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Healing And Fullness Of Life A Reality More Than A Choice

The word 'healing' today is well understood to refer not just to physical healing but also to the spiritual, mental and social well being of an individual. It includes restoration of dignity and freedom, and upholding righteousness and justice within and around us. It is in fact a dynamic state of life, which today we can dream of achieving in this world amid all the limitations and imperfections around us and within us. In the Holy Bible, Christ states the purpose of His coming into this world thus "...so that they may have life, and have it to the full." John 10 : 10 (NIV)

What is striking is that Christ recognized the need for healing as a reality, that it was the need of everyone, not just the leper, the blind and those categorized as demon-possessed or ill by society. For those who humbly accepted this fact, Christ became the reason and the source of a new life - transformed and life - giving to those around. The first article calls us to look into a general church policy on health, where- in illnesses related to HIV & AIDS, Cancer, Leprosy and even Addiction can be addressed more relevantly than under a disease - specific policy made at church level. This comes in the wake of the difficulties that churches are facing while trying to address such illnesses specifically, although theologically and liturgically, many of the churches are already in tune with the concept of healing. Unfortunately this gap has made its purchase felt in the shape of a negligence towards living as a caring community, which would then bring about healing and uphold life within and around the individual. Our gratitude to the veteran virologist, Dr T Jacob John, who has pointed out this important as-

pect through this article.

The second article is a framework that CMAI has developed for helping churches to frame a policy on HIV & AIDS and thereby take a stand on health at large, a venture CMAI has been involved with for the last two years. Today when we are thinking of mainstreaming HIV & AIDS at all levels, so as to reduce risk, stigma and discrimination, it is particularly important for the churches to think about HIV & AIDS not as just one of the options for mission work (the root causes of stigma and discrimination are left largely unaddressed by the Church), but rather evolve into a Church system that relevantly meets various challenges in the context of HIV & AIDS and other similar states of ill-health.

The framework is particularly helpful for those churches which are already engaged in addressing the pandemic.

We also start this new year with the great news of Fr Joe H Pereira being awarded the Padma Shree in recognition of his contribution in the field of social work. Indeed a great privilege to share this joy with Kripa Foundation. We as a network thank God for his life and unique contribution. Rare thoughts on the Twelve Step Recovery by Fr Joe makes this edition a really special issue, our thanks to him.

Here's wishing our readers a blessed 2009.

Towards an Appropriate Church Response Need for Policy Development on HIV/AIDS



This was a paper presented by Dr T Jacob John, at the One Day Consultation on HIV Policy for Malankara Orthodox Syrian Church, held at Bethany Aramana, Thiruvalla on December 5, 2008.

The setting

HIV is a virus and it causes AIDS, which is a complex disease. The Church is the symbol, proof and servant of the 'kingdom of God' and humans. What connection do these two have?

The common misconception is that the Church deals exclusively with spiritual matters where HIV & AIDS are afflictions of the body. Why should the Church get involved?

Sickness is an inherent human condition, regardless of how its origin is explained away by theories — scientific, secular, rational, religious or theological. The calling of the Church is not to 'explain' (pharisaical) but to confront the reality of disease and comfort, care for, cure when possible, and heal — not only believers in Christ but all people, for they all are our 'neighbors'.

HIV & AIDS is at once a problem affecting the body, mind and spirit - the 'capsulisation' of human suffering and also a spotlight on society — on how we live and function as a community, on how we mismanage health care for the people, on the quality and equity of services, on the weaknesses of our social support system in society, and on our approach of selfish 'self-preservation' being unwilling to take any risks for the sake of the 'others'. This disease is also an opportunity to manifest the quintessence of the kingdom of God approach. It is like a prophet, a messenger warning of the evil we bring about on ourselves and our brothers and sisters, of the urgent need for re-direction in life, of the need to take health and healing seriously. Not merely symbolically but substantively.

The Response of the Church

In as much as healing is a major mission of the Church, the response of the Church

should be at two levels: HIV & AIDS-specific and general health-and-healing

HIV-specific response

We need to respond to HIV & AIDS at three levels.

First, as a relatively new but devastating disease, we need to understand how we relate to its presence and power in the world. Is it the punishment for human sins? Is it a sign of God abandoning us humans? Indeed how do we reconcile God's love and grace in a world full of diseases, human misery and suffering?

Second, how do we care for those who are infected particularly for the men, women and children who have AIDS? Do we establish one or two symbolic institutions — and will that suffice? How do we prevent discrimination and social isolation? How do we help the economically weak among AIDS patients? How do we assist those who require anti-retrovirus treatment?

Third, how do we help prevent further spread of HIV? How do we position sexuality and sex in responsible human behaviour? How do we promote health, healing and healthy living? How do we teach our youth in their making personal choices?

Generic: health and healing

An opportunity to examine our response to the modern equivalent of leprosy, it must also be utilized to re-examine the Church's mission in health and healing. The same three levels apply. First, we must develop a deep theological understanding of the human condition that allows sickness, suffering and death. Second our mission for pastoral and medical care for the affected should be taken very seriously. Third, the Church should stand up for the promotion of health and prevention of diseases.

The need for Policy: on HIV-specific and on generic health problems

The Church is a powerful force — we insiders may not quite be aware of its immensity. Indeed the Church (CMC, Vellore) was responsible for its very detection in India, for designing the societal response, and leading the non-discriminatory health care model. The Church (CMAI) was responsible for training hundreds of technicians in quality-assured laboratory testing. Innumerable local NGOs from local congregations and churches fill the gap in service and fulfil the unmet needs of families affected with HIV & AIDS. The National Lutheran Health and Medical Board runs a community care centre in Guntur. The Committee for the Care of Children and Youth (CCCY) of the Church of South India runs a few centres in Vellore and Ambur, offering educational support for children from HIV-affected families and health care support for all members of such families. Our own church has a few projects to care for children who have lost parents due to AIDS. These are examples which could be replicated a hundred times over.

The points that church leaders have to consider are: Should Church policy be HIV-specific or more broad to accommodate health and healing in general?

Should the Church confine itself to establishing and sustaining a few projects or should the Church enable and encourage every parish to become local centres of health and healing for the community (with no discrimination on the basis of religion)?

How should the Church empower its youth to take responsible choices in terms of sexuality and its expressions? How counseling services should be brought to every community — to prepare its members when beginning fam-

ily life, and, family relationships?

How does the Church assess the local needs for health and healing? Should there not be a networking environment for health-related activities? Should we not have full time officers to sustain projects and prepare plans?

Should we not align and collaborate with other Church-related agencies such as CMAI, CSI, Lutherans, CHAI and others?

Proposed outcomes to church response

Design mechanisms to further explore avenues of study and thought on the issues put forth by HIV, AIDS and by so many other serious diseases among the people.

Develop a theological understanding of health, illness, life style, over-consumption etc in general and HIV & AIDS in particular.

Explore various channels of compassionate and competent care for people in need physical, mental and spiritual – including income-generation and self-support – all in the local contexts of parishes.

Explore ways and means of promoting healthy living; preventing HIV and other infectious diseases; preventing life-style diseases – diabetes, hypertension, heart diseases and stroke.

Design the growth of parishes as centers of health promotion and counseling for physical, mental and spiritual health and well-being.

And many more, but let this be a well planned beginning.

About Dr T Jacob John

Dr T Jacob John qualified as a clinical paediatrician in 1961. At CMC Vellore, he was the chief of clinical virology services from 1970 to 1995, during which time he also spent 10 years as the chief of the National HIV/AIDS Reference Centre, 15 years as chief of Centre of Advanced Research in Virology, and 8 years as head of clinical Microbiology.

He was the first to report oral vaccine efficacy problems in India in 1972, including the identification of several children with polio in spite of them being fully vaccinated. In 1986 he was the first to identify individuals with HIV infection in India. With more than 400 publications to his name, T Jacob John is a distinguished expert on infectious diseases in India.

The CMAI Reference HIV & AIDS Policy Framework

An international reference for Churches developing HIV & AIDS policies

Church = denomination, individual congregation, Christian organisation

The importance of a Church policy on HIV and AIDS

Churches around the world have been responding to the HIV & AIDS pandemic through a wide range of approaches. As the pandemic and the responses to it change in scale, in complexity, diversity of responses, and as newer understandings of the related issues emerge, many churches have felt the need to have new or updated policies that can guide their responses.

Preparing a policy to guide the Church's response to HIV & AIDS is a complex task. This is because the policy not only guides proposed actions, but it also represents a value statement that affects the lives and actions of its individual members. The policy therefore needs to be comprehensive in its coverage, distinctive in its perspective, and clear in its underlying values. It should benefit from earlier experiences in policy and practice, and incorporate current understandings of HIV and the context in which it exists.

The Need for a framework

CMAI is committed to strengthening the Church in its ministry of health, healing and wholeness and has been working in the area of HIV & AIDS since 1987. As part of this commitment, CMAI has been helping churches in India and abroad to develop their HIV & AIDS policies. In the process, CMAI has reviewed policies developed by churches and Church agencies across the world since 2000. The review showed many differences in the way policies were written, the issues they covered, and the perspectives they adopted.

CMAI acknowledges that issues do differ according to the context, that perspectives are often different, that churches do prefer to emphasize some

aspects more than others, and that these differences are unique, important and necessary expressions of our faith and beliefs. While engaging with church leaders in India and abroad through the past few years, we learnt a lot from previous experiences in policy development. Across several workshops and consultations with different groups, we discussed the policies in a comparative manner, and found that participants valued the insights they gained through this process. This comparative analysis convinced us of the need for a more structured way of looking at HIV & AIDS policies, and thus emerged the need for the framework. It is this framework that is being presented in this document.

Purpose of the framework

It should be emphasized that the purpose of this framework is not to propose a certain perspective, but rather to assist an interested church to structure its policy development process, so that it is able to identify the many issues that relate to HIV & AIDS and address each issue in the way it deems appropriate, while, at the same time being aware at the same time about how other churches have addressed the same issues.

How to use this framework:

Process

We strongly recommend that when using this framework as a guide you should take the opportunity to introspect about the unique perspectives and faith basis of your Church with clarity so that you can put together not just an expression of faith, ideology and identity of your Church, but also an effective tool of communication to the Church within and the community around.

Therefore, the individuals who are

tasked with developing the policy should, during the development process, themselves have a facilitated exposure to the various issues from different perspectives and viewpoints including the social, theological, etc. They should also use this policy development as an opportunity to sensitise a larger group of key stakeholders. A strong exposure to appropriate information about HIV & AIDS, understanding of stigma and discrimination, gender and sexuality and an empathetic involvement with People Living with HIV & AIDS are some of the necessary preliminary stages that we recommend the group to go through as they involve in the process of developing the policy of their Church. They should also review, discuss and assimilate what other churches have said and why. This is crucial as the overarching objective of the policy is to guide the thinking and understanding of the church, and not only state activities it will undertake.

Outline of the Policy:

1. Issues that the preamble can cover

1.1. The church

1.1.1. A brief description of the church.

1.1.2. Basic statement of faith. *The statement of faith could have a section that elaborates on the church's perception of HIV & AIDS in general, what it believes about life and death, and sex*

1.1.3. The specific motivation/ trigger, if any, for their involvement in HIV-related issues could also be included

1.2. The epidemic

1.2.1. The epidemiology of HIV in the geographical area of the church. *More than numbers, it would be helpful to discuss trends of the epidemic. It may be helpful to place the local epidemic in the context of the national/ state level one*

1.2.2. The environmental factors that contribute to the spread of the epidemic are: the situation of poverty, conflict, entrenched/ perpetuated systems of injustice, gender equations specific to the geographical area of the church, socio-cultural attitudes and practices particularly those related to sex, rapid change in lifestyle affected by technology, globalisation, etc.,

This list can be further built up

1.3. The ____ Church and HIV in ____

1.3.1. How does the church view herself in the context of HIV in its milieu

1.3.1.1. The approach that the church will take in reflecting on herself... compassionate as Jesus Christ? In judgement of those who through wrong choice have inflicted pain on themselves and those around. *This section could focus on how the church will seek to put in practice its beliefs outlined in 1.1.2 above.*

1.3.1.2. Its role in preventing the spread of the epidemic

1.3.1.3. Its role in caring for those affected by the epidemic

1.3.1.4. Its (internal) capacity to address the epidemic. *This may include expertise gained through intervention in human need (inclusive of but not restricted to the field of HIV), and institutional support available either in terms of policies or infrastructure*

2. Issues that can be addressed

2.1. Directly related to the epidemic:

2.1.1. Prevention*

A note may be included here on why the church must be involved in preventing the spread of HIV –

1. people must live so that they can experience the love of God.

2. the public health concern which is an essential part of Christian responsibility in a world of need.

2.1.1.1. Preventive education

The basis for and the historical achievement of the church in establishing educational institutions (many of which are renowned today) could be referred to here. Such a reference could pre-empt negatively biased viewpoints about sex education.

- Life skills that empower people to make appropriate choices that will protect the vulnerable against the epidemic

- Sex education

2.1.1.2. Safe blood provision

2.1.1.3. Condoms. *Some discussion on how the church viewed condoms for family planning could help to adopt a more balanced position*

2.1.1.4. Harm reduction

* Church policy in HIV prevention should seek to ensure that the church

reaches out to those outside the fold first and then its own.

2.1.2. Care*

A note may be included here on why the church must be involved in the care of those infected with and affected by HIV – people must live and die with their God-given dignity

2.1.2.1. Stigma and discrimination

2.1.2.2. Pastoral care and counselling

2.1.2.3. Community care and support

2.1.2.4. Treatment for opportunistic infection

2.1.2.5. Anti-retroviral therapy

2.1.2.6. The care of the orphaned

* The natural inclination would be towards institutional responses. Church's policy in HIVcare should seek to emphasise long-term engagement at the level of the community.

2.2. Related to the environment in which HIV thrives

2.2.1. *An acknowledgement of the broader responsibility of the church to address human need may be included here.*

2.2.2. Poverty

2.2.3. Conflict

2.2.4. Systems that perpetuate injustice

2.2.5. Status of women

2.2.6. Cultural attitudes and practices relating to sex

2.2.7. Life-styles

Note: *From 2.2.2 to 2.2.7, the responsibility of the church in the specific area of human need may be established in the first sentence, before proceeding to what the church will do to address that need.*

2.3. Related to the capacity of the church

2.3.1. Conviction that the church 'can do all things through Christ, who strengthens'

An acknowledgement of how and why the Church has been endowed with the necessary gifts, talents and skills. *This may also include a note of thanksgiving for the valuable inputs of clergy and laity, the pioneering role the church has played as pioneers in addressing human need with special mention of what the church has done in the area of HIV.*

2.3.2. A recognition of the gap between current resources and extant need in the field of HIV. *This may include how the gap arose among the pioneers - through prolonged delay in responding to HIV, relegating the responsibility of the healing ministry to the few who serve in the mission hospital, the church viewing itself largely as a recipient of grace rather than a channel of blessing*

2.3.3. The renewal of commitment by the church to serve in humility, the spirit in which Christ served on earth, to serve as a community to serve excellently

2.3.4. Towards attaining to such excellent and yet humble service by the community of the church, we are willing to learn with an open mind. In practice, this will include commitments to

- Maintaining our unique identity as the body of Christ

- Provide opportunity for the congregation to be involved in the healing ministry

- Engage in studying the situation relating to HIV in and around the operational areas of the church through research or learning from others in the field

- Share the experiences with others in the field.

3. Rationale for action on each issue

Suggestion: The rationale for action on each issue is stated in the appropriate sections rather than as a separate section (as here)

4. Biblical references that can be used to develop a position

Suggestion: *Similar to the rationale* for action, the biblical references are better included in brackets where the reference is made.

Acknowledgements:

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Your suggestions to strengthen this are welcome. Please contact CMAI at cmai@cmai.org

BOOK REVIEW

LISTENING WITH LOVE : PASTORAL COUNSELLING

A CHRISTIAN RESPONSE TO PEOPLE LIVING WITH HIV & AIDS

Fr Robert Igo OSB, October 2008, WCC Publications, World Council of Churches, Geneva

This is a Bible – based resource book, which will assist congregations in effective pastoral counseling in a time of HIV & AIDS. As Dr Manoj Kurian puts it, “*It is an attempt to “open the floodgates of heaven” (2Kings 7:2): to resist the siege that communities experience due to the barriers with which humankind divides itself in the form of ignorance, poverty and stigmatization;.... to unleash the healing power of God among people....*”

The book inspires us to listen with love to those who are infected with and affected by HIV & AIDS, thereby helping us to get a clear idea of what kind of service we can hope to provide them. Today the most challenging factor that prevents a genuine pastoral approach is the fear and ignorance of the nature of this virus, as well as confused understandings about our sexuality and the place of God in the struggle with HIV & AIDS. This book challenges the reader to practice the gospel of compassion. It aims to provide pastoral support by accompanying those living with HIV & AIDS, so that their concerns and worries, needs and desires may find an appropriate and informed structure of care and counseling. The book provides some basic skills which can help the counselee express their pain, suffering and confusion, their anger, doubts and fears, in a safe and healing environment. It will not help you to become a professional counselor but will help you to improve your counseling skills.

Self Assessment Framework

www.aidscompetence.org

	Level 1. Indicators that show us we are aware	Level 2. We react	Level 3 We act	Level 4 Continuous action, systematizing what we do	Level 5 The practice is part of our life-style
1. Acknowledgement and Recognition	We know that HIV & AIDS exist	We know enough about HIV & AIDS to respond when something happens	We publicly recognize that HIV & AIDS is affecting us as a group/community and take occasional action	We regularly discuss AIDS, and have a common program of action to respond	Our response to AIDS is part of our daily life. We know our own HIV status and act from strength.
2. Inclusion	We are aware of the importance of involving others - those affected and infected	We co-operate with some people to resolve common issues	We in our separate groups meet to resolve common issues (e.g. PLWA, youth, women)	Various groups share common goals and define each member's contribution	Because we work together on HIV & AIDS we can address and resolve other challenges facing us
3. Linking care and prevention	We have the basic knowledge for prevention and care	We understand the link between care and prevention	Some of our actions link care and prevention	We systematically link care and prevention activities	Care strengthens our relationships and helps us to change our behaviour
4. Access to Treatment	We access basic medicines	We have access to simple treatment	We access treatment for more opportunistic infections, but not ARV	Some of us are using ARVs regularly	All those in need of ARV drugs are using them effectively
5. Identify and address vulnerability	We know who is most vulnerable within our community	We help those more vulnerable to HIV than ourselves	Our response includes some specific actions to address our own vulnerability to HIV	We systematically address our own factors of vulnerability	Our actions to address vulnerability to HIV strengthens us in addressing other challenges
6. Gender	We are aware of gender issues and how they are related to HIV & AIDS	We notice gender issues in our HIV & AIDS work and respond to them	We have started to address gender issues in some of our AIDS work	We regularly consider gender our HIV & AIDS prevention, care and support	We have mainstreamed gender issues in all our HIV & AIDS work
7. Learning and transfer	We want to learn and share with others	We adopt good practice from outside	We sometimes share our points of view to draw lessons from our actions	We learn, share and apply what we learn regularly and seek people with relevant experience to help us	We continuously learn how we can respond better to HIV & AIDS work
8. Measuring change and adapting our response	We are aware of the importance of measuring change and adapting our response	We begin consciously to self measure but we do not yet adapt the result for improvement	We adapt our response and occasionally measure the improvement	We systematically adapt and can demonstrate measurable improvement	We see implications for the future and continuously adapt to meet them while measuring the change process
9. Ways of working	We are aware that AIDS challenges our ways of working	We focus on our own strengths to respond	We work as team to use our collective strengths and resolve problems as we recognize them	We regularly find our own solutions to access experiences and lessons learnt from others	We continuously seek to improve our ways of working and share our experience with others
10. Mobilizing resources	We wait for resources from others who tell us how to use them	We act when resources are provided to us	We take some initiatives based on our own resources	We regularly identify and access additional sources of support to complement our own strengths	We continuously use our own resources and access other resources to achieve more, and have plans for the future

Developed by, The Constellation for AIDS Competence, a not-for-profit organisation incorporated in Belgium in April 2005. As an individual, as a family, as a church and as an organisation, assess your competence in HIV & AIDS and take the courage to commit for the steps ahead by using this framework.

GOSPELS – THE FOUNDATION OF TWELVE STEPS RECOVERY

*Padma Shree Fr Joe H Pereira, Managing Trustee
Kripa Foundation, Bandra, Mumbai.*

The most common experience in dealing with addiction is a certain amount of frustration owing to the nature of the disease, which is basically a NO Cure ailment. However there is Recovery. In the fifth Chapter of the Big Book (Alcoholics Anonymous) it is said that “Rarely have we seen a person fail who has thoroughly followed our path”. It further goes on to explain the biggest obstacle to this recovery; the incapacity of a person to be honest with one’s self. Honesty and truthfulness are the basis of recovery according to the Twelve Steps Programme. Since the founding fathers of A.A. had recourse to pastors of various Christian denominations, they were helped with the principles of the Gospel. Six steps of the twelve steps were drawn from the Oxford Group of Rev. Frank Buchman. Hence essentially the entire process of healing in the self - help method of the Alcoholics Anonymous is based on the Gospel way of life. It becomes very evident as we work upon each step in depth. This article is an attempt to re-read the Twelve Steps in the light of their original inspiration.

The first step which states, “**We admitted we were powerless over alcohol and our lives had become unmanageable**” echoes the sense of helplessness of St. Paul as in Rom 7, 18 & 19 “I know that good does not live in me—i.e in my human nature. For even though the desire to do good is in me, I am not able to do it. I don’t do the good I want to do; instead I do the evil that I do not want to do.” When we as humans forget that we are human, and play God, our weakness or unmanageability come to the surface with a vengeance. The first step helps us to admit and accept our human condition with deep humility. Pride

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personality.**

keeps us in the state of “denial” which is the biggest obstacle to accepting the Programme and recover.

The Second step states, “**Came to believe that a power greater than ourselves could restore us to sanity.**” This step brings in the component of the Faith Factor, which today is being acknowledged by Behavioural Medicine. In Phil.2, 13 we read, “For it is God who works in you to will and to act according to his good purpose”. This step keeps in mind the famous caution by the Psychologist, Carl Gustav Jung, that there is nothing in

Psychology that can explain the relapse-proneness of an alcoholic !

The Third step states, “**Made a decision to turn our will and our lives over to the care of God as we understood Him**”. The person who receives the gift of Faith realizes that unless the “Lord builds the house in vain do the labourers labour to build it”. This step blasts the myth of “will-power”. One does need motivation or the will to recover but the power has to come from above.

With the psalmist (143, 10-11) one needs to pray, “Teach me to do your will, for you are my God; may your good spirit lead me on level ground.”

The Fourth Step states, “**Made a searching and fearless moral inventory of ourselves.**” The exhortation of St. Paul to the Colossians in chap. 3:5-8 says it all. “Put to death therefore, whatever belongs to your earthly nature; sexual immorality, impurity, lust, evil desires and greed, which is idolatry. Because of these, the wrath of God is coming. You used to walk in these ways, in the life you once lived. But now you must rid yourselves of all such things as these: anger, rage, malice, slander and filthy language from your lips.”

This step is a beginning of accountability. By taking responsibility for one’s past actions, the recovery process becomes more authentic. It is very easy to get people in recovery to make grandiose promises never to repeat the past. However, unless one is made to recall the exact nature of their past misdeeds, one tends to forget or hide or perpetuate the shadow of one’s personality.

William James once said, “We are as sick as our secrets.” This process is linked with the next step. The Fifth Step

states, **“Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.”** It is not enough to make one’s own inventory and keep it to one’s self. There can be some grave misapprehensions about one’s past. One may also justify one’s behaviour. Self righteousness can linger even after coming on to the Programme. Hence, the wisdom of the Founding Fathers makes it mandatory to have an open confession of the same not only to one’s self and to God but to another human being. This recommendation was from the teachings of Carl Jung who affirmed the value of the practice of Confession in the Catholic Church. It also helps one to be humble and get a feedback of one’s rating of oneself. The exhortation of St. James says, **“Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective.”** James, 5:16.

The Sixth Step states, **“Were entirely ready to have God remove all these defects of character.”** Holiness is not an instantaneous achievement. One has to go through a long process of inner growth which sometimes needs to address many a psychological and psycho-spiritual issue. Grace is built on Nature. One cannot pretend to be well with all kinds of issues left incomplete and unaddressed psychologically. Many a healing ministry neglects this much required scientific component whereby people live with a delusion of being “healed”. The next, Seventh Step which states, **“Humbly asked Him to remove our shortcomings”** makes us have recourse to God in prayer. **“For whoever exalts himself will be humbled and whoever humbles himself will be exalted”** Mt.23: 12.

The important aspect that Christian doctrine demands is that it is not enough to have remorse for our past. It is absolutely essential to be ready to make amends also. Hence restitution is inbuilt in this self help model. Both the 8th and the 9th Step recommend this essential component of healing.

The Eighth Step says, **“Made a list of all persons we had harmed and became willing to make amends to them all.”** The practice among the AA fellowship to end meetings with the

Lord’s Prayer reminds them to seek forgiveness through giving forgiveness. In Mark 11:25 we find the basis of this component of seeking and giving forgiveness; **“And when you stand praying, if you hold anything against anyone, forgive him, so that your Father in heaven may forgive you your sins.”**

The Ninth Step makes us aware of being sensitive to the ones we had hurt. It says, **“Made direct amends to such people wherever possible, except when to do so would injure them or others.”** **“Therefore, as God’s chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear**

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with each other and forgive whatever grievance you may have against one another. Forgive for the Lord forgave you.” Col: 3:12-13. This step restores a sense of completion with all the brokenness and trauma that were part of a life of alienation from God and one another.

In the Tenth Step says, **“Continued to take personal inventory and when we were wrong promptly admitted it..”** One is reminded that the only way to maintain sobriety and serenity all through one’s life is to live one day at a time. **“Sufficient for the day is the evil thereof.”** Mt., 6, 34.

The Eleventh Step is the cornerstone of the Spiritual foundation of the

Twelve Step Programme. It says, **“Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out”**. The Fellowship is open to any form of prayer that helps the person in recovery to improve one’s contact with God. In all religions one has both vocal as well as contemplative prayer. The essential characteristic of all prayer must be seeking with sincerity the will of God and the courage and power to carry that out.

The final step reminds the person in recovery that the healing process is primarily spiritual. **“Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.”** It is an echo of the prayer of St. Francis of Assisi, **“it is in giving that we receive, in pardoning that we are pardoned and in dying that we are brought to Eternal life.”** It is the only way persons who get into to the Programme can maintain it. By giving it away! It also invites all to try and work out these principles in all the other affairs of our life. The prayer of a recovering Alcoholic is now well known as the SERENITY PRAYER. An original composition of Reinhold Niebuhr, it says:

*“God grant me the serenity
To accept the things I cannot change;
Courage to change the things I can;
And wisdom to know the difference.
Living one day at a time;
Enjoying one moment at a time;
Accepting hardships as the pathway to
peace; s
Taking, as He did, this sinful world
As it is, not as I would have it;
Trusting that He will make all things
right
If I surrender to His Will;
So that I may be reasonably happy in this
life
And supremely happy with Him Forever
and ever in the next.”
Amen*

In Honour of Padma Shree Fr Joseph H Pereira



We as part of CMAI, particularly the CACSAN network rejoice on the occasion of Fr Joe H Pereira being awarded the National honour of Padma Shree in recognition of his unique contribution in the field of Social Work on January 26, 2009. Our heartfelt prayers for all success in his work of Addiction Treatment and HIV & AIDS that happens across the country through Kripa Foundation.

Rev Fr Joseph Hillary Pereira is the Founder and Managing Trustee of Kripa Foundation, the largest NGO working in the field of Rehabilitation of Chemical Dependency and HIV & AIDS with 49 facilities in 11 states, 16 Arch-Dioceses and Dioceses, and 6 countries. Over the last 27 years he has revolutionized the entire concept of rehabilitation and in turn transformed the lives of thousands of individuals and their families.

Born on the 6th of September 1942 in Vasai, Maharashtra, he followed the calling of God and was ordained as a Roman Catholic priest. He received his Master degree in Philosophy with Licentiate in Divinity (Theology). In line with his vocation he was appointed Parish Priest at Mount Carmel's Church, Bandra. It was here that he came in contact with numerous victims of alcohol abuse. A Catholic priest and a true Gandhian, he dedicated his life to these people and the results of his labour of love can be seen in the thousands of alcoholics and drug addicts who have gone on to become productive members of society.

Rev Fr Joe Pereira has meticulously designed and implemented the Kripa Module of rehabilitation, which consists of a diverse set of principles, and addresses every dimension of the disease, such as physical, mental, spiritual, and psycho-social. An ardent student of Padmabhushan Gururji BKS Iyengar Yoga, since

August 1968, he structured specific sequences of postures/Asanas and pranayam with meditation (Dhyana) in the Kripa Module of recovery for addicts and people living with HIV & AIDS. KRIPA-AIDS, a Kripa Foundation initiative, was started by him in 1992 for the sero-positive injecting drug users. Today, various programs of prevention & care and support are being implemented through KRIPA-AIDS nationwide.

Apart from his vocation within a vocation, he has been invited by numerous organizations across the globe as a resource person at major conferences in Canada, the United States of America, Latin America and Far East. Among his numerous paper presentations one of the significant was, "**The effectiveness of a specialized Yoga module for recovering substance abusers: A comparative study,**" in London at the 7th International Dharam Hinduja Institute of Indic Research in 2002. He has been Member of the High Level Committee of the Ministry of Social Justice & Empowerment and National Council for Drug Abuse Prevention, Government of India.

His work has not gone unnoticed and has been acclaimed both in India and abroad. He received the Award for Anti Drug Abuse at Reach in 1989, Priyadarshini National Award for work in Anti Drug Abuse, 1990, Perestroika Sanjeevani Award for Anti Drug Abuse in Bombay also in 1990, Sahayog Foundation Award for outstanding work in the Field of Drug and Alcohol Abuse in 1995, Ati Param Visisht Sewa Medal for Social Sciences – Association of College of Chest Physicians, New Delhi, 1997, the International Yoga Journal Karmayogi of the Year Award 2003, the Christian Chamber of Commerce Award for excellence in the field of social work in 2007 and the Mother Theresa III National Award in 2008.

Regional Consultation on Policy Initiatives – Southern Region, Nagercoil

This was a follow up of the CMAI - organized consultation of church leaders from 11 NCCI affiliated churches (Orthodox and Protestant) on sensitising churches about stigma and inspire them to commit towards developing a policy on HIV & AIDS. It was organized at Nagercoil, from July 3 - 4, 2008. Of the 5 South based mainline churches that took part in the above consultation, 3 churches were the Church of South India, the Malankara Orthodox Syrian Church and the Marthoma Syrian Church of Malabar with an official representation of 11 members based on the action plan prepared by the participating church representatives, . The objectives of the consultation were :-



- a. To review policy initiatives of participant churches with presentations of a tentative draft policy of the respective churches and
- b. To identify further action plan towards accepting the draft policies of the respective church leadership and develop plans towards implementing the policy at various levels of the Church.

The first day of consultation was held at Hotel Parvathi International, Nagercoil while the second day was held at Catherine Booth Hospital, Nagercoil. Ms Edwina Pereira, INSA, Bangalore and Fr Thomas Ninan, CMAI facilitated the consultation. Draft policies were presented by Dr Vijaykumar Daniel, CSI Diaconal ministry, Fr Dr Reji Mathews, MOSC and Rev Dr Moni Mathew, Marthoma Syrian Church of Malabar. Tentative action plans were chalked for each of the churches for due discussion with their respective leadership.

Workshop for CSI Clergy at Melukavumattom



A workshop on “Congregation Based Response to Drug Abuse and HIV & AIDS” was organized at the Diocesan Centre, Melukavumattom, from July 8 - 9, 2008, for the clergy from East Kerala diocese of CSI. The workshop was attended by 60 clergy of the diocese with the presence and key initiative of Rt Rev K G Daniel, the bishop of the diocese. With many of the churches in the diocese placed in regions where alcohol and tobacco abuse is highly prevalent, the workshop led the diocese to take very positive decisions to address the problem, namely

- i. A core group of priests from the diocese to chalk out special programs
- ii. Regular magazines of the diocese to address issues related to Substance Abuse and HIV & AIDS.
- iii. Identify training needs of pastors to address the problem
- iv. Assess the need for setting up of a counselling and treatment centre in the affected places.

The workshop was led by Fr Anthony Pullukattu, Atmata Kendram, Changanacherry, Dr J C Vijayan, Coordinator, HIV & AIDS Programme of CSI, Mr Koshy Panicker, De-addiction Ministry, Marthoma Church and Fr Thomas Ninan.

Two Day Workshop at Lawngtlai, Mizoram

The workshop was organized by CMAI in association with Baptist Church of Mizoram from October 2-3, 2008, on the initiative of Rev Lalrintluanga who brought together 101 participants from 17 villages and local churches in the region. The theme of the workshop was “Healing Ministry Workshop in HIV & AIDS and Substance Abuse,” and was led by Dr Sanghluna, Presbyterian Hospital, Durtlang and his team of recovering addicts. The Pre-test results showed that more than 90% of the participants had negative attitude towards PLHAs and drug addicts, considering them as sinners who suffered because of their own sins. After the sessions, post test results showed positive results of change of attitude among participants. The Following action plan was decided through group discussions.



1. Prayer support for HIV patients and drug abusers.
2. Organising ‘HIV and Substance Abuse Cell’ in the local church level.
3. The report of this workshop shall be given in the local church committee.
4. The matter shall be taken up as agenda in the youth, women, men, and local church groups

NCCI Mainstreaming Workshop on HIV & AIDS at CISRS, New Delhi

As a follow up to developing a National Policy for Churches on HIV & AIDS by the NCCI, a two day workshop was organized at CISRS, Delhi from November 24 - 25, 2008, to discuss follow-up action aimed at mainstreaming the policy at different levels of the NCCI affiliated churches. The workshop chaired by Bp D K Sahu, General Secretary, NCCI, invited key representatives from ICCO and various church streams, namely theological training, development, education, church life and health. CMAI was represented by Dr Vijay Aruldas, Dr Ronald Lalthanmawia and Fr Thomas Ninan.

Guwahati Consultation



A two day consultation on Church Policy related to HIV & AIDS was held at Don Bosco Institute, Kharguli, Guwahati from August 21 – 22, 2008. The consultation was actively participated in by church representatives from 5 churches in the North East, namely Conference of Baptist Churches in North East India, Nagaland Baptist Churches Council, Presbyterian Church of India (Manipur), Baptist Church of Mizoram, Manipur Evangelical Lutheran Church and delegates from UNAIDS and UNICEF in Guwahati. The consultation had valuable inputs from Mr Sundar Daniel, Consultant, Mr Gopen Moses, Programme Officer NE, UNAIDS India, Mr Niketu Iralu, Consultant and Fr Thomas Ninan.

A statement was brought out by the participants appealing to the churches in the North East to take due action to address HIV & AIDS as a policy.

NEWS

CCA Conference

Five day International Ecumenical Workshop on “Empowering Churches in Asia” was organized by Christian Conference of Asia in association with CNI-SBHS at YMCA Tourist Hostel, New Delhi from November 11 – 14, 2008 where participants from different churches in Asia were trained on various issues related to HIV & AIDS. Dr Sunita Abraham and Fr Thomas Ninan from CMAI gave active support as resource persons in making the conference a success.

CACSAN seminar of Palliative Care

World Pain and Palliative Care Day was observed by the CACSAN chapter in Kerala by having a One Day program on October 11, 2008 at Jubilee Mandiram Chapel, Kottarakara. The program coordinated by Mr Koshy Panicker, De-addiction Ministry, Marthoma church (Trivandrum – Kollam diocese) was attended by 49 participants belonging to various churches and NGOs. Special sessions were taken by Dr J C Vijayan and Mr Koshy Panicker.

National Consultation of Theological Colleges on HIV & AIDS



The National consultation was organized at The United Theological College, Bangalore from February 13 – 15, 2009. This was an initiative of CMAI in association with WCC, Geneva and UTC, Bangalore (with support from Dan Mission). The consultation brought together 65 delegates from 16 theological colleges in India, among whom 15 were faculty and the rest were theological students doing their Masters, BD courses. Key resource persons included Rev Fr Philip Kuruvilla, Dr George Zachariah (Gurukul, Chennai), Rev Dr Arul Dhas (CMC, Vellore), Rev Dr Daniel Premkumar, (Adoni), Mr Santhosh George (CISRS, Trivandrum), Rev Dr Santhosh S Kumar (UTC), Ms Edwina Pereira (INSA), Ms Florence David (INSA) and Mr Sudeep Joseph (Researcher, NIMHANS). The consultation aimed at promoting an ongoing learning forum among theological colleges, developing relevant theology on HIV & AIDS and compiling existing work of theological colleges on HIV & AIDS.

Announcement

It is hereby notified that all future publication of Addiction News will be sent by E-mail. Hard copies will be sent to only those who have paid subscription fee.

Request all readers to send us their latest E-mail Id.

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