Human Illness and the Experience of Vulnerability: A Summary and Reflection upon the Opening Keynote by His Grace Archbishop Emeritus Desmond Tutu

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Author's Note

This paper presents a summary of the opening keynote delivered by His Grace the Archbishop Emeritus Desmond Tutu, who was the Guest of Honor at the international ethics conference held December 6-9, 2009, at the University of Botswana in Gaborone, Botswana. His Grace gave the opening keynote on the morning of Monday, December 7, 2009. His Grace did not read a formal paper; rather, he had a few notes that he referred to during his talk. In that context, this paper is an attempt to reconstruct the talk on the basis of the notes that were provided by his office, what appeared in the media, and the author's reflections upon the content. The author thanks Ms. Tuma Matose for the notes that form the basis of this paper.

Abstract

In his speech, Human Illness and the Experience of Vulnerability, Archbishop Tutu used his experience, eloquence and humour to emphasize the vulnerability of human beings during illness. The Archbishop emphasized the need for healthcare professionals to realize that patients are not simply numbers or cases, but fellow human beings who are in need of a helping hand.

Keywords: Ethics, vulnerability, poverty, disease and sickness, activism, human dignity, health care.

Summary

Writing this article has been the most challenging yet exciting task that I have ever undertaken. It is exciting because of the stature of the keynote speaker. It is also challenging because, as one of the news correspondents who covered the conference stated, "Archbishop Tutu's talk, titled: Human Illness and the Experience of Vulnerability, inevitably becomes a fruit salad of sermon, philosophy, health advice, storytelling and comedy." Although he kept his audience captivated throughout, the Archbishop crisscrossed between themes and meanings, a very interesting presentation but at the same time very hard to capture precisely.

Throughout his career as a cleric in the Anglican Church, Archbishop Tutu, a Nobel Prize laureate and political legend, has had great concern for the plight of the poor. His views were formed as a child growing up in a country governed by the evils and discrimination found in apartheid, the system of government in which people are segregated along color lines. During his early youth, he developed a health condition that deepened his desire to reach out to the sick in society, especially to those individuals made more vulnerable by their socio-economic circumstances. These two influences, apartheid and illness, had a major impact on him as a child, and ultimately as a man who we all know has had a significant impact on how the world views human dignity, the politically disenfranchised, the poor and the sick.

Desmond Tutu began his speech by underscoring the complexity of the human body:

The human body is an amazing organism that shows God's creation at its best. It boggles the mind just to imagine how it functions. We must be thankful that God has blessed some of us here with the ability to understand a good deal of the human body's most arcane workings to be able to help heal some of its malfunctioning organs.

The Archbishop then turned to medicine, which he defined as the discipline devoted to healing human beings through experiences that were acquired over a long period of time, spanning different phases of history. He clearly emphasized that medicine is a combination of science, practice, and art.

He then went on to discuss a different yet related subject; the vulnerability of humankind. He observed that, "the human animal is, by its nature, incomplete and not self-sustaining. We are contingent beings who rely upon the rest of creation and on diverse relationships in order for us to exist and live. We are at best, interdependent and at most, completely dependent." In other words, we as human beings are open to the forces of nature and the presence of others. Though at times we mistakenly act or believe otherwise, we ultimately cannot control our universe. Part of the experience of human incompletion and the human experience of *lack of control* is the reality of vulnerability.

The Archbishop's keynote continued along this same path regarding the essential vulnerability of the human person. Although we marvel at the awesome power of modern medical science, such as the power to conquer the ravages of disease, prolong a threatened life through the replacement of essential organs and relieve and dignify the pains and discomforts of terminal illness and old age, the danger is that we become blinded to the essential frailty of the human condition. We are perpetually exposed to a wide variety of never-ending factors with which we must cope.

One of the constant dangerous experiences humans confront is illness. Today, we are acutely aware of the overwhelming presence of illness in human life. HIV/AIDS, pandemic influenza, the increase of cancers: these are but three major illnesses that have shaken human society's false assumptions that we control our universe or that we are invulnerable. Human illness is a subtle reminder that we are not immortal. Our finitude is something that shapes not only the days of our lives, but the images we have of ourselves as individual and distinct persons.

Illness, whether slight or major, creates in the human person an experience of vulnerability and alienation. One theologian colleague has pointed out that the liturgical

theologian Charles Gusmer comments in his work, And You Visited Me, that sickness alienates the person from the real world including work, family, and the real or idealized self. It also can create a sense of alienation from God.

Sickness also is a direct challenge to human pride, the kind that often leads us to assume we are in control. More deeply, illness touches our internal fear of finitude and death, sometimes leading us to become people who deny death. Tragically, as "death-deniers," our fear of being seen as vulnerable and needy leads us, even subconsciously, to want to push away from our eyes and hearts others who are sick because they remind us of what we fear the most. Archbishop Emeritus Tutu gave health practitioners excellent advice:

A patient needs to be handled as a human being worthy of dignity. A patient is not just a case; he is a bundle of anxieties and concerns. A patient has concerns - he worries about death: 'What will happen to my family if I die? Who will pay the rent? Who will pay the school fees?' We truly are fearfully and wonderfully made. But we are not just marvelous machines. A great saint once spoke of the paradox of our futile longing for the infinite. The paradox of the finite made the infinite. We long for immortality. We long, in our own mortality, for endless life.

This longing for endless life has also lead to the growth of the kind of science and technology that is devoted to prolonging life or masking the aging process. Tutu quipped, "Many industries have been built solely on the obsession with immortality—from the cosmetics industry's simple make-up to plastic surgery."

Turning his attention from science and technology to metaphysics and religion, he addressed a topic he knows well based on his background as a teacher of religious studies at the Universities of Botswana, Lesotho, and Swaziland. Archbishop Tutu noted that in the "Judeo-Christian tradition and other faith traditions... vulnerability, though a base human experience, is not the end for the believer. The experience of vulnerability and alienation are not 'The End.'" Rather, the Tradition of Faith proclaims that there is something more. In all four of the gospels, the image of Christ on the cross can be interpreted as a proclamation that God loves humankind and the world so much that God decided to embrace fully our experience of vulnerability and alienation as an act of solidarity, an act of pure and unmitigated Passionate Love. While medieval believers such as Anselm of Canterbury reflected that the death of Christ was a type of ransom for our sins, we can perhaps reflect something different.

Out of his own Christian tradition, the Archbishop continued with a contemporary interpretation of some of his basic religious beliefs, namely that the Passion of Christ is a passion that reveals a God who embraces our fear, our fragility, our experience of sickness, death, and the alienation that arise from human illness. The Passion of Christ is a proclamation of solidarity in response to human vulnerability and fear. It is the story of a God who loves us so much as to be everything to us.

This love is exemplified in the familiar parable of the Footprints in the Sand. Numerous depictions of this parable have been shared over the years, and usually depict a pathway created by the footprints of two individuals who are evidently walking side by side in the sand. At some point however, one set of footprints disappears, creating a mystery as to what happened to the person whose prints disappeared. By way of explanation, Archbishop Tutu noted that the remaining footsteps were those of Christ. When the man who was walking with

Christ wondered why his footsteps sometimes disappeared, Christ answered, "My child, at the point where you do not see your footsteps, it was when that I was carrying you because the road was too rough for you to walk."

Archbishop Tutu further explained this story in the context of the conference's theme by noting that:

Like the ever-changing cycle of the seasons, life has the soothing warmth of its summers and the piercing chill of its winters. But if one will hold on, he will discover that God walks with him, and that God is able to lift you from the fatigue of despair to the buoyancy of hope and transform dark and desolate valleys into sunlit paths of inner peace.

The listeners were moved by the significance of the parable, even though most had heard the story before. The emotions evoked by his delivery, conviction, and intellect were significant, as was evident by the reaction of the audience. Depicting the Archbishop's style for touching others, the correspondent of a local paper said:

'God waited'... then Tutu shuts his eyes, his hands up in the sky, his fists clenched and then he contorts his face in sudden ecstasy, as if something painfully pleasurable is coursing through his veins: 'God waited until the moment was just right'... Next, the Bishop opens his eyes, which sparkle as if they just discovered something new. 'It is a remarkable thing if you really think about it,' he adds, smiling at the stunned faces before him. He holds that smile for a moment, and now all the professors, diplomats and the journalists have momentarily turned into a congregation. Silence. Eyes fixed upon him.

The Archbishop touched on his own life experiences when facing death specifically related to his recent diagnosis of prostate cancer. "I just came out of hospital, taking treatment for this problem." Clearly shaken by this news, the audience members were transfixed due to the shock of this news and concern for his mortality but also most probably due to the somber prospect of the world waking up one morning to the news that this man, who caressed warring South Africa to forgiveness and some level of healing, has himself succumbed to a mortal illness.

Sensing the audience's concern, Tutu commented that much of what he was talking about in this speech came to him as he walked out of the hospital after his cancer treatment. The magic of creation is that life is precarious, hanging on a knife-edge from which it could metamorphose into nothingness in a nanosecond. Even though death is always waiting at life's door, the issue is not to mourn the inevitability of death as such but rather to celebrate the life we have, for we possess that life amidst the impending reality of our eventual demise. Death, therefore, serves to illustrate how special life is, the way hunger explains how special food is, the way that drought explains how special rain is.

A news correspondent who covered the presentation by Tutu observed, "It is an experience watching Tutu after gliding up there in philosophy and theology landing quite expertly onto the topic of the day - the challenges of the health sector in the demanding modern world."

Reflection

After his speech, the gathering broke for tea. Tutu was mobbed as the people from the head table walked with him. People wanted to touch him, snap a photo, or better yet just be with him. His assistant, a heavy-set man in a suit, highly polished leather shoes, and a ready smile, walked by his side. Dwarfed by the people around him, Tutu, who is small of stature, was visible every now-and-then, when he slowed down or stopped to laugh, which he did often. The VIPs went to another room where food was being served. Tutu was led to a room where he sat down for a briefing by his assistant while the crowd waited for him outside. Two women waited at the door. They tried to walk in, but they were turned back. The assistant came to the door and let them in. They held Tutu's hand in turns. They bowed. A few more people walked in and emerged with smiles.

But the crowd would not stop. The assistant raised his hand, palm facing the group. "I want the media folk now," he announced. Soon I was in Tutu's presence. He looked smaller than he did earlier. I was more curious about his personal experiences than the business of the day. I discovered that, in 1970, 10 years after becoming a priest, Tutu joined the Universities of Botswana, Lesotho, and Swaziland, the precursor of the present University of Botswana, as a theology lecturer. He was based in Roma, Lesotho. He often came to Gaborone to lecture at the Botswana campus.

He sat back in his chair with hands clasped together, a smile covering his face. "I have returned home," he started, raising his eyes to look at the ceiling of the giant library building, then at the people walking through the book stalls and the crowd milling about. "When I used to come here to lecture in the Theology Department, it was a ramshackle thing. It had those white walls, what do you call it, this material..." he paused. "Asbestos?" I offered. "Yes, asbestos," he affirmed. "This is fantastic. This is a different world," he said, looking around in amazement like a toddler in a toyshop.

Turning his attention from the present physical surroundings to modern Africa, Tutu noted that despite its recognizable progress, Africa faces major challenges, among them HIV/AIDS, unemployment, undemocratic systems, and a lack of education. Young people of southern Africa no longer hold the cultural mores that were evident in his time as a young person. "The simple message you have to tell them is that HIV is not curable, so the best cure for it is to avoid getting it," he said matter-of-factly.

Tutu has a very simple approach—solving any political problem starts with the recognition that citizens have rights and that they have to be respected. In this spirit, he commented to me that, "If you look at the Zimbabwean situation, it is the Black who is oppressing his fellow Black. In the past, we used to struggle so we could win our freedom from the white man because he was oppressing us, but now the people in Zimbabwe are oppressed by their fellow African. It makes you wonder."

"Perhaps, it is power," I offered. He queried in response, "Are Africans the only people with power? In fact, in the world, if you look at it, African leaders have little power. So why should they be the ones most intoxicated with it?"

The man at the door looked at his watch. Once, and then again, he peeped into the room, finally stating, "It is time." At that moment, the *Tutu experience* came to an end for me. Or, I thought to myself, has it only just begun for me, and for many others?