



*Two views from and about Africa and whether Adventists have a greater responsibility to the sixth commandment (thou shalt not kill) or the seventh (thou shalt not commit adultery); and, could Uncle Arthur's God abandon missionaries?*

## AIDS, Adventists, and Africa— Only Abstinence Is Foolproof

I have followed Gilbert Burnham's article and the responses to it (*Spectrum*, Vol. 24, No. 2). In the middle of all these, some facts about issues surrounding the "storm" are either unknown or left out. Let me deal with the issues for the sake of our brethren who are not in the full picture.

Drs. Muganda and Kibuuka's responses are the sentiments of most African professionals within the Eastern Africa Division. I well recall the outraged sentiments of a division-wide meeting in Bulawayo, Zimbabwe, this past November.

It is noteworthy that *Spectrum* readers know that condoms are not 100 percent protective. Here Dr. Burnham and Dr. Hopp in her response are telling the truth. Some latex material making condoms have "pores" or "channels" 5 microns in diameter. HIV measures 0.1 microns! Furthermore, 17 percent of the partners using condoms for protection among married couples in which one partner was HIV infected still caught the virus within 18 months. That is one out of six!

A U.S. Food and Drug Adminis-

tration (FDA) study duplicated the stresses of sexual intercourse to test whether the viruses would leak through the pores of a stretched latex condom. The study says that "men who do not use condoms are at least 10,000 times more exposed to HIV transmission than are those who do."

This study was cited by Caroline Blair, a UNICED AIDS project officer in Kenya, objecting to an essay of mine in *The Nation*. But she gave only one-half the story. The other side of the coin she did not quote. That same study she quoted showed that "between 14 and 29 of the 89 condoms tested leaked a significant amount of test particles." It went on to say that researchers concluded that leakage of ejaculate was real and therefore "the use of latex condoms can substantially reduce, but not eliminate, the risk of HIV transmission." This study has been published in at least three places. If leakage in 29 out of 89 condoms occurred, that is 33 percent of the time! And the leakage was ejaculate. The HIV particles are 1/25th the width of sperm in an ejaculate.

Given these findings on HIV size

and leakage, what rational, informed scientist would place his or her trust 100 percent in such flimsy armor and risk his or her very life?

Furthermore, is it likely that young people in moments of unbridled passion will stop to remember the 13 steps a U.S. Department of Health and Human Services publication recommends, including:

- Store properly.
- Pay attention to expiration date on condoms with spermicide.
- Use a water-based lubricant. Petroleum products (e.g. jelly) must be avoided.
- Be cautious about vending machines, since extreme temperatures reduce efficacy.
- Don't keep condoms in wallet or pocket for more than a few hours at a time; increased temperature will occur.
- Don't open package with teeth, sharp nails, or scissors.
- Check to see if condom is gummy or sticks to itself.
- Check tip for brittleness, tears, holes, etc.

In other words, our AIDS prevention efforts should not give false security in an attempt to reduce risk of transmission through condom use. The balance between abstinence and condom use as an AIDS prevention message is quite delicate.

AIDS education programs have certainly increased the sex knowledge quotient among our youth. But none of them have shown any significant and consistent decrease in sexual activity, pregnancy rates, or sexually transmitted diseases, including AIDS.

The so-called "safe sex" solution to AIDS prevention is a disaster in the making. Condoms are not the solution; values are! The only common sense solution is *abstinence before marriage* ("no contact, no contract"), then *marriage with mutual fidelity for life to an uninfected partner* ("zero grazing"). If there is

any other solution, I have not come across it.

Programs that encourage teens to postpone sex until they are older (both in Africa and the United States) have been very successful. Primary school pupils in such programs showed consistently higher differences in lowered sexual involvement, with resulting lowered risk of transmitting AIDS and sexually transmitted diseases, measurable right through high school.

There is a consensus: AIDS is one disease you don't want to get. It has hit Africa hard! Condoms are 70-85 percent effective. There is USAID money to supply free condoms all over Africa. It is easy to dish condoms out, rather than a good painstaking program to provide abstinence.

Students need to get a strong, clear message: saving themselves

## AIDS, Adventists, and Africa— Condoms Combat Suicide, Murder

The AIDS crisis has pushed questions of sexual ethics to the top of the Christian agenda. A lively, and sometimes rancorous, debate has developed over the role of condoms in Seventh-day Adventist anti-AIDS campaigns. Some of the debate has been published in *Spectrum*.

The magnitude of the HIV/AIDS crisis is such that Adventists must stop fighting each other over condoms. Fellow Christians are perishing from AIDS while we argue. Non-Christians are going to Christless graves because the gospel did not reach them in time. Time, energy, and material resources must be used wisely and effectively because each human life, both here and hereafter, is at stake.

Some church officials seek both

until marriage is the only 100 percent sure way to be protected from disease and pregnancy. Let's teach them about contraception, but be honest about the high failure rates. Let's teach them skills to help them save sex until marriage. If, after such education, they insist on having sexual intercourse, let us provide counseling and contraceptive education on an individual basis.

Africa needs help. But we want to be treated with dignity. We want programs of partnership with mutual respect as we articulate our problems and what we perceive as solutions. We shall also dialogue and listen. We are good at listening—maybe too much to our detriment. It is time for us to talk. We speak in love truthfully.

Paul Wangai, Jr.  
Director

Health/Temperance Department  
Eastern Africa Division

to withhold information about condoms and condemn condoms in anti-AIDS campaigns. The message the church needs from its leaders is: "People are dying! Let us work hard to educate for better lifestyles. Here is a syllabus, here is a plan, here are detailed strategies for different age groups, here is an appropriation." Instead, the dominant message from some official pipelines is: "Condoms are evil, and woe be to any Seventh-day Adventist found promoting them." The message seems more anti-condom than anti-AIDS.

In groups that traditionally speak of sex very guardedly, the discussion of condoms brings sex into public focus in a way that causes real discomfort. Many Christians feel that sex is discussed too openly in Western cultures. However, the

AIDS crisis forces the church to be more open on the subject than many third world cultures are accustomed to. The key is discussing sex in a totally Christian manner.

Contraception may be grudgingly accepted, in the face of overwhelming evidence, but still be viewed by some people with hostility—as an alien imposition. Contraception may be seen as transgressing the law of fertility. Contraception may be viewed as the woman's responsibility, with the condom placing unwelcome responsibility on the man who wishes to be free. Clearly, people who hold any of these views on contraception will need to do some careful thinking or else their focus on condoms will remain blurred.

From a medical perspective, condoms are far from foolproof, both as contraceptives and STD preventatives. Anyone who trusts a condom in an illicit sexual encounter is playing "Russian roulette." The risks of contracting AIDS, even with a condom, are so great that illicit sex has to be seen as a form of suicidal insanity.

Yet condoms provide a degree of protection that is significant from a public health perspective. Very few vaccination or drug therapies offer perfect success rates—but they do save lives. Studies of gay communities have proven that condoms decrease the rate of HIV infection.

Adventists operate medical institutions because of their wholistic philosophy. We seek to minister to the whole range of human needs. By saving human life, we hope to open up a pathway to the heart, making people receptive to the gospel. We do not treat malaria, tuberculosis, cancer, heart disease, or non-HIV STDs just to return the sufferer to his former life of sin. Neither do we justify immoral lifestyles by treating people who get

sick because of them. We have an open agenda of ministering to spiritual needs after fulfilling "felt needs."

Some Adventist hospitals currently fill the majority of their beds with AIDS victims. Should we care for AIDS patients after they have the disease but condemn a primary method of preventing AIDS when there is no cure? If we offered life-saving care only to those who meet Christian moral/ethical standards, our hospitals would be virtually empty because we live in a very wicked world.

With sexual predators and addicts the church has a dual task: first, it must address the issue of change for the individual himself. This often takes prolonged spiritual guidance and major re-education. Second, the church must consider its duty to protect the potential victims of these seriously warped individuals. Churches and schools are full of innocent potential victims of sexual predators. Tragically, some predators stalk their prey within those same churches and schools. For the victim there is often only one hope—the condom.

The condom is a morally neutral object, neither good nor bad, in itself. However, it can be put to very good use when it prevents illegitimate or unwanted pregnancy, disease transmission, suicide, or murder.\* Do partners in illicit sex incur additional guilt when they use a condom? No. The sin is the illicit sex. Avoiding disease and death is not a sin. In the AIDS-era the condom can prevent an HIV-positive person from breaking the sixth commandment, not to kill, in addition to the seventh commandment, not to commit adultery. The condom can prevent suicide or murder—or both at the same time.

That the condom actually increases the volume of illicit sex is very doubtful. People living outside of Christ are likely to do what-

ever they want, condoms or no condoms.

As the church faces the AIDS crisis, it has several alternatives: First, it could say, "Do not commit fornication or adultery! Now that we have told you, our duty is done. Go ahead and reap the consequences if you won't listen." This option is the worst of those we are considering, because it does not save lives in the short term or offer life-style changing education for the long term.

Second, we could simply ignore condoms in our anti-AIDS programs, offering only sound Christian education on sexual morality. This strategy would be correct in offering education for the long-term, but it would offer no short-term AIDS prevention.

Finally, well-developed moral/ethical education (not moralistic exhortation) could be combined with information about decreasing the risk of HIV infection with condoms. Note that the emphasis is on morality education, with condoms playing a secondary role. Among the alternatives we have considered, this is clearly the "best we can do."

The apostle John wrote, "My little children, I am writing this to you so that you may not sin; but if any one does sin, we have an advocate with the Father, Jesus Christ the righteous" (1 John 2:1, RSV). John was clearly in touch with both the Gospel and the real world he lived in. He knew that Christ offers freedom from sin, but he also knew that Christians do not always accept that freedom as quickly as they should.

Paraphrasing the apostle's inspired words, and following his example, the church should say, "Children of God, you must not engage in illicit sex and these are the reasons why. . . . But if you are foolish enough to disregard God's will, for your own good and the

good of your illicit partners, please, by all means—use a condom! If you stay alive you may yet surrender fully to God's grace. But please don't delay! Come to Jesus now for forgiveness and a Christ-like character."

Adventists have "only just begun" pressing toward the mark of comprehensive family ministry. As we work toward that goal, the promo-

tion of condoms—as short-term, life-saving devices—is a moral responsibility and an ethical necessity.

John G. M. James

\* Sex by an HIV-negative person with an HIV-positive person often amounts to suicide. Knowingly infecting another person with HIV is certainly murder.

"Ruthie Prayed—But the Calf Died." The story was based on the experience of a friend's daughter. The next morning I mailed the story off, wondering if the editors would accept it. They did, and it was published June 2, 1960. Encouraged, I fired off as many other stories as I could, all based on experiences with my own children or those of friends. One month I cranked out five! Eventually each one was published.

Now as I read some of them over, I must admit some strayed over into the "miracle" mode. One Sabbath morning I had all four preschoolers bundled up and in the car ready to go to Sabbath school. Then I couldn't find the car keys. I became frustrated and they became more impatient. I went out to the car and explained that I could not find the car keys, so if we expected to get to church we had better pray. As soon as we said amen, the eldest said, "I can get them for you." We went into the house and he found them immediately. Was that a miracle? When I wrote the story I made it sound that way although I did not use that word.

Later when I misplaced something, I asked my son first if he knew where it was. He almost always did. It was amazing. I began to wonder if this was a "miracle." Perhaps he had a very retentive memory. If so, I trust he is finding it of help in his law practice.

Lillian L. McNeily  
Kettering, Ohio

## Uncle Arthur's God and the Missionary Experience



The article by John Berecz, "Uncle Arthur's God or Probability?" (*Spectrum*, Vol. 25, No. 3), was right on! I grew up in the mission field with Uncle Arthur's *Bedtime Stories* and the picture of the angel watching over two children crossing a broken, dangerous footbridge. I had full confidence in my guardian angel and did not hesitate to go anywhere day or night. I had no fear.

Then, when I was about eight or nine, my father came home with a sad story. Friends and fellow missionaries who were due for furlough in the U.S. were on their way over a mountainous road to the train station. In the mountains, the car broke down. They waited for someone to come along and help them, but as it was getting late and no one came, the father made the

difficult decision to leave his wife and two small children with the disabled car and walk ahead for help. When he returned with help, he found his wife and children murdered.

To say that this was a shock to me is to put it mildly! I was never again the same. Where were the angels? These were good missionaries. Where was God? Was he having some big meeting in heaven and all the angels had to attend? Wasn't he watching? My young mind was full of these questions. I never felt completely safe again.

When I became a mother, I read stories from the *Little Friend* to my children. I was not always happy with the stories. One evening I read them a story about Sammy, who went swimming in the river on Sabbath afternoon while Mom and Dad napped—or some similar story. When I finished the story, my eldest son, who was five at the time, said quietly, "You know what, Mom? Yesterday I ate that last piece of pie that was supposed to be for Daddy." I had thought my husband had eaten it. Then my son continued enthusiastically, "But I didn't get sick or anything!"

That did it. When all four children were in bed, I put our old typewriter on the kitchen table and typed my first story. I entitled it,

CORRECTION: The author identification for Keith Burton ("At God's Table, Women Sit Where They Are Told," *Spectrum*, Vol. 25, No. 3) was incomplete. Burton received his Ph.D. in New Testament studies and classical literature from Northwestern University. He directs the "Sabbath in Africa Project," chaired by C. E. Bradford.