

## CARE OF THE PERSON WITH HIV/AIDS: THE BIBLICAL MANDATE

by Elizabeth Ann Schenk\*

Today's church is faced with a modern day leprosy. It is called AIDS, or Acquired Immune Deficiency Syndrome. Once felt to be a problem only for inner city churches, reality now is that almost every church in the nation is being challenged to define their position about persons infected with HIV/AIDS. Peggy Skill, in the January/February issue of *Alive Now* says it in this way: "The Body of Christ has AIDS." Another article published in *The Christian Century* is entitled "We Are the Church Alive, the Church with AIDS" (Cherry and Mitulski 1988, 8).

The magnitude of the problem is large and growing. Some recent statistics are alarming, but help show the imperative of this topic. In 1992, it was estimated that there were two million people who suffered from AIDS. Projections include the fact that by the year 2000, 25 million people will have Acquired Immune Deficiency Syndrome (*Alive Now* 1993, 7). To bring the problem more to our own country, it is currently estimated that one in every 250 people in the United States is HIV positive. More than 140,000 people in the United States have died of AIDS since 1981. The devastation that occurs affects not just the persons with AIDS, but extends to their families. Experts have projected that by the year 2000, approximately 10 million children will be orphaned as a result of AIDS (*Alive Now* 1993, 7).

Perhaps the first task required of churches today concerning this scourge is the need to assist individual Christians to develop their individual response to AIDS, based on sound Biblical principles and not on hysteria, misconceptions, or lack of knowledge. The nature of these Biblical mandates needs to be defined. It is the intent of this paper to do just that.

The first, and most important Biblical mandate for Christians is to love and accept the person with AIDS. This requires a theological perspective that is based in the model presented by Jesus Christ throughout the New Testament. He offered himself to all kinds of undesirable persons. It is what he also asks of us. Jesus was not afraid to touch lepers or to talk with Samaritans. This is exemplified by the

\*Betsy Schenk is an MDiv student at ATS. This is her prize-winning essay for the Jeffrey Branche Scholarship.

story of Jesus and the Samaritan woman at Jacob's well, found in John 4. This story is a model for the kind of nonjudgmental and compassionate acceptance called for in ministry to persons with AIDS.

With this sense of love and acceptance it is important to have an attitude of nonjudgment. This is shown in Matt. 7.1 when Jesus said, "Do not judge, or you too will be judged, and with the measure you use, it will be measured to you" (Matt 7.1, NIV). Paul also wrote of this in his letter to the Romans. He stated "You therefore, have no excuse, you who pass judgment on someone else, for at whatever point you judge the other, you are condemning yourself, because you who pass judgment do the same things" (Rom. 2.1, NIV).

At times this love and acceptance may result in strong feelings. Perhaps we may be moved to anger. Some have suggested that in the Biblical account of Jesus healing the man with leprosy, he was not so moved by compassion, as by anger (Smith 1988, 88). Smith also states "To be able to minister effectively to this new group of lepers, we must feel 'moved to anger.' We need to feel the social and psychological isolation of the persons with AIDS, the way in which they are separated from community supports" (Smith 1988, 88).

The second mandate that Scripture defines is that of reconciliation and healing. Scripture tells us that in 2 Corinthians that God has "committed to us the message of reconciliation" (2 Cor. 5.19, NIV). Broyles says it in this way: "In the midst of the heart-breaking reality of HIV/AIDS, Christian love can reach out to provide a healing that medical technology can never offer" (Broyles 1993, 19). It is the type of healing that occurs when medical technology can no longer offer anything except palliative care. It is the type of healing that occurs when death becomes real. It is a healing that is offered based on the love and acceptance discussed under the first Biblical mandate.

Included in this healing is assisting the person with AIDS to see the reality of Romans, where it states "Not only that suffering produces perseverance: perseverance, character: and character, hope. And hope does not disappoint us, because God poured out his love into our hearts by the Holy Spirit, whom he has given us" (Rom. 5.3-4, NIV). It is often difficult to see the truth in this passage, but we as Christians can offer ourselves as individuals who present with a presence of caring and being with the person. Often times, the most effective thing we can do is totally be with the person, sharing in the experience of suffering.

As individuals we need to be part of a healing community. Henri Nouwen, in his book, *The Wounded Healer*, discusses the characteristics of such a Christian community. He describes the community's ability to become a healing community not because wounds are cured or suffering is alleviated, but because the suffering becomes

openings or occasions for a new vision (Nouwen 1990, 94). This is a new vision of hope. Hopefully, these communities of healing can take place in the context of many churches. In some places, however, rejection of persons with AIDS has led to the founding of churches specifically designed to minister to this group of people. An example of this is the Universal Fellowship of Metropolitan Community Churches (UFMCC) that was founded in Los Angeles in 1968 by Troy Perry, a former Pentecostal minister (Cherry and Mitulski 1988, 86).

As Christians we are asked to share the Gospel message with non-believers. This command is found in the book of Matthew where it is stated, "Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit" (Matt. 28.19, NIV). Part of this discipleship is the assurance of salvation and forgiveness, along with a sense of hope for the future. The theme of hope is a key one in the Bible. From the time of the fall of Adam and Eve, God promised to send someone to crush the head of Satan (Genesis 3.15). This he did in the sending of his son, Jesus Christ. Those who know Christ as their personal savior have a stabilizing anchor in life. For the person with HIV/AIDS, who knows that death is near, their hope rests in the resurrection of Christ.

Interacting with individuals in need of healing requires the individual Christian to risk sharing his/her own inward journey of both faith and pain to risk the hurt of shared suffering, and to minister out of the depth of personal experience. The experience of totally being with a person, even for a short time, is hard work. Christ, however, asks no less from us. As we help each other to bear sufferings and to endure, we are fulfilling Christ's example of living and loving. Through this, we enhance the ability of the HIV positive person to see hope as the end result of pain and suffering.

The third Biblical mandate, in the view of the author, is that of empowerment. In offering support and assistance to the person with AIDS, it is important not to be overly paternalistic or maternalistic. These attitudes can be conveyed not only in what is said, but in the approach that is used. Care should be offered to a person with HIV/AIDS in such a manner as to create an environment where the individual being helped feels encouraged to do more for himself or herself, knowing that support is present. The person needs to be helped to find personal solutions, rather than having problems solved by someone else. An effective model for what is being discussed here is found in the Gospel of Luke, where Jesus directs responsibility for the future of the paralyzed man in chapter 5.17-26 back on the man himself. This was an example of healing linked with belief and personal action. Christian care should attempt to facilitate both. It should be enabling, en-

couraging, and choosing. Finally, Christian care should create a feeling of partnership (Smith 1988, 57).

From a practical standpoint, empowerment includes assisting the person with HIV/AIDS in daily needs. Jesus admonished his disciples to feed the hungry, cloth the naked, care for the sick, and house the stranger in Matthew 25. This can be done in a practical way by assisting with housing and basic needs. Being a friend can serve many purposes. Offering assistance with care when the disabling aspects of the disease occur may be a very effective practical ministry.

Education of persons about the disease and the necessity of living Biblically is another practical but very important part of empowerment. Too often the church has left this education to secular aspects of society, without emphasis on Christian values. Spohn has identified the determination of the educational strategy appropriate for the AIDS crisis as one of the three areas of special challenge that faces the church (Spohn 1988, 106).

Finally, aiding the person with AIDS to die with dignity may be the most valuable sort of empowerment that the individual Christian can accomplish. This last example of empowerment includes assisting the dying person to reduce any remaining conflicts and tensions and to attempt to resolve adequately interpersonal relationships. This may include working with estranged families or significant others (Perelli 1991, 25). It has been said by Mother Theresa that the greatest aim in human life is to die in peace with God. In the process of dying, Christians can bring the consoling reassurance of God's presence and acceptance, in essence, divine love mediated through human contact.

The last Biblical mandate is the importance of offering assistance to those persons with AIDS who desire to change life habits that are not Biblical. These specifically relate to homosexuality (Springett 1988) and to drug abuse. Smith states it in this way: "While pastoral care should not focus on how or why a person had acquired the disease, the person with AIDS may need to identify and discuss these issues. Nonjudgmental dialogue . . . can help a person to process effectively these feelings and concerns" (Smith 1988, 4). Although dealing with the issues of sexual ethics in terms of AIDS is often difficult, we cannot bury our heads in the sand. Countryman says it this way ". . . We must find ways to join with gay and lesbian people at large to deal with the issues of sexual ethics" (Countryman 1987, 133).

Individual Christians can and should offer assistance to persons who desire to change their lives. This may include listening to persons as they process their feelings, helping them receive professional counseling, or sponsoring them in a twelve step program. To do this requires some measure of comfort with being exposed to settings and lifestyles

that are often unfamiliar and perhaps even offensive. At times courage may be needed (Shelp and Sunderland 1987, 94 – 6).

Although not a Biblical mandate in the same way as others discussed earlier in this paper, it is important for the Christian to keep in mind that often God's healing in situations such as ministry to the persons with AIDS, touches the healer as well the afflicted. One is ministered to by the very person to whom one extends a helping hand. Pastoral care, by a minister of God, either ordained or lay, is not just a responsibility, but a privilege of God's kingdom.

Researchers, however, have also documented the heavy burden placed upon care-givers who care for persons living with AIDS (Sunderland and Shelp 1990, 59). It is often very difficult to deal with the devastating aspects of AIDS, especially in the latter part of the disease. If neurological complications have occurred, the person may not be coherent, or may have difficulty in dealing with pain or discomfort. In addition, the physical problems associated with the disease are often unpleasant and can cause stress in even the most seasoned health professionals. This was made evident to this author several years ago, when the hospital where she was employed admitted two patients with HIV/AIDS. Care of both of these persons required patience, understanding, and much support. The caregiver must keep a balance between care of the person with AIDS and self-care, something that ministers have not always been very good at doing.

The individual Christian and the church are being challenged by the HIV/AIDS epidemic. One author has answered the question of what God is doing in this crisis by stating that "God is bringing us into the time of trial, the *peirasmos*. God is revealing God's work in us. God is drawing us into the mystery" (Countryman 1987, 134). The modern church is facing the leprosy common in the times of the early church. This disease is ravaging strangers, our neighbors, the hemophiliac, the little child who lives down the street, and even perhaps a family member.

It is a time of decision for all Christians, a time to live out of Jesus' sacrifice and out of the gifts of the Holy Spirit; to live not out of our own sense of self-righteousness, but out of a sense of grace. God's grace and forgiveness are offered to all unconditionally. Individual Christians must emulate the model of Jesus Christ, who touched the uncleanest of the unclean. He used the story of the Good Samaritan (Luke 10.25-37) to show what is expected of each of us.

In conclusion, this paper has explored key Biblical mandates concerning the AIDS epidemic. Scriptural references concerning behaviors expected from Christians in dealing with this crisis were mentioned,

as well as suggestions for practical applications in ministering to people with AIDS. Every individual Christian will face this challenge in the years to come. How we articulate our faith in the reality of this devastating disease will touch those with HIV/AIDS, as well as their families. We can choose to be healers, or we can turn our backs and walk away, as did the priest and the Levite in the story of the Good Samaritan (Luke 10.25-37). This author believes that there is no real choice, if we are to respond as Christ responded, and as we are directed by Scripture.

The Body of Christ has AIDS  
and we who are members  
are called to heal it.  
Unto the least of these.

Feed the hungry:  
hungry for food,  
hungry for hope,  
hungry for love,

X  
XXXXX  
X  
X

Clothe the naked:  
the naked body,  
the naked heart,  
the naked soul.

Heal the sick with love and care and hope.

The Body of Christ  
has AIDS  
and we are called to  
heal it.  
We are not called to  
turn our backs.  
We are not called to  
cross to the other side.  
We are not called to  
blame the sick  
for their disease.  
We are called to heal.

Unto the least of these.  
Unto the sickest of these.  
Is it not we who will be dying  
If we do not? (Skill 1993, 21)

## WORKS CITED

- Amos, William E., Jr. 1988. *When AIDS Comes to the Church*. Philadelphia: The Westminster Press.
- Broyles, Anne. 1993. Untitled. *Alive Now*. Jan./Feb. 1993. 19.
- Cherry, Kittredge and Mitulski, James. 1988. "We Are the Church Alive, the Church with AIDS." *The Christian Century*. 105:1 (January 5-13). 85-88.
- Christensen, Michael J. 1991. *The Samaritan's Imperative: Compassionate Ministry to People Living with AIDS*. Nashville: Abingdon Press.
- Countryman, L. William. 1987. The Aids Crisis: Theological and Ethical Reflections. *Anglican Theological Review*. 69:4. 125-134.
- HIV/AIDS Statistics. 1993. *Alive Now*. Jan./Feb. 1993. 7.
- Nouwen, Henri J. M. 1979. *The Wounded Healer*. New York: Doubleday.
- Perelli, Robert J. 1991. *Ministry to Persons with AIDS: A Family Systems Approach*. Minneapolis: Augsburg Press.
- Shelp, Earl E. and Sunderland Ronald. 198. *AIDS and the Church*. Philadelphia: The Westminster Press.
- Skill, Peggy Jo. 1993. "The Body of Christ Has AIDS." *Alive Now*. Jan./Feb. 1992. 21.
- Smith, Sheppard and Smith, Anita Moreland. 1990. *Christians in the Age of AIDS: How We Can Be Good Samaritans Responding to the AIDS Crisis*. Wheaton: Victor Books.
- Smith, Walter J. 1988. *AIDS: Living and Dying with Hope*. New York: Paulist Press.
- Spohn William C. 188. "The Moral Dimensions of AIDS." *Theological Studies*. 4:1 (March). 89-109.
- Springett, Ronald M. 1988. *Homosexuality in History and the Scriptures: Some Historical and Biblical Perspectives on Homosexuality*. Washington D.C.: Biblical Research Institute.
- Sunderland, Ronald H. and Shelp, Earl E. 190. *Handle with Care: A Handbook for Care Teams Serving People with AIDS*. Nashville: Abingdon Press.