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FEATURE

**Church Stigma and Discrimination Against
People Living with Chronic Conditions
Such as HIV: A Biblical-Theological
Perspective**

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Abstract. *The strides to mitigate stigma and discrimination against people living with chronic conditions such as HIV are undertaken by various stakeholders. However, the challenge remains formidable in the church. While it is true that some chronic diseases such as HIV can be contracted through immoral behaviors, they can also be contracted through non-immoral ways. These include but are not limited to (a) from mother to unborn baby, (b) from patient to caregiver, and (c) from unfaithful spouse to innocent partner. Thus, stigma and discrimination against people living with conditions such as HIV are unacceptable and undesirable for any community, including the church. This paper utilizes a biblical-theological perspective that suggests ten biblical principles in response to church stigma and discrimination against people with chronic conditions such as HIV. Suggested are principles applicable to all sicknesses or conditions that cause people to stigmatize or discriminate against them.*

Keywords: stigma, discrimination, mission, cosmic conflict, principle, church

Introduction

A discussion on Church stigma and discrimination against people living with chronic conditions such as HIV is a reality many seem not to be aware of. A few years back, I encountered a family of four siblings born with HIV who shared how their church presented an unwelcome environment to anyone living with their condition. They further confided that no one in their local church congregation or denomination knew about their HIV status. Similar stories were shared by hundreds I met in my pastoral ministry. Ironically, most of them are comfortable sharing their

status with compassionate people outside their denomination. Tragically, many leave the church, or if they choose to stay, they keep their chronic condition a classified secret.

Fear of ostracism and being shunned lead many to practice perpetual silence among church people. Rather than being a place of hope, the church (i.e., Christian community irrespective of denominations), in some parts, has become a place of discouragement and rejection. Although some denominations, such as the Seventh-day Adventists (General Conference of the Seventh-day Adventists, 2003), have made strides to eliminate stigma and discrimination against chronic conditions such as HIV, the challenge remains (Coleman, Tate, Gaddist, & White, 2016).

The existence of chronic conditions such as HIV, which cause church stigma and discrimination, cannot be explored outside the area of a theology of health in the Scriptures. At creation, God described everything He did as good (Gen 1–2). God created mankind to enjoy good health as evidenced in the numerous uses of the expression שְׁלוֹמִים (*šālôm* or shalom) and its derivatives in the Scripture. Shalom (שְׁלוֹמִים) nuances many elements that can be summed up as “wholeness, health, wellbeing” (Stendebach, 2006, p. 16). God desires shalom (שְׁלוֹמִים) for His people (Num 6:24–26). Shalom (שְׁלוֹמִים) “is a comprehensive expression denoting all that the people of ancient Near East wish for as the substance of blessing” (Stendebach, 2006 p. 19). The Dead Sea Scrolls and Rabbinic literature attest to the same meaning (Nel, 1997). Therefore, ill health, chronic conditions such as HIV, and death “represent anomalies in God’s universe” (Dederen, 2000, p. 751).

The mystery of sin (2 Thess 2:7) brought by the enemy of God (Isa 14:13–14; Ezek 28:14–16) who promotes it (2 Cor 2:11) causes sicknesses and chronic conditions such as HIV. When Adam and Eve sinned, sickness and death became a reality (Gen 2:19). Chronic conditions that humans suffer from result from sin in the larger context of the cosmic conflict (Rev 12:7–12).

However, practically, several elements can lead to ill health such as follows: (a) Personal lifestyle choices and rebellion against God can lead to sicknesses (cf. Lev 26:14–16; Num 12; Deut 28:25–29; Ps 107:17–21), (b) attack on the innocent by evil forces as in the case of Job can lead to ill health (Job 1:8), and (c) nonspecific causes can cause ill health (2 Kgs 20; John 9:1–3). Thus, the causes of chronic conditions (general ill-health included) can result from many possible factors.

God has the power to heal all diseases including chronic conditions (Gen 20:18; Exod 15:26; Deut 7:15; 32:39; 1 Kgs 13:6; Job 5:17–18; Ps 107:17–20; Isa 38:16–21; Jer 30:17; Hosea 5:13–6:2). Christ heals all kinds of diseases in the NT (Matt 4:23): fevers (Mark 1:23–31), leprosy (1:40–45), deafness (7:31–37), paralysis (2:1–12), blindness (10:46–52), demonic possession (9:14–29), blood flow or hemorrhage

(5:25–34), and He has power to stop death (Luke 7:11–17). Divine healing relieves the victim of pain and suffering. Healings proclaim the gospel of God’s kingdom (Matt 4:23). And, the new earth will have no disease or death (Isa 33:24; Rev 21:4). Nevertheless, in the present world, it is God’s prerogative to choose when to perform healing miracles. Unfortunately, there are church people living with HIV in the present. They often become victims of stigma and discrimination.

In places with high HIV prevalence and incidence, the church’s mission is inevitably impacted as nuanced in the above discussion. Church stigma and discrimination are core impediments against effective ministry to those chronic conditions such as people living or affected by HIV and AIDS. Several factors must be noted. First, there is not much scholarly work that purports to (a) suggest Bible-based principles that respond to church stigma and discrimination against those living with chronic conditions such as HIV; in some cases, denominational statements do not seem to offer a comprehensive analysis of church stigma and discrimination against those affected by or living with HIV; and (b) address the quandary created by the absence of definitive Bible-based responses that address church stigma and discrimination. This leaves the local church or those doing mission use other conceptual frameworks (not Bible-based) to respond to church stigma and discrimination.

Second, the church is experiencing rapid growth in places with high HIV statistics; therefore, church members need a Bible-based HIV and AIDS ministry (Stover et al., 2016). Third, mission efforts must be augmented by a church that accepts all into its membership irrespective of chronic conditions or HIV status. The church must realize that accepting and loving those living with chronic conditions such as HIV is key to the fulfillment of its mission. Fourth, there is a need for mission enthusiasts to acknowledge the existence of church stigma and discrimination.

Church stigma and discrimination against people living with chronic conditions such as HIV manifest itself in various ways: (a) negative or irresponsible talk about those living chronic conditions; (b) exclusion of those living with chronic conditions or HIV from assuming church responsibilities; (c) non-verbal discriminatory behaviors towards those living with HIV; and (d) absence of a meaningful budget to establish and sustain a ministry for HIV mission work by denominational church structures. There seems to be a lack of meaningful cooperation by denominational church organizations to implement suggested initiatives in some places, as evidenced by the non-existence of an AIDS-focused ministry.

While there are various routes to consider regarding chronic conditions, this study was limited to two key focus areas: (a) overview of what stigma and discrimination against people living with chronic diseases such as HIV and (b)

biblical-theological principles in response to Church stigma and discrimination. Highlight possible ways in which the biblical-theological principles can be applied in ministry toward those living with chronic conditions. A biblical-theological methodology was employed in the present study in search of satisfactory answers to the aforementioned questions.

Biblical-Theological Methodology

The present paper is a theoretical study that utilizes a biblical-theological methodology to explore church stigma and discrimination against people living with chronic conditions such as HIV. The biblical-theological method establishes theological thematic nuances that arise from a selected biblical book or text (s) (Osborne, 2006, p. 354). Furthermore, the methodology explores the biblical book or text(s) and makes contemporary reflections (Mead, 2007, p. 93). Also, the biblical-theology is an “interface between biblical scholarship and theological inquiry, between the ancient text and contemporary context” (Brown, 2009, p. 389). At times, no rigid step-by-step may be followed, although the rigor of textual analysis is adhered to (Brown, 2009, p. 387) to establish a unifying principle (Hasel, 1994, p. 215). Moreso, the biblical-theological method acknowledges that the process of theologizing is measured against the standard of Scripture itself (Kaiser, 1994, p. 206). The following focus areas are chronologically considered for this short study: (a) etymology of key terms stigma and discrimination, (b) a biblical perspective on God’s response to stigma and discrimination, (c) a biblical perspective: God’s response to stigma and discrimination, (d) early church’s response to stigma and discrimination (e) An overview of chronic conditions: The HIV context, (f) suggested biblical principles as a response to Church stigma and discrimination against people living with chronic conditions such as HIV, (g) summary, and (h) conclusion. Thus, selected texts in this short paper are explored as described above. Theological thematic nuances that suggest stigma and discrimination are established and used to provide principles for a theology of health regarding a contemporary issue—the HIV and AIDS stigma and discrimination in the church.

The Etymology of Key Terms: Stigma and Discrimination

The terms *stigma* and *discrimination* are key in this study, and therefore deserve brief consideration. The etymology of stigma and discrimination terminologies is not explicit in the Bible. However, their brief exploration aids in giving more understanding of the issue at hand. The meanings established are instructive to the

biblical principles concerning Church stigma and discrimination against chronic conditions such as HIV.

Stigma

The word “stigma” comes from the Latin word *stigma* and it means “the mark of disgrace or shame” (Barnhart, 1988, p. 1068). It can also mean “any mark of infamy or disgrace; a sign of moral blemish; stain or reproach caused by dishonorable conduct; reproachful characterization (Stigma, 1993). It can also be defined as “a distinguishing mark of social disgrace” (Stigma, 1994). Many of those living with or affected by HIV are often branded as immoral. For that reason, they are given *a mark of disgrace* and treated with “with some mark of reproach or infamy” by some of the Church congregants (Stigma, 1994).

Discrimination

The word discrimination is a noun from the Latin word *discriminates* that is a past participle of *discriminare*, which means, “to divide, separate, distinguish” according to Webster’s Dictionary (Discrimination, 1993). Discrimination can be described as “setting apart being different; marking as different; separating from another by discerning differences; to distinguish” (Discrimination, 1993). Furthermore, discrimination means “to treat unequally.” Furthermore, discrimination can also be defined as “unfair treatment of a person, racial group, minority, action based on prejudice (Discrimination, 1993). Discrimination is a negative attitude against a group of people (Stangor, 2016). Often, people living with chronic conditions such as HIV are discriminated against, as alluded to above. Thus, discrimination manifests itself in various ways. Racial supremacy, tribalism, gender exclusivity, regionalism, class or caste system, and so on, are all forms of discrimination.

A Biblical Perspective: God’s Response to Stigma and Discrimination

The entire Bible does not advocate for stigma and discrimination against anyone—the sick or anybody with a chronic medical condition. Stigma and discrimination are not attributes of God. The Bible presents a loving God who reaches out and sacrifices for all (John 3:16). God invites all to come to Him (Matt 11:28) irrespective of their race, gender, or medical condition. God does this because He is love (1 John 4:8). YHWH confronted acts of discrimination in the OT to express His displeasure of the practice. The case of Miriam is a good example (Num 12:1). She discriminated against Moses’ wife—a Cushite. YHWH’s judgment in response to her attitude or behavior made her leprous (Num 12:9–10). It is interesting

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to note that YHWH commanded her to be banished out of the camp of Israel for seven days (v. 14). The movement of the entire multitude of recently freed slaves had to halt for the same period (v. 15). Miriam's discriminatory act was a sin against YHWH. Clearly, as a principle, God disapproves of discrimination and stigma. At the core of stigma and discrimination (i.e., all its forms, including HIV and AIDS) is rebellion against YHWH.

Early Church's Response to Stigma and Discrimination

The early church was confronted with a situation that displayed a form of discrimination as presented in the NT (Acts 6). In Acts 6:1, the Hellenists bemoaned that their widows were *παρεθεωροῦντο*, "neglected," "overlooked" or "disregarded" by the Hebrews in the daily distribution (*παρεθεωροῦντο*, 1996). The treatment of the Hebrews against the Hellenists was a form of discrimination that caused a *γογγυσμός*, "complaint" (*παρεθεωροῦντο*, 1996) to arise from the members of the early church (v. 1). It is apparent in the text that the discrimination was based on ethnic grounds, that is, Hebrews versus Hellenists. Nevertheless, the church leadership resolved the matter (vv. 2–6). Consequently, the mission of the church prospered (v. 7) when the challenge of discrimination was addressed. Similarly, church stigma and discrimination against people living with chronic conditions such as HIV should not be ignored if the church is to accomplish its mission. The early church acknowledged the existence of a challenge (discrimination) and confronted it resolutely. Thus, in principle, the existence of *discrimination* in the Church is not a new phenomenon. Like the early church, there is a need for the church in the contemporary context of HIV to acknowledge and confront another form of the latent and overt challenge of stigma and discrimination. Therefore, drawing from the exemplar of the early Church, this paper argues for the use of Bible-based principles in response to Church-based HIV stigma and discrimination.

An Overview of Chronic Conditions: The HIV Context

The devastating impact of chronic conditions such as HIV is a global challenge. The challenge has caused millions of graves, abject poverty, single parents, orphaned children, and a host of other negatives. An estimated 690,000 people succumbed to AIDS-related illnesses, while 38 million continue to live with HIV, according to UNAIDS 2019 statistics Global HIV and AIDS (UNAIDS, 2020). In the same year, about 1.7 million people got infected with HIV (UNAIDS, 2020). The statistical data shows the import of according attention to chronic conditions such as HIV in doing mission.

Based on the brief overview of the etymology of the two terms *stigma* and *discrimination*, it can be concluded that it is an undeniable and common reality that those who live with or affected by HIV or AIDS are perceived or treated as (a) morally questionable, and therefore disgraceful and (b) prejudiced against and unfairly treated. Thus, in the context of HIV and AIDS, this paper argues that the victims of stigma and discrimination find the church community unfriendly and non-accommodating, although it preaches the gospel of divine love and acceptance.

To expand on the two elements above, people perceive an individual living with or affected by HIV as morally weak (Coleman et al., 2016). He or she deserves to be condemned, judged and treated unfairly. Relatives of those living with HIV are viewed as failures who should have assisted their loved ones to be morally upright. Accordingly, they, too, are a social disgrace and viewed as social misfits. However, the Bible seems to advocate the treatment of fellow beings differently. This observation leads us to discuss suggested biblical-theological principles that can be established in response to church stigma and discrimination against people living with chronic conditions such as HIV.

**Suggested Biblical Principles as a Response
to Church Stigma and Discrimination
Against People Living with Chronic
Conditions Such as HIV**

Church stigma and discrimination against people living with chronic conditions such as HIV are also visible challenges in the community. To some extent, the church reflects the community's perception about those living with or are affected by HIV. However, the church is a repository of truth and is unique (Dederen, 2000, p. 1). The church is entrusted to proclaim the message of salvation and make disciples (Matt 28:19–20) of all people (Mark 16:15), irrespective of chronic illnesses, including HIV status. The Church has a mission to proclaim the saving grace of God as nuanced in Num 6:24–26; Ps 103:8; Matt 6:14; John 3:16; Eph 2:4–5; Titus 2:11–12; Heb 4:16; 1 Pet 5:10 (Dederen, 2000, p. 1). Based on the aforementioned reasons, the Church must exemplify the character of God who accepts all (i.e., irrespective of medical status).

Sin is the Cause of all Diseases and Sicknesses Including HIV

The Bible teaches that all diseases and sicknesses, inclusive of HIV are a result of disobedience or sin as suggested in Gen 2:17, 3:17–19; Rom 5:12 (Dederen, 2000, p. 759). Sin results in death (Rom 6:23). Furthermore, sin is not exclusive to those living with or affected by HIV, but it applies to all humanity (Rom 3:23). “The Bible, particularly in the writings of Paul, maintains that because of Adam’s sin all persons receive a corrupted nature and are guilty in God’s sight as well” (Erickson, 2013, p. 581). All have sinned and all have access to life in Christ (Rom 6:23; 1 Cor 15:22).

Those living with chronic conditions of HIV should not be viewed as outcasts and worse sinners than the rest of the people. To do so is to negate the biblical truth thus so far discussed. The HIV-affected or infected are sinners in need of a Savior just as everyone else (1 John 1:9). “All humans are born in need of being born again” (Gulley, 2012, p. 167). God invites all humanity, church members, and the community, in general, to repent of their sins (Acts 3:19). All need God’s forgiveness for their sins (cf. Ps 103:12; Eph 1:7; Heb 10:17). People living with or affected by HIV are as dear to Jesus as those not living with the chronic condition. The atoning death of Christ (John 3:16; Dan 9:26;), mercy, and forgiveness (Dan 8:14; Heb 4:15–16) are available to all repentant sinners. “Sickness and death represent anomalies in God’s universe, to be copied with for the present, but destined to end in the coming triumph of Christ’s kingdom” (Gulley, 2012, p. 751). Above all, the rule of sin, all sickness and death will be brought to an end (1 Cor 15:52–55) at the second coming of Christ (Dan 12:1–3; Rev 21:4).

Ministry to Those with Medical Conditions is Part of the Gospel Commission

The Bible states many things about what the Christian ought to do. It also gives instructions on what to do to those with medical conditions (Matt 25:43), orphans, and widows (James 1:27). By the end of 2000, HIV, had left about 15 million orphans behind. According to Gilbon (2002)

The US Bureau of the Census estimates that, by the end of 2000, 15.6 million children around the world had lost a mother or both parents to AIDS. By 2010, at least 44 million children will have lost a mother, father, or both parents to AIDS. Even these daunting figures exclude older orphans aged 15 years and older, children orphaned by war and other causes, orphans on the streets and in institutions, and children whose parents are ill with opportunistic infections of AIDS. (p. 12)

Most of the orphans are cared for by grandparents (Sheika, 2013, pp. 363–370). The picture has not changed much today). Given the above picture, it is the duty of the church to minister to the sick inclusive of those who are HIV-affected and children orphaned by its impact. The Gospel Commission (Matt 28:18–20), by nature, meets felt needs, and it is opposed to stigma and discrimination—it is for all people, inclusive of those living with HIV. Eradicating stigma and discrimination in the church is a felt need. As White (2000) points out,

Christ’s method alone will give true success in reaching the people. The Savior mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, “Follow Me.” (p. 143)

Loving All Without Discrimination and Stigma

The parable of the Samaritan is an ideal biblical example to consider in this discussion. The Samaritan’s action to meet the needy individual followed the neglect shown by the Levite and a priest (Luke 10:25–37, Matt 22:34–40, Mark 12:28–34). Jesus told this parable in response to a question about who to regard as a neighbor (Luke 10:25). People living with chronic conditions like HIV need the church family’s love and acceptance and are indeed neighbors who must be attended to. Jesus taught zero discrimination, and at the end of the parable, Jesus commanded, “Go and do likewise” (Luke 10:37). To love and assist people, inclusive of those affected by HIV, without prejudice, stigma, and discrimination is a divine imperative backed by Scripture.

No outcasts: The Example of Jesus

Jesus interacted with those considered outcasts by the society (Matt 9:10, 11; Mark 2:15, 16). Tax collectors were grouped with Gentiles and classed as social outcasts (Nichol, 1980). Christ set an example (i.e., He established a principle) for what the church must do to all regardless of medical condition in the 21st century. The church must not behave like the Scribes and Pharisees who wanted Jesus to be exclusive (Matt 9:11, Luke 5: 30, Mark 2:16). People living with chronic conditions such as HIV or who have AIDS are not to be considered a disgrace and outcast, and every Bible-believing Christian must love and care for them the way Jesus exemplified. Those considered outcasts, Jesus ate and socially interacted with them (Luke 19:7).

Healing and Provisions for Those Living with Medical Conditions

Elisha and the young girl in Naaman's home is a good example (2 Kgs 5). Both Elisha and the young girl ministered to the health need of leprous Naaman (2 Kgs 5: 2, 10, 14), the Syrian army general (2 Kgs 5:1). Leprosy was a condition that brought social disgrace and qualified one to be physically and socially ostracized (Davies, 1890, pp. 142–52). Social ostracism due to leprosy became more explicit by the Second Temple Jewish society (Ballentine, 2002; Himuhu, 2008; Shinall, 2018). Also, the Medieval period (Brody, 1968). Elisha and the young lady did not discriminate against the Syrian who represented enemies of Israel (2 Kgs 5:2). The two offered to help. Although not explicit, the king of Israel in the text acted discriminatively and interpreted the request for help by the Syrian king negatively (2 Kgs 5:6–7).

The call of duty for the church is to recognize the health needs of those living with or affected by chronic illnesses and to seek to respond sympathetically irrespective of their social, economic, religious, and political background. Elisha understood and acted swiftly (2 Kgs 5:6–7, 10). The expression, “he gave,” is an imperatival command using the Hebrew expression “רָפָה.” The expression רָפָה which is transliterated *tahar* means to “be cleansed,” “be clean,” “be purified” (רָפָה, 2009). The expression *tahar* denotes total healing of the body and the spiritual dimensions. Naaman vowed to worship Yahweh, the God of Israel, in v. 17, after the healing experience in the Jordan River. The ministry of the church is to be directed to those affected by HIV by responding to their felt needs and, most importantly, their spiritual needs. When the church community stigmatizes and discriminates against those affected by HIV, the bigger biblical principle that drives the mission of the Church is also put aside. Naaman was ordered by Elisha to go to the river to be *cleansed* (v. 10). On the contrary, the king of Israel discriminated against the Syrian's request for help (v. 7) and did not understand the mission of the nation of Israel (2 Kgs 5:6–7). The sick from the nations were to find holistic healing and gain knowledge of YHWH, the God of Israel.

According to Jenni Ernst and Claus Westermann, some terms carry health nuances in the OT (Ernst & Westermann, 1997). רָפָה is transliterated “*rapha*.” It means “to heal,” “to repair,” “to give relief” (Ernst & Westermann, 1997). *Rapha* is used in the OT to refer to healing that addresses the totality of the person. The word appears about 67 times in different forms (רָפָה, 1997). Also, the OT uses the word [שָׁלוֹם], transliterated “*shalom*” which means “wellbeing,” “good health,” “welfare” (Holladay, 1988). The NT Greek and LXX use the word ὑγιαίνω transliterated “*hugiano*” from where we get the English word “hygiene.” Its etymological meaning

refers to “to be sound,” “to be well,” “to be in good health” (Henry, 1997). It has been correctly observed that it is equal to *shalom* used in the OT (Reid, p. 761).

The church community needs to offer help to assist those who have chronic conditions like the HIV-affected. The ministry of those in need is a biblical principle as shown in Deut 15:7–11; Matt 19:21; 25:40; Luke 6:38; and 1 John 3:17. Medicals, necessities, education or information on how to live with chronic illnesses or HIV, and food are the 21st-century equivalent felt needs of persons living with HIV or suffering from AIDS. Medications that have no food are dangerous, if not poisonous. Mobilization of food for those who do not have it is critical. To stigmatize and discriminate against those living with chronic conditions like HIV is contrary to Scripture and militates against the mission of the church in general.

Unconditional Acceptance

The elder brother of the prodigal son (Luke 15: 11–32) seems to be the main challenge in the parable told by Jesus. The elder brother perceives his younger brother as a disgraceful character who does not deserve love, compassion, and acceptance from the father (Luke 15: 28–30). There are no set rules demanded by the father to accept his son in the narrative. The prodigal son’s readiness to come back is enough condition. It is condition enough for those living with HIV to walk to the church community and be accepted unconditionally. They may have contracted the HIV virus by choice or are simply victims of circumstances. To discriminate and stigmatize those affected by HIV is akin to the behavior of the prodigal son’s brother in the parable of Jesus. The brother became angry (Luke 15:28) that his younger brother had come back. The older brother became angry as expressed in the Greek expression ὀργίζω. The Greek word ὀργίσθη etymologically from the root word “*orgizo*” means “to be angry.” The form that appears in the parable is passive aorist, and it means “to be made angry, to be provoked.” In other words, the elder brother was provoked into anger by both the return of the younger brother and the lavish acceptance given by the father. When people stigmatize and discriminate against those that God loves, HIV-affected included, they might be venting anger and fighting against the very nature of God to love people unconditionally. Therefore, they fail to represent Him. While the prodigal son became an *insider*, the elder brother became an *outsider* (Luke 15:28) though he was resident at home (Lyle, 2012). Again, Jesus teaches total unconditional acceptance of all His children by His Heavenly Father. And this is to be the attitude of the Church. Discrimination and stigma are evidence of anger and rejection which are provoked by the coming of people to Jesus in His church. In this scenario, the church community becomes an *outsider* rather than an *insider* and partaker with Christ.

Stigma and discrimination fragment acceptance and the unity of the church that Jesus prayed for (John 17:23).

Involvement

When the prodigal son went home, he was treated as a son. He was not regarded with a lesser status in the home. He was fully accepted as a family member. Furthermore, he was dressed in royal clothes and given royal status and royal treatment, an expression of full kinship and sonship status (Luke 15:22). “Clothing him in regal stole, giving him a ring signifying full sonship, and putting on a feast with the fatted calf, a festive banquet such as otherwise might have occurred only once a year or so on a major religious holiday—such as a day of atonement” (Lyle, 2012, p. 196). Thus, he became royalty despite what had happened. The family rejoiced that he was part of them (Luke 15:24–25). Those living with or affected by chronic illnesses such as HIV are part of the royalty of God and are entirely God’s children. God loves them just as He loves those without chronic conditions like the HIV virus. People with chronic conditions should not be ostracized from involvement in the Church mission (cf. Matt 28:19–20). Accordingly, they can function in any capacity as stewards of His Church, exercising their spiritual gifts for mission (Eph 4:11–13; 1 Cor 12:4–31). People living with or affected by HIV can be elected into various church offices. Besides, in the absence of stigma and discrimination, the Church must rejoice that every church member is a part of God’s family (Luke 15:24–25).

Allocation of Resources

The church in Antioch learned of a felt need for the brethren in Jerusalem (Acts 11:27–28; Rom 15:26–27). Subsequently, the Antioch church mobilized resources to assist the Christian community in Jerusalem (Acts 11:29–30). Paul made a commendation of this mutual support by the early church (2 Cor 8:1–5). “The most complete exposition in the New Testament of the Christian rationale for such mutual support comes from Saint Paul’s commendation of the churches in Macedonia to the church in Corinth” (Pelikan, 2005, p. 142). The early church set aside resources to assist each other in times of need, and such should be the practice of the Church supporting the AIDS mission work through such ministries as Adventist AIDS International Ministry, at all levels of the church.

The response to a felt need was done in an organized manner. Similarly, the church needs to respond to the plight of those affected by chronic conditions such as HIV through organized ministries. As an example of denominational endeavors to respond to chronic diseases such as HIV in the church and communities, the

Adventists established a special ministry called Adventist AIDS International Ministry. The General Conference of the Seventh-day Adventists (i.e., world head office) established this ministry in 2002. Adventists in some parts of the world were responding to the HIV and AIDS challenge through ADRA AIDS-funded projects, besides collaborating with other stakeholders who included government ministries and NGOs. All these AIDS mission work initiatives needed an organized coordinating ministry by the church, and thus Adventist AIDS International Ministry was born. Besides, the church felt it needed a full ministry operating from within the church too. In some parts of the world, the AIDS work was running under a diversity of names, and continue to do so today, but as part of the Adventist AIDS International Ministry organization. Another example is the Zimbabwe Adventist AIDS Ministries (ZAAM). It is a full ministry with directors from the regional and national administrative levels of the church down to the local parish. Besides, it is financed by the church budget system. These ministries work from within the church and reach out to the communities irrespective of color, gender and /or religious affiliation.

Resources for this specialized ministry need to be intentionally set aside. It is a biblical principle for the Church to assist those in need, as evidenced in the book of Acts. In the same manner, this paper contends that the Church must avoid what may become *institutionalized* (e.g., accepting the norm to systematically avoid ministry to do HIV and AIDS ministry) stigma and discrimination against chronic conditions by avoiding to allocate resources for such felt needs in the community as alluded above. Each level of the denominational church organization needs to respond accordingly.

Giving Hope

The Bible is a book of hope; therefore, it forbids anything that takes away hope. The Greek word κρίνω in Matt 7:1, which is transliterated as *krino*, has several meanings: “to condemn,” “to try,” “punish,” “avenge,” “conclude,” “damn,” “decree,” “determine,” It also means “to form an opinion” (κρίνω, 2013). The above nuances explain why *krino* is forbidden in Matt 7:1 and Luke 6:37. God does not condemn (John 3:17). Church stigma and discrimination are acts of *making an opinion* or *condemning* those affected by HIV or suffering from AIDS. Such actions take away people’s hope. Jesus challenged those that were sinless to cast the first stone at the woman caught in adultery in John 8:7.

The woman brought to Jesus was condemned or decreed to die (John 8:4–5). By the time she left the presence of Jesus, she had hope and life (John 8:11). Those who sought to kill her also sought to find fault with Jesus (John 8:6). Church stigma and discrimination against those with chronic conditions like HIV are reflective of deep
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spiritual challenges. The men who brought the woman to Jesus expected Christ to condemn her to death. Jesus responded to the spirit of condemnation against the woman with divine love.

Similarly, when people are compelled to come to church by their HIV-positive status, as innocent victims or not, they do not deserve to be condemned. In the case of HIV, it comes as stigma and discrimination. Therefore, it is a biblical principle, exemplified by Jesus, to give hope to those compelled to come to Him by circumstances or chronic illnesses such as HIV. The Bible is a book that teaches hope (Ps 71:14, 71:5) because God is humanity's hope (Rom 15:13, Titus 2:13, 1 Pet 1:21). The Church uplifts Jesus (John 12: 32). The Church is a place of hope for all to have their burdens lifted (Matt 28:11). The church does not *krino*, it is a fountain of hope.

Compassion-driven Religion

In the context of the Ancient Near East (ANE), Jesus did the unthinkable—touching healing lepers in response to their needs (Mark 1:40–41). Compassion drives away fear, stigma, and discrimination. From the Greek word *λεπρός* transliterated as “*lepros*” means “leprosy,” “scally,” “scabby,” or “rough” (Louw & Nida, 1996). Leprosy was, therefore, a dreaded skin disease. In the ANE times, it “encompassed various kinds of skin diseases” (Stein, 2008, p. 105). To have leprosy “resulted in one being unclean and ostracized from society (Luke 17:12) and even from one’s own family and home” (Stein, 2008, p. 105). Thus, “socially, a leper was the equivalent of a corpse” (p. 105). This was so because “leprosy was considered a punishment from God” (p. 105). Leprosy was also regarded “as a living death” (Nichol, 1985, p. 876).

Perhaps because God used leprosy to strike an arrogant king: Uzziah (cf. 2 Chron 26:16–21), some think leprosy was always an act of divine judgment. However, this was not to mean each time a person had leprosy, they were receiving punishment from God. There seems to be no biblical evidence to arrive at this conclusion. God has used fire to consume the enemies of His people (2 Kgs 1:10-14). He has used water to vanquish those who work against His purposes (Exod 14:27-30). It cannot, therefore, be concluded that a baby who drowns in water or a house gutted by fire are punishments from God. Jesus reacted against such acts of stigma and discrimination. People living with chronic conditions like HIV are ostracized today as lepers were among the ancients. Jesus chose to *touch* the disgraced of His days. The Jesus method is a principle of what compassion does toward those living with chronic conditions. The church is the hands of Christ that *touch* the afflicted.

Furthermore, the word *compassion* is translated from the word *σπλαγχνισθεῖς*. In greek syntax, it is a verb, aorist passive participle. Also, it appears in other forms about 26 times in the NT, and mostly in the books of Matthew, Mark, and Luke (Accordance Bible Software, n.d). Its etymological meanings include “pity, entrails, heart, feel sympathy, compassion, tenderheartedness, benevolence, affection” (Louw & Nida, 1996, p. 294.). The form that appears in the text *splangchnistheis* carries the general meaning of the word as used in other NT texts (Matt 14:14; 9:30; Mark 9:22; Luke 7:13; 2 Cor 7:15; Eph 4:32). The verbal form of the word expresses the significance of what moved Jesus to act toward those with chronic conditions. Jesus acted from deep inside Himself to: feel for others, have affection, have pity, be tenderhearted for those that came and cried to Him for help (Mark 10:49–52). When Jesus was confronted by the need for help, He had compassion. Jesus never ignored a cry for help. The community of Christians must be compassion-driven when encountering those affected by HIV in its mission endeavors. In doing so, the church becomes the voice, hands, feet, and heart of Jesus.

Summary

This short paper focused on an exploration that utilized a biblical-theological perspective to suggest ten principles in response to church stigma and discrimination. Chronic conditions that occasion stigma and discrimination are real in the church pews. The case of HIV looked at in this paper save as a good example of chronic diseases that cause stigma and discrimination.

The study has revealed several elements. *First*, all sicknesses and diseases are a result of sin. Sin is not exclusive to those living with or affected by chronic conditions such as HIV, but it applies to all humanity (Rom 3:23). Although some chronic illnesses result from immoral behavior, many living with or affected by such medical conditions are mere victims. Stigma and discrimination and their different trajectories, such as tribalism or racial superiority, are signs of rebellion against God. All humanity has sinned and needs a Savior. *Second*, the study has also shown that ministry to those living with chronic conditions is part of the Gospel Commission. The Scripture is instructive of principles that apply in doing ministry to those with medical conditions (Matt 25:43), orphans, and widows (James 1:27).

Third, the church must love all without discrimination and stigma. The parable of the Samaritan exemplifies unconditional love not shown by the Levite and the Priest (Luke 10:25–37, Matt 22:34–40, Mark 12:28–34). *Fourth*, there are no social outcasts as exemplified by Jesus. Jesus interacted with those considered outcasts by the society of His day (Matt 9:10–11, Mark 2:15–16). *Fifth*, the church ought to capacity build and provide for necessities for the needy who live with chronic

illnesses. More so, facilitate medical healing where possible. Naaman went back healed of leprosy (2 Kgs 5).

Sixth, the community of faith must give unconditional acceptance to those who are stigmatized or discriminated against. The church should not behave like the elder brother of the prodigal son (Luke 15: 11–32). The lost son represents a sinner who is welcome by the Father (Luke 15: 28–30). All who suffer stigma and discrimination must find the church a place to meet the Savior. Seventh, the study has shown that people with chronic conditions such as HIV should not be ostracized from the activities of the church and various ministries. Jesus commissions all to take part in His mission work (cf. Matt 28:19-20). All, inclusive of persons living with HIV, are endowed with spiritual gifts for mission (Eph 4:11–13, 1 Cor 12:4–31). Thus, people living with or affected by HIV may be elected into various Church offices if they are members of a given denomination.

Eighth, the study also makes it apparent that there is a need to allocate resources to meet the needs of ministry toward people living with or affected by HIV. The model of the Antioch church in helping their brethren in Jerusalem (Acts 11:27–230, Rom 15:26–27) is worthy to note. Ministry to people living with or affected by HIV needs resources to yield desired goals. Ninth, hope is an indispensable element for people living in a sinful world. Discouragement, pain, frustration, stigma, and discrimination can be alleviated when people embrace hope. Hope is what the church must give to all irrespective of the medical condition. Tenth, the study has also shown that compassion is what drove Jesus to do the unthinkable in His earthly ministry—He touched lepers (Mark 1:40–41). Compassion displaces fear, stigma, and discrimination.

Thus, the biblical-theological reflection has also shown that stigma and discrimination are acts of condemnation and judgment contrary to Scripture. A loving ministry that seeks to heal and provide for the HIV-affected is a divine imperative. All of God's children are equal and are called to participate in the ministry of the church irrespective of HIV status.

Acceptance, love, and compassion toward those affected by HIV are divine attributes that are to be reflected in the identity, life, and mission of the church. The Biblical principles espoused in this section go a long way to show that stigma and discrimination are alien to the Christian mission work. Christ's love and compassion must be the motivating factor in ministering to those living with or affected by HIV or AIDS.

Conclusion

In concluding this study, several key elements can be drawn.

1. In places that remain an epicenter of chronic conditions such as HIV, the church needs to confront stigma and discrimination. The church must set up and continue to run ministries that meet the felt needs of people living with chronic conditions such as HIV.
2. Sin is an unwelcome enemy that causes all forms of suffering, diseases, and chronic conditions such as HIV on planet earth in the context of the cosmic conflict. God has overcome sin through His Son's sacrificial death. All people are sinners who need God's salvation. Repentant sinners, including people living with chronic medical conditions, can receive forgiveness and mercy from Christ.
3. The rule of sin: suffering, diseases including chronic conditions such as HIV, and death will be eradicated at the Second coming of Jesus when He establishes His eternal kingdom and ends all earthly empires and kingdoms on planet earth.
4. Bible-based principles as espoused in this study must characterize ministry to people living with chronic conditions such as HIV. Healing, making provisions, unconditional acceptance, involvement in church ministries, resource allocation, love, and compassion are part of core principles that characterize ministry to people living with chronic conditions such as HIV.
5. The study on church stigma and discrimination against people living with chronic conditions such as HIV contributes to a theology of health in the Scriptures.

What White (1907) wrote in a letter, more than a century ago, should warn and guide the Church to treat those living with chronic conditions such as HIV, in a Christ-like manner.

The work of judging his brother has not been placed upon any man. "Judge not," the Savior says, "that ye be not judged; for with what judgment ye judge, ye shall be judged: and with what measure ye mete, it shall be measured to you again." He who takes upon himself the work of judging and criticizing others, lays himself open to the same degree of judgment and criticism. Those who are ready to condemn their brethren, would do well to examine their works and character. Such an examination, honestly made, will reveal the fact that they, too, have defects of character, and have made grave blunders in their work. If the great Judge should deal with men as they deal with their fellow workers, they would regard him as unkind. (para. 1)

God is love (1 John 4:8), and we ought to love each other (John 15:12, 13:34), inclusive of those living with chronic conditions such as HIV just as God has loved us (1 John 4:19).

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