

range from an assistentialist, 'compassionate care' approach to positions which would draw from the insights of liberation theology particularly in the realms of sexuality. Some responses clearly express official denominational pastoral lines, others would dissent in varying degrees from official teaching statements on sexuality. Given that the majority of those affected by HIV/AIDS in the UK are still gay or bisexual men, the redefinition of attitudes to these experiences of human sexuality is bound to maintain a high profile. As HIV becomes more of an issue in the heterosexual population, Christian reactions will not be able to remain bound to a preoccupation with past statements. If HIV is predominantly a sexually transmitted infection in the northern hemisphere, then the Churches in their enunciation of pastoral responses must take this on board, with all the complex problems of permanency of relationship, fertility of sexual union, meaning of sexual relationships. It may well be that out of the seeming despair of HIV or AIDS a new vision of human sexuality might develop, not of the kind voiced by Mgr. Carlo Caffara, the Vatican theologian, whose so-called vision is 'chastity or death', but a new and prophetic vision of life-giving sexuality, one enabled to break through biological binding cloths.

Through the eye of a needle

Simon Robson OP

We go on and on learning about AIDS. I first became aware of AIDS when I started reading the early press reports some ten years ago. Eventually I knew of people who were ill because of AIDS, I knew that lovers of friends of mine were ill, and in due course they died. I remember the very first time I saw the skin cancer Kaposi Sarcoma: it was on the hand of a friend whom I was visiting in Amsterdam. I remember helping in 1987 to light over a thousand votive lights in the Dominican Priory Church at Oxford at an all-night vigil, to represent the current number of people in the United Kingdom known to be HIV Positive, and, of course, those candles also represented those who had died. My experience also included explaining how HIV infection is transmitted (and how it is not), talking about 'safer sex', and giving advice about the HIV test.

However, nearly two years ago I came to Edinburgh, and in my time there my experience of AIDS has broadened tremendously. I knew nothing about drug abuse whatsoever, although I knew that was how the HIV virus had been spreading so widely in Edinburgh, making it the worst-hit city in Britain after London. I had no idea how relevant my experiences of AIDS and of how it affected gay men in England would be. As it turned out, they were of great value. What, though, I was not prepared for was how AIDS affected children. Of course, gay men have parents and brothers and sisters and grandparents, all of whom are affected in one way or another when someone becomes HIV Positive. But what I discovered on coming to Edinburgh was that, through the sharing of hypodermic needles, husbands and wives, brothers and sisters, cousins, uncles and aunts were infected. And that means scores of children are affected by AIDS.

Children had not been part of my thinking at all. But suddenly I knew of children who had one or both parents HIV Positive, who had aunts and uncles who were also Positive; a few had little brothers and sisters who had been born Positive. The effects on me were profound. I had not seen myself as somebody who was particularly fond of children, and yet I discovered that these children had found a place in my life and, even more surprisingly, that they had accepted me into their own lives. They are children much as you would find anywhere, many of them from one-parent families, many from socially deprived parts of Edinburgh, children who had grown up where drug abuse is a familiar family problem. But now children also living with AIDS.

The experience of one young woman I know is fairly typical. She is in her early twenties, with a history of drug abuse. She manages to get her life sufficiently together to find a flat and get her children out of care of the local authority and begin to build a home again. But then she discovers she is HIV Positive.

The pressure on children like hers is incalculable. Many of them are now responsible for the day-to-day looking-after of younger sisters and brothers, getting them to school and feeding them, as well as for looking after mum or dad. Of course, this is an experience common to many children, but, as well as this, within a few years these children will be suffering quite profound bereavement as one or both parents die, and as they see other relatives and friends of the family die also. AIDS and ARC are, in any case, not nice things to see people die of, and the distress is amplified by the fear, ignorance and sometimes deliberate malice that surrounds the sufferers and their family. Who is going to be there for these children?

I belong to an organisation called Positive Help that tries to provide practical help for people in Edinburgh who are HIV Positive, and for their families. Volunteers drive them to hospitals, provide respite care, clean and redecorate flats, do shopping and laundry, take the children on trips, and baby-sit. Ordinary everyday things, which we do not as

professional carers but as ordinary people without specialised skills.

The children with whom we had become involved in order to give their parents a break very soon became a unique and integral part of our work. Taking children camping or to the swimming pool provides the sort of relief during the school holidays which any parent appreciates, but to children whose parents' lives are sometimes chaotic, as well as including periods of illness and hospitalisation, it is hoped that doing such things will restore some sense of the normality of ordinary things and ordinary people. One sees teenage boys and girls suddenly relax because, just for a few hours, they are not responsible for their younger sisters and brothers. However, unlike the jobs done for the HIV Positive adults, such as the driving to hospital and the visiting, there is no end in sight for the things that we do with the children. In perhaps three years the parents of three children I know, aged 4, 10 and 14, will be dead, but the children will not be going away.

All children need love and security, but how is that possible in families facing so many deaths? I remember giving a photograph of a little boy to his mother which had been taken at a Christmas children's party. I made a little speech on the subject of the whereabouts of copies and the negative. I think she thought I was mad. All that mattered to her was that she had a photograph of her son at a Christmas party, and her joy at having that was indescribable. How many Christmases they will have together she does not know. But helping so easily to make memories as happy as that for a mother and her son is a very disturbing experience.

In perhaps two years I will leave Edinburgh but those children will still be there. We do not yet talk of AIDS and death: *The time to be happy is now*. But the time for talking will come. Yet to know these families is to be impressed by their courage; they themselves make it possible for me to go on being involved with them. One of my blackest moments came during a conference on children affected by HIV. We had been told how many children had been orphaned by HIV in New York (some incredible figure in the tens of thousands!) and speakers were talking of the situation in Edinburgh, and the likely number of orphans there very soon. But then came hope, in the person of a young mother who was HIV Positive. She raised all the fears and the questions the conference was attempting to address, but her courage and honesty was beyond anything I can put into words. She spoke of her four-year-old daughter and of how they had spoken together of daddy's death and her own illness and why she was not getting better in spite of the tablets that she took. And how she did not know what to say to her daughter when she asked her 'When you die, Mummy, where will I go?' Amongst all the professional people she stood out as a woman who was prepared to admit that she did not have all the answers or 'know what was best'. She inspired me to go on wanting to know these children even though I do not know how we are going to help them all as their parents die and when their grandparents can no longer look after all of their grandchildren,

not who is going to help the grandparents who will see all their children die in their twenties and thirties.

There are huge questions about how we can cope with what the future will bring. There is, of course, much that is the task of the Government and the local authorities, and much, indeed, that voluntary organisations can and must do. But we must listen to the people we presume to help. Too often the *poor* and the *sick* are ministered unto as though they had no minds and their bodies were not theirs either, and we always know what is best for them. However, the people whom I know who are living with AIDS, and their lovers, friends and children, are brave and inspiring people. They do not need our sympathy, but they will accept our help if we offer it without condescension and acknowledge that they have much to offer us too. Statistics are meaningless insofar as they do not represent the personal qualities of the men, women and children whom I have come to know and admire.

Hear what AIDS says to the churches

Antoine Lion OP

Even though, as these years of AIDS go by, knowledge accumulates, experiences circulate and piles of books about the subject are written, nevertheless everybody seems to advance into an unknown territory, without maps or compass. Humanity has not got this landscape printed in its memory and each person who is HIV positive must rediscover for himself or herself how to cope with life and death, with time and with love, with the future, with sex, with money, in short with all those relations that human beings do not stop more or less consciously creating so that their lives have meaning, and which, among those that the virus overtakes, are overthrown from top to bottom.

Often the man who is HIV Positive must live very much alone, so much is incommunicable. Moreover, he must often live with rejection and avoidance and fears—his own and others—in a society in which (to quote