point for reflecting theologically on the human body in his 1995 publication (Nicolson 1995:7). He says that he was not advocating a new theology of Aids but rather a reflection on the suffering inflicted on the human body as a result of the disease. Even so, he is certain that there was no such reflection in the country by 1990.

5 A CRITICAL EVALUATION

A critical consideration of both the oral and the written findings reveals that there were many cases of chronological and eventual inconsistencies. One major area of controversy between the two sources was related to the extent of the disease spread and its epidemic in the four years. The *Natal Witness* reports indicated an escalating rate of Aids-related deaths among the whites in Natal and an alarming infection rate in the black population by the end of 1990. The deaths among the blacks were insignificantly low. This is supported by two interviewees, namely, Nicolson and Bredencamp. This is however sharply contested by two other interviewees, Jacob and Decock. According to Jacob and Decock, there were high rates of mortality among blacks as early as in 1987. The death rates were so high that there was an escalating demand for the care of orphaned children who ended up in the hands of their grandparents. Both the internal and the external proofs discussed previously⁵⁹ support the *Natal Witness* and the two interviewees, Nicolson

and Bredencamp. They demonstrate that there were no signs of Aids-related deaths among the black population in South Africa and that infection was high because the country bordered on regions with high infections rates like Central and East Africa. Indeed, the South African epidemic is relatively younger and had not started at that time, apart from pockets of infection among the mining and the gay communities. But in Natal there were undeniable indications of a future Aids epidemic. Internal evidence went further to demonstrate that both Jacob and Decock used philosophical frameworks that led to an anachronistic error in reconstructing their memory. Jacob's preoccupation with "black consciousness" and Decock's perceived "Aids activism" led them to project a much later Aids experience into the 1980s context.

Throughout the interviews, there are numerous cases of chronological inconsistencies. Even though the interview questions were very specific in terms of the period under review (1987-1990), the interviewees lacked a clear memory of the actual time of their experiences. The *Natal Witness* reports clearly separated events according to their times of occurrence and these enabled me to pick out the different emphases in the four years. The interviews presented more difficulties because of the lack of chronology. In most cases, the interviewees even confused the late 1980s with the early 1990s. The *Natal Witness* reports however demonstrated that Aids understanding and activity changed so fast that each year depicted a new context and emphasis altogether.

However, there were other controversial cases where the *Natal Witness* reports were patently misleading. It is in such cases that the oral sources came in handy. A good case in point involved the reporting on the SACBC meeting held in Pietermaritzburg in July 1990. The *Natal Witness* published a documentary report purportedly released by the chair of the SACBC. It did not have anything to say about Aids. One is easily led to interpret that to mean that the Catholic Church did not concern itself with the alarming Aids disease. However, an interview with Sol Jacob, who was himself an active participant in the conference, contradicts the *Natal Witness* by indicating that the conference discussed at length how the church was to respond to the Aids epidemic. The use of condoms as an alternative method in Aids prevention was given special attention in the discussion. As demonstrated previously, I read some external evidence in order to resolve the conflict. A published report on the conference substantiated Jacob's claims. It is probable that the newspaper editor selected the information that he deemed to be necessary for publishing

and ignored the rest. This means that, in many ways, the newspaper did not represent an exact picture of the situation on the ground.

The fact that I read only a newspaper which was predominantly owned and managed by members of the white community exacerbates the possibility of biases. This is especially so, given the political situation in the country and in the region where the black majority were oppressed by a white minority rule. There were other local newspapers associated with the black race, whose evidence was not included in this research. The fact that I only interviewed four ministers could be taken as another major weakness in this research. Of those four ministers interviewed, only one wrote an article in the *Natal Witness*. There were many other writers of articles who could have been interviewed in order to ascertain the clarity of the newspaper articles. The reports of this research could be biased from a gender perspective as well. Of all four ministers interviewed none was a woman. The experiences of women clergy are therefore not included in this research. Similarly, it was difficult to get a black clergyman who was serving in the period and in the region under review who could speak English. This language limitation on the part of the researcher as well as the absence of indigenous black clergy articulation of the experience could be taken as key lacking components in this work.

Nevertheless, the interviews and the articles complemented one another in relaying both the debates and the actions of the Natal Christian community as it reflected on the new world epidemic in the late 1980s. It is thus evident that neither the interviews nor the articles can be taken to be absolutely representative of the actual events and situations. The interviews are prone to memory inconsistencies and the articles are highly selective. The two sources are prone to biases arising from either editing or memory reconstruction. When they are evaluated against each other and in the light of external and internal evidences, a more accurate picture is obtained.

6 CONCLUSION

In this article, it was demonstrated, on the bases of both oral reflections and print media reports that the ecumenical churches responded to the Aids disease differently. I analysed certain theological reasons to ascertain why the churches responded to the disease in the manner that they did. Whereas it would be naïve to say that the churches were dumb or silent about the Aids epidemic, it has been demonstrated that their

response was largely irresponsible. Most importantly, I have demonstrated in this article that the process of retrieving oral memory on Aids is prone to philosophical patterns preconceived by the interviewees. These dictate the course of our historical reconstruction, either consciously or unconsciously. The four clerics' attempts to narrate the churches' historical response to Aids leads to repackaging the information and the experiences according to their own philosophical persuasions. This article has therefore demonstrated the element of memory reconstruction in oral history and the challenge it poses in writing history.

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Nicolson, Ronald. Interview with author. Digital recording,
Pietermaritzburg, 9 October 2006.

Bredencamp, Vic. Interview with author. Digital recording,
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ENDNOTES

- 1 The *Natal Witness* newspaper citing South Africa's government records by the Department of National Health and Population Development, consistently indicated that two persons in the country were diagnosed HIV-positive in 1982. See The Witness Reporter, "55 000 had Aids virus by 1989 – Govt estimate," The *Natal Witness* 12 May 1990, 5.
- 2 John Iliffe citing R Sher, "HIV infection in South Africa, 1982-1988 – a review", SAMJ, 76 (1989), 315; D S de Miranda, N O'Farell, "South African AIDS", and others, Lack of evidence of HTLV-III endemicity in southern Africa,' NEJM, 312 (1985), 1257.
- 3 Paul Kocheleff, "Le sida au Burundi et en Afrique du Sud: le vécu au quotidien", in P Denis & C Becker (eds), *L'épidémie du sida en Afrique subsaharienne. Regards historiens* (Paris, Karthala, 2006), 193-212. The English version of the book is only available on line: see www.ukzn.ac.za/sorat/sinomlando.
- 4 Epidemiological Comments, Vol 21(10), October 1994.
- 5 The *Natal Witness*, 16 August 1988.
- 6 World Council of Churches, *AIDS and the church as a healing community* (Geneva: WCC Publications, 1986), 1-20.
- 7 WCC, *AIDS and the Church*, 1.
- 8 Quoted in the *Minutes* of the 38th Meeting of the WCC central committee, Geneva, WCC 1987, 135.
- 9 Until 1990 the school was called "St Joseph's Scholasticate". It was mostly a training institution for candidates from the Oblates of Mary Immaculate, a leading religious order in South Africa. In 1990 it changed its status and became St Joseph's Theological Institute with a variety of religious orders at the helm, including the Oblates. The institution is located at Cedara in the Natal Midlands.
- 10 Pietermaritzburg is currently the capital city of the province of KwaZulu-Natal.
- 11 Ronald Nicolson: interview with author. Digital recording, Pietermaritzburg, 9 October 2006
- 12 Ibid.
- 13 Sol Jacob: interview with author. Digital recording, Pietermaritzburg, 11 September 2006.
- 14 Ibid.
- 15 Jacob, interview with author, 2006.
- 16 Ann Staniland, "Agreed: a blow to help awareness of Aids," The *Natal Witness*, 30 November 1990, 2.
- 17 Rockott, "Rapid surge of Aids in City Alarms Authorities", The *Natal Witness*, 1 March 1990, 2.
- 18 Vic Bredencamp: interview with author. Digital recording, Pietermaritzburg, 4 September 2006.
- 19 Bredencamp, interview with author, 2006.
- 20 Jack Gouws, "The Majority of Aids Victims to blame for own situation", The *Natal Witness*, 21 January 1987, 15.
- 21 Witness Reporter, "Aids prostitute not found", The *Natal Witness*, 12 December 1987, 4.
- 22 Willem Saaymen and Jacques Kriel, *AIDS: The leprosy of our time* (Johannesburg: Orion Publishers, 1992), 65.
- 23 Paul Decock: interview by author. Digital recording, Scottsville, Pietermaritzburg, 10 July 2006.
- 24 The interviewee could not remember the name of the project.
- 25 James Washington, The Anglican Church and AIDS: The Church of the Province of Southern Africa's response to HIV and AIDS, 1987-1993, (unpublished paper).
- 26 Decock, interview by author, 2006.
- 27 Bredencamp, interview by author, 2006.
- 28 Jacob, interview with the author, 2006.
- 29 Sapa, "Babies born in SA with Aids", The *Natal Witness*, 20 July 1987, 2.
- 30 Sapa, "Aids spread equal", The *Natal Witness*, 27 July 1987, 4.
- 31 Sapa, "SA is in the throes of a rampant Aids epidemic – Pudifin", The *Natal Witness*, 14 September 1990, 3.

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- 32 Sol Jacob intended to begin with a practical note then write a theology afterwards. For the practical document see Sol Jacob, *The Methodist response to HIV/AIDS in Southern Africa: Strategy and implementation plan* (Pretoria: MCSA, 2002).
- 33 Linda Knox: telephone interview with author, 22 November 2006.
- 34 Bredencamp, interview with author, 2006.
- 35 Decock, interview with author, 2006.
- 36 The interviewee withheld the details of the Aids patient for ethical reasons.
- 37 Decock, interview with author, 2006.
- 38 SACBC, "SACBC - 1990 Report", *Southern Cross Weekly*, 16 July 1990, 2.
- 39 Sapa, "Aids fear: Search for victims of child molester extended", *The Natal Witness*, 12 May 1989.
- 40 Sapa, "Catholics 'need to reassess their role'", *The Natal Witness*, 14 July 1990, 4.
- 41 Decock, interview with author, 2006
- 42 Ibid.
- 43 Ibid.
- 44 Nicolson, interview with by author, 2006.
- 45 John Iliffe, *The African Aids epidemic: A history* (Athens: Ohio University Press, 2006), 2.
- 46 Philippe Denis and Charles Becker, (eds), *L'épidémie du sida en Afrique subsaharienne. regards historiens* (Paris, Karthala, 2006), 1-4 ; 121-2. The English version of the book is only available on line: see www.ukzn.ac.za/sorat/sinomlando.
- 47 Nicolson, interview with author, 2006.
- 48 Ibid.
- 49 Ibid.
- 50 Ibid.
- 51 Jacob, interview with author, 2006.
- 52 Nicolson, interview with author, 2006.
- 53 Decock, interview with author, 2006.
- 54 Ibid.
- 55 Nicolson, interview with author, 2006.
- 56 Ibid.
- 57 Decock, interview with author, 2006.
- 58 Willem Saaymen and Jacques Kriel, *AIDS: The leprosy of our time* (Johannesburg: Orion Publishers, 1992).
- 59 These historians include John Iliffe & Philippe Denis et al.