

THE ETHICS OF HIV/AIDS AND THE RISE OF AN APOCALYPTIC MARIOLOGIST MOVEMENT FOR THE RESTORATION OF THE TEN COMMANDMENTS¹

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Abstract

This article offers an assessment of the significance of The Movement for the Restoration of the Ten Commandments of God (MRTCG) in Uganda. It describes how the MRTCG leaders proposed celibacy and physical withdrawal from the supposed "corrupt, evil and damned world," and urged their followers to wait for God to destroy the world and to save them through the Blessed Virgin Mary. Tragically, when their apocalyptic prophecies failed to materialize, the MRTCG leaders ritually killed hundreds of their followers in 2000 hoping to save them and through martyrdom, to deliver them directly to God in heaven. It suggests that this movement has to be understood within the context of the rise of HIV/AIDS pandemic in Uganda. It describes the socio-economic, cultural, medical and political factors prevailing in Uganda (1981-2000) and shows how the MRTCG responded to such circumstances. The final section sketches some of the subsequent developments concerning the fight against HIV/AIDS in Uganda.

Key Concepts: African traditional religion, worldview, HIV/AIDS

Introduction

HIV/AIDS, along with poverty, corruption, wars, anxiety and socio-economic chaos in the Great Lakes Region of Africa, and brutal genocide in Rwanda provided the context in which the Mariologist, holiness, apocalyptic and doomsday *Movement for the Restoration of the Ten Commandments of God* (the Movement or MRTCG) emerged in 1989 within the Roman Catholic Church in Uganda, and operated until March 17, 2000. It is within this context of *angst* and hardships that the MRTCG leaders ministered to traumatized people and out of desperation ritually murdered hundreds of their faithful followers in 2000. The ritualistic

¹ This paper presents a portion of my research for a book on *Religion, Politics and Movement for Restoration of the Ten Commandments*. I am very grateful for the research funding from Thomas E Wenzlauer (TEW) funds, Ohio Wesleyan University, and Scholarly Leave in 2004 that enabled me to conduct the research in Uganda. I am also grateful to The Global Partners of the Great Lakes Colleges Association (GLCA) for the two research travel grants to conduct research in East Africa. Field research in Uganda was conducted in the summer months of 1999, 2000, 2001, 2002 (Spring and Summer), 2003, and 2004. This paper presents part of that funded research. Portions of this paper were presented to various audiences, and the annual meeting of the American Academy of Religion in San Antonio, Texas, on Saturday, November 21, 2004.

killings were understood within a neo-Platonic, dualistic philosophy and theology as a means of saving their souls from the supposed evil physical prison of the body within an evil world. Ultimately, the MRTCG leaders martyred their followers in order “to save” (*kujuna*) and deliver them spiritually into God’s kingdom and eternal life in heaven (*kubatwara omu iguru*).

According to the prophecies of the Movement’s leaders’, this world was to end between December 31, 1999 at midnight and the early morning of January 1, 2000. God’s holy fire was predicted to destroy sinners and end this present world for being irredeemably evil and corrupt. This divine cosmic purification by God’s fire was prophesied as the coming of “God’s Kingdom” and “Reign of Peace.”²

However, when this fundamental prediction for the end of the world failed to materialize, some Movement members became restless and demanded a refund of their money and the property which they had donated to the Movement while expecting the imminent end of the world. Because of this discontent, the Movement leaders became depressed, felt helpless and desperate. Some MRTCG members were extremely disappointed due to the failure of their leaders’ promises to deliver them from this world of *angst* into God’s kingdom of peace and eternal life in heaven, and demanded explanations from them.

The MRTCG members’ disillusionment and impatience prompted the beginning of the Movement leaders’ ritual mass murders and suicides. These ritual murders were carried out as martyrdom and sacrifices to God and a means to dispatch the MRTCG members into heaven. These “cult-like ritual martyrdoms” were carefully designed, organized and executed by Fr. Dominic Kataribabo, the Movement’s theologian, chaplain and Spiritual Director. About 1500 people were killed between December 15, 1999 and March 17, 2000. The nation and the outside world were horrified by the Kanungu church inferno of March 17, 2000 which killed about 800 people in a barricaded church building, most of whom were women and their children.

These MRTCG deaths are even more shocking and embarrassing because they took place within a “cult-like Mariology Movement” within the Catholic tradition, and were carried out by a well-educated, respected and outstanding senior Catholic priest. Fr. Kataribabo had degrees from Katigondo Seminary, Makerere University and a postgraduate degree in theology from Loyola Catholic University, California in the USA. Many people expected him to become a Catholic bishop. Instead, he became MRTCG’s “*de facto* bishop”³ and “high-priest” of MRTCG’s “cultic martyrdom and self-sacrificial deaths.”

The Movement’s leaders claimed to have received “special revelations from heaven,” and visions (*okubonekyerwa*) by the Blessed Virgin Mary. These visions contained a radical theology and ethics in which HIV/Aids (“Slim”/*Munywenge*) was declared to be God’s eschatological “plague” (*omukyeno*), and punishment (*ekibonerezo*) for human evil (*ebibi*) and sins (*obusiisi*). God (*Mukama-Runga*) had unleashed HIV/Aids on evil people (*abasiisi*) for their evil deeds (*obubi*) and sins (*obusiisi*), particularly, the sexual immorality, violence, corruption and other sins that break the Ten Commandments of God (*Ebiragiro Ikumi bya Ruhanga*).

The Movement leaders rejected the traditionalists’ claim that “Slim/*Munywenge*” was due

² Apocalyptic prophecies for the end of the world were not limited to the MRTCG. There were many millenarian Christians who expected the world to end at midnight on December 31, 1999. There were also secular doomsday predictions and the Y2K bug was supposed to cause computers to malfunction and cause unprecedented disasters in communications, banking systems, airline, rail and motor vehicles travels. Scared people stocked-piled batteries, dried foods, bottled water and bought electric generators in preparation for the predicted doomsday.

³ S Kabazzi-Kisirinya, et. al, (eds.). *The Kanungu Cult-Saga: Suicide, Murder or Salvation?* (Kampala: Makerere University, 2000), pp. 20-21.

to “*kuroga*” (witchcraft) or possession by angry ancestral spirits or demons (*emizimu*). Instead, the MRTCG’s prevention, treatment and cures for HIV/Aids were prescribed in both moral and religious terms. Accordingly, they were prescribed as the strict observation of the Ten Commandments, renunciation of materialism, sins, sex and marriage. Celibacy was demanded of all the Movement’s faithful members. Subsequently, MRTCG leaders dissolved existing marriages as a requirement for initiation into this monastic “Mary’s Holiness Movement.”

Exorcisms and prayers for faith healing of some MRTCG members with HIV/Aids-infection were seriously undertaken. Nevertheless, most of these HIV/Aids patients died in the Movement’s camps. MRTCG’s faith healing rituals, exorcism, and devout prayers failed to deliver God’s promised miraculous intervention and healing.

However, these religious exorcisms, prayers and faith-based healing attempts to cure HIV/Aids without medicine were harmful. They drastically reduced the HIV/Aids patients’ life-span when compared to the HIV/Aids patients who received conventional medical intervention and treatment with anti-retroviral drugs.⁴ Moreover, they misled HIV/Aids patients into believing that they were cured resulting in unknowingly spreading it to others.

Ultimately, the HIV/Aids victims who were attracted to MRTCG because of its promises for supernatural HIV/Aids faith-healing and miraculous cures by God were also devout people. They believed that they could be miraculously healed by the exercise of MRTCG’s teachings of deep faith in God, divine power and mediation of the Blessed Virgin Mary, thorough repentance of each individual sin, strict and extensive fasting three times a week, recitation of the rosary, many hours of prayer, laying on of hands and the strict observance of the Ten Commandments.

How should events such as these be understood? In the following sections various aspects which play a role in this regard will be discussed. Sections 10 & 11 will return to the case study of the MRTCG and will offer an interpretation of the significance of this movement. The final section will sketch some of the subsequent developments concerning the fight against HIV/Aids in Uganda.

The HIV/Aids Pandemic and Statistics

According to the World Health Organization (WHO) *January, 2004 HIV/Aids Update Report*, and the October *UNAids Report, 2004* there are an estimated 42-50 million people who are HIV/Aids-infected in the world today, about 85-90 percent of these people live in the impoverished Sub-Saharan Africa. Since 1981, when HIV/Aids was first identified, the WHO has estimated that about 28-38 million people or about 90 percent of HIV/Aids related deaths have occurred in Sub-Saharan Africa.⁵

These millions of Aids deaths that have occurred in Africa have left behind millions of helpless orphans. An estimated disproportionate 4-5 million of the HIV/Aids-related deaths took place in Uganda 1980-2004,⁶ and left an estimated 4-6 million helpless orphans. Uganda’s definition of an “Aids orphan” as a child aged one day to 18 years, who has lost at least one

⁴ President George Bush visited Africa in 2003. He saw poverty, ravages of war and HIV/Aids. On his return, he requested a grant of 15 billion dollars from Congress in July 2003 to fund HIV/Aids prevention and treatment programmes. It was approved in March 2004.

⁵ *UNAids 1; UNAids Update* December 2003. HIV/Aids-infections are estimated at 42-60 million, and deaths between 28-40 million people since the HIV/Aids pandemic began in the 1970s.

⁶ In Uganda, hospitals spread HIV/Aids through HIV-contaminated instruments and blood banks donated unknowingly by HIV-infected donors. In the early 1980s, Uganda did not have the means to screen donated blood for HIV/Aids.

parent or guardian as a result of HIV/Aids related diseases or complications, inflates numbers of orphans in the country. Subsequently, UNICEF has estimated that there will be about 4-6 million Aids orphans in 2005 in Uganda.

Many families have become too damaged to support sick members, and orphans. Many of the orphans have become homeless children who live on the streets, beg from passers-by, steal, and eat from trash cans and restaurant dumpsters. Some churches have built orphanages, but they lack necessary funds to house and feed all these orphans. Religious, philanthropic organizations and international charitable agencies such as World Vision, CARE and UNICEF are also overwhelmed by the millions of orphans and lack of necessary funds to cater for all of them.⁷ Consequently, orphans pose a major socio-economic and moral problem since they constitute about 23 percent of Uganda's population of 26 million people. This crisis has a serious impact on church and state relations, policies, resources and joint programs in Uganda. It also poses new moral and cultural challenges for the traditional family and community-centred normative socio-economic, religious and collective cultural values.

Official HIV/Aids statistics in Africa often reflect too conservative estimates and are therefore unreliable. Due to cultural and political reasons, some African countries are still reluctant to report cases of HIV/Aids-related deaths. Furthermore, HIV/Aids-infection rates and death figures vary greatly from one agency to another because different agencies rely on different sources and employ different methods to gather the sensitive data. In some countries, HIV/Aids data is treated as sensitive matters of national security, and are therefore, strictly censored.

The WHO has estimated that a third of HIV/Aids-infected people are young sexually active people between 15 and 24 years of age. This demographic factor has serious social, economic, religious, and political future implications for countries with high rates of HIV/Aids-infection in Africa. This is true irrespective of the fact that malaria actually kills far more people than HIV/Aids. Unlike malaria, which mainly kills weak old people and children, HIV/Aids kills the more economically productive people.

HIV/Aids, Witchcraft, Demon Possession and Demythologization

In Uganda, the rate of the HIV/Aids infection in the 1980s was an alarming 35-40 percent.⁸ People were justifiably scared of the disease. Until 1987 when the government of Uganda and church leaders formed a coalition of the "Uganda Aids Education Commission" and effectively educated people through public HIV/Aids awareness and prevention programmes, many uninformed Ugandans believed that HIV/Aids was caused by witchcraft, or demonic possession.

Many Christian fundamentalists and biblical literalists like the Pentecostal and MRTCG members also believed and preached that HIV/Aids was God's "plague" and punishment for human sin and evil. Therefore, there was a real religious and medical need to educate people

⁷ UNICEF, *The State of the World's Children*, (New York, UNICEF, 2000), pp. 24-43; Foreign Policy Association, *Great Decisions*, (New York: FPA, 2002 Edition), pp. 71-80.

⁸ UNAids, *A Joint Response to HIV/Aids*, 8; UNICEF, *The State of the World's Children*, (UNICEF, New York, 2000), 24-43; Foreign Policy Association, *Great Decisions*, Foreign Policy Association, 2002 Edition, 71-80; *The State of the World's Children*, UNICEF, 1-9, 24-43; Foreign Policy Association, *Great Decisions*, 2002, pp. 70-79. In Sub-Saharan Africa, ignorance, traditional cultures of polygamy, widow-inheritance, disease, poverty, wars, dictatorship, corruption and poor governance are major factors that create conditions of violence within which deadly diseases such as HIV/Aids and malaria proliferated.

and dispel ignorance concerning HIV/Aids and “demythologize” its causes. Subsequently, the Aids Education Commission and its associated churches and organizations, including many women’s organizations, correctively taught that HIV/Aids was a “virus caused disease,” and not “a supernatural disease” or “plague” caused by God’s wrath, or due to witchcraft demon possession or angry ancestors.

The HIV/Aids Education Commission taught medical facts and information concerning the nature of HIV/Aids as a viral disease and identified its modes of transmission and prevention programmes. The Commission effectively educated people that HIV/Aids (*Slim*) was not “God’s curse” (*ekibonerezo*) or “plague” (*omukyeeno*) that could be cured by faith, prayers of healing, exorcism and ritual sacrifices to some angry ancestral spirits (*emizimu*), as often prescribed by *Bafumu/Waganga* (traditional priests/healers), and some Christians. Consequently, the Aids Education Commission members also carefully refuted the traditionalists and Christian fundamentalists and their medically misleading teachings that HIV/Aids was God’s plague, curse and punishment for moral and sexual sins as the MRTCG leaders and some Pentecostal ministers were teaching. In opposition to these traditionalists and Christian fundamentalists, the Anglican and Catholic leaders taught that HIV/Aids could be effectively treated with drugs. Consequently, they appealed abroad for funds to buy anti-retroviral drugs for HIV/Aids patients.

Subsequently, members of the commission disseminated information to the public through a variety of media, including newspaper articles, sermons, and lectures on radio and television broadcasting. Mass media were extensively used for HIV/Aids awareness and prevention programmes. Medical information on HIV/Aids was simplified and summarized in free brochures. These brochures were made available in easily readable formats in both English and all the major local languages. The information included the medical facts concerning the transmission of HIV/Aids, that is, mainly through heterosexual and homosexual intercourse with an HIV/Aids-infected person. For the prevention of HIV/Aids it emphasized faithfulness within monogamous marriages, abstaining and condom use when taking sexual risks.

Furthermore, the HIV/Aids Education Commission taught people to avoid contact with semen, blood and other body fluids of HIV/Aids-infected patients. The Commission also taught that HIV/Aids could be contracted through blood transfusion with HIV contaminated blood or by poorly cleaned medical instruments, such as re-usable injection needles, syringes, surgical and dental instruments and urged doctors and nurses to be more careful.⁹

HIV/Aids and the African Worldview, Religion and Culture

Within the prevailing traditional God-centered African worldview, African Traditional Religion (ATR) and cultures, most diseases and misfortunes are blamed on witchcraft (*koruga*), demon possession, or angry ancestors, gods and God. These events were considered as supernatural punishments for known or unknown moral violation and sin. Diviners were consulted to identify the unknown causes for these diseases and their remedies.

According to the African worldview and ATR, private evil deeds and secret sins have public and social dimensions and cause collective negative societal consequences. They can bring real harm or divine collective punishment upon the sinner’s community. Individuals and their

⁹ When Uganda became the epicentre of HIV/Aids hospitals and healthcare centres used contaminated injection needles, contaminated blood banks and contaminated surgical and dental instruments. Consequently, many doctors and nurses were among the first HIV/Aids fatalities. Full disclosure was not made for fear of scaring people away from hospitals, clinics and healthcare centres.

communities are culturally, socially, religiously and morally inseparably linked together and so were their deeds and consequences, regardless of whether they were performed in public or private. The community and its members were like a chain and its individual links.

These traditional African worldviews and cosmologies provided the foundations and local African contexts for the religious interpretation of diseases such as HIV/Aids as demon possession or God's punishment for sin, and violation of moral or cultural taboos. This was also the African cultural and religious context for the African Christian perception of HIV/Aids as God's "plague" and punishment for human moral rebellion, evil and sins that "broke God's Ten Commandments."

Most of these African Christians are rooted in the Hebrew Scriptures as interpreted by Jesus and St Paul. For instance, Jesus healed people through faith, prayers of healing, and forgiveness of sins, and commanded his obedient followers to do the same (Mk. 11:22-26). There are many Christians in Africa, especially those from Charismatic and Pentecostal traditions, who literally believe in the New Testament worldview and cosmology, and attempt to practice faith-healing and exorcisms as miraculous cures for diseases, including HIV/Aids. They also perceive disease as a result of sin, divine punishment and demon possession that can be successfully healed by faith, prayer, laying on hands and exorcism.

This collaborates Dr Benedicte Ingstad's medical, cultural, anthropological research and traditional religious findings concerning HIV/Aids in Southern Africa.¹⁰ Like Ed Hooper discovered in Uganda, Dr Ingstad also found that HIV/Aids was very frightening to people in Southern Africa because it was a new deadly disease which could not be cured by modern medicine.¹¹

As a result, many Africans treated HIV/Aids in African traditional religious and cultural healing ways. That is, the disease was perceived to be the result of witchcraft, or punishment by offended ancestral spirits and God's punishment for a breach of sexual moral taboos or causing ritual pollution.¹² In this case, traditional treatments included the consultation of the traditional priest-medicine person who exorcised evil spirits, and cleansed the patients and their respective communities. The traditional healer used "holy water," prayers and other purification rituals, including performance of sacrifices to appease spirits of angry ancestors.¹³ These African spiritual, moral and cultural traditional cures for HIV/Aids failed to work.

As Hooper's HIV/Aids research and findings in 1987 in Rakai District, the "epicenter of HIV/Aids" in Uganda, also indicate, HIV/Aids was first conceived of and treated according to the typical African traditional religious ways of healing. Consequently, HIV/Aids was erroneously attributed to witchcraft and to the supernatural punishment by the angry spirits of the ancestors, and God's plague, as punishment for breaking God's Commandments and ritual

¹⁰ Benedicte Ingstad, "The Cultural Construction of Aids and Its Consequences for Prevention in Botswana," *Medical Anthropology Quarterly: New Series* Vol. 4, No 1, *Culture and Behaviour*, pp. 32-35.

¹¹ Hooper, "Aids in Uganda," *African Affairs*, pp. 429-447; Paula Treichler, "Aids, Africa, and Cultural Theory," *Tradition*, (Durham: Duke University Press, 1991) No. 51, pp. 86-103. The Bantu people of Uganda are culturally akin to the Bantu people of Botswana in their African worldview of life as a social and collective experience, supernatural causes of disease and divination to find out its specific causes and remedies. See: Emmanuel Twesigye, *Religion & Ethics for a New Age* (Oxford: UPA, 2001), pp. 223-278, 629-644; Twesigye, *African Religion, Philosophy, Christianity in Logos-Christ*, pp. 237-250.

¹² Ingstad, *The Cultural Construction of Aids and Its Consequences for Prevention in Botswana*, pp. 32-35.

¹³ John Mbiti, *African Religions and Philosophy*. (London: Heinemann, 1969), p. 11; Emmanuel Twesigye, *African Religion, Philosophy, and Christianity in Logos-Christ: Common Ground Revisited*. (Oxford: Peter Lang, 1996) pp. 1-33.

pollution or sin.¹⁴

However, fundamentalist Evangelicals and some “pious” Catholics like the MRTCG, proclaimed that HIV/Aids pandemic was God’s plague and punishment for sins, especially sexual immorality, and breaking the Ten Commandments of God. When the MRTCG was founded in 1989 as a result of *angst* and fear of HIV/Aids, its main mission became to wage a moral crusade against sexual immorality and corruption, and to establish holiness or moral and spiritual perfection based on the strict observation of the Ten Commandments. Subsequently, the Movement leaders prescribed celibacy for the prevention and cure of HIV/Aids.

Debates Concerning the Causes and Prevention of HIV/Aids

The mainline Anglican and Catholic Church leaders have taught that sex in itself is God’s sacred gift to create new life and that it is neither evil nor the cause of HIV/Aids, as some religious leaders, like the Pentecostal and MRTCG leaders have believed, preached and taught. Apart from a small percentage of prostitutes, there is no evidence that the people in Uganda engage in sex more than people in Senegal, where HIV/Aids-infection is recorded at 2 percent as compared to 35 percent in Uganda in the mid-1980s. There is no evidence of any correlation between mere frequency of sexual intercourse and the rate of HIV/Aids-infections and deaths. Moreover, unlike some Western communities where homosexuality and intravenous drugs are major factors in the transmission of the HIV/Aids-infection, HIV/Aids in Africa spreads mainly through heterosexual intercourse. The prevalence of poverty, violence, unprotected sex, African culture, and ignorance explain the HIV/Aids pandemic.

Furthermore, for Ugandan’s religious fundamentalists and biblical literalists, especially, the Catholic “Mariologists,”¹⁵ “Charismatic” and the Anglican *Balokole*, and Pentecostal groups, HIV/Aids had a religious cause and treatment. They regarded HIV/Aids pandemic as God’s curse and plague, and supernatural punishment for engaging in warfare, sexual immorality, breaking the Ten Commandments, and violation of traditional sexual taboos.¹⁶ For these moralists, HIV/Aids was proof of God’s “perfection,” “holiness,” “purity”¹⁷ and justice.

Ultimately, HIV/Aids is a very serious problem in Sub-Saharan Africa which cannot be resolved by denial of its medical reality or pious prayers and exorcism. Therefore, African religious and political leaders must be urged to fight the disease. Uganda’s successful model of church-state coalition and design of both medically and culturally appropriate effective programmes to combat HIV/Aids is a practical example to emulate. Government and religious leaders can collaborate to teach new moral virtues, cultural values and medical practices that effectively prevent HIV/Aids transmission.¹⁸

¹⁴ *A Timely Message from Heaven: The End of the Present Times*, (Kanungu: MRTCG Handbook, 3rd Edition, 1996), pp.15-19, 41 and 67; Ed Hooper, “Aids in Uganda”, pp. 429-445.

¹⁵ *Timely Message from Heaven*, pp. 1-12, 76-81, 131-139.

¹⁶ See note 11 above; Hooper, “Aids in Uganda”; Ingstad, “The Cultural Construction of Aids and Its Consequences for Prevention in Botswana”, pp. 32-35.

¹⁷ Leviticus 1-27. It is a manual for ritual and moral holiness because God is holy and perfect and demands the same of his true worshippers and obedient servants.

¹⁸ The Anglican Church’s bishops were more supportive of HIV/Aids education and prevention programmes including distribution of free condoms to sexually active teenagers. Bishop M Kauma of Namirembe was the first Head of the Aids Education Commission in Uganda. He was succeeded by Catholic Bishop Halem-Imana, thereby demonstrating the Catholic Church’s acceptance and support of Uganda’s HIV/Aids education and prevention programmes. See also, *A Timely Message from Heaven*, p. 84.

HIV/Aids Stigma and Problems of Naming or Reporting HIV/Aids

Due to the cultural, political, religious and moral stigma attached to HIV/Aids, many people in Africa were initially unwilling to go for HIV/Aids testing even when the test became affordable or free. They were also unwilling to admit that they had HIV/Aids when they contracted it. They feared that they would lose their jobs, face discrimination, or become subjected to cultural and social ostracization due to stigmas of HIV/Aids.

HIV/Aids had therefore become the modern equivalent of “leprosy” and the ritual uncleanness associated with it during biblical times. Subsequently, during the 1980s a culture of public denial and ignorance developed around HIV/Aids. Consequently, in most of Sub-Saharan Africa, the official government figures for HIV/Aids were deliberately skewed and unreliable due to political, economic, cultural and religious reasons. Due to these cultural, moral and religious stigmas, other diseases such as pneumonia, tuberculosis, meningitis, malaria, and malnutrition are listed on the death certificate as the real causes of deaths. However, these are secondary diseases that finally attack and kill victims of HIV/Aids because their immune systems are already destroyed. The controversy around South Africa’s President Thabo Mbeki’s views on the causes of HIV/Aids may be noted here in this regard.

The political underplaying of the HIV/Aids pandemic and the denial of its gravity have been disastrous for Sub-Saharan Africa. Some conservative African heads of state were too slow to respond to the serious threat of HIV/Aids mainly due to ignorance, political fear and economic considerations. Some African leaders denied the fact that their respective countries had problems of HIV/Aids for fear of scaring away potential Western investors and tourists on whom their economies depend. These African leaders therefore censored HIV/Aids reports and prevented the truth from coming out until millions of their citizens were HIV/Aids-infected and dying.

Some conservative religious leaders who feared state persecution as false alarmists or traitors prudently kept quiet. However, many religiously liberal and politically active religious leaders in Uganda and South Africa remained vocal concerning matters of HIV/Aids because they had a strong tradition of prophetic ministry, liberation and moral crusade to protect human rights, life and dignity.¹⁹

President Yoweri Museveni of Uganda went public about the crisis of HIV/Aids pandemic in Uganda. He appealed for both local and international help to fight the destructive disease and rejected the position of conservative political leaders and quasi-medical skeptics who wanted to ignore the problem of HIV/Aids. His bold approach to HIV/Aids education and prevention programmes has been extremely effective. As a result, Uganda has reduced the rate of infection from 35 percent in the 1980s to less than 6 percent in 2004.²⁰

Uganda’s success story provides evidence that the HIV/Aids pandemic in Africa can be successfully fought, halted and reversed. This assessment is based on the characterization by Peter Piot, the UNAids Executive Director of “Uganda as the epicenter of HIV/Aids pandemic” in the “Aids belt” consisting of Uganda, and the neighbouring countries of Kenya, Rwanda, Burundi, Tanzania and the Democratic Republic of the Congo (Zaire).²¹ The successful HIV/Aids education and prevention programmes in Uganda should yield similar positive results if implemented in other African countries.

¹⁹ Holger Bernt Hansen and Michael Twaddle (editors), *Religion & Politics in East Africa* (Athens: OUP, 1995), pp. 148-170.

²⁰ *UNAids Update*, December 2003, pp. 1-3; *Great Decisions, Edition 2002*, pp. 71-72.

²¹ See Ingstad and Hooper’s research cited in Note 11 above; *Great Decisions, Edition 2002*, pp. 71-72.

HIV/Aids: A Disease Rooted in Poverty, Powerlessness and Ignorance

It is evident that most of the world's poor, powerless and underdeveloped nations are in Sub-Saharan Africa – which is also the very global region most affected by the HIV/Aids pandemic. The impoverished and underdeveloped Sub-Saharan Africa is also the home of other deadly diseases such as malaria. Therefore, research for affordable, effective prevention, treatment and cure of HIV/Aids has been slow and inadequate. Many poor and ignorant people in rural Africa were originally forced to rely on faith-healing, magic, sacrifices and prayers for HIV/Aids prevention, healing and cure until the church and governments provided help. This religious “faith-based” approach to HIV/Aids was encouraged by the traditional healer-priests (*Bafumu*) of ATR. Like ATR's *Bafumu*, some *Balokole*, Charismatic, Pentecostal and MRTCG leaders also taught that HIV/Aids could be healed by faith, confession of sins and prayer.²²

Much of Sub-Saharan Africa is afflicted by serious evils of wars, political dictatorships, human rights abuses, rape, hunger, malnutrition and refugees. Refugees, especially women, are powerless to prevent HIV/Aids as a result of rape and nursing HIV/Aids infected relatives without protective gloves. Women and girls in Africa and Asia, being traditionally culturally, economically and politically disadvantaged, dependent and powerless, are the people most at risk of HIV/Aids infection. This is mainly because most religious world-views and patriarchal cultures subordinate females to male authority, domination and sexual exploitation.

Therefore, in order to empower women and prevent the spread of HIV/Aids, the government of Uganda has enacted and enforced new strong civil laws that negate some ancient cultural patriarchal values. These laws protect women and girls from rape, sexual harassment, exploitation and abuses by males, and by so doing, prevent the spread of HIV/Aids in the workplace, schools, military and the community. As a result, President Museveni has proposed long-term imprisonment and death-penalty for violent sexual offenders.

Modes of HIV/Aids Transmission and Stigma in Africa

In Africa, the main mode of HIV/Aids transmission is through heterosexual intercourse with an HIV-infected person. This is partly why HIV/Aids was originally associated among religious fundamentalists with the stigma of sexual sins and God's punishment. Some Protestant evangelicals and Catholics preached that HIV/Aids was God's plague and a punishment for immoral people and sinners who were guilty of sexual sins including, premarital sex, polygamy, unfaithfulness in marriage, prostitution and homosexuality.

The scourge of HIV/Aids in Africa touches every profession, class, age-group, religious group and ethnicity. Tragically, during the early 1980s in Uganda, HIV/Aids was quickly spread through hospitals and clinics through using poorly sterilized surgical or dental instruments, reusable injection needles, and contaminated blood used for blood transfusions. There were no affordable HIV/Aids blood tests until the 1990s, and by then, many innocent people, including doctors, nurses and their unsuspecting sexual partners, had been infected. Injured soldiers were treated with contaminated instruments and given contaminated blood during blood transfusions. Such infected soldiers and truck drivers spread the HI-virus in the countryside to their spouses and prostitutes wherever they went. The prostitutes then spread the disease within the local communities because many of them are married.

In Uganda and surrounding countries HIV/Aids emerged in a context of intolerance, poverty, violence, genocide, wars and political instability. Such factors furthered the spread of

²² Timely Message from Heaven, pp. 15-19, 41, 67.

HIV/Aids.²³ This is also the context in which extremist, radical political, messianic and apocalyptic religious movements have emerged and flourished. These movements, including the MRTCG and the *Lord's Resistance Army* in Uganda, have promised some future divine intervention and religious, economic and political liberation from suffering. Such a context prompted the founding of the MRTCG and shaped its radical moral teachings, apocalyptic prophecies and predictions for God's impending destruction of this supposed evil and corrupt world due to human misuse of freedom and rebellion against God, moral evil and sin.

Due to the complex context within which HIV/Aids emerged and its varied modes of transmission, groups like the MRTCG were able to denounce HIV/Aids and a whole series of social woes. These include involuntary poverty, greed, ignorance, diseases, violence, socio-economic hardships, destructive civil wars, cultural practices of sexual promiscuity, polygamy, unhygienic medical practices, contaminated blood banks, poorly sterilized surgical instruments, reusing disposable injection needles and innocent suffering. In response, these movements promised, in God's holy name, to liberate people from evil and suffering.

HIV/Aids and the Economic and Political Crisis in Africa

HIV/Aids has exacerbated the existing conditions of poverty and underdevelopment in sub-Saharan Africa and caused great anxiety and hardships. It has robbed Africa, especially Uganda, of the economically productive middle class aged between 18 and 50 years. HIV/Aids and civil wars killed millions of people in Uganda and the average life-expectancy during the 1980s dropped from 55 to 35 years for men and from 57 to 37 years for women. Correspondingly, the retirement age was lowered to 50 years in some government agencies. Since the mid-1980s, though, the rate of HIV/Aids in Uganda has dropped from 35 percent to 6 percent. In correlation, life-expectancy has also risen to 45 years for men and 47 years for women, while the retirement age has been revised from 50 to 60 years.

HIV/Aids is economically and socially destructive because it kills valuable professionals and parents, income-generators and taxpayers. Families are hit the hardest when the HIV/Aids victim is the parent and main bread-winner supporting a large extended family of parents, brothers, sisters, grandparents, cousins, uncles, and aunts or other relatives. These productive people are the same people who support churches with their tithes. They also contribute needed funds for major church projects, such as building new churches, repairing and maintaining old ones; building new schools, orphanages, hospitals, and free medical clinics to serve the indigent. In Uganda HIV/Aids has disproportionately killed doctors, university/college lecturers, school teachers, students, nurses, priests, government officials, police officers, military officers, businessmen, traders, secretaries, prostitutes, architects, carpenters, bricklayers, mechanics, truckdrivers, farmers, bankers, engineers, politicians and company executives. HIV/Aids kills the professionals on whom considerable funds have been spent for education and training. Families, communities and nations therefore lose essential human capital investment and invaluable resources when such professionals die prematurely through HIV/Aids.²⁴

HIV/Aids, Sex and Celibacy

The MRTCG was a rural, Catholic apocalyptic and messianic movement that was deeply rooted

²³ Since rates of HIV infection are correlated with poverty, poor governance and ignorance, rather than colour, race and nationality, the provision of good education, income and good government are part of the long-term solutions and prevention strategies for HIV/Aids in Africa, Haiti and racial minority and inner-city communities in the USA. See *SAids Update* (December 1, 2003), pp. 2-5.

²⁴ *Great Decisions*, Edition 2002, pp. 71-80.

in the veneration and devotion of the Blessed Virgin Mary as the co-redeemer of the world. According to this devotion, Mary would ultimately be coming to redeem the world and to save people from the scourge of moral evil, sin, suffering, sexual promiscuity and HIV/Aids. The movement's leaders were more interested in ethical matters and salvation than in matters of doctrine. However, MRTCG leaders realized that only God was powerful enough to save sinners from the perishing world. They therefore deified Mary into a Goddess so as to empower her in order to save the world. They also taught that the Blessed Virgin Mary demanded virginity and celibacy among her followers.

The MRTCG leaders considered HIV/Aids to be God's just punishment for sin, especially a litany of sexual sins including bestiality, prostitution, homosexuality, adultery, fornication, incest, rape, widow inheritance, and polygamy.²⁵ Within the context of the African worldview and cultures these forms of behaviour are considered to be deadly sins and evils. According to ATR, they cause misfortune, plagues, serious illness and deaths, and both individual and collective punishment by God, gods and the ancestors. The whole community and its offending members must therefore be ritually cleansed from sin and evil. Demonic spirits must be exorcised from both the community and its members.

For Joseph Kibwetere and Keledonia Mwerinde, the co-founders of MRTCG, sexual immorality, drinking intoxicants and drunkenness were the major causes of HIV/Aids. Subsequently, their radical measure to prevent HIV/Aids included celibacy and total abstinence from alcoholic drinks and sex.²⁶

The MRTCG's Moral Crusade, Teachings and Practices

The MRTCG originally emerged as Mary's mandated moral crusade in Southern Uganda in 1988 and subsequently spread to many parts of East Africa, Rwanda and the Democratic Republic of the Congo. The holiness movement appealed to many devout Catholic women and some men who found Mariology appealing and a strict monastic life spiritually meaningful. Some men joined the movement due to their great fear of HIV/Aids. Some joined for fear of God's impending fire and the imminent destruction of the world.

The MRTCG leaders were radical dualists who viewed sex negatively as a source of most sins and moral evils in the world, including materialism and corruption. They taught that this is the main reason why God has decided to punish sinful human beings by inflicting his punishment on them in the form of the curse and plague of incurable HIV/Aids. In response, the MRTCG leaders taught repentance of all sins, living a holy life based on the Ten Commandments; living a simple monastic life, radical self-discipline, sexual abstinence, a renunciation of drinking alcoholic beverages, renunciation of tobacco, strict dress codes in simple uniforms that covered most of the body, veils that covered women's heads, shaving off the hair, a dissolution of existing marriages and living together in celibate communities. In these communities they waited to ascend into heaven and for the catastrophic end of the world when God's hellfire would arrive like a mighty tropical thunderstorm to burn sinners.²⁷

All sex-related materials were strictly censored. Pornographic materials, films, novels, plays and listening to non-religious music were prohibited. The use of spoken language was also forbidden in case people sinned by telling lies or talked about sexual subjects. In place of traditional language, limited sign language was taught and used by MRTCG members.

²⁵ *Timely Message from Heaven*, pp. 1-12, 76-81, 131-139.

²⁶ *Timely Message from Heaven*, pp. 1-12, 15-45, 76-81, 131-139.

²⁷ *Timely Message from Heaven*, pp. 15-31, 76-81, 131-139.

The members were also required to sell all their personal property including their personal clothing and give all the proceeds to the movement leaders. The money was given to promote God's mission to redeem the world.²⁸ The members were given colour-coded uniforms. They wore long robes that covered the arms and legs. The men wore white robes like monks and shaved their heads. Women wore veils like nuns. The MRTCG members were both respected and admired by many people, especially Catholics in Uganda, until they committed what first appeared to be mass suicide on 17 March 2000 in Kanungu.

Uganda's Church-state Coalition and Programmes for HIV/Aids Education and Prevention²⁹

President Yoweri Kaguta Museveni's *National Resistance Movement* (NRM) Government came into power in Uganda in 1986 after a 5-year destructive civil war that left almost a million people either dead or internally displaced and many orphaned. The country was in socio-economic and political chaos. The new NRM Government leaders were desperate for church and international assistance to deal with issues arising out of the war, such as disease, poverty, destruction of the infrastructure and the need to rehabilitate refugees. The government of Uganda was willing to work with any religious group and organization in the country whose objective was to fight disease, especially HIV/Aids, irrespective of creed and theology. The Anglican, Catholic and Orthodox churches in Uganda and the government of Uganda formed an informal coalition to design effective, culturally appropriate material and medical programmes to educate the general public about the dangers of HIV/Aids.

Public education programmes on HIV/Aids prevention included explicit medical information on the transmission of HIV/Aids through sexual intercourse with an HIV/Aids infected person and how this HIV/Aids transmission could be effectively prevented through the practices of sexual abstinence, faithfulness in monogamous marriages and proper condom use. The liberal Anglican bishops were willing to talk about HIV/Aids in the context of their sermons, public speeches, and moral education. From the pulpit and through the public media they tackled the sensitive moral, religious, cultural and medical issues around HIV/Aids as matters of family, community and national concern. Within the traditional African world-view, life is essentially social. Therefore, what happens to one member of the community happens to the whole community.³⁰

In terms of this African worldview, cultural and religious context, the religious leaders designed effective strategies and support for multi-pronged programmes of public HIV/Aids education and prevention. The Anglican bishops, seminary teachers, parish priests, doctors and nurses established joint forums to discuss, teach and disseminate the essential medical factors concerning the various modes of HIV/Aids transmission. These information sessions were broadcasted on radio programmes and television stations. Plays were produced, posters were made, and newspaper articles were written. HIV/Aids prevention brochures were published in the local languages and distributed at Church services, and to people in hospitals, schools, colleges and universities.

Due to local cultural resistance and strong Roman Catholic Church's moral opposition to condom use because of its "double-effect" as a contraception device, the HIV/Aids education

²⁸ *Timely Message from Heaven*, pp. 76-81, 131-139.

²⁹ UNAids, *A Joint Response to HIV/Aids. Joint United Nations Programme on HIV/Aids*, (New York/Geneva, 2003), pp. 7-8. Uganda has been praised by UNAids and WHO and commended as a model for combating HIV/Aids in Africa and the developing nations of Asia, Caribbean and Latin America.

³⁰ Twesigye, *Religion & Ethics for A New Age: Evolutionist Approach*, pp. 90,168-69, 598-644.

programmes have mainly stressed sexual abstinence for unmarried people, monogamy, faithfulness in marriage and committed sexual relationships. The HIV/Aids education and prevention programmes also emphasized careful condom use by those who cannot abstain from sexual intercourse or do not live in exclusive, monogamous sexual relationships. Some diplomatic Catholic bishops publicly denounced condom use, while in private they allowed the practice for “people living in sin.”

These pro-active public education programmes for HIV/Aids awareness and prevention in Uganda have been a great success. They have drastically reduced the HIV/Aids-infection from 35 percent in the 1980s to 6 percent in 2004. This great success story provides an effective model for fighting and defeating the HIV/Aids pandemic in Africa.

Summary and Conclusion

The HIV/Aids pandemic is frightening because it is incurable and has killed millions of people aged between 18 and 50 years in Sub-Saharan Africa. In Uganda, HIV/Aids has killed millions of parents and left about 4-6 million of helpless orphans who are now cared for by young siblings or ailing and impoverished grandparents. Tragically, some orphans without relatives have been left on the streets to fend for themselves, unless the church or another charitable organization assists them.

The MRTCG emerged in 1989 in Southern-Uganda and preached that HIV/Aids was God’s punishment for sins and corruption. This apocalyptic movement preached an urgent prophetic message for repentance and celibacy as the cure for HIV/Aids. Strict observation of the Ten Commandments was demanded as the means of salvation from the impending destruction of the world by God.

When the prophecy for the end of the world failed to materialize and some MRTCG members became restless and demanded their money and property back, the movement’s leaders became depressed, desperate and delusional. They invited their followers to come to Kanungu and be sent to heaven. Hundreds came and were secretly and ritually killed and buried naked in mass graves.

Finally, the remaining MRTCG members were invited to assemble in “their Ark of Salvation” (*Obwato*) in order to be taken to Heaven by the Blessed Virgin Mary and the Holy Spirit. After confession and prayer, the church building was set on fire. Windows had been nailed shut and doors locked to prevent non-members from entering. Petrol fire bombs were used to kill them quickly and burn them to ashes.

The MRTCG leaders explicitly taught that only the spirit inherited God’s eternal life in heaven. They had also taught that the body was the evil agency of desires and sins. According to MRTCG’s dualistic theology and ethics, bodies could be killed, discarded or burned in order to purify, liberate, and set free the spirits trapped or imprisoned within the body. MRTCG’s own self-sacrificial deaths or martyrdom were considered as acceptable means for self-purification, the spiritual attainment of salvation and transportation into eternal life in heaven. Many Catholics hope that these MRTCG “saints” did not live, work, pray, fast, hope, die in faith and sacrifice their lives to God in vain.³¹

³¹ Mk 8: 34-38; Rom. 6:12-14. Some outsiders and non-believers may look at these living religious self-sacrifices in secular terms as “cult suicides,” or “criminal murders” to be prosecuted and punished. Did the martyrs commit suicide by choosing death over a corrupt life? Did Jesus commit suicide? If not, then, why are some Christians unable to treat self-sacrificial deaths and martyrdom of MRTCG in the same way? They are all offered to God as “living self-sacrificial deaths” for the atonement of sin.