**The Theology of Harm Reduction**

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Over the last three decades, the worldwide HIV epidemic has deeply challenged long-held assumptions in many fields. One of the most important challenges has been the new concept of harm reduction. It originated during the early days of the epidemic in the 1980s with the introduction of needle exchange to combat the spread of HIV among injection drug users. Needle exchange has been one of the most successful interventions in the history of public health: in countries where it was introduced early, the spread of HIV through dirty needles was virtually stopped (Riley, O'Hare and Hippocrates 2000, section 2, para. 4-5).

Despite this remarkable success, needle exchange has always been controversial. The reason is that it appears to facilitate behaviour that is widely considered to be immoral and harmful to society – illicit drug use. In response to this controversy, needle exchange advocates have developed the concept of harm reduction. Like everything else about harm reduction, its definition is controversial, but the following description fairly summarizes the current state of the concept.

> Harm reduction has as its first priority a decrease in the negative consequences of drug use. This approach can be contrasted with abstentionism, the dominant policy in North America, which emphasizes a decrease in the prevalence of drug use. According to a harm reduction approach, a strategy that is aimed exclusively at decreasing the prevalence of drug use may only increase various drug-related harms, and so the two approaches have different emphases. Harm reduction tries to reduce problems associated with drug use and recognizes that abstinence may be neither a realistic nor a desirable goal for some, especially in the short term. This is not to say that harm reduction and abstinence are mutually exclusive but only that abstinence is not the only acceptable or important goal. Harm reduction involves setting up a hierarchy of goals, with the more immediate and realistic ones to be achieved in steps on the way to risk-free use or, if appropriate, abstinence; consequently, it is an approach that is characterized by pragmatism. (Riley, O'Hare and Hippocrates 2000, section 1, para. 3)

Although still most commonly associated with needle exchange, harm reduction is a much more general concept that can be applied whenever people are engaged in harmful behaviour and there

is no realistic prospect of that behaviour ceasing immediately. This is frequently the situation in work with marginalized populations such as the urban homeless, many of whom have been severely traumatized and are dealing with addictions and other mental health issues. Homeless people are at high risk of HIV infection, and people with HIV are at high risk of becoming homeless.

According to the utilitarian ethics widely accepted in the modern secular world (MacCoun 2001, 74-78), harm reduction is ethical as long as it is true to its name. The objective is to reduce total harm to society, which Robert MacCoun defines as "average harm multiplied by prevalence multiplied by quantity" (MacCoun 2013, 84). Total harm can be reduced by reducing average harm (the injury caused by an average dose), prevalence (the number of users), or quantity (the number of doses consumed by each user). To qualify as harm reduction, an intervention must not increase any of these components enough to cancel out the reduction in another component.

The utilitarian view has been criticized, even by secular writers, as reflecting a Western elitist "ethic of autonomy" contrasted with the "ethic of community" assumed in traditional cultures (Graham, Haidt and Nosek 2009, 1030). Such cultures invariably have purity rules that proscribe behaviour that causes no apparent harm. Such rules are regarded as irrational in the modernist view, but they "serve social functions, including marking off the group's cultural boundaries . . . and suppressing the selfishness often associated with humanity's carnal nature" (Graham, Haidt and Nosek 2009, 1031).

The Christian worldview shares these traditional characteristics while at the same time incorporating a critique of them. Thus it is not surprising that harm reduction is particularly controversial in church circles. Many Christians are opposed to it because they see it as enabling sinful behaviour. Others enthusiastically support it as a concrete way of helping the most

marginalized people in society. Every harm reduction program, whether church-based or not, has had to contend with these ethical issues.

One preliminary issue is the relationship of "harm" (a matter of fact) to "sin" (a matter of morality). A number of distinctions must be made. Much behaviour labelled as "harmful" actually involves not the certainty of harm, but only some risk of it (MacCoun 2001, 77). An example would be skateboarding, a pursuit that is generally considered innocent fun but involves a risk of serious injury (MacCoun 2013, 86). Life entails risk, so clearly all risky behaviour cannot be labelled as sinful. There must be some threshold below which the risk is not morally significant. Another distinction is between harm to others and harm to self. The latter is generally considered morally irrelevant by secular liberals who condemn any attempt to protect people from the consequences of their own actions as paternalistic (MacCoun 2001, 78). Christians, on the other hand, consider harm to self an offence against God and therefore immoral.

**Moral Issues: The Catholic View**

The issue of harm reduction has been addressed mainly by Roman Catholic theologians. There are likely two reasons for this: Protestant theologians tend to shy away from pronouncements upon specific moral issues because of the Protestant distrust of legalism; and the Catholic church is heavily involved in health care delivery around the world and has therefore been forced to confront the issue. One such confrontation occurred in Australia in 1999 when the Sisters of Charity opened the country's first supervised safe injection facility at Sydney's St. Vincent Hospital. The ensuing controversy resulted in the Sisters being ordered to withdraw from participation by the Vatican; the Congregation for the Doctrine of the Faith subsequently issued a formal ruling confirming this decision, but its text was never made public

(Sulmasy 2012, 439-440). This controversy, and subsequent widespread Catholic involvement in harm reduction programs such as needle exchange, prompted thoughtful analyses by a number of Catholic theologians.

Catholic moral theology traditionally analyses such issues of moral ambiguity by means of the "casuistry of accommodation" (Keenan 1999, 497-501). Casuistry is necessary because a purely consequentialist ethic cannot be reconciled with scriptural witness: we are forbidden to "do evil so that good may come" (Rom 3:8). The rules of casuistry are "signs of the realism and common sense present in much of the classical tradition of moral theology. In a finite world we cannot be expected to act in such a way as to avoid all possible evil effects" (Ferrer 2000, 185). There are four principles under which harm reduction could be assessed: toleration, co-operation, double effect, and the lesser of two evils.

Under the principle of toleration, the church does not attempt to justify an action morally, but does not try to prevent it from occurring because either it is not in the church's power to do so or denunciation would cause intolerable harm to the church's overall mission. This is the principle used by the United States Catholic Conference to justify condom distribution and needle exchange (Fuller and Keenan 2000, 21-23). However, there are other principles that can provide a stronger basis for harm reduction by establishing that it can be morally justified, rather than merely tolerated.

The principle of co-operation permits actions that could contribute to an immoral result under certain conditions. Daniel Sulmasy applies this principle to harm reduction in the context of a Catholic-sponsored needle exchange program in Albany, New York (Sulmasy 2012, 424-33). In long-established Catholic thinking, co-operation with evil can be justified if a number of specific conditions are met:

- The co-operating action must not be evil in itself. Sulmasy points out that "the free distribution of needles and syringes is not intrinsically evil" because these same items are also distributed and used for licit purposes. Furthermore, even intravenous injection of opioid drugs is morally good when the purpose is relief of pain.
- The co-operator must not share in the intention to do evil; in technical terms, "formal co-operation" must be avoided (Ferrer 2000, 186). Sulmasy notes that "harm-reduction efforts typically begin with an explicit repudiation of the evil act": the organizers readily acknowledge that drug use is harmful, but assert that it is also inevitable and therefore ways should be found to minimize the harm. When clients decide to reduce or stop their drug use, needle exchange staff regard it as a success and act to support the clients in this decision. If they shared in the evil intention, they would oppose clients' efforts at sobriety.
- The co-operation may not be "immediate," meaning that the acts of the co-operator and the perpetrator must be distinguishable (Ferrer 2000, 188). This is clearly the case for needle exchange, where the drug use happens at a different time and place. Even in the case of a safe injection facility, staff are not involved in the actual act of injecting the drugs.
- The co-operation must be "contingent" rather than "necessary," meaning that the co-operation is not essential for the evil to occur (Ferrer 2000, 189). Drug users can always get needles; the difference made by the needle exchange is that they are getting clean needles rather than dirty ones that potentially carry HIV.
- The co-operation must be justified by other pressing moral considerations. Prevention of an incurable and potentially fatal disease meets this criterion. The

evidence is now clear that needle exchange programs are more effective in preventing HIV infection than any alternative form of intervention.

- The co-operation must not be occasion for scandal. "Scandal" in this context has the very specific meaning of leading others into sin by making it appear that the church does not take evil seriously. It does not mean public embarrassment; faithful witness to Christian teaching will often be scandalous in that sense. Sulmasy argues that harm reduction is not scandalous in the strict sense because no one is likely to believe that the church approves of illicit drug use, and even if they did, drug users' behaviour is notoriously unaffected by official disapproval. In fact, there is evidence that harm reduction programs actually reduce drug use.

Based on this analysis, Sulmasy concludes that the Albany needle exchange program is justifiable under the principle of co-operation and that the diocese should ignore the opinions of conservative Catholic individuals to the contrary.

Another principle that could potentially be applied to harm reduction is that of double effect. Under this principle, immediate cooperation with evil can be justified if it meets the other criteria above, if the good effect does not depend on the bad effect, and if the value served by the good effect outweighs the harm caused by the bad. Peter Clark uses this principle to justify another harm reduction program in New York state (Clark 2009). However, Sulmasy argues that the use of double effect is overkill because the bad effect does not flow directly from the harm reduction program; it requires the drug user's intervening act. Therefore the test of proportionality is not required.

One more principle that could be applied is that of the lesser of two evils. The eighteenth-century ethicist St. Alphonsus Liguori taught that "it is licit to counsel the lesser evil to someone who is determined to realize a greater one, because he who counsels the lesser evil does not

intend the evil but its reduction" (Ferrer 2000, 190). This principle would give a greater latitude to harm reduction programs because it could justify even immediate, formal co-operation with evil. An example would be an intervention developed by Italian gynecologist Omar Abdulcadir to reduce the harm of female genital mutilation (MacCoun 2013, 92). He proposed a modified form of the procedure that would entail piercing the tip of the clitoris (under local anaesthetic) and extracting a small amount of blood. His hope was that this would satisfy the cultural expectation for some kind of cutting ritual without inflicting significant suffering or permanent harm.

There is a deeper issue as to whether casuistry is even required in dealing with addictions. Sulmasy makes the alternative argument that an addict's drug use can be considered involuntary and therefore not sinful. He points to the "disease model" of addiction used by organizations such as Alcoholics Anonymous and Narcotics Anonymous and endorsed by Catholic authorities. "If substance dependence is not a sin, then any analysis of needle-exchange programs that is based on the notion that such programs are scandalous and lead others to sin falls apart" (Sulmasy 2012, 435). However, Sulmasy's view of the disease model may be too simplistic: although the 12-step model approaches addiction as a disease, it still has a strong moral element, and step 5 specifically involves repentance. If substance use by an addict were not sinful then there would be nothing wrong with enabling it, a position that even harm reduction advocates reject.

**Moral Issues: The Protestant View**

Casuistry is a highly suspect concept in the Protestant world. Luther, and to a lesser extent Calvin, rejected legalistic classifications of moral and immoral acts given their view of human nature as depraved and the consequent need to throw ourselves on God's unconditional

mercy. However, Luther in his doctrine of civil righteousness and Calvin in his theology of sanctification recognized that as long as we continue to live in a fallen world there is still a need to make moral judgments (Gustafson 1978, 6-12). Their followers tend to take a much more situational view than Catholics, analyzing ethical dilemmas in terms of the fundamental imperative of faith. However, they have to deal with the same tension of consequentialism versus deontology, the desirability of ends versus the absolute prohibition of certain kinds of means.

A classic example of Protestant moral theology is Paul Lehmann's *Ethics in a Christian Context.* Lehmann clearly enunciates the classic Protestant view: "Christian ethics is not concerned with *the good,* but with what I, as a believer in Jesus Christ and as a member of his church, am to do. *Christian ethics, in other words, is oriented toward revelation and not toward morality*" (Lehmann 1963, 45; emphasis in original). He grounds his ethics in the *koinonia* or fellowship of the church (particularly the primitive church described in the New Testament) as Christ's body and his presence in the world (Lehmann 1963, 68). This kind of ethics is at odds with casuistry: "an evangelical Christian is prevented by the *koinonia* character of the ethics to which his faith commits him from the kind of flight from the complexity of ethical actuality made possible by nicely calculated degrees of culpability or by the consistent adherence to some absolute principle." (Lehmann 1963, 142).

Lehmann deals with an issue analogous to harm reduction in his discussion of the morality of war. He refers to the 1950 statement in which the Federal Council of Churches refused to denounce the use of nuclear weapons in any circumstances. Not surprisingly, this statement caused tremendous controversy among Christians. A similar statement by the U.S. Catholic bishops in 1983 was justified on the basis of the casuistical principle of toleration (Fuller and Keenan 2000, 22).

In his analysis, Lehmann points out that the ambivalence of the FCC's statement reflected the geopolitical realities of the time: "A categorical prohibition of the use of nuclear weapons would in fact have exposed the peoples of western Europe to the heightened peril of nuclear attack and have put the American churches in the position of making a Christian judgment from a position of relative safety" (Lehmann 1963, 143). A mindless application of the principle that "war is evil" could paradoxically result in a greater risk of that very evil. "It is plain that the love of neighbor as a principle of action derived from the love of God excludes acts which initiate war or lead to war. It is also plain that war is a stubborn ingredient of the human situation and cannot be ethically neutral. The fact is that war is ethically ambiguous. War both contradicts what God is doing in the world to bring about a new humanity and is instrumental to this activity." One could make the same statement substituting "drug use" for "war."

Lehmann elaborates on the meaning of *koinonia* in a way that answers the major ethical objections to harm reduction.

> . . . the Christian Church has ever and again succumbed to an unholy and unhealthy rhythm between dogmatism, on the one hand, and pietism, on the other . . . According to this rhythm, a believer is never willing to take his fellow man, whether believer or unbeliever, as he is, but always wants to impose upon his fellow, as a precondition of their fellowship, the doctrinal pattern of his own belief. And when this attack upon the integrity of the other succumbs to the enervating futility of rational formulations, the other side of the coin presently turns face up. The believer then gets emotional about his faith, as though the *koinonia* could be authenticated by internalization. But *maturity,* which is the fruit of Christian faith and the goal of *koinonia* living, makes it unseemly for a Christian either to walk about with head in the clouds as though he were God or to rouse the feelings as though they were the principal instruments for glorifying God. It is unseemly because such behavior is a violation of the fundamental humanity of man, the humanity with which Christ identified himself in his incarnation, which Christ restored through his humiliation, and which Christ glorifies in his resurrected and ascended body and through the *koinonia* which is his body in the world. (Lehmann 1963, 55)

Lehmann's condemnation of judgmentalism is amply supported by scripture. Allen Verhey identifies "Judge Not" as one of the key axioms in the ethic of Jesus, emphasized

repeatedly throughout the synoptic gospels (Verhey 1984, 20-21). Jesus is not indifferent to sin: "On the contrary, Jesus commands his disciples, 'If your brother sins, rebuke him' (Lk 17:3). But the great reversal transforms such rebukes from attempts to find security in conventional righteousness to finding security in the coming kingdom of God and its present impact in Jesus, who seeks the sinner's good. So, instead of enhancing one's own self-righteousness, such rebukes serve the coming kingdom and the sinner." Moreover, rules of religious and cultural purity are relativized and subordinated to acts of love (Verhey 1984, 24).

Lehmann also addresses the difficulty of applying Christian ethical standards to the behaviour of non-Christians. He cites the failure of past efforts by Christians to legislate morality. Law does have ethical significance, but it is "functional, not normative. No law can be the norm or criterion of action in accordance with the will of God." Therefore attempts to legislate conformity are doomed: "the inability to compel ethical behavior is part of the economy of God whereby men are reminded that human wholeness may be served but is never achieved by law" (Lehmann 1963, 147). In the context of harm reduction, Lehmann's argument can be applied to the regime of criminal sanctions against drug use.

A concept that Lehmann ultimately rejects but has application here is that of "middle axioms" that serve an intermediate role between broad ethical imperatives and specific regulations, originally developed by Anglican theologian J.H. Oldham (Lehmann 1963, 148-151).

> The important concern connoted by "middle axioms" is that there be some designation of objectives or judgments which have a *particular* reference to our concrete situation, which are determiners of policy and yet not identical with the most concrete policy guiding an immediate action. Middle axioms are statements of "objectives or descriptions of some condition of which policy must take account". They are ways of stating the "common moral convictions which Christians share with non-Christians and which guide Christians in making decisions about matters of public policy in which non-Christians are also involved". These "axioms cannot be derived from Christian love alone but from

> Christian love as it seeks knowledge concerning the needs of the community of neighbors".

Harm reduction is a good candidate for such a "middle axiom." It combines the Christian revelation of God's love with knowledge from secular sources to give Christians practical guidance about how to advance the rule of God in the world (Danaher 2010, 299-302). In so doing it applies H. Richard Niebuhr's ethic of responsibility: it asks "What is happening?" and then "What is the fitting response to what is happening?" (Niebuhr 1963, 67)

**Beyond Moral Issues**

Thus harm reduction can be considered morally defensible under both Catholic and Protestant traditions. However, many in both traditions go further and claim that Christians have a positive duty to be involved in such work, and indeed benefit from doing it. The reasons for this have to do with the biblical tradition of God's favour toward the outcast, culminating in Jesus' suffering as the ultimate outcast on the cross. The gospels, particularly Luke, make it clear that those whom society classifies as "sinners" are specifically included in this divine preference. "Jesus' infamous friendship with sinners is noted in Mark (e.g. Mk 2:3-17 = Lk 5 27-32) and in Q (Mt 11.19 = Lk 7:34) . . . The woman who anoints Jesus' feet is a sinner (Lk 7:37, 39, 47); Zaccheus is "a sinner" (Lk 19:7); the thief on the cross is a sinner (Lk 23:39-43)" (Verhey 1984, 97). Jesus does not merely tolerate sinners; he actively seeks them out and exhorts others to imitate their faith and humility. Under the doctrine of the priesthood of all believers, we are to be Christs to one another, continuing Jesus' earthly ministry (Lehmann 1963, 67).

James Keenan is one Catholic theologian who takes this additional step with respect to harm reduction, referring to the parable of the Good Samaritan (Lk 10:25-37):

> . . . the tradition not only permits the bishops to engage these profoundly human issues, it urges them to do so. The tradition gave us the casuistry of accommodation, precisely because the tradition is animated at its best moments by the virtue of mercy. This virtue, which Aquinas considers the one which likens us to God by imitating God's work, is the willingness to enter into another's chaos. It is the virtue that appears in the case of the Good Samaritan, who was called neighbor because he practiced mercy. The Samaritan entered into the chaos of the wounded man lying on the margins of his society. The Venerable Bede among others recognized in the case of the Samaritan the story of Jesus Christ. Jesus is the Samaritan who, in becoming human for us, discovered Adam outside the Garden of Eden, wounded by sin and shame. Jesus tended to his wounds and carried him to the inn, which Bede realized was the Church where Jesus gave his life, our ransom, for our health or salvation. And he promised that he would return and pay whatever debt remained outstanding. In the Incarnation Jesus gave to the Church the possibility of practicing mercy. This virtue, associated with being neighborly to those suffering from illness and shame, ought to and does urge us to enter further into the chaos of AIDS. (Keenan 1999, 10)

The identification of the hero of this parable as a Samaritan has a significance that is easily lost today, when "Samaritan" has come to mean one who rescues a neighbour without prospect of reward. Samaritans were regarded by the Jews of Jesus' day as people they had a perfect right to despise. They were heretics, interlopers, and ritually unclean. In this parable Jesus is not only commanding mercy, but holding up an outcast as one to be honoured and emulated.

The HIV epidemic brought this preference for the outcast into focus in a unique way. The virus attacked, with what almost appeared to be diabolical intention, groups that were stigmatized within society and nations that were stigmatized within the world.

> . . . it was a virus that struck, from our earlier perspective, the marginalized. In the initial stages of familiarity with the disease, many thought of it as an avoidable infection that affected the avoidable: people with HIV were in Uganda or Haiti, in the Castro district of San Francisco, or on the Lower East Side of New York City. Moreover, though the virus can be transmitted through several means, some of those infected were stigmatized as having engaged in immoral activity. Shame was attached to this disease in a way that it has been attached to few others. Not surprisingly, shame was also attached to the preventive measures. Since we perceived the disease as mostly affecting those shamed by it who lived on the margins, our society gave less thought to prevention for those endangered than to protection for everyone else. (Keenan 1999, 7)

In response, some Christians turned to the traditions of liberation theology and its "preferential option for the poor," which had been developed as a response to social injustice in 1960s Latin America (Kammer 1988, 171-73). Liberation theology helped inspire the Vancouver Area Network of Drug Users (VANDU), a grassroots organization formed in the 1990s and dedicated to harm reduction work. The organizers used popular education techniques from the liberation theology movement to organize drug users from the bottom up. One of the founders commented:

> It was almost a spiritual thing that we had talked about, that the cry of suffering users themselves, if that could be heard publicly, that was the most powerful weapon of all. . . what is most denied and repressed in society is the collective expression of pain. There are so many institutions that privatize pain and keep it hidden, whether it is the psychiatrist's office, the mental health system, or bars. Facilitating the public expression of pain was the most subversive thing we could do. (Kerr 2006, 63)

VANDU has gone on to do ground-breaking work in advocacy, public education, needle exchange and recovery, hospital visiting, peer support, and more recently a supervised injection site. Users are treated not as victims, but as human beings with gifts to use for their own healing and that of the wider community. As one of them commented, "we're people too. I'm not a piece of shit because I fucking do dope. I like the fact that it gives dopers who are willing to put something into, something positive into it . . . to make things better for themselves" (Kerr 2006, 67).

Another organization that regards harm reduction as a Christian duty and privilege is the Metropolitan Interdenominational Church in Nashville. Its sanctuary is dominated by a gigantic sign that simply says "WHOSOEVER," referring to John 3:16: "For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life" (King James Version). The church's pastor, Edwin Sanders, interprets this passage as a mandate for his congregation to be "inclusive of all" (Sanders 2001, 9). In living

out this mandate, the church has found that "whosoever" demands "wherever" – outreach onto the street and with the homeless – and "whatever" – accepting behaviour such as drug use and sexual deviance. Inclusiveness cannot be fully realized if moral judgments prevent some people from coming. Hence the church embraces harm reduction as part of its ministry. Sanders justifies this approach in relational terms: "We are trying to keep people alive, so that the things we know and have learned can be effective in terms of the ways alcohol and drugs manifest themselves, and can be brought to bear in relationship to their lives" (Sanders 2001, 11).

Lehmann provides a theological basis for this inclusiveness based on hope:

> The difference, then, between those who are inside and outside the *koinonia* is not the difference of being inside and outside of what God is doing in the world. It is not a difference of being outside of Christ and so under judgment as distinguished from being inside with Christ and so under grace. Judgment and grace in Christ belong to the humanity which is common to all men in him. The difference between believers and unbelievers, both of whom are involved in the new humanity, is rather the difference between being in a situation which is hidden and being in one which is open. This openness is a matter not only of knowledge as against ignorance but also of behaviour expressive of confidence and hope as against anxiety and despair, of behaving with abandon rather than with calculation, of being all things to all men rather than, in Canon Phillips' forceful phrase, "pursuing selfish advantage . . . compiling statistics of evil" [J.B. Phillips translation of 1 Cor 13:5-6]. (Lehmann 1963, 119-20)

United Church minister-cum-politician Cheri Di Novo developed a ministry similar to Sanders' in her church in Toronto. She describes how Del, a transgender member of her congregation, received acceptance and contributed amazing gifts in return. Del started attending community suppers at the church but for a long time refused to participate in worship. Very gradually she became more involved, eventually becoming a core member and a paid liturgical musician. Di Novo gradually got to know more about Del's history of incredible oppression: not readily identifiable as either gender, appearing but not actually Aboriginal, bipolar, recovering from multiple addictions, nearly murdered more than once. She reflects on Del's impact on the community:

> Looking back, Del's presence among us as angel and prophet, Del's presence among us as the queerest of the queer, was a complete and utter gift. We really had done little to "deserve" it, even by being statedly affirming and inclusive. She then made it possible for others to come and feel welcome.
>
> Yet even Del was not the reason the other trans folk came. In retrospect, I am often asked how we attracted trans folk, and the best I can offer is that we did not discourage trans folk. We came to see them as the queerest of the queer, the prophetic voices of a new way of being Christian, of understanding Christian, and of being church, but that was their message to us, not our message to them. The Holy Spirit acted upon our community in this way. We were passive and willing participants in an active evangelization movement. (Di Novo 2005, 83)

Another pastor who had a similar experience to Di Novo's was Rene Padilla, one of the founders of the Integral Mission movement in Latin America. In the 1970s his church in Buenos Aires was, using his term, "evangelized" by drug users. Padilla was struggling with getting his congregation to "escape from its self-absorption" when a young man named Rafael showed up at a service and asked if he could come back and bring his friends. The church was thrown into turmoil as members struggled with culture shock. Eventually the majority of them "experienced a real *metanoia*, a complete change of attitude towards drug addicts, and as a result of their encounter with them, *a total reorientation of their church and their part in it*" (Padilla and Yamamori 2004, 292; emphasis in original).

**Conclusion**

What the ministries of Sanders, Di Novo, and Padilla have in common is living out the virtue of hospitality, which Steven Bouma-Prediger and Brian Walsh identify as essential to overcoming the profound homelessness of our time. This virtue is firmly rooted in the Old Testament.

> The Israelites were called to be hospitable, especially to the widows, orphans, and strangers in their midst. There are two reasons given for why they should be a people of hospitality. First, the strangers to whom they offered hospitality could be messengers of God and, second, since they were recipients of hospitality during their liberation from bondage in Egypt and while they wandered in the

> wilderness, they should be a people who provide hospitality to the sojourners in their midst." (Bouma-Prediger and Walsh 2008, 301)

Del, the transsexual, homeless drug user, was indeed a messenger of God for Cheri Di Novo, who had received the church's hospitality during her own liberation from godless materialism, and felt obliged to provide hospitality in her turn.

Bouma-Prediger and Walsh go on to point out that the theme of hospitality is picked up and made more radical in the New Testament. "Jesus exercised hospitality to a most unlikely band of outcasts, rejects, and misfits." This description could well be applied to the various people who are victimized by HIV: gay men, transsexuals, drug addicts, prostitutes, and the oppressed peoples of the Global South. By practising harm reduction, Christians can extend unconditional hospitality to "the stranger in their midst" and thereby live out their identity as a people of love and hope. In this way they can follow Jesus' example in regarding disease not as a source of stigma but as an opportunity to further God's mission:

> As he walked along, he saw a man blind from birth. His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Jesus answered, "Neither this man nor his parents sinned; he was born blind so that God's works might be revealed in him." (Jn 9:1-3)

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