



DISCOVERY SERIES

AIDS



Finding Hope
And Compassion

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AIDS

Finding Hope And Compassion

Our world is shrinking by the day. Global travel, a global economy, and advancing technology have drawn the world together more than ever before.

But something else ties our world together—the AIDS crisis, which can no longer be viewed as “someone else’s problem.” This epidemic has grown to such a magnitude that it’s now everyone’s problem.

This booklet, written by Bill Crowder, seeks to open our hearts and minds to the history of the crisis, the human toll it is exacting, and a Christian response that mirrors the spirit of Christ. May our Lord move us to respond with His compassion to this unprecedented global challenge.

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“A HOLE IN THE WORLD”

The American musical group The Eagles recently recorded a haunting song titled “Hole In The World.” The chorus cries out in lament:

There's a hole
in the world tonight,
There's a cloud
of fear and sorrow,
There's a hole
in the world tonight—
Don't let there be a hole
in the world tomorrow.

To my knowledge, the songwriters did not have the AIDS crisis in mind when they put those words to music—but they could have. Intentionally or unintentionally, the heart-cry of that song begins to capture the pain and the massive impact of HIV and AIDS—a “cloud of fear and sorrow” that shrouds much of our world and calls out to us for a response.

The international threat of HIV and AIDS is growing daily:

- It's a threat that's invisible—until you are faced with its devastating results.
- It's a threat that is totally indiscriminate—making its claims on people of every nationality, ethnic group, and religion.
- It's a threat that crosses political, geographic, social, and economic barriers.
- It's a threat of a deadly disease that has grown over the last 20 years to a point of global crisis.

When I traveled through West Africa several years ago, I was stunned by the almost ever-present nature of two things: billboards for Coca Cola and billboards warning about the spread of AIDS.

The contrast could not have been more striking. On the one hand, I saw a

lighthearted call to the simple pleasures of life. But on the other hand was the somber warning of a disease so deadly that the worldwide medical community has struggled to find a defense against this unseen enemy—let alone a full and complete cure.

This crisis is a “cloud of fear and sorrow” that shrouds much of our world and calls out to us for a response.

In such times of tragedy, people scramble for answers. Those who are infected with AIDS and in the grasp of its destructive force may ask the most

personal and fearful of questions as they try to understand, “Why me?” Their loved ones, friends, and the world around them may wonder the same. Eventually, however, we all come to the table with questions that address the larger, more intimate life issues:

- Why is this happening?
- Where is God in the face of all this suffering?
- Where can our loved ones turn for help?
- What will happen if a cure is not found?

These questions point to the overriding issues of hope and compassion: What hope is there for people with AIDS and for their loved ones? How do the people of God respond with love and compassion to this “hole in the world,” which has been left behind by the millions lost to this “cloud of fear and sorrow”?

THE PAIN OF THE CRISIS

The heartache that AIDS brings into a person's life and family was driven deeply into my own heart in the late 1980s when I was pastoring a church in Southern California.

Although I pastored there for only 3 years during the early days of the AIDS epidemic in the United States, I encountered two families that had been attacked by this disease.

The two people stricken with AIDS were a study in contrasts. One was a man, the other a woman. One lived in a same-sex relationship, the other did not. One was buried with only family at the graveside, the other was remembered by family and a host of colleagues and acquaintances.

Interestingly, these two

individuals also had some things in common. Both were in their thirties when the disease claimed them. Both had contracted AIDS as a result of sexual activity. And both had grown up in Christian homes.

The only thing that mattered to these heartbroken families was the immense feeling of loss and pain.

One thing became clear as I tried to comfort the parents during the separate experiences of the two funerals. The only thing that mattered to these heartbroken families was the immense feeling of loss and pain at the deaths of their children.

After our time in

California, my family moved to another church ministry in Michigan. It wasn't long before we discovered that our next-door neighbor, who was part owner of a significant family-owned business in the community, was grieving the loss of a brother who had died from AIDS-related complications.

He had contracted the AIDS-producing virus as a result of a blood transfusion and left behind a wife and children, as well as many friends. The weight of the loss was a severe burden for yet another hurting family.

These incidents brought one great, overarching reality into focus for me—the overwhelming human cost of this disease. I was struck deeply by what should have been an obvious truth: AIDS is not about statistics or chemical formulas. It's about people who suffer. It's about their

need for some sense of hope, comfort, and peace in the midst of a situation that robs its victims of those very things. It's about grieving families and broken lives. It's about people for whom Christ died.

THE ROOTS OF THE CRISIS

AIDS is about more than just facts and statistics. But we need a basic understanding of the available facts in order to be informed about the nature and scope of the HIV/AIDS crisis.

To better understand the enemy we face in this struggle, it will be useful to have answers to some basic questions. And as you will see, the very nature of the sources cited in the following pages validate the ongoing seriousness of the issue and the international effort to respond to it.

WHAT IS HIV/AIDS?

According to the Mayo Clinic:

AIDS is a chronic, life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging or destroying the cells of your immune system, HIV interferes with your body's ability to effectively fight off viruses, bacteria, and fungi that cause disease. This makes you more susceptible to opportunistic infections your body would normally resist, such as pneumonia and meningitis, and to certain types of cancers.

The virus and the infection itself are known as HIV. The term *AIDS* (acquired immunodeficiency syndrome) is used to mean the later stages of HIV infection. But both the terms

HIV and *AIDS* refer to the same disease.¹

That statement reveals an often misunderstood reality: People don't die directly from HIV/AIDS. The disease merely weakens the body's ability to fight other diseases. When those other diseases attack, the weakened defense systems of an HIV/AIDS-infected body have no resources with which to fight off that attack.

This is part of what makes HIV/AIDS so dangerous. It doesn't merely attack a person's body, it acts as a sort of viral artillery that weakens the body's defenses, making a person more vulnerable to almost anything else that might come along.

WHERE DID IT COME FROM?

This is an issue that causes great frustration. In

response to this question,
About AIDS/HIV reports:

We do not know [where it came from]. Scientists have different theories about the origin of HIV, but none have been proven. The earliest known case of HIV was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggests that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s.

We do know that the virus has existed in the United States since at least the mid- to late-1970s. From 1979–1981, rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New

York among a number of gay male patients. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term “acquired immunodeficiency syndrome,” or AIDS, to describe the occurrences of opportunistic infections, Kaposi’s sarcoma, and pneumocystis carinii pneumonia in previously healthy men. Formal tracking (surveillance) of AIDS cases began that year in the United States.²

Any wise military leader will confirm that one of the keys to success on the battlefield is to know your enemy—who they are, how they fight, and even where they come from. In the war on AIDS, much of this basic information simply is not

available to us. We face an enemy we struggle to define.

It does seem, however, that the ultimate source of the AIDS-causing virus was the sub-Saharan African continent—and that part of the world continues today to be the region most deeply ravaged by the disease.

HOW IS IT CONTRACTED?

AIDS.org, one of dozens of AIDS/HIV-related Web sites, responds to this question with further helpful insight:

You don't actually "get" AIDS. You might get infected with HIV, and later you might develop AIDS. You can get infected with HIV from anyone who's infected, even if they don't look sick, and even if they haven't tested HIV-positive yet. The blood, vaginal fluid, semen, and breast milk of

people infected with HIV has enough of the virus in it to infect other people. Most people

get the HIV virus by:

- Having sex with an infected person.
- Sharing a needle (shooting drugs) with someone who's infected.
- Being born when the mother is infected, or drinking the breast milk of an infected woman.

Getting a transfusion of infected blood used to be a way people got AIDS, but now the blood supply is screened very carefully and the risk is extremely low.³

The sad fact is that HIV/AIDS is truly no respecter of persons. It pays little attention to factors like age, respectability, or lifestyle. Although some might argue that certain lifestyles are

more susceptible to this disease, the global reality is that the growing majority of its victims are truly helpless victims.

Newborn children, victimized women, and many others form the body of those infected by HIV and AIDS—and the situation is not improving.

As we will see, newborn children, victimized women, and many others form the body of those infected by HIV and AIDS—and the situation is not improving.

WHO IS AFFECTED?

We cannot escape the fact that the entire world is affected. The United Nations, in its efforts to

respond to the crisis, has set its own considerable resources to the task of understanding the magnitude of the global crisis. UNAIDS research says that worldwide there are approximately 47.3 million people who have been infected with HIV since the start of the epidemic. Part of what makes this staggering number so disturbing is that 4.4 million of those people are children under the age of 15.

The human toll is heartbreaking on every level. UNAIDS estimates that since the disease was discovered, about 13.9 million people have died with AIDS-related complications—and 3.2 million of those fatalities have been children under 15. This is truly an international human tragedy.

That UN data goes on to report: “As of

December 1998, there were an estimated 33.4 million people living with HIV infection or AIDS (32.2 million adults and 1.2 million children under 15).”⁴

Some other estimates are even more grim. Wess Stafford, president of the Christian relief organization Compassion International, says:

Every day 6,000 people die of AIDS. AIDS is the fourth leading cause of death in the world. Since it began in the early 1980s, 20 million people have died from AIDS and about 42 million people are living with it. Approximately 14 million children have been orphaned by AIDS. Last year alone, 5 million new people were infected.⁵

As distasteful as it may seem to dwell on these numbers, it is imperative that we get a sense of the magnitude of this crisis. The

crisis is not going away. In fact, it is getting worse. The same UN report cited earlier states, “An estimated 5.8 million new HIV infections occurred in 1998. This represents almost 16,000 new cases per day. During 1998, HIV-associated illnesses caused the deaths of an estimated 2.5 million people, including 900,000 women and 510,000 children under 15.”⁶

The numbers are overwhelming even if taken as nothing but numbers. But they are *not* merely numbers. When we allow ourselves to recognize that the numbers are actual human beings killed by AIDS, it is heartbreaking. Over half of the worldwide victims of AIDS in 1998 were women and children. Recent statistics released as part of “World AIDS Day 2003” indicated that 5 million new HIV infections were recorded in 2002, and 3 million more

deaths occurred.⁷ Think about it—3 million more human lives lost!

Implicit in those statistics is one of the most startling things about the impact of AIDS. This fact is made clear by the Mayo Clinic—AIDS is an epidemic that is becoming increasingly universal, both in terms of gender and geography. Whereas this disease once predominantly affected men, its onslaught has now become pandemic—attacking human life across previously unbreached lines. The Mayo staff points out:

What's more, the face of AIDS has changed—for the first time, as many women as men are now living with the disease worldwide. In Africa, 58 percent of those infected are women, raising concerns that more babies may contract the virus from their mothers.⁸

For obvious and urgent

reasons, much of the world's attention has been drawn to Africa, as it continues to bear the greatest weight of this. But Africa is not the only region devastated by AIDS.

AIDS is an epidemic that is becoming increasingly universal, both in terms of gender and geography.

Some of the largest increase in the spread of HIV and AIDS in recent years has been in the Russian Federation, where approximately 1 million people are now living with the HIV virus. China, India, and Eastern Europe also face growing epidemics.

Who is affected? Once

again, we must recognize the fact that the entire world is staggering under the weight of HIV/AIDS and its impact on human life.

ARE THERE OTHER RESULTS?

Admittedly, HIV/AIDS is first and foremost a health problem and the human toll is unmistakably the most critical impact of the disease. It must also be understood, however, that the world has come to realize that AIDS jeopardizes all aspects of human welfare. The effects of the disease on a nation have a number of devastating results, perhaps most notably the impact on the country's potential for advancement.

We see some of the greatest impact of HIV/AIDS in countries that are sometimes referred to as "third world," "developing," or "emerging" nations.

These are societies that are in the process of attempted advancement in the global economy. They are trying to make their way into the international competition for industrial and economic growth, and for the prosperity that often accompanies it. How does AIDS slow that advancement?

Diverted

Resources. At the heart of any economic advancement is the investment of financial resources. The old expression "You have to spend money to make money" rings particularly true when a country is trying to grow its young economy. In a developing country that is being ravaged by the AIDS epidemic, all available monetary resources are drained away in an attempt to combat the disease. Because the disease consumes everything in sight, that leaves very little

with which to try to stimulate economic progress.

Diminished Workforce. This element of the human cost of this epidemic is extremely troubling. Though it may seem inhumane to think in such terms, government leaders and economic advisors are faced with these very issues. The Mayo Clinic staff expressed the nature of this concern very well: “In the hardest-hit regions, nearly 20 million children are expected to lose one or both parents to AIDS within the next 8 years, and some countries could lose up to a quarter of their workforce by the year 2020.”⁹ With such a diminished workforce, it will become increasingly difficult for emerging nations to attract industrial and economic investments from other countries. Without the investment of money to build industry, there are

fewer resources with which to fight the disease. It becomes a self-defeating vicious cycle of despair.

Desperate Decision-making. With existing resources being consumed by attempts to fight the AIDS epidemic, and the prospects of lost opportunities for economic growth, leaders in affected countries find themselves caught in a scissors action. They often find themselves forced to make decisions out of desperation that can continue the downward spiral of economic devolution.

At the end of the day, the impact of AIDS is twofold. On the one hand is the microcosm of the very personal sense of loss and grief that brings pain and heartache to individual lives and hurting families. On the other hand is the macrocosm of the blow this disease deals to an entire

nation—particularly when it seems that the countries most deeply affected are the ones with the least amount of resources with which to combat it.

WHAT IS THE FUTURE?

As of this writing, the human, medical, political, and economic futures are admittedly grim. Though some forms of medical treatment have shown limited success in controlling the impact of HIV and AIDS, there is no full-fledged cure in hand, nor does there appear to be one on the horizon.

While the medical community continues to do research and the global community seeks to offer care and comfort to the suffering and grieving, human efforts can accomplish only so much. The efforts being made are noble, and all of us should

pray for their success—but the situation is no more optimistic than it was more than 20 years ago when the crisis began.

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If we are to find hope in the midst of what humanly appears to be hopeless, we must look beyond human ability. We must consider the heart of our compassionate God, who alone can bring hope to the hopeless.

To see God's heart for the sick and hurting, we must turn to His Word—the Bible.

THE BIBLE'S APPROACH TO THE CRISIS

I was visiting a church member in the hospital pediatric section. He was struggling spiritually because his young daughter was suffering terribly with a physical illness. I had every confidence that my friend was a person of deep faith, and that made it all the more distressing when he said, “What did she ever do to deserve this? Why is God doing this to my little girl?”

In times of pain and suffering, this is often one of the first questions of a spiritual nature that is asked. In my friend’s case, it reflected the frustration of a father who saw his child suffering and knew that he could do nothing about it. It also reflected the deep disappointment he felt because, though God *could*

do something about it, the Lord of heaven seemed deaf to my friend’s prayers for his daughter.

It’s times like these when we struggle for answers. It’s not much help to offer empty platitudes. There’s no room in that place of pain and suffering for clever clichés or trite expressions. How do you honestly deal with a person’s legitimate pain, stay true to the Bible, and say something that has substance to match the moment? It’s a difficult task.

A part of that difficulty, however, can be addressed by making sure that we clearly understand what the Scriptures say—and what they do not say—about human sickness and suffering in general. Only when we have a clear picture of the teaching of the Bible can we begin to embrace a meaningful response to human pain.

THE BIBLE'S APPROACH TO DISEASE

Our first assumption about the disease of HIV/AIDS is often an inappropriate one. Too often we assume it is the direct byproduct of a specific act of sin—and that assumes far too much.

Looking at what the Bible says about suffering and disease will shed some light on this misunderstanding.

The Root Of Disease. Much of the suffering we see in the world around us is due simply to the reality that we live in a fallen world. God's original creation was a place of innocence, unspoiled by the presence of danger, disease, virus, violence, anger, and anxiety. That flawless environment was the home in which humanity was intended to dwell.

With the first act of sin, however, that environment was radically changed. The book of Genesis records that change this way:

To the woman [God] said: "I will greatly multiply your sorrow and your conception; in pain you shall bring forth children; your desire shall be for your husband, and he shall rule over you." Then to Adam He said, "Because you have heeded the voice of your wife, and have eaten from the tree of which I commanded you, saying, 'You shall not eat of it': "Cursed is the ground for your sake; in toil you shall eat of it all the days of your life. Both thorns and thistles it shall bring forth for you, and you shall eat the herb of the field. In the sweat of your face you shall eat bread till you return to the ground, for out of it you

were taken; for dust you are, and to dust you shall return” (Gen. 3:16-19).

The first mention of human suffering came as a consequence of human disobedience. God had commanded our “first parents” and they rebelled against that command. The result was “paradise lost”—and the human race began to fight its way through life in a world now tainted by the results of human rebellion.

It appears that this loss of innocence for the first man and woman was also mirrored by a loss of safety in the world. The environment they had enjoyed now changed. In the visible realm, animals that had been created for their enjoyment were now a threat. Work and responsibility became labor. The joy of childbirth would be accompanied by anguish.

Likewise, in the unseen realm, a world without disease lost its purity. Mankind, now vulnerable to so many visible dangers, would also be susceptible to the invisible dangers of disease, germs, viruses, and physical pain.

At the root of this loss was the first sin. The consequences of that act of sin polluted an environment that had previously been safe. An innocent humanity became fallen, and the physical world around them became fallen as well.

The Causes Of Disease. At this point, however, it is critical that a distinction be made and stressed. Although all sickness and disease find their ultimate root in humanity’s vulnerability that resulted from that original act of sin, nowhere does the Bible teach that every instance of sickness is connected to a specific act

of sin. The Scriptures make it clear that there are a number of reasons why particular incidents of sickness may take place.

Consequences For Acts Of Sin. This is not a contradiction. There are times when illness is a direct result of sin. The danger is when we assume that this is *always* the case.

Someone who is sexually promiscuous is more likely to contract a sexually transmitted disease. Someone who is addicted to alcohol has a much higher chance of contracting debilitating liver disease. In each case, those destructive activities can produce real consequences in a person's health.

Accordingly, for example, the book of Proverbs warns us that there are dire physical and emotional consequences to a life of drunkenness (Prov. 23:29-35). Sometimes specific

kinds of sinful behavior can produce specific kinds of health problems.

Natural Results For Life's Choices. This can be either good choices or bad choices. A famous movie actor made a choice to go horseback riding. It was not a sinful thing, nor was it a bad thing. It was simply a choice he made. The results of that choice became devastating, however, when the horse threw him off. The actor's neck was broken—resulting in total paralysis. That actor continues to struggle with a variety of health problems that have resulted from that fall. The impact on his health was not the result of sinful behavior or even a foolish choice. It was the result of a choice—pure and simple.

In the New Testament, one of Paul's associates, Epaphroditus, "was sick almost unto death" (Phil.

2:27). The cause for that sickness? He was literally working himself to death in the process of serving people. Paul said of Epaphroditus that “for the work of Christ he came close to death” (v.30). Few would question the nobility of such commitment or the rightness of Christian service. Yet Epaphroditus’ choices in ministry had impacted his health to the point where his very life was threatened.

Opportunities For Spiritual Growth. In 2 Corinthians 12, Paul described some kind of physical condition that was afflicting him as a “thorn in the flesh” (v.7). He did not specify the exact nature of this ailment, but his wording seems to point to a health problem.

In that passage, the apostle said he prayed three times that God would rescue him from

this affliction (v.8). God’s response?

My grace is sufficient for you, for My strength is made perfect in weakness (v.9).

Whatever the illness Paul struggled with, it was now clear to him that God allowed it for the purpose of bringing him to a point of greater dependence on Christ. We may struggle with whether that seems right or fair to us, but Paul responded to this physical “thorn” with rejoicing that through this experience “the power of Christ may rest upon me” (v.9). In his mind, it was an opportunity for spiritual growth.

Expressions Of God’s Glory. In John 9, Jesus and His disciples encountered a man who had been born blind. The disciples, apparently ignoring the man’s plight, turned him into a theology lesson and asked of Christ, “Rabbi,

who sinned, this man or his parents, that he was born blind?” (v.2). Their question made assumptions that are all too familiar to us—disease, illness, or suffering must be due to a specific act of sin. They even went so far as to assume that the man himself could have committed sin before he was born, resulting in his blindness!

The answer Christ gave was pointed: “Neither this man, nor his parents sinned, but that the works of God should be revealed in him” (v.3). This physical condition existed for no other reason than that God would be glorified in healing him.

So at the very least, we must acknowledge that the teachings of the Bible do *not* allow for a blanket condemnation of those who are ill. Again, to assume that physical illness is always the expression of

divine judgment against particular acts of sin is to assume far too much.

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This reminder, perhaps, has never been more needed than in relation to the AIDS crisis. For too long, segments of the Christian community have had a tendency to view all HIV/AIDS sufferers as deserving of this condition—a result of sinful activity. This is not biblically accurate, nor is it a faithful expression of the heart of God. There are millions of cases in which people have contracted this

disease for reasons other than sin.

Certainly there are many cases in which wrong behavior is at the root of the disease, yet even in those cases the Bible calls us to respond in a manner that mirrors the heart of God, who is “not willing that any should perish” (2 Pet. 3:9). The saving mission of Christ Himself is evidence of God’s desire to rescue us from the effects of our sin—not to leave us condemned to its consequences. There is no biblical reason to view those suffering from AIDS any differently—regardless of how the disease may have been contracted.

THE BIBLE’S APPROACH TO TREATMENT

Some in the religious community tell us that treatment for sickness or disease is unnecessary. All that is needed is an

unyielding faith in God’s power, and healing will definitely come.

The Bible, however, takes a very different view. In fact, Scripture validates the legitimacy of doctors and medical treatment, as well as the priority of praying to the Great Physician.

The Validity Of Doctors. In Matthew 9:12, Christ expressed the value of those who are doctors. He said, “Those who are well have no need of a physician, but those who are sick.”

In the context of that statement, Jesus was affirming that in the same way a person who is physically ill needs a doctor, a person who is spiritually sick needs Christ. The spiritual application, however, does not nullify the simple statement of the value of physicians. It is very simple, and equally clear.

Luke, who wrote his own gospel record and the book

of Acts, was referred to by Paul as the “beloved physician”—an associate whom the apostle trusted and relied upon.

In fact, anyone who has struggled with health issues is grateful for the men and women who serve in the healthcare community. Their skills become instruments in the hands of God to accomplish His work in repairing broken bodies. I believe these abilities are one expression of what James referred to when he wrote, “Every good gift and every perfect gift is from above, and comes down from the Father of lights, with whom there is no variation or shadow of turning” (Jas. 1:17).

Author and pastor Dick Mayhue wrote:

Medical practitioners, in their training, participate in the inexhaustible study of God’s created processes. They make

God’s creative genius available for the physical healing of the human race through sound medical practice. Hospitals, the latest in medical technology, and sophisticated pharmaceuticals involve God’s provision to restore a sick person to health.¹⁰

God has graciously provided people with talent, ability, and intellect to pursue medical solutions to medical issues. Not surprisingly, the history of the Christian church shows that for the last 2,000 years the family of Christ has been significantly involved in medical service—still seen today in missionary hospital outposts around the world.

The Validity Of Medication. In Jesus’ parable of the Good Samaritan, the Samaritan came upon a man who had been beaten and left for dead. His response? To

pour wine and oil (common medicinal applications of the day) to the man's wounds, and take him to an inn (Lk. 10:30-37).

When Timothy, Paul's young protégé, suffered from periodic stomach problems, Paul encouraged him to take a little wine for his problem (1 Tim. 5:23). Some scholars speculate that Timothy's problem was the result of drinking from a tainted water supply, and that the alcohol would kill the germs or microbes he had ingested.

Mayhue even sees a connection between the validity of healthcare in general and the Mosaic laws of the Old Testament. In those laws, there were references to sanitation (Ex. 29:14; Dt. 23:12-14), sterilization (Lev. 11:32,39-40), quarantine (Lev. 13:1-14:57), and hygiene and diet (Lev. 11:47)—all of which point to various elements of

the use of medical means to secure good health for the community.¹¹

The Validity Of Prayer. There is still the reality, however, that regardless of the means involved, it is God who heals. When the medical community is at the end of its resources, God is not. When there are no more medications or surgical procedures available, the Great Physician is fully able to heal in response to the prayers of His people.

At the same time, prayer is not a guarantee of healing, any more than surgery or medicine is. We do not know God's final purposes in every one of life's circumstances.

Remember Paul's desire for healing? God reminded him of a higher purpose in his life—even in his suffering (2 Cor. 12). That is why it is so important that as we pray for physical

healing, we leave the disposition of the matter to the wisdom of God, whose compassions never fail and whose mercies are new every morning (Lam. 3:22-23). How do we pray in such times of need?

This is the confidence that we have in Him, that if we ask anything according to His will, He hears us. And if we know that He hears us, whatever we ask, we know that we have the petitions that we have asked of Him (1 Jn. 5:14-15).

We come to the living God confident in His ability but resting in His wisdom—praying that He will work “according to His will.” In this, we are challenged to believe in the trustworthiness of our God—and then to actually trust Him.

When a person is hurting and feeling hopeless, this may seem difficult, even

impossible. But beyond the longing for relief from pain or healing from sickness is the significance of the issues that go beyond the physical and temporal, and begin to touch the eternal.

THE BIBLE'S APPROACH TO MORTALITY

Bob Dylan, the folk-singer/prophet of the 1960s counterculture, sang, “He not busy being born is busy dying.”

The Bible affirms this certainty in Hebrews 9:27, which reads, “It is appointed for men to die once, but after this the judgment.” The key there is the phrase “after this.” The Bible’s approach to mortality is that all of us live under the sentence of death.

Yet, there is something after this. Though we are all mortal, there is a life and a world beyond this

one. Though we wrestle with the mortality of our humanness, there is within each of us the true person

All of us live under the sentence of death. Yet, there is something after this. There is a life and a world beyond this one.

(the soul), which will live forever somewhere. Paul expressed his own longing for an eternal home free from the shackles of mortality when he wrote:

We know that if our earthly house, this tent [the physical body], is destroyed, we have a building from God, a house not made with hands, eternal in the heavens. For in this we

groan, earnestly desiring to be clothed with our habitation which is from heaven (2 Cor. 5:1-2).

In the midst of physical suffering, few things bring more encouragement to the suffering heart than the promise of eternal life. This eternal life is not earned or achieved. It is not the product of religious effort or of human philanthropy. The book of Ephesians says it like this:

For by grace you have been saved through faith, and that not of yourselves; it is the gift of God, not of works, lest anyone should boast (2:8-9).

Eternal life is the gift of God, freely offered to all who will accept His love. How is it accepted? By recognizing that God sent His Son Jesus to pay for our sins and failures, and by believing that Jesus' death on the cross and His

resurrection offer us forgiveness of sin and everlasting life. This is the good news behind all the bad news, and it is news you can trust:

For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life (Jn. 3:16).

Does that automatically translate into physical healing in the here and now? No, it does not—but it does offer something better and more lasting. God's promise secures for you eternal life and an eternal home in a place the Bible describes this way:

God will wipe away every tear from their eyes; there shall be no more death, nor sorrow, nor crying. There shall be no more pain, for the former things have passed away (Rev. 21:4).

OUR RESPONSE TO THE CRISIS

What can we do? At the very least, we who are believers in Christ can admit that we must do more than we have done.

Richard Stearns, president of World Vision, a Christian humanitarian organization, wrote this:

Two thousand years after Jesus gave the church the parable of the Good Samaritan, we still are asking the question, "Who is my neighbor?" And we're still getting the answer wrong.

The US church is, for the most part, getting it wrong on AIDS. We often judge the victims of this devastating plague, but we fail to recognize our own sin of indifference to human suffering.

In an updated retelling

of Jesus' parable, the rock star Bono would be cast in the title role of the Good Samaritan. The lead singer of the Irish band U2 recently traveled to Africa on a 10-day trip with US Treasury Secretary Paul O'Neill, visiting schools, AIDS clinics, and World Bank development projects.

On a continent where poverty fuels the spread of HIV, Bono's goal was to prod [the US government] into supporting economic development and fighting AIDS.

Bono has the answer right. . . . America's churches and faith-based organizations must respond as well. Two thousand years after Christ first spoke it, the story of the Good Samaritan remains relevant and legitimate.

The church will be neither if we continue to get the answer wrong on AIDS.¹²

Those are very strong words. But a global crisis of this magnitude demands heightened awareness and legitimate response. That response can come from two different directions.

A CHRISTLIKE ATTITUDE TOWARD THE SUFFERING

What was the heart of Jesus for suffering people? Not condemnation, but compassion:

When He saw the multitudes, He was moved with compassion for them, because they were weary and scattered, like sheep having no shepherd (Mt. 9:36).

When Jesus went out He saw a great multitude; and He was moved with compassion for them, and

*healed their sick
(Mt. 14:14).*

*Jesus had compassion
and touched their eyes.
And immediately their
eyes received sight,
and they followed
Him (Mt. 20:34).*

*Jesus, moved with
compassion, stretched out
His hand and touched
him, and said to him,
“I am willing; be
cleansed” (Mk. 1:41).*

*Jesus . . . said to
him, “Go home to your
friends, and tell them
what great things the
Lord has done for you,
and how He has had
compassion on you”
(Mk. 5:19).*

Help and hope formed the response of Christ to human suffering. That response is still desperately needed today, especially when considering the HIV/AIDS epidemic. Wess Stafford of Compassion International

challenges believers
this way:

The first thing we have to do is ask God to break our hearts with the things that break His heart, and recognize that one of the greatest tragedies in our world is AIDS. We have to stop being so judgmental of those suffering from this disease. Approximately 1.5 million of the HIV-infected people are in the United States, but you don't see them often in our churches. We must find ways to reach out in our own backyard and across the world.¹³

Richard Stearns of World Vision agrees:

When evangelical Christians were surveyed last year on whether they would be willing to donate money to help children orphaned by AIDS, only 7 percent said they definitely

would; 56 percent said they probably or definitely would not.

According to the Barna Research Group poll, even fewer would donate to faith-based AIDS education and prevention efforts overseas.

The same survey found that non-Christians were significantly more likely to say they would help people affected by AIDS overseas.

Why is the church ignoring AIDS? Aside from our historic foot-dragging on social issues like the denial of civil rights to African-Americans, I believe we are especially loath to care because of the way HIV is spread.

Scripture makes it clear who has the right and the responsibility to judge: It is God, not us.

Yet we judge people with AIDS. Death is the ultimate penalty for sin; we shed few tears for those whose death comes more quickly than most as a consequence of sexual sin. Never mind that we all would be dead if we faced such a certain death for any of our sins—including indifference to the suffering of our fellowman.

That sin, of course, is the only one Jesus condemns in the story of the Good Samaritan.¹⁴

Paul, one of the greatest Christian minds of all time, said, “This is a faithful saying and worthy of all acceptance, that Christ Jesus came into the world to save sinners, of whom I am chief” (1 Tim. 1:15). If Christ came in compassion and mercy to reach out to sinners, how can we—the sinners to

whom He reached— withhold compassion and mercy from other sinners?

With the love of Jesus Christ, we must offer help and hope to the multitudes in our world who are suffering from the agony of AIDS. Would Jesus Christ, who reached out and touched lepers in a day when any such contact was taboo, do any less?

A CALL TO ACTION ON BEHALF OF THE SUFFERING

Wess Stafford of Compassion International gives a challenge that frames how the Christian community can respond to this deadly global crisis:

When you go to a place like Africa, where AIDS is so dramatically affecting people's lives, it is the church that is at the forefront of doing something. They're just

not getting enough help from their brothers and sisters in the western world.

It's time for Christians . . . to find organizations that are enabling the church in the worst parts of the world where this horrible pandemic is going on and support them. . . .

Evangelical Christian[s] ought to look deep within their heart and say, "So, what am I doing about this?"¹⁵

If we are to be the hands and heart of Christ to the hurting people, families, and nations at the center of this crisis, we must:

- Make every effort to respond to the pain of those impacted by the AIDS crisis by supporting efforts to find a cure.
- Make every effort to show the comfort,

compassion, and love of Jesus Christ—personally and in partnership with AIDS-related ministries—to those who are dying.

- Make every effort to support, comfort, and help those who grieve for loved ones taken by this disease.
- Make every effort to share the love of Jesus Christ and His offer of eternal life with all involved—victims, families, and members of the medical community.

The song at the beginning of this booklet spoke of a “hole in the world . . . a cloud of fear and sorrow.” Yes, this global tragedy is that and much more. But we can make a difference. As the songwriter said:

There’s a hole
in the world tonight—
Don’t let there be a hole
in the world tomorrow.

WORDS OF HOPE

For those afflicted with HIV and AIDS and for their loved ones, it may seem that this is the end of the world—but this world is not the end.

For those who trust Jesus Christ as their Savior and receive His offer of forgiveness, there is this wonderful promise Christ gave to someone grieving the death of a loved one:

I am the resurrection and the life. He who believes in Me, though he may die, he shall live. And whoever lives and believes in Me shall never die. Do you believe this? (Jn. 11:25-26).

This not only gives hope of life after death but also the hope of reunion for all who know the Savior. What great comfort this can be for the suffering and for those who love them.

Will you trust Him with your life, your heartache, and your eternity? If you will accept His offer of forgiveness of sin and eternal life, He will make you His child and strengthen you for the journey that lies ahead—whatever it may bring.

If you already know the Savior, and are not involved in a Christian response to this global crisis, ask our compassionate Lord to guide you into opportunities where you can make a difference. In the midst of a world filled with pain, we can be His voice of comfort to the hurting, and His messengers of forgiveness and eternal life to those who are physically dying.

Lord, we ask You to help each of us to do what would please You in reaching out to this hurting world. Amen.

FOOTNOTES

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