

THE AFRICAN HUMANITY IN THE ERA OF HIV AND AIDS: A RE-READING OF THE *LIBERATION-MOTIFS* IN EX 3:7-10; 20: 2 IN THE SADAC CONTEXT.

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Abstract

The purpose of this paper is to access the significance of the original setting-in-life of Exodus 7:3 -10; 20: 2 as reservoirs of the 'good-news of God's powerful interventions among people who suffer adversities. This portion of the Exodus story and the underlying liberation motif are linked to the African contexts. Africans like the beleaguered Israelites await God to send charismatic leaders like Moses to collaborate with him to heal the infected and affected African populations. The paper argues that the same God who saved the Israelites from bondage is still accessible to Africans who are currently being oppressed by pandemics of all types; the worst being the inexorable HIV and AIDS epidemic. As a biblical-theological response to the cankerworm, the paper explores what the African nations in the SADC region are doing to eliminate the epidemic. The paper concludes on a clarion-call on the African scientific community, the medical professionals, social engineers and aid-donors to embrace God's benevolence as they struggle to assist the southern African states re-invent the wheel of progress in Africa's public health sector. Prayer is the "master-key" to God's door. African peoples are therefore enjoined to seek the face of God in prayers for divine intervention in these days of lamentation and grief.

Keywords: Hermeneutics of life, Liberation motif, African humanity, Oppression, Reconciliation, Paradise, Devastation, Malaise.

Introduction

The paper exposes the socio-historical contexts of *Exodus* 7:3 -10; 20: 2 as an attempt to reconstruct the original setting-in-life of the passages as reservoirs of 'good-news of God's powerful interventions among people' who suffer much adversity as Africans are experiencing in the HIV/AIDS era. The outbreak of the epidemic has engendered devastation, woes and scourges on the African humanity raising the questions of why? Why? Is it that God does not love African? In this paper, attention is drawn to the miraculous liberation God accorded the children of Israel when they suffered enslavement, oppression and economic hardships in Egypt of old. The paper argues that the same God is still accessible to Africans who are being oppressed by pandemics of all types; the worst being the inexorable HIV/AIDS. Africans like the beleaguered Israelites await God to send charismatic leaders and people like Moses to collaborate with him to continue to heal the infected and affected populations. The revelation of the divine name, "I am who I am" in Exod. 3: 14, indicates God's commitment to be always

with his faithful and to deliver them from all that shackles humanity. There is no doubt that God needs the collaboration of all good-willed African medical and health specialists and other world agencies to diligently operationalize the slogan “Test and Treat” in all its ramifications in order to checkmate the rise and power of this contemporary monster and its oppression. The paper is a biblical-theological response to support what African nations in the SADC region are doing to eliminate the epidemic.

Methodology

The *Redaction Critical* approach is adopted in this paper. The method involves a *Re-reading* of Exod. 7:3-10 and 20:2 in the era of HIV and AIDS in the SADC region. It provides the opportunity to blend the method that regards the author; namely the J and E authors as editors of their source material as the *Grundschrift* penned in vv.9-10. It exposes the manner in which the final *Redactor* (P) has shaped and moulded the sources to express his theological interests.⁴ Certainly, Exod 7:3-10 and 20:2 belong to narratives that had existed since Hebrew antiquity. With the method emerges the possibility of seeing the authors of the Pentateuch exhibit pertinent theological perspectives adjudged relevant to us in Africa today. It draws our attention to the creative role of the author/s in telling stories of a Deity who responds to peoples’ hardships in the course of human history. This insight informs the contextual and theological orientation of my paper towards a *hermeneutics of life* by which I raise the question à la Theresa Okure: “How can the life experiences of the contemporary reader serve as key for re-interpreting and (understanding) the text under study?”⁵

With the approach, the Book of Exodus is being *re-read* not only as an historical and ancient masterpiece. It is *re-read* as a living word of God with an eye on the current crisis of the epidemic that “destroys the human T4 lymphocyte and causes immune system breakdown,...”⁶ in Africa and the world. My approach offers me the *link* between the Bible and HIV and AIDS.⁷ It is being *re-read* to address the African contexts; namely our *social location* where *this massive prevalence of HIV and AIDS*⁸ is endemic. The SADC contexts have to be taken into account in the interpretation of texts. Here, the Exodus story is let to provide an opportunity to make an option for a *liberation hermeneutics* for People Living With AIDS (PLWAs). Such a contextual reading helps link the narrative and its *liberation motif* to the African context so that my interpretation focuses on the tragedy that has befallen African Christian communities as the *readers* than the Priestly editors/authors who had composed the narrative.

⁴ C.U. Manus, “Redaction Criticism”, in Manus C. U. , Course Material for T 305: New Testament Exegesis, Department of Theology & Religious Studies, National University of Lesotho, 2016/2017 Session, p. 21.

⁵ T. Okure, “First Was Life, Not the Book” in T. Okure (ed.), To Cast Fire Upon the earth: Bible and Mission Collaborating in Today’s Multicultural Global Context, Cluster Publications, Natal, 2000, p. 198.

⁶ National University of Lesotho: HIV and AIDS Policy, Morija Printing Works, Lesotho, 2009, p. 2.

⁷ See, Johanna Stiebert, “Does the Hebrew Bible Have Anything to Tell Us about HIV/AIDS”, in *Missionalia*, Vol. 29 No. 2 2001, pp. 175-176

⁸ J.M. Bonino, “Social Location” in Virginia Fabella & R.S. Sugirtharajah (eds.), Dictionary of Third World Theologies, Maryknoll, New York, Orbis, 2000, p. 187.

In this regard, this *re-reading* is being done with an eye on the grave concern and experience of the harrowing distress and expenses the HIV and AIDS have been inflicting on the African population. It is hoped that this way of doing Contextual Biblical Exegesis with the *Redaction Critical approach* stands to help my readers come to a better understanding of the Priestly authors' ideology on the reality of divine intervention to *faith* people in times of pestilence. For the authors, God is ever in control of human history and so is in our times.

Re-reading Exodus 3:7-10 and 20:2

Let us look at the texts in the light of my chosen methodology and the reflections that can be generated thereof.

(a) Exod 3:7-10.

V.7. But the Lord said, "I have witnessed the affliction of my people in Egypt and have heard their cry of complaint against their slave drivers, so I know well what they are suffering. 8. Therefore I have come down to rescue them from the hands of the Egyptians and lead them out of that land into a good and spacious land, a land flowing with milk and honey, the country of the Canaanites, Hittites, Amorites, Perizzites, Hivites and Jebusites. 9. So indeed the cry of the Israelites has reached me, and I have truly noted that the Egyptians are oppressing them. 10. Come, now, "I will send you to Pharaoh to lead my people, Israelites, out of Egypt".

Comments:

This chapter documented within the exodus of the Israelites from Egypt; the most celebrated event in the whole of the Hebrew Bible focuses on the travails of the people in Egypt. God's acknowledgement of the afflictions of the people of God in Egypt is here depicted. The unit derives from the wider context of Exod. 3:1-4:17 known by most commentators as "The Call of Moses at the Mountain of God".⁹ The Priestly editors and their tradition show great respect for life. The authors inspire modern readers to realize that God is ever mindful of the worth of human life which he had created and vitalized with his image and likeness (Gen 1: 22). It is not God's will that humanity should suffer misfortunes let alone afflictions and diseases. In the editors' sermon, Egypt and the Egyptians mentioned four times in the unit remain symbols of human misery, devastation, exploitation and wastage.

As Brown succinctly puts it, the spirit of the text is, according to the *Redactors*, that "God intervenes because he has seen and heard the cry of the suffering of his people and wishes to lead them out of Egypt".¹⁰ The message of the text challenges us to propose *novel* ways and means to do battle against the current epidemic in order to "lead out" ourselves from this contemporary Egypt. We need to raise loud our "cry" for our people are suffering and must be led out of the current bondage. Africans are not the only race whose forebears had eaten the "forbidden fruit". The text behests us to raise our lamentations in consistent *prayer* to God to

⁹Ibid; p. 46.

¹⁰R.E. Brown et al, The New Jerome Biblical Commentary, Theological Publications in India, Bangalore, 1999, p. 46.

liberate our people from the current “*Egypt*”, that is, the devastation of the pandemic and the wickedness of its associated illnesses. In the light of the display of divine power in the divine act of deliverance of the oppressed, and with the covenant-making God on our side, Africans shall soon show HIV/AIDS the end of the road.

The mention of the Canaanites and the other nations, six in all, represent inhabitants in the land before the arrival of the Israelites who would constantly be a menace to them in remembering the wounds of oppression and distress. But God is so depicted to “have come down”, to mean that he had touched the human biosphere to perfect his “extraordinary intervention” (Gen 11:5-7)¹¹ in order to bring succour to suffering humanity. To crown it all, God decided to settle humankind in the “land flowing with milk and honey”; another symbol of the prevalence of divine providence and grant of longevity with assurance of food security and physical wellness (Gen 3:17;13:5;33:3). In v. 10, a figure like Moses, the *liberator* is offered as a divine choice of a human person to accomplish divine mission; especially in the healing of oppressed humanity. Does this figure not have strong messages of hope for African humankind now beset and unsettled by HIV and AIDS in this age?

(b) Exod 20:2

V:2: I, the Lord, am your God, who brought you out of the land Egypt, that place of slavery.

The context of Exod 20:2 is within chapters 20- 24 which provides the reader with a series of laws beginning with the Ten Commandments inclusive of the statutes of the Book of the Covenant.¹² Here, a theophanic voice is heard. This verse recapitulates God’s mighty deliverance of his people; that is, the divine deliverance broached in 3:7-10 as exposed above. The mediating role of Moses (vv. 3-9) is continued. Vv. 2-6 provide a strong assertion that Yahweh is the only deity in Israel. According to Richard J. Clifford “Since he defeated their former lord and master (Pharaoh) he and no other deity is their God”.¹³ Here is encoded a cryptic introduction of God that is aimed at identifying his character and nature. He alone has the power to deliver his faithful from the dungeon of oppression and affliction. Once again, the “land of Egypt” is graphically depicted as a symbol of suffering, misery and affliction.

Focus of My Interpretation: The African Humanity in the Era of HIV and AIDS

African humanity is the quality or state of being racially the humankind who live in the African continent. Contemporary discourse holds Africa as an HIV and AIDS beer-parlour. Since 30 years of its outbreak and penetration into the African continent, the pandemic has cost the

¹¹ The African Bible, p. 99

¹² J. J. Collins, Introduction to the Hebrew Bible and Deutero-Canonical Books, 2nd Edition, Minneapolis, Fortress Press, 2014, pp. 109-114.

¹³ R. J. Clifford, “Exodus”, in Brown et al, The New Jerome Biblical Commentary, p. 52

continent huge losses in human capital and is still unabatedly on the rampage wreaking multifarious damage to both the social and economic well-being of the African states. As at present, the statistics of the devastation is repulsively staggering.

South Africa, the nation nearly encircling the BOLESWA states happens to be one of the most severely affected nations by the AIDS epidemic. It lives with the largest number of HIV infections in the world and as senior brother to the surrounding states no doubt its contagion affects other SADC nations. South Africa's HIV status is defined as being "hyper-endemic" due to the high rate of HIV prevalence, the modes and drivers of the transmission which include, among others, migration, unserious perception of the risk and multiple and concurrent sexual partnership.¹⁴ South Africa's ante-natal survey report published in July 2009, revealed that the general national HIV prevalence rate among ante-natal females between the ages of 15-49 years is 29.3%. In both 2006 and 2007, HIV prevalence among ante-natal women was 29.0% and 29.4% respectively showing a stabilization around this level. The provinces show variations in the rating: Western Cape had the lowest with 16.1%; KwaZulu-Natal polled the highest with 38.7% while Mpumalanga reported an increase from 32.1% in 2006 to 34.6% in 2007 and 35.5 in 2008.¹⁵ The South African National AIDS Council also records a huge prevalence of many pregnant women and persons with dual HIV and TB infection with CD4 counts of 350 besides a large number of HIV infected infants.

Lesotho holds the record of being the second hardest hit by the epidemic in the entire world manifesting a prevalence rate of about 23.6%, in short, above 24 per cent.¹⁶ Among the infected, women constitute the majority and still appear to be at high risk due mainly to "poverty and gender inequality", in short, due to women underprivileged status in the nation. It is recorded that in "urban areas, about 50% of women under 40 have HIV"¹⁷; and in the light of the infection rate at 45% in 2014,¹⁸ life expectancy in the country was in 2006 estimated at 42 for men and women.

Botswana has the third highest HIV infection rate of adult prevalence of 22.2% in the world after Lesotho. It is known that the HIV epidemic in Botswana is generally widespread. In 2005, the prevalence rate stood at 25.4%. Even though in 2005 the rate of infections had seriously decreased, recent statistics indicate that some 350, 000 people are living with the HIV virus;¹⁹ hence infections have begun to soar up again²⁰. The UNAIDS reports that there is possibly over

¹⁴ Republic of South Africa: Country Progress Report on the Declaration of Commitment on HIV/AIDS, March, 2010 Report, p. 10? See also note ii in the Document..

¹⁵ Ibid, p. 10

¹⁶ Lesotho, <https://en.wikipedia.org/wiki/Lesotho>, accessed 19/02/2017, p. 1.

¹⁷ Ibid.

¹⁸ "Her Majesty Launches EID Machine at World AIDS Day"; http://gov.ls/gov_webportal/articles/2016/queen_launches_eid_at_worlds_aids_day.ht...; accessed 19/02/2017, p. 1.

¹⁹ UNAIDS Gap Report, 2016

²⁰ AVERT: HIV and AIDS in Botswana. <http://www.avert.ORG:professionals/hiv-around-world/sub-saharan-africa/Botswana>. Date accessed 19/02/2017, p. 1.

9, 700 new infections.²¹ The situation is worsened by the presence of key carriers such as female sex workers and homosexuals even though Botswana's punitive law better calls them "men who have sex with men" (MSM) who have become "the most vulnerable in Botswana's HIV epidemic".²² A fifth of Botswana's population are young people under the ages of 15-24 years old among who, according to 2013 estimates, indicate 4.7% infection rate. As regards the womenfolk, of adult women aged between 15-49 the prevalence rate stood at 20.8% in 2013 while men of the same age polled 15.6%. Just two years ago, 2015, some 190, 000 women were reckoned as PLWAs compared to 150, 000 estimated for 2005. In other words, women constitute more than half (54%) of persons living with HIV.²³ It is unfortunate that gender inequality is one undeniable factor that catapults the epidemic among women not to talk of early sexual activities, forced marriage and gender-based violence (GBV); all which have quadrupled women's exposure and vulnerability to HIV.²⁴

Swaziland is inexorably disfigured by the HIV and AIDS epidemic. The 2012 CIA World Factbook reports that "Swaziland has the highest HIV infection rate in the world with about 25.8% of all adults".²⁵ Life expectancy is placed at 50 years. According to WHO data given in 2002, 64% of all deaths in Swaziland were caused by HIV/AIDS.²⁶ In 2009, from a national population estimate of 1, 185, 000, some 7, 000 people passed on from AIDS related illnesses thus indicating that 0.6% of the Swazis die from AIDS every year. Isn't this obsequiously alarming?²⁷ In 2014, WHO shows that 47% of all infant deaths under 5 are caused by HIV/AIDS.²⁸

In the light of these staggering and astonishing HIV and AIDS figures in Southern African states, there is no doubt that the African humanity is under siege by the pandemic. The exponential nature of the epidemic indeed makes it a pestilence, a new mode of oppression and enslavement never known before in the African public health sector. The agony of the nations in putting up with expensive programmes to mitigate the malaise; the distress being experienced by the infected and the affected have reached critical levels that call for divine intervention and liberation from the tentacles of the HIV and AIDS. The motif of liberation in the book of Exodus gives us courage and the impetus to call upon our leaders to continue to take out our endangered species to the Promised Land of wellness and *gesundheit*. At this point, let us examine how God offered deliverance and liberation through Moses.

The Contributions of the SADC Nations in the Struggle Vs the AIDS Pandemic

²¹UNAIDS Gap Report, 2016.

²² AVERT: HIV and AIDS in Botswana, p. 2, note 8.

²³ There is however conflicting data which claims that new HIV infections is on the decline among women between the ages of 15 and 49 in 2013.

²⁴Ibid; p. 3.

²⁵<https://en.wikipedia.org/wiki/Swaziland>. Accessed 19/02/2017, p. 1.

²⁶ Ibid.

²⁷ Ibid.

²⁸Ibid; p. 2.

In this section, I briefly address the role of and contributions being made by the SADC nations to mitigate the ferocious and volatile spread of the pandemic in the sub-region.

South Africa

In its 2010 *Country Progress Report on the Declaration of Commitment on HIV/AIDS*, South Africa has acknowledged that it is one of the countries that are severely hit by the AIDS epidemic with about 5.7 million people.²⁹ Government has committed through its Multi-Sectoral National Strategic Plan (NSP) for HIV and AIDS and STIs 2007-2011 has implemented strategic interventions that have been supported by various international, continental and regional bodies alongside the Millennium Development Declaration to monitor the HIV epidemic trends. Besides, the South African National AIDS Council has continued to provide continued coordination at both the provincial and district levels. This programme has contributed immensely towards the promotion of the nation's ambition to achieve Universal Access to (a) treatment, (b) prevention (c) care and (d) support for the infected and the affected. In the 2008 -2009 and to date, the Southern African Government has continued to increase its budgetary allocations to institutions engaged in national response and has revised its policies and guidelines for pro-active actions. There is also put in place the National AIDS Spending Assessment (NASA) that provides the ideal source to inform national commitment and action with over 25% spending on HIV and AIDS. On December 1st 2009, President Jacob Zuma had launched the expansion of access to Ante-Retroviral treatment to pregnant women and people living with dual HIV and TB infections with CD4 counts of 350 or even less. Besides, all HIV-positive infants under the age of one, were started on treatment not minding their CD4 count. By the end of 2009, and more since after, close to 2 million receive treatment, care and counselling and testing at Public Health Centres scattered all over the country such as the Provincial and Districts' AIDS Council. These efforts are highly commendable that the surrounding states in the sub-region have copied.

Lesotho

Lesotho considers the fight against HIV an important agenda in its national development programme. At least, the re-establishment of the National AIDS Commission (NAC) is a step in the right direction; especially to avoid risking the future of most Basotho. Government has, through its HIV/AIDS National Strategic Plan, been addressing the pandemic frontally. Lesotho has recorded an improvement on Mother-to-Child Transmission from 5% in 2005 to 31% in 2007. The provision of Ant-Retroviral therapy has significantly been improved with some 57% of the people opportune to receive treatment today. An earlier Government campaign tagged: *Know Your Status* initiated in 2006 and supported by external funders like the Bill Clinton and Bill Gates Foundations the Chairman of Microsoft to beef up government fight against HIV and AIDS has evolved into the current *Test and Treat* programme in lowering the number of new infections from 26, 000 to 21, 560; hence a record in the decline of the epidemic. It is quite notable how the Apparel Lesotho Alliance (ALAFA), an industry-wide

²⁹2010 Country Progress Report, pp. 2, 10, 12, 14, 27.

programme has, since 2006, been providing prevention and treatment such as the ARVs for over 46,000 women in the Lesotho Apparel Industry. The Alliance is currently battling with the two key drivers; namely poverty and gender inequality in the nation.

At the last year's World AIDS Day in Maseru, her Majesty, Queen Masenate Mohato Seeiso launched the Early Infant Diagnosis (EID) machine that provides an efficient means to detect the infants HIV status within two hours "to reduce the time taken between infection, detection and treatment administration"³⁰ and thus to fast-track treatment to save their lives in some 159 Health Centres in the country. This is, in fact, a fresh campaign by the new Lesotho NAC which ranks Lesotho as the first nation in sub-Saharan Africa and second in the world in the science of "the viral load testing".³¹ What a remarkable breakthrough. The Queen, on that occasion, challenged Basotho to keep abreast with the "need to invigorate and to eradicate infection by 2030".³²

Under the administration of the US Ambassador, His Excellency, Matthew Harrington, the US Embassy responded to the Government of Lesotho's call to assist persons affected by the AIDS epidemic. In response, the US Presidents' Emergency Plan for AIDS Relief (PEPFAR) has been used to scale down about 57% HIV positive Basotho in five target districts as against 42% in 2015 to access ART in 2016. Ms.Teboho Kalikali, chairperson of the Lesotho Network for People Living with HIV and AIDS (LENPWHA) admitted that her organisation has been working strenuously to scale down Lesotho's current status of being the second in global rankings on HIV and AIDS prevalence".³³

Botswana

The Government of Botswana has shown serious national commitment in its struggle against the HIV and AIDS epidemic despite the fact that gender inequality fuels the spread of the epidemic among its females.³⁴ Botswana ranks the first nation in the sub-region to provide Universal Free Anti-Retroviral Treatment (ART) to its PLWHs

Its impressive HIV response has inspired other SADC countries to follow suit. New infections really dropped but unfortunately in 2015 some 9, 700 cases were recorded by field researchers. Apart from this, Botswana has been making sustained effort at the national level to provide efficient strategies to address the needs of the "key affected populations".³⁵ In recent years, Botswana launched a National Strategic Framework (NSF) for HIV and AIDS that makes reference to "all inclusive proclaiming". The National Strategic HIV response has battled to

³⁰Cfr; "Her Majesty Launches EID Machine at World's AIDS Day, December 1st, 2017" in *The Lesotho Government Portal*, http://gov.ls/gov_webportal/artcles/2016/queen_launches_eid_at_worlds_aids_day.ht... Accessed 19/02/2017, p. 1.

³¹ Ibid;

³² Ibid; p; 5;

³³ The Lesotho Portal, p; 2;

³⁴ *AVERT*; 10 January, 2017, p. 3.

³⁵ Ibid; p. 2

reduce gender inequalities. Members of Government and the related agencies have begun to work with men, who have sex with other men as an aspect of Botswana's HIV response.³⁶ For the youths whose HIV knowledge remains dangerously low, Botswana has recorded substantial progress in the fight against the HIV the AIDS onslaught.³⁷ Botswana has instituted HIV and Testing and Counselling (HTC) programmes at Public and Private Clinics with more women now submitting to testing than men are doing. In fact, Botswana was the first country in Africa to set up a national policy on Routine Testing in HIV in Public and Private Clinics since 2004. Finally and most importantly, Botswana is fighting against the age-old myths, traditional views and obscure cultural beliefs that despise HIV prevention and the biomedical approach quite notable in many districts in the country.³⁸ For many Tswana traditionalists and their healers, HIV is not a new epidemic but an "old" Tswana disease which they had been handling since time immemorial. In 2004, Botswana's Ministry of Health and the UNDP established a very laudable HIV response: *The Teacher Capacity Building Programme* aimed at improving "teachers' knowledge to demystify and reduce stigma surrounding HIV and AIDS. This gave birth to the interactive AIDS Education Programme: *Talk Back* that has been aired on Botswana TV and shown in schools twice a week reaching more than 20, 000 teachers and 460, 000 students in the country. The Prevention of Mother-to-Child Transmission (PMTCT) Programme still remains one of Botswana's "most successfully implemented HIV Programmes within the country's HIV response as well as the Voluntary Male Circumcision (VMMC) that has come on the increase. In agreement with the WHO treatment guidelines, Botswana launched a *Test All* strategy in 2016 by which it is insisted that anyone who tests positive for HIV must be put on treatment immediately regardless of the person's CD4 count. Botswana, in a strong and committed national response, insists that many of the HIV programmes, in spite of some challenges are effectively implemented. In conclusion, let me draw our attention to the spirit of this information: "A strong and committed national HIV response in Botswana has enabled significant progress in tackling the HIV epidemic across the country"³⁹

Swaziland

In 2004, the Swazi Government reported that for the first time, it was experiencing an AIDS crisis with a total of 38.8% of pregnant women who had tested positive to HIV. Government therefore mounted a successful HIV and AIDS treatment campaign in 2011 that targeted about 80% coverage of its tiny population of 1.2 million people.⁴⁰ In the meantime, Government public expenditure on HIV/AIDS stands at 4% of the country's GDP. This is not laudable at all given that provision of HIV and AIDS services should claim pivotal attention and spending profile in this era in Africa.

³⁶Ibid; p. 3.

³⁷ Ibid;

³⁸ "HIV and AIDS in Botswana: *Avert*, p. 4.

³⁹Ibid, p. 7.

⁴⁰<https://en.wikipedia.org/wiki/Swaziland>. Date accessed : 02/03/2017, p. 1.

Conclusions with Some Contextual Reflections

This brief analysis of the texts and the state of affairs in our sub-region points us to the urgent need to propound a *hermeneutics of life*; one that makes us know that God's almighty power spurns divine interventions to people in times of insecurity, disasters and life-threatening epidemics. The message of the text given as a follow-up of the *cry* of the Israelites for divine intervention to provide them providential escape from slavery in Egypt and to reach settlement in a land of promise is, no doubt, addressed to us Africans who are scotched and burnt by the AIDS epidemic. Given the rate of the devastation being wrought by the HIV and AIDS in Africa; especially in the SADC states, there is urgent need for Africans to go to God in prayers.⁴¹ Scholars like John S. Mbiti (1975); Alyward Shorter (1975), Kwesi Dickson (1986), and Chris Manus (2017) have recognized Africa as a *praying nation*.⁴² According to D.W. Waruta, "Africans go to God for security, protection, food, good health, prosperity and peace for indeed these can only come from God".⁴³ For Africans, every life originates from the creator God and without his help life cannot prosper. God is the giver of life and blessings such as children, rain, harvest, and the health of the people. Africans firmly believe in the efficacy of prayer. Our people also believe in the existence of the *impersonal mystical forces* that frustrate the flow of vital force from God that results in the occurrence of many misfortunes, diseases and misery that affect the people. HIV and AIDS have become such an anti-life and anti-human forces that is causing debilitating suffering to people in our continent.⁴⁴

As did our forebears, we should seek to neutralize the evil forces through *persistent prayers* to invoke the benevolent spirits and the positive forces of life from the God of Moses to restore Africa's normal flow of good health. The Jahwists, the elohists and the Priestly redactors are pro-life as are reflected in their sermons. Their message behests us to seek ordinary persons as mediums who God chooses like Moses of old to bring divine blessings to our (African) peoples who are under siege of the epidemic. We need a *Holy War* against the evil forces that cause anti-life crisis in our continent. To prosecute this war successfully, Africa needs healers and visionaries who are able not only to inform Africans of the causes of our misery but also of what the people must do to restore God's flow of life and its blessings. As Waruta correctly notes, "Prayer in African tradition is primarily concerned with keeping those anti-life forces at

⁴¹ This last statement is a post-conference addendum. For it, I am indebted to a discussant whose observation and question were: "Do Africans pray as sinners and criminals; can God hear their *cry* while many of their peoples – men and women - wallow in sin and immorality?". "No, I agreed." Africans, like our ancestors of old, need *purification rituals* indeed cleansing and expiation rites with contrite hearts pleasing to a *Holy God* who saves beleaguered peoples.

⁴² John S. Mbiti, *The Prayers of African Religion*, Maryknoll, New York, Orbis Books, 1975; A; Shorter, *Prayer in the Religious Traditions of Africa*, Nairobi, Oxford University Press, 1975; Kwesi Dickson, *Bible and Theology in African Christianity*, Nairobi, Oxford University Press, 1986; Chris U. Manus, 2017, "The Bible in African Christianity" in Kenneth Ross et al (ed.), *The Bible in in African Christianity-Edinburgh Companions to Global Christianity (ECGC) – Christianity in Sub-Saharan Africa*, University of Edinburgh Press.

⁴³ D.W. Waruta, *The Bible and Prayer in Africa*", in William R. Farmer (ed.), *The International Bible Commentary: A Catholic and Ecumenical Commentary for the Twenty first Century*, The Liturgical Press, Collegeville, Minnesota, 1998, pp. 162 – 164.

⁴⁴ Waruta, p. 164.

bay and keeping open the flow of life from God throughout the nations”.⁴⁵ The forces that propagate and promote HIV and AIDS are not omnipotent. On the contrary, God is all-powerful and is able to overrule and neutralize all such powers.⁴⁶

At the beginning of creation, Scripture informs us that Planet Earth was a bleak and lifeless wasteland (Gen 1:1-2:4a). But later God intervened in the chaos with a series of mighty acts to fashion one aspect after another of our now familiar world. God’s hand was in every item of creation and he delighted in what he had made.⁴⁷ This same God cannot fold his arms to watch HIV and AIDS destabilize and exterminate his proud creation, humankind; especially the African humankind. The Exodus event is liberation *par excellence*. Liberation even in its dogmatic theological sense as “the overcoming of that which enslaves and works against human’s participation in the life of God”⁴⁸ is what the text studied here harms upon. But to achieve and attract God’s favour, African need to become a *Holy Race* presentable as holy children to a holy God.

The array of prodigious roles and financial contributions the nations in the SADC sub-region have been playing and undertaking in the fight against the HIV and AIDS onslaught are quite laudable. Much as these are commendable, no one nation has publicly *thought of God* as the ultimate healer and liberator. When theologians and theistically minded philosophers engage in rational discourse on the depredations of such decimating pestilences as HIV and AIDS, they must not fail to behest the nations and their citizens to rise up and seek the face of God who hears the “cry” of his people in times of suffering and death. This paper concludes with the invitation to Africans as praying peoples to begin to consider prayer sessions as essential components alongside their roles in combating the epidemic.

⁴⁵Waruta, p. 164

⁴⁶Waruta, p. 164.

⁴⁷ D. G. Deffenbough & D. L. Dungan, “The Bible and Ecology”, in W. R. Farmer (ed.), *The International Bible Commentary*, p. 314.

⁴⁸ J. Sobrino, “Liberation” in Farmer, *ibid*; p. 280.

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