

spised outcasts. The time has come—indeed, is long past due—for religious leaders to shape a new mind and new heart in the public consciousness,

Why is AIDS still perceived in many circles as the "wages of sin"?

one based on an ethics of compassion and a preferential option for the least of our brothers and sisters.

Choices

by Linda L. Cooper

This essay examines some of the challenges generated by AIDS which affect the individual sufferer and his associates. However, rather than discussing these in an objective format, they are presented in a narrative form to emphasize the subjective nature of suffering and to avoid the sterility of academic discourse.

*Why do You hide your face . . .
Will You harass a driven leaf?*

Job 13:24-25

Sam's room was full of mementos: a signed photograph of Pavarotti, a music sheet with notations by Pablo Casals, school photographs of girls in sports tunics (his former students), a watercolor by his sister and some cartoon animals he had drawn himself. There was an old couch with an Indian paisley shawl hiding the worn spots and two Italian Renaissance side chairs with flame stitch embroidery on the seats. In the middle of the room, in disquieting contrast, was a modern hospital bed. Sam's position on the bed couldn't quite be called lying, but he had arranged his bones the best way he could for comfort. His skin burned, and for him to touch anything or for anything to touch him was excruciatingly painful. A small towel modestly covered his mid-section and a set of

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AIDS is not a moral issue. Our response to AIDS is. And the moral issue is simple: will we embrace the exiles or leave them in the ditch?

headphones covered his ears. The headphones were connected to a portable CD player which he clutched in one hand while the other hand kept time to one of Handel's organ concertos.

Sam was a gifted musician, watercolorist and teacher. He enlivened his classes with a wry sense of humor. "If I draw a picture," he once said, "of a pig dancing in a tutu or an alligator playing the violin, I hope it will change your ideas of pigs and alligators and violins. Now you will look at them in a different way."

I had come to pay a visit. I thought it would probably be the last before Sam died, and I was pretty sure that deep down, Sam thought so too. I believed his family, who had gathered in the kitchen, were there to pay their final respects. It wasn't until after Sam's death I realized they too had expected some miracle in the form of DDI, the experimental AIDS medication, to keep Sam alive.

Sam and his family had been encouraged to believe he could obtain DDI treatments, and they hung on to the possibility of these treatments as the ultimate miracle cure. The unrealized hope of a

miracle prevented them from coming to terms with Sam's death. From my perspective, I thought Sam had already received and even acknowledged his miracle. Several weeks before Christmas Sam flew to Europe to visit his thirteen-year-old daughter, Rebecca.

His daughter and his former wife lived in Vienna. After their divorce, eleven years earlier, Sam's wife moved back to her native country, taking their child with her. He had seen Rebecca only on a few occasions since. As Christmas approached and his visit appeared actually possible, Sam became en-

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ergized. He no longer focused on his sickness, and while his health did not improve, it also stayed its steady deterioration for the moment. "I'm practicing my German," he said. "Rebecca speaks very little English." And out came the German language tapes.

I knew Sam wanted this trip desperately, but how would it affect Rebecca? What would she remember of this Christmas visit from a father she barely knew? Would she remember him for his cadaverous looks and the smell of decaying flesh or would she cherish the spirit of this kind, humorous and talented man.

Sam made the trip and his story of the visit was joyful. Having received this "gift," he deteriorated rapidly. He came home to die.

Several days before my last visit, I had driven Sam and his mother to the hospital. When I arrived at his home, he was excited about some of the new letters he had received from friends all over the world. "Look Linda, here is a letter from Fritja's mother. I stayed with her and her family when I was studying the violin in Vienna. She writes, 'Don't be discouraged by your illness. I recovered from breast cancer using the new heat therapy in a clinic in West Germany. There are so many ways to heal yourself, if you are willing to experiment, if you believe in the power of your will and if you believe in God.'"

Sam asked me, "Do you think I can do that? Do you think I can just choose to recover from AIDS? I

believe in God—but I'm not sure my faith in God or in myself is strong enough to produce miracles."

It was difficult to know how to answer this plea. "Every day newspapers report new therapies which prolong AIDS patients' lives, Sam," I replied, "but, I think, you must truly believe in your capacity to heal yourself. Maybe this is one of God's tests. Do you have enough faith to surmount something like AIDS?"

He nodded his head resignedly saying, "I don't know. I believe God doesn't just stand by and watch any of us suffer. He is suffering with us, but how much suffering must we endure?"

As we left for our trip to the hospital, Sam was stronger than I had seen him in days. He chatted the entire way about plans for the future. "I'm supposed to play my violin at the Murrays' wedding next month and then I want to go to Chicago to see my sister and her family."

When we arrived at the hospital I parked as close as I could, even using Sam's handicapped parking pass. It took six months of bureaucratic red tape to secure that pass. By the time he got it, he had little time left to use it. Getting out of the car, Sam insisted he was strong enough to walk down the two flights of stairs and the long corridor to the AIDS clinic. His mother and I hovered on either side as we made our way. I wondered why elevators, clinics and laboratories always seemed so poorly placed. Finally there, Sam dropped like a stone into a chair, exhausted beyond his endurance. His clothes hung limply on his frame and the only thing left to indicate his former size were his shoes. Every

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once in a while a nurse or a nurse's aide would come and take Sam, now in a wheel chair, off for a different test. I brought a large book—I knew we would be there most of the day. Each time Sam returned he seemed smaller, quieter. He was like Job, patiently sitting on his dung heap, allowing the fates to do with him as they willed and trusting in God.

I noticed a middle-aged man, dressed in khaki pants and a yellow, open-necked sport shirt, watch-

ing some of the comings and goings. At one point, when Sam again disappeared into the interior of the hospital, he came and sat next to me. "You know, I looked like that several years ago." And he pointed off in the direction Sam had gone. "I had kidney disease and lost sixty pounds in sixty days. My bones pushed through my skin. Not finding any relief from my pains, I railed against God demanding to know what I had done to deserve this punishment. I promised to change my ways if God would only help me. Well, I don't know if I got through to God, but my health returned and now I come here once a week and work as an aide. It's the least I can do."

Sam liked hearing about other people's miraculous cures, but didn't really believe in these cures for himself.

While listening to his conversation, I was struck by many conflicting thoughts. The first was the contrast between Sam and this man in the waiting room. I could tell that in spite of his lip service to healing himself, Sam put his fate into the hands of modern medicine. He liked hearing about other people's miraculous cures, but didn't really believe in them for himself. Sam was the patient Job. "The Lord gave, and the Lord has taken away. Blessed be the name of the Lord." The man in the waiting room was the Job of the dialogues, the impatient Job who insisted on speaking to God. If only God would hear his case, he would certainly correct the injustice. Although Sam and the man in the yellow shirt each represented a personality of Job, patient versus impatient, they were the same. Each believed in his own innocence and the mercy of the Lord.

Other thoughts shocked me. In my mind I said to the man in the yellow shirt, "Ah, but you don't have AIDS." In that moment I realized I too had given up, not so much on Sam but on AIDS, our modern day plague. In the Middle Ages few people recovered from the plague. People could find no logic for this calamity except the will of God. This caused much "finger pointing." It was really no different than today when, at the onset of the AIDS epidemic, it was often said that drug users and homosexuals were only getting just rewards for their sins. As these accusers heard about babies born with AIDS and people contracting AIDS through

blood transfusions, their allegations of retributive justice seemed to fade away.

But the psychological impact of AIDS still remains. It is not like cancer and other diseases for which therapies or cures are within reach. AIDS, and therefore death, is often transmitted by the sexual act. People are always looking for a justification for human suffering and sex is often the scapegoat.

Reflecting on my realization that I "had given up on AIDS," I wondered if automatically I considered any natural or moral evil as some form of retributive justice, as did Job's comforters. Did I believe that whatever happens must be deserved? Certainly humankind, from at least the time of the Sumerians six thousand years ago, has used this concept to help explain the problems of suffering.

Through all the intervening centuries retributive justice remained a popular rationale. When the Lisbon earthquake occurred on All Saint's Day in 1755 killing 50,000 people, 15,000 of whom were in churches commemorating the holy day, it made thoughtful people ask if retributive justice had anything to do with "God's plan." But our tenacious belief in retributive justice didn't die in Portugal that day. After the devastating 1990 earthquake in

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Iran, people could be heard saying, "Well, they deserved it. Ayatollah Khomeini's taking of American hostages finally has been punished."

My mind drifted to Albert Camus' *The Plague*. The idea of retributive justice seems plausible to most of us until it comes closer to home. Father Paneloux, the priest in the plague-ridden town of Oran, first fulminates at his congregation that they deserve this plague because of their sinfulness. But when the good priest witnesses the death of a child, his perspective changes. In his next sermon he tells the congregation that the plague is inexplicable. Each of them is vulnerable and each must trust in the transcendence of God. Paneloux went further; when he became ill with the plague he refused any medical treatment, preferring to trust in God.

I didn't think refusing medical treatment of any sort was a particularly reasonable thing for anyone to do. In Sam's case I urged him to try anything

which would not be harmful and could possibly slow the course of his disease or alleviate some of its symptoms. His doctor concurred but Sam's spirit, I felt, was defeated by the reputation of AIDS as an unstoppable killer.

While I was mulling over these thoughts, Sam's doctor, Dr. DiVito, finally appeared. He looked harried, concerned. Sitting down and talking with Sam's mother and me, he said, "Sam's tests indicate he could be a candidate for the new DDI treatments. But Sam is steadily weakening; he doesn't have many weeks left. There is so much paper work to do, forms to fill out, criteria to meet. I don't know if I can get it all done in time to be of any help. And then some patients have serious complications from DDI. Sometimes it causes more harm than good."

"We'll pray to God to keep Sam strong enough so he can have the new treatments," his mom said. "His strength and his moods go up and down all the time; he is getting more and more difficult to care for. I just don't know how much longer I will be able to help him. Could we hire a private duty nurse to work until he starts the DDI treatments?" Dr. DiVito looked dubious and I wasn't sure whether it was about finding the nurse or receiving the treatments.

Sam and all those who loved him knew that Job's comforters were wrong: his suffering was not retributive justice.

This doctor reminded me of Dr. Rieux in Camus' *The Plague*. Dr. Rieux was trying to keep up with a disease which was devastating the population. He didn't have enough people to provide proper care and he didn't have the ability either to cure or prevent it. Dr. DiVito truly cared for Sam and his other patients, but he was having trouble maintaining the distance which so often protects the doctor from patients' calamities. Like Rieux he was trying to alleviate inexplicable suffering and, like Rieux, he didn't have any hope that God was there to help him. Dr. DiVito seemed to feel that if there were a God, he was indifferent to all that was happening in this world.

Underneath his words Dr. DiVito seemed to imply, "Sam's days are numbered. There is nothing I can do, yet I don't want to say he can't have the DDI treatments. But they are too little, too late, and I don't have much faith in them. I find it frustrat-

ing; the FDA's caution protects us from harmful drugs, but it often prevents us from using experimental drugs which cause no harm and may do some good."

And I added my own postscript. "When someone is going to die soon, does it matter? Does it matter if the treatment kills him a little quicker because it could also help him enjoy a better quality life for a little longer? Isn't it better not to promise a treatment than promise and not deliver at all?"

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The only other thing Sam tried besides AZT had been acupuncture treatments several months ago. When Dr. DiVito agreed they could do no harm, Sam fervently hoped in their effectiveness. However, when the treatments did not produce a miraculous cure, Sam decided the effort he expended to receive them (a forty minute drive) was too much, and he gave up on them after only a month.

Driving home after our long day in the hospital, I wasn't sure Sam was awake or even conscious. Beethoven's Sixth Symphony, the *Pastorale*, was playing on the radio. Suddenly Sam's clear voice said, "Here comes the storm scene," and a few minutes later, "This is the religious part."

The beauty of this man's soul overwhelmed me. Here was a man, dying from AIDS, who, during his lifetime, added immeasurably to the lives of everyone around him. His gifts were blessings for many.

We couldn't find any private duty nurses to care for Sam. Our community took turns doing the driving for the family, going to buy medicine and groceries, and performing various other chores; but the required nursing care finally became too much for his mother. After many phone calls, we found a bed in a hospice willing to take AIDS patients, but Sam refused to go. "A hospice is a place where people go to die. I'm not going there. If I must go someplace, I'll go to the hospital where I can get the treatments I need. There I will get better." His fingers picked aimlessly at the towel across his midsection.

I wondered if this refusal to face reality was an indication of the mental instability which often happens to AIDS patients in the final stages of their

disease. How could I tell him I didn't think there would be any DDI treatments or any miracles? "OK Sam, if you think you'll be more comfortable in the hospital, it will certainly be easier on your mother." This was my last visit. Sam went to the hospital.

After three days in the hospital Sam died. He never understood that the red tape of bureaucracy scuttled his DDI treatments. His faith in modern Western medicine precluded his experimenting with

alternative treatments. His faith in God remained strong. God would not watch him suffer; God would suffer with him. Sam knew, and all those who loved him knew, that Job's comforters were wrong: his suffering was not retributive justice.

But Sam was not like Job. Job, after his long suffering, was restored to health and his wealth was returned to him twofold. He lived another one hundred forty years.

Homosexuality, Theological Ethics and AIDS

by Brian H. Childs

While it is not accurate to associate AIDS exclusively with the homosexual population, many people still do. Further, many Christians believe that homosexuality is contrary to natural law or Scripture. This essay investigates some problems caused by defining human nature in terms of sexuality; complexities of biblical interpretation in discussing sexual behavior; and difficulties in both liberal and conservative positions on homosexuality. Finally, the essay argues for the right of theological ethics to make judgments about sexual behavior and suggests that AIDS should be detached from its identification with the homosexual population.

I begin this essay with two caveats. First, my perspective reflects my own experience in a particular branch of Protestant Christianity, the Reformed, specifically the Presbyterian tradition. This tradition does not have any codified source of dogma to which all believers must adhere in order to be members in good standing. Our approach to Scripture allows a certain fluidity of interpretation and diversity in application. Unlike Roman Catholics, Protestants do not have a curia, an official administrative arm of the church that decides orthodoxy (right belief) or orthopraxis (right behavior) except in rather general terms. Many Protestant Christians, for instance, recognize that such notions as "faith not works," the providence of God, or the rule of love may have various possible interpretations when one is confronted with particular ethical problems. While Roman Catholics place high regard on individual conscience in moral decision making, most Protestant Christians give it an even greater role in the personal experience of faith and practice. When

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each one of us, in faith, reads Scripture as a guide for right living, then our action becomes authoritative. While this attitude is open to abuse (as social critics and historians have pointed out) it does di-

That AIDS was first associated with homosexuality is as much a political issue as a public health issue.

rect us to what some have called the Protestant Principle: our beliefs and practices are formed and are always reforming in the face of new ethical dilemmas and social situations. AIDS is one example of a new challenge that older ways of thinking and believing may not address.

Second, it is clear to me and many other Christians that AIDS can no longer be considered a problem for the homosexual alone. Even a cursory reading of the daily newspaper tells us that the spread of AIDS is growing more rapidly among