AIDS: The Twentieth-Century Leprosy

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TYPICALLY, WHEN AN INDIVIDUAL CONTRACTS A DISEASE, friends and relatives rally to provide needed support. Even terminal illnesses, though reminders of our own mortality, elicit comfort and sympathy. Friends and family form support groups, dispense selfless care, and with empathy nurture and sustain the disabled and the dying. Most of us would find it reprehensible to criticize or ostracize these suffering individuals.

Now, contrast these images with the vilification often directed at those diagnosed with Acquired Immune Deficiency Syndrome (AIDS). If the victim happens to be a Latter-day Saint and is gay or an intravenous drug user, Church members often harbor such feelings as "they asked for it," or "AIDS is God's punishment for their sins." Though not always verbalized, these unnecessarily cruel and divisive attitudes are surprisingly common.

I work as an emergency medicine physician and treat AIDS patients as they, too often in complete isolation, suffer the painful and fatal complications of their disease. To me these deaths seem no less tragic, no more justifiable than any other. Some of these patients are LDS. One such LDS patient's ties to the Church were extremely tenuous, not entirely of his own choice, and in some aspects had been severed. When I phoned members of his ward (with his permission) to arrange for some supportive care, the response was less than enthusiastic.

This type of response is not unusual. Despite the relatively few numbers of infected health care professionals, AIDS continues to inspire

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unwarranted fear and revulsion ("AIDS" 1991). My experience working with the young LDS man prompted my analogy of AIDS sufferers as modern-day lepers.

AIDS has joined the select group of diseases that not only cause physical deterioration and death but also stigmatize the afflicted as "outcast" or "unclean." Ostracized by and alienated from strangers, friends, and even families, these patients often experience psycho-social suffering that equals, and sometimes surpasses, their physical pain. Susan Sontag, in her essays "Illness as Metaphor" and "AIDS and Its Metaphors," describes two diseases, cancer and tuberculosis, which are encumbered by these "trappings of metaphor" (1989). She examines the historical fantasies inspired by each illness: ruthless invaders consuming the body. (Note the term "consumption" for tuberculosis.) Elevated beyond the status of a common disease, cancer and tuberculosis became synonymous with death. They also assumed a role as "punishers"—comprehensive, all-encompassing illnesses sent as a rebuke for unnamed transgressions. Surrounded by metaphorical interpretation and myth, tuberculosis and cancer transcended beyond mere illnesses to become symbolic of a polluted soul.

Now consider leprosy. Leprosy, or Hansen's disease as it is now called, has plagued humans throughout history. Up to twenty million people, most of whom live in tropical climates, currently suffer from the disease. Caused by bacteria similar to the one resulting in tuberculosis, leprosy is a relentlessly degenerative disease that initially attacks the cooler regions of the body, such as the face and extremities, eventually spreading to the nerves and soft tissues. Although it does not directly or immediately kill, it leaves the patient maimed or disfigured. Since 1940 leprosy has been treatable with dapsone, a sulfa antibiotic that arrests and often completely eradicates the malady (Cohn 1989, 25–27). Thus we are now able to control leprosy's spread, and we fully understand its unique symptoms.

This was not always the case. For example, Old Testament writers undoubtedly used the term "leprosy" to refer to a variety of symptomatically similar illnesses. Biblical scholar James Hastings, who authored a dictionary of the Bible at the turn of the century, describes leprosy as "a genus of diseases" and suggests that biblical peoples diagnosed almost any rash or skin affliction as leprous. Only with the advent of modern bacteriology and epidemiology were scientists and physicians able to distinguish skin problems such as psoriasis or eczema from true Hansen's disease. In fact, people applied the term "leprous" to clothing or walls if they contained patches of mildew or other fungal growths. The Persians even went so far as to destroy all white pigeons, believing them to be leprous (Hastings 1902, 95–98).

No other disease dominates the scriptural record as does leprosy. Compare its incidence (eighty-one verses) with that of blindness (102 verses, the vast majority of which refer to spiritual blindness), lameness (thirty-six verses), or palsy (fourteen verses). Despite the fact that many righteous biblical characters were lepers (namely Moses [Ex. 4:6–7], his sister Miriam [Num. 12:10], Naaman [2 Kgs. 5], and King Uzziah [2 Chr. 26: 19–21]), having leprosy implied, and continues to connote, evil and both spiritual and physical uncleanliness. Lepers were not cured, they were cleansed.

This societal willingness to link individual behavior with the acquisition of a specific disease closely parallels our society's response to the AIDS phenomenon. Most people, for example, recognize the causal connection between smoking and lung cancer and yet rarely, if ever, condemn or reject the dying smoker on the basis of how he or she acquired the disease. On the other hand, AIDS patients, like the lepers of old, must often labor under the double burden of disease itself *and* societal ostracism. Perceiving, as it does, AIDS as a homosexual disease (and since homosexuality is a sin, God's punishment for homosexuality), society routinely marginalizes AIDS sufferers, thereby excusing itself from any responsibility towards them. Why? I would argue that these two diseases—leprosy and AIDS—share three unique properties which leave them open to this unwarranted social stigmatization.

COMMUNICABILITY

The communicability, or contagiousness, of both Hansen's disease and AIDS is essential to our understanding of the accusatory stereotyping and negative attitudes with which society approaches these diseases. Although the germ theory of disease was not understood until the eighteenth century, the Jews considered leprosy to be a contagious ailment and enacted proscriptions against contact with lepers in order to arrest its spread. AIDS is likewise known to be communicable.

But contrary to popular opinion, leprosy is not highly contagious; its contraction seems to require prolonged exposure. The incubation period (the time from initial contact until active symptoms appear) for leprosy is three to ten *years*. Doctors and nurses who treat lepers rarely catch it themselves. Adults involved in close, intimate relationship with lepers, familial or sexual, for instance, contract the disease only 5 to 10 percent of the time. Children, on the other hand, frequently develop mild manifestations of leprosy which often arrest themselves without any medical treatment (Cohn 1989, 25).

The communicability of AIDS is similar to that of leprosy. The development of full-blown AIDS also seems to require prolonged expo-

sure, despite some documented evidence of apparent exceptions. To contract the Human Immunodeficiency Virus (HIV—the AIDS precursor virus) individuals must exchange bodily fluids—generally blood or semen—with infected carriers. Thus, transmission is most likely to occur under very specific conditions: anal intercourse, the sharing of needles by intravenous drug users, and HIV-tainted blood transfusions. Even the recent revelation by Earvin "Magic" Johnson, all-star performer for the Los Angeles Lakers professional basketball team, who presumably acquired his HIV infection through heterosexual contact, does not alter the risk hierarchy of behaviors associated with HIV transmission. Singular participation in these activities, however, does not necessarily result in immediate infection with the virus.

According to *Consumer Reports*, the chance of becoming infected from a single act of sexual intercourse with an infected person is one in one hundred to five hundred. Anal intercourse, particularly for the receiving partner, increases this risk ("Questions" 1989). Many homosexual men, despite continued warning, continue to engage in high-risk sexual behaviors and remain AIDS-free. It would seem that the body's own immune system naturally resists HIV infection. According to the Centers for Disease Control, of an estimated five million gay males in the United States, most of whom were practicing unprotected anal intercourse prior to and during the initial stages of the AIDS epidemic, about 500,000 to 750,000 are infected with HIV. This represents about 10 to 15 percent of the high-risk gay male population.[1]

Furthermore, active AIDS often appears only years after actual HIV transmission. This long delay between infection and the development of symptoms (during which the carrier can continually transmit the disease) has heightened public hysteria toward AIDS.

As a physician, I am aware of many instances when my own body came in direct contact with the blood and secretions of AIDS patients. These contacts occurred several years before universal precautions against such contacts were instituted for health-care personnel. Such precautions, an established procedure of protecting health-care workers from direct contact with a patient's bodily secretions, may include using gloves, mask, gowns, eye protection, booties, and in some cases, even respiratory apparatus. I now use such precautions and will con-

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[1] This information comes from the CDC's estimate of the total number of the people infected with the AIDS virus [800,000–1.3 million], and their estimate that 62 percent of U.S. AIDS cases involve gay or bisexual men who acquired the disease sexually. The information therefore comes from two sources: *US News and World Report* for the 800,000–1.3 million figure (Findlay 1990, 28), and *Consumer Reports* for the 62 percent number.

tinue to undergo HIV testing until I am reasonably certain that the incubation period has passed.

Even for the general population, every sexual partner becomes suspect. Moreover, society regards known HIV carriers, especially those who continue to practice unsafe sex, as virtual murderers. Some states have even enacted legislation that makes the knowing transmission of HIV a capital offense. Biblical peoples enacted similar social and religious taboos which severely restricted and proscribed acceptable contact with lepers.

AIDS, LEPROSY, AND ISOLATION

Twentieth-century ostracism of AIDS sufferers is not significantly different from the biblical isolation of those afflicted with leprosy. Once diagnosed and pronounced unclean, the leper was banished from the community. Male lepers were obliged to rend their clothing, and spiritual law required lepers of both sexes to cover their upper lips and warn passersby with the cry of "Unclean!" Although walled cities were forever off limits, leaders allowed unwalled communities to reserve special areas of the synagogue for the unclean. However, they had to enter prior to the rest of the congregation and leave after all the others had departed. Violation of these rules meant forty stripes (Hastings 1902, 97).

But seclusion was not enough. If a leper merely entered a home, he or she rendered the dwelling unclean. By lying under a tree, the leper defiled anyone passing beneath its shade. To contract leprosy meant a life of isolation from family and friends and targeted infected individuals as objects of scorn and ridicule.

The first biblical mention of leprosy is in connection with Moses who, according to Josephus (quoting Manetho), was driven from Egypt because of his leprosy. Manetho additionally suggests that Pharaoh permitted the Israelites to leave primarily because they carried the disease.

AIDS patients currently face similarly dismal prospects. Many businesses and government officials have enacted discriminatory policies designed specifically to withhold employment, housing, insurance, immigration, and recreational opportunities from AIDS sufferers ("Barring" 1989). Even nursing homes and hospitals have occasionally refused admission to AIDS-infected persons. In an effort to identify those who test positive for HIV, many states have introduced legislation requiring mandatory testing of high-risk individuals and groups. Some groups suggest the use of tatoos (or other visible forms of identification) as a means of identifying AIDS carriers to the noninfected

public. More radical anti-AIDS activists advocated the segregation, and even complete banishment, of AIDS patients from society. Such drastic proposals would likely result in prescribed modes of dress (to expose tatoos) and the creation of AIDS communities which would be similar to the ancient leper colonies. It only remains to require infected individuals to cover their faces and cry "Unclean!"[2]

On a more personal level, family members and friends often shun the AIDS patient, whether out of fear of catching the virus, ignorance, or simply because they feel emotionally uncomfortable in the person's presence. They avoid embraces, kisses, or any other physical contact with the sufferer, effectively denying their loved ones the very closeness they so desperately need. Furthermore, I have observed medical professionals, those who intellectually know better, hesitate to touch even the clothing or other personal effects of AIDS patients, despite the minimal risk of contracting the deadly disease. When afflicted individuals see this behavior in those ethically committed to their care, their sense of emotional abandonment becomes even more acute, leading some to withdraw and others to depression and possibly similar psychological and emotional distress.

AIDS and Leprosy as Consequences of Sin

The Bible does not specifically identify leprosy as a sin. Neither does it suggest that the disease is always a consequence of sinful acts. In several instances, however, biblical scribes seem to link the two. For example, writers consistently refer to lepers as "defiled," a description which syntactically connects leprosy with sin. This linkage is further supported by the statutory requirement that lepers identify themselves to the public as "unclean." The Israelite may have understandably reached this conclusion after witnessing the rather sudden afflictions of Miriam, Gehazi, and Uzziah, whose leprosy was indeed the consequence of divine judgment. Yet the scriptural record mentions many other lepers, such as Naaman, from the Old Testament, and the ten lepers who approached Christ for healing, who are not connected with

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[2] The current controversy surrounding doctors and other health-care workers and their likelihood of transmitting AIDS illustrates the hysteria surrounding this disease. The Centers for Disease Control estimate that the possibility of contracting AIDS from an infected health professional is one in 100,000, and one in one million operations. (The question of how several patients of one infected Florida dentist acquired the virus remains a mystery.) A patient runs a greater risk of being killed driving to a medical appointment than of catching AIDS from a nurse or doctor. Despite this relatively low incidence of infection, there is a strong public outcry to test all health-care professionals for HIV (Cowley 1991; Breo 1990; Elden 1991).

the same leprosy-punishment assertions. Given these biblical inconsistencies, then, it would seem that the causal connection between sin and leprosy is at best sinner-specific and at worst arbitrary and tenuous.

One might wonder why society continues to regard leprosy as evil when other afflictions have been similarly linked with sinful behavior. For example, Saul's blinding on the road to Damascus (Acts 9) and Zachariah's deafness and muteness (Luke 1) were both direct results of their willful disobedience. Or consider the episode found in the gospel of John, wherein a man, blind from birth, is brought before Christ by his disciples. Through their inquiry ("Master, who did sin, this man or his parents, that he was born blind?" John 9:2), they imply that many diseases were the consequence of divine retribution. Ironically, Christ's response: "Neither hath this man sinned nor his parents: but that the works of God should be made manifest in him," does not directly refute this supposition. Although the scriptures link these afflictions with sinful acts, they have not retained the aura of evil that surrounds leprosy. Why this is so remains a mystery.[3]

The Bible likewise defines the cure for leprosy in sin-related terms, reinforcing the punishment-leprosy connection. Moses, writing in Leviticus, refers to the treatment as cleansing and mandates an elaborate set of procedures which must be followed before the priests could pronounce the leper clean. The ritual required two living, unblemished birds. The priest then killed the first bird and sprinkled its blood over the leper seven times. (Some have theorized this to be the "blood of life," symbolizing the infusion of new life into one who has been dead.) The living bird was set free, the symbol of release from evil. The leper's clothes must then be washed, the head shaved, and then the leper remained outdoors for seven days. Finally, the leper had to present a complex animal offering to the priests at the temple. No other biblical malady required such intricate procedures to effect a cure (Lev. 13–14).

Like their ancient counterparts, modern societies often associate the contraction of AIDS with the violation of traditional Judeo-Christian principles, specifically scriptural proscriptions against homosexuality. Indeed, the majority of Americans accept the premise that AIDS infection is primarily the consequence of anal (read homosexual) inter-

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[3] The connection between sin and leprosy was not confined to the children of Israel. According to Herodotus, the Persians believed that leprosy was the result of some personal offense against the sun; every stranger afflicted with the disease was driven out of the land (Hastings 1902).

course.[4] However, HIV transmission also occurs between other, nonhomosexual individuals. Consider the following:

Intravenous drug abusers—The sharing of needles, with its consequent blood transference, has caused a dramatic rise in the number of AIDS cases reported among intravenous drug users in the inner cities. In New York City, for example, the incidence of AIDS cases among IV drug users rivals that of homosexual men ("Mortality" 1991, 840).

Heterosexuals—AIDS transmission requires direct contact between the blood and/or bodily secretions (semen, saliva) of infected persons and those of their noninfected partners. Small anal, oral, or vaginal tears may provide the virus the necessary access into the recipient's circulatory system. Consequently, even those engaging in so-called "normal" sexual practices run the risk of HIV infection, particularly if they have sex with a large number of partners. The increased incidence of AIDS infection in the heterosexual population (especially among women and children) now represents the area of greatest HIV growth.

A percentage of the population once considered "safe" (after all, AIDS was supposedly a gay male's disease) is now at increased risk for AIDS, and this enlarging risk is occurring despite the use of condoms and other imperfect barriers to the AIDS virus. Thus, Magic Johnson's original message, "I should have worn condoms," has evolved to "I should have had fewer sex partners." The double standard surrounding heterosexual versus homosexual sex and the acquisition of AIDS is disappearing along with the myth that AIDS "is God's way of punishing homosexuals."[5]

Children of AIDS-infected mothers—The AIDS virus can cross the placenta and infect a growing fetus. As a result, babies born to HIV-positive mothers stand a very good chance of contracting the virus. In fact, 30 to 40 percent of children born to infected women will eventually test HIV positive (Cowley 1991).

Transfusion recipients—Only recently have researchers been able to perfect screening procedures that correctly identify AIDS-infected blood.

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[4] The number of new AIDS cases in the United States in 1989 totaled 19,731. Of these, 66 percent involved gay or bisexual men, 27 percent were IV drug users, 5 percent were heterosexuals, and 2 percent were newborns (Centers for Disease Control).

[5] The east African country of Uganda has perhaps the highest national incidence of AIDS worldwide. In some communities, 10 to 30 percent of the population is infected. Several factors are believed to be responsible, including the customs of multiple heterosexual partners for married males and the use of anal intercourse as a means of birth control (Goodgame 1990, 303; Parlez 1991, P2[N]).

Prior to the development of this process, many hospital patients (those requiring blood or blood-product transfusions) inadvertently received contaminated blood. How can we forget, for example, the images of emaciated Romanian AIDS babies who were infected through tainted transfusions? Taking into consideration human error and the incubation period for AIDS, which is at least five years (some estimate as high as ten), we can expect a substantial increase in the number of reported cases as the dormant HIV virus matures into full-blown AIDS.

Miscellaneous sources—Several cases of AIDS transmission have been documented among health-care workers. Some were accidentally pricked with AIDS-tainted needles during routine medical procedures. Infected blood has occasionally splashed into the worker's eyes or into minor skin abrasions, resulting in HIV contamination. Thus, the number of infected health-care professionals will undoubtedly continue to rise.

Medical practices in poorer or impoverished nations likewise contribute to the spread of AIDS. In Eastern Europe and Africa, for example, the scarcity of medical supplies often necessitates the repeated reuse of syringes and needles. Experts point to this as the major cause of the inordinately high incidence of AIDS among African children.

Despite the many cases of AIDS that do not result from either sinful or socially unacceptable behavior, AIDS (and those infected with the disease) continues to carry with it an incredibly negative cultural stigma. However, the stereotypical vilification is problematic. What about homosexuals and IV drug abusers who do not contract AIDS? Are their sins less severe than those who do? If AIDS is, in fact, divine retribution for disobedience, why would God punish one group of individuals and not another?

Moreover, what about promiscuous heterosexuals? Are they less guilty of sexual transgression than homosexuals? What about drug addicts who do not use intraveneous drugs as part of their habits—alcoholics, marijuana smokers, LSD users, or those addicted to nasal cocaine? Although they will never contract AIDS as a result of their addiction, are their sins any less damning in God's eyes? Society should at least attempt to confront these contradictions before it callously marginalizes AIDS sufferers.

Leprosy and AIDS are among the few (if not the only) diseases in which society holds the afflicted personally and pejoratively culpable for their suffering. These harsh judgments betray a certain smugness, a "they got what they deserve" attitude that defies common sense and Christian charity. In the case of AIDS, there is undoubtedly a link between high-risk behavior and actual infection with the disease. Yet unlike smokers who contract lung cancer and emphysema, or drinkers

who develop cirrhosis and liver cancer, AIDS sufferers must frequently assume the blame for their disease, blame that causes emotional suffering equal to or greater than the physical pain of the disease itself. To be a leper in Israel or an AIDS patient in Zion merits a condemnation and ostracism that is as reprehensible and harsh as it is, for followers of Christ, inexcusable.

BIBLIOGRAPHY

"Barring Aliens with AIDS." *Time*, 5 May 1989, 27.

Breo, Dennis. "The Slippery Slope: Handling HIV-Infected Health-Care Workers." *Journal of the American Medical Association* 204 (Sept. 1990): 1404.

Cohn, Jeffery. "Leprosy, Out of the Dark Ages." *EDA Consumer* 23 (September 1989): 25-27.

Cowley, Geoffrey. "AIDS." *Newsweek*, 25 June 1991, 20-27.

————. "A Ruling on Doctors with AIDS: Is Full Disclosure Really Necessary?" *Newsweek*, 10 September 1990, 84.

Elden, Janet. "Many Favor Wider Testing for AIDS." *New York Times*, 10 May 1991, Sec. 1: 13, 21.

Findlay, Steven. "The Worsening Spread of the AIDS Crises," *U.S. News and World Report*, 29 January 1990, 28.

Goodgame, Richard. "AIDS in Uganda." *New England Journal of Medicine* 323 (August 1990): 303.

Hastings, James. *Dictionary of the Bible*. New York: Charles Scribner's Sons, 1902.

"Mortality Attributable to HIV Infection/AIDS." *Journal of the American Medical Association* 205 (February 1991): 840-41.

Perlez, Jan. "Ugandan Wife Confronts a Custom to Avoid AIDS." *New York Times*, 2 March 1991, 2A.

"Questions About AIDS." *Consumer Reports* 54 (March 1989): 142.

Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. New York: Doubleday, 1989.