UNSUNG KWAZULU-NATAL HEROES AND HEROINES IN SOUTH AFRICA: CATHOLIC AIDS CARE ACTIVITIES DURING THE 1990S

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Abstract

The story of the Catholic response to HIV and AIDS in South Africa comprises of much more than the condom controversy, the pastoral letters, the Southern Africa Catholic Bishops' Conference (SACBC) AIDS Office and the huge sums of money that funded numerous projects that were with that response during the 2000s. The AIDS context in South Africa was quite different during the 1990s, especially in the KwaZulu-Natal province which was clearly in the lead regarding infections and fatalities throughout the period. The volatile political context leading to the 1994 first democratic elections in the country had a devastating civil war effect on the province, dubbed "the township revolts", which left 20 000 persons dead and many more internally displaced. Racial AIDS stigma, accompanied by widely popularised myths, made care attempts in the region a deadly affair. Financial donors were hard to come by. Yet, certain ordinary Catholic men and women braved the odds by moving into the margins of the society to provide care to people living with HIV/AIDS (PLWHA). Their heroic deeds, adventures and narratives shed more light onto an otherwise overlooked period in the history of the AIDS epidemic in South Africa. This article is based on an oral history study that consisted of some 22 in-depth interviews with clerics, AIDS care workers and project leaders in KwaZulu-Natal. An archival study on various Catholic archives, such as the SACBC Archives in Khanya House, Pretoria, the Archdiocese of Durban Archives, as well as the St. Joseph's Theological Institute Archives in Pietermaritzburg was also conducted. This article is an attempt to use marginalised Catholic voices in the seven KwaZulu-Natal dioceses to analyse and re-tell the story of Catholic AIDS care in South Africa during the 1990s.

Keywords: HIV/AIDS; heroes; heroines; Southern Africa Catholic Bishops' Conference; care; KwaZulu-Natal.

Sleutelwoorde: MIV/vigs; helde; heldinne; Suider-Afrikaanse Biskoppe-konferensie; versorging van pasiënte; KwaZulu-Natal.

1. INTRODUCTION

Although Catholic health institutions started to treat and offer medical assistance to AIDS patients by the late 1980s as part of their regular routine, it was only in 1991 that specialized Catholic care started to emerge. During the first five years (1991-1995) institutional care in the form of hospices dominated the scene. In 1995, however, it became increasingly clear that the overwhelming numbers that

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needed care could not possibly be housed in institutions. This realisation led to the proliferation of home-based care. The first Catholic AIDS hospice in the country was St Francis House in Boksburg West, Johannesburg.[2] It was opened by Fr. Stan Brennan of the St Anthony's Parish on 10 January 1991 "to house and care for the terminally ill AIDS patients on the West Rand".[3] The house was not affiliated to any religious community. It was entirely dependent on the generosity of the parishioners who donated food and clothing substances. Medical aid was voluntarily offered by Catholic nurses. Merely a week after its inception, the house reached its capacity of ten beds. Soon afterwards, a similar house was opened in Cape Town by Fr O'Rourke and Pietro Battiston.[4]

This pattern was repeated in various dioceses within the country. In the Free State, for instance, Priscilla Magadla of the Catholic Nurses Guild in Thabong narrated her experiences of caring for the terminally ill AIDS patients at a symposium on AIDS, held on 21 September 1991. Speaking to the 120 delegates from the Orange Free State[5] and in view of the just launched diocesan AIDS care committee, Magadla appraised the holistic approach adopted by the Goldfields hospice in the Free State in caring for the physical, medical, social and spiritual needs of the patients.[6]

It was in the rural parishes of KwaZulu-Natal, however, that the home-based care approach developed quite early and extensively through the innovative spirit of Catholic lay leaders. Contrary to the situation in Gauteng, the Western Cape, and the Free State provinces,[7]care activities in KwaZulu-Natal largely adopted the home-based approach. Within the seven Catholic dioceses of KwaZulu-Natal province, namely Durban, Mariannhill, Eshowe, Dundee, Ingwavuma, Umzimkulu and Kokstad, ordinary men and women acted against difficult odds to provide care to persons living with HIV and AIDS (PLWHA) in the marginalized and impoverished parts of the society. This article attempts to use their activities, adventures and narratives as an alternative religious source in reconstructing the memory of AIDS and analysing its history against the rather difficult and volatile context of KwaZulu-Natal during the 1990s. It is based on historical research conducted in South Africa between 2006 and 2010. Oral interviews with clerics, lay leaders and administrators as well as written and archival sources in the form of correspondence, plenary session minutes, magazine articles and project reports

2 "Catholic home for Rand AIDS victims", *Southern Cross*, 20 January 1991.
3 "The first home for the AIDS patients", *Johannesburg Diocesan News*, 15 January 1991.
4 "Priest defends AIDS house", *Southern Cross*, 22 March 1992.
5 Orange Free State was the name of the province during the apartheid era. Presently the province is called Free State.
6 "Goldfields AIDS Committee formed", *Southern Cross*, 13 October 1991.
7 Kevin Dowling, "Catholic responses to HIV and AIDS in a rural local church", *Grace and Truth: A Journal of Catholic Reflection for Southern Africa* 30(2), July-August 2013, pp. 45-55.

form the bulk of the data. The *Southern Cross*, a Catholic magazine released twice a month, was particularly resourceful.

2. KWAZULU-NATAL CATHOLIC AIDS ACTIVITIES DURING THE 1990s

While the ecclesiastical province and the national province of KwaZulu-Natal are not exactly comparable with regard to geographical boundaries and the fact that the ecclesiastical leadership has changed considerably, it is appreciated that the region in focus is pretty much the same, geographically speaking. The Catholic ecclesiastical province of Durban, which is also called the Metropolitan Province of Durban, consists of eight church divisions which are spread across two national provinces, KwaZulu-Natal and the Eastern Cape. Two dioceses located in the Eastern Cape Province, namely Mthatha and Kokstad, are part of the Metropolitan Province of Durban. The ecclesiastical province of Durban therefore consists of the archdiocese of Durban, dioceses of Mariannhill, Dundee, Eshowe, uMzimkulu, Kokstad, Mthatha and the Vicariate Apostolic of Ingwavuma. The uMthatha diocese as a whole is located in the Eastern Cape Province and does not form part of the focus area of this article. Both Dundee and Kokstad are spread across the two national provinces.[8]

It is also critical that the narrative is well located within the time context of the 1990s. The Catholic response to HIV and AIDS in the country and in the province changed quite a bit since the 1990s. The SACBC AIDS Office, which was established in 1990 staggered throughout the 1990s, partly on account of the condom controversy – a debate that thrived within the Catholic Church on whether or not to sanction the use of condoms as a means of HIV prevention or not – but also due to financial constraints. It became a dominant issue in the region in the 2000s after signing the US $5 million agreement with the Catholic Medical Mission Board.[9] This and other subsequent funds, such as the Presidential Emergency Program for AIDS Relief (PEPFAR), became a "game changer" in the entire 2000s, which saw the proliferation of Catholic AIDS projects as a NGO phenomenon. This is extensively discussed elsewhere.[10] Following the international conference on HIV and AIDS held at Durban in 2000, international calls to the Catholic Church

8 See Fig. 1, *infra*, for a map that was compiled by the KwaZulu-Natal Department of Health in Pietermaritzburg on 11 September 2000.

9 Alison Munro, "Response of the Catholic Church to AIDS: an SACBC AIDS office perspective", *Grace and Truth: A Journal of Catholic Reflection for Southern Africa* 30(2), July-August 2013, p. 7.

10 Stephen Muoki Joshua, "AIDS monies and the NGOisation of Catholic response to HIV and AIDS in South Africa between 2000 and 2005: a histo-critical perspective", *Studia Historiae Ecclesiasticae: Journal of Church History Society of Southern Africa* XXXVIII(2), December 2012, pp. 23-57.

to revise its hard-line position on the use of condoms in HIV prevention increased. The condom debate continued unabated within SACBC ranks and among Catholic moral theologians as the bishops came short of sanctioning condom use in their *Message of Hope*.[11] Nevertheless, the Catholic Church was a leading model in treatment therapies in the early 2000s when the government was stuck in a "denialist" debate.[12] More recently, international funding was considerably reduced and the government funding was increased as some encouraging data on the reducing infection rate in the country started to emerge.[13]

3. ARCHDIOCESE OF DURBAN

The archdiocese of Durban became a pacesetter for the region in championing care activity.[14] An archdiocesan AIDS committee had been operational in Durban since 1986. However, towards the end of 1990, and according to the spirit of the new Pastoral Letter, it added care of the sick to its previous task of creating awareness. Indeed, caring for the AIDS patients became its new primary focus. With the relentless support of Archbishop Denis Hurley as the chair of the Archdiocesan AIDS Care Committee and a small budget to the tune of ZAR 70 000 p.a. resourced solely from Caritas Germany, a team of three retired nurses did enormous work between 1991 and 1995.[15] Liz Towell, Sabbath Mlambo and Cathy Madden drove into the communities offering care and treatment to terminally ill patients. They also trained relatives on how to take care of their ailing AIDS patients. As Towell reported, the task was overwhelming.

> "And so the three of us would go round the homes to the people to show them how to look after the people with AIDS who were dying and how to care for them and not feel frightened and so on. So we did a lot of that and ended up doing more than care and did not have the time to do the training because the programme was too much for the day."[16]

In 1993 the home-based care and training programme was expanded due to the large extent of the areas that needed to be covered and the dire need for care, training and counselling services. The programme was divided into three separate

11 Stephen Muoki Joshua, "The Dowling controversy, the 'Message of Hope', and the Principle of *Oikonomia*: a historical-critical reflection on the South African Catholic Church's stance on the use of condoms in HIV prevention between 2000 and 2005", *Journal of Theology for Southern Africa* 137, July 2010, pp. 4-27.

12 Denialism is a term that has been used, especially by AIDS activists in South Africa, to describe President Thabo Mbeki's regime following its statements that AIDS is not caused by HIV as well as its reluctance to provide antiretroviral treatment to PLWHA. See Nicoli Nattrass, *Mortal combat: AIDS denialism and the struggle for antiretrovirals in South Africa* (Pietermaritzburg: University of KwaZulu-Natal Press, 2007), p. iv.

13 Munro, pp. 6-37.

14 "Durban group leads nation in home-based AIDS care", *Southern Cross*, 21 February 1999.

15 Interview Liz Towel, 9 July 2008.

16 *Ibid*.

fronts: Towell took charge of the Southern Coast (Umbumbulu, Port Shepstone, kwaMakhutha, Amanzimtoti, Umlazi and Siedenburg), Madden of the Northern Coast (Inanda and KwaMashu), and Mlambo of the Western block (Clermont, KwaDabeka, and Duisburg). The Home-Based AIDS Care Programme, as it was characteristically referred to by many, had trained many volunteers and assisted many AIDS patients before it was renamed *Sinosizo* (Zulu word for "we care") in 1995.[17] In the same year, Towell became the over-all coordinator and her place was taken by Sister Edne Bowles. The programme's growth was so exponential that by 26 November 1998 it reported to the diocese, "We have 86 working volunteers and a further 50 volunteers that come and go."[18] Between 1996 and 1998 it was involved with AIDS care, education, training and counselling in parishes, dioceses, schools and other community forums on a voluntary basis and under the financial sponsorship of Caritas Germany and the National Health Department.[19] In view of the oral witness of Mlambo and Towell, the 1998 minutes of the Sinosizo project, found in the SACBC Archives, did by no means exaggerate the programme's profile when they reported,

> "The AIDS Care Committee of the Archdiocese of Durban has been providing Home-Based Care under the name 'Sinosizo' to people with AIDS for the last four years. Until now, our referrals into the service have come from the formal health services. We are now in a position to take referrals from the community members in all the areas served by the project."[20]

Arguably, the Sinosizo Project had the most successful Home-Based Care programme in the country during the 1990s. In total, they trained well over a thousand volunteer care workers during the 1990s alone.[21] The trainers followed them to the communities and equipped them with facilities such as gloves and towels. The project was so successful that the government not only learned from it, but also referred its patients.

4. DIOCESE OF MARIANNHILL

The story of Catholic AIDS care in Mariannhill begins with the work of Sister Tread Manuel in community healthcare. As early as 1980, she was involved with a Natural Family Planning (NFP) programme in the diocese.[22] In 1989 Sister Manuel attended a HIV and AIDS workshop organized by Bishop Schmidt, the then Bishop of Mariannhill. It was facilitated by Doctor Krumme on the basis of

17 Sabbath Mlambo. Digital Durban, 10 July 2008; Towell, 9 July 2008.
18 Minutes of meeting held at the Sinosizo HBC offices, Chatsworth, 26 November 1998.
19 *Ibid*.
20 *Ibid*.
21 Towell, 9 July 2008.
22 Judy Figland, "Home and family life run two workshops", *Internos* 3(1), January/February 1991, pp. 30-31.

ten years of experience in Uganda. Apparently, nothing was done in relation to HIV and AIDS immediately after the workshop. A more pressing concern was that of the breakdown of family life in the community. Therefore, Sister Tread Manuel and Judy Figland started the Home and Family Life programme in 1990 so that NFP became part of the new programme.[23] It was a "diocesan programme intended to respond to the breakdown of family life".[24] Jennifer Boysen, who was hired by the project in 1994 and trained by the Sinosizo Project of Durban, recalled: "Our primary objective was to build a strong family life. And we started out by dealing with what we thought at the time were serious issues affecting families, such as violence and substance abuse. We started marriage and parenting programmes."[25] The programme focussed on the family unit, as well as on some developmental work with women in the mission stations.

It was out of this close communal interaction with the people that in 1994 HIV and AIDS started to surface. "In my work with these women", Boysen recalled, "HIV and AIDS kept cropping up either in the form of somebody who was sick, someone who had died, women who were caring and obviously not coping since there was not enough information out there."[26] Concomitantly, by late 1995 the Home and Family Life committee decided that HIV and AIDS was an area that needed to be developed further.

Meanwhile, there was a growing desire by the bishop's office, in collaboration with the SACBC AIDS office, to establish an AIDS desk in the diocese. After attending several AIDS workshops, Boysen was tasked with writing proposals for fundraising. A Catholic funding organization in Germany by the name *Misereor* was willing to fund a pilot programme on the Catholic response to HIV/AIDS. Boysen was made the project coordinator and the work commenced in January 1996. The first response was an attempt to include HIV and AIDS education into the ordinary "family messages" taught at the mission stations. Workshops became routine in the awareness campaigns. At the same time, they "distributed a herbal concoction called Alison".[27] Between 1997 and 2000, "the face of HIV and AIDS just became real and thereby our programmes changed from awareness to training people on how to offer home-based care, run workshops, and do counselling".[28]

As evidenced in the December 1998 consultative meeting, there were various AIDS care initiatives in Mariannhill's four deaneries: a drop-in-centre where

23 St Mary's Hospital's Report to HIV/AIDS consultative meeting, Santa Sophia, Pretoria, 13-14 December 1998.

24 Interview Jennifer Boysen, Mariannhill, 23 November 2007.

25 *Ibid*.

26 *Ibid*.

27 Alison was a compound known to be rich in garlic and was believed to have therapeutic effects on AIDS patients. See Boysen, 23 November 2007.

28 Boysen, 23 November 2007.

people could get information and counselling, an education programme for priests and religious groups, parish workshops done at weekends for local communities, information seminars carried out for pastoral councils in the mission stations and workshops done for youth peer counsellors and women groups.[29] As no funding was available for patient's care in the 1990s, AIDS patients in the diocese were referred to the local clinics and hospitals.

By the end of 1998, hospitals in KwaZulu-Natal were increasingly overwhelmed by the large numbers of AIDS patients that flooded their hospital beds. The headline of the *Natal Mercury* of 11 December 1998, "AIDS flooding KwaZulu-Natal hospitals", painted a worrisome picture. The article went on to report, "The 'silent' disease is taking its toll on hospitals in KwaZulu-Natal which are battling to cope with the huge flood of people who have developed full-blown AIDS."[30] Paediatricians, Neil McKerrow of Grey's Hospital and Dave McGlew of Edendale Hospital, as well as Professor Alan Smith, a virologist at the King Edward VIII Hospital, attested to the report that over 60% of the hospitals' capacity was occupied by AIDS related complications.[31] The same phenomenon was witnessed by the chief executive of the St Mary's Catholic Hospital in Mariannhill.[32] Indeed, the role of this hospital in the care and treatment of AIDS patients in KwaZulu-Natal and in the Mariannhill diocese cannot be overemphasized. Informed by the Catholic teaching and founded on an interdenominational functionality nicknamed "Healing for all", St Mary's hospital has a history of AIDS care and treatment that runs as far back as 1987 when "we started to inform people about AIDS".[33] Between 1987 and 1990 and in conjunction with an NGO called Friends of Baragwanath, the hospital was running an AIDS education programme where patients, especially pregnant women, were informed about basics of HIV transmission. Routine workshops on health prevention were conducted with pregnant women. Sister Bikinia Neil, who by the time of this research was in charge of the nursing unit at the AIDS clinic, remembered well that the workshops attracted well over 300 examination-seeking pregnant women per session.[34] They also tested and counselled the women in relation to pregnancy and HIV and AIDS. According to Doctor Douglas Ross, who has worked in the hospital since 1994, the hospital has had four major trajectories in its treatment and care programmes. Prior to 1990, the hospital had "an educational track with a health compliment to it".[35] During the first half of the 1990s, it focused

29 Report on Catholic HIV/AIDS summit, Santa Sophia, Pretoria, 13-14 December 1998.
30 "AIDS flooding KZN hospitals", *Natal Mercury*, 11 December 1998.
31 *Ibid*.
32 St Mary's Hospital's report to HIV/AIDS consultative meeting sponsored by CATHCA and held Santa Sophia, Pretoria, 13-14 December 1998.
33 Interview Neil and Ross, 15 October 2007.
34 *Ibid*.
35 *Ibid*.

on home-based health care with a preventative component where *sangomas*[36] and traditional midwives were trained on how to sterilize their cutting objects. The second half of the 1990s saw an emphasis on community empowerment in caring for the sick. From 2000 onwards, the hospital embarked on more advanced technical interventions such as mother-to-child prevention (2001), administration of the ARV therapy on its AIDS patients (2003), and a medical outreach programme by the name *iThemba*[37] clinic (2004).[38]

5. DIOCESE OF ESHOWE

Care and treatment in the diocese of Eshowe was even more creative and ingenious. Eshowe adopted a synthesis of institutional care, home-based care and palliative care, an approach that improves the quality of life of patients and families facing life-threatening illnesses through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other associated physical, psychosocial and spiritual problems.[39]

The earliest organised AIDS care initiative in the diocese of Eshowe, and by far the largest religious community AIDS work in the province, was championed by three religious communities: the Blessed G'erard Order of Malta, the Franciscan Nardini Sisters and the Benedictine Sisters of Twasana. According to Father Gérard Tonque (Clemens) Lagleder,[40] the diocesan AIDS coordinator, the former Franciscan mission hospital in iNkandla was taking care of AIDS patients as early as 1990.[41] "The Franciscan Nardini sisters, two of whom are medical practitioners and several others are nurses, were surely the first ones to be involved with looking after HIV/AIDS patients in the Eshowe diocese", recounted Father Lagleder.[42] He added that since 1998 the Franciscans had been running a great outreach programme on AIDS care at iNkandla.

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36 "Sangoma" is the Zulu word for "diviner" whereas "inyanga" means traditional healer. In practice the two often overlap.

37 "iThemba" is the Zulu word for "hope".

38 Interview Neil and Ross, 15 October 2007.

39 See <http:/bbg.org.za/hospice/goto.htm>, accessed 22 October 2008.

40 Although the names are somewhat similar, this father is not to be confused with the historic French monk of the 12th century AD, Blessed Gérard Tonque (who died on 3 September 1120). He was a French Benedictine monk who was the guest master of the Benedictine Monastery, St Maria Latina in Jerusalem. The guest house of St Maria Latina was more a hospital than a hotel and it was in those days commonly known as the Hospital of Jerusalem. Apart from nursing the sick, they used to accommodate abandoned children, feed the starving, clothe the needy and care for discharged prisoners. Blessed Gérard's Hospital was a well organised charitable organisation. See <http://smom.org.za/omac.htm>, accessed 23 October 2008.

41 Interview Lagleder, 10 October 2007.

42 *Ibid*.

In an interview with Sister Priscilla Dlamini, the sister in-charge at the Benedictine Sisters' Holy Cross AIDS Hospice, I learned that she actually started caring for AIDS patients in 1989.[43] She did it on her own. As a trained nurse, she felt compelled to do something in response to the dire need in the Twasana community. She would visit them in their homes and provide daily care as the scared family members watched on. In 1990, however, she temporarily stopped her services following criticism from the municipality alleging that she was contravening public health ethics. She was accused of exposing the people living with the disease to the rest of the society. The municipality was also concerned that she did not have the necessary training for handling HIV patients. This, the municipality warned, was a potential danger to the community as she could transfer the virus from one person to another as a result of her physical contact with AIDS patients.[44] In 1994, she resumed her community care services and soon afterwards started the Holy Cross AIDS Hospice. Christopher Neville, a Catholic priest based in Eshowe in 1989, confirmed the narrative adding that "Sister Priscilla had such an outstanding and compassionate care for the AIDS patients that it made her stand out as the pioneer of AIDS care in the diocese".[45]

On 28 October 1992 Father Lagleder founded the Brotherhood of Blessed Gérard in South Africa as a relief organisation of the Order of Malta in order to respond to the appalling conditions of care in Mandeni and Mangete. He described his motivation as,

> "When I was still a parish priest in Mandeni and Mangete, I was deeply moved by the fact that so many sick people died from neglect at home as there was no adequate system of care in place. Before my priestly ordination I had been in different leadership positions of Malteser Hilfsdienst (the German Relief Organisation of the Order of Malta) and was used to organising help. That influenced me to found the Brotherhood of Blessed Gérard as an instrument of the church to give an organised response to the needs of the people I felt responsible for."[46]

Although the Brotherhood of Blessed Gérard was at first interested in general care, it started to take a keen interest in HIV and AIDS in 1994. Its initial response was via an HIV and AIDS health education programme. A major milestone in AIDS care was realised on 3 September 1996 with the opening the Blessed Gérard's Care Centre in Mandeni.[47] With the objective of bridging the care gap between hospitals and homes and with the support and blessings of the bishop, the late Mansuet DelaBiyase, the centre grew into becoming "the largest hospice inpatient unit in South Africa".[48] Through its palliative care, the centre has since 1996 provided

43 Interview Priscilla Dlamini, 10 December 2008.
44 *Ibid*.
45 Interview Christopher Neville, Emapetelweni Dominican Centre, Pietermaritzburg, 12 November 2008.
46 Interview Lagleder, 10 October 2007.
47 See <http://bbg.org.za/deutsch/hospiz.htm>, accessed 20 October 2008.
48 Interview Lagleder, 10 October 2007.

relief from pain and other distressing symptoms; integrated the psychological and spiritual aspects of patient care; affirmed life and assisted the dying as a normal process of living; offered support systems to patients enabling them to live as actively as possible until death; and assisted families to cope during the patient's illness and in their own bereavement.[49] By 1998, the centre was hosting a hospice for full-blown AIDS patients, an 84 volunteer capacity home-based care, 40 orphans capacity day-care, drop-in centre for AIDS patients with screening facility, "love waits" programme for the youth, and a natural family planning programme.[50]

As a result of the palliative hospice concept in Eshowe, the primary nursing care was relocated to the patients' home by enabling and supporting the home-nursing-care through training and mobile home-nursing-teams. On the one hand, it provided an alternative care in circumstances where the overburdened hospitals had to discharge patients before they could really look after themselves. On the other, it assisted families that were often unable to cope with the care of their relatives because they lacked confidence, skills or facilities.[51]

6. DIOCESE OF DUNDEE

As compared to other dioceses, Dundee was rather a latecomer in responding to the AIDS crisis. A request for financial assistance directed to the SACBC by the Lusitania Development Committee and dated 8 April 1996[52] was turned down by Emil Blaser, the Associate Secretary General in a letter dated 16 April 1996.[53] According to Blaser, the SACBC did not have enough money to support the programme.[54] The committee had hoped to care for AIDS patients and capacitate the Ladysmith community towards an AIDS response. Two years later, a Dominican sister, Catherine Thomas, who was representing the diocese of Dundee at an AIDS consultative meeting of the Durban ecclesiastical province held at the Sinosizo offices in Chatsworth on 26 November 1998, reported that "Dundee was at the investigation stage at present and is interested in doing home care".[55] She also reported that the only orphanage in the diocese had witnessed three AIDS related deaths in 1998 alone and that it was busy writing out an AIDS policy. A parish priest, Father Eunan, was involved with the provision of spiritual and

49 See <http://bbg.org.za.carecentre/index.htm>, accessed 20 October 2008.
50 Report on Catholic HIV/AIDS summit, Santa Sophia, Pretoria, 13 and 14 December 1998.
51 See <http://bbg.org.za/hospice/goto.htm>, accessed 20 October 2008.
52 A letter found in the SACBC Archives, written by SM Nxumalo as the treasurer on behalf of the Lusitania Development Committee, Ladysmith, 8 April 1996 and addressed to the SACBC.
53 A response letter written by Emil Blaser, Associate Secretary General, SACBC, 16 April 1996 and addressed to SW Nxumalo, found in the SACBC Archives.
54 Emil Blaser, e-mail correspondence with the author, 23 July 2009.
55 Minutes of Meeting held at the Sinosizo HBC offices, Chatsworth, 26 November 1998.

HIV counselling twice a week at the Ladysmith Hospital. The first annual AIDS awareness function took place in August 1998 in Ladysmith where youths had a weekend seminar on sexuality and HIV and AIDS education.

Apparently, it was also in 1998 that Sister Immaculata Ndlovu, the Dundee diocesan AIDS coordinator, arrived at the diocese.[56] According to Immaculata, at her arrival (January 1988), "there was little happening in relation to HIV and AIDS".[57] She had hoped that the government would allow her to teach at a local primary school near the convent. When this was not forthcoming, her attention was drawn to the deteriorating health condition of parishioners due to AIDS related complications. In the mid of 1998 she enrolled in an HIV course at Ladysmith. At the same time, she organised a programme of teaching youths about HIV and AIDS called "youth out of school". At the beginning of 1999, she took AIDS awareness programmes to schools around Ladysmith and used peer education. During the same year she and other sisters in the convent started an AIDS hospice to take care of terminally ill AIDS patients. The hospice could only accommodate ten patients, yet there was an influx of needy patients. It became clear that home-based care was most appropriate. Consequently, she enrolled with Sinosizo and participated in a course facilitated by Bev Killian and a few others from the University of KwaZulu-Natal.[58] Upon her return to the diocese, she started a volunteer home-based care and training facility that blossomed to a capacity of 120 active care givers.

Sister Immaculata apparently lost track of the specific dates and the chronology of the events leading to the start of the home-based care programme in Dundee. Philippe Denis[59] differed from her by asserting that the course was offered in 2000 and not 1999 as indicated by Immaculata. According to her, all activities of the initial AIDS care in Dundee were congested into 1999. Nevertheless, 1999 seems to be the year when care and treatment activities started.

7. DIOCESE OF INGWAVUMA

The diocese of Ingwavuma started to respond to HIV and AIDS in 1995 when, at Bishop Michael O'Shea's request,[60] an AIDS committee was formed.[61] The committee began an HIV and AIDS awareness programme. In 1996 it launched two AIDS information centres. This was made possible through a donation by the British

56 Interview Sister Immaculata, Dundee, 15 September 2007.
57 *Ibid*.
58 *Ibid*.
59 See Personal notes, Philippe Denis, Aids file 2. Notes taken during an Aids Consortium, July 2002, Pietermaritzburg, KwaZulu-Natal.
60 Bishop Michael O'shea was ordained as the bishop of Ingwavuma on 6 April 1991. See <http://www.sacbc.org.za>, accessed 31 October 2008.
61 Minutes of Meeting held at the Sinosizo HBC offices, Chatsworth, 26 November 1998.

Consulate of two containers and a prefabricated unit which were used as venues, a donation by the National Health of R40 000, and a private donation of R10 000.[62]

Thuli Myeni, who represented the diocese at a 1995 AIDS consultative meeting held at the SACBC offices in Khanya House, Pretoria, and in 1998 at another AIDS meeting held at Sinosizo offices in Amanzimtoti, reported that "the Catholic Church was further involved in the Zisebenzele HIV and AIDS project run in the Bethesda Hospital".[63] She reported that "the church was also involved at community level with AIDS awareness and care; however, the distances between homesteads were vast and that made the task very difficult". The difficulty was further exacerbated by the fact that she was a full-time employee of Illovo Sugar Mills and thus only coordinated the programme during her off-work sessions.

8. DIOCESE OF UMZIMKULU

The earliest initiative towards responding to the AIDS disease at the diocese of Umzimkulu was in Centocow. According to Father Stanislaus Dziuba[64] of the Catholic Mission of Centocow, the presence of AIDS only became "visible" in Centocow communities around the mid-1990s.[65] Demographics of patient population at the hospital began to change as younger patients, mostly female, were admitted to the wards with severe respiratory and gastro-intestinal illnesses. Father Dziuba and other parish priests in the region noticed "a sharp rise in the number of funerals they conducted each month".[66] Their initial response was to devise a set of interventions to dispense information among the church members that would begin to counter what they saw as denial or disbelief that AIDS was an issue of concern in this area. Their focus was "the youth", who were most at risk of infection. In 1996, they launched awareness and educational initiatives whereby printed pamphlets and posters were distributed at the mission and were also available at the clinic waiting rooms, and – later on – they used "community theatre" to impart messages in entertaining ways that young people especially would relate to.[67]

In the late 1990s, the mission started a home-based programme.[68] Volunteers, who were mostly women, were trained as caregivers after which they made home visits, monitoring and caring for the sick and training family members in basic

62 *Ibid*.
63 *Ibid*.
64 Father Stanislaus Dziuba is the new bishop of the Umzimkulu diocese.
65 Interview Fr Stanislaus Dziuba, Pietermaritzburg, 28 September 2007.
66 Fiona Scorgie, "What religious leaders and communities are doing about HIV and AIDS: reflections on the work of the Roman Catholic Mission of Centocow", unpublished paper, 13 April 2005.
67 *Ibid*.
68 Interview Dziuba, 28 September 2007.

HIV care and protection. The programme suffered many obstacles in the 1990s. Caregivers were often chased away from the homes they visited and there was extreme resistance from most of the local *iziNdunas*[69] in the region. Help from the SACBC AIDS office was not forthcoming; yet the AIDS workers continued unabated in a rather hostile and suspicious community.

9. DIOCESE OF KOKSTAD

According to Sister Pat Vumisile, the regional manager of the Sinosizo-Kokstad AIDS programme, there was literally "no known response to HIV and AIDS in the diocese prior to 2000".[70] She emphasized that the earliest AIDS programme in the diocese was the home-based care of the Sinosizo-Kokstad, which began in 2000. With the initiatives of the bishop, William Slattery (OFM), two women were sent for training with the Sinosizo-Durban in 1998. The two women then began a similar programme which comprised of orphaned and vulnerable children (OVC) and home-based care and training programmes.

This oral witness is not in conflict with the minutes found in the SACBC Archives. According to those minutes, dated December 1998, Father Joseph of the diocese of Kokstad reported to the consultative meeting that "the subject of AIDS had started being introduced in the diocese's health desk, diocese newspaper, courses attended by youths, and seminars".[71] The brief report did not indicate that there was any special programme in the diocese dealing with prevention, care or even awareness. It is not surprising, therefore, that the diocese never had a diocesan AIDS coordinator during the period under review. Both the oral history and the archival sources are conclusive that the diocese had not seen any organised response to HIV and AIDS between 1991 and 1999.

10. REFLECTIONS ON CARE AND TREATMENT ACTIVITIES IN KWAZULU-NATAL

It is ironical that the much publicised programme, the Choose to Care initiative – a five years collaboration AIDS programme between the SACBC, the Catholic Medical Mission Board and the pharmaceutical giant company, Bristol-Myers Squibb – only kicked off in 2000, giving the wrong impression, at least as viewed by some *Southern Cross* readers,[72] that Catholic AIDS Care in South Africa begun

69 "*iziNduna*" is a Zulu word for a local headman under a chief.
70 Telephonic interview Pat Vumisile, 20 October 2008.
71 Report on Catholic HIV/AIDS Summit, 13-14 December 1998, Santa Sophia, Pretoria.
72 "Durban group leads nation in home-based Aids care", *Southern Cross,* 21 February 1999.

in 2000.[73] On the contrary, and as demonstrated in the above discussions, during the 1990s the church intensively laboured to provide care and treatment to AIDS patients and their families.[74] In KwaZulu-Natal, the evidence in support of the church's involvement with AIDS care initiatives prior to 2000 is overwhelming. While the care and treatment activities were unevenly distributed among the seven dioceses and found in scattered and uncoordinated pockets within the region, their impact on the given communities is unquestionable. According to the findings, the dioceses represented the extreme opposites in their aptitude to respond: Durban, Eshowe, and Mariannhill were actively caring for AIDS patients by 1991, whereas Kokstad and Dundee were still preparing to respond by 1999. The dioceses of Ingwavuma, and uMzimkulu managed to organise some care programmes during the mid 1990s.

KwaZulu-Natal diocesan initiatives in AIDS care and treatment in the 1990s

Early 1990s	Mid 1990s	Late 1990s
Durban, Eshowe and Mariannhill	Ingwavuma and Umzimkulu	Dundee and Kokstad

Treatment and care activities in KwaZulu-Natal tended to be more localised in the homes with institutions offering much needed support in the form of volunteer community health workers, training, medical facilities, and occasionally, food and clothing. Care and treatment activities were inherently gendered; the number of men volunteering was negligible as compared to that of women. This gender imbalance was also reflected in the demographics of "workshops" held for young people by peer-educators, "training seminars" on basic care giving, and in the "home visits". "Men are not willing to do work for no pay", Father Dziuba explained.[75] The perception that caring for the sick is traditionally and quintessentially a women's task also might have had a bearing on the gender proportions. This might be the reason why there was an overwhelmingly large number of female volunteers and an absence of males.

Catholic care and treatment initiatives in KwaZulu-Natal during the 1990s suffered many challenges. The obvious one was the lack of resources such as funds, capacity and trained personnel. HIV and AIDS was a new crisis in South Africa and clearly not the focus of the donors as yet. Many organizations, such as the Lusitania Development Committee of Dundee, mentioned above, "knocked on doors" everywhere including at the SACBC and at the National Department of Health and

73 UNAIDS, *A faith-based response to HIV in Southern Africa: the Choose to Care Initiative* (Geneva: UNAIDS, 2006), *passim*.

74 Munro, pp. 6-38.

75 Interview Dziuba, 28 September 2007.

Population Development. They were turned down. Indeed, even the AIDS Office of the SACBC closed down in 1998 on account of, among other issues, the lack of a running budget.[76] It is, however, because of these three resources (funding, capacity and personnel) that the Archdiocese of Durban became a major influence and a pacesetter for the other six dioceses. Building upon the skills of three retired nurses and supported by a small running budget, the diocese became a key trainer in HIV and AIDS care and treatment, not just for the diocese but for the entire province. More than five dioceses in KwaZulu-Natal were not only assisted by the Sinosizo Project in setting up parallel home-based projects but, more importantly, had their pioneering staff trained in Durban. It is no surprise, therefore, that Sinosizo-Kokstad settled for that name.[77]

Another major challenge in KwaZulu-Natal AIDS care and treatment during the 1990s was the difficulty in penetrating the communities due to three main factors. Firstly, the AIDS related stigma was too severe. Caregivers were often chased away from the homes they visited. Indeed, the caregivers themselves suffered a great deal of rejection and stigma as a result of their association with the AIDS disease. More often than not they put their lives at great risk. It was in KwaZulu-Natal and in similar conditions that Gugu Dlamini was murdered by a mob much later in 1998 following her AIDS education campaign and the disclosure of her HIV positive status over a local radio.[78]

Secondly, there were too many cultural odds to overcome. Sabbath Mlambo testified that they often put their lives in great danger, especially when they confronted culturally held myths and attempted to offer a western medical interpretation to the disease.[79] She observed that the fact that she travelled with Liz Towell, a white colleague, right into the core of black townships and suburbs made them even more easy targets of racially and culturally founded victimisation. They had to oppose many myths that were held dearly by community members. In one instance, during a home visit in KwaMashu in 1993, they were publicly heckled by a group of men who maintained that a black man, even if gay, would never suffer from AIDS.[80] She explained that "in those days [early 1990s] people were in such a denial, especially the black males". On this particular day, she had been accompanied by a white homosexual man, a patient of Liz Towell, who was HIV positive. When they told the men the importance of keeping to one sexual partner, they shouted back,

76 SACBC, Minutes of the Plenary Session, St Peters Seminary, Pretoria, 20-27 January 1998.

77 Interview Vumisile, 20 October 2008.

78 Mrs Gugu Dlamini became the first known AIDS martyr in South Africa following her disclosure on a local radio in KwaZulu-Natal. She was the mother of a 13 year old child, HIV positive and an AIDS educator before she was beaten to death by her own community. See the story in JF Keenan *et al.*, *Catholic ethicists on HIV/AIDS prevention* (New York, Continuum, 2000), p. 13.

79 Interview Mlambo, 10 July 2008.

80 *Ibid*.

"What? You people are lying. There used to be Esinyameni and there were lots of homosexuals and there used to be no AIDS."[81] As a black woman in her 60s, she knew very well what the men meant. She explained, "They just would not believe because, prior to the 1960s, there used to be a place called Esinyameni; it was a place for black homosexuals located near the present Chesterville."[82] The nurses' plea, as well as the testimony of the white homosexual man, would not convince them. They insisted, "You brought this one [the white homosexual] to enhance a government lie; show us one black male homosexual who is suffering from AIDS!"[83] Their task was not only a daunting one, but extremely dangerous as well. The recent work of Marc Epprecht[84] has demonstrated that same sex affairs are traceable in many indigenous South African communities, even within the African Traditional Religion. However, there was a high level of secrecy surrounding same sex relationships in these communities, to an extent that those who endeavoured to expose them risked severe rejection by community members.

Thirdly, KwaZulu-Natal was a politically volatile region during the late 1980s and the early 1990s. The civil war that rocked KwaZulu-Natal from 1986 through to the mid-1990s had such devastating and traumatizing effects on the region that it would not disappear immediately after.[85] More than 20 000 people were brutally murdered and many more had their houses burned; not to mention the emotional wounds and the socio-economic devastation that came along with the war. The multifaceted cause of the war could be summarised as "the product of Buthelezi's Inkatha Freedom Party (IFP) and the African National Congress (ANC) competition for political dominance".[86] This war had a catastrophic impact on the care and treatment of AIDS patients in the region. In Centocow, for instance, caregivers were suspected of being "war informants". Scorgie explained that Centocow chiefs were IFP-aligned. They feared that the large numbers of volunteers responding to the Catholic Mission's call for help in these programmes, and who were mostly young and ANC-aligned, were going to establish a power base under the disguise of an AIDS programme, with obvious political consequences.[87] As a result, the chiefs mobilized the community against the mission's activities and thereby hindered care efforts. The chiefs felt threatened by the mission's autonomy and independence,

81 *Ibid*.
82 *Ibid*.
83 *Ibid*.
84 Marc Epprecht, *Heterosexual Africa? The history of an idea from the age of exploration to the age of AIDS* (Toronto: Swallows Press, 2009), p. 48.
85 Philippe Denis, "Prayers and rituals to the ancestors as vehicles of resilience: coping with political violence in Nxamalala", Pietermaritzburg (1987-1991)", *Journal of Theology for Southern Africa* 128, July 2007, pp. 37-52.
86 A brief history of KwaZulu and Natal, <https://www.itfglobal.org/congress/kwazulunatal.cfm>, accessed 8 August 2014.
87 Scorgie, *passim*.

especially its mobilization of masses around HIV and AIDS related activities such as training, caregiving and fund raising. Father Dziuba observed that, "When money entered the picture, the chiefs spread rumours that the priests had secured major grants from overseas for sinister motives such as 'organ harvesting' – then the situation became even more fraught."[88]

The widespread Catholic AIDS care and treatment activities had major implications for the region's public health sector, most certainly for the country too. Although there is of late an increasing interest among researchers in the role of religion in the AIDS crisis, it is significant that this research has tended to concentrate on the post 2000 efforts. The role played by the Christian churches, especially the Catholic Church, in the area of care and treatment of AIDS patients prior to 2000 has almost gone unnoticed by social scientists and historians, however obvious it might otherwise appear. This has drastically changed in the 2000s with the NGO-isation of HIV and AIDS,[89] which increased visibility of the Catholic response due to more funds, more financial sponsors, as well as various NGO-like AIDS related activities in the church.

In a more narrow and specific sense, however, the HIV and AIDS care and treatment activities of the Catholic Church in South Africa have impacted society in two main ways. Firstly, the church became a pacesetter in showing compassion to people who were not only stigmatised, but also rejected and ostracised by the society in general. Stories abound of heroic initiatives by ordinary Catholics who went out of their way in a serving humanity spirit, to care for AIDS patients, often with neither the skills nor the facilities. When Priscilla Dlamini of Eshowe, for instance, started to visit dying AIDS patients in the late 1989, she had no gloves, financial sponsors, or ethical guidelines.[90] She did what family members were afraid of doing because they feared that they may contract the disease. The municipality claimed that her work exposed PLWHA without the consent of the family members. Similarly, when Father Stan Brennan of St Anthony's Parish opened the first AIDS hospice ever in the country in January 1991, the residents of Boksburg West went to the streets in protest of the move.[91] They felt that their "clean estate" should not be associated with St Francis, a place "to house and care for the terminally ill AIDS patients in the West Rand".[92] Brennan stood his ground; the parishioners firmly

88 Interview Dziuba, 28 September 2007.

89 For more informations see Philippe Denis, "AIDS and religion in a historical perspective", Conference: Religious engagements with AIDS in Africa, Copenhagen, 28-29 April 2008; Alessandro Gussman, "HIV/AIDS and the 'FBOisation' of Pentecostal Churches in Uganda", Conference: Religious engagements with AIDS in Africa, Copenhagen, 28-29 April 2008.

90 Interview Priscilla Dlamini, 15 December 2008.

91 "Catholic home for Rand AIDS victims", *Southern Cross*, 20 January 1991.

92 "The first home for the AIDS patients", *Diocesan News*, 15 January 1991.

supported him in their special, but controversial ministry to the AIDS patients.[93] Therefore, by way of action, the Catholic Church confronted societal stigma levied against AIDS patients and demonstrated that they deserved compassionate care.

The discussions above illustrate heroic care adventures by the Catholic Church into remote places where not many other organizations could easily access. The deeds of Mlambo and Towell, for instance, add much weight to Johan Viljoen's remarks,

> "To see what the Catholic Church is doing, one needs to look beyond the rhetoric and political correctness that is generated in such large amounts by AIDS in this country. One needs to look at the squatter settlements, the places where unemployed and starving people feed off rubbish dumps, where desperate and destitute people waste away from TB in cardboard shacks, unable to remember when they had their last meal. It is here where one will find the Catholic Church responding to AIDS: in the most marginalized and impoverished communities. Here the Catholic Church is doing more than most other institutions, responding where it really matters."[94]

It needs to be acknowledged, therefore, that the Catholic Church gave much needed care to considerably large numbers of AIDS patients in very unlikely locations. Its many care institutions eased the pressure on the government's hospitals and stranded family members.

Secondly, Catholic care and treatment activities have had a significant impact on the country's public health policy. This can be seen at two levels: the reintroduction of Christian institutions as key players in the South Africa's primary health care system and the decentralization of medical care through the introduction of a community based care system. As in most African states, the arrival of Christian missionaries to South Africa in the 19th century saw the mushrooming of missionary hospitals.[95] As a result, the entire health sector came to be dominated by privately owned Christian organizations, staffed and funded directly from Europe and North America.[96] Following the 1948 elections where DF Malan's National Party ascended to power, the apartheid government nationalised hospitals, forcefully removing religion from the ownership and the management of the hospitals.[97] Until the first democratic elections of 1994, the health sector was firmly under the control of the government. It is no surprise that the ambitious ANC *National Health Plan for South Africa* did not mention the role of religion.[98] It did not take long, however, before the ANC government developed interest and

93 "Priest defends AIDS house in Boksburg", *Southern Cross*, 22 March 1992.

94 "The church is doing nothing about AIDS? Think again!", *Southern Cross*, 26 November 2000.

95 James Cochrane, "Trustworthy intermediaries: the role of religious agents in the boundaries of public health". Paper, Africa Religious Health Assets Programme (ARHAP) Conference, Cape Town, 14 July 2009.

96 Philippe Denis, "AIDS and religion in Sub-Saharan Africa in a historical perspective", *Journal of Theology for Southern Africa* 135, July 2009, pp. 4-27.

97 M Susser, "Foreword", in S Kark and E Kark (eds), *Promoting community health: from Pholela to Jerusalem* (Johannesburg: Witwatersrand University Press, 1999), p. 3.

98 African National Congress, *A National Health Plan for South Africa* (Johannesburg: ANC, 1994), p. 16.

appreciation of what was happening in religious cycles. It was due to the churches' outstanding work in HIV and AIDS care and treatment, especially by the Catholic Church, that on 29 May 1995 the Department of Health and Welfare invited religious bodies to work together in the AIDS crisis.[99] The creation of the South African National AIDS Council (SANAC) by the office of the Deputy President, Mr Jacob Zuma, was another attempt to incorporate religious organisations in the provision of care for AIDS patients. The same concern led to the formation of the National Religious Association of Social Development (NRASD) in 1999. "We believe that the faith-based community has a special role to fulfil against HIV and AIDS", wrote Cedric Mayson on behalf of the Deputy President's Office in a letter addressed to the SACBC secretariat.[100] Mayson, a minister of religion who at the time of this research was working for the South Africa Council of Churches (SACC), added that SANAC had discovered that "whilst some religious people are reluctant to approach the question of HIV/AIDS, a few others, such as the Catholic Church, have built up the skills, which needs to be shared".[101]

The most important contribution of the Catholic Church's AIDS care and treatment activities was the introduction of community-based care to the AIDS situation in the country. Indeed, Catholic AIDS workers were not the first to use home-based care in South Africa. Others had used the system in selected cases with a certain degree of success.[102] They were, however, the first to demonstrate its efficiency in the treatment of AIDS patients. Traditionally, the practice of medicine as a discipline belonged exclusively to the doctors and nurses. It was confined to institutions of care such as hospitals and dispensaries. The "home-based care programmes" made that necessary departure. Ordinary volunteers in the community, with basic training, could visit homes and offer care and treatment to terminally ill patients. The Catholic Church, particularly the Archdiocese of Durban, was a leading practitioner of the home-based care programmes in the country. "The Durban Group Leads Nation in Home-Based AIDS Care", reads the headline of the 21 February 1999 *Southern Cross* paper.[103] As Walter Burnet[104] and Cochrane argue, the AIDS crisis and the religious responses to it in Southern Africa have demonstrated the need for a rethink on the health policy in Southern Africa, with a special emphasis on primary health care as opposed to public health.

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99 JHO Pretorius, Report, Workshop on AIDS held by Religious Bodies and the Department of Health, 29 May 1995, Cavitas Building, Pretoria.

100 Cedric Mayson, SANAC, "Report from SANAC". Letter written to Father Richard Menatsi of SACBC, 19 October 2000.

101 *Ibid*.

102 Susser, pp. v-vi.

103 "Durban group leads nation in home-based AIDS care", *Southern Cross*, 21 February 1999.

104 Walter Burnet, "Rethinking populations in public health". Paper presented at the ARHAP Conference, Cape Town, 13-16 July 2009.

The idea of community-based health care is not new in South Africa. Its roots could be traced in the 1939 work of two Union government officials: Dr EH Cluver, who was then the Chief of the Health Department and his Deputy, Dr HS Gear. They were interested in developing a better health care for the "Native Reserves".[105] They established three experimental health centres with the central aim of training and empowering the community to promote its own health. The programme's emphasis was on the prevention and treatment of disease and health education as an alternative to the solely hospital-based and curative medicine. The first of these centres was the Durban based Pholela Health Unit.[106] As part of this new approach, the programme trained community health assistants. This initiative died with the revision of the health policy by the new National Party administration in 1948. Community-based health care never surfaced again in the country until 1989 as a major concern of the newly formed Progressive Health-Workers Network.[107] It was, however, the April 1990 Maputo Conference on Health in Southern Africa that recommended the Cluver's model of community-based health care "as the basis for the provision of health and welfare services in the post-apartheid South Africa".[108]

The connection between community-health care and the AIDS crisis was made much later at the first National HIV and AIDS Convention of South Africa (NACOSA), which was co-organised by the Department of National Health and Population Development and the ANC and held in Port Elizabeth from 23 till 24 October 1992.[109] By that time, the archdiocese of Durban was already practising under the title, "Home-based Programme". It is possible that the Catholic Church got the idea from the anti-apartheid members of the Progressive Health-Workers Network, given its representation in NACOSA meetings and the fact that its programme was run by retired nurses who were members of the network.[110] Other sources, however, suggest that its community programme was a borrowed idea from Protestant churches in Zambia.[111] Whereas NACOSA's effort in advancing

105 Kark and Kark, p. 23.

106 Barbara Schimid, "The contribution of religious leaders to health advocacy and the promotion of health in Southern Africa". Paper presented at the ARHAP Conference, Cape Town, 14 July 2009.

107 Historical Papers, University of the Witwatersrand, NPPHCN, Funding and Finances Box: Conferences and Meetings File: "Letter from Malcolm Steinberg – Prax, March 25th 1989", p. 1.

108 Historical Papers, University of the Witwatersrand, NAMDA Collection: NEC Minutes Box 1986-1991, HIV/AIDS Issue File, "Declaration on Health in Southern Africa, Maputo, April 15, 1990", p. 1.

109 Centre for Health Policy Resource Room, University of the Witwatersrand: M Steinberg, "NACOSA: South Africa united against AIDS", *AIDS Bulletin* 1 and 2, December 1992.

110 Centre for Health Policy Resource Room, University of the Witwatersrand: N Schaay, "The AIDS Program of the National Progressive Primary Health Care Network", *AIDS Bulletin* 1 and 2, December 1992, p. 1.

111 JA Kelly, *Aids health crisis: psychologicl and social interventions* (New York: Springer-Verlag, 2013), p. 8. Also see, J Iliffe, *The African AIDS epidemic: a history* (Athens: Ohio University press, 2006), pp. 45-50.

community health care was centred in the academy and rather geared towards an activist-oriented rhetoric, the Catholic Church implemented the idea with much less publicity. The government centres, opened in various cities which were envisaged to facilitate community-based AIDS care, remained empty and inactive during the better part of the 1990s.[112] Regardless of where the Catholic Church got the idea from, it eventually offered the much needed "litmus-test" and, in a way, became a pioneer of the programme in the New South Africa.

11. CONCLUSION

Apparently, institutional debates and pastoral statements on AIDS at the SACBC hierarchical level had some significant degree of influence on community workers at the diocesan and parish levels in providing care to PLWHA. One may argue, for instance, that the much publicised "theology of service"[113] tagged "community serving humanity"[114] which the SACBC adopted at the onset of the 1990s and which motivated a social response through care at the grass root levels.[115] Similarly, one may see The *Pastoral Letter on AIDS* released by the SACBC at the onset of the 1990s as providing a popular point of reference in the Church's motivation to care. However, most care givers associated their momentum to care with a contextual need in the appalling conditions brought about by the disease. Whereas such heroic narratives may be traced in other Catholic dioceses outside the province of KwaZulu-Natal,[116] these provide critical alternative voices on just how the church has responded to the AIDS epidemic in KwaZulu-Natal.

112 Report on a workshop on AIDS held by Religious Bodies and the Department of Health, 29 May 1995, Cavitas Building, Pretoria, South Africa; Interview Sandy Roshini, Sinosizo Project Manager, Amanzimtoti, South Africa, 11 October 2007.

113 Stuart Bate (ed.), *Serving humanity: a Sabbath reflection: the pastoral plan of the Catholic Church in Southern Africa after seven years* (Pietermaritzburg: Cluster Publications, 1996), p. v.

114 Cecilia Moloantoa, "The Aids Pandemic: A Challenge to the Christian Community", *Internos* 3(5), September/October 1991, pp. 12-13.

115 David Sadie, "A Catholic indaba: 120 bishops and religious superiors plan future role of church", *Internos* 2(3), July/August 1990, pp. 6-7.

116 Melanie O'Connor, "Contribution of religious sisters to health care in South Africa", *Grace and Truth: A Journal of Catholic Reflection for Southern Africa* 30(2), July-August 2013, pp. 119-129.


ECCLESIASTICAL TERRITORIES IN KWAZULU-NATAL
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INGWAVUMA
MAPUTA
Ingwavuma
PAULPIETERSBURG
VRYHEID
NONGOMA
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DANNHAUSER
DUNDEE
NQUTU
ULUNDI
HLABISA
LADYSMITH
MELMOTH
NTAMBANANA
EMPANGENI
RICHARDS BAY
BERGVILLE
WEENEN
ESTCOURT
GREYTOWN
ESHOWE
AMATIKULU
Durban
NEW HANOVER
STANGER
MONTEBELLO
HOWICK
PIETERMARITZBURG
UNDERBERG
RICHMOND
DURBAN
CREIGHTON
Marianhill
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