Embrace the Exiles

by Dan Grippo

AIDS is not a moral issue, but our response to it is. Religious leaders have once again ended up on the wrong side of the gospel. Will they step forward now to condemn the AIDS-baiting going on? The next wave of HIV-infected people will have few resources and many needs. Will we be guided by compassion or by profit as we respond to this new group of "exiles"?

Before it was coerced by emperors and seduced by the rich and powerful, early Christianity was a religion of outcasts. Biblical Christianity is the story of a Healer who was largely rejected by his own tradition, in part because he embraced those living on the margins of society—poor, sick, blind and lame people; prostitutes and lepers; Samaritans and tax collectors: the downtrodden and the despised.

In a similar way, AIDS is a disease of outcasts. It hits hardest those who live on the margins of society: I.V. drug users, prostitutes, people of color, gay men, Third World poor, hemophiliacs, homeless people and runaway teens.

In the biblical story of the good Samaritan, the priest and the Levite—respected and powerful people—were too busy and too proud to help the bruised and beaten man lying in the ditch. It was left to a Samaritan—an outcast—to heal the one in need.

In much the same way, most governments and health care agencies responded to the outbreak of the AIDS epidemic with indifference, neglect, even scorn. The initial healing response to the AIDS crisis came not from public health officials or politicians but from members of the gay community who took care of their own because they realized no one else was going to.

Most of the HIV-positive people who will be developing AIDS-related illnesses in the 90s and beyond will have few economic resources. Increasingly the disease afflicts the poorest of the poor, here and abroad. And many of those newly infected are beset by a multitude of other physical and psychological problems and addictions that will complicate their diagnoses and treatments.

A society should be judged not by the way it provides for its "winners" but by how it cares for its "losers." AIDS challenges the deepest philosophical underpinnings of a society that, despite its Judeo-Christian veneer, is driven more by profit

motive and capitalism's survival-of-the-fittest ethics than by basic human compassion. In the case of AIDS, drugs and treatment remain exorbitantly expensive, hospice and nursing care difficult to find, and testing unacceptably slowed by bureaucracy.

To answer "yes" to the challenge of embracing AIDS exiles will require a radical reordering of governmental priorities and an enormous commitment of will on the part of the world community. HIV, which may already infect 100 million people worldwide, is no longer only a domestic issue; it is an international issue on the scale of the global environmental threat.

Given all this, why does a sense of dread and shame still surround AIDS? Why is it still perceived by many as the "wages of sin"? Why do so many health care professionals still refuse to treat AIDS patients?

Society should be judged not by the way it provides for its "winners" but by how it cares for its "losers."

Religious leaders must share responsibility for allowing this atmosphere of shame and dread to persist and for not speaking out forcefully when AIDS is used as a tool of division and fear. Once again history finds many Christian leaders on the wrong side of the gospel, supporting the prejudices of powerful elites and promoting hostility toward de-

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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,

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

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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?

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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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 since 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