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# For Adventists— An Imperative to Do *Something*

by Fritz Guy

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In the foothills of the Allegheny Mountains in southern Pennsylvania there is a small town named Lilly, the home of about 2000 people. At the center of town there are four churches and a general store, and there are some old frame houses with American flags waving from their porches.

In December 1985 there was a funeral in Lilly for a little boy named Dwight Burk. He was just 20 months old. He had been born prematurely, with respiratory problems and an enlarged liver. His tiny body was riddled with fever, and he was kept alive in an oxygen tent. Eventually he went home from the hospital, not to get well but to die. There were just too many things wrong, and he didn't make it.

Dwight's family on his mother's side had lived in Lilly for four generations, and everybody knew about the little boy who was so sick. But when he died, not one resident of the town came to his funeral. The reason the people stayed away was that Dwight's illness was Acquired Immunodeficiency Syndrome—AIDS—and the folks in Lilly were afraid of a family with AIDS.

Dwight got AIDS just by being born—or, more precisely, just by being conceived. He was infected *in utero* by his mother, Laurie Burk, who now has the condition known as AIDS-related complex—ARC—but who didn't know she was infected when she became pregnant. Laurie had been infected by her husband of two years, Patrick Burk, who had hemophilia, and had been treated

since 1975 with a medication known as Factor VIII, a distillation of the clotting agent in blood made from blood plasma. Patrick was infected by Factor VIII and now has a full-blown case of AIDS.

Pat and Laurie Burk had no idea they were infected with the AIDS virus until Dwight's illness was diagnosed when he was two months old. Now they are both too sick to retain employment. Patrick will die of AIDS, and Laurie may too—if her ARC condition develops into AIDS.

The healthy person in the family is Dwight's older sister Nicole, Laurie's daughter from an earlier marriage. Nicole is blonde, blue-eyed, and six years old; like many other children she lives in a world of grandparents, school, and ballet lessons. But unlike other little girls, she was forced out of her nursery school by the anxious parents of other children, parents who were afraid their children would be contaminated by Nicole. Medical tests showed that Nicole did not have AIDS, and the results were public information, having been reported in the local newspaper and on the radio, but Nicole had to leave the school anyway. Happily, she was admitted to a Head Start pre-school program, and then entered a Catholic kindergarten, where the priest promised to stand by her, whatever people might think.

Because of AIDS, Nicole has become familiar with death at an early age. One day she asked her grandmother, "Is Daddy gonna die? Is Mommy gonna die too? When they die, can I come and live with you?"<sup>1</sup>

From a distance, we are all aware of AIDS. We all know that it is cruel, ugly, brutal. We know that it destroys some of the

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immune system's white blood cells and cripples a person's ability to fight off diseases like pneumonia, tuberculosis, and certain kinds of cancer. We know that it also can attack a person's nervous system, eventually causing permanent neurological damage.<sup>2</sup>

We all know that the problem of AIDS is big and bad: it is an epidemic, a plague. The first case in America was reported just six years ago, in 1981, and the virus that causes AIDS (best known as HIV—Human Immunodeficiency Virus) was identified in 1983. Now more than a million Americans are known to be infected, and by 1991 there may be five million. Infection doesn't necessarily mean getting the full-blown disease, but the best current predictions are that up to half of those who are infected will develop the full disease within five to ten years. And there may be even more of them after that.<sup>3</sup>

After a person is infected by the AIDS virus, it takes three to four weeks to become infectious to others, but it takes two to four months (and sometimes longer) before the infection shows up on blood tests. The AIDS virus can be in a person's system for 10 to 15 years, and all that time can infect others.<sup>4</sup> Perhaps the scariest thing is that a person with no symptoms of AIDS at all can infect others (which is exactly what happened in the Burk family).

We all know that the AIDS virus is transmitted in four ways:

- ◆ The most common way is by sexual contact with an infected person. (That is how Laurie Burk got the AIDS virus.) Some people have become infected after a single sexual encounter with an infected person.

- ◆ The second major means of transmitting the AIDS virus is by contaminated intravenous needles. Unfortunately, many IV drug users share needles, and in some parts of the world needles used for inoculations are not properly sterilized between patients.

- ◆ A third (and much less common) way of transmitting AIDS is from mother to child during pregnancy, childbirth, or nursing. If a woman infected with the AIDS virus becomes pregnant, there is a 60 percent chance that her child will be infected. And, since the child's own immune

system is not fully developed, the child will (like Dwight Burk) die of AIDS.

- ◆ The fourth way of transmitting the AIDS virus is through blood transfusions and blood products like Factor VIII. (This is the way Patrick

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Burk became infected.) The bad news here is that 74 percent of the people with the kind of hemophilia treatable with Factor VIII are now infected with AIDS.<sup>5</sup> The good news is that since 1985 blood donations have been screened for exposure to AIDS. Factor VIII is now heat-treated to kill the AIDS virus, so that blood product is safe.

We all know about AIDS in general and from a distance. What we need to know is that the problem is not just “out there” in the world around us; it comes close to home. There are members of Adventist congregations who have AIDS in their families and who are struggling with the problems that AIDS brings. There are members of Adventist congregations who know that they may be infected with the AIDS virus, and who are struggling with the anxiety of a very uncertain future. More and more, AIDS will touch the lives of Adventists.

We also need to know that the Christian gospel and the Advent Hope have some important things to say about AIDS.

## *AIDS Is Not God's Will for Anyone*

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**A**IDS is not “divine retribution” for an immoral life. It is the outcome of certain natural processes; it is the effect of a series of natural causes. Pat and Laurie Burk were no more sinful than any of the rest of us, and

Dwight Burk was probably much less so.

It is true, of course, that most of the AIDS patients in the United States right now are homosexual and bisexual men, and that the next largest group consists of intravenous drug users (men and women). But the story of the Burk family reminds us that other people get AIDS too. And the number of these “others” is increasing. Last year 26 percent of the women with AIDS were infected by heterosexual contact—up from 12 percent in 1982.<sup>6</sup> So AIDS is not a “gay disease” or

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a “junkie disease.” It is simply a historical accident that AIDS got its start in the United States in these groups of people. As an epidemiologist put it, “the AIDS virus doesn’t care anything at all about a person’s lifestyle.” AIDS is largely a sexually transmitted disease, but it is transmitted readily from men to women (remember again the Burk family), and it is also transmitted from women to men.

It is true that AIDS is also transmitted by means of contaminated hypodermic needles. But they can be the needles used for giving inoculations in a medical clinic in Africa, as well as the needles used for shooting up heroin or cocaine in the streets of Los Angeles.

It is a basic Christian conviction that the best clue to the character and activity of God is the life and teachings of Jesus of Nazareth. You remember that one day some friends of Jesus asked him about a particular person who was sick: “Who sinned, this man or his parents?” Jesus answered, “Neither.”<sup>7</sup> The mistake made by Jesus’ friends in this case was to assume a direct cause-and-effect connection between one’s moral choices and one’s circumstances. Jesus pointed out that reality isn’t that simple.

In the case of AIDS the same kind of mistake is often made, and it is probably a reflection of two

universal human problems. On the one hand, there is our personal fear and anxiety. AIDS represents two aspects of our humanness that often makes us rather uncomfortable—sexuality and death. (This anxiety, by the way, seems to be as typical of health-care people and ministers as it is of the rest of humanity.) On the other hand, human pride and self-righteousness have invented a convenient hierarchy of vices. A year or two ago, some researchers at UCLA tried to find out whether California doctors are prepared for the avalanche of AIDS patients that is on the way. One response was, “No, I don’t have that kind of patient, and I won’t treat them if they happen along.”<sup>8</sup>

For most of us, some sins (especially sexual ones) are particularly disreputable, and other sins (especially attitudinal ones) don’t seem to matter very much. According to Jesus, however, the truth of the matter is quite different. For the blatantly unrighteous there is the possibility of acceptance and forgiveness and an eternal future, but for the smugly self-righteous there is no future at all.

Because of our feelings of anxiety and superiority, we find all sorts of ways to insulate ourselves from the tragic reality of AIDS. One way is to regard it as an instance of “divine retribution.”

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## *AIDS—An Imperative To Do Something*

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**A**nother thing that the gospel and the Advent Hope say to us is that AIDS is an *imperative to do something*.

Jesus of Nazareth is not only our best clue to the character and activity of God; he is also our best clue to the meaning and fulfillment of our own humanness. This is evident in what he said and what he was. He said, “Do for others what you would want them to do for you.”<sup>9</sup> When he met the victims of leprosy (which was for his time and place what AIDS is for us), he listened to them, he talked to them, he touched them, he healed them.

A minister who was greeting the members of his congregation at the close of a morning worship service noticed a couple of men who were staying behind. He recognized one of them and went over to speak to him. "Pastor," the man said, "I'd like you to meet my friend Bill. He's got AIDS." The minister turned to Bill, and without saying a word put his arms around him—and cried.

When Jesus was criticized for being too friendly with the wrong kind of people, he explained that the reason he cared about them was that God cared about them.<sup>10</sup> And he made it clear that humanness is fulfilled in loving and caring—in giving, serving, helping. When he was talking about the ultimate meaning of human existence, he described a scene in which the King of all reality judges humanity. To some people the King says, "I was sick and you looked after me."<sup>11</sup> If Jesus were telling the same story today, the King would say, "I had AIDS and you cared for me." To take the religion of Jesus seriously is to respond to human need, and the reality of AIDS confronts us with an imperative to do something.

Chaco was a patient at Montefiore Medical Center in New York City—a man full of rage at what was happening to him. People with AIDS commonly fall prey to anger and gloom and take out their feelings on the medical staff, but Chaco was something else. His doctor said he was the angriest, meanist, stubbornest patient he had ever seen. Chaco yelled, cursed, refused his food, and rejected his medicine. He regularly sent nurses and technicians fleeing in terror from his room.

But a nurse named Joan Vileno took an interest in him in spite of his ungovernable fury. He wasn't her patient; she was on another unit. But whenever he would let her, she would stop for a few minutes to talk with him. One morning she found him too sick to lie in bed; he had to sit up in a chair to breathe. Chaco's family asked her to call his doctor because he was dying. She did, and when the doctor walked into the room half an hour later, Joan was still sitting there with Chaco, holding his hand.<sup>12</sup>

The kind of service Jesus was talking about has two essential characteristics. In the first place, Jesus' kind of service is done without judging the social status or the moral worth of those who are

served. Remember that he was a friend of "sinners." Remember that he washed the feet of Judas. In the second place, Jesus' kind of service is done without self-interest: it is done for people

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who cannot possibly return the favor. This, of course, is what God is and does: he gives himself for the benefit of the unworthy. This is the meaning of *agape*; this is the gospel's "good news."

And this is the kind of opportunity we have in relation to people with AIDS: they can never pay us back. They will not become productive members of society; the quality of their lives will deteriorate until they die. They will not leave a fortune to fund medical research; they will not even pay their own medical bills. Those who are not already Christians will probably not be converted; they will not give us the joy of having them as members of our church family. But they are sick, and they need to be cared for, and that is what matters. There is profound religious significance *for us* in the fact that people with AIDS are often at the bottom of the social scale and usually totally impoverished.

There are many ways to care. One possibility is personal involvement, investing time and energy. In many places there are organizations that specialize in helping AIDS patients. These organizations can always use volunteers, especially to serve as "buddies" for patients—to prepare their meals, give back rubs, or just to "be there" for a patient. This kind of service involves a major spiritual challenge; it is not easy to be a "buddy" to a person who is dying. And there are other ways to help, too. Volunteers can do paperwork and answer telephones and provide transportation.

Another significant way to care—and to help—is to influence public policy to address this special public need. There needs to be massive public funding, not only for research but also for care, as

the number of cases increases and the costs soar into billions of dollars. And there needs to be broad AIDS education—in all schools, public and private and church-related, and in the various information media. Such things are more likely to happen if there is vigorous and persistent communication with legislators and other public officials, and if there is discussion in public forums like letters to editors and radio talk shows.

We can let people know that AIDS patients must be cared for, even if it means—as it surely will—less money for ourselves because of higher taxes and insurance premiums. Compassion is always costly, to us personally and to society. But it is always possible; the problem of AIDS is not bigger than God's love. And compassion is a Christian imperative.

### *AIDS Does Not Have the Last Word*

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**A**s relentless and terrifying as it is, AIDS does not have to win. At the

individual level, at least, it is largely preventable. The epidemic of AIDS infection does not have to spread. The overwhelming number of cases of AIDS are the result of behavior that is volitional. Sexual relationships can be mutually monogamous. This is the context for the best, most satisfying kind of sexual experience anyway, and it reduces the possibility of AIDS to practically zero. Outside of such a relationship, abstinence is a real option—not a popular option, perhaps, but a real one. We are not talking here about a kind of moral elitism, based on a sense of superior holiness, but about a kind of medical sanity, based on the nature of reality.

And for persons with AIDS, there is the good news of eternal life. Here again Jesus of Nazareth is the best clue to the meaning of our human existence. For him, suffering and death were not the last word. The last word was *victory over* suffering and death. As of now, AIDS is always fatal. But a person with AIDS can be healed in the way that matters most. A person with AIDS can be loved and accepted. A person with AIDS can experience divine forgiveness that is radical and complete, the beginning of eternal life.

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## General Conference Creates AIDS Committee

**A** General Conference committee on AIDS began working in August on its stated purpose of “preventing the spread of AIDS,” by sponsoring international educational programs “not only directed at members of the Seventh-day Adventist Church but members in the communities surrounding our churches and institutions.” Of particular concern are countries in Africa, Inter-America, and South America most severely affected by the AIDS epidemic and in need of strategies to combat the disease.

The committee is responsible for studying and developing educational programs with interested institutions in host countries. The seminars could be held in not only Adventist medical institutions and churches, but private hospitals, governmental institutions and churches of other denominations. The focus would be trying to inform both Adventist and non-Adventist groups about medical and social practices that lead to AIDS.

The committee has also been charged with developing a statement on AIDS that will represent the position of the

Seventh-day Adventist church—a statement that can be revised or reaffirmed annually.

The 22 members of the General Conference Committee on AIDS have been drawn primarily from departments and agencies at General Conference headquarters and from Loma Linda University. The multiracial committee includes a citizen of Ghana, the head of an art department, the directors of both the Loma Linda Ethics Center and the Washington Institute for Contemporary Issues, and 11 professionals in health care and health education.

The committee cochairmen are Harvey Elder, M.D., head of the infectious disease service of the Jerry Pettis Memorial Veterans Hospital, affiliated with Loma Linda University, and Lester N. Wright, M.D., M.P.H., deputy commissioner of health for the state of Oregon and responsible for the state's programs in AIDS education and prevention.

—The Editors

Often a person with AIDS feels abandoned by family and friends, who have their own fears and anxieties to handle. If the person is homosexual, he or she probably already feels rejected by society in general, and perhaps by the church too. And this feeling may be internalized as guilt—not only because of what he has done, but because of what he *is*. In this experience of abandonment and guilt, furthermore, there is no good medical news. There is no prospect of a cure. There is no hope of a miracle. There is only pain and misery. As one patient said, “My body is simply rotting from the inside out.”<sup>14</sup>

Despair is eminently understandable, and probably inevitable. Sometimes, however, despair turns into seething rage. A woman in New York, infected with AIDS at the age of 20 by a young drug user who had wandered into and out

of her life and then had died, said, “I wish he were still alive—so I could kill him!”

But there is still the possibility of love and acceptance and forgiveness and hope, mediated by persons who are willing to “be there” and to care. This is even more important than extending the patient’s life with the new drug AZT. And this is something Christians can do; it is something we can do. We can do it as health-care personnel for whom caring is not only a professional function but also a personal ministry. Or we can do it as volunteers who invest themselves in terms of their loving, caring presence.

For Christians, AIDS is an imperative to do something—to love, to care, to *live* the gospel and the Advent hope. It is an opportunity to exercise the compassion of Christ toward those who dwell in the valley of the shadow of death.

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#### NOTES AND REFERENCES

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1. Adapted from Georgette Bennett, “The Long Agony of Shirley Fish,” *McCall’s* (April 1987), pp. 148, 149.

2. “AIDS: What We Know Now,” *McCall’s* (April 1987), p. 143; cf. Donald F. Francis and James Chin, “The Prevention of Acquired Immunodeficiency Syndrome in the United States,” *Journal of the American Medical Association* Vol. 257, No. 10 (March 12, 1987), pp. 1357, 1358.

3. Francis and Chin, p. 1359.

4. Harvey Elder, interview April 2, 1987.

5. Francis and Chin, p. 1362.

6. Mary E. Guinan and Ann Hardy, “Epidemiology of AIDS in Women in the United States,” *Journal of the American Medical Association*, Vol. 257, No. 15 (April

17, 1987), p. 2040.

7. John 9:2, 3 NIV.

8. Harry Nelson, “Doctors’ Aversion to Gays Could Hinder AIDS Fight,” *Los Angeles Times* (December 9, 1986) p. 1.

9. Matthew 7:12, translation supplied by author.

10. Luke 15.

11. Matthew 25:36, NIV.

12. From Peter Goldman and Lucille Beachy, “One Against the Plague,” *Newsweek* (July 21, 1986), pp. 42, 45.

13. Bonnie Wade, “Come Let Us Reason Together,” National Guild of Churchmen Tract No. 115, p. 1.

14. Goldman and Beachy, p. 47.