

TOWARDS A THEOLOGY OF HIV/AIDS

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The world now faces one of the deadliest plagues it has ever seen: HIV/AIDS. The Bubonic Plague, better known as the Black Death, killed 25 million people between 1347 and 1352.¹ The Spanish Flu killed an estimated 50 million people between 1918 and 1919.² While HIV/AIDS has killed an estimated 25 million people since its discovery in June of 1981, it adds 5,000 souls to its list of fatalities every day.³ Bourke chose this comparison: “An estimated three million people die each year from AIDS, a death toll that has been compared to twenty fully loaded 747s crashing every single day for a year.”⁴ More disturbing yet is this pandemic’s longevity. Unlike the Black Death, which would kill its victims in a week,⁵ or the Spanish Flu, which would kill in hours or days,⁶ HIV kills in years. In 2009, 2.6 million more people contracted HIV, growing the number of victims on death row to 33.3 million.⁷ Clearly the world is far from seeing the end of the devastation and death caused by HIV/AIDS.

Sadly, this deadly disease is not an equal opportunist. The brunt of its wrath has been felt by the poorest of the poor. “Approximately 97 percent of people living with HIV/AIDS live

¹ David Perlin and Ann Cohen, “Epidemics of the Past: Bubonic Plague,” Infoplease, <http://www.infoplease.com/cig/dangerous-diseases-epidemics/bubonic-plague.html> (accessed 4/30/2011).

² Jeffery K. Taubenberger and David M. Morens, “1918 Influenza: the Mother of All Pandemics,” Center for Disease Control, <http://www.cdc.gov/ncidod/eid/vol12no01/05-0979.htm> (accessed 4/30/11).

³ USAID, “HIV/AIDS: Frequently Asked Question,” http://www.usaid.gov/our_work/global_health/aids/News/aidsfaq.html (accessed 4/30/11).

⁴ Dale Hanson Bourke, *The Skeptic’s Guide to the Global AIDS Crisis*, rev. ed. (Colorado Spring, CO: Authentic Publishing, 2006), 15.

⁵ Perlin, “Epidemics of the Past.”

⁶ MedicineNet, “Definition of Spanish Flu,” <http://www.medterms.com/script/main/art.asp?articlekey=26427> (accessed 4/30/2011).

⁷ USAID, “HIV/AIDS.”

in low- and middle-income countries. Sub-Saharan Africa is the hardest-hit region and is home to 67 percent of all people living with HIV worldwide.”⁸ Of the 2.6 million people the disease sunk its teeth into in 2009, 62% live in one region of the world—sub-Saharan Africa.⁹ For a land already in economic and political turmoil, the wake of HIV/AIDS is a trail of decimation, desperation, and despair.

So what is God’s perspective? What does He think about the disease? What about its causes and transmission? What about the pain and suffering it causes? What about the pursuit of cure? What is God’s heart towards those infected? And what is the church going to do about it? How are the people of God going to respond this catastrophe? These are the pressing questions of the church in the 21st century. One hundred years from now, this generation and its churches will be judged for their response to HIV/AIDS. Will this era be looked upon in the same way the era of slavery is looked upon? Will they ask what we ask of the church of the 18th and 19th centuries: “Why? Why with all the compassion and love poured out by God through His Son and in the Scriptures, why with all the exegesis and all the preaching, why with all the faith and devotion—why did the church stand idly by in the face of such an obvious, monumental affront to God and those created in the His image?” More importantly, how will this generation stand before a holy God and account for how they represented Him in responding to this pandemic?

To answer such weighty questions, the burden falls on those who lead the people of God, the church, to know the Father’s thoughts and His heart and engage accordingly. This paper will begin to explore what God has revealed, His mind and heart, on HIV/AIDS. First, it will present an overview of HIV/AIDS and the disease’s impact on Africa. This will help define the scope of topics necessary for a solid theology of HIV/AIDS. Second, it will chronicle leprosy through the Old and New Testaments, treating leprosy as a biblical case study on disease, to begin building an understanding of how the people of God should respond to HIV/AIDS. Lastly,

⁸ USAID, “HIV/AIDS.”

⁹ *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010* (Geneva: UNAIDS, 2010), 16.

this paper will conclude by recapping what has been learned from leprosy and articulate what subjects require further theological reflection in order to craft a fuller, stauncher theology of HIV/AIDS.

Understanding HIV/AIDS

In the CBS television series *Criminal Minds*, a special team of FBI agents are tasked with stopping serial killers, serial rapists, terrorists, etc. To accomplish their mission, they must draw on their knowledge and training about such depraved minds in order to capture or kill people set on destruction. For the church to engage the killer known as HIV/AIDS, it must first know what it's up against.

Acquired Immunodeficiency Syndrome

Origin

Clinically identified in 1983, Acquired Immunodeficiency Syndrome (AIDS) was originally thought to have come from monkeys. A disease similar to AIDS, simian immunodeficiency virus, was found among primates in equatorial Africa. One theory postulates that men ate the meat of infected monkeys, transferring the virus from primate to man.¹⁰ A different theory arises from the origins of the Polio vaccine. Because the vaccine was incubated in African monkeys, the theory ascribes that the retrieval of the vaccine also extracted the simian virus, subsequently introducing it to a human population with immune systems already weakened from malnutrition.¹¹ Neither theory, though, is provable.

AIDS' Effect on the Human Body

AIDS is to HIV what the two-minute-warning is to a football game—it marks the final moments of the game. Human Immunodeficiency Virus (HIV) begins looking like an

¹⁰ Bourke, *Skeptic's Guide*, 21.

¹¹ Ibid.

extended case of the flu—fever, headaches, swollen glands, nausea, fatigue, body aches—if it shows any signs at all.¹² During this phase, an infected person may not test positive for HIV; nevertheless he or she is still able to infect others.¹³

During the next stage, HIV lays siege to the T-cells—the human body’s “primary defense against viruses and bacteria.”¹⁴ The person may live symptom-free for most of this stage. However, when enough T-cells have been destroyed, doctors rule that the person now has AIDS. The body is no longer able to fight infection with the normal vigor, zeal, and effectiveness it once had. The patient becomes highly vulnerable to common germs—lightweights versus a normal, healthy immune system. This susceptibility is compounded by the prevalence of malaria, tuberculosis, hepatitis, cholera, and dysentery commonly found in developing countries. Symptoms of AIDS “typically include weight loss, sores and rashes, lack of energy, fever, swollen glands, chronic diarrhea, and such opportunistic infections as thrush.”¹⁵

Eventually the body will lose the fight against some infection. When the body will lose is determined by the individual’s overall health at the time of infection, their access to medicines, their diet, and their exposure to other diseases. Because HIV is both a retrovirus and a lentivirus, it is a “chronic disease in its host and can remain latent for long periods of time. The time between infection and symptoms can lag by months or years.”¹⁶

Transmission

HIV is passed from one person to the next by coming in contact with infected bodily fluids. Blood, semen, vaginal, and amniotic fluid are the most common culprits because fluids

¹² Ibid., 17 and 43.

¹³ Ibid., 17.

¹⁴ Ibid.

¹⁵ Ibid., 43.

¹⁶ Ibid., 47.

like tears, saliva, and sweat have low concentrations of the virus.¹⁷ Hence, HIV is often transmitted from mother to child, between sexual partners, via contaminated blood, and through the sharing of needles. Mothers may infect their children in utero, during delivery, or through nursing.¹⁸ Sex partners, whether homosexual or heterosexual, exchange fluids. When coitus is short on lubrication—common during anal sex and “dry sex”—abrasions and tears often develop on the genitals, exposing the participants to additional fluids as well as decreasing the natural barrier to infection. Before HIV screening became standard for blood donations, the virus found some victims simply because they needed a transfusion during an operation. Lastly, intravenous drug use is commonly linked to HIV/AIDS. Users, perhaps because of impaired judgment or limited supplies, will reuse each other’s heroin needles, exposing the new user to all the blood of the previous users.

Treatment

As of today, there is no cure for HIV or AIDS. It is terminal. While researchers look for a vaccine, the best hope for elongating an infected person’s life expectancy is antiretroviral drugs (ARVs). However, these drugs are not a silver bullet. While they are much more readily accessible now, they were once expensive—largely because of patents held by drug companies.¹⁹ But even with declining costs, the treatments require medical oversight—a luxury in many developing countries where doctors and clinics are in short supply. Different strains of HIV require different dosages of medication, and some of the treatments are predicated on the patient taking the ARVs on a strict schedule and on the patient consuming 2000 calories per day. In cultures without the western obsession with time and where malnutrition is the norm, ARVs may be rendered useless or, worse yet, they may destroy the body in addition to the virus.

¹⁷ Ibid., 24.

¹⁸ Ibid.

¹⁹ Ibid., 26.

Complications and Effects of AIDS on Sub-Saharan Africa

Sixty-eight percent of the world's population living with HIV/AIDS lives in sub-Saharan Africa.²⁰ Families and communities in this region buried 1.3 million people because of AIDS-related deaths in 2009.²¹ Death has become a regular part of living in Africa. In 2008, I met a pastor in the ghettos of Lusaka, Zambia, who told me that he and his elders conducted 12 to 14 funerals a week for the friends and family of his congregants. And his was not a large church. The impact of so much death, so much despair, so much suffering on their society is inescapable.

What happens when thousands of moms and dads die each week? Almost 90% of the 16.6 million children orphaned by AIDS live in sub-Saharan Africa.²² Grandparents and communities have picked up the slack, but increasingly common is the child-headed household, where one child abandons his or her schooling in hopes to provide food, clothes, and shelter for the other siblings. That child also carries the weight of the character development of the siblings, which is most often a case of the blind leading the blind. Few opportunities exist in Africa's struggling economies, so the boys will turn to crime; the girls to transactional or survival sex.²³

What happens when the measure of man is his virility? African culture promotes the chastity, loyalty, and sexual submission of women to men. But as far as men are concerned, the more women, both wives and mistresses, the better; the more children, the better. So when a man wants sex, he gets it, and it's okay, even if the sex is not consensual. A wife may be beaten if she refuses or insists that her unfaithful or infected husband use a condom—and most African men and women believe that is an acceptable practice.²⁴

²⁰ *Global Report*, 25.

²¹ *Ibid.*, 26.

²² *Ibid.*, 112.

²³ Bourke, *Skeptic's Guide*, 56.

²⁴ *Ibid.*, 74-75.

What happens when untrained tribal medicine men lead in the treatment of HIV/AIDS? They may or may not have sound medical training. Traditional healers may or may not be ethical. It's not good for their business to tell a patient that you, the healer, can't heal the them. Moreover, when a person is desperate, that person will do whatever it takes—even if it means believing that sex with a virgin will cure them.²⁵

What happens when a community, a nation, a continent loses its productive workforce? Only 260,000 of those who died from AIDS in 2009 were under the age of 15.²⁶ That means 1.5 million workers died. In an economy like Africa's where 70% of the business is labor-intensive agriculture, such a loss is devastating.²⁷ Planting seasons are missed, and the food supply falls. Infections cause absenteeism to rise and productivity to fall.²⁸ The surge in demand for caretakers for the orphans and the sick pull even more workers out of the workforce.²⁹ Already weak economies are dealt yet another severe blow, and the ranks of the poor and homeless swell.

What happens when the church stigmatizes the sick and chastises some means of prevention? The face of AIDS in the "Christian West" was a gay, white man, so AIDS was callously labeled just another punishment for sin by the western church. The African church followed the lead of the West. But the face of AIDS globally is a black or brown woman who probably got infected from her husband.³⁰ Nevertheless, a stigma was branded on those with HIV/AIDS—a stigma so strong that people are afraid of even getting tested. Simply going to a

²⁵ Ibid., 76-77.

²⁶ *Global Report*, 19.

²⁷ Bourke, *Skeptic's Guide*, 54.

²⁸ Ibid., 55.

²⁹ Ibid.

³⁰ Ibid., 24.

testing center earned a person the branding as a sinner, as one who lived a sinful, risky lifestyle.³¹ As a result, no one wants to get tested. Then the church debates about the morality and effectiveness of condoms and mandatory male circumcision as means of preventing the spread of HIV/AIDS.

Topics for a Theology of HIV/AIDS in Africa

Obviously, the scope of HIV/AIDS is broad, and the topics necessary for a robust theology abound. First, a theology begins with God's view of disease. Why does disease exist? What is its theological cause and purpose? Then comes the treatment of those infected by HIV. How does the Bible say we should treat people afflicted by disease? Next, how should we think about treatment and prevention, especially in the complicated world African sexuality? Finally, what should be done about the aftermath of HIV/AIDS? What about the orphans? What about the care takers? What about the economy?

Building a Theology from Leprosy

Because HIV/AIDS is absent from the Scriptures, examining another disease with a reoccurring cameo in the Bible provides a starting point to think biblically, theologically about HIV/AIDS. Leprosy is mentioned in both the Old and the New Testaments. It carried with it a fear and stigma akin to HIV/AIDS. Its victims were looked down upon and shunned. Attention in this section will be given to leprosy's treatment in the Law, in the Old Testament historical narratives, and in the ministry of Jesus.

³¹ Ibid., 40.

Leprosy in the Law

Leviticus 13-14

God gives explicit commands to Moses and Aaron regarding leprosy in Leviticus 13-14. First, the priests are given criteria to identify leprosy (Lev 13:2-3b). Then, if the person has leprosy, the priest is to declare the individual unclean (Lev 13:3c). If the diagnosis is negative, then the person is quarantined for 14 days with intermittent evaluations by the priest (Lev 13:4-6b). If at the end of the sequestering, the suspected leprosy has not spread, the priest declares the patient clean (Lev 13:6c). If suspicious symptoms reappear, the person essentially starts the cycle over (Lev 13:7-8).

Leviticus 13:9-17 essentially repeats verses 2-8, but with different symptoms. The emphasis this time is on the presence of raw flesh in determining whether or not a person is clean or unclean. Verses 18-23, 24-28, 29-37, 38-39, and 40-44 issue additional sets of criteria for leprosy and the declaration of cleanness or uncleanness.

Seeing as the interest of this paper is not the criteria for diagnosing leprosy, the debates about what skin conditions Leviticus is referring to will be set aside. The important question germane to this discussion is, “What is accomplished by declaring someone clean or unclean?”

The concepts of “unclean” and “clean” are not equivalent to “physically dirty” and “spic and span” ... While the laws relating to uncleanness providentially had many good hygienic results, this was not their primary purpose. The distinction between unclean and clean was not even a matter of “sinful” and “unsinful,” for much of the ritual defilement came about through accident, illness, physical processes, and other actions that were proper and even commendable.”³²

³² F. Duane Lindsey, “Leviticus,” in *The Bible Knowledge Commentary: An Exposition of the Scriptures*, ed. John F. Walvoord and Roy B. Zuck (Wheaton, IL: Victor Books, 1983), 1:190.

Clean or unclean is the ritual standing of a person.³³ It is an attribution of purity or impurity. Lepers were an object lesson for Israel and her neighbors about the holiness of God and purity He demanded in His presence.³⁴ Having leprosy was not necessarily a sign of sinfulness or judgment, but it was a sign of something being other than the way it should have been, something being less than the ideal.

In verses 45-46, instruction is then given to the leprous person. He will wear torn clothes. He will forget about combing his hair. He will cover his mouth and announce to all that he is unclean. He will live alone, outside the Israelites' camp. The idea here is that he will become a mourner.³⁵ Harrison suggests he will grieve his physical state, a "living death."³⁶ Constable says he will grieve his separation from God who resided at the center of camp.³⁷ Regardless of the cause of his grief, the leper "would be cut off from spiritual fellowship with the covenant people, and in a real sense would be without hope and without God in the world."³⁸

In addition to being a visible lesson about God's holiness, there were also practical benefits to these instructions. Israel had an undeveloped, unscientific understanding of disease. These instructions would help them combat communicable diseases. "Isolation of the sufferer, first during the initial diagnosis period and then more permanently if it turned out to be a serious disease, may be regarded as sound practice to prevent cross infection in the community."³⁹

³³ J. E. Hartley, "Holy and Holiness, Clean and Unclean," in *Dictionary of the Old Testament: Pentateuch*, ed. T. Desmond Alexander and David W. Baker (Downers Grove, IL: InterVarsity Press, 2003), 426.

³⁴ Eugene H. Merrill, "A Theology of the Pentateuch," in *A Biblical Theology of the Old Testament*, ed. Roy B. Zuck, electronic ed. (Chicago, IL: Moody Press, 1991), 57-58.

³⁵ R. K. Harrison, *Leviticus: An Introduction and Commentary*, Tyndale Old Testament Commentaries 3 (Downers Grove, IL: InterVarsity Press, 1980), 148.

³⁶ *Ibid.*

³⁷ *Tom Constable's Expository Notes on the Bible* (Galaxie Software, 2003), Lev 13:45.

³⁸ Harrison, *Leviticus*, 148.

³⁹ Christopher J. H. Wright, "Leviticus," in *New Bible Commentary: 21st Century Edition*, ed. D. A. Carson, 4th ed. (Downers Grove, IL: InterVarsity Press, 1994), Lev 13:1-59.

Leviticus 13:47-59 discuss what to do if leprosy is found in garments made of wool, linen or leather. Obviously the writer of Leviticus understood leprosy as a much broader ailment than the contemporary meaning, Hansen’s disease. The Hebrew term צִרְעָה “is probably a generic term for various surface ailments that affect and discolor skin, cloth, leather and plaster but that are generally noninfectious and nonpermanent.”⁴⁰ Koehler defines it as “skin disease, not leprosy since it is curable.”⁴¹

Leviticus 14 is the instructions for how to respond when someone is cured of their leprosy. The occasion “marked [the victim’s] unexpected restoration to fellowship with his family and the community as a whole, and brought him back into a relationship with God’s sanctuary.”⁴² First, the priest would take a look (Lev 14:2b-3a). Then materials will be collected and a sacrifice made (Lev 14:3b-7).

The selection of two clean birds typified this renewed state of cleanness in the healed person, who was shortly to re-enter the community life of the nation. Clean animals were characteristic of the holy Israelites, who were exhorted continually to remain in this condition of body and mind. The bird’s blood, when sprinkled on the individual undergoing the rite, identified him once again with the community, and was therefore symbolic of his restoration to fellowship. In precisely the same manner, the shedding of Christ’s blood on the cross reconciles man to God and makes it possible for the sinner to join the household of faith. The bird’s death also served as a graphic reminder of the fate that would have overtaken the former ‘leper’ if the Lord, the supreme and only healer of Israel (Exod. 15:26), had not intervened and restored him to health.⁴³

After repeated ancient near-eastern spa treatments—shaving, bathing, and washing his clothes—the newly clean person was to participate in additional sacrifices, restoring fellowship with God (Lev 14:8-32). “The sin offering cleansed the sanctuary, the burnt offering

⁴⁰ P. S. Johnston, “Life, Disease, and Death,” in Alexander, 534.

⁴¹ Ludwig Koehler and Walter Baumgartner, *The Hebrew and Aramaic Lexicon of the Old Testament*, rev. and ed. Walter Baumgartner and Johann Jakob Stamm, trans. and ed. M. E. J. Richardson, electronic ed. (Leiden; New York: E.J. Brill, 1999), 1057.

⁴² Harrison, *Leviticus*, 151.

⁴³ Harrison, *Leviticus*, 152.

brought reconciliation and represented rededication, and the meal offering was a pledge of allegiance.⁴⁴

An impressive part of the cleansing ritual involved the smearing of blood by the priest on the right ear, the right thumb, and the right large toe, a procedure that formed part of the consecration ceremonies of the Aaronites (Lev. 8:24). The symbolism was also identical: namely that the cleansed man should hear God's voice, should perform works of righteousness with his hands, and should walk in God's ways.⁴⁵

In summary, leprosy was not definitively ascribed to sin, but it did express a departure from an ideal, from purity. It was recognized as such by God and to be communicated as such by the priests to the people. Requiring the infected to mourn and leave the camp was part of the object lesson. The camp must remain pure for the presence of God. Then, if there was healing, God did it, which was cause for celebration and restoration of the ex-leper to full fellowship with both God and the people of God. The restoration was one of full participation in the community and in worship.

With regards to HIV/AIDS, four points stand out. First, those suffering with HIV/AIDS are a reminder that all is not right with the world. This earth is corrupted, separated from God, and dying. But that thought alone is insufficient. We must bear in mind the full view of special revelation, the entire story. We must yearn for and point to the day when all will be made right, when death no longer has its sting (Hos 13:14, Rev 20:14), and when the purity of Holy God is the purity of all creation.

Second, identification of those with HIV/AIDS is both a sad and a necessary thing. Even at a time when ARVs are prolonging life, HIV is still a death sentence and one that can be spread to others in the community. Those infected need to be identified for the sake of their families and their communities, and they must take responsible steps for not spreading the disease any further.

⁴⁴ *Tom Constable's Expository Notes*, Lev 14:10.

⁴⁵ Harrison, *Leviticus*, 154.

Third, it was never the desire of God for the infected to remain out of fellowship with Himself or His people. If such were the case, there would be no need for instructions pertaining to restoration. Because God no longer resides in a tabernacle in Palestine, the object lesson of physical separation of the clean and unclean has ended. God dwells in the hearts of those who receive Him by faith (Eph 3:17, Gal 4:6). All else being equal, He is just as intimate with a person afflicted with HIV/AIDS as He is with the uninfected. Therefore, those suffering from HIV/AIDS should not be excluded from the people of God, from the worship of God, or from the witness of God.

Fourth, should a cure to HIV/AIDS ever be found, the victims and the people of God should rejoice. It will be a miracle from God regardless of how many doctors and scientists are involved. And to such an end, we should hope and pray.

Leviticus 22:4

Eight chapters after the lengthy discussion of leprosy in Leviticus 13 and 14, the term for leprosy reappears in the discussion of the Aaronic priesthood. Any priest with a leprous disease is commanded not to eat of holy things until he is clean. In Leviticus 10:10-11, the role of the priest is made clear. Part of their job description was to distinguish between clean and unclean. The emphasis in 22, then, seems to be one of integrity. The priest must live by the same standards God has set before the community. The priests have no business partaking in and leading in purity when they themselves are impure, unclean.

This prompts the question: Should someone infected with a disease, more specifically HIV/AIDS, be barred from leading in the church? No. In all the descriptions of who is and who is not to lead recorded in the New Testament (1 Tim 3:1-13, Titus 1:5-9), health-status is never an issue. Heart-status is always the issue. Character-status is always the issue. Now, should HIV/AIDS be the result of a character violation, then the other spiritual leaders will need to examine the leader's heart and assess the violation itself, not the individual's HIV status. The application of the Old Testament's object lesson on clean/unclean becomes the purity/impurity of

a man's heart in the New Testament. HIV/AIDS should not automatically disqualify someone from leading in the church.

Leprosy in the Old Testament Narratives

Exodus 4:6-7

When Moses was in the throes of his top 10 reasons why he could not serve God and return to Egypt, God said to him, “Put your hand in your coat, and pull it out... Tada! You have leprosy! Now put your hand back in your coat, and pull it out... Tada! You're healed!” (author's paraphrase) Other than being reluctant to serve, Moses had not done anything wrong. God was just giving Moses signs that he could use to prove to his fellow Hebrews that he was on a mission from God. Matthews argues that this sign was a judgment against hubris.⁴⁶ While leprosy certainly is a judgment against the pride of Miriam (Num 12) and Uzziah (2 Chr 26:19-21), I do not think that is the purpose here. I propose that the strength and persuasiveness of this sign is found in Moses being able both to give someone leprosy and then to heal an otherwise terminal affliction. (I do wonder, though, what Moses was thinking when he put his hand back in his coat—“What's He going to do now, make my hand disappear altogether?”) Constable says that this sign communicated that “Yahweh could afflict or deliver through His representative at will.”⁴⁷

The authority of God is seen in His representative overpowering the disease. Healing authenticates His messenger. This is not to say that all who represent God, all who act upon His authority, can heal. King David didn't. Solomon didn't. Joshua didn't. It is a unique sign given to few people, and then only for a special purpose. In the context of AIDS, then, the expectation of faith-healers to cure a person of HIV—or anything else, for that matter—is unlikely. I won't say

⁴⁶ Victor Harold Matthews, Mark W. Chavalas and John H. Walton, *The IVP Bible Background Commentary: Old Testament*, electronic ed. (Downers Grove, IL: InterVarsity Press, 2000), Exod 4:9.

⁴⁷ *Tom Constable's Expository Notes*, Exod 4:1.

impossible, but I do think it highly improbable. The circumstances for such a miracle would not be a function of an individual's innate ability to heal. Nor would it be a function of the worthiness of the recipient. Instead, it would have to be a time and place where God desired to validate what His agent said as true.

Number 5:1-4

God wants the unclean out of the Israelite camp. "The reason for this regulation was not any discrimination against these people based on personal inferiority. It was the need to separate the unclean, as long as they were unclean, from the holy God of Israel who dwelt in the center of the camp. The closer one lived to God the greater was his or her need for personal holiness."⁴⁸ The emphasis in these verses is Israel's obedience to God's commands in order to contrast it with their upcoming disobedience.⁴⁹

With the focus on clean and unclean, again it must be said that these categories did not necessarily equate with sinless and sinful. So, too, being HIV positive is not a mark of sin. It may be because of the individual's sin. It may be because of another individual's sin. More importantly, though, it is a mark of brokenness. A person living with HIV/AIDS is not as he or she should be.

Numbers 12

Miriam was mad. Her brother, the golden boy Moses, leader of Israel, married a black woman, a Cushite. He couldn't have married that nice, Jewish girl two tents over. No, he married *her*. So Miriam gets in league with her other brother, Aaron, and together, they make a power play to dethrone Moses, or at least end his monopoly on the leadership of Israel. God intervenes

⁴⁸ Ibid., Num 5:1.

⁴⁹ John H. Sailhamer, *The Pentateuch as Narrative* (Grand Rapids, MI: Zondervan Publishing House, 1992): 376, quoted in *Tom Constable's Expository Notes on the Bible* (Galaxie Software, 2003), Num 5:1.

and strikes Miriam with leprosy—poetic justice in that Moses’ wife was not white enough for Miriam, so God made Miriam more white, “like snow” (Num 12:10, ESV).

In this pericope, leprosy is a form of judgment. Miriam was a racist, a bigot, and God used leprosy to punish her. The same could be said for some instances of HIV/AIDS. A person has sex with someone they’re not supposed to, and as a result they may contract this sexually transmitted disease. That would seem to be poetic justice. It fits some scenarios for transmission of HIV/AIDS, but not all and certainly not those forced to have sex against their will.

However, that is not the complete story. Aaron pleads with Moses, the victim in this story, to intercede for Miriam. He asks Moses to heal her, as though Moses gave her leprosy. Moses intercedes with God on her behalf, and Miriam is healed. After a seven-day stint in the proverbial time-out chair, she is allowed to return to the fellowship of the redeemed.

While HIV/AIDS may be a punishment for sin, the church should still stand in the gap like Moses. By prayer and by effort, the church can and should pursue physical healing and social restoration of those infected with HIV. They still matter to God.

2 Samuel 3:29

Joab has just murdered Abner in cold blood. King David finds out and pronounces a curse on Joab and his descendents.

The curse for which [David] calls to be on the house of Joab as well as on Joab himself is frightening: *one who has a discharge* would be perpetually unclean and therefore debarred from worship (Lev. 15:2), as would the *leprous* person. *One who holds a spindle* implies a disability that required a sedentary occupation (cf. ‘or who leans on a crutch’, NIV).⁵⁰

The remaining two curses were death in battle and hunger.

It is an understatement to say that “being leprous” (2 Sam 3:29, ESV) is not a good thing in this passage. In fact, David expects God to carry out this curse on the all the generations

⁵⁰ Joyce G. Baldwin, *1 and 2 Samuel: An Introduction and Commentary*, Tyndale Old Testament Commentaries 8 (Downers Grove, IL: InterVarsity Press, 1988), 204.

of Joab, long past David's time. "These five afflictions would be signs of the Lord's righteous judgment on Joab's action, and future generations would note how the curse was fulfilled."⁵¹ In this instance, leprosy would be a sign of sin, but the sin belonged to Joab. His children, grandchildren, great grandchildren, great, great grandchildren, ..., would bear the consequences of his sin.

Similarly, being HIV positive may be the consequences of someone else's sin. This certainly seems true when a husband sleeps with an HIV positive prostitute, then forces his wife to have sex with him, and she infects her breast-feeding child. Both the wife and child are innocent victims of the husband's sin.

2 Kings 5

In this story, the reader is introduced to a mighty Gentile military leader called Naaman. Naaman has leprosy. The reader is not told how or why Naaman contracted the disease, only that he has it. Naaman's Israelite slave girl tells Naaman's wife, who nags Naaman, who then tells his boss, the Syrian king, that there is a guy in Israel who can heal Naaman of his leprosy. The Syrian king gives Naaman permission to go check it out, so Naaman packs up the loot to offer in exchange for his healing and heads out. Naaman's first stop is Israel's king. The only problem is the king can't heal him...but Elisha can. Elisha tells the Israelite king to send Naaman his way so that "he may know that there is a prophet in Israel" (2 Kgs 5:8, ESV).

Naaman goes to Elisha's, but a servant meets him at the door with instructions for the ultimate spa treatment: seven dunks in the Jordan and the leprosy will be gone. Miffed at the seeming insult of not meeting the prophet himself, Naaman reluctantly takes a swim. He gets out of the water, and the leprosy is gone. Ecstatic, Naaman returns to Elisha, wanting to repay him for his kindness and to give credit to Yahweh—"And [Naaman] said, "Behold, I know that there is no God in all the earth but in Israel" (2 Kgs 5:15b, ESV).

⁵¹ Ibid.

The remainder of chapter five is the story of Elisha's unfaithful, lying servant and his subsequent affliction of leprosy. Since leprosy as judgment has already been discussed in this paper, attention will be directed towards the use of leprosy to exalt the healer and redeem the leader.

Through leprosy, God showed that there was one in apostate Israel with a power greater than their king. Elisha did what the king couldn't. Elisha had the power and blessing and backing of the Almighty God; the king, not so much. In terms of the leader, Naaman entered into a salvific covenant with God through Elisha.⁵² This man was confronted by the power and authority of the one true God because of his leprosy. This man put his faith in Yahweh because of his leprosy.

The implications for HIV/AIDS from this passage are astounding. First, could it be that God wants to use HIV/AIDS to humble people and bring them into saving relationship with him? Second, might it also be that God wants to use His agents, His representatives, His people, His church to demonstrate His power and love to those infected? Third, might it also be that through the church's response to HIV/AIDS and to those suffering the disease's wrath that God wants to showcase His church as surpassing all other powers and authorities? To all three questions, the answer is a resounding, "YES!" The haunting question of Mordecai should linger in the church's understanding of HIV/AIDS: "And who knows but that you have come to your royal position for such a time as this?" (Esth 4:14b, NIV)

2 Kings 7:3-10

The northern tribes are in trouble. The Syrians have surrounded Samaria, the northern capital. The people are starving and turning to cannibalism in order to stay alive (2 Kgs 6:29). Then Elisha steps in and prophesies the end of the siege within 24 hours (2 Kgs 7:1). Who does

⁵² Donald J. Wiseman, *1 and 2 Kings: An Introduction and Commentary*, Tyndale Old Testament Commentaries 9 (Downers Grove, IL: InterVarsity Press, 1993), 221.

God choose to use to discover and testify to His intervention but four lepers. These four were dead if they stayed in the city because there was no food—certainly none for outcasts such as lepers. They figured they might as well try their luck with receiving mercy from the Syrians. The worst the Syrians could do was kill them, and that was an assured fate if they stayed put. They venture out, but the Syrians are gone. They had left in a hurry, leaving behind hoards of food and valuables. Eventually these four return to the city and share the good news as well as the good fortune.

In all the talk of leprosy as a judgment, here lepers are the bearers of tidings of comfort and joy, great joy. They are Santa Clauses to their fellow countrymen. These lepers were in a unique position to experience the blessings of God and be used by God to bless others. So too are men and women with HIV. They have a unique, utter dependence upon God that can lead them, if they are willing, to know Him more deeply and richly. Consequently, they can show the rest of the church what such sweet intimacy looks like and lead them into such a relationship.

Jesus and Leprosy

Matthew 8:1-4

Matthew's first mention of Jesus encountering leprosy came immediately following the Sermon on the Mount. Jesus had just presented His kingdom's Declaration of Independence and its Constitution when a leper approaches Him and says, "Lord, if you will, you can make me clean" (Matt 8:2, ESV). The leper's statement makes two noteworthy points. First, the leper ascribes to Jesus the authority and power to defeat the disease which has ostracized him from his family and friends and excluded him from the worship of God. Second, and more pointedly, the leper places a contingency clause upon Jesus' display of such power—"if you will." The implication is that, this side of the believer's resurrection, it may not always be God's will to heal.

To those in the death grip of the HIV virus, know that God is able. He can heal. He does have the power to beat the virus. But even if He does not, will you be faithful? Will you

show the faith of Shadrach, Meshach, and Abednego? Will you stand before the ultimate trial, facing certain death, and not flinch in your loyalty to God? He may not heal you in this life, but be confident that when you are resurrected, you will be free from this terrible disease. That day is coming and should be longed for by every bone in our bodies.

The story of Jesus and this leper continues. Jesus did the unthinkable. Jesus reached out and touched the unclean man, the leper. Instantly, the leper was healed. Instantly, he was clean. So Jesus told him to follow the Leviticus 14 instructions for the restoration of one healed of leprosy.

Much like the credibility given Elisha when he healed Naaman of leprosy, “Jesus’ miracles served as signs that attested to God’s vindication of Jesus’ identity and claims.”⁵³ The kingdom which Jesus had just declared to the world was now backed by power, unmatched power, miraculous power. “The Jews thought that healing a leper was as difficult as raising the dead (2 Kings 5:7, 14).”⁵⁴ But rather than dwell on what was already discussed with Elisha, I want to draw attention to another facet of this story: Jesus touched the leper.

Jesus could have simply said, “Be clean.” He essentially did that when it came to healing the centurion’s servant (Matt 8:5-13). Yet this time, he touched the untouchable. “Jesus frequently *touched* those whom he healed (8:15; 9:25, 29; etc.), but the additional expression *stretched out his hand* here focuses attention on the act, which is specially significant in the case of a leper.”⁵⁵ That leper had probably not had any healthy human contact in some time.

⁵³ Darrell L. Bock, “A Theology of Luke-Acts,” in *A Biblical Theology of the New Testament*, ed. Roy B. Zuck, electronic ed. (Chicago, IL: Moody Press, 1994), 113.

⁵⁴ *Tom Constable's Expository Notes*, Matt 8:2.

⁵⁵ R. T. France, *Matthew: An Introduction and Commentary*, Tyndale New Testament Commentaries 1 (Downers Grove, IL: InterVarsity Press, 1985), 156.

“Touching a leper was forbidden, and most people would have been revolted by the thought of it. Indeed, the law enjoined the leper’s isolation from society (Lev 13:45–46).”⁵⁶

Not only did Jesus touch the leper, but for the first time when clean came into contact with unclean, the unclean became clean instead of the clean becoming unclean. “Anyone who came in contact with a leper was also considered unclean.”⁵⁷ This was not so with Jesus. His purity overwhelmed the leper’s impurity.

There is a sense in which leprosy is an archetypal fruit of the original fall of humanity. It leaves its victims in a most pitiable state: ostracized, helpless, hopeless, despairing. The cursed leper, like fallen humanity, has no options until he encounters the messianic king who will make all things new. . . . As Jesus reached out to the leper, God in Jesus has reached out to all victims of sin.⁵⁸

I offer three observations of Jesus’ response as it pertains to HIV/AIDS. First, Jesus let neither social stigma nor medical contagion prevent Him from loving on the afflicted. Second, Jesus made it possible for the man to experience restored relationships horizontally and vertically. He made it possible for the diseased one to reunite with his loved ones, his family and friends, and He made it possible for the diseased one to participate in worship alongside the people of God. Third, while the church cannot atone for sin and may not be able to supernaturally heal, it can very much participate in the work Jesus did by loving fearlessly and seeking to restore those with HIV.

Matthew 10:7-8

In this passage, Jesus is sending the twelve disciples out on a short-term mission. They are tasked with preaching, “The kingdom of heaven is at hand,” and healing the sick,

⁵⁶ Craig S. Keener, *The IVP Bible Background Commentary: New Testament* (Downers Grove, IL: InterVarsity Press, 1993), Matt 8:3.

⁵⁷ James M. Freeman, *Manners & Customs of the Bible*, ed. Harold J. Chadwick, rev. ed. (Gainesville, FL: Bridge-Logos Publishers, 1998), 422.

⁵⁸ Donald A. Hagner, *Matthew 1–13*, Word Biblical Commentary 33a (Dallas, TX: Word Books, 1993), 200.

raising the dead, cleansing lepers, and casting out demons. Everything but the preaching is a pretty tall order. Not wanting to get bogged down in a theological debate about what is meant by “the kingdom of heaven is at hand,” I included this passage instead to call attention to the connection between the kingdom and these miraculous signs, especially the healing of the lepers. “The healing activity of Jesus and his disciples was more than kindness; it was itself a part of the proclamation of God’s kingdom (cf. 12:28).”⁵⁹ The testimony and presence of the power, authority, and ultimate rule of God are inextricably linked with people once burdened by decaying, diseased bodies now being set free, made right, restored.

Matthew 11:2-6

This connection between the kingdom of God and physical restoration of people carries over into Matthew 11:2-6. John the Baptist questions Jesus’ Messiahship, His calling and capability to rule as God’s representative. Jesus’ response is, in short, “Go tell John that I am doing what the Messiah is supposed to do.” An integral part of what Jesus was doing was cleansing the lepers, restoring sight and hearing to blind and deaf, respectively, and helping people walk again, which is precisely what Isaiah foretold the Messiah would do when He came (Isa 35:5-6).

For AIDS victims, again, supernatural healing was a divine neon sign to get people to listen to, obey, and believe God and His messengers. But for the Church, an inescapable identification as kingdom agents comes from the church’s engagement with sick and impaired.

Matthew 26:6

One of the aspects of Jesus’ life and ministry that got Him into the most trouble was the company He kept. Jesus spent most of his time associating with the drunkards and sinners, the impure and the unclean, those far from God. On this occasion, Jesus was staying in the house

⁵⁹ France, *Matthew*, 182.

of Simon the leper. “If Simon had been a ‘leper’ ... he was certainly not one by this point; no one would have joined him for dinner if he had been.”⁶⁰ Nevertheless, Simon still carried the stigma of leprosy. He carried it as part of his name. It was how everyone would identify him.

If no other passage spoke to need for Christ followers to overcome and act in spite of stigmas, this verse would be sufficient. Jesus, our model, our teacher, the one to whose image we are being conformed and transformed—Jesus had fellowship with one bearing the stigma and rejection of a disease.

Mark 1:40-42

In these verses, scholars believe that Mark depicts the same story Matthew tells in Matthew 8:1-4; however, Mark’s purpose is different. Hence he included a details omitted by Matthew. One of special interest is that when the leper approached Jesus, Jesus was “moved by pity” (Mark 1:41, ESV). The Greek word is *σπλαγχνισθεῖς*, meaning “have pity, feel sympathy.”⁶¹ Louw defined it this way: “to experience great affection and compassion for someone.”⁶² Köster found that “it expresses the guiding inner disposition which leads to mercy.”⁶³ Compassion, mercy, affection, sympathy—these should describe the church’s heart towards the infected population and guide its response to the pandemic.

Luke 17:11-19

En route to Jerusalem, Jesus is called upon by ten men pleading for mercy. They stand at a distance, for they are lepers, they are diseased, they are unclean. Jesus responds,

⁶⁰ Keener, *IVP Bible Background Commentary*, Mark 14:3.

⁶¹ Walter Bauer, *A Greek-English Lexicon of the New Testament and Other Early Christian Literature*, rev. and ed. Frederick William Danker, 3rd ed. (Chicago, IL: University of Chicago Press, 2000), 938.

⁶² Johannes P. Louw and Eugene Albert Nida, eds., *Greek-English Lexicon of the New Testament: Based on Semantic Domains*, electronic ed. of the 2nd ed. (New York, NY: United Bible Societies, 1996), 1:293.

⁶³ Helmut Köster, “Σπλάγγνον, σπλαγγνίζομαι, εὔσπλαγχνος, πολύσπλαγχνος, ἄσπλαγχνος,” in *Theological Dictionary of the New Testament*, ed. Gerhard Kittel and Gerhard Friedrich, trans. and ed. Geoffrey W. Bromiley, electronic ed. (Grand Rapids, MI: Eerdmans, 1964), 7:551.

instructing these men to present themselves to the priests. They depart, but shortly thereafter, one among them realizes he is free of leprosy and returns to Jesus in overwhelming gratitude. Jesus is grieved that of the ten healed, only one, the Samaritan, had a heart so full of thankfulness that he had to return and express it. Still, He commends the one and sends him on his way.

Having talked about healing and healers already, look at this passage from the perspective of the healed. First, the men asked for mercy, not explicitly healing.⁶⁴ The Greek word for “have mercy,” ἐλέησον, means “to be greatly concerned about someone in need.”⁶⁵ The lepers want somebody to care about them. They’re in pain. They’re in need, and in Jesus, they find someone who cares.

But, secondly, the lepers are all wrapped up in their own little world. The instructions in Leviticus 14 about seeing a priest were not so that the person might be healed of their leprosy. The ritual the priests conducted was in recognition that the leprosy was gone, that the person had been healed. Somewhere between Jesus and the priests, these men were going to be healed. Yet nine of these men are so self-absorbed, self-focused that, when the transformation happens, only one had a light bulb turn on over his head. Only one thinks to himself, “Hey wait a minute! I’m healed. That man, that Jesus—He healed me. He cared about me. He saw my pain, and he did something about it. I ought to go express my gratitude. I ought to say thanks.”

This last parallel to HIV/AIDS must be said with the utmost tenderness and compassion. Too often people suffering get lost in their own world. They embrace a victim mentality, especially when they are truly the victims of someone else’s sin. The world becomes all about them, their pain, their suffering. To those afflicted with HIV/AIDS, please do not get lost in your disease. God is bigger than your pain and suffering. God is at work in your midst

⁶⁴ Leon Morris, *Luke: An Introduction and Commentary*, Tyndale New Testament Commentaries 3 (Downers Grove, IL: InterVarsity Press, 1988), 275.

⁶⁵ Bauer, *A Greek-English Lexicon*, 315.

even when you don't realize or see it. You are not HIV/AIDS. You are not defined by your disease. You do not have to live as a victim.

Conclusion

Thinking biblically and theologically about HIV/AIDS in Africa is a daunting challenge. The complexities of the disease, the African culture, the history of the church's response, and the wake of the disease all combine to create a multifaceted problem demanding competent and thorough theologizing in order to lead people in the paths God would have them travel.

By beginning this theological odyssey with a study of leprosy, many of the meta-questions start to be answered. First, it gave clarity about the purpose of disease. God uses disease to accomplish His purposes. He uses it to convict of sin. He uses it a judgment for sin. He uses it as discipline so that men and women will humble themselves and turn to Him. He uses it to show that all is not right with the world. God uses disease to provide opportunities to make a point through healing.

Second, it gave clarity about how those infected with HIV should be treated. They should not be ostracized. They should be cared for, loved on, and embraced by the family of God. They should be allowed to lead. They should be invited to show the way to greater intimacy and dependence upon God. Their stigma should not impede our love. Their healing should be sought after and yearned for in our prayers and in our actions.

Third, it gave clarity to the responsibilities of those infected. They need to get tested for their sake and the community's. They need to act responsibly if they are infected so as not to spread the killer disease further. They need to think beyond their victimhood and live with an awareness that there is more to what is happening in this world than their pain, their disease.

Yet with all that learned, the journey is not over—far from it in fact. Large questions still loom. What is the biblical view of sexuality and women's rights? What is the biblical view of the treatment of those widowed or orphaned by AIDS? What is the biblical view of economic

development and economic recovery? What is the biblical view on different methods of prevention and treatment of HIV/AIDS? Even some topics already engaged need further exploration. What does the Bible say in general about disease? About healing and spiritual power? About suffering?

Nonetheless, may God use this beachhead of theologizing about HIV/AIDS to stir greater reflection, thought, faith, and action, and all to His glory, His kingdom, and His purposes.

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