

AIDS PROPHETS IN A WOUNDED COUNTRY: A MEMOIR OF TWO CATHOLIC CLERICS INVOLVED IN RESPONDING TO AIDS IN SOUTH AFRICA (1984–1990)

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ABSTRACT

The alliance between faith and health in responding to a looming AIDS crisis in South Africa was exemplified in the collaborative work of two Catholic clerics and three nurses. Whereas their work was often eclipsed by the struggle for independence, Archbishop Denis Hurley and Father Ted Rogers envisioned a looming AIDS catastrophe and started warning, training and supporting societies with relevant strategies to minimise its impact as early as 1984. This article analyses their response to the AIDS crisis as witnessed by these nurses and two other contemporary clerics. Archival materials such as the *Southern Cross* magazine, plenary minutes of the South African Catholic Bishops Conference (SACBC), and correspondence letters shed more light on their difficult operating context.

INTRODUCTION

On 27 April 1994 South Africans ended 46 years of apartheid rule by conducting the first democratic and ‘racially inclusive’ general election. Events leading to the downfall of apartheid date far back into the 1980s. Indeed, the late 1980s and the early 1990s were very volatile times in the country and more so in the KwaZulu and Natal regions due to the township revolts. The release of Nelson Mandela on 11 February 1990 as well as the willingness of the apartheid government to negotiate with freedom fighters ushered in a deep sense of political uncertainty and cautious optimism countrywide. Ironically, it was during this moment of hope and imminent political transition in the country that the seeds of the worst epidemic were being sowed. The emerging South African AIDS epidemic was often eclipsed by the struggles for freedom and the consequent development of a young democracy. The Catholic Church demonstrated willingness to respond to the two major issues simultaneously. In the 1980s, however, the struggle

for freedom eclipsed the significance of the AIDS epidemic. In spite of warning voices of exemplary clerics, most notably two who are discussed in this article, the Catholic organisational focus on HIV and AIDS was delayed until 1990. A concern to respond to HIV and AIDS in the church increased in the 1990s as attention shifted from the cry for freedom and democracy to the escalating AIDS crisis. However, it was during the first decade of 2000 that conditions favoured the much needed integrated response to HIV and AIDS. The AIDS crisis had become too obvious to ignore given the acute mortality rate.

This article attempts to reconstruct an early history of Catholic involvement in responding to AIDS in South Africa by tracing the activities of two contemporary clerics of the 1980s. It argues that the exemplary work of these two clerics in responding to an epidemic yet to happen was not only visionary but also foundational to robust 1990s Catholic activities of caring and healing a nation whose fresh apartheid wounds made it even more vulnerable to HIV.

METHODOLOGY

The article is based on historical research conducted in South Africa between 2006 and 2010. Its sources consist of oral testimonies of Catholic clerics, lay leaders, and administrators as well as written and archival sources in the forms of correspondence letters, plenary session minutes, magazine articles, and project reports. The *Southern Cross*, a Catholic magazine released twice a month, was particularly resourceful.

Of vital importance to this article is the oral testimony of three catholic nurses who worked closely with the two clerics during the early 1980s. The author attempted a critical-historical approach in dealing with the sources and the subject in question.

FATHER TED ROGERS – ‘A MAN WAY AHEAD OF HIS DAYS’

According to Cardinal Wilfred Napier, the archbishop of Durban, the Catholic’s response to HIV and AIDS in South Africa has its roots in the work of Father Ted Rogers (Napier, Interview 15 15 October 2007. He was a Jesuit priest serving in ‘Zimbabwe many years before 1994’ (Napier, Interview 15 October 2007). He was also a social worker. It was probably the rare combination of priesthood and social work that gave him the much needed aptitude to focus on a disease perceived to be impacting populations removed from his immediate surroundings.

Ted Rogers started missionary activities in Zimbabwe, the former Rhodesia, in the late 1950s in the Jesuit Mission (Rogers 2012: 13). In 1963 he founded the St Peter’s High School in Kubatana, Harare (Jesuits and Friends 2007). In 1964 he founded the School of Social Work after an investigation ‘on the need for social work training in the country’. He played a key role in the development of the school as its first principal. Under his leadership, the school became an associate college of the University of Rhodesia (Kaseke 1989: 5). As a Jesuit educationist and a social worker, Rogers had

become a key advocate for the social welfare of the people of Zimbabwe by the early 1980s (Kaseke 1989: 5).

Social work therefore became Roger's entry point into AIDS ministry. His understanding of the social fabric of southern Africa prompted him to act as the church's 'warning finger' of the impending AIDS catastrophe. Although the Jesuit AIDS Project (JAP) and the African Jesuit AIDS Network (AJAN) were not formed until the early 1990s (AJAN 2008), both of which have allegiance to his work, Rogers already had strong interests in HIV and AIDS as early as 1983. During an interview conducted by Patrick Kearney in 2006, Rogers remembered that 'even prior to that (his appointment to the IMBISA directorship) I did get an interest because I saw there were things happening as a social worker' (Interview 22 September 2006). It was out of this growing concern and involvement in the HIV and AIDS prognosis that he was invited by the bishops of southern Africa to facilitate an AIDS workshop during their Inter-Regional Meeting of Bishops in Southern Africa (IMBISA) meeting held in Harare in June 1984 (SACBC 1984: 3–9).

In reference to this workshop, Cardinal Wilfred Napier, who was present at the workshop, described Rogers as 'a man way ahead of his days' (Interview 15 October 2007). After listening to him, Napier concluded that:

[Ted Rogers] was a very creative person, creative and in a sense prophetic because he would see way ahead of everyone else, a particular need and see a way of how to meet that need (Napier, Interview 15 October 2007).

He was not only informed of the latest AIDS medical findings but more importantly was able to anticipate the course of the disease and the repercussions of its outbreak in the wider African society. Basing his arguments on Africa's poor medical infrastructure, the breakdown of the social unit, and the endemic poverty that had characterised most African communities, he urged the bishops 'to be ready to respond to the disease in their respective dioceses' (Napier, Interview 15 October 2007). In his analysis, AIDS was fast moving from Europe and North America into all the parts of the world.

Both Napier and the Diocesan AIDS Coordinator of the Archdiocese of Durban, Zibukele Mqadi, agree that it was after this workshop that the Archbishop of Durban, Denis Hurley, became motivated 'to do something about the disease' (Mqadi, Interview 30 January 2008). Napier remembers the reaction of Hurley to Rogers' workshop in 1984. He reported:

When Archbishop Denis Hurley, my predecessor here in Durban, heard Ted Rogers, he was very taken by this prediction and the idea about how to tackle AIDS (Napier, Interview 15 October 2007).

What Hurley understood was that the disease was fast spreading southwards in the continent and that 'the church had to put its hands together in order to have a response to AIDS' (Mqadi, Interview 30 January 2008) as a matter of urgency. Apparently, the

relations between Hurley and Rogers over the issue of AIDS did not end with the Harare workshop. During an interview with Liz Towell, one of the earliest Catholic nurses in KwaZulu-Natal to become involved in AIDS, the name of Rogers came up again. Her memory went as far back as 1987. She narrated as follows:

In 1987, I met with our Archbishop Denis Hurley, who was then the archbishop of Durban, and we decided that the church needed to have some response. And so that was right at the beginning when nobody was doing much. And Archbishop Hurley was at the front deciding what to do. We made contacts with a priest in Harare. He is Father Ted. And he came and we all listened to his talk and how the situation was like in Zimbabwe (Towel, Interview 9 July 2008).

According to Towell, Ted Rogers came to Durban in 1987 and conducted another AIDS workshop at the invitation of Hurley. Apparently, the contribution of Rogers in Durban in sensitizing the community towards a response to AIDS was popular and well-spoken of. This comes out clearly in this interview:

Joshua: Tell me about this Zimbabwean Catholic Priest, Father Ted.
 Towell: Father Ted Rogers?
 Joshua: Yes. When did he first come to speak to you?
 Towell: In 1987.
 Joshua: In the Cathedral?
 Towell: Yes, in Durban.
 Joshua: In Durban. And he met the committee or what?
 Towell: No he spoke to Archbishop Hurley. Archbishop organised it all and invited as many people as wanted to come. So it was an open meeting. And there was quite a turn out. And since then I have been meeting this Father Ted Rogers almost after every other year (Towel, Interview 9 July 2008).

Sabbath Mlambo, a Catholic nurse from Clermont in KwaZulu-Natal, concurred with Towell that Rogers became a great motivation for them in responding to the AIDS disease (Mlambo, Interview 10 July 2008). She not only introduced Towell to Hurley in 1987 but also assisted in bringing in more nurses to listen to Rogers' lecture. The lecture helped in putting into perspective what they had started to do out of their own respective initiatives (Mlambo, Interview 10 July 2008).

The *Southern Cross* sources shed more light into the activities and statements of Rogers in response to AIDS. In an article titled 'Zimbabwe Churches Join Anti-AIDS Drive' that was published on the 2 August 1987, Rogers was cited as having masterminded the formation of a 'committee to recommend ways of limiting the spread of AIDS' in Zimbabwe (*Southern Cross* 2 August 1987). His advisory voice in the *Southern Cross* on AIDS had become rather common. On 2 August 1987, the *Southern Cross* reported as follows:

Father Rogers, secretary of Harare diocese, said that while the committee's recommendations were being awaited, the public should consider the Church's traditional position on human

sexuality as one of the effective measures of limiting the spread of AIDS (*Southern Cross* 2 August 1987).

Rogers' voice was heard again in the *Southern Cross* three years later. This time he was the main speaker in an AIDS workshop in Lydenburg, South Africa. As the director of IMBISA and the founding member of the AIDS Counselling Trust (ACT), he extended his AIDS campaigns to the dioceses of Tzaneen, Pietersburg, and Witbank. The workshop was attended by 62 Catholic Church leaders from the three dioceses (*Southern Cross* 16 September 1990). The *Southern Cross* reported on the workshop thus:

[Ted Rogers] used facts and figures from the World Health Organisation, and from his own experience of AIDS in Zimbabwe to illustrate the vast proportions of the disease, the lifestyle and the social structures which promote this pandemic (*Southern Cross* 16 September 1990).

The *Southern Cross* and oral evidence show that Rogers played an important role in the 1980s in sensitizing the Catholic Church towards responding to the AIDS disease. Beginning from Zimbabwe and influencing the entire southern Africa, Rogers conducted so many HIV and AIDS workshops that he could hardly remember them all. In 2006 he shared his memories of the late 1980s to Kearney as follows: 'I remember the start of it but we were involved in so many of these activities because we had another in Johannesburg, we had one in Maputo and Swaziland, I think, then' (Rogers, Interview 22 September 2006). According to an article published in the *Internos* of September 1989, Rogers and his regular Zimbabwean colleague in the AIDS campaigns, Sister N. Nollan, conducted a total of 25 public meetings throughout South Africa (SACBC 1989: 13). Therefore, Rogers toured southern Africa urging the Catholic Church leadership to become vigilant in organising a response to the unfolding crisis. As far as South Africa is concerned, and Natal specifically, he must be credited for sounding the AIDS alarm.

ARCHBISHOP DENIS HURLEY – LAYING THE FOUNDATIONS

There is no doubt that Archbishop Denis Hurley returned to Durban in 1984 with a new commitment to respond to AIDS. However, he did not have a clear vision on what to do. According to Napier, 'When Hurley got down from the meeting in Harare, he immediately started to put together a committee to start discussing the ideas about AIDS' (Napier, Interview 15 October 2007). The sources differ as to when exactly Hurley started the AIDS Committee in Durban. According to an Archdiocese of Durban's church bulletin, the Diocesan AIDS committee was officially launched by Hurley in June 1986 (ADCB 12 August 1990). Both Liz Towell (Interview 9 July 2008) and Sabbath Mlambo (Interview 10 July 2008) insisted that the committee was started in 1987. Paddy Kearney (Interview 20 August 2008) and an article in the *Southern Cross* (*Southern Cross* 4 November 1990) gave an even later date, July 1990. Although there are several possible explanations for the mix-up of dates, it is not impossible to

reconcile the dates using internal evidence. According to both Mlambo and Towell, they became acquaintances and colleagues as a result of working together as Natal Health Department nurses. In 1986, Mlambo took Towell to the archdiocesan offices in Durban to do some photocopies. It was Mlambo who introduced Towell to Hurley. After hearing of the AIDS activities that the two women were involved in, Hurley suggested that they begin an AIDS Committee (Mlambo, Interview 10 July 2008). However, the actual committee only started sitting late into 1987. Napier and Mqadi are in agreement with that chronology of events. Kearney and the *Southern Cross* sources speak of a much later development of the committee. They refer to a time when it was re-launched as a more organised AIDS ministry. If this chronology is anything to go by, it follows that it took Hurley three years (1984–1987) to set up the AIDS committee (ECSCC 2001: 10).

Apparently, Hurley's urgency to start the AIDS committee was delayed by many other pressing concerns in his life and work. For instance, in 1984, Hurley was indicted for treason after having accused the South African Defence Force of atrocities in Namibia (Walshe 1991: 27–30). On the day of trial in February 1985, the courtroom was filled with bishops who had come to show support for the archbishop. Indeed, in the 1980s Hurley was always campaigning for political change in South Africa. Besides leading several peace marches, he was a key negotiator for peace between the Inkatha Freedom Party (IFP) and the United Democratic Front (UDF) in the series of political wars that broke out in KwaZulu and Natal in the late 1980s and early 1990s, killing approximately 20 000 people (Kearney, Interview 14 August 2008). As a patron of Diakonia since 1981, Hurley was 'a hands-on leader' in matters pertaining to ecumenism and social life in KwaZulu and Natal (Kearney, Interview 14 August 2008). Hurley chaired the Southern Africa Catholic Bishops Conference (SACBC) between 1981 and 1987. It was, however, the pastoral plan known as 'Community Serving Humanity' that took most of Hurley's passion and energy. As the chair of the SACBC's Pastoral Plan Advisory Committee in 1987, he was determined to see to it that the Pastoral Plan became a reality. Out of this effort, the pastoral plan was nationally launched in every parish on the Pentecost Sunday of 14 May 1989. Meanwhile, in accordance with Canon Law, Hurley had to offer his resignation to the Pope at the age of 75. Hurley reached this age on 9 November 1990 and handed in his resignation to Pope John Paul II. It was effected on 23 June 1991. Kearney, the director of Diakonia, who not only worked closely with the archbishop in the 1980s but also interviewed him severally, rightly observed that in the late 1980s, 'Hurley was not just concerned about the political situation in South Africa. He knew he had only a few more years to ensure that he could hand over a lively and healthy diocese to his successor' (Kearney 2008).

Evidently, there were many pressing political, religious, and administrative issues that clamoured for Hurley's attention between 1984 and 1990. With regard to AIDS, however, and to the amazement of Rogers, 'he responded more or less instantly when he saw there was a big need for it. That helped me to understand more and more that he was a person who would see a problem and do something about it not just sort of wait

and see what was going to happen next' (Rodgers, Interview 22 September 2006). There is no doubt, therefore, that Hurley's decision to put up a committee in 1987 was a major milestone in the Catholic response. This move was neither unique to the Catholic Church nor to the southern Africa region. A similar pattern had been used by the government of South Africa when it established the AIDS Advisory Committee in 1985 (Oppenheimer and Bayer 2007: 30). The bishops' conferences in the USA and Germany already had advisory AIDS committees by the end of 1985 (*Southern Cross* 27 October 1985). Most likely, these examples influenced Hurley in setting up an advisory committee in Durban.

By that time, an increasing number of people, especially white gay men and Malawian mine workers, were struggling with the disease (Oppenheimer and Bayer 2007: 30; Joshua 2006). Some Catholics were struggling with the disease too (ECSCC 2001: 11). Glenda Gray, a medical practitioner in Natal during the mid-1980s, personally knew Catholic gay men who struggled with AIDS and would not disclose their status. Speaking of her supervisor and mentor, a gay man who by 1986 had hopelessly fought the demons raised by HIV: degenerative illness, stigma, fear of disclosure, and death, she recounted his experience as follows:

He vacillated from being in complete denial to looking at alternative medicine; he started running to improve his health and took homeopathic remedies. He struggled because he was from a Catholic family, and even at his funeral, no one mentioned that he had died of AIDS (Oppenheimer and Bayer 2007: 30).

That in the 1980s AIDS was an experiential reality for the Catholic Church and that both priests and doctors were ashamed of it is undisputable. The idea of a Diocesan AIDS Committee, as it was later branded, was therefore necessitated by the acute lack of knowledge about this disease even among medical professionals. Denis Hurley thought that a committee involving a few concerned persons would give him a direction. The committee, therefore, became an important point of reference. Its task was mainly information acquisition and dissemination. According to Napier, the committee was a significant focal point in the church's AIDS ministry. He summarised its roles as follows:

That committee was the beginning of a Catholic Church's response to HIV and AIDS here in KwaZulu-Natal, I would say, because they looked at first of all, the awareness and information about the disease. How do we get the information? Where do we get the accurate information from? How do we get out that information and how do we get that information out in a way that it is going to cause people to be aware that they need to change or need to act in a particular way (Napier, Interview 15 October 2007)?

The committee comprised ten members, namely: Archbishop Denis Hurley, Peter Brain, Derrick Butt, Mid du Preez, Sabbath Mlambo, Bekie Mbili, Greg Munro, Liz Towell, Iris Pillay and Hermann Schumann (*Southern Cross* 4 November 1990). Because AIDS

was perceived to be a domain belonging to the medical profession (Denis and Becker 2006: 9), Hurley's committee predominantly comprised people with medical expertise. Seven members of the committee were medical doctors and nurses. There were also some priests and one social worker. The committee was 'multiracial' and gender balanced. Hurley had identified resourceful Catholic professionals who were either interested in the AIDS disease or were already involved with the disease in their fields. Towell, for instance, was a health practitioner working with the Department of Health long before she joined the Diocesan AIDS Committee. She described her background in the following way:

I was a tutor at the health department. And I was teaching communicable diseases. So when AIDS comes along, that's a communicable disease. So that was why I first of all got involved and understood and learned a little bit although it was not good information at the beginning. And then, whilst I was there, a post came up to open the first AIDS, training and information centre for KwaZulu-Natal and so I got the job and so I opened the first centre for HIV and AIDS (Towell, Interview 9 July 2008).

Prior to 1986, she relied on the information from the Centres for Disease Control in Atlanta 'to talk about this new disease that had come about' (Towell, Interview 9 July 2008). With her new appointment in the City Health Department, she became more resourceful in assisting Hurley with framing a church response. She was eager to know more about the disease. She went on to describe her motivation as follows:

That was in '86. And it was really out of curiosity more than anything. I wanted to understand this new disease. I didn't think that there could possibly be a disease that affected only one category of people. At that time it was considered "the gay plague" and that made no sense to me. So that is the reason why I got involved, you know (Towell, Interview 9 July 2008).

Towell had some differences with the Department of Health over its racially mitigated AIDS programme and resigned to start her own AIDS consultancy firm (Mlambo, Interview 10 July 2008). Similarly, Sabbath Mlambo was a Catholic nurse working with the City Health Department. Following her early retirement in 1987, she enrolled for an AIDS Care and Counselling training programme under Towell. She in turn started training nurses in various clinics on primary health and AIDS care. Therefore, the committee was made up of individual Catholics who had had a first-hand experience with AIDS patients one way or another. Towell summarised its composition as follows:

Because with Archbishop Denis Hurley we formed a committee which was made up of myself, a psychologist, Mike, he is already dead now, in fact almost all of the committee members are dead now But anyhow, Mike, he was a psychologist, and then the district surgeon, Herman Schumann, he is also dead now, Archbishop Denis is dead now. And so our committee was very small and was made up of people like a psychologist, a district surgeon, Archbishop Hurley and myself and then we invited two more nurses. And that was our first committee that we formed (Towell, Interview 9 July 2008).

The three nurses would eventually form the backbone of Catholic AIDS care work in Natal. They were Towell, Sabbath Mlambo and Cathy Madams. Hurley laid the foundation for training and care in the church during the late 1980s by recruiting resourceful and committed health care professionals. They spoke highly of Hurley's effort to motivate them and lead them towards responding to the disease. In their experience, the rest of the church leadership was not as supportive as Hurley. Towell described Hurley as follows:

It was very difficult to get the church on board. The church can be very strict to the point that it takes away the continuity of things and idealizes the whole issue. However, if I have to say this, if it were not for Denis Hurley, he was so different. He understood the people and the community's dilemma. He understood the Catholic dilemma but he never interfered with how we worked. He only used to say, "Use your conscience" (Towell, Interview 9 July 2008).

According to Towell and Mlambo, Hurley did not impose Catholic moral teachings on health practitioners even when they contravened some of these teachings in the pursuit of a realistic communal response to HIV and AIDS. On the contrary, he mobilised support and went out of his way to encourage any effort. Towell testified that during the 1980s, even though gay people were highly stigmatized, Hurley did not hesitate to show compassion to them. He 'used to come along and he embraced them no different to anyone'. As a Catholic nurse heading the Department of Health AIDS Centre in Natal, Towell counselled many gay patients. Although the subject of homosexuality was taboo in the Catholic Church at the time, she worked in close association with the Gay Association of South Africa (Gasa) and in collaboration with Archbishop Hurley who often visited her counselling classes. She remembers that because of the illegality of homosexuality in South Africa and the secrecy behind it, 'AIDS was sometimes a lesser evil than being gay' (Towell, Interview 9 July 2008). Even so, 'Archbishop Hurley never let go, right up until he died.' She further said: 'When I say he never let go, he always solved the problems, he was always available, he was at touch with the community, he would meet with people with AIDS, he would talk with the children, he was really into and part of the programme' (Towell, Interview 9 July 2008).

On the basis of Towell and Mlambo's testimonies, therefore, one can say that Hurley laid the foundation for an institutional Catholic response to AIDS in Natal by identifying and bringing together people who were already starting to respond to AIDS in their own ways. He sourced training for those who were interested in AIDS ministry. He provided a Christian rationale for a response and availed himself of moral support to the aid of any initiative.

A REFLECTION ON THE ROLE OF ROGERS AND HURLEY IN A CATHOLIC RESPONSE TO HIV AND AIDS

It is to be appreciated that these two priests, Rogers and Hurley, led the way for the church in responding to HIV and AIDS. Rogers was an executive director of Imbisa

since 1988 (*Southern Cross* 16 September 1990) whereas Hurley was the president of SACBC (1981–1987) (SACBC 1988: 19–28). Both Imbisa and SACBC were strategically located to ensure that the Catholic Church in the region dealt decisively with AIDS. One would, therefore, on the basis of the efforts of these two priests, argue that the hierarchy of the Catholic Church did not lack visionary leadership between 1984 and 1990 with regards to AIDS.

The priests' efforts must be seen in the light of their timely and regional AIDS context. During this period, AIDS was barely known. Even though HIV had been diagnosed in the country in 1982 (Whiteside and Sunter 2000: 1), it was at the end of 1986 that people in South Africa became increasingly aware of its existence. Lieve Fransen rightly observes that although AIDS was first recognised as a disease in 1981 and HIV as its cause in 1983, a systematic national and international response to the epidemic only took shape between 1986 and 1987 (Fransen 1998: 6). It is this period that witnessed the establishment of international AIDS bodies such as the Global Programme on AIDS (GPA) by the World Health Organization (WHO) (Fransen 1998: 6–7). Bilateral HIV prevention programmes in developing countries, such as those which were launched by the United States of America (USA) and the European Community (EC), started in 1986 (Fransen 1998: 6). In the same year, the World Council of Churches (WCC) published the article, 'AIDS and the Church as a Healing Community', in which it recommended ways in which member churches could become involved in responding to the AIDS crisis (WCC 1986: 1–20). Whereas the southern Africa epidemic was delayed as compared with that of central Africa, John Iliffe observes that 'the first serious alarm in South Africa emerged in 1986 when tests on African mineworkers found only 0.02 percent prevalence among South Africans but 3.76 percent among men from Malawi' (Iliffe 2006: 44). By the end of 1986, a total of 16 white males had been reported by the media as having AIDS (Joshua 2006: 54).

Gerald Oppenheimer and Ronald Bayer, however, propose a much earlier date for the AIDS epidemic in South Africa. They argue that 'although the official count rose slowly, by 1985 a severe gay epidemic was thriving in Cape Town, Johannesburg and slightly elsewhere' (Oppenheimer and Bayer 2007: 22). In their view, the religious Afrikaner culture in which homosexuality was perceived to be illicit, illegal and sinful as well as the acceleration of the vast heterosexual epidemic in the early 1990s easily overshadowed the early 1980s gay epidemic (Oppenheimer and Bayer 2007: 23). This is supported by reports published in the *South African Medical Journal*, the official publication of the South African Medical Association. Frank Spracklen, a pioneering AIDS clinician in Cape Town, spoke about the epidemic. In 1985, he wrote in the *South African Medical Journal* that '[HIV] infection presents a growing and serious public health risk. It has produced a rapidly mounting epidemic among homosexual men, primarily because of their promiscuity, propensity to infection and travel to countries such as the USA' (Spracklen 1995: 23). Indeed, the evidence in support of a full blown gay epidemic in South Africa prior to 1986 is overwhelming. An oral history study

conducted by Oppenheimer and Bayer among medical doctors in South Africa unveiled detailed accounts of doctors overwhelmed by the gay AIDS epidemic in the early 1980s and the government's denial of the situation (Oppenheimer and Bayer 2007: 30).

Arguably, apartheid relegated the epidemic to the periphery until it was publicised by the media in 1986. So neglected was this epidemic that even the AIDS Advisory Committee that was set up by the Department of National Health and Population Development in 1985 to monitor the increasing number of reported AIDS cases in the country refused to give a hearing to doctors and nurses who were committed to treating and caring for AIDS gay patients (Oppenheimer and Bayer 2007: 24–30). The censorship of gay doctors was so prevalent that they would not receive ordinary government support nor be included in the AIDS Advisory Committee. Dennis Sifris, a gay man who was privately treating AIDS patients, believed he would have much to contribute to the AIDS Advisory Committee. In response to his application he was told, 'No, we can't have you, because you represent one of the high-risk groups, and if we have a homosexual you've got to have a prostitute, and, God forbid, a Black person' (Oppenheimer and Bayer 2007: 30)! Steven Miller, another gay doctor who was himself HIV positive, expressed his frustration with his exclusion in the AIDS Advisory Committee and described it as 'a cabal of grey-suited men, who told the minister all that she wanted to hear' (Oppenheimer and Bayer 2007: 30). Therefore, due to the secrecy about homosexuality in the country, its censorship by the government, and the apartheid inequalities of the 1980s, AIDS information in the country was hardly shared across the board. Given the above context, the efforts of Rogers and Hurley warrant some appraisal.

Not many churches in South Africa were involved in responding to the AIDS disease during the 1980s. The Salvation Army was one of the earliest with its 1988 programmatic approach to the training of its officers, the provision of care services in the Oasis Drop-in Centre in Mayfair and the Fred Clarke Home in Soweto for abandoned children of parents with AIDS (Palos 1995). In August 1989, the Methodist Church's Total Health Care Committee appointed a central coordinator, who was based in Johannesburg, and commissioned 'two clerics in each district to devote two days per month to work in relation to HIV/AIDS' (MCSA 2006: 38). The Anglican Church was, since 1987, involved in a protracted debate over the possibility of HIV infection during the administration of the Holy Communion elements. On 15 June 1987, the Church of the Province of Southern Africa (CPSA) in collaboration with the Church of England issued a three-page public statement on AIDS as a rough guide for a Christian response in South Africa (Worshington 2003). Apart from the 1989 formation of the CPSA AIDS Task Force, which was meant to oversee the policy creation and implementation of CPSA's response to AIDS, there was hardly any Anglican activity or programme involved in responding to the disease during the 1980s.

There seems to have been very minimal deliberations on AIDS in the Catholic Church hierarchy in the 1980s. The motivation to respond to the AIDS disease as depicted

in the works of Rogers and Hurley did not translate into AIDS-related programmes or even an AIDS department for the Catholic Church. It is not surprising that there were only two occasions recorded in the SACBC minutes where the bishops talked about AIDS prior to 1990. The first time AIDS appears in the minutes is in a report on an AIDS Conference held in London. The report is dated 19 January 1988 and reads as follows:

[Ms Pat McGregor] reported that Bishop H Slattery and Dr Newbury had attended a Conference in London on AIDS. Papers emanating from this Conference were distributed to the Bishops – and Ms McGregor said that the Commission would be following up this matter. The Church should be seen to be active in this area (SACBC 1988: 20–26).

According to *Southern Cross* sources, the conference that the two bishops attended was the first Worldwide-Governmental Conference on AIDS held in London on 17 January 1988 (*Southern Cross* 28 February 1988). The conference addressed the continued rivalry between churches, especially Catholic Bishops' Conferences in North America and Europe, and their respective governments over the 'safe sex campaigns'. The same trend had started to replicate in southern Africa, first in Zimbabwe in 1987 (*Southern Cross* 2 August 1987) and later in South Africa in 1988 (*Southern Cross* 7 February 1988). Slattery did not take any action upon his return from the conference apart from reporting on its proceedings, at least not in the 1980s. There is no evidence that the SACBC did anything about the disease at that time. It was out of this concern that the reporters noted that the church needed to be seen doing something in this regard.

The second time that the bishops talked about AIDS, according to the SACBC minutes, was in 1989 following a report presented by the Catholic Health Care Association [CATHCA] (SACBC 1989: 6–13). A controversy had ensued regarding the Church teachings in relationship to AIDS and the work ethics of health professionals in Catholic health care institutions. As a result 'research AIDS questionnaires had been sent out to the Catholic hospitals' (SACBC 1989: 6–13). The bishops were told that 'the Ethics Committee of CATHCA was looking into AIDS and the problems that arose in regard to Catholic nurses and doctors'. This report resuscitated an earlier concern for the bishops to take some action but again it fell short of securing drastic action or a statement from the bishops. The minutes read:

There ensued quite a discussion on AIDS and what the Church should be doing about this. An AIDS monitoring committee was to be set up by the conference this year. There was a suggestion that there be a symposium which would draw in other people. The entire issue of AIDS would be taken up later (SACBC 1989: 6–13).

In both cases, January 1988 and January 1989, the bishops were actually responding to particular AIDS-related controversies – government's safe sex campaign and the nurses and doctors ethics code. Apparently, the bishops' discussions on AIDS in both cases were reactive as opposed to pro-active. The bishops were responding to the issue of

AIDS as it surfaced instead of tackling it directly.

An obvious question would be why Hurley did not have more influence on the SACBC in AIDS matters since he was the chairman of the Bishops' Conference since 1981. It is particularly striking that in spite of having a strong connection with its counterpart bodies in the USA and Europe in matters of HIV and AIDS, the SACBC, under the chairmanship of Hurley, did not have any proactive response to AIDS in the 1980s. Neither the 'gay plague', so prevalent among white homosexual men since the early 1980s, nor the 'miners plague', a fatal outbreak among Malawian mine workers in 1986, drew the attention of the conference. There is nothing in the SACBC minutes indicating that Hurley challenged the bishops to take action during the 1980s. There are two possible explanations for this. The first is the one already motivated above, that Hurley's 'hands' were already full. As the chair of the SACBC who was still involved with the directorship of Diakonia, a severe court case, the new pastoral plan, the KwaZulu-Natal peace negotiations and, most importantly, his imminent retirement as the archbishop of Durban, Hurley could hardly find time to take on HIV and AIDS at the SACBC. The second explanation is that Hurley saw the dioceses as the best starting point in responding to HIV and AIDS. Aware that all the SACBC bishops were present at the 1984 Imbisa AIDS workshop, he left it to other bishops to organise AIDS-related activities and programmes at their dioceses. One may not rule out the possibility that both explanations were at stake here given that Rogers credited Hurley's response as relatively quick and satisfactory (Rogers, Interview 22 September 2006).

Generally speaking, however, 'the Catholic Church's response to HIV and AIDS got off to a slow start', influenced 'by social-political realities, by ethical dilemmas, and by an inability on the part of the Catholic Church and community leadership to recognize signs of impending calamity' (Munro 2001: 1). As noted by Alison Munro, the SACBC National AIDS Coordinator since 2000, not only did the institution of the Catholic Church fail to recognise the catastrophic gay plague of the 1980s but it lacked the urgency and the decisiveness in responding to the AIDS disease in the general population. The efforts of Rogers and Hurley in the 1980s can only be taken as exceptional cases. Besides, their campaigns did not translate into institutional responses in the 1980s. Rogers showed his disappointment with the bishops' lack of concern for AIDS, both at the Imbisa and SACBC levels, when he said:

You know, in this area Zimbabwe had started and we were trying to sort of share our knowledge and understanding with the people of IMBISA and I did want to have a special ... eventually a special sort of office in IMBISA for AIDS but we never got ... the bishops never approved that, they approved ... they were approving of Justice and Peace but they didn't get down to AIDS in the sense that ... whether they thought it wasn't as important at that stage or not I don't know. But this was a general thing ... it was a general problem (Rogers, Interview 22 September 2006).

Therefore, apart from the exemplary intervention of Hurley in the Archdiocese of Durban and the persistent campaign of Rogers, the bishops and the institutional church in South Africa largely ignored the issue of AIDS during the 1980s.

CONCLUSION

In this article, I have argued that the work of Rogers and Hurley as Catholic clerics in responding to AIDS in the 1980s was unparalleled both within the Catholic ranks and in the entire religious community of the country. Their healing activities and statements in a time when AIDS was the unforeseen crisis could be paralleled to Old Testament healing prophets such as Elijah and Elisha. Testimonies of those medical practitioners who worked closely with them, such as Mlambo, Towell and Napier, speak volumes about their memorable inspiration. Their heroic involvement in finding solutions for society in the context of a health crisis is not the first in the history of Christianity. Indeed, there is a rich history on the developmental relationship between Christianity and diseases in human societies. Similar heroic narratives abound where Christianity aligned with health structures in the society in times of epidemics. Henry Whitehead, an Anglican priest who served in Soho, London in 1855, is well known for his epidemiological contribution during the Broad Street cholera outbreak (Paneth 1998: 1545–1553). His painstaking inquiry, which not only confirmed Doctor John Snow's thesis that associated the cholera outbreak with the Broad Street water pump, but most importantly provided the index case that started the epidemic, has been narrated repeatedly as a success story in the alignment of faith and health in responding to epidemics (De Gruchy 2009). Such stories can be multiplied.

I have also argued that the response of the organisational church in responding to the disease was rather slow despite warning voices of its 'AIDS prophets'. The Catholic Church has for centuries been involved in matters of healthcare, especially in responding to epidemics. A genealogy of Catholic involvement in epidemics would show how the organization was at the forefront and swift in responding to epidemics through ancient, medieval, and modern periods. Consequently, one would have expected the church to have employed some of these competences in responding to the HIV and AIDS epidemic in South Africa. Perhaps it was because the AIDS disease was embarrassing, moralising, and even racialising and therefore not an easy terrain to get involved in during those early days.

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