



STATEMENT DA-130

AIDS: Reaping the Whirlwind

by Michael McKenzie

Summary

Despite what some activists and the media might say, medical authorities agree that AIDS is *not* a threat to everyone. If people would follow biblical guidelines for sex, and not abuse their bodies with drugs, the epidemic would stop. Because the disease is not spread casually, it is also ethically wrong and counterproductive to test everyone for the virus. With few exceptions, voluntary and confidential testing should be utilized. Christians should be quick to point out the failures in the secular approaches to the AIDS epidemic. AIDS presents Christians with new openings and challenges, and such challenges leave no place for either stridency or complacency.

I will never forget my first experience with AIDS patients. I was participating in a seminar at the County U.S.C. Hospital in Los Angeles. Our class made the rounds with the attending physician in the AIDS ward on the seventh floor. Some of the patients reminded me of the horrible photographs of inmates in concentration camps: despite their youth, their bodies were emaciated shells, their faces pinched and gaunt.

Today, these images of broken humanity are too often swept away by competing extremes of stridency and simplicity. Some say AIDS has little or nothing to do with promiscuity; it is simply a disease ignored by a "homophobic" public. Others claim AIDS is nothing less than a divine judgment against homosexuals — "They're getting just what they deserve."

I believe Christians should strive for a more balanced approach. In this article I shall examine the current extent of the AIDS crisis and some of the ethical dilemmas that have arisen from it. I shall then conclude with a theological analysis and biblical prescription for a holistic sexual ethic.

WHERE DO WE STAND TODAY?

What Is AIDS?

AIDS (Acquired Immune Deficiency Syndrome), like its name indicates, is not simply a single disease, but is a syndrome of one or more diseases brought on by the Human Immunodeficiency Virus (HIV). The virus works by attaching to the victim's immune system cells, replicating, and injecting its own genetic code into the cell.¹ Thus, the

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immune system is weakened, eventually to the point where simple infections and diseases become life-threatening. It was this pattern of infection that allowed researchers in 1981 to first identify the virus. Two diseases which are easily repelled by healthy immune systems — *pneumocystis carinii* and Kaposi's sarcoma — were found in otherwise healthy, homosexual males. The epidemic had begun.

Numbers of Cases

According to the World Health Organization (WHO), there are currently 13 million people infected with the AIDS virus worldwide, with 611,589 actual AIDS cases. In the United States, the Center for Disease Control (CDC) reports that there are currently 1 million people infected, with 289,320 AIDS cases.² Although some leveling out has occurred, the cases are not distributed evenly throughout the world. By the year 2000, it is estimated that 90 percent of all cases will be in the third world.³ Africa has been particularly ravaged, with Uganda reporting a possible adult infection rate of 11 percent, and part of Zambia, a staggering 20 percent.⁴

In the United States, AIDS is currently the third leading cause of death among men aged 25-44. In New York City, Los Angeles, and San Francisco, it is the leading cause of death among young men.⁵ Since 1981, a total of 182,275 people in this country have died of AIDS. The CDC projects that through 1994, the cumulative death toll will reach approximately 350,000.⁶

Categories of Cases

Since AIDS is a disease transmitted by the exchange of blood and/or body fluids, critical modes of transmission involve practices such as sexual intercourse and the sharing of intravenous (IV) drug needles. In 1992, approximately 87 percent of all AIDS cases in the United States were a result of homosexual contact, IV drug use, or both.⁷ Currently, the figures show a slight decrease in the above categories of transmission to 84 percent.⁸

In Asia and Africa, heterosexual cases predominate; there the disease is spread primarily by promiscuity, prostitution, and polygamy. In many areas prostitution, though technically illegal, is accepted socially. Some authorities in Thailand estimate there are over 800,000 child prostitutes there and a further 1.2 million adult ones.⁹ Since for Asian businessmen Thailand is a frequent destination for "sexual holidays," the possibilities for further spread are alarming. In some areas of Africa, infection rates of prostitutes are staggering: some 80 percent of Nairobi's, 90 percent of Rwanda's, and 64 percent of Congo's Pointe-Noire are carriers.¹⁰

Polygamy and other cultural practices also contribute to the spread of the virus. In Tanzania, one man laughed when he read a poster explaining that safe sex meant having sex with only one faithful partner. "What am I going to do with my other wives?" he asked. In parts of Zambia, when a man dies his male relatives are obligated to have sex with his widow. Since it is not uncommon there for married men to die of AIDS, the potential for further spread is obviously enhanced.¹¹ Though it is too early to tell, AIDS has been so devastating to some African populations that population growth among young adults — those most sexually active *and* the most productive economically — may actually reverse itself. An entire generation may be at risk there.¹²

An even more appalling statistic is that more and more babies are being born already infected with the AIDS virus. In the U.S. there are currently 3,605 children under age five who have full-blown AIDS, most of whom received the virus *in utero* from an infected mother.¹³ Most of the women who gave birth to these babies were either IV drug users or sexual partners of IV drug users. It is estimated that the infection rate from HIV-positive mothers to their fetuses is approximately 33 percent.¹⁴ Children with AIDS have a particularly difficult time when attacked by the virus.

Opportunistic infections and diseases usually kill infants with AIDS in less than one year.¹⁵

The Political Face of AIDS

Ever since the disease made its appearance on the American medical scene, the entire issue of AIDS has been a political battleground. This fact, coupled with the medical facts of a long incubation period and uncertain infection rates, make it nearly impossible to get reliable and consistent data concerning infection and spread. Additionally, some of the highest rates of infection are located in areas of the third world which have little in the way of advanced medical technology or research. All these factors have combined to result in projections of infection and death that vary widely. Some writers invoke the spectre of the "Black Death" which killed one quarter of the population of Europe; others are quick to point out that heart disease and cancer kill far more people in one year than AIDS has in the entire course of the disease.¹⁶

The fact remains that AIDS stands out as one of the more gruesome reminders of the complete and utter failure of the sexual revolution of the 1960s.¹⁷ "Free love" turned out to have a terrible cost; groups that now reap the whirlwind are often quick to seek any possible answer to AIDS *other than* leaving their promiscuous lifestyles.¹⁸ Despite medical proof early in the crisis that AIDS is spread primarily by sexual promiscuity, homosexual activists in many urban areas lobbied hard to keep their bathhouses (places where numerous and anonymous sexual encounters take place) open.¹⁹ Promiscuity had become a *right* — no matter what the cost to themselves or others. It was in this climate that some leaders of the gay rights movement downplayed the seriousness of AIDS, especially in the early years of the epidemic. Some thought the disease was primarily a media creation; others went so far as to accuse the government of poisoning part of the homosexual population.²⁰ These attitudes in the face of the medical evidence were nothing less than betrayals of the people most at risk.

Certainly, one of the more revealing political facets to AIDS concerns how one answers the question, Are we all at risk from AIDS? From the very beginning of the epidemic, homosexual groups lobbied hard to erase the stigma of AIDS as a so-called "gay plague." Homosexual activists in Europe and America knew their lifestyle was unpopular with the general public. There would be little attention or funded research for AIDS if the disease was perceived as only affecting homosexuals.

Many in the media accepted the notion that AIDS was a threat to everyone. *Time*, *Newsweek*, and *U.S. News & World Report* all jumped on the bandwagon, proclaiming that AIDS was a universal threat. On its cover, *Life* blared, "Now No One Is Safe from AIDS."²¹ More scholarly publications were not exempt either. In *AIDS and the Third World*, published in association with the Norwegian Red Cross, Renee Sabatier hints darkly that AIDS may be even *more* dangerous than the plague.²² On the CDC AIDS/HIV phone line, listeners hear that "our nation is facing the most critical and devastating epidemic in recent history." Are such apocalyptic assertions true?

Obviously, the truth of such claims hinges on whether or not AIDS can be casually or easily transmitted, as were smallpox and the plague. If it can, then the possibility for spread is truly terrifying; everyone is indeed at risk. All medical authorities agree, however, that AIDS is *not* spread casually through touch, coughs, or sneezes.²³ Instead, the virus can be spread only through practices that allow infected blood or body fluids to enter the body. Thus, "the spread of HIV is limited to sex, transfusions, sharing needles, and pregnancy, since these are the times people come in contact with blood, semen, and vaginal fluids."²⁴ Especially dangerous is male homosexual intercourse, with the accompanying tears and fissures in the lining of the anus, which "maximizes the spread of the virus."²⁵

Ironically, many homosexual activists seem to want it both ways regarding AIDS. They protest loudly that the public has nothing to fear from contact with homosexuals. But in the same breath they warn that AIDS is a menace to all. Such a combination is really a contradiction. If one follows biblical guidelines for sex by abstaining, or engaging in

intercourse *only* with one's spouse in the bonds of heterosexual marriage, and if one does not abuse his or her body with illegal drugs, then the chances of getting AIDS are quite small indeed.

ETHICAL ISSUES

What About Testing?

Since AIDS is a terminal disease with no cure yet discovered, and since there have been speculations that the entire human race may be in danger, there have been calls for different levels of HIV testing. This has given rise to a number of pressing ethical questions. For example, should everyone be tested, or only those in high-risk lifestyles? How about health care workers? Are there ethical differences between mandatory and voluntary testing? Also, if testing is allowed, who should know the results?

Several factors argue against universal mandatory testing. First and foremost, since infection from AIDS can be traced to several definable behaviors, and since the disease is not casually spread, there is no need to do so. Most people are simply not at risk for the disease. Also, such a testing plan would likely deal a financial deathblow to an already strained health care budget. Third, since there is no cure for AIDS, the question arises: What would we do with all those who tested positive? Since AIDS is not casually spread, quarantining them would violate their civil rights; place their jobs, homes, insurance, and families in jeopardy; and do little good to society in general.²⁶

There are also problems in mandating tests for those in high-risk groups such as homosexuals, IV drug users, and hemophiliacs (persons with a blood coagulation disorder). Such testing would almost certainly drive people underground, away from the health care they need.²⁷ Thus such testing would be counterproductive and ethically questionable.

Voluntary testing with confidential reporting of results avoids the above problems and helps to funnel AIDS victims into proper health care environments. There is simply no good reason to violate the medical canon of physician-patient confidentiality to openly report test results. It will not affect the spread of the disease, and it will only imperil the trust and cooperation that should be the hallmarks of the physician-patient relationship.²⁸

There should be one exception to this rule. If there is imminent danger of an HIV positive patient infecting another (e.g., the spouse of the patient), then the physician has a duty to warn that person.²⁹

I also think there should be two exceptions to the voluntary testing rule. If a person has a pattern of criminal behavior as a sex offender (e.g., a rapist or child molester), then society's right to self-protection outweighs the individual offender's right not to be tested.³⁰ This also is in line with a more biblically based ethic of personal responsibility.³¹

The second exception concerns certain members of the health profession. Although there have been few HIV/AIDS cases directly linked to infected health care personnel,³² physicians who routinely perform invasive procedures should be regularly tested for the following reasons. First, the medical doctrine of "informed consent" requires a physician to provide "all information that a reasonable patient would find relevant to make an informed decision on whether to undergo a medical procedure."³³ Although the risks of contracting HIV from a surgeon in a single operation have been calculated to be very small,³⁴ the potential harm is severe since HIV infection always progresses to AIDS, a terminal disease. Part of the doctrine of informed consent demands that "as the severity of a potential harm becomes greater the need to disclose improbable risk grows."³⁵ Another part of my argument rests on the number of operations an HIV-infected surgeon might perform. After an infected surgeon performs 500 operations the cumulative risk of infection grows to 1 in 126.³⁶ Finally, such routine testing of surgeons will, in turn, help to foster

confidence and trust in the medical profession, both by the individual patient and by the general public.

May Physicians Refuse to Treat?

Most physicians today treat AIDS patients with the same standard of care accorded their other patients, but some are refusing to care for them. Do physicians have a moral duty to treat AIDS patients?

Physicians know that when they enter the profession they have an elevated risk of serious infection — even from new or antibiotic-resistant diseases.³⁷ That fact, plus the noncasual ways in which HIV is spread, clearly places the burden of proof on whether or not the particular duty of the physician goes significantly beyond the normal, acceptable level of risk.³⁸ The vast majority of medical duties do not meet this criterion.

Only if the physician is a surgeon, operating in a high-HIV-incidence area, performing invasive surgeries, might the operation be "above and beyond the call of duty." In these types of surgeries, the surgeon must weigh the risks involved to all parties — himself (or herself), his family, and other medical personnel — before deciding to operate. Such an altruistic act reflects on the character of the surgeon. When a Christian surgeon exhibits such compassion, courage, and care, it can often be a powerful witness of Christ to the AIDS patient.

COMPETING ANSWERS TO THE CRISIS

For years, our society has been in the process of reclassifying behaviors — what once was *moral* (sin) has become *medical* (disease). The moral model assumes that activities such as homosexuality, adultery, and promiscuity are willful behaviors, and are consequently moral problems. The medical model, on the other hand, assumes that such activities have a medical cause beyond the person's control. For example, an adulterer may be no more at fault for adultery than he or she would be for catching the flu. Today, many physicians and clinics promise people that these habits are not their fault, and they need only to seek a medical solution to their problem.

The side effects from such a paradigm shift are vast and troubling. But one such effect bears on the entire issue of AIDS and promiscuity. Under the auspices of the medical model, humans are seen as mere sexual animals whose current sexual habits must be accepted as a given.

Safe Sex?

The medical model's answer to AIDS — whether given by secular physicians, sports heroes, or movie stars — concerns education and "safe sex" techniques (primarily the use of a condom). The underlying message is: "Well, they're going to do it anyway, so we might as well protect them."³⁹ There are three fatal flaws to such reasoning.

First, there is disturbing new evidence which confirms that the basic weapon of the medical model against AIDS — the condom — may be a weak and inefficient tool at best. According to a new study just released by the San Francisco Department of Public Health, a third of young male homosexuals had engaged in "unprotected anal sex" within the last six months.⁴⁰ Among some ethnic groups, the percentage is even higher.⁴¹ Since this age group (17-22 years old) is traditionally the most promiscuous, and, at the same time, the most "educated" regarding "safe sex" practices, it indicates a major weakness of the condom message.

Additionally, even when condoms are used, there is a significant failure rate. In cases where married couples utilized condoms to prevent one infected partner from infecting the other, 10 percent of the healthy became infected within

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two years. As Glenn Wood and John Dietrich remind us, this was a "best case scenario" in which the couples were presumably better educated, more committed, and more mature than those who engage in anonymous sex.⁴²

Some of the failure rate of condoms is due to breakage. According to one Australian study reported in the *American Journal of Public Health*, "27 percent of homosexuals using condoms reported 'a few' or 'many breaks' during sexual intercourse."⁴³ The failure rate is also due to the need to follow a strict set of guidelines each time a condom is used in order for it to be effective. As Wood and Dietrich put it, "For both partners during a time of passion to do all these tasks every time is extremely difficult."⁴⁴

The second major flaw in the medical model's fight against AIDS concerns its low view of humanity. Men and women are not as driven by sexual urges as it assumes. Despite what the media or others may say, not everybody is having sex. Nearly three-quarters of fifteen-year-old girls are still virgins, and fifty percent are still virgins at age seventeen.⁴⁵ Those figures are not beacons of chaste behavior, but they do indicate that promiscuous sex is not a universal phenomenon.

Making condoms available to high school kids sends the wrong signal; such a policy is "despair-based," and "assumes that adolescents and teenagers — especially blacks and Hispanics — are rutting animals, and the only thing to be done is to encourage them to rut more safely."⁴⁶ Xavier Flores, an AIDS-prevention counselor in East Chicago, says flatly that "the safe-sex message is also racist...The safe-sex people come into our Hispanic and black neighborhoods and tell us that since we don't have it in us to say no to unhealthy sex, they might as well give us condoms."⁴⁷ Such a policy will actually encourage promiscuity, ensuring that the AIDS virus will continue to spread.⁴⁸ The medical model's view of humanity is far from the biblical view which states that humanity — even fallen humanity — is created in God's image (Gen. 1:26; James 3:9), and is created with the capability for reason, responsibility, and self-control.

The third major flaw of the medical model is that it ignores biblical injunctions against sinful behaviors. Nobody should be surprised that ignoring God's Word has such serious consequences. The rest of this article will be devoted to examining some biblical insights, and to suggesting ways a holistic Christian ethic can be developed.

God Is Not Mocked

The best and only sure way to stop AIDS is foolproof: If people were to have sex *only* with a faithful partner within the bonds of heterosexual marriage, and to stop abusing drugs, the epidemic would die out.⁴⁹ "As far as preventing the spread of AIDS, science and traditional Christian morality stand in agreement: *sexual behavior should be either abstinence or monogamy*" (emphasis in original).⁵⁰

Scripture is clear on the sinfulness of homosexuality. From the Old Testament to the New, the writers of Scripture speak with one voice when they condemn it (Gen. 18:20-22; Lev. 18:22; 20:13; Rom. 1:26, 27; 1 Cor. 6:9; 1 Tim. 1:10).⁵¹ Significantly, it is only recently that some modern theologians have attempted to force Scripture into accepting homosexuality as licit.⁵² The biblical evidence is so overwhelming that most modern theological liberals are at least honest enough to admit that the Bible does indeed condemn homosexuality — they just think the Bible is wrong.⁵³

Likewise, Scripture is clear that marriage is the only proper place for heterosexual relations. The "joining together" Jesus spoke of in the Gospel of Matthew (19:6) takes us back to God's original plan in Genesis 2:24 where sexual intercourse is described as "becoming one flesh" within the marriage covenant. The commands against adultery (Exod. 20:14; Matt. 19:18) are reaffirmations of God's plan in creation to join man and woman together in exclusive union. In the New Testament, writers commonly use forms of the Greek word *porneia* to describe extramarital sexual

sin (e.g., Acts 15:29; 1 Cor. 6:9, 18; Heb. 13:4).⁵⁴

The Judgment of God?

Some Christian writers have postulated that AIDS is a divine judgment aimed specifically against homosexuality.⁵⁵ There are some rather obvious problems with this view, however. For example, why is it that most AIDS victims in the world were infected through heterosexual transmission? Why do lesbians almost never get AIDS? Finally, there are many victims of AIDS (hemophiliacs, infants and children, and those who received infected transfusions) who were infected through no specific actions of their own.

I believe it is better to see AIDS, not as a specific divine judgment against one type of sin, but as a broad judgment against sexual sin in general (e.g., promiscuity, polygamy, homosexuality). This view is labeled by Wood and Dietrich as a "cause and effect" judgment.⁵⁶ Such a judgment is portrayed in Scripture as "reaping and sowing," or "sinning against one's own body."

In the Book of Proverbs (6:27-28), the author speaks of the inevitable consequences of adultery: "Can a man take fire in his bosom, and his clothes not be burned? Or, can a man walk on hot coals, and his feet not be scorched?" The author answers his own rhetorical question by assuring his audience that the adulterer "will not go unpunished" (v. 29). Paul elucidates this same scriptural principle by stating that "whatever a man sows, this he will also reap" (Gal. 6:7). Ronald Sider puts it in modern terms: "There is a moral order to the universe and...wrong choices have consequences."⁵⁷

Sexual immorality is also spoken of as sinning against, and having dire consequences for, one's own body. Paul urges the Corinthians to "flee immorality" (*porneia*), and states that the "immoral man sins against his own body" (1 Cor. 6:18). The word clearly indicates sexual intercourse outside the proper biblical bounds.⁵⁸ The context spells out that the body is the temple of the Holy Spirit; to desecrate one's body by sexual immorality is therefore to desecrate God's temple.⁵⁹ Likewise, Paul tells us that those who were given over to "degrading passions" and lusted after homosexual intercourse "received in their own persons the due penalty of their error" (Rom. 1:26-27). The message is clear: sexual immorality produces grim results for the person(s) involved.

Unless You Repent

Few things are as clear in Scripture as the many dire warnings against smugness and arrogance in the Christian. The attitude, "I thank God I am not like that homosexual," has no place in the believer's life. We should all keep in mind the admonition of Jesus when He refuted the common belief that those who suffered in this life were automatically worse sinners than others. Christ's message was that all must repent (Luke 13:1-5). In fact, the very foundations of Christianity cut against the notion of any sort of worthiness in the believer.

Clearly, we should be imitators of Christ in His humbleness and meekness (Phil. 2:5-8). His entire ministry was one filled with compassion and mercy: He touched the untouchable; He loved the unlovable. In many ways, AIDS victims are like modern-day lepers: despised by many, they are relegated to the fringes of society where they all too often die alone. Thus, even in the midst of disease and death, we must be ready to "give an account for the hope" that exists in Christ, "yet with gentleness and reverence" (1 Pet. 3:15).

Toward the Future

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Historically, there is a rich Christian tradition of responding in love during times of crisis such as wars, famines, and diseases. In that vein, Christians should look at the AIDS epidemic as a call to compassionate action.⁶⁰ Part of such compassion must be an imperative to spread the gospel — in wisdom — to those facing eternity. Second, Christians should not dilute the message that *all* forms of promiscuity are sinful. Third, it is time to proclaim the positive message of the spiritual *and* physical joys of a godly marriage. Fourth, Christians should be active in promoting sex education programs that highlight abstinence. Abstinence and monogamy represent the junction of Christian morality and the best medical advice on avoiding AIDS.⁶¹

It is clear that the AIDS epidemic is greatly affecting Christians. But the real question — and the one for which we are all responsible — is how, and to what extent, will Christians affect the AIDS epidemic?

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NOTES

¹ Such a virus is known as a retrovirus. See Glenn G. Wood and John E. Dietrich, *The AIDS Epidemic: Balancing Compassion and Justice* (Portland, OR: Multnomah Press, 1990), 116.

² These figures, current as of March 31, 1993, are from the *CDC Quarterly AIDS/HIV Surveillance Report*, available through the CDC Headquarters in Atlanta, Georgia. "HIV infected" refers to testing positive for the AIDS antibody. "AIDS cases" refers to people who have developed the opportunistic diseases or indications of full-blown AIDS.

³ "Poor Man's Plague" (Editorial), *The Economist*, 21 September 1991, 21.

⁴ Ken Sidey, "AIDS Reshapes Africa's Future," *Christianity Today*, 22 October 1990, 47.

⁵ *CDC Surveillance Report*.

⁶ *Ibid.*

⁷ Mary Ellen Hombs, *AIDS Crisis in America* (Santa Barbara, CA: ABC-CLIO, 1992), 89.

⁸ *CDC Surveillance Report*.

⁹ "Poor Man's Plague," 21.

¹⁰ Sharon E. Mumper, "AIDS in Africa: Death Is the Only Certainty," *Christianity Today*, 8 April 1988, 37. See also Renee Sabatier, *AIDS and the Third World* (Santa Cruz, CA: New Society Publishers, 1989), 64.

¹¹ Sabatier, 59.

¹² See Sidey, 47.

¹³ From the *CDC Surveillance Report*.

¹⁴ See Wood and Dietrich, 127, 170. This is an excellent book which, as its title implies, stresses compassion — but not at the expense of the normative teachings of Scripture.

¹⁵ *Ibid.*, 151.

¹⁶ Compare, for example, Sabatier (ii) with Michael Fumento, "Are We Spending Too Much on AIDS?" *Commentary* 90, October, 1990, 51. Wood and Dietrich are correct when they plead for a balance between complacency and apocalypse (25).

¹⁷ See Wood and Dietrich, 52, 254.

¹⁸ As Wood and Dietrich point out (123), it is not uncommon for homosexual men to have sex with fifty to a hundred men each year.

¹⁹ Wood and Dietrich state that 28 percent of homosexual men had over 1,000 sexual partners (245). Sadly, New York City is seeing a reemergence of "sex clubs," places that provide nearly every sexual perversity imaginable. One such club actually advertises "HIV Positive Night," a night reserved for men who are HIV positive or, incredibly, *want to become infected*. See Richard John Neuhaus, "A Chapter Closing, Maybe," *First Things*, June/July 1993, 62.

²⁰ *Ibid.*, 90.

- ²¹ See Michael Fumento, "AIDS: Are Heterosexuals at Risk?" *Commentary*, November 1987, 21.
- ²² Sabatier, ii.
- ²³ As Wood and Dietrich put it, "We [the medical community] know beyond a reasonable doubt that AIDS is not a casually spread disease" (187).
- ²⁴ *Ibid.*, 122.
- ²⁵ *Ibid.*, 123.
- ²⁶ See C. Everett Koop and Timothy Johnson, *Let's Talk: An Honest Conversation on Critical Issues* (Grand Rapids: Zondervan Publishing House, 1992), 72.
- ²⁷ *Ibid.*, 72. Cf. Wood and Dietrich, 172ff.
- ²⁸ See Raanan Gillon, "AIDS and Medical Confidentiality," found in Tom L. Beauchamp and LeRoy Walters, *Contemporary Issues in Bioethics* (Belmont, CA: Wadsworth Publishing Company, 1989), 411.
- ²⁹ Leonard Fleck, "Commentary," *Hastings Center Report*, November-December 1991, 39. Also see Wood and Dietrich, 174.
- ³⁰ *Ibid.*, 173.
- ³¹ *Ibid.*, 327ff.
- ³² Six HIV infections and one death have been linked to David Acer, a homosexual dentist who died in 1990. This is out of a total of 19,000 exposed patients who were tested nationwide. See Kim Painter's "6th HIV Case Linked to Dentist," *USA Today*, 7-9 May 1993, 1A.
- ³³ Lawrence Gostin, "HIV-Infected Physicians and the Practice of Seriously Invasive Procedures," *Hastings Center Report*, January/February 1989, 33.
- ³⁴ From 1/4,500 to 1/130,000. See Gostin, 33.
- ³⁵ *Ibid.*
- ³⁶ At the time Gostin wrote his article, there were no instances of patients contracting HIV from a physician or dentist (33); now, as mentioned above, there have been six.
- ³⁷ Lawrence A. Pottenger, Homer U. Ashby, and Carolyn R. Thompson, "Altruism in Surgery of AIDS Patients," *Journal of Religion and Health* 31 (Spring 1993): 10.
- ³⁸ Norman Daniels, "Duty to Treat or Right to Refuse?" *Hastings Center Report*, March-April 1991, 36-46.
- ³⁹ Such is the basic message of Sabatier's *AIDS and the Third World*. For an excellent treatment of the competing models of sex education, see Andres Tapia's "Abstinence: The Radical Choice for Sex Ed," *Christianity Today*, 8 February 1993, 25-29.
- ⁴⁰ George Lemp, et al., "HIV-1 Seroprevalence and Risk Behaviors among Young Men Who Have Sex with Men," San Francisco Department of Public Health, San Francisco, CA, 1992-93, 11.
- ⁴¹ Forty percent of Latino men and 38.5 percent of African-American men admitted to engaging in "unprotected sex" within the last six months (Lemp, 12).
- ⁴² Wood and Dietrich, 165.
- ⁴³ Fumento, 23.
- ⁴⁴ Wood and Dietrich, 167. Also see Tapia, 27.
- ⁴⁵ Editorial, "AIDS: Deadly Confusions Compounded," *First Things*, February 1992, 7-8.
- ⁴⁶ *Ibid.*, 7.
- ⁴⁷ Tapia, 27.
- ⁴⁸ See Ronald J. Sider, "AIDS: An Evangelical Perspective," *The Christian Century*, 6-13 January 1988, 14.
- ⁴⁹ Of course, there are many people who are now infected but are asymptomatic. Those people will develop AIDS. However, without promiscuous sex and IV drug use the epidemic would have nowhere to go.
- ⁵⁰ Koop and Johnson, 66. Cf. Wood and Dietrich, 17.
- ⁵¹ As Michael Ukleja says, "only towering cynicism can pretend that there is any doubt about what the Scriptures say about homosexuality." (Quoted in John Jefferson Davis's *Evangelical Ethics* [Phillipsburg, NJ: Presbyterian and Reformed, 1985], 114.)
- ⁵² See Wood and Dietrich, 236.
- ⁵³ This is the approach of Episcopalian bishop John Shelby Spong.

⁵⁴ See Colin Brown, ed., *The New International Dictionary of New Testament Theology*, vol. 1 (Grand Rapids: Zondervan, 1975), 497-501.

⁵⁵ See Wood and Dietrich, 272ff.

⁵⁶ Wood and Dietrich, 270.

⁵⁷ Sider, 11.

⁵⁸ See Brown, 497.

⁵⁹ See R. C. H. Lenski, *The Interpretation of St. Paul's First and Second Epistles to the Corinthians* (Minneapolis: Augsburg, 1963), 268.

⁶⁰ "The Judgment Mentality" (Editorial), *Christianity Today*, 20 March 1987, 16.

⁶¹ See Tapia, 25-29, for programs that promote abstinence.