

**THE COMING AIDS PLAGUE
AND IMPLICATIONS FOR CHRISTIAN MINISTRY**

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A. AN IMPENDING WORLDWIDE DISASTER

We are facing what could be the most devastating worldwide disaster in the twentieth century, or possibly in this millenium. The coming AIDS plague threatens to change the life of every African, and affect every nation on this continent. We Christians must be informed; we must be firmly grounded in the biblical principles at stake; and we must prepare ourselves for unprecedented ministry responsibilities.

The number of people infected with the AIDS virus continues to climb, with figures revised each time a new report is published or announced. Whereas in 1983 the World Health Organization could only count twenty carriers of AIDS, by November 1988 WHO estimated that ten million people were carriers worldwide.¹ In Kenya, it is estimated that 200,000 people carry the deadly disease, with the number of confirmed cases doubling every nine to ten months.² And in Uganda, AIDS cases are reportedly doubling every six months.³

Faced with these realities, what might the final toll be? The situation is incredibly grave. According to one authority, "If our predictions are correct for global statistics, there could be from fifty million up to one hundred million die by the end of the century."⁴ Similar predictions are also being made by the World Health Organization.⁵ Even if such predictions are only partially fulfilled, we still face the very real prospect of an unprecedented toll on human life in the final decade of this century.

How should the Church respond to the coming AIDS plague? What biblical principles should we apply? What ethical issues must we be prepared to face? What solutions can we offer? This paper is an attempt to begin to answer these difficult questions which must be addressed.

B. TEN FACTS CONCERNING AIDS

In order to formulate a proper Christian response to the AIDS crisis, it is necessary to understand the basic facts of the disease.

Although much has been written concerning AIDS, some of the most crucial facts are still not widely known.

First of all, the AIDS disease has been observed to occur in at least five stages, which are not necessarily consecutive: the initial HIV infection; PGL (persistent generalised lymphadenopathy); ARC (AIDS-related complex); full-blown AIDS; and AIDS dementia. The virus itself is called HIV (human immunodeficiency virus), while the disease is called AIDS (acquired immune deficiency syndrome).⁶

Secondly, the AIDS virus is a very strong, rapidly multiplying virus. Its ability to create genetic variation is perhaps 1000 times faster than normal.⁷ These characteristics of the HIV lead to the following implications: a) It will be difficult or impossible to design an effective vaccine, since the virus will continue to mutate into new, untreatable forms. b) The virus may develop new means of transmission as new variant strains develop. c) A single virus could, theoretically, transmit the disease.⁸

Third, the development of a cure is unlikely because the HIV may find sanctuary in the cells of the brain. The brain has a natural barrier that blocks most large molecules in the blood from entering. But the HIV is so small that it can pass through that barrier. Apparently, any anti-HIV drug would also have to cross that barrier. Devising such a drug will be extremely difficult, if not impossible.⁹

Fourth, the AIDS virus has been isolated in plasma, serum, saliva, tears, semen, vaginal secretions, urine, brain tissue, and cerebrospinal fluid. Therefore, any of these fluids could potentially be a means of spreading AIDS.¹⁰

Fifth, AIDS in Africa is transmitted by four principal means: through sexual intercourse; through blood transfusions of infected blood; through unsterilized needles; and by mother-to-child transmission, usually when an infected mother passes HIV to her unborn or newly born child.¹¹

And since HIV may be transmitted by unsterilized cutting instruments when transferred from one person to another, there are additional potential modes of viral transfer. Such activities as ear piercing, circumcision, ritual shaving, acupuncture, or ritual scarification cannot be ruled out as possible means of HIV transfer.¹²

Sixth, not only does the AIDS virus kill indirectly by breaking down the immune system of the body, as the name denotes, but the virus also kills directly by attacking and destroying the brain.¹³

Seventh, HIV belongs to a family of lenti-viruses (slow viruses) which have lengthy incubation periods before symptoms develop.¹⁴ Thus, a

person may be infected with HIV but not manifest any obvious symptoms of AIDS. However, such individuals are just as capable of transmitting the virus as are patients with full-blown AIDS. AIDS researchers are now saying that the incubation period for HIV could be twenty years or more.¹⁵ But once a person comes down with "full blown AIDS," he will usually die within two or three years.

Eighth, the process of screening blood for the AIDS virus is not totally accurate. Most blood screening techniques only detect the presence of AIDS antibodies, not the presence of the virus itself. It takes the body three months to three years to produce HIV antibodies in quantities sufficient enough to be detected by the screening tests. This means that an infected person can donate blood, and the blood test may not detect the HIV in the blood, because the person has not produced any or enough antibodies. Thus, people will continue to get AIDS through contaminated blood transfusions.¹⁶

Ninth, a person can be severely infected with HIV, and even die, yet never be diagnosed as having AIDS, since he may not manifest certain opportunistic diseases to qualify as having "full-blown AIDS."¹⁷

Finally, HIV is easy to kill, with ordinary disinfectants. However, according to some laboratory tests, it can live up to 10 days outside of the host at normal room temperature. This raises the possibility of it spreading through means other than the commonly observed modes of transmission.¹⁸

C. BIBLICAL PRINCIPLES RELATED TO AIDS

Although the Bible does not mention AIDS specifically, in several places the Bible clearly establishes the relationship between sexual immorality and sexually transmitted diseases. Venereal diseases were not unknown in Bible times. The botch of Egypt (Ex 28:27) certainly fits the description of virulent, fulminating syphilis. And the plague of Numbers 25:1-9 was likely venereal in nature (cf. 1 Cor 10:8).¹⁹ From a biblical standpoint, illicit sexual behaviour yields disastrous consequences. Here are a few basic principles that guide our understanding of the AIDS "plague".

1. Ultimately our increased susceptibility to diseases is the result of sin. When Adam and Eve sinned, they fell from innocence, they were cast out of the Garden of Eden, and they incurred certain curses as a result of their sin (Gen 3:16-24). Because of sin, our bodies are less able to fight off the effects of harmful organisms, such as viruses.

2. The development and rapid spread of AIDS is due primarily to specific sexual sins committed by men and women. Thus AIDS is different

from say, tuberculosis, in that the plague of AIDS has a moral root to it. Thus God's judgement of these sexual sins is indirect.

3. Promiscuous sex leads to physical and spiritual death. This theme is repeated several times in the book of Proverbs. Proverbs 2:18, 5:5, 5:22-23, and 7:23 describe the way of the prostitute as the "the road to death" or "the way to hell." Proverbs 7:26-27 says that the prostitute has cast down many victims. . .and numerous are all her slain. Her house is the way to Sheol, descending to the chambers of death." And Proverbs 5:11 tells how a man who goes in to a prostitute will die of disease--remarkably similar to full-blown AIDS: "You will lie groaning in your deathbed, your flesh and muscles being eaten away."

4. From a biblical standpoint, the best way to prevent contracting AIDS is to maintain a totally monogamous relationship between a faithful man and a faithful woman for life (Prov 5:15-23).

5. AIDS can be said to be a special kind of judgement for homosexuals and lesbians. In Romans 1:27, God indicates that as a result of perverted sexual behaviour, men and women received in their own persons the "due penalty" of their ways. Reid, in his book, *Beyond AIDS*, comments that:

There is a naturalness about this sort of penalty. God is not blowing a heavenly whistle and inflicting a punishment. What is happening is that the tolerances (be they physical or emotional or both) built into the human being are being exceeded and damage is resulting.²⁰

Because of the nature of these perverted sexual practices, other diseases --such as gonorrhoea, genital herpes, syphilis, and venereal warts--are also the fulfillment of the statement in Romans.²¹

6. God has given us limits and laws concerning sex. Thus, adultery, fornication, homosexuality, and lesbianism are forbidden. If we violate God's laws, if we cross his boundaries in the area of sexual behaviour, we suffer his wrath and the natural consequences of disease, sorrow, remorse, and guilt.

D. AIDS MIS-EDUCATION

Massive amounts of money are being spent around the world for local, national, and international anti-AIDS campaigns. Newspaper and magazine advertisements, radio and television spots, posters, leaflets, dramas, videos, and even songs have been produced.

The problem is that most of these campaigns consist of half-truths, misleading statements, and non-biblical, partial solutions. As Collier

says in *The 20th Century Plague*: "So far governments have carefully avoided advertising the means by which the spread of HIV can be brought under control."²² In the following section, I will critique this AIDS "mis-education" which the media has presented to us.

1. "With AIDS, there is no hope for tomorrow." This phrase was heard repeatedly as part of an AIDS radio spot on the Voice of Kenya during October and November 1988. For the Christian, however, there is one great truth about the faith which counters this statement: **THERE IS HOPE**. Even though a person may be dying of AIDS, he can still receive hope of eternal life--a future life free of pain and disease; a present life free of heartache, fear, and guilt--through Jesus Christ.

2. "With AIDS, you are your own saviour." This statement was also part of the Voice of Kenya spot mentioned above. The great problem with so many religious systems is that man attempts the impossible--to be his own saviour. Ultimately there is only One who can deliver us from fatal disease, from fear of death, and from eternal damnation: Jesus Christ alone is the Saviour, and no one else.

3. "AIDS victims." Who are the true victims of AIDS? The true victims of AIDS are the suffering children who get the disease from their parents; the wife who acquired HIV through normal sexual relations from her husband; the man who got AIDS through a contaminated syringe at a rural clinic. In short, the true AIDS victim has not acquired AIDS through any immoral activity of his own. He has acquired HIV inadvertently or through normal, moral, monogamous, heterosexual relations.

The man or woman who acquires HIV through fornication, adultery, or homosexuality is no victim; rather, he or she is receiving one of the consequences of his or her illicit behaviour. The Bible identifies fornication (Gal 5:19), adultery (Ex 20:14), and homosexuality (Rom 1:26-27) as sin. And all sin has consequences, with sexual sin bringing the special, unfortunate consequences of disease and possibly even death.

To call a person a victim is to denote that he acquired the disease through no fault of his own. A victim could not help his plight; he is "not guilty" of any wrong which was directly responsible for his plight. Thus a true AIDS "victim" has acquired the disease in innocence; whereas a man who contracts AIDS because he visited a prostitute or committed sex acts with a woman other than his wife, is receiving a natural judgement for his actions.

4. "Safe Sex." This phrase is used repeatedly in western countries where homosexuals are heavily infected with HIV. "Safe sex" is an attempt by homosexuals and others to continue their sexual practices without catching AIDS. Usually this means using a condom.²³ The problem is that so-called "safe sex" is not safe. Lamb-skin condoms do not prevent the

tiny AIDS virus (30 times smaller than the influenza virus) from entering the sexual partner. And many latex condoms have defects which allow for leakage. Even with a condom, there are many opportunities for transfer of infected fluids.²⁴

5. "Limit your sexual partners." Similar to this is "Know your sexual partners."²⁵ Note that these statements do not call for a halt to the promiscuous sex which allows AIDS to spread. Thus such statements are almost useless, since they do not attack the root problem of immorality.

In Zambia, Christian women's organizations have banded together to pressure the government to revise a 24-page booklet about AIDS. The original booklet gave the following advice to primary and secondary pupils:

Sleep only with your permanent girl/boy friend and make sure he/she sleeps only with you. Do not take any new sexual partners. Use a new condom and family planning foam for every sexual act. These are available from most chemists. Never sleep with a prostitute who asks money for sex, or a man who offers money, or with any girl or boy who has had many previous sexual partners.²⁶

6. "Knowledge is the key to prevention." This dictum is found on the back of a World Health Organization brochure entitled, "AIDS Information for Travellers."²⁷ It is distributed to international travellers throughout the world. This is the "education solution." It assumes that if the public can learn the facts about AIDS, then the spread of AIDS will cease. This dictum takes many forms, for example:

The message for control [of the spread of AIDS] is education in safe sex and further efforts to control drug abuse.²⁸

Education holds the best for limiting the spread of AIDS in the short and medium term...Education messages should stress: reduction of numbers of sexual partners, avoidance of sex with high risk groups, regular use of condoms. . . .²⁹

The great problem with these statements is that most AIDS cases are contracted because of moral misbehaviour, not because of a lack of knowledge. "Education" that presents only the facts about AIDS will not effect a change in behaviour enough to halt the AIDS plague. If that were true, venereal diseases such as syphilis would have ceased their spread centuries ago. Yet syphilis is spreading in the United States at an alarming rate. And whereas a few years ago scientists could barely count five kinds of sexually transmitted diseases, now more than 27 are known to exist. And some, such as AIDS, are incurable.³⁰

7. "Be careful." Several AIDS videos have been recently produced which portray non-biblical values. One such video is being sent by the British government to all government schools: "This video does not say the man should refuse [promiscuous sex], [but that he should] merely remember that the more such casual sex encounters he enjoys, the more likely he is to catch AIDS."³¹ A similar message has been proclaimed on posters issued by the Uganda Ministry of Health. The posters say: "Love Carefully. Beware of the sweetness and splendor of sex. It could prove hazardous to your health and life."³²

Messages such as these fall far short of prescribing moral behaviour. "Be careful," these messages advise, implying that perhaps the person will not get caught with AIDS. Such messages are morally bankrupt, because they wink at immorality: they provide the promiscuous person an excuse for continuing his immoral acts, as long as he is "careful," whatever that means.

8. The Condom Panacea. The use of condoms is popularly touted as the best way to prevent the contraction of HIV. The Surgeon General of the United States has advised condoms. The World Health Organization advises condoms. And in 1988 the United States government donated three million condoms to Zambia for distribution.³³

One may find the advice to use condoms in almost any article on avoiding AIDS. For example: "Always insist that your sexual partner uses a condom unless you are absolutely sure he is not an AIDS carrier. To be safe, use a condom."³⁴

Bishop John Mambo, director of public relations for the Pentecostal Fellowship of Zambia, said that such a massive distribution of condoms would lead to increased promiscuity. "The government is now telling people," he said, "that there will be free sex for all through the distribution of condoms."³⁵ Similarly, in Zimbabwe, the Catholic Bishops condemned condoms as a proposed solution:

Condoms are not completely reliable and their users can still contract AIDS and transmit it to others. Married persons who are sexually promiscuous can affect [sic] their husbands or wives. The only safe course is not to have sexual relations with an infected person.³⁶

Yet despite such protests, the distribution of condoms continues to gain widespread acceptance among government leaders, educators, and health workers. For example, in October 1988 the University Health Administration of the University of Nairobi made hundreds of condoms available to the students, free of charge. Students were urged to "be brave enough and get used to the idea of using condoms."³⁷

Nevertheless, condoms do not provide a person with safe sex, since condoms are not 100 per cent safe. Condoms will provide a false sense of safety and a licence for continued immorality. Distribution of condoms fans the fire of the AIDS plague, rather than putting it out.

The Best Preventative

More and more, wise doctors, concerned church leaders, and thoughtful government officials are speaking out as one voice, saying that the only true solution to AIDS is a moral solution. In Kenya and Uganda, leaders are saying that "zero grazing" is the only way to live safely as a family. Likewise Collier, in her book *The 20th Century Plague*, says the only solution is "Zero Option AIDS . . . ONE PERSON--ONE PARTNER FOR LIFE."³⁸ Similarly, Sir Immanuel Jakobowitz, Chief Rabbi of England, says:

No less important than clean needles are clean speech, clean thoughts, and clean conduct. What will be crucial is the cultivation of new attitudes calculated to restore reverence for the generation of life and the enjoyment of sexual pleasure exclusively within marriage. Nothing short of a moral revolution will in time contain the scourge.³⁹

Likewise, Cardinal Basil Hume, Archbishop of Westminster (England) says:

If a catastrophe is to be averted there must be an urgent and immediate reappraisal of our attitudes and behaviour in matters of sexual behaviour and human relationship...A moral reawakening is society's best hope.⁴⁰

And with a novel approach, the Evangelical Lutheran Church of Tanzania has prescribed to its congregation "the only reliable vaccine" to halt the spread of AIDS. The "vaccine" is called MM-1. MM-1 is actually not a vaccine, but stands for a Kiswahili phrase: "Mme, Mke, One"--meaning, "one husband, one wife."⁴¹ The name MM-1 is a parody of the ill-fated drug, Mobutu-Mubarak-One, which was publicised extensively in 1988 as a cure for AIDS, but later found only to prolong the life of the patient somewhat.⁴² Concerning the church's prescription, Bishop Elinaza Sendoro said at the Evangelical Lutheran Church of Tanzania's 1989 annual conference: "Until scientists discover the vaccine to cure AIDS, the church's MM-1 is the only recommended vaccine."⁴³

Any educational programme purported to slow or halt the spread of AIDS which does not uphold traditional biblical sexual morality is doomed to fail. Mere "education" is not enough. A mere call for "limiting one's sexual partners" is not enough. Calls for "responsible sex" or "safe sex" fall short of the true preventative. Such shallow slogans do not speak to the root of the problem--which is basic immoral living. What one sows he shall reap. Violation of God's standards of morality inevitably leads to

dire consequences; and AIDS, along with over a score of other sexually transmitted diseases, is the unfortunate consequence.

We Christians must sound the alarm and proclaim that unless people totally cease sexual promiscuity and get back to biblical morality, then they may eventually contract AIDS and die.

E. ETHICAL QUESTIONS RELATED TO AIDS

1. If a woman is married to a man who has contracted the AIDS virus, what should she do?

She should immediately cease all sexual relations with him. The command in 1 Corinthians 7:3-5 for the husband and wife to regularly come together sexually is superseded in a matter of life and death, which AIDS involves. The wife should be tested for the AIDS virus immediately. If she does not have the virus, she should be tested again three or four months later, just to be sure. But if she is found to be infected with HIV, then she may continue normal sexual relations with her infected husband, as long as he does not carry any other infectious diseases, and as long as provisions are made to keep the wife from becoming pregnant.

2. What if one partner of a marriage is known to be sexually unfaithful?

In this case, both partners are at a more severe risk of contracting AIDS. They should both be tested, and then remain totally faithful to each other. But if the unfaithful partner continues to commit adultery, then the other partner should cease all sexual relations. Thus, if, for example, the husband continues in adultery, his wife should abstain from all sexual relations.

3. If a person suddenly finds out that he has the AIDS virus in him, what should he do?

Above all things, he should put his life and house in order. The infected person should ask God for strength and power to overcome anger, bitterness, and resentment. He should totally commit his life to Christ, so that, in his remaining years, he may serve God. He should prepare his family for his death. He should pay off his debts, keep old promises, and get his life right with God and with man.

4. What should be done in the case of polygamous marriage, when one person in the marriage discovers that he or she has the HIV?

That person must cease having sexual relations with the others immediately. And the others should be informed and tested for AIDS.

5. If a pregnant woman is found to have the HIV, should her baby be aborted?

The baby may contract HIV from the mother by three possible ways: as a result of an exchange of infected bodily fluids while in the womb; as a result of contact with the mother's blood while passing through the birth canal; or possibly while ingesting HIV-tainted breast milk after birth.⁴⁴

However, the baby may be born without the HIV. Osborne says: "Studies, particularly in Africa, suggest that 50 per cent of babies born to women who are HIV-positive will also have positive tests."⁴⁵ And another estimate states that: "Two thirds of infants born to infected mothers are infected, and half of infected infants develop AIDS within two years."⁴⁶

It has been suggested by some doctors that when an AIDS patient gets pregnant, the baby should be aborted.⁴⁷ This has apparently become a common practice in Zambia.⁴⁸ But regardless of the sobering statistics cited above, we must not kill an innocent child, made in God's image. We must not murder an innocent baby, just because he might be infected with a disease. In Zambia, the Catholic bishops, the members of the Zambia Christian Council, and the Evangelical Fellowship of Zambia concur with this view. These Zambian church leaders have said that even though a pregnant woman may have the AIDS virus and may pass it on to her baby, she should not abort her baby because "the unborn child is as much a human being as it will be after birth."⁴⁹

6. Should a woman who tests positive for HIV become pregnant?

No. Pregnancy should be avoided, and I would even recommend that the woman cease all intimate sexual relations. But if her husband is also infected with HIV, she may wish to continue normal sexual relations, but he or she should in that case use a reliable contraceptive or be sterilized so that she will not conceive. Dr. M. Owili was quoted by the Daily Nation in December 1988 as concurring with this view. He advised women:

Anyone who has tested positive with HIV should be counseled not to become pregnant. She should know that the chances of passing the virus to the unborn child are high and therefore should in addition to taking care not to infect her spouse, also ensure that she does not become pregnant.⁵⁰

7. Should a person tell anyone else (spouse, employer, pastor) that he has HIV if he is tested positive? Or should he keep it a secret?

Since the HIV can be spread, even though there may be no outward symptoms of the disease, insofar as the infected person has a moral obligation not to infect others, he should tell others who may be endangered.

8. Should a pastor require a couple to be tested for the AIDS virus before he agrees to perform the marriage ceremony?

A number of pastors in Tanzania's AIDS-infested Kagera Province have adopted this practice. Couples are asked to attend an AIDS clinic and "get a clean certificate" before the wedding can be performed.⁵¹ A similar procedure has been set up in Namirembe Diocese, Uganda.⁵²

Kagera Province is one of the hardest hit areas of Tanzania; in fact, AIDS seems to have been spread originally from this area into the rest of Tanzania. Now, in light of the fact that AIDS is spread by sexual intercourse and is also spread from mother to baby, I think it is perfectly appropriate for a pastor to request couples to take such an AIDS screening test. If one or both future spouses is found to be infected, then the pastor has good reason to refuse to perform the marriage ceremony.

In line with this viewpoint, the Zimbabwe Catholic Bishops Conference in November 1987 issued a statement which said, in part:

We sincerely believe that both partners to a marriage should feel free to ask for an assurance that their future partner is free of [AIDS] infection, even if this means taking a blood test to reassure themselves.⁵³

9. Is AIDS the judgement of God?

This question cannot be answered with a simple yes or no. Let me explain. First of all, some people are contracting the HIV innocently, and God is not raining down his wrath upon them. For example, consider the case of a man who contracts the disease through a blood transfusion, and then unknowingly passes it to his wife, through normal sexual relations. God is not punishing this couple. In this case the man and his wife have suffered because of another's sin, much the same as when a drunkard drives his car into a tree and kills his two children who were passengers. The children suffer because of the father's sin, not because of their own.

The book of Job demonstrates that just because affliction falls upon a person, it does not necessarily mean that he is being punished for some sin. Job is described as upright and blameless (Job 1:1). And in John 9:1 the disciples asked Jesus, "Who sinned that this man was born blind, himself or his parents?" Jesus said that neither had sinned. Thus, one's personal sin is not necessarily the direct cause of personal affliction.

On the other hand, God does punish the wicked, often in this life, always in the next. Witness the Genesis Flood or the destruction of Sodom and Gomorrah. In each case God's patience ran out. He gave the antediluvian peoples 120 years to repent under Noah's preaching (Gen 6:3).

Evil was on their minds continually (Gen 6:5). No doubt all the perversions we have today--including prostitution, adultery, sexual abuse, and child sacrifice--became commonplace. God judged them for their sin. He does not wink at perverted sexual immorality.

The passage in Romans 1:24-32 reveals that God has set up certain natural laws, and when those laws are broken, there is a penalty incurred. In the case of AIDS, when the laws of sexual relations are broken, the disease is contracted and death eventually follows.

God has set certain boundaries concerning sexual behaviour. Normal natural sexual intercourse is intended to be exercised exclusively in the confines of monogamous heterosexual marriage. That is the boundary; cross it--into adultery, fornication, homosexuality, lesbianism, or bestiality--and the person opens himself up to all sorts of mental, spiritual, and physical damage. This is why God says, "You shall not commit adultery" (Ex 20:14; Lev 18:20); "You shall not lie with a man as with a woman" (Lev 18:22); "You shall not have intercourse with an animal" (Ex 22:19; Lev 18:23); "You shall not commit incest" (Lev 18:6-18). These clear prohibitions were given to protect us, not to limit our sexual freedoms. If a person chooses to defy God's laws, then he opens himself to possibly getting a disease. And this is what Romans 1:27 is talking about.

F. IMPLICATIONS FOR CHRISTIAN MINISTRY: WHAT SHOULD THE CHURCH DO?

The coming AIDS plague will provide the Church with one of the greatest opportunities for ministry that it has ever seen. During times of natural calamity, the attention of unbelievers is more easily turned toward God. Let me suggest ten specific actions which the Church can take:

1. Exalt God's marvelous plan of marriage. Teach God's view of sexuality in a Christian context. Ron Sider says that the Church "needs to rediscover and proclaim the full biblical understanding of the joy and boundaries of sexual expression, teach by word and example the goodness of lifelong marriage covenant between a man and a woman."⁵⁴

Pastors and lay leaders should set up pre-marital counseling classes and invite young adult singles, as well as engaged couples. Seminars in sexuality can be held to instruct teenagers in proper courtship, God's plan for sex, and how to save their bodies for their future mate. Well-informed, mature believers, and husband-wife teams, should lead the sessions.

2. Sound the alarm about AIDS. Warn people that unless they live their sexual lives according to biblical morality, they may eventually contract AIDS and die. And as we inform people of the facts of the

dreaded disease, we must remember that AIDS education must be moral, not merely factual.

3. Proclaim loudly and clearly that the only proven effective prevention is: Normal sex between one man and one woman in marriage for life. This does not mean that sexual purity will give a person automatic immunity from AIDS. But the proper use of sex, only in the context of monogamous marriage, is presently the best preventative.

4. Denounce immorality. Proclaim how God views the sins that help spread AIDS: prostitution, adultery, fornication and homosexuality. These activities may someday lead a person to a premature death. A person who continues in these practices will likely eventually contract AIDS.

The church must condemn the sexual sins behind the spread of AIDS: homosexuality is clearly condemned as unnatural, perverted, unclean, and unhealthy (Lev 18:22; 20:13; 1 Cor 6:9; Rom 1:26-27); adultery is forbidden (Ex 20:14); fornication is a misuse of God's gift of sexuality (Gal 5:19); and prostitution is a major source of the spread of AIDS in Africa.⁵⁵ Why then does the church allow prostitution to continue without crying against it? Why isn't prostitution outlawed? Reportedly, in Mombasa there are at least 3000 registered prostitutes.⁵⁶ The church ought to ask, "Why aren't these women either arrested or detained or restrained?"

5. Proclaim the hope that is found only in Jesus Christ. Jesus alone can give a person hope, peace, forgiveness, joy, and a clear conscience, even though he may have AIDS.

6. Mobilize Christians for ministry. Train them now. Such Christians should be trained in how to lead a person to Christ and how to counsel the terminally-ill patient. They should be trained in both home and hospital evangelistic visitation.

First and foremost, in AIDS counseling, our counseling must be evangelistic. Too many times I have seen well-meaning pastors, friends, and relatives come to see lost patients and give false comfort and assurance. "Everything is going to be all right," they say, and the gospel is never shared. But I would rather say, "I'm very sorry that you are ill and confined to this bed, but may I ask you a spiritual question? If something were to happen and you died tonight, are you certain that you would go to heaven? Would you like to be sure?" Such a question, when asked in a considerate, gentle tone of concern, should not surprise or offend the patient. He likely has already contemplated what would happen if he died. He will want to know how to be sure he is going to heaven. He will want to be ready to meet God.

Secondly, we must counsel with the patient while he is still alive. I once visited with a female patient: she looked fine, felt good, and was ready for minor heart surgery the next day. She had become a believer and was at peace with God. But that night she passed away. Our one visit with an AIDS patient may be the last; he could die at any time. This should move us with a great urgency to share the gospel.

Thirdly, we must counsel with the patient while he is still coherent. AIDS attacks the brain. The virus robs the mind and the senses of the ability to respond. The hospitalized AIDS patient may already be blind, deaf, dumb, or otherwise partially paralyzed. His mind may be so demented that he can no longer make a rational decision to trust Christ as his Saviour. We should not wait until the second or third visit to give the AIDS patient an invitation to trust in Christ. We must act at the first opportunity.

7. Establish ministries for orphans--the children of AIDS patients who are dying or who have already died. In areas where AIDS has killed or incapacitated large numbers of adults, many children have been left destitute. In Uganda, for example, the combination of civil war and the AIDS plague has left an estimated 20,000 orphaned children, according to The AIDS Supportive Organisation. Unfortunately, the extended family, for fear of contracting AIDS, is not taking in these orphans for care.⁵⁷

In Tanzania, according to a Ministry of Health study of September 1988, the AIDS-infested Kagera Province has 134 AIDS orphans. This number is expected to increase and the Tanzanian government has appealed to religious bodies to help care for the orphans.⁵⁸ And another report, describing this acute crisis, says that: "Children are also being orphaned daily when their parents die...others become homeless while still many are abandoned without love and care" by people who refuse "to have anything to do with an infected person or one who has ties to a patient."⁵⁹

Christians have a moral obligation to reach out and care for the orphans. Christians must reject the societal value which places a stigma upon the adopted child. Should Christians ostracize a fatherless, motherless child just because the society does the same? Who will care for these children if they have no parents, and if their relatives reject them? Christians must be willing to care for such children and take them in. Where the extended family fails to give compassion, Christians must open their homes to the homeless. Morally, it is the right thing to do. We must care for the survivors of the AIDS plague and rear them to become the next righteous generation.

8. Establish AIDS counseling centres. Such counseling centres must do more than merely present the facts about AIDS. The great fallacy of many government-sponsored anti-AIDS campaigns is the false assumption that information alone will change behaviour and halt the spread of AIDS. But

in biblical counseling, we must do more than present new information. We must lead the AIDS patient to change his behaviour and his attitudes.

In counseling with an HIV-infected person, we should lead him to: (a) Seek God's forgiveness for any sins, and especially sins which would have brought on the disease. (b) Commit or rededicate his life to Christ. (c) Ask forgiveness of spouse, children, and parents for any moral failures. (d) Deal with guilt, anger, and bitterness. (e) Stop all sexual contact which could infect others. (f) Go to former sexual partners, inform them that he has HIV, and urge them to get tested. (g) Keep his body as healthy as possible, in order to prolong his life.

9. Christian youths should band together to form "chastity pacts"--mutual agreements to remain sexually pure until marriage. Young people may make public resolutions that they will save their bodies for their future marriage partner. We must raise up a host of AIDS-free, moral, godly young people. If the AIDS plague ever runs its course, these young people will be the ones to "pick up the pieces" of a broken, ruined society.

10. Show compassion to those afflicted by AIDS. Share the gospel with all and give them an opportunity to repent and be saved, before their minds become so diseased that they are unable to make a decision for Christ. We must lovingly and compassionately share the message of God's love and forgiveness. We must tell the AIDS patient that despite the certainty of death, THERE IS HOPE. And that hope can only be found through a personal relationship with Christ.

There is a certain man who is now waiting to die of AIDS: "He has been married for 18 months and they are expecting their first baby. Since he was confirmed positive, he has changed his lifestyle and become a Christian."⁶⁰ Now he has true hope. He cannot go back and live in a time when he did not have AIDS. But he has made peace with his Maker, and he can now prepare for an eternity with God.

G. THE CHALLENGE FOR THE FUTURE: THE CHRISTIAN RESPONSE IN A TIME OF CRISIS

Some wishfully think that in due time the AIDS disease will somehow "run its course"--that is, do its damage and then cease to be a threat. "Then," says one writer, "it will take its place in the background of the ecosystem, alongside the organisms that cause influenza, syphilis, measles and a host of other infections."⁶¹ But this kind of thinking tends to view AIDS as no different from any other disease, such as influenza. But there is an inherent connection between AIDS, the rapid spread of AIDS, and sexual immorality. AIDS--a disease for which there is no immunity and no cure in sight--cannot simply "run its course" unless vast numbers of the world population return to and stick with biblical morality.

Unusual times demand extraordinary commitments from ordinary people. The AIDS plague promises to become one of the greatest crises of this century. In this case we are faced with something potentially more devastating to the population than war, drought, or famine. We are faced with a menace that could kill hundreds of millions of people worldwide.⁶²

During times of great crisis, the church has always had great opportunities for ministry. And many times, the church has responded in extraordinary ways. The International Red Cross began as a Christian sought to care for wounded soldiers. The Salvation Army began as William and Clara Booth ministered to the homeless, the hungry, the destitute. The YMCA and the YWCA were founded by Christians. Human slavery was eventually outlawed because of the persistent efforts of dedicated Christians.

In the next 10 years, the nations of Africa may see more people die of AIDS than perhaps from any other natural or man-made disaster. The church will have an opportunity to demonstrate the love of Christ to multitudes of suffering, dying, and troubled people. There will be an unprecedented spiritual opportunity available. Desperate men and women will be more open to the good news of Jesus than at any other time. During dark times, the light of the gospel always shines brightest.

With all their security blown away, with death the only apparent certainty, desperate, hopeless persons will seek the true answers to life's greatest questions: Where will I go when I die? How can I be sure I will get to heaven? How can I be free of guilt, bitterness, and anger? How can I be at peace with my relatives and my friends and with God? How can I be forgiven?

We Christians have the only true answers to such questions. Before God we have a divine, irrevocable responsibility to share the answers with the world. The coming AIDS plague may well offer us one of the greatest opportunities ever to live up to our God-given responsibilities as Christians.

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