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**International Women's Summit:
Women's Leadership on HIV and AIDS
Breakout Session: Women, Religion and HIV & AIDS
World YWCA Council
July 5, 2007**

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REEM NAJJAR: My name is Reem Najjar. I'm the World YWCA Vice-president. I welcome you all here. Welcome on behalf of the World YWCA, a global movement of 25 million women and girls working for justice, peace, health, human dignity, freedom and care for the environment in 125 countries worldwide. Since it began over 150 years ago, the YWCA has been the pioneer for the rights of women and girls around the world.

It's my pleasure to hand over the session to Miss Anne Marie Helland, who is going to be our moderator for the session. Most welcome.

ANNE MARIE HELLAND: Thank you. It is my honor and privilege to welcome you to all to this panel on religion and HIV. I'm really happy that so many of you have made it here in spite of long queues for lunch and things like that. I'm sorry that the room is not very friendly. We are a lot more friendly up here than we might look from down there, but I hope we can still have a fruitful exchange.

HIV and religion is a very interesting combination. I work for Norwegian Church Aid and I'm also part of the Ecumenical Advocacy Alliance Strategy Group on HIV and AIDS.

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We have, for a long time, been working with religions, religious leaders, religious communities on the issue of HIV and AIDS. And actually in the last, say, four or five years, there has been quite a lot of development. There's a lot of things going on. And there's definitely a movement and a momentum for this right now. And the good thing is that not only have churches and other religious institutions and communities discovered that HIV/AIDS is very important and is in the midst of their communities, but also has the more secular world discovered that religion and religious actors are actually key to both combating the epidemic but not the least mitigating the impacts.

I do believe, though, that we still have quite a few issues related to specifically to prevention, but also on stigma and discrimination. Religious communities have not yet come to terms with the fact that HIV is really in our midst. We often end up talking about them and us. You have sort of the church people or the religious people and then you have the people living with HIV. But this is, of course, not the case. And this is something that religious communities need to work on.

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On the other hand, I also believe that this is sort of a trap that the secular communities have fallen into because they also tend to believe that. But in practice, there is sort of an assumption that the moment that people get HIV-positive, they're no longer religious or they sort of stop being anything but HIV-positive. Which is, of course, absolutely not the case.

There has been a division between religious actors and HIV activists that is actually quite unhelpful for very many people living with HIV. Because even though they might experience rejection from their community or from their religious community, they will not necessarily be comfortable with criticizing their own faith or their own beliefs just because they're HIV-positive. I mean, they still have their religion, right?

And then again, HIV has really hit us where it hurts the most. We need to deal with things that we have never been comfortable dealing with. And this is really a challenge and I hope that this panel will shed some light on what we could do better, what we are actually doing that is working well, and, not the least, how we can be better at making young girls and

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women less vulnerable - because here, religious institutions and communities absolutely can play a crucial role.

Let me start out by introducing the first speaker to you. It's Mabel Bianco. She's sitting over there. Mabel qualified as a medical doctor in 1964 and has a master's in Public Health, specializing in medical statistics and Epidemiology. She's the president of the Foundation for Research and Studies on Women.

Mabel has been and is a very active woman in many forums. So, I don't know quite where to begin to mention all of those, but I can present you with a few selected ones. Mabel has worked for and with various research institutions. She has also been the coordinator of the Program for Women, Health, and Development at the Ministry of Health in Argentina. Mabel has served as a board member of the Latin American Caribbean Women's Health Network. And since 1992, she has coordinated the International AIDS Women's Caucus of the International AIDS Society and is also a member of the Caucus. Mabel has, since 2002, been a member of UN AIDS Reference Group on HIV and Human Rights. And since 2006, she also sits on the Global Steering Committee of the Global AIDS Campaign. Mabel

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won the Argentinean National Award for Outstanding Women in Health, Social Category.

So, it's my pleasure to introduce to you Mabel Bianco.

[Applause]

DR. MABEL BIANCO: Thanks. And really, for me, it's an honor to have the possibility to be here because I'm not a person from a church. I'm working on the women's movement for health, especially sexual and reproductive health, and I am, first of all, an activist. This is what I want to let you know, what am I?

It's also been difficult because I said or I thought being from outside seems to be that's why I start. [Laugh] And the question is as I'm coming from Latin America, this is a different perspective, maybe, for many of you because we are, some difference is there, even we have the same problems more or less. Women and girls, we are having the same problems worldwide.

One of the issues I want to address to you is the point that really for us, in our countries, religion is very important and also is a problem for us due to the big impact and not always positive we have. Of course, my experience in many or most of our countries is more from the Catholic Church

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because we used to be, in general, Catholic people. But I say "we used to be" because now, since the last 10 years, it's changing and we are increasing the amount of other religious groups, specifically some Anglican and some Episcopal churches. And also we are having more Muslims there. But still, the Catholic Church is the great influence in our culture and in our values. And when we look, I must say, we seem to be very modern societies, but we are very conservative. And we have to recognize this. And when I say "very conservative," it's because it appears, we use the dresses and we have everything as if we were modern people, but really we are still as our grandmothers used to be. So, this is not so much, it's more from the outside than from the inside. And so, for us, the negative impact is when our leaders, especially the top leaders in our churches are talking about gender issues, they are in general still considering women subordinate to men. And this is our great problem.

And still when we are going to have marriage - even in the civil marriage, not the church marriage - you are, they say to you that you need to obey your husband. So, in sexuality, we are much more subordinate than in other issues. What it means that, that still the messages are that men has the right

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to say what to do in sexual matters, in reproductive matters, to use or not a condom and, of course, messages there are that gender equity is not a great objective because we support culturally and religiously inequity of women and girls. So, this is our great problem.

And this is our problem also because we have had great fights [misspelled?]. We're still in Argentina – more than in other countries, more than Brazil, but also Brazil has had some delays – five, six years' delay to start a project with the World Bank because the government doesn't want to incorporate the promotion of condom use for our people. So, what happened? We have the epidemic increased, and increased in a way that since 2004, among young people – 15-, 24-year-olds – we have an increase among the young, the new infections. And 60-percent of those infections are women. And when we look at the youngest – 13, 19 – we are having more than that. Near 70-percent. This happens in Argentina. This happens in Brazil. And, of course, in Central America, it's much more similar, and the Caribbean, as in many African countries.

So, our problem is that we have these messages and also, for us, sexuality, to speak about sexual issues or sexuality is a taboo. It's a taboo in our societies. So, we

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spoke in a way, saying it, but not saying sexuality. Not saying the real words. And, of course, our young people are not having sexual education in the schools. We still have the idea and the promotion that this is only for the family and for the parents and this is a first option. This is not true. The school helps the parents. The parents, of course, are the important people, but the children born in the family, but later on they go to the school, and the school has a role to play. There we say, no, no. And we pass a law two years ago and still now we are not having this.

So this is why we're still having such a problem that we're having since 1997 access, free access to treatment for everybody, but we have no access to prevention. And that's the real problem.

I want to finalize saying that also, some of the messages are creating the epidemic because now we are talking about the intersection among violence against women and HIV/AIDS and how increased the risk of women to become infected if they are victims of violence. And all those ideas of how is the women role and the men roles, sexual roles not genital, sexual roles, hmmm, is the subordination of women. And this is a problem because it's following [misspelled?] the issue of

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violence. And also, if we look at the abstinence only programs, they are saying part of the messages, not the whole message. It's a pity, because—

I want to finalize, reading you a short message from a boy from an excellent document, I hope you know *Keep the Promise* prepared by the Ecumenical Consortiumists — not, sorry, I forget it, in which he's saying, I'm very preoccupied — he's from Africa, it's a boy from Africa — I'm very preoccupied because the Church is so much interested not to speak about condoms, but not to speak about poverty, about discrimination, men having sex with men or gay men discrimination, and also the problems of women and plus of children. And that's a boy, 14 years old. So, I think this is so clear, so we need to have a balance. And we hope our leaders, religious leaders, are going to be proactive. We need this. We understand the government's need to have policies, but the States are secular, they are not religious. So, all the churches need to pass their messages to their own constituencies, but not oblige the government not to give everybody the chance to receive the information and the messages. This is the only way we are going to be able to stop the epidemic, especially for girls and women.

Thank you.

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[Applause]

ANNE MARIE HELLAND: Thank you so much, Mabel, for your input. I think you highlighted some very crucial and very well known things that we have actually known for quite a few years but we haven't really been able to act on them, which is a challenge for all of us, I think.

The next speaker is Reverend Dr. Samuel Kobia. He's of the Methodist Church here in Kenya and was elected General Secretary of the World Council of Churches in August 2003. Being a mature man, Dr. Kobia has a CV that is longer than life itself, but allow me to mention a few key positions that he has had.

He has served as director and special representative for Africa on the WCC. He has served as executive director of the WCC's unit called Justice, Peace and Creation. He directed the WCC cluster on issues and themes. He was general secretary of Kenya's National Council of Churches. He was secretary of the WCC Africa Task Force. And he chaired the Peace Talks in Sudan in 1991.

It's my pleasure and privilege to introduce Samuel Kobia.

[Applause]

REV. DR. SAMUEL KOBIA: Thank you, very much, Anne Marie. I have been asked here as a panelist this afternoon what, from the point of view of the World Council of Churches, specifically, that we have been in this, in addressing the issues of HIV and AIDS. What I'll do is in five or six minutes, if the moderator allows, six minutes, to take you through, what I consider to be, a journey. A journey that has moved from a state of condemnation and judgment to a state of hesitant and measured action to where we are today where I would say there is a reasonable measure of empathy and of some hope.

For the churches, particularly Christian churches, to adequately address the issue of HIV and AIDS, I identify there are three identities that I would have wanted to suggest the church should be. First, it should be a consenting church. Secondly, it should be a witnessing church and, thirdly, a caring church.

Now, let me take you through this journey, which was kicked off in 1986 when the World Council of Churches Executive Committee adopted in their statement, and I just read one sentence of that statement, the Executive Committee admonished the church leaders and I quote now, "To confess that the

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churches as institutions have been slow to speak and to act, that many Christians have been quick to judge and to condemn many of the people who have fallen prey to the disease, and that through their silence, many churches share responsibility for the fear that has circled our world more quickly than the virus itself." And then the statement called on the churches to respond appropriately to the need for pastoral care, education for prevention, and a social ministry.

Now, that was the "kick off," if you will. And as I identified the thoughts that we had, I'll also identify what methodology was used. And that was what I would call policy setting methodology. This is meant to help the churches to recognize that AIDS impacts societies in many ways, challenging traditional notions of social order, especially the fundamental issue of male domination and patriarchy in societies, which has been enhancing the vulnerability of women. And that the meaning and the role of the family and then focusing attention on those using drugs and their increased risk, and finally challenging notions about human sexuality and relationships and promoting participatory community action in implementing solutions.

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Then from there, we moved to the next what I would call a signpost on this journey. When in 1996, the WCC started a process of study on the impact of HIV and the churches' response. And this is the methodology of study, as I have mentioned.

Then we moved to the next signpost, which now takes us to a more active role and that is of campaigning by launching Ecumenical Advocacy Alliance, which has been active in campaigning according to a framework of action which includes fighting stigma and discrimination, promoting prevention, mobilizing resources, advocating universal access to treatment, and promoting accountability among the churches, heads of our society.

Then we moved to the third step here, which I identify in terms of methodology as coordination and education. And this is perhaps the most comprehensive action that we have taken by launching the Ecumenical HIV and AIDS Initiative in Africa in 2002. EHAIA, as it's called, has been coordinating that work done by churches, but also by, to some measure, civil society. That tries to inspire a study, religious, theological understanding of the disease, appropriate training clergy and

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the laity, and enhancing the churches' capacity to any local inaction to overcome HIV and AIDS.

The four signposts is when the WCC in association with the African Network of Religious Leaders living with all personally affected by HIV and the global network of people living with HIV to promote greater participation of people living with HIV in the life of the church, and has provided guidance, and also encouraged the churches to be more inclusive and actively engaged in engaging people living with HIV and AIDS. This is the methodology I would call a networking and partnership.

If you look at this agenda [misspelled?], therefore, it has led us to these different methodologies and that has led to, therefore, a number of achievements, which I wanted to mention very quickly. First, actions of churches have been an effective tool of churches in the travel to overcome HIV through ecumenical cooperation, breaking down the denominational, dogmatic, religious, cultural, and the linguistic barrier by responding to HIV together.

Secondly, positive responses of churches have assisted in shifting the theological thinking to learning new ways of

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reading the Bible, the way it is supposed to be learned and practiced. And that is in love and in our own contexts.

Thirdly, attitudes have been changed. Thousands of leaders have been trained. Numerous programs have been initiated and the real licensed [misspelled?] missions have made tangible differences in people's lives.

Fourthly, the core of our belief systems have been challenged. And the churches are increasingly addressing the issue of sexuality. And this is extremely important. Dealing with AIDS without dealing, without addressing the issue of sexuality will not be adequately addressed.

Fifthly, we have been progressively held to accept the people living with HIV as valued members of society and have made them an indivisible part of the movement of churches to overcome HIV.

And finally, an increasing number of vulnerable children are being cared for and the more people living with HIV have been having access to care and treatment. This is very significant given that in the sub-Saharan Africa, churches are responsible for providing up to 40-percent, in some cases more than 40-percent, of health care delivery.

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Now, all of that hasn't been achieved. We still have many challenges to face and let me just mention them again in terms of underlines. One, continuing apathy among the churches and in their leadership still remains a challenge.

Secondly, patriarchy and the persistent trivialization of women, the violence, and the impoverishment that is meted out to women. And I would say that in fighting AIDS, men are the main problem. And the eradication of AIDS will be much faster if men will undergo change positively.

Thirdly, there's hesitancy to deal with the issue of sexuality and the incomplete approaches when it comes to taking up the issue of sexuality.

Fourthly, unacceptable levels of ignorance and lack of hope – that still remains a very big challenge to us.

Fifthly, continuing marginalization of people living with HIV and the lack of universal availability of care and treatment.

The sixth is modern issue of children being orphaned and being made vulnerable by HIV.

And then the seventh challenge is that of having the capacity to share in an effective way the lessons learned from

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one region with the regions in all the world because once we have learned all this, it's important that then we share it.

Now, from the experiences of WCC, I am very much moved by what God is doing in our time through women and in particular grandmothers who have stepped up to fill the gap when the children die and they are left as orphans. The urgency needed today is to go beyond just recognizing the valuable contribution of men – or of women. I call upon my fellow men, and there are very few here as I see I am one of the few privileged men here and Utley and two or three others there that I can see, I call upon my fellow men to join us, to join our sisters, our mothers, our grandmothers, and our children to play a greater role as caregivers and faithful providers. Religious men in particular, I would say, are challenged to fully engage in the campaign for providing holistic and comprehensive prevention, care and treatment to fight HIV and AIDS, and it is not enough to preach from the pulpits, because our preachers are very good at that. That's not enough! What we are needed to do is once we are called down on our knees to pray, we should pray for strength to face the truth, and then rise up and act positively.

Thank you very much.

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[Applause]

ANNE MARIE HELLAND: Thank you very much, Mr. Kobia. You also pinpointed quite a few interesting things, I would say. And I hope we can get back to that in the debate afterwards. I already have a few questions for you, so that's good.

The next speaker is sitting on that end. That is Miss Phumzile Zondi-Mabizela. She's an elder and a candidate for Ministry of the Word and Sacrament in the Uniting Presbyterian Church in Southern Africa. Phumzile was trained in the Salvation Army and ordained in 1988. She moved on to other ministries where she worked for youth organizations like Youth Alive Ministry and Youth for Christ. Once at Youth for Christ, she co-founded their Women Empowerment Project known as Phakama. For six years, Phumzile worked for the Institute for the Study of the Bible, now known as Ujamaa Center as the Women and Gender Program Coordinator.

Phumzile is passionate about creating space for marginalized groups to articulate their interpretation of the Bible and finding the "Good News" together with them. Miss Zondi-Mabizela was appointed as the chief executive officer of the KwaZulu Natal Christian Council at the beginning of July

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2006. She's also the deputy chairperson of the Pietermaritzburg Agency for Christian Social Awareness (PACSA). She's a board member of the African Network of Religious Leaders living with or personally affected by HIV and AIDS, known as ANERELA+. And she is the chairperson of the South African Chapter known as SANERELA+. I'm very pleased to introduce Phumzile to you.

[Applause]

PHUMZILE ZONDI-MABIZELA: Thank you, Anne Marie, for those kind words. I'd like to thank the organizers of this conference for giving me an opportunity to share my experiences as a woman who is positively living with HIV, is a member of the African Network of Religious Leaders Living With or Personally Affected by HIV and is also a member of the Circle of Concerned African Women Theologians.

By way of introduction, I'd like to start off by saying that it's common knowledge that most religions are patriarchal and the leadership there often is dominated by men. In response to HIV and AIDS, even the religious responses have been initiated by women. HIV and AIDS have exposed the weaknesses of religious teachings. Issues like women's sexuality and their reproductive rights were taboo within most religions. Women have no say whatsoever in how these were practiced or utilized. We are constantly, as women living with HIV, claiming our space to highlight these problems and this has

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raised the levels of women and men's consciousness, which has challenged most religions to find, or even create, positive language to discuss these matters.

Now, religions, specifically of their power, have to deal with gender issues as a factor within its ranks. I think the tendency is we hide behind the reflections of other factors. And I think the challenge is for us to look at our own teachings critically. Faith-based organizations all over the world have been very strong in the provision of care, support, treatment, and capacity building. However, I think we have not reflected critically on our theologies and our religious teachings.

Now, ANERELA+, African Network of Religious Living with HIV or Personally Affected, was grown out of Canon Gideon Byamugisha, who is an Anglican priest. His vision for religious leaders in Africa living with or personally affected by HIV and AIDS to support each other and fight against stigma, silence, shame, discrimination, denial, inaction, and misaction. It was launched in October 2003. It has grown from 8 members to 2,700 members, and we have about 13 country networks. ANERELA+ has been challenged by the international community to extend the network to countries which are outside the Continent. This is being developed and strengthened and is already

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known as the International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS, in short, INERELA+.

ANERELA+ members continuously advocate for the education of HIV related stigma within Africa and globally. Amongst its goals, ANERELA+ seeks to overcome stigma and break silence among men, women, and children, and address the social and economic vulnerabilities, and discriminations of the girl child. ANERELA+ also strives for the inclusion in all genders in all its activities. It also strives to use gender sensitive language in all its programs.

Now, one of the challenges as highlighted by Kari Hartwig in her article, "Confronting Religion: AIDS and Gender in Tanzania," male's social roles in community politics and higher status of pastors and evangelists as compared to the women's roles as women's group and Bible study leaders suggests that they had a greater sense of authority and responsibility in speaking out on the issues of AIDS, sexuality and gender, both publicly and privately, while women generally spoke only in the private sphere with other women.

Now, in Africa, we talk about triple oppression, which means we are oppressed by our race, by virtue of our class, of our gender, and when you add spiritual oppression and HIV all to that triple oppression, it truly complicates our lives.

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Now, the few women who are members of the Network, most of whom are Christian, have played an important role in specifically addressing issues that affect women. And encouraging women in different religious communities to publicly speak out against all systems which increase their vulnerability. To mention just a few, the inclusion of women as board members and national coordinators has challenged the traditional notions of leadership in Africa. The inclusion of women's voices in the ranks of religious leadership has encouraged faith communities to be transformed. Women's issues are mainstreamed as opposed to being seen as of lower priority. Women are claiming their dignity within the different religious communities.

I need to say this. Working with religious leaders has not been easy for women. I suppose this is a natural response when one feels their authority or belief system is being challenged. Religions are, of course, divine revelations and who are we to challenge divine revelations?

Now, the challenge for ANERELA+ is that we are yet to create women friendly spaces. This is one of the challenges that we are taking very seriously. In response to the APC Prevention Strategy, ANERELA+ developed a more holistic strategy which is SAVE, S, A, V, E. The S stands for safer practices, Access, stands for

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access to treatment and nutrition, and the V stands for voluntary testing and counseling, and the E stands for empowerment. Of course, the APC Prevention Strategy did not work for women and it focused mainly on sexual behavior and morality or immorality thereof.

I, as a member of the Network, am passionate about reading the Bible with marginalized communities. We are created in the image of God as women and in our witness we believe God's grace and power is made perfect. HIV has made us stronger. We don't want to be seen as victims. I also [inaudible] and AIDS. Women living with HIV are seen as agents of transformation who have a meaningful contribution to make, not just victims waiting to be rescued by experts.

In our struggle to survive, we often have to deal with issues of our identity in relation to God, the Creator and the Giver of Life. And we believe that religions all over the world can learn a lot from the struggles of the women who have to continue reflecting on these issues.

Peace and blessings to all of us as we continue searching for ways to empower women, especially those who are living with HIV, to challenge religious beliefs which make them vulnerable. For instance, the image of God, which is seen very male, as a woman you feel you are the lesser being. And find meaningful teachings within religions, which give them life in abundance. Let us be present and

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visible when governments develop policies and challenge those governments if they do not have women who are living with HIV and AIDS as part of those policy development strategies.

Thank you.

[Applause]

ANNE MARIE HELLAND: [Inaudible] And now we're going to have three sort of regional views because we have now three speakers left from three different regions. The first one I would like to introduce to you is Miss Kanthi Rupesinghe. She's sitting over here. She's currently the national general secretary of the National YWCA of Sri Lanka. And she holds a degree in law and is qualified attorney at law. She's interested in and has taken courses in theology, peace education, journalism, counseling, international relation and diplomacy.

Kanthi has worked professionally as a lawyer and as a teacher and counselor for over 20 years and has served the church in Sri Lanka and is an executive policy member of the National Christian Council of Sri Lanka, serving on the Peace and Justice Committee. She also serves on the Gender, Justice and Youth Empowerment Committee of the Christian Conference of Asia.

Committed to ecumenicism, she's a lay preacher of the church in Sri Lanka and speaks at workshops and seminars on women's

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and children's issues, peace and conflict resolution. She's also interested in mental health issues and suicide prevention, and is committed to building awareness and eradication of stigma and discrimination. Welcome.

LAKSHMIKANTHI RUPESINGHE: Thank you. That sounds a mouthful, but I would like to introduce myself basically as a mother, a wife, a woman, and sometimes a professional. I come from Sri Lanka and I wonder whether Sri Lanka is truly representative of the situation in Asia with regards to HIV and AIDS.

Sri Lanka, if I asked you if you know where Sri Lanka is, how many of you would be able to put your hands up? Good for you! I think that has something to do with the tsunami because invariably I'm asked if I'm from India. But just to get my perspective, Sri Lanka is a tiny island situated in the Indian Ocean, separated from India. It has an area of 65 square miles. It has a population of 19.5 million. And it is, in that order, a tiny place. And we are very proud of the written culture and a history that goes back 2,500 years. We have a literacy rate of 92.5, which is very high for our area. And we are consciously diverse in that we are a multi-religious, multi-ethnic society.

Sri Lanka has been influenced greatly by Buddhism, which came to us from India. The colonizers – the Portuguese, the Dutch,

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and the British – brought to our island Christianity. And it is accepted that the direct traders that plied the sea routes brought to us Islam and its influence.

So, we have the Sinhalese, who are considered the majority, – about 70-percent of our population – the Tamils, who have come from India, and the Muslims. And we also have the Buddhists, who are again about 70-percent, Hindus who are about 15-percent of our population, the Muslims who are about 8-percent of our population, and Christians who are about 7-percent of the population.

Sri Lanka is a developing country and the numbers living below the poverty line could give somewhat of a reflection of our country. Seven-percent live on less than \$1 USD and about 45-percent less than \$2 USD. All this contributes to the impact and the consequences and how we faced the situation that arises with HIV and AIDS.

I would say that these statistics would reveal that the kind of like as it was in the beginning. The HIV statistics as compared to the rest of the region and the world is tiny. The number of reported cases of those living with HIV, we have first recorded case in 1986; and for this 20-year period, the recorded incidence of 862; those living with AIDS is 232; and the amount of AIDS deaths are reported at 161; and the male to female ratio of HIV is 1.4 to 1. If

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you look at these recorded traits, they're tiny. And in the same way, the estimate for our country is 5,000. And what I have been listening these last two days make me wonder whether we are sitting on a different kind of a time bomb.

Sri Lanka has been affected by an ongoing serial conflict for over 20 years. And our focus has been on this conflict. And it is such that we follow the Laws of Compassion, the Lord Buddha, Jesus the Christ, Prophet Mohammed, the Lord Krishna, and yet ours is a very violent nation. And this very violence and conflict tends to take us away from what could be happening where HIV and AIDS is concerned. So much so that our records and statistics are not taken for the areas in which the conflict rages. And there are no statistics available for what is happening in those regions with HIV and AIDS. The church, the mosque, and the temple exist in these areas, but yet the war continues.

Ours, as I said, is a country that lives with poverty. Reflective of our situation is in the rest of Asia. Our women carry the burden of what is happening in our country. With the war it is the women and the children who are affected. With poverty, again, it is the women and the children who are affected. Our economy runs, or is carried on the shoulders of the women of our country. Poverty and economic injustice guides our women as migrant workers, mainly

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housemaids to the Middle Eastern countries and the more affluent countries. And it is the money remitted by them that makes our economy tick. The plantations, the tea, and the rubber, again, men – I shouldn't say men, I should have said women – by women giving purchase to our economy.

Migrant workers, when they go out in to the Middle East have no protection, no [inaudible], no education, no choices, and they're affected by the illness that they, and the sexual violence that they encounter out there. And then they return back to the country. There are no records of how it affects the country, the women and the children.

I would say that we are a deeply religious and devote society, yet the women are very vulnerable because there is a certain amount of male domination and patriarchy within society and within the various religions. As a result, the women are more vulnerable and innocent of what could happen to them, and through them, the children.

Marriages are held sacred by the women, but for certain reasons, in Sri Lanka, 70-percent of HIV is transmitted sexually and within marriages. And the wife, more often than not, is unaware of the status of the husband and remains so. And when the young babies

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die, they are still unaware of what, really, the underlying cause of the death was. And so it goes on.

I think my time runs out. I would finally say that we should, as women, as people, as individuals, be more conscious of what could be happening around us. And [inaudible] us, to help each other, to fight and build up with compassion the women and those who are affected by HIV and AIDS. I mentioned the Laws of Compassion, not pity. Even with the tsunami, we did not want pity from anybody. We wanted respect. And we have within ourselves the strength to face up to this if we just make that commitment. And what I would like to take away from this assembly is a renewed commitment to work with compassion and follow the Laws of Compassion that I say I follow.

Thank you.

[Applause]

ANNE MARIE HELLAND: Thank you, Kanthi. I think you touched upon something very important mentioning migrant workers and not the least the fact that in a country like Sri Lanka where you have all the more apparent emergencies that there tends to be an even stronger silence around HIV and AIDS that might develop into what you call the "ticking bomb," which I think is very correct.

The next speaker is Sister Maria Martinelli. She's an Italian citizen who joined the Comboni Sisters after graduating as a

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medical doctor. She then started a service in Africa, Uganda first, then Ethiopia, and Chad. Most of her experience is from southern Chad, where she stayed for 12 years as a responsible of a district hospital. Since September 2005, she has been the AIDS project coordinator of the International Union of Superiors General of the Catholic Religious Orders. Welcome, Sister Maria. [Applause]

SR. MARIA MARTINELLI: Thank you. Well, I've been asked to draw upon my experience as a missionary in Africa working on HIV and AIDS, some solutions to offer for strengthening the faith based response to HIV and AIDS. Well, I'm afraid I'm not going to give solutions, but just I wanted to consider a few points that are not new points. But I consider very important.

First of all, I want to say as a background that I am well aware that the role of women in this pandemic is a central role. As women bear the major burden of this pandemic and women have to do with all that has to do with life. And they do it in a passionate way always. So, my few points, very rapidly, are prevention, caring, orphans, problems of ARV and therapy, networking, and a recommendation.

First of all, prevention. I think it is vital to point on this and I would say to focus on youth. In particular, offering them positive values as foundations for their lives. So, promotion of

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programs which offer education for life and love, which strengthen the character, prayer and discussion groups, particular attention to schools. And then I would say it is necessary bringing boys and girls together, otherwise we won't change the two, too much sided, you know.

I think that we should take care not to limit our lectures just to students and to the cities. We need to think of the rural areas as well, and young farmers. The development of the rural areas is particularly important, also for the alleviation of the urbanization movement in the subsequent overcrowding of the slums, which is also critical from both the epidemiological and the social point of view. And here in Nairobi we have very huge examples.

Then I suggest to take in serious account the peer pressure. Which it is true, it can lead to erroneous behaviors, but it can also set forth positive behavior choices and thus become a resource. And then we should work much more with culturally relevant educational figures like elders, parents, teachers, other relatives.

And not consider concluded or complete any prevention program once a few meetings have been done. Continuous supervision, accompaniment is essential in the sense of helping young people to strengthen convictions and behaviors.

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Of course, special care must be given to the support of vertical prevention programs – vertical transmission of mother to child – extending this program as much as possible.

And then I found very important the support of couples. Encouraging communication and mutual respect between them, with your partners and conjugal fidelity.

Then, caring – to care in the global sense, considering the whole family and the children in particular. Provide the support to the disabled to mobilize the spiritual resources of the person. Along with this have capacity for forgiveness, for reconciliation–reconciliation with self and with those who are often seen as responsible for the situation. I have seen new energy flowing from reconciled heart, which can help in the physical well being of the person. And this gives a positive message to the family and builds a beneficial memory that will help the children in their growth.

I'll consider the promotional cooperatives as a support, a part of caring, as well. As work gives new hope, and meaning to life and people in this way, they can support their family once more and they can support one another by sharing their daily little victories.

Orphans. They are particularly at risk and often very damaged. And it is not enough to give them shelter and food. They have some basic education. Real education includes giving and

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receiving affection, listening, helping to deal with grief, and with all the other losses they have endured with the illness and death of their parents.

Then for the ARV and therapy programs – I would say that we can become much more involved in advocacy to promote the access to the ARV as much as possible. And then implement some of these programs. And in implementing these programs I think that our role as religiouses is to give continued psychosocial and spiritual support. That would discourage the falters and so there is cooperative resistance induction [misspelled?].

And then we should explore more the natural medicines, in the sense that we have found many plants. For instance, they can give help to patients to regain their strength and to maintain satisfactory physical and immunological status so as to delay the need to begin ARVs.

Another important point already underlined this evening is networking to create a synergy of all the forces involved in the fight against HIV and AIDS, to avoid useless overlapping or even contradictions between partners.

Finally, a recommendation, I am finished [laugh]. I would be very careful with regard to certain programs and certain NGOs. A very important thing is the fight against the pandemic is a long-term

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struggle. It has been underlined even this morning. And there are actually NGOs that set up programs for two, three years. And then what happened? What happened with the ARVs? With people put on the ARVs? And with the orphans? So, I think we have a responsibility there to make sure that our programs or the programs that are in our area are long-term.

I have a small example I came across just two months ago in Uganda. There was a big organization who refused the sponsorship for a school to a group of more than 40 girls because they didn't achieve the marks in the first term. And they didn't listen to the headmistress telling them, look. But these girls are coming from refugee camps, they are seeing their parents dying of AIDS, they have been kidnapped and raped. So, how can they give good results in first term? They didn't listen. They were more interested in results, good results of their, you know, than in the story of the girls. And we think, we strongly think that the school is a privileged setting for prevention.

Thank you.

[Applause]

ANNE MARIE HELLAND: Thank you very much. I specifically noted two of your points. First of all, the last one you mentioned about the long, I mean we're in this for the long run. This, we know

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for a fact that this won't end next year or the year after. So we need to plan for a long time. Like Peter Piot said that "we need to run a marathon—" [inaudible]

— in Philadelphia. Reverend Ingram was a delegate at the 16th International AIDS Conference, which was held in Toronto Canada this past August. Everywhere I have spoken it was at that conference that she was empowered by many people living with HIV who spoke openly about their experiences. It was at a keynote address of presiding bishop of the Evangelical Lutheran Church in America, Mark Hanson, that she decided to put her face to HIV as a religious leader living with HIV.

Reverend Ingram featured in the December 2006 edition of the *Lutheran Magazine* in an article titled, "Andrena Set Free." She spoke openly about living with HIV and what it means as a religious leader in the church. She hopes to help break the silence and end stigma and discrimination. Welcome, Andrena.

[Applause]

REV. ANDRENA INGRAM: Thank you. "Ever outspoken," huh?
[Laughter] I've been living with the virus now for — that I know of, that I've been diagnosed — 14 years, so it's probably a little bit longer than that. But I'd like to take you on a small journey, a

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small personal journey, my own personal one. And I'm sure that you will find the methodology that I speak of a little, quite simple.

And it begins with a man. A story about a man who ministered to crowds of people, who cured every sickness and every disease, and proclaimed the message of God's Kingdom, that is the "Good News" of God's unfailing love. And that man is Jesus Christ, who also called together the 12 disciples and gave them authority over unclean spirits to cast them out and to cure every disease and every sickness and to proclaim the same message. That was over 2,000 years ago. And as disciples of Christ, we are still called to the same task.

People living with HIV and AIDS are faced today with many illnesses and diseases which are not our own, but affect us nevertheless. These illnesses include stigma and discrimination, fear, shame, denial, and silence to name but a few. Unfortunately these illnesses and diseases, demons if you will, are sometimes found within the very institutions which proclaims the message of God's love. These illnesses affect us because they have manifested themselves in people and institutions around us. Sadly, the church. And when I say "the church," I mean all the different denominations, the different institutions, you know, who all come together and worship the same God. Sadly, has chosen to focus on this disease as

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a subject of moral deliberation. Focusing on this disease as exploring the lifestyle of those infected. Is it any wonder that people choose to live in secrecy and in shame?

The good news, my beloved, is that Jesus the Christ never questioned those who came for healing, but healed them and sent them back into the very community which shunned them. And I understand very well the ramifications of stigma and discrimination. When I entered the candidacy process, my HIV status, which I disclosed openly, was questioned. Rather, my ability to keep up with the academics of school before AIDS dementia set in. This concern was raised by an individual in the church office. I do not believe that it was said maliciously, but rather out of ignorance. And I found that as a result of that statement, I had to be healed of my own inner stigma, which allowed me to believe the same thing. Again, it was ignorance.

At the 2006 AIDS Convention, which was held in Toronto, Canada, I drew strength from the Reverend Patricia Sawo of Kenya and from the Reverend Canon Byamugisha of Uganda. Both individuals put a face to this disease. More importantly, they put a face to this disease as religious leaders living with HIV. And at the same convention, our Bishop Mark Hanson called for religious leaders to step up and begin to identify themselves as living with the HIV-AIDS

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virus. In order to begin breaking the silence, all who attended were encouraged to make a promise to do whatever they could to keep the HIV-AIDS issue to the forefront. I promised to do the same.

And so I came out nationally in December 2006. I came out because I know that it is one of the first ways we can begin to eradicate the stigma and discrimination. It is a way to eradicate the silence, the fear, and the shame. It is a way to do as Jesus did – to teach and to heal. Not only those affected and infected, but to teach and heal communities.

And in closing, I do not want to - I do not wish to give the impression that the church is not doing anything. The church is getting better. Next month ,the Evangelical Lutheran Church in America will come together to begin to formulate a church-wide strategy on HIV and AIDS with many recommendations. Including, but not limited to, rejecting categorically the stigma and discrimination that are sometimes associated with AIDS, providing a welcome in all aspects of church and congregational life to people living with and/or affected by HIV and AIDS, intensify their support for the Second Mile Stand with Africa campaign as well as the broader world hunger appeal, and to advocate the U.S. government for global leadership for universal access to treatment.

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The religious community can begin to provide stronger leadership in slowing the rising population rate among all people by leading by example. This may entail speaking out, getting tested, and disclosing our own status. The religious community can begin to make a difference by walking with those affected and infected by this disease, no questions, no judgments – just unconditional love and acceptance.

The religious community has changed drastically in the past 30 or so years. No longer is it a male dominated profession. Women and religion are becoming a force to be reckoned with. In our communities and in the pulpits where our voices are needed and where our own theologies are needed because they have been formed by our own life experiences, as well as the experiences of Mary and Martha, Ruth and Naomi, Sarah and Hagar, Miriam and Esther, Deborah and Hulda - these were women in some religious communities in the Bible. You may have your own women within your own context. And this is who we are today. Women with different names, different countries, different religions and denominations, different in so many ways, but we all share the same story in this place. It is the story of survival. It is the story of coming together to strengthen one another for the journey. To listen to one another's story, to speak

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up for those who cannot speak for themselves, to be who God created us to be – children of God.

May God continue to bless us all and give us the strength to forge ahead in our journey against HIV and AIDS. Amen.

[Applause]

ANNE MARIE HELLAND: Thank you very much, Andrena. There are quite a few things that, that actually have been in common with the speakers now. They've all talked a lot about religious leadership. They have talked a lot about gender roles, male dominance, patriarchy, and specifically, Reverend Kobia mentioned a lot about – he talked – you talked a lot about this. He has said that "men are," in a way, "the main problem." You talked about, to "call upon your fellow men as caregivers," and I'm thinking about the creation of gender roles. And I would like to challenge you a little bit on that in terms of how religious actors are contributing to the creation of gender roles. And I think it's perhaps a little bit too easy to say that men are creating the gender roles, because women also play a major part in creating gender roles because we also come up with expectations of what is male and what is female.

And I would press also a little bit on language, because I've been to a lot of these conferences where we constantly talk about "women bearing the brunt of the burden," "women are the ones

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who carry the burden," et cetera, which is true, but I'm also wondering about the language in this. Because are we in a way, I mean, my picture, English is not my first language, but my picture of a burdened woman is not necessarily the picture, I mean, a woman who is carrying burden is, for sure, strong, but it's not necessarily one of those strong outspoken women if I picture in my head the picture of a burdened woman. And this is also about language and also about the creation of gender roles because we are not maybe portraying through our language and practices female leadership on this.

Does anyone of you have comments? I would like to challenge actually Mabel a little bit, to reflect a little bit on the creation of gender roles, if you have anything to share on that and religious actors' responsibility?

DR. MABEL BIANCO: Well, I can come back about how these gender roles are stereotypes and really are pushed by patriarchy in our societies and how religious values are supporting some of them if, as many of those speakers have said we need to change. And I think this is a challenge of HIV/AIDS. We could have now the possibility to have success to change these gender roles. And this is not only to fight against AIDS. It's going to be good to obtain the gender equity and to become more justice societies, so this is, I think, some of the benefits we could have from HIV/AIDS, if we are

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going to be able to have strong women, and some strong men also, pushing and saying the truth. How we ever let them to change our values and we need to review that. If we don't review, we continue to maintain the male dominance. Even it's not good for men and they recognize this, but they couldn't go outside so we need to change this.

ANNE MARIE HELLAND: Thank you. Reverend Kobia, do you have any comments to this?

REV. DR. SAMUEL KOBIA: Well, very briefly, really. I think when we talk of gender roles, we should be talking one of heritage, we should be talking of creating and reinforcing gender roles. And given that all of us, men and the women together, we are creatures of the same culture, of the same context, of same history. And I think the biggest challenge is to what extent are we prepared to change this, some of them cultures and traditions that go many hundreds and thousands of years?

In the 21st century, identity marking has become very important. Religion is one of the main identity markers in the world today. And we know that it is through religion, as part of the culture, that, in many cases, roles are created and reinforced. And at the same time, we encourage people to be proud of their cultures, to be proud of their identities, and therefore it's more big was

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than, then, then [misspelled?] actually we see it. So, it's a very diff – a complex issue. What's, I think, we need to do is to have enough courage to say the time has come because also, times have changed, societies have changed, I think we should be prepared to say the time has come when we should, even where there are taboos, where some of our cultures have continued taboos that they should have been changed, I think unless and until we are prepared to do that. And I would say that it is a responsibility of both men and women. And particularly women and mothers, grandmothers are the carriers and the perpetrators of cultures. We know that.

And therefore, I think we should be prepared and then unless therefore men who are the, one would say most privileged, in by the cultures and the traditions that we have, we must be prepared therefore to join hands with women. And I think we shouldn't simply look at it as a responsibility of a male or a female, but it's our responsibility together. I think as religious leaders, because that religions are some of the most conservative social organizations and realities, but we must be prepared really to change them radically in the 21st century if we want to make a dent on gender roles.

ANNE MARIE HELLAND: Thank you. We will round up, but I just have a final question that I want to challenge Phumzile and Andrena on, as female theologians. Because accountability is really,

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has been a keyword now for a couple of years and still is, right, to keep, primarily leaders, but all people accountable. And churches and religious leaders have now developed quite a few really good documents and statements and speeches and what-not on gender issues, on HIV and AIDS, on female vulnerability, but very often we have a problem of translating this into action or into actual change. And I'm wondering has this got something to do with the way the churches are structured or our traditions in terms of, I'm thinking, we have hierarchies in our structures. And it's often based on obeisance in a way, so is it difficult for us to hold our leaders accountable and speak up to our leaders and say that, if you want to be our leaders, you need to be accountable to what you are saying and what you are stating.

How is this for women? How able are we able to do that in the current structure of the church and how could we move to actually improve this accountability?

PHUMZILE ZONDI-MABIZELA: Thank you, Anne Marie, for that difficult question. [Laughter] I'd like to start of by saying that most sacred texts are written by men and therefore the leaders of the religious communities use those texts compatibly because they do not affect their lives in a negative way, and the structures of the church as well. They're not that easy to penetrate and for us women

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to challenge some of these teachings, but reality is we need to continue challenging the leadership of the church. For instance, to continuously, critically analyze some of the teachings that we have promoted for a very long time.

And I would like to challenge, especially those of us who have been given opportunities to study the sacred texts, to continuously highlight and raise consciousness within our religious communities.

Just one example is the creation story where, for some reason in our churches, we tend to focus on the rib, the woman being created out of the rib and we forget that in Genesis, Chapter 1, God created us, male and female. So we need to challenge this selective amnesia in our church where people tend to use only those texts that support the patriarchal way of leadership, of leading the churches. And also to encourage those women who have been sidelined, who have been alienated, who have been labeled because they are troublemakers, they are feminists, and we are created in the image of God, we are co-creators. It is our responsibility to continue making sure that women also enjoy the life in abundance.

[Applause]

REV. ANDRENA INGRAM: And I'd like to kind of piggyback off what you said about women being labeled as troublemakers or they're

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being labeled as "ever outspoken," you know, because that's what I'm usually labeled as – ever outspoken – because I speak my mind. And the text that you speak of about the rib, we have been led to believe that it is an actual rib. When you look at the sacred text and you get into the language, you will find that that rib means the whole side of the Adam, which Adam doesn't necessarily mean that he was a male. Adam is "human being" in the sacred language. And so there is a need to hold teaching institutions accountable for going deeper into the sacred texts and – Because what we're reading, we're reading the English version of it. We're not reading the Torah, the Jewish language or the Greek language, so you're not getting the full effect of what the language is really saying.

And so, you have institutions that are led by primarily men. It's just been going on for so long. And it's going to take a lot of people getting pissed off – no, she didn't say that. No, she didn't just say Adam wasn't a man, but if you find a Hebrew teacher and ask him what Adam really means or what the rib really means, it will begin to shed a little light on the accountability issue that Anne is speaking about.

ANNE MARIE HELLAND: Thank you. With these two brilliant statements, I think we should round up.

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I would like to thank all of the panelists. And I would like to thank all of you for being here. I just have one message towards the end, which regards the workshops this afternoon. Goes from 4:30 to 6:00, there was supposed to be a workshop on the Tamara Campaign. Today, that workshop won't be held. It will be tomorrow. But instead of that workshop today, it will be a workshop about the role and the contribution of positive movements in faith communities in the response to HIV and AIDS. And this will happen in Room 105.

I don't know if we have the representative from YWCA here.

REEM NAJJAR: Yes?

ANNE MARIE HELLAND: Oh, yes, we do. Thank you.

REEM NAJJAR: Thank you for the speakers. Great thanks to our moderator, Anne Marie Helland. I officially close this session and wish you a good afternoon. And I hope you will be joining the other sessions, other workshops. So, have a nice afternoon and a nice evening. And, thank you, for the audience.

[Applause]

[END RECORDING]