AIDS: The Moral, Medical, and Spiritual Challenge

Harold O.J. Brown, S.T.M., Ph.D.

Dr. Brown is Forman Professor of Ethics in Theology at Trinity Evangelical Divinity School in Deerfield, Illinois.

Paper presented at a symposium entitled: Crisis in Medicine: Toward Biblical Solutions, which was held at Emmanuel Presbyterian Church, Wilmington, Delaware, on October 11 & 12, 1991.

When I was invited to take part in this conference, I proposed to address myself to the future relationship between AIDS and the ongoing euthanasia movement, often denominated the "death with dignity" or "natural death" movement. Death as a consequence of AIDS -- almost invariably from so-called "opportunistic infection" is very seldom dignified, as both medical personnel and clergy who have had contact with AIDS patients know all too well. In order to obtain a more decent exitus lethalis, euthanasia in various forms is sought and practiced: however, this is not "natural death."

In the area of AIDS therapy and research, events are succeeding one another with bewildering rapidity. In proposing to deal with the phenomenon of AIDS and euthanasia, I assumed that two factors would be very significant: first, the incredibly heavy burden that a relatively small number of AIDS patients would place on the health care and insurance systems of our countries; second, I assumed that the fact that AIDS has been very largely transmitted by means of activities that may be illegal (drug use, in some cases, prostitution) and/or considered immoral and unnatural by large segments of the population would lead to increasing moral and emotional pressure on public authorities to "do something" to contain the problem and to limit the damage that it was causing.

Instead, I discovered that there is -- in the United States at least -- considerable pressure on insurors and health maintenance organizations (HMO's) virtually to ignore the fact that AIDS is a specific disease with a highly distinctive etiology and very high intensity of care requirement and cost, in other words, not merely to treat it as any other disease, but almost to act as though it did not exist. For example, although evidence of prior health problems is universally considered by insurors and in many cases leads to "rating" -- i.e., to increasing the charges for coverage and/or to reducing the benefits to the insured -- in several U.S. jurisdictions where AIDS is heavily represented, such consideration is prohibited by law:

California:

Results of a blood test for antibodies to HTLV-III virus shall not be used for the determination of insurability. Reference: Cal. Health & Safety Code, 199.21(f) as amended by A.B. 488, effective April 4, 1985.

Florida:

Results of HTLV-III antibody tests, conducted at state established blood testing sites, cannot be used to determine insurability. Reference: Fla. Stat. Ann. 381.606 (1986).

District of Columbia

D.C. Law 6-132, effective August 7, 1986, in part: Sec. 4 Prohibited Actions.

(a) An insuror may not deny, cancel, or refuse to renew insurance coverage ... because an individual has tested positive on any test to screen for the presence of any probable causative agent of AIDS, ARC (AIDS-related complex), or the HTLV-III infection, ... or because an individual has declined to take such test.

(b) (1) In determining whether to issue, cancel, or renew insurance coverage, an insuror may not use age,

marital status, geographic area or residence, occupation, sex, sexual orientation ... for the purpose of seeking to predict whether any individual may in the future develop AIDS or ARC.

(d) No life insurance policy or contract shall contain any exclusion, reduction, or other limitation of benefits related to AIDS, ARC, HTLV-III infection, or any disease arising from these medical conditions, as a cause of death.

Additional sections of the D.C. Law prohibit insurors from requesting any individual to take the HTLV-III antibody test and prohibit asking whether an individual has taken such a test. Further, for five years from the law's effective date, insurors may not consider AIDS in setting premium rates.

If one bears in mind the fact that insurors regularly inquire about dangerous sports, such as parachute jumping, auto racing, and scuba diving, and frequently write exclusionary clauses into their contracts with respect to incidents that may occur in consequence of such activities, legislation of the District of Columbia type must certainly appear extraordinary.

With respect to my second assumption, to the effect that moral and emotional pressure would be put on public authorities with regard to "high risk activities" and those who engage in them, I had anticipated that Christians and their churches would be challenged to rise to the defense of HIV-infected persons and of those engagaing in or suspected of engaging in high risk activities. Instead, we discover that AIDS is characterized as " challenge to rethinking" by theologians such as Prof. Volker Eid of the Roman Catholic Theological Faculty of Bamberg (Germany). Prof. Eid writes: "In our case, rethinking means to come to terms with the fact of the deadly threat of AIDS, to come to terms with the plight of the affected, caused by AIDS. And it also means to come out from among our traditional customs of attributing guilt and of prejudice."

Eid writes, "Guilt is an undeniable fact in the life of every man," but he is very concerned that in connection with AIDS, even the merest suggestion of guilt, sin, and repentance is to be avoided: "As to the mention of Jesus' liberating association with guilty persons in our ecclesiastical and theological talk about the theme of AIDS, one must make it very clear that even when we exercise the greatest restraint, we might create the following impression: 'It is true that by your sexual behavior you have laid guilt upon yourselves in some way or other; nevertheless, we are going to help you.'"

Other theologians are even more emphatic in taking the phenomenon of AIDS as a reason -- or pretext -- to write in justification of male homosexuality, or of homosexuality of both varieties. Thus Pastor Hans-Geor Wiedemann, who holds a law degree as well as a degree in theology, writes with what I would describe as aggressive candor:

"If the Mene, tekel of AIDS should once again bring homophobia to the point that homosexual and bisexual lovers are stigmatized as lepers, then the credibility of the church will be at stake if it remains silent about it. The church gains credibility only then, when it not only involves itself on behalf of AIDS patients, but also makes it plain: homosexual lovers are as close to God -- or as far from him -- as everyman, as every man and every woman. Practically, the church will have to prove this not only by accepting Christians who practice homosexual love as members, but also as full-time workers, without reservation. The church could also raise up a standard by not withholding its blessing from loving homosexual couples who wish their partnership to be blessed in a service of worship."

The title of Wiedemann's essay, "The Church and Homosexual Love in the Age of AIDS," makes it plain that the author considers AIDS an incentive to justify homosexuality and make it acceptable, far from raising a warning finger.

Even former United States Surgeon General C. Everett Koop, M.D., who as a confessing Christian in the Reformed tradition accepts the biblical strictures regarding homosexual conduct as the inspired Word of God and therefore considers homosexual relations sinful, is extremely cautious about saying anything that directly stigmatizes homosexuality as such in his many warnings about AIDS:

"The Surgeon General's report describes high risk sexual practices between men and between men and women. I want to emphasize two points: First, the risk of infection increases with increased numbers of sexual partners -- male or female. Couples who engage in freewheeling casual sex these days are playing a dangerous game. What it boils down to is -- unless you know with absolute certainty that your sex partner is not infected with the AIDS virus -- through sex or through drug use -- you're taking a chance on becoming infected. Conversely, unless you are absolutely certain that you are not carrying the AIDS virus, you must consider the possiblity that you can infect others.

"Second, the best protection against infection right now -- barring abstinence -- is the use of a condom. A condom should be used during sexual relations, from start to finish, with anyone you know or suspect is infected."

From a logical perspective, one could fault former Surgeon General Koop for his use of the terms absolute certainty and absolutely certain. Even in the case of a long-standing, faithful marriage relationship, no woman whose husband has been out of her sight even briefly can be sure that he has not had a relationship in which he contracted the AIDS virus; indeed, the same thing can be said about a man, for although he may be completely faithful to his wife, he cannot know with absolute certainty that she has totally refrained from the kind of extra-marital contact that might make her an HIV-carrier. If we think of a couple that is contemplating marriage, a test for HIV antibodies taken before marriage could prove that a prospective spouse was uninfected three months prior to the test, but would not reveal an infection closer to the test date. For a period, the State of Illinois where I reside required HIV antibody tests prior to issuing a marriage license. One result was that many couples fled to neighboring states, where such a test was not required, to marry. Dr. Koop obviously pressupposes -- and has explicitly written and said this elsewhere -- that many people, from their teen years onward, will move rather quickly into an intimate sexual relationship with a person whom they do not know well and/or have not known for a long time.

To turn from Dr. Koop's medical advice to the "pastoral" counseling of nominal Christians with whom he would not be likely to be much in sympathy -- but with whose practical counsel he does not seem to differ significantly -- we read in a set of "guidelines" prepared for confirmation candidates (average age 15- 16) in Dusseldorf, Germany:

"8. In the future (!?) the following principles are to be observed: a) It is important to talk openly with future sexual partners about sexuality -- also about what one has already experienced in this area. b) "Going to bed together" should be preceded by a longer period of getting acquainted. 'Disco behavior' is frivolous and generally frustrating."

The German clergy, like Dr. Koop, seem to assume a fairly high level of sexual contacts and a multiplicity of partners. If one makes this assumption, then the "protection" that both recommend -- the prophylactic or condom -- is hardly a sure defense. It is particularly surprising to hear the Surgeon General accept the idea of sexual relations with one whom one knows to be infected, subject to the use of a condom. As one military doctor in the United States commented on the use of condoms: "If the 'partner' is uninfected, the condom is pointless; if the 'partner' is infected, it is an unacceptable risk."

Dr. Koop endorses the selective use of condoms, the Dusseldorf pastors the generalized use. If one were to apply Immanual Kant's principle of universifiability ("Act only upon the maxim that you can wish to be universally accepted") to the Dusseldorfer suggestion, it is evident that a consequence would be the rather rapid disappearance of the human race. Pastor Wiedemann polemicizes against "the reduction of sexuality to procreation," but what we are confronting here is the absolute separation of sexuality from procreation.

Questioned by this writer at a lecture given at Wheaton College, Wheaton, Illinois, on February 22, 1990, concerning the impression that Dr. Koop was using the term "monogamy" -- which traditionally meant a life-long marrige between one man and one woman -- to refer also to an exclusive sexual relationship between two men, the former Surgeon General replied, in effect, that for him and his wife, monogamy means

monogamous heterosexual marriage, but that given the state of our knowledge about homosexuality, for others it might mean something different.

Even more vigorous in his denunciation of putative ecclesiastical reactions to AIDS than Wiedemann is psychologist Dr. Siegfried Rudolf Dunde, who also has a theological degree. Dr. Dunde fulminates against "hate" as a reaction to AIDS, and charges that AIDS turns hatred for the disease into hatred for the diseased. He also designates nonconformity, disgust, and freedom of pleasure (Lustfreiheit) as "mechanisms of hatred" (Ha_ausloser) which stimulate in Christians -- at least in the kind he dislikes -- "joy over the fate of those who are 'different.'" Dunde thus overlooks all the efforts of more moderate theological voices such as Eid to show concern, sympathy, and love for AIDS victims, despite the fact that attitudes such as Eid's seem to this observer to be far more typical of the Christian response to AIDS than the kind of malicious "joy" that Dunde claims to see. Indeed, AIDS has functioned as a Ha_ausloser, but as a mechanism to inspire hatred of the church and Christian moralists (as well as morals). The church could plausibly be saying to most AIDS sufferers, if not "Serves you right!", then at least "You brought it on yourself." Instead, Dunde as well as many AIDS activists and other critics of traditional Christianity seem to be enraged at the church as though the church were responsible for the fact that AIDS has appeared on the scene as a kind of fulfillment of Paul's warning in Romans 1:27. Most Christian observers, conservative as well as liberal, are quick to state that they do not regard AIDS as the "penalty" for homosexual conduct to which Paul refers. Nevertheless, because it is in Romans, and the church preaches and teaches from Romans, it seems almost as though the chuch is held responsible for AIDS, and for this reason is made the target of condemnation and even of hatred. Before AIDS, the traditional tendency of the church to condemn homosexual conduct was more or less ignored by homosexual activists, whereas now they are calling on the church to repent and to disavow its previous "homophobia." With regard to the hidden implication that the church in some way wished AIDs upon those who disregarded its moral teachings, one can only quote the familiar French proverb, cited by Professor Jerome Lejeune of Paris thus:

"Seul Dieu peut vraiemment pardonner; l'homme pardonne parfois; la nature ne pardonne jamais."

I. The Moral Challenge

The moral challenge of AIDS to the Christian community as well as to medicine and health care providers is directly tied to the undeniable and yet vehemently disputed intimate tie between AIDS and male homosexuality, and especially with the frequency promiscuity, and exotic nature of much male homosexual activity. This tie is denied over and over again, in various ways, by reference to the increasing ratio of intravenous drug users to male homosexuals among the HIV-infected, by reference to the rising number of HIV-infected women and babies, by reference to the situation in Africa, where homosexuality is relatively rare but AIDS is sadly widespread among heterosexuals. Over dinner in Basel, Switzerland, a young medical graduate, a Christian, informed the writer that male homosexuals no longer constitute the largest percentage of new AIDS patients in Switzerland. That melancholy distinction now belongs to "Fixer," i.e., to intravenous drug abusers.

The fact that the AIDS virus can be contracted by a variety of means, and that it has spread widely in Africa where there is little homosexuality, does not alter the fact that in almost every case in the West, new infections can uniformly be traced back to original infection through male homosexual conduct.

Although homosexual behavior and individuals with a primarily or exclusively homosexual orientation have always existed, both Christianity and Judaism have strongly condemned homosexual acts. Inasmuch as the original carriers and disseminators of the HIV in the West were unaware that they were carrying and spreading such a disease, they should not be subject to criticism for doing so. However, inasmuch as the conduct in which they engaged had been subject to moral reproach before it became known how much such conduct contributed to the epidemic, it is bizarre that it is precisely AIDS that has led to increased tolerance of male homosexuality and to increasing sympathy for those who engage in it. Before any

compelling connection between homosexuality and the spread of disease could be shown, homosexuality was disapproved; once the connection became inescapably evident, it was accepted. It is as though cigarette smoking, which was subject to some moralistic criticism before its connection with lung disease was established, had suddenly become respectable once its role in causing lung cancer and other disorders was definitely demonstrated. This is, of course, precisely not what happened. Cigarette smoking has become the subject not only of medical admonitions and warnings -- sometimes couched in rather grisly terms -- but also of general moral disapproval and social intolerance. It is evident that something strange is going on here. "The [AIDS] epidemic has created strong allies for gay people in the parents, friends, and loved ones of those who have died and are dying of this disease ... it is not possible to observe the courage of people with AIDS and their friends and lovers who are caring for them without developing a great respect."

There is apparently a confusion of categories here. Observers such as S.R. Dunde claim that Christians and others are motivated to hate those who are sick rather than the sickness. Instead, in the above citation Jim Foster observes that the misery, suffering, and courage of the sick has moved outsiders not only to love and accept them, but also to accept their conduct. Lung cancer continues to claim more victims than AIDS, and a high percentage of lung cancer patients are or were cigarette smokers. Do we hear cries for legislation to protect the rights of cigarette smokers? Quite the contrary, at least in the United States.

Do we even hear expressions of sympathy for victims of lung cancer, emphysema, and other smoking-related disorders? Certainly not. Do we hear expressions of satisfaction that lung cancer is found among those who have never smoked? Indeed not. In this connection it is also relevant to note that lung cancer is not contagious, and that the lung cancer patient cannot infect others, neither via sexual intimacy nor in any other way.

Traditionally Christianity has called upon its adherents to hate the sin while loving the sinner. Most Christians, dealing with the HIV-infected and with AIDS patients, make an effort to do this. Sensitive observers such as Professor Eid of Bamberg warn them that they must do all that they can to avoid any suggestion of moral disapproval, not to mention condemnation. Militant advocates of the homosexual cause, such as Dr. Dunde, demand that all barriers, scruples, and reservations be not merely dropped but repented and actively repudiated, and the San Francisco Health Commissioner Jim Foster rejoices that a disease which is primarily carried and spread by homosexual activity, that is to say, by active homosexuals, is creating not merely sympathy for these who suffer in consequence of their "life-style," but even for the "life-style" which lies at the root of their suffering, and for their right and the right of others to pursue it and to advocate it as they see fit. There is certainly a difference between saying to the AIDS victim, "You should have known better: you brought this on yourself," true though that may be, and saying to others, to those who have not yet embraced the "life-style" or contracted the virus, "Take heed, lest ye likewise perish."

Defenders of homosexual activity and of homosexual rights, such as Pastor Hans-Georg Wiedemann, previously cited, often speak in terms of homosexual love, although it is frequently hard to interpret brief, casual relationships as love. To interpret particular homosexual acts as expressions of love does not set aside biblical injunctions that apply to them, nor, to the extent that such acts are prohibited by civil law, does love produce immunity to legal action and penalties. Nevertheless, to evoke the idea of love certainly can produce a measure of understanding and sympathy among non-homosexuals, as Pastor Wiedemann demonstrates.

The earliest data gathered on AIDS, even before it was at all well understood, brought out its connection with male homosexuality: it was originally called Gay-Related-Immune-Disorder (GRID). It was originally suggested that the new element responsible for the appearance of a hitherto-unknown malady "was an unprecedented level of sexual promiscuity that had developed among a subgroup of homosexual men in New York, San Francisco, Los Angeles, and some other large urban centers since the late 1960's." In other words, it became evident early on that GRID, later AIDS, was associated not merely with male

homosexuality, but with a high degree of promiscuity as well as with certain specific practices. Homosexuality as an expression of a deep same-sex emotional relationship was not the cause, although the phenomenon of deep same-sex emotional relationships was and is often evoked to secure sympathy and approval for homosexual conduct. Homosexual activists, even in the morbid atmosphere of the AIDS epidemic, claimed not the right to sex within relationships, but the right to sex as such. Thus Dennis Altman writes in AIDS in the Mind of America: "The growth of gay assertion and a commercial gay world meant an affirmation of sex outside of relationships as a positive good, a means of expressing both sensuality and community ... I do not think it is too fanciful to see in our preoccupation with public sex both an affirmation of sexuality and a yearning for community, which may be one of the ways we can devise for coming to terms with a violent and severely disturbed society."

No moral code, past or present, with which this writer is familiar, has ever extolled sexual activity as such, without respect for relationships, responsibilities, self-control, or discipline. This means that the advocacy of homosexual freedom and rights, which has so paradoxically intensified in the course of the AIDS epidemic, implies a categorical repudiation of all aspects of every human moral code that deals with sexual conduct, and, indeed, by implication, of the very existence of such moral codes. The vehement language of writers such as Altman ("a violent and severely disturbed society") and Dunde ("Ha_ausloser") indicates a massive, categorical repudiation of the existing social order and of all the edifying concepts and traditions that have gone into its creation. The demand for the legitimization of homosexual love and its associated activities clearly involves a repudiation of the tie between sexuality and reproduction and implies a rejection of the idea of natural law (as does that other modern social pestilence, abortion on demand). However, as we have seen, Altman -- and others with him -- go beyond demanding acceptance of homosexual relationships and demand the affirmation of generalized and even public sex as such. Altman's book was published in 1986, three years after Professor Luc Montagnier's identification of the AIDS virus, and two years after the American researcher Robert Gallo made the same discovery.

The moral challenge connected with AIDS is this: to hate the sin while showing compassion and concern for the sinner. As St. John writes in his First Epistle, "If anyone should sin, we have an advocate with the Father, Jesus Christ the righteous, and he is the propitiation for our sin ..." These "comfortable words," as the Prayer Book communion liturgy calls them, follow the admonition, "If we confess our sins, he is faithful and just to forgive us our sins, and to make us clean from all iniquity" (I John 2:1-2, 1:9). To fail to acknowledge sin as sin, or, even worse, to insist that it is not sin at all, but a higher good and a natural right, is to forfeit the possibility of forgiveness, and with it the offer of salvation and eternal life.

II. The Medical Challenge

AIDS has confronted the medical community, health care providers and insurors with a series of challenges. Among the most immediate is this: how to pay the costs of AIDS. According to a study prepared for the Centers for Disease Control, by 1991 AIDS cases would number 68.63 per 100,000, and would account for approximately 12% of all costs, direct and indirect, of illness in the United States. Estimates of the number of future AIDs cases vary widely: it is assumed that virtually 100% of HIV-infected persons will ultimately proceed to full-blown AIDS, barring other fatal developments, unless a means of treating the cause is found soon. Estimates of the number of HIV-carriers are simply guesses based on the number of diagnosed AIDS patients. If we take the frequently-mentioned figure of 1,500, 000 HIV-carriers among the U.S. population, and take the median cost estimate for 1991 from the C.D.C. data, $10,900 per AIDS patient, we arrive at the figure in 1991 dollars of $164,400,000,000 for current HIV-carriers. Needless to say, such a figure cannot be exact. Nevertheless, it is evident that the cost of providing medical care for those individuals already carrying the human immunodeficiency virus will be immense.

The euthanasia movement in many countries, for the moment, is concentrating on persons in a "vegetative"

state, with an emphasis on "cost containment" as well as on "mercy" for the patients. It may be left to physicians or others to determine when a person's "quality of life" no longer justifies the expenditures involved in keeping him alive. Thus David Thomasma, director of the Medical Humanities Program at Loyola University Stritch School of Medicine in the Chicago, Illinois, suburb of Maywood, writes: "Medicine should aim at reconstructing life sufficiently to sustain other values ... When these human values can no longer be sustained because of the physical condition of the patient, then a decision should be made for euthanasia on the basis of the patient's or surrogate's request." Few modern writers are suggesting that the cost of terminal care should be the decisive factor, but when "inducing or bringing about death" is described by Thomasma as "a virtuous and moral act, especially if it is done in conjunction with the wishes of the patient," it is apparent that the physical and emotional misery of late-stage AIDS patients, which will increase together with both individual and total health care costs as the number of terminal AIDS cases rises, will push more and more people to begin implementing this "virtuous and moral" act. A recent survey in the Maryland Journal of Contemporary Legal Issues cites extensive similarities between the presentations of euthanasia advocates in the United States today and those of the physicians who endorsed and implemented Nazi Germany's euthanasia program in the 1930's. According to information in that survey, currently one in six deaths in the Netherlands is caused by active euthanasia, although the death certificates almost always specify death by "natural causes."

The combination of physical and emotional misery and sometimes mental disability, burgeoning terminal care costs, the ever-present if often unreasonable fear of infection to care givers, and the certainty of ultimate if often delayed death will surely push more and more of those who think like Thomasma, Daniel Callahan, and others cited in the just-referenced survey by Rita Marker, et al., to encourage and perhaps ultimately to insist upon "virtuous and moral" acts to induce death.

Medical researchers, encouraged by substantial government funding in the United States, are energetically pursuing the task of finding ways to treat or cure AIDS in the HIV-infected and to prevent future infections, even among those who insist on continuing high-risk behavior. Most authorities seem to think that it will be quite some time before such efforts bear significant fruit. Surely we have to reckon with AIDS as a very significant source of increasing pressure on the health care systems of the world. The pressure may be accentuated by the perception that most AIDS victims have contracted the disease through conduct widely held to be reprehensible or even degenerate, which could conceivably lead much of the population to begrudge huge expenditures on their behalf. Although -- as indicated earlier -- almost all authorities, medical, moral, theological, legal, and otherwise, vigorously repudiate the suggestion that AIDS victims should be held responsible for their condition, and especially not in a way that would permit society to reduce its care and concern form them, the danger that this may happen cannot be excluded. (Lest there be any doubt, this writer vigorously opposes any such reduction.)

In the previous section, it was suggested that AIDS may have the effect of causing society, government, and the churches to accept patterns of conduct previously condemned, in spite of the fact that they facilitate the spread of the dread disease. Now it appears that the consequences of AIDS could push society towards the acceptance of euthanasia, voluntary and involuntary, which naturally would be extended to situations in which AIDS is not involved.

In addition to the very clear challenge posed by euthanasia, there are two other significant issues directly related to the medical response to AIDS: the question of whether it is related to homosexuality in a specific way, and the question of whether medical advice in the area of AIDS prevention can reasonably be expected to be effective as long as it continues to avoid the type of moral admonitions that used to be implied in terminology such as "deviance" and "degeneracy."

In the early days of the AIDS phenomenon it was called, as noted above, Gay-Related-Immune-Deficiency. Before the discovery of HIV by Luc Montagnier and Robert Gallo, various theories proposed that the immune deficiency was caused by an overloading of the body's immune defense mechanisms

in consequence of intrusive exposure through frequent, highly promiscuous sexual encounters, to vast number of bacterial, viral, and parasitic organisms as well as to semen. For various reaons, there has been a marked tendency to distinguish AIDS from "infections of homosexual men," as is done, for example, in the text, AIDS and Infections of Homosexual Men, to which reference has already been made. Parts I, II, and III of this textbook discuss "sexually transmitted diseases," but precisely not AIDS, which is considered separately in the balance of the book.

Researcher Joseph A. Sonnabend writes, "It was assumed that HIV was directly responsible because of its tropism for CD4 lymphocytes coupled with the acceptance that the loss of this lymphocyte subset is the hallmark of AIDS ... [but i]t has also yet to be explained how infection of a small number of CD4 lymphocytes can account for the widespread abnormalities observed in AIDS." The burden of Sonnabend's study is to raise the question: Has the discovery of the HIV too rapidly diverted attention from a very real possibility that it is the homosexual life-style that released the HIV -- now known as the direct agent causing AIDS -- from harmless latency to pursue its virulently destructive course? In other words, should male homosexuality, especially in its more extreme forms, be stigmatized as life-threatening even more vigorously than is now being done, by all but universal consent, for cigarette smoking?

The final "medical" question is this: Is it medically and morally responsible, in the light of what we know and are learning about AIDS, to continue to treat AIDS-related conduct, especially in the sexual realm, as though it were on the one hand natural and totally uncontrollable, and on the other could easily be rendered safe by the use of a thin latex barrier, the much-lauded condom? Those wishing to avoid syphilis, gonorrhea, and other venereal diseases were not told, "Use a prophylactic," but rather, "Shun prostitutes." This writer in adolescence and young manhood never once encountered a physician, Christian, Jewish, or other, who would suggest that patronizing prostitutes was more or less all right provided one provided onself with a proper condom. At that time, syphilis and gonorrhea were already treatable and curable. AIDS is not, and probably will not be for some time to come. What makes it possible for genuinely spiritual physicians at the top of their profession, such as Dr. Koop, to talk the way he does about AIDS, not approving homosexuality, but, as it were, praising by faint damns?

III. The Spiritual Challenge

"And the rest of mankind, who were not killed by these plagues, did not repent ... and they did not repent of their murders nor of their sorceries nor of their immorality nor of their thefts." Rev. 9:20-021, N.A.S.B.

In the ninth chapter of the Apocalypse, St. John speaks of three plagues which kill off one-third of mankind. Dr. Jonathan Mann of the World Health Organization has uttered a series of such dire predictions concerning AIDS that one could well envisage it as one of the apocalyptic plagues. While Dr. Mann and other public health officials are preoccupied with the genocidal potential of AIDS, this writer has attemp[ted to draw attention to the perverse and paradoxical potential of this disease to change morals, categorically separating sex from procreation and even from relationships, definitively overturning Hippocratic standards and replacing them with a utilitarian ethic of euthanasia, and otherwise subverting the society of those whom the plagues do not carry off. Until the present time, the reaction of much of the society and of part of the church has been that described in Rev. 9:21, namely, "They did not repent."

There are other areas to which one could direct attention: AIDS has dramatically changed the tone and quality of discourse and education concerning sex. Former Surgeon General Koop sprinkled remarks concerning anal sex from the pulpit of Wheaton College's Edman Chapel. Whether or not this was good or necessary, it certainly represented a departure. In the Surgeon General's Report, "Education concerning AIDS must start at the lowest grade possible ... The threat of AIDS should be sufficient to permit [he really means "require" -- H.O.J.B.] a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases." Dr. Koop's oft-repeated insistence that he is -- or was at

the time -- the Surgeon General, not the Chaplain General -- cannot obscure the bizarre situation in which one of the United States' most celebrated evangelical figures, indeed one strongly in the Reformed tradition and a long-time associate of the late Francis Schaeffer, distinguishes between "needle sharing" (not mentioned in Scripture), which he says "must be avoided," and homosexual conduct (prohibited in Scripture), which he contends can be "responsible."

The covenant relationship between one man and one woman, known as marriage, is a very fundamental aspect of divine creation. Two of its essential features are the guarantee of legitimacy (or paternity) in children, and the promise of fidelity in sexual relationships.

As John Davidson argues in the most recent Human Life Review, abortion destroys the solid compact of marriage in a devastating way. His argument is interesting: the social function of marriage in all societies, is to hold men to know and care for their own offspring. Without marriage, with so-called free love, no man could know with confidence that any woman's child is his. It is indeed marriage that enables a man to have his own children. Abortion on demand -- with the provision, so often reaffirmed up to the present, that no man, husband, lover, father, friend -- may interfere with or hinder the woman's absolute right to an abortion, marriage can no longer function as an institution to secure or guarantee a man's right to children.

A recent German proposal speaks of a woman's right to "self-determined pregnancy." Of course, no woman alone can determine can determine to be pregnant. What this means, of course, is self-determined abortion and, ultimately, the absolute negation of the man's right to descendants. Sexual relations, biblically speaking, are not limited to reproduction -- but they are closely allied to it, both in Scripture and in the ordinary order of nature. Abortion breaks the compact. The progressive legitimization of homosexual acts further shatters all correspondence between sex and reproduction. Inasmuch as homosexuality by its nature is sterile, to legitimize homosexual behavior as equivalent to heterosexual is to equate the moral value of being born with being not being born, of being with non-being, of living with dying.

Recent developments -- in Switzerland, a new sexual code making homo- and heterosexuality equal in the eyes of the law, in the USA a paper approved by the U.C.C. defending the "rights" of homosexuals and bisexuals as well and as fully as those of married heterosexuals --- makes the rupture of the covenant between spouses, between fathers and sons, between generations all too evident. And, when the rupture between generations at the beginning of life is patent, the rupture at the end is evident as well.

Sexuality should not be limited to reproduction, but it ought to be self-evident that reproduction and family are two of the most essential ends of created sexuality. Much of the moral code of Scripture has practical relevance for health and well-being. Nothing reveals the danger of ignoring God's laws -- and the laws of nature -- more dramatically than AIDS. Can it be, in the declining years of our century, and perhaps of our civilization, and perhaps even of world history, that the very thing that ought to be a warning will become the pretext for ignoring both nature and reason as well as God, and for plunging full steam into the very maelstrom that destroys? Is AIDS the stimulus that will cause our society, like that of ancient Rome, to merit Paul's judgment: "Thinking themselves wise, they became fools" (Romans 1:22)?

Endnotes

1. See William Carroll, "AIDS-Related Claims Survey: Claims Paid in 1986," in James Vculek, ed., AIDS One. Legal, Social & Ethical Issues Facing the Insurance Industry, (Chatsworth, CA: NILS Publishing Company, 1988), pp. 395 - 406.

2. See Robert Fulton and Greg Owen, "AIDS: Seventh-Rank Absolute," in Inge B. Corless and Mary Pittmann-Lindeman, eds., AIDS, Principles, Practices, & Politics. Reference Edition (New York: Hemisphere, 1989), pp. 314 - 317.

3. Paschal, Richard J., "Statutory Restrictions on Life Insurance Underwriting of AIDS Risk With Emphasis on Restrictions in the District of Columbia," in Vculek, op. cit., pp. 72 - 73.

4. Ibid., p. 73.

5. Eid, Volker, "Aids -- eine Herausforderung zum Umdenken," in Christel Becker-Kolle, Ed., Schwarze Angst. Leben mit AIDS (Stuttgart: Quell, 1989), p. 57.

6. Ibid., p. 74.

7. Wiedemann, Hans-Georg, "Die Kirche und die homosexuelle Liebe im Zeitalter von Aids." in Becker-Kolle, op. cit., p. 111.

8. Statement by C. Everett Koop, M.D., Wednesday, October 22, 1986, in Corless and Pittman-Lindemann, op. cit., p. 196.

9. Becker-Kolle, op. cit., p. 221.

10. Wiedemann, loc. cit., p. 109.

11. Dunde, Siegfried Rudolf, "Der Ha_ gegen die Infizierten," in Becker-Kolle, op. cit., pp. 113 - 128.

12. Conversation with Marcel Kraft, M.D., July 31, 1991. Statistical data to confirm this were not available to the writer. American commentators have frequently confused the percentage increase among IV drug users as a high-risk group with the absolute number of new cases. In the United States the greatest rate of increase is among drug abusers, but the largest number of new victims is still drawn from among practitioners of male homosexuality. Interpretation of the statistics is made more difficult by the fact that many who practice male homosexuality are also IV drug users, and by the fact that although the group classed as "bisexual" is often separated from "homosexuals" for statistical purposes, it is plausible to think of that the vast majority of infected bisexuals contracted the virus through their male homosexual contacts.

13. Foster, Jim, "Impact of the AIDS Epidemic on the Gay Political Agenda, in Corless and Pittman-Lindemann, op. cit., p. 531.

14. Cf., f.n. 5 above.

15. Murphy, Julien S., "Women with AIDS: Sexual Ethics in an Epidenic," in Corless and Pittman-Lindemann, op. cit., p. 337.

16. Sonnabend, Joseph A., "AIDS: An Explanation for Its Occurrence among Homosexual Men," in Pearl Ma and Donald Armstrong, eds., AIDS and Infections of Homosexual Men, 2nd ed., (Boston: Butterworth, 1989), p. 452.

17. Altman, Dennis, AIDS in the Mind of America (New York: Anchor/Doubleday, 1986), cited by Jim Foster in Corless and Pittman-Lindemann, op. cit., p. 527.

18. Thomasma, David, "The Range of Euthanasia," in American College of Surgeons Bulletin, Aug., 1988, pp. 4 - 5.

19. Ibid., p. 10.

20. Marker, Rita L., Stanton, Joseph R., Recznik, Mark E., and Fournier, Keith, A., "Euthanasia: A Historical Overview," in Maryland Journal of Contemporary Legal Issues, Vol. 2, Issue 2, Summer, 1991, pp. 257 - 298.

21. Ibid., pp. 295 - 296.

22. Cf., f.n. 16 above.

23. Ibid., p. 450.

24. The Surgeon General's Report is reprinted in Vculek, op. cit., pp. 376-395; see esp. pp. 392, 380.