Justice or "Just Us"? Allocating Resources in an Age of AIDS

John F. Kilner

During the 1980s, many in the Christian community were characterizing AIDS as a punishment from God and stigmatizing people with AIDS (however they contracted the disease) as modern-day lepers. It was against this backdrop that Robert W. Lyon wrote the jarring article, "Becoming the New Testament Church to Serve These 'New Lepers,'" in the journal *Engage/Social Action.*[1] It challenged the Church to be radically different from the rest of the world by exhibiting vulnerability and fostering love toward the neediest. Many in the Church were deeply moved by this challenge, and during the years that followed, numerous ministries and ministry proposals appeared.[2]

Directly serving people ravaged by HIV[3] infection and AIDS, though, was just the first step. It was an essential first step, because without it the Church would have no credible basis for asking anything significant from society at large. However, with many members of the body of Christ now willing to join Christ in associating with those commonly despised, the time has come to examine more carefully what the Church needs to be saying to a society that controls the majority of monetary resources potentially available to help those who have or could contract HIV/AIDS. Professor Lyon has long persuasively argued that the ethics of God's Reign (or "Kingdom"[4]) tends to place believers at odds with their societies as well as their ecclesial cultures. If that is true, then an ethical challenge not only to the Church but also to society at large must be expected in a full account of the ethics of God's Reign.

This article represents an attempt to look beyond the Church and to ask what an ethics of God's Reign can contribute to current social struggles to determine what resources should be expended in behalf of present and future persons with HIV/AIDS. Accordingly, it concentrates on the social dimension of the demands of love–what the Bible often refers to as "justice." Shortly after Jesus summarizes God's

John F. Kilner is the Executive Director for The Center for Bioethics and Human Dignity in Bannockburn, Illinois.

expectations for people as loving God and loving neighbor (Luke 10:27-28), he is pictured challenging the Pharisees to love God and do justice (11:42). Justice lies close to the heart of what loving one's neighbors entails.

As I explain at greater length in *Life on the Line,* justice has a prominent place in the ethics of God's Reign.[5] When the psalmists reflect on God, they recognize that God "loves justice" (Ps 99:4) and that justice characterizes God's own actions in the world (Ps 10:18; 35:10; 76:9; 103:6; 146:7-9). Rooted in the character of God, the importance of justice does not wane with time. In his day, Jeremiah insisted that knowing God necessarily entails knowing the importance God attaches to doing justice (Jer 9:24; 22:15-16). Jesus similarly insisted that those who overlook the doing of justice have tragically misunderstood God (Matt 7:21-23; 25:34-45).[6] Justice, then, is central to what God expects of people in the social order.

Needless to say, the notion of justice is not a purely theological term; it is widely acknowledged in society at large. This familiarity is both a blessing and a curse. It is a blessing in that society is at least to some degree receptive toward considering the merits of anything that purports to be a requirement of justice. However, it is also a curse because what society means by justice and what Scripture means by justice are not the same. Such a predicament comes as no surprise—the Bible repeatedly warns people about "the wisdom of the world" (1 Cor 1:20) and "human arguments" (Rom 3:5). People are not wise to "lean on" their own understanding (Prov 3:5-6; cf. 14:12), for God, who loves all, has different values and views than human beings, whose minds are unavoidably biased by self-centeredness.

Justice in the hands of self-centered individuals all too easily becomes a sword to fend off the claims of others so that our rights can be protected to the full. It is more a "just us' attitude than what the Bible terms "justice." Nowhere is this unbiblical outlook more evident than in the arena of AIDS. Those with HIV/AIDS are "someone else"—perhaps to be feared, more likely to be forgotten when it comes time for us to pursue the resources we need and want for our own concerns.

When AIDS-related resource allocation decisions are being made, a "just us" orientation predisposes decision-makers, along with the public who elects them, to underestimate the resources that should be provided. This same orientation undoubtedly skews allocation decisions in other arenas as well. So, although it will not be possible here to balance the funding claims of HIV/AIDS against all other legitimate claims, an examination of the AIDS arena will underscore the difference between a justice and a "just us" perspective as the basis for society's distribution of its limited resources. The examination taken here will begin with a consideration of various arguments for justice and assumptions about justice, and will conclude by probing several aspects of justice.

Arguments for Justice

"Arguments for justice," as this term is used here, refers to reasons why the notion of justice should be central to the issue of resource allocation in the midst of the HIV/AIDS pandemic. Such reasons are rooted in the close relationship between justice and human need. In the biblical writings, God is repeatedly observed to have great concern for those in need (e.g., in Exod 22:21-25; 23:6; 1 Sam 2:8; Ps 107:39-41; Prov 14:31; 19:17).

Their basic needs are to be met as a matter of justice (Job 29:14-16; Ezek 18:5-9). Such needs can include food, clothing, and shelter (Deut 10:18; Isa 58:7) as well as the land essential to sustain the meeting of those needs (Isa 5:7-8). Whatever the need, the underlying principle of justice is the same: as people have need, so they should receive (Acts 4:35; 2 Cor 8:13).

The more important the issue at stake, the more relevant justice as a governing concept becomes. Concern is rarely expressed, for example, when the glass of water that one person receives at a restaurant has a minute amount more in it than that received by another. However, if people's lives and financial well-being are found possibly to depend upon that amount, the notion of just allocation suddenly becomes much more important. Questions of justice are at the heart of the AIDS pandemic for the same reasons: the predicament is expansive—fatally affecting vast numbers of people—and quite expensive as well.

The predicament is expansive. Consider first the expansive nature of HIV infection and AIDS. By the beginning of the year 2000, 18.8 million people had already died from AIDS, and another 34.3 million people were living with HIV/AIDS. In 1999 alone, 2.8 million of those deaths occurred and 5.4 million people were newly infected. "These data represent a 'best-case' scenario and may underestimate actual death rates. Because AIDS may kill several members of a household, it can destroy households completely, with the result that some of the deaths will not be captured in subsequent household surveys."[7] One of the tragic results of such widespread death has been over 13 million orphans (who have lost their mother or both parents to AIDS before they reached the age of 15)—a number projected to double in the next ten years.[8]

Certain parts of the world have been especially hard hit. In India, some four million people are infected with AIDS. In Russia, the number of HIV-infected people has doubled in the past two years. In the Caribbean and much of Latin America, AIDS numbers are rising "to frightening levels."[9] However, the crisis in Africa is unparalleled. Every minute 11 people worldwide are infected with HIV—and 10 of those are in sub-Saharan Africa. Annually, the world's wars kill only one tenth as many people as AIDS kills in Africa.[10] Of the world's children orphaned as a result of AIDS, 95% currently live in Africa. More than 12 million sub-Saharan Africans have died of AIDS—two million last year alone—6,000 more just today.[11]

There are now 16 countries in which more than one-tenth of the adult population aged 15-49 is infected with HIV. In seven countries, all toward the southern end of the continent, over one-fifth of the adults has the virus.[12] The country of Botswana is particularly hard hit, with 35.8% of its adult population infected. Rather than the life expectancy of 71 years that its citizens would have without the disease, life expectancy has dropped to 39, and is expected to drop to only 29 in the next 10 years.[13] In Namibia, Swaziland, Zimbabwe, and South Africa, one third of the children will be orphaned by 2010.[14] Uganda, with the highest number of AIDS orphans in the world (1.1 million) already has some areas in which this is the case.[15]

The scope and seriousness of the problem are immense. "This is undoubtedly the most serious infectious disease threat in recorded human history," notes Oxford University's Roy Anderson.[16] Moreover, in the words of the recently-released report "Children on the

Brink 2000," "The HIV/AIDS pandemic is producing orphans on a scale unrivaled in world history."[17] The predicament is indeed expansive. But it is also expensive.

The predicament is expensive. In the United States, for instance, annual costs of HIV disease have long crossed the $50 billion mark. Such figures have included approximately $13 billion in direct costs and $38 billion in indirect costs (the value of lost productivity due to sickness and death).[18] The public health care sector has been especially hard hit. Because of the health and insurance profile of patients using public hospitals, public hospitals lose more than twice as much per AIDS patient per year as do private hospitals.[19] In recent years, the federal government has directly spent $6.8 billion–$1.8 billion for research, $.54 billion for prevention, and $1.2 billion for treatment, in addition to $3.3 billion for AIDS care under Medicare and Medicaid.[20] AIDS is draining whatever private resources many individual patients have. As a result, whereas patients have used private physicians more often than hospital clinics before they developed the illness, once they have develop AIDS the number of persons with AIDS who need to resort to hospital clinics has been almost five times as great as the number of those who have been able to continue to see their private physicians.[21]

In some respects the public impact on other countries may have been even greater than it is in the U.S. One study, for instance, documents that patients with AIDS have tended to be hospitalized significantly longer in Europe than in the United States.[22] Less developed countries, with far fewer resources available for health care, typically have experienced an even greater financial burden.[23] To date, Africa has been especially hard hit. The majority of all people with AIDS have lived there, but less than 2% of the money spent on AIDS globally has generally been expended there.[24] Of the $1-2 billion needed specifically for AIDS prevention in Africa, only a small fraction of that amount is being spent.[25] National health services in Africa have been swamped. One recent study of 16 African countries has found that public health spending for AIDS alone has exceeded 2% of gross domestic product (GDP) in 7 of the countries–a staggering figure in countries where total health spending accounts for 3-5% of GDP.[26]

During the years ahead the predicament will only get more expensive. Not only will the number of people affected continue to grow, but newer treatments will also add additional costs to the care of HIV-infected persons. Experience with drugs such as AZT has been instructive. People with HIV have been able to live longer due to prophylactic treatment with these drugs, which can postpone the onset of AIDS and also lengthen life after AIDS develops.[27] The amount of hospital use over the course of a patient's lifetime, however, does not appear to be reduced by the use of such drugs.[28] The HIV/AIDS predicament, then, is both expansive and expensive–two compelling reasons why a just allocation of resources is critical.

Assumptions about Justice

With these two arguments for justice in view, two assumptions about justice can now be clarified: 1) that justice is comprehensive, and 2) that justice is collaborative. These assumptions are at least implicit throughout the biblical writings.

Justice is comprehensive. To observe, first of all, that justice is comprehensive is to underscore its far-reaching character. The word in the biblical texts is often a translation of the

Hebrew *sedaqah* or the Greek *dikaiosyne*, both of which can also mean "righteousness," with its stress upon rightness and right relationship. A just situation is one in which everything important has been taken into account and placed in proper relationship with everything else. Justice is typically invoked when it is perceived that the interests of some are being duly considered, while those of others are not.

A just allocation of resources so understood must take into account a much broader array of considerations than at first might appear relevant. It is not concerned merely with medical care for those with AIDS but also with preventive efforts such as the provision of drugs, vaccines, and information that are required in order to render that care unnecessary (at least for a while). It is concerned about the research needed to improve both medical care and preventive efforts.

Moreover, from the comprehensive perspective of justice, medical care will include not only physician care but also multidisciplinary teams to address the broad range of needs that arise in the context of AIDS. It will include palliative care as well as curative care—enabling patients both to die as well as possible and to live as well as possible. To in-patient care will be added in-home care, with attention to the full range of psychological, family, social, employment, financial, legal, and other services needed by the patient.

Justice calls on a society to do more than provide necessary funding. A just allocation of resources calls forth the outpouring of time and energy and tears that many patients may need more than anything money can buy. In fact, without such a personal commitment, even a just financial allocation is not likely to occur.

Justice is more than a mere abstract ideal. It is a moral mandate striving to be heard above the clamor of a thousand injustices at work in any situation. Implementing justice entails locating and silencing those injustices as much as it does promoting a just way forward. So a just allocation of resources in the face of AIDS requires addressing the larger context of health care. If tens of millions of people are without health insurance, as in the United States, or the level of care available to people differs significantly in different sections of the country, as in many countries of the world, then justice will constantly be urging attention to the broader picture with its many injustices when making allocation decisions about a particular disease such as AIDS.[29] Justice also mandates that other diseases be given due consideration, and that allocation decisions not depend, for example, on what disease happens to capture the media's attention at the moment.[30]

Justice is collaborative. Implicit in the assumption that justice is comprehensive is a second assumption: that justice is collaborative. When only one person is in need of something, the concept of justice has little relevance. It is when the needs of various people come into conflict with each other that justice becomes so important.

Justice provides a way for people to live together. It presumes that people ought to live together, and suggests concrete ways to enable community to exist. It is concerned about the needs of all, recognizing that at one time or another, in one way or another, everyone is in some way vulnerable.[31] So it endeavors to protect people at their weakest points as an integral part of facilitating the flourishing of all.

It is here that the close link between justice and love becomes particularly evident. Love seeks mutuality in community. We are to love our neighbors as ourselves. What this means in practice is self-sacrifice, because we are constantly prone to think of ourselves

more highly than is warranted (Mark 7:21-22; Rom 12:3, 16; 1 John 3:16-18). But the goal is interdependent community. Paul commends Jesus' self-sacrifice (Phil 2:6-8), yet interprets its message to believers as follows: "each of you should look not only to your own interests, but also to the interests of others" (v. 4). The needs of all are to be met in a community in which "your plenty will supply what they need, so that in turn their plenty will supply what you need. Then there will be equality" (2 Cor 8:14). Moreover, community is to be understood inclusively, embracing those usually considered to be "different" (Luke 10:29-37; John 4:9, 27; Col 3:11).[32]

While enabling the community to serve the individual, justice also gives the community itself an excellence that warrants service on the part of the individual. From this perspective it is unfortunate to subordinate the community to the individual in any general sort of way, as is sometimes done in the United States, or to so subordinate the individual to the community, as is sometimes done in more communitarian nations.[33] As fundamentally collaborative in nature, justice works to bring together not only the needs of various individuals, but also those of the individual with those of the community. There are, however, potentially conflicting understandings of the ways that justice pursues this task, as will be examined later.

Because justice is collaborative, the language of justice is also collaborative. Accordingly, it contrasts sharply with much of the language that is common in the context of AIDS. Much AIDS language is riddled with metaphors such as those of crime, sin, war, and the divided society—inherently divisive metaphors that undermine a sense of community.

The last of these metaphors is the most explicit in this regard, present every time there is talk about what "we" (those without AIDS) must do about "them" (those with AIDS). The motivating concern here appears to be more "just us" than justice. Achieving a just approach to resource allocation does not require ridding language of metaphor—an impossible task in any case. However, it does require taking care that the very language of the discussion does not subtly create a separation between those of us deciding how best to allocate resources and those of us with AIDS.[34]

That justice is collaborative as well as comprehensive means that it will strive to foster community at all levels. It is not unusual in the context of just resource allocation to think only nationally. Yet justice also has local concerns, e.g., regarding the just access of patients with AIDS to whatever limited number of intensive care beds (if any) are available to similarly sick patients.[35]

Similarly, justice has an oft-neglected international point of view. From the earliest days of the Church—and long before that—people have readily adopted a "just us" attitude when God's blessings are at issue. Even Paul (Saul—Acts 9) and Peter (Acts 10) had a hard time accepting that all peoples of the world are cared for by God. But such is the case, as much so today as in the earliest days of the Church. Accordingly, were the rate of new HIV infections in North America and Western Europe to cease climbing, the implication for justice would not automatically be that fewer North American and Western European resources should be devoted to AIDS. Rather, justice would likely insist that the escalating HIV-related needs in less developed countries could now be attended to more aggressively.

Aspects of Justice

To this point two arguments for justice have been made—that the HIV/AIDS predicament is expansive and expensive—and two assumptions about justice have been suggested—that justice is comprehensive and collaborative. The concept of justice itself, though, has yet to be examined. This task is complicated by the different ways that people use the term "justice." Each of these ways represents a different aspect of the concept. Since each aspect is not necessarily relevant in every situation, and those that are relevant may agree or conflict, a circumspect examination of each is necessary. Four major aspects will be examined here in turn: equality, liberty, responsibility, and efficiency.

Equality. One widely-held understanding of justice is that it somehow involves the notion that people should be treated equally. The notion of equality lies at the heart of justice in the biblical writings as well. The ultimate basis for the egalitarian treatment of people is that each is precious in the eyes of God. The concern for such treatment surfaces concretely in the Old Testament in the context of insuring that the original egalitarian distribution of land be preserved. Rooted in God's unwavering love for all, this egalitarian vision remained alive through the centuries. In the time of Ezekiel, God was still directing that any return from exile be marked by an egalitarian distribution of land (Ezek 47:14). The ultimate hope, described by other prophets, was that all people would have their own vine and fig tree (Mic 4:4; cf. Zech 3:10).

In light of this background, it is not surprising that Paul should find a situation intolerable in which some people went without the basic necessities of life while others had more than enough. In 2 Corinthians 8:13-14 Paul explicitly invokes the notion of equality to argue that the Corinthians should share their resources with others. After all, God is not partial to some and satisfied that others should lack what they need to live.[36] Moreover, true community is hampered when the lives of some are in effect valued more than the lives of others since some have access to life-sustaining resources while others do not.[37]

In the context of AIDS an egalitarian understanding of justice often undergirds the concern that AIDS is receiving too much funding, compared with other diseases that afflict more people. If each person is to be accorded equal weight, it is assumed, then the disease affecting the most people should receive the most resources.[38]

Because of the moral significance of equality as a basic aspect of justice, this argument potentially has considerable force. However, an egalitarian approach need not merely adopt the perspective of today, i.e., "just us." A more biblical perspective would also consider the situation over time. God's love extends across time to all generations. So God is sensitive to injustices that become evident only when one takes a longer-term point of view. Over time, for example, some Israelites suffered economic hardship and lost their land. To protect the original distribution, God mandated a jubilee year every fiftieth year in which all land would revert to its original owner (Lev 25). In addition, every seventh year was to be a sabbatical year in which debts were canceled, even to the extent that those sold into slavery on account of their debts would be set free (Deut 15).

A longer-term point of view makes significant difference when allocating health-related resources. Since AIDS is a relatively recent disease, it has not received as much total funding over time (e.g., for research) as some diseases that now receive less annual funding than AIDS. The greater current funding for AIDS may, then, be justified in order to

achieve more of an equality over time. In fact, even further funding increases may be called for when a disease is infectious. The infectious nature of AIDS will most likely result in increasing numbers of people with AIDS for many years to come. The costs involved in these numbers will be disproportionately high relative to other major fatal conditions such as heart disease and cancer, in that AIDS deprives people, on average, of about 25 years of life more than does either of these conditions.[39]

A perspective over time also reveals the uncertain factual basis of the egalitarian argument against increased funding for AIDS. There are a variety of reasons why the size of the AIDS pandemic is probably understated—at least understated in official national figures. Many AIDS cases are incorrectly diagnosed as something else because the immune deficiency underlying the more obvious disease present is not recognized. Women in particular have been overlooked because their symptoms have not fit the symptom profile defining AIDS, which was developed in the United States based on early experience with the disease there among men. Furthermore, many cases (an estimated 10-15% in the U.S.) are never reported to governmental authorities. The effectiveness of antiretroviral therapies in delaying the onset of AIDS has also led to a sense that the numbers of people who are in the process of developing AIDS is smaller than it really is.[40]

Equality, then, is an important aspect of justice that may at first glance suggest the appropriateness of limiting AIDS funding, at least if the focus is on today—on "just us." However, a more careful examination of all that equality may entail over time reveals that an allocation of resources based on justice may instead entail increased funding.

Liberty. A second aspect of justice is liberty. The Bible is filled with references to God's commitment to human freedom (e.g., Deut 7:15; Ps 146:7; Isa 49:9; John 8:32; 2 Cor 3:17). One common understanding of liberty, particularly in the U.S. today, is that people should be as free as possible from society's interference in their lives. According to this view, people generally live in societies primarily to protect their resources and their freedom to live their lives as they wish. Having AIDS is unfortunate, and it is commendable if some individuals and groups want to help patients in need. However, justice requires that no moral or legal demands be made on people's resources in order to ameliorate the plight of others.

This so-called *libertarian* view is one way of understanding the place of liberty in a just allocation of resources. But there is also a *liberation* view which reveals that liberty has much more to say in the resource allocation debate. The liberation perspective observes that a libertarian approach is based on an unbiblical concept of freedom as "autonomy" (literally self-law), according to which there are ultimately no obligations that people have toward God or others. This approach to resource allocation merely protects the liberty of those who have resources at the expense of the liberty of those who do not. If justice is to pay special heed to anyone's liberty, according to a liberation view, it should pay special attention to those who have traditionally been most marginalized in terms of access to basic resources. Justice, in other words, resists a liberty that is for "just us."

This liberation view of justice is radically different from the prevailing mindset in society today, according to which the most marginalized people are the most readily and easily neglected.[41] Commitment to liberation is rooted in Jesus' understanding of what the Reign of God—and Jesus' own ministry as a manifestation of that reign—are essentially

about: "good news to the poor . freedom for the prisoners . . sight for the blind release [for] the oppressed" (Luke 4:18). While a certain measure of freedom to control one's own resources appears to be allowable, a state of affairs in which some people are left without basic life-sustaining resources is portrayed as intolerably unjust. As explained earlier when examining "arguments for justice" were examined, God is deeply distressed when people's true needs are not met. That health is included in such needs is suggested among other ways, by the characterization of Jesus' healing ministry as a justice ministry (Matt 12:15-18). A liberation understanding of justice, then, insists that the basic needs of the most marginalized in society require special attention if the freedom of all is to be respected in a meaningful way.

This understanding of the place of liberty in just resource allocation may point not to less funding for HIV/AIDS but to greater. One of the marginalized groups in society that has been most seriously afflicted by HIV disease is IV drug users.[42] A commitment to liberation in this context would not merely involve support for more resources to care for HIV-infected drug users because of the disproportionate burden they bear as a group. It would even more energetically support providing the resources so desperately needed for better IV drug education and more widely available drug treatment in order to spare them the HIV burden altogether.[43]

In some countries, certain ethnic minority groups are also disproportionately burdened by HIV/AIDS. Afro-American and Hispanic-American persons in the United States, for example, have had an infection rate that is several times as high as that for others, especially among their children.[44] A recent report reveals 80% of wormen diagnosed with AIDS to be from these two groups. Compared with white women, the HIV incidence is 19 times higher for African-American women and 7 times higher for Latinas.[45]

Poor people generally are at special risk of HIV infection. Without the opportunity for good health care or treatment of other sexually transmitted diseases, the risk for contracting HIV multiplies about eight times.[46] As a result, AIDS incidence is highest among the very poor.[47] AIDS, in turn, makes people's poverty even worse by undermining economic productivity, creating huge numbers of orphans who tend to become malnourished and inadequately educated, and in some countries even dangerously depleting the young adult generation that normally would economically support children and elderly persons.[48]

A liberation-minded justice perspective would seek the resources necessary to free disadvantaged minorities not merely from the disproportionate burden of AIDS, but also from those conditions so influential in creating that burden in the first place. It may also justify allocations for research in the more developed countries that go beyond what would seem appropriate merely in comparison with other national needs, because the hardest-hit lesser developed countries will not be able to afford such research in the near future.

Responsibility. Among those most critical of the liberationist outlook on justice are those who argue that people who use IV drugs or practice homosexuality are responsible for their illness. These critics emphasize not so much the equality or liberty aspects of justice as the responsibility aspect. Justice demands that people pay the price for their unwise behavior.[49]

The notion of taking responsibility for one's actions is a persuasive one, especially in light of the collaborative nature of justice discussed earlier. Moreover, the biblical writings from the early moral codes (e.g. Exod 21; Lev 5) to New Testament moral teaching (e.g., Rom 3:5-8) explicitly affirm the importance of personal responsibility. Nevertheless, the conditions under which this idea of responsibility is morally legitimate do need to be specified. One condition is that those involved must have been aware of the strong possibility that their actions would produce the negative result in question. In the case of AIDS, many people with the disease today actually became HIV infected before there was much public education about AIDS, or they are part of populations (e.g., homeless persons) who are not effectively reached by standard forms of education. Another condition on the notion of responsibility is that people with one disease (e.g., AIDS) not be punished for their contributing lifestyle choices if there is no intention that people with other diseases (e.g., heart or lung diseases) be punished for theirs.[50] No such intention is apparent at present.

Were these and other such conditions to be satisfied, responsibility would seem to point in the direction of limiting the resources allocated to HIV/AIDS—at least as long as the focus remains on the *single patient* as the responsible party. A different picture of responsibility begins to emerge, however, when the focus widens (as the comprehensive nature of justice requires) to include the responsibility of *society*. Again, the difference between a justice and a "just us" mentality comes to the fore.

The question now becomes: Which of the various parties potentially involved has some responsibility for the action through which the HIV was transmitted? The cases where the proportion of the infected person's responsibility is clearest appear to be those in which that person has virtually no responsibility—e.g., infants born infected and people infected through blood transfusions. Women intimidated by men into having sexual intercourse without the use of condoms is at least an ambiguous case.[51] Even an activity like IV drug use is not so simply a matter of personal choice, at least not when the user has previously been abused by a life of poverty and discrimination. As time goes on, many who are able to alter risky behaviors are doing so. One result is an increasingly large proportion of those infected with HIV who are infected because of the irresponsibility either of other individuals (e.g., parents of newborns) or of society at large.[52]

It is bad enough, as some international observers have noted, that people governing various less developed countries devote such substantial amounts of their countries' limited resources to protecting the blood supply—the source through which they themselves most fear becoming HIV infected. The tragedy is compounded, however, if the citizens at large are then held accountable for infections that are as much products of grinding poverty, limited opportunities for happiness, and little access to protective measures as they are products of free personal choices. In more developed countries it is similarly morally dubious whenever people are not only victimized by poor social conditions but also denied treatment for their addictions because sufficient resources have not been allocated—and then held entirely responsible for their predicament.

If responsibility is to be invoked as an aspect of justice, both the responsibility of the society and that of the single patient need to be considered. In the current context of AIDS, the result is not likely to be a merely punitive justice, in which people are punished

for their individual actions. A restorative justice, in which people are recompensed for the ill they have received at the hands of society, is the more probable outcome. That people should be well-compensated when they have been wronged is an expectation voiced repeatedly in the Old Testament (e.g., Exod 22:1-14, Lev 6:1-7; Num 5:5-8; 2 Sam 12:6; Prov 6:31). The same expectation is implicit in the New Testament, for example, in the exemplary conversion of Zacchaeus (Luke 19:1-9). Anyone whom he has cheated in his capacity as an agent of the government (tax collector) he pledges to repay fourfold.

Restorative justice entails a special claim on the part of those with HIV now and those most at risk of infection—a special claim to a society's finances, to its problem-solving capabilities, and to its compassion. Not only does this form of justice involve liberty from ongoing burdens, as in the case of liberating justice, but it also entails recompense for past wrongs done. Affirming restorative justice, moreover, does not release individuals from personal responsibility—a point that needs to be emphasized—for justice is collaborative. Rather, this affirmation recognizes that the ethical context for holding people responsible to the needs of society is one in which society is duly responsive to the needs of the individual. Within such a context, educational efforts stressing the individual's responsibility to live a healthy lifestyle are bound to be more persuasive than they would be otherwise.

Efficiency. Many of those who resist the claim of people with AIDS to special treatment appeal to a still different aspect of justice, that of efficiency. Their concern is that not too much money should be spent on any one group of people. The good of the whole, they insist, must be kept in view. A sort of utilitarian "greatest good for the greatest number" perspective seems to be at work here.[53]

The emphasis on the importance of the common good is laudatory. However, this way of thinking can be dangerous if it is not tempered by other aspects of justice. The greatest efficiency of all may be to rid society of certain types of people considered undesirable by those in power. History can attest to the horrors of such "just us" thinking.

If a concern for efficiency, however, is joined with a commitment to the needs of all, including those most looked-down-upon in society, then efficiency may direct resource allocation in a very different way. Instead of sanctioning *spending less* it may actually justify *spending more.* Sometimes spending more in the near term can produce better, more efficient results in the long term. Accordingly, the child endures painful discipline now for a happier life later (Prov 22:6), the man spends everything he has to buy a field now so that he may have its hidden treasure later (Matt 13:44), and believers give up home or brothers or sisters or mother or father or children or fields knowing that they will receive a hundred times as much back (Mark 10:29-30). (They will also receive persecutions in this age, but in the age to come they will receive something much better: eternal life—cf. 1 Cor 15:30-32.)

In the struggle against HIV/AIDS, spending more in the near term may accordingly be justified, particularly in certain areas. For example, more funding for research may be more efficient in the long run than less funding, since a vaccine or cure would reduce dramatically the resources required for medical care. Some funds are likely to continue to be allocated to research until a vaccine or cure is found. So postponing funding does not necessarily save money; rather it subjects the eventual costs to inflation and allows the pandemic with all its costs to continue longer. It is also counterproductive in that it post-

pones access to the wealth of knowledge about viruses, cancer, the brain, and the immune system that is being gained through AIDS-related research.[54] At the same time, however, efficiency necessitates carefully monitoring plans for increased spending to be sure that there is sufficient research capacity (labs, scientists, good proposals, etc.) to use all allocated funds productively.

Other examples of increased spending that efficiency might sanction include larger allocations for prevention, home care, and perhaps even comprehensive health care. Prevention (e.g., through the provision of education, protective measures, or prophylactic drugs) can not only keep the initial HIV infection from occurring, but can also forestall the progression of HIV infection to full-blown AIDS or at least minimize the disability and pain caused by AIDS. Home care is less expensive and, at times during the course of AIDS, more comfortable for the patient than hospital care—as long as sufficient coordination is provided among hospital-based, community-based, and home-based services.[55] And providing comprehensive care for patients with AIDS may not be as expensive as it might seem, even in a de-centralized health care system like that of the United States. Some element of the system, often Medicaid in the U.S., ends up assuming many of the costs anyway. Moreover, there are great savings to be gained in better coordination of services, avoidance of the expensive practice of cost-shifting, and better protection of the sexual partners of those who would now have a greater incentive to be tested for HIV infection because of the improved health care available.[56]

The efficiency aspect of justice, then, might seem to imply spending less on AIDS and HIV infection. However, spending more in the present, if spent well, can lead to less spending in the long run.

In sum, then, justice is crucial in resource allocation because the HIV/AIDS predicament is expansive and it is expensive. Justice is influential in resource allocation because it is comprehensive and it is collaborative. And justice is controversial in resource allocation because there are competing notions of equality, liberty, responsibility, and efficiency at work in it that can easily stymie allocation decisions.

Yet, the voice of justice in the midst of the current pandemic may not be so ambivalent or unsupportive after all. Whereas each aspect of justice, viewed from the perspective of "just us," can be construed to justify limiting the resources allocated to this arena, the view from the Reign of God is quite different. A more generous allocation may well instead be warranted.

Professor Lyon is right. In many ways a person with AIDS today is like the leper of Jesus' day—despised, feared, avoided—certainly not "one of us." Jesus met lepers' needs without distinction—needs of Samaritans (who deserved their fate in the eyes of many) as well as Jews, unbelievers as well as believers (Luke17:11-19). How likely is the justice of God's Reign to demand less of people today?

Nevertheless, the tentativeness of the language throughout this discussion has been intentional. As explained at the outset, many of the arguments presented here in the context of HIV/AIDS could also be marshaled in behalf of resources to meet other basic human needs, especially where a "just us" mentality has limited resources available to date. In other words, the justice orientation characteristic of God's Reign challenges a variety of current allocation priorities—not only those related to HIV/AIDS. Nevertheless, the

HIV/AIDS arena has been so riddled with "just us" thinking that it represents an excellent place to illustrate the need to attend more carefully to the justice that God requires.

Notes

1. Robert W. Lyon, "Becoming the New Testament Church to Serve These 'New Lepers,'" *Engage/Social Action* 14 (February 1986):12-17.
2. For example, see Earl E. Shelp and Ronald H. Sunderland, *AIDS and the Church: The Second Decade* (Louisville, KY: Westminster/John Knox, 1992).; Smith, Shepherd, and Anita M. Smith, *Christians in the Age of AIDS* (Wheaton, IL: Victor, 1990).; William E. Amos, Jr., *When AIDS Comes to Church* (Philadelphia, PA: Westminster, 1988).; Walter J. Smith, *AIDS: Living and Dying with Hope* (Mahwah, NJ: Paulist, 1988).
3. The present discussion will often refer jointly to people with HIV (Human Immunodeficiency Virus) disease and to persons with AIDS (Acquired Immune Deficiency Syndrome), since those with HIV disease typically develop AIDS eventually and there is no cure for or vaccination against either HIV infection or AIDS.
4. Following Stephen C. Mott, *Biblical Ethics and Social Change* (New York, NY: Oxford University Press, 1982) and others who are concerned about the overly male connotation that the term "Kingdom" has for many, I will use the term God's Reign where God's Kingdom has traditionally been employed, out of a desire to communicate effectively to all.
5. John F. Kilner, *Life on the Line: Ethics, Aging, Ending Patients' Lives, and Allocating Vital Resources* (Grand Rapids, MI: Eerdmans, 1992). Re-issued through The Center for Bioethics and Human Dignity (www.cbhd.org).
6. Moreover, those who underestimate the importance of justice thereby indicate that they have failed to understand the essence of people as creations of God whose needs matter greatly to God. See David C. Thomasma, "The Basis of Medicine and Religion: Respect for Persons," in *On Moral Medicine: Theological Perspectives in Medical Ethics*, eds. Stephen Lammers and Allen Verhey (Grand Rapids, MI: William B. Eerdmans, 1987), pp. 228-92.
7. UNAIDS, "Report on the Global HIV/AIDS Epidemic" (Geneva, Switzerland: United Nations, 2000).
8. UNAIDS, "Global HIV/AIDS Epidemic,"; U.S. Agency for International Development, "Children on the Brink 2000," report presented at the 13th International AIDS Conference, Durban, South Africa (13 July 2000).
9. Ellis Cose, "A Cause that Crosses the Color Line," *Newsweek* (17 January 2000): 49.
10. George F. Will, "AIDS Crushes a Continent," *Newsweek* (10 January 2000): 64.
11. UNAIDS. "Global HIV/AIDS Epidemic."
12. Ibid.
13. UNAIDS. "Global HIV/AIDS Epidemic."; Karen Stanecki, U.S. Census Bureau Report presented at the 13th International AIDS Conference, Durban, South Africa (10 July 2000).
14. U.S. Agency for International Development, "Children on the Brink 2000."
15. Jeffrey Bartholet, "The Plague Years," *Newsweek* (17 January 2000): 32-37.; Tom Masland, and Rod Nordland, "Ten Million Orphans," *Newsweek* (17 January 2000): 42-45.
16. "AIDS Slashing African Life Spans," *Chicago Tribune* (11 July 2000), pp. 1+.
17. U.S. Agency for International Development, "Children on the Brink 2000."
18. Anne A. Scitovsky, "The Economic Impact of the HIV Epidemic in the United States," *AIDS Updates* 4 (September/October 1991): 1 -11. Were the 5:1 ratio of indirect to direct costs favored by some to be adopted (see Michael F. Drummond, and Linda M. Davies, "Topics for Economic Analysis," in *AIDS: The Challenge for Economic Analysis*, eds. Michael Drummond and Linda Davies,

[Birmingham, England: University of Birmingham and the World Health Organization, 1990], p. 2), the overall figure would be boosted from $51 billion to $78 billion.

19. Scitovsky, "Economic Impact," pp. 9-11; Dennis P. Andrulis, "Patients with AIDS and Other HIV Infections: Examining and Estimating the Total Burden of Hospital Care," address given at the Seventh International Conference on AIDS, Florence, Italy (16-21 June 1991); AIDS Action Council, "Public Health Service AIDS Funding" (Washington, D.C.: A. A. C., July 1991); AIDS Action Council, "Non-Public-Health-Service AIDS Funding" (Washington, D.C.: A. A. C., August 1991).

20. U.S. Dept. of Health and Human Services, "HHS Fact Sheet: Clinton Administration Record on HIV/AIDS," Latest statistics (FY1998) as of July 28, 2000, posted on U.S. Dept. of HHS web site: www.4woman.gov/owh/pub/faclinton.htm.

21. Stephen Crystal, "Outpatient Medical Care and the Course of AIDS," address given at the Seventh International Conference on AIDS, Florence, Italy (16-21 June 1991).

22. Donato Greco, et al., "Hospital Use by HIV Patients in Italy: A Retrospective Longitudinal Study," *Journal of Acquired Immune Deficiency Syndromes* 4 (1991): 471-479–which identifies hospital days per person-year at 23-63 in the United States and 30-142 in Europe.

23. Anne A. Scitovsky, and M. Over, "AIDS: Cost of Care in the Developed and the Developing World," *AIDS* 2 (suppl. 1, 1988): S71-S81.

24. Marsha F. Goldsmith, "Costs of HIV/AIDS Rise, Care Disparities Increase," *Journal of the American Medical Association* 268 (9 September 1992): 1246.

25. Paul Salopek, "Citing Stability Risks, Gore Urges UN to Fight Africa's AIDS Disaster," *Chicago Tribune* (11 January 2000).

26. UNAIDS, "Global HIV/AIDS Epidemic."

27. World Health Organization, Global Programme on AIDS, "Current and Future Dimensions of the HIV/AIDS Pandemic: A Capsule Summary," Geneva, Switzerland (April 1991), p. 6; Fred J. Hellinger, "Forecasting the Medical Care Costs of the HIV Epidemic in the United States, 1991-1994," International Conference on AIDS, Florence, Italy (16-21 June 1991).

28. Donato Greco, et al., "HIV Patients in Italy,"; Anne A. Scitovsky, et al., "Effects of the Use of AZT on the Medical Care Costs of Persons with AIDS in the first 12 months," *Journal of Acquired Immune Deficiency Syndromes* 3 (1990): 904-912; T. Ng, et al., "The Impact of Zidovudine on AIDS-Related Hospital Admissions: How Long Does the Honeymoon Last?" Presented at the Fifth International Conference on AIDS, Montreal (June 1989), Abstract MHPI.

29. On the contextual nature of justice, cf. Karen Lebacqz, *Foundations of Justice* (Minneapolis, MN: Augsburg, 1987). See Scitovsky, "Economic Impact," p. 22 and Ronald Bayer, "Five Dimensions to the Politics of AIDS," in *AIDS: Public Policy Dimensions*, ed. John Griggs (New York, NY: U.S. Hospital Fund and Institute for Health Policy Studies 1987), p. 35 for ways that the AIDS predicament exposes injustices embedded in the health care system as a whole, with particular reference to the United States.

30. For examples of how media influence has fostered and inhibited a just allocation of resources in response to the AIDS pandemic, see David C. Colby, and Timothy E. Cook, "Epidemics and Agendas: The Politics of Nightly News Coverage of AIDS," *Journal of Health Politics, Policy and Law* 16 (Summer 1991): 215-249.

31. Cf. Emily Friedman, "'Your Own Kind': AIDS and the Communitarian Ethic," in *AIDS: Public Policy Dimensions*, ed. John Griggs (New York, NY: United Hospital Fund and Institute for Health Policy Studies, 1987), p. 46.

32. For more on the community orientation of ethics in the Bible, see Bruce C. Birch, and Larry L. Rasmssen, *Bible and Ethics in the Christian Life*, rev. ed. (Minneapolis, MN: Augsburg Press, 1989), chap. 2.

33. For illustrations of the individualism characteristic of the United States, see Robert N. Bellah,

et al., *Habits of the Heart* (Berkeley, CA: University of California Press, 1985).

34. For an analysis of common metaphors, see Judith W. Ross, "Ethics and the Language of AIDS," in *The Meaning of AIDS*, eds. Eric Juengst and Barbara Koenig (New York, NY: Praeger, 1989), pp. 30-41 and Larry R. Churchill, "AIDS and 'Dirt': Reflections on the Ethics of Ritual Cleanliness," *Theoretical Medicine* 11 (September 1990): 185-192, the latter of whom argues strongly for the continued but more careful use of metaphor (against Susan Sontag, *AIDS and Its Metaphors* [New York, NY: Farrar, Straus and Giroux, 1989], who is more pessimistic about the constructive possibilities for metaphor).

35. For documentation of the range of criteria that are use in intensive care units to include and exclude people with AIDS, see Ray E. Moseley, "AIDS and the Allocation of Intensive Care Unit Beds," in *The Meaning of AIDS*, eds. Eric Juengst and Barbara Koening (New York, NY: Praeger, 1989). A detailed analysis of the justifications and weaknesses of these criteria can be found in John F. Kilner, *Who Lives? Who Dies? Ethical Criteria in Patient Selection* (New Haven, CT: Yale University Press, 1990).

36. The impartiality of God is attested in a number of different contexts, some of which are explicitly justice-related. See Deut 1:17; Matt 5:45; Rom 2:11.

37. J. Philip Wogaman, "Economics and Medicine: Theological Reflections," *Second Opinion* 8 (July 1988): 72.

38. E.g., see Michael Fumento, "Are We Spending Too Much on AIDS?" *Commentary* (October 1990): 51-53; Charles Krauthammer, "AIDS: Getting More Than Its Share?" *Time* 135 (25 June 1990): 80; William Winkenwerder, et al., "Federal Spending for Illness Caused by the Human Immunodeficiency Virus," *New England Journal of Medicine* 320 (15 June 1989): 1603.

39. Office of Management and Budget, United States Government, "Budget of the United States Government, Fiscal Year 1992," 102nd Congress, 1st Sess., 1991, H. Doc. 102-3: Part Two-22; Scitovsky, "Economic Impact," AIDS in the U.S. is expected soon to outstrip all other disease in lost human potential (U.S. National Commission on Acquired Immune Deficiency Syndrome, *America Living With AIDS* [Washington, D.C.: U.S. Government Printing Office, 1991], p. 13).

40. See Centers for Disease Control, U.S. Dept of Health and Human Services, "Update: Acquired Immunodeficiency Syndrome–United States, 1981-1990," *Journal of the American Medical Association* 265 (26 June 1991): 3227; P. S. Rosenberg et al., "National AIDS Incidence Trends and the Extent of Zidovudine Therapy in Selected Demographic and Transmission Groups," *Journal of Immune Deficiency Syndromes* 4 (1991): 392-401; Philip Yam, "Has AIDS Peaked?" *Scientific American* 265 (September 1991): 30; Timothy F. Murphy, "No Time For an AIDS Backlash," *Hastings Center Report* 21 (March-April 1991): 8.

41. National Research Council, *The Social Impact of* AIDS *in the United States* (Washington, D. C.: National Academy Press, 1993), p. 7.

42. For U.S. figures, see Centers for Disease Control, U.S. Dept. of Health and Human Services, "HIV/AIDS Surveillance Report" (Atlanta, GA: C. D. C., January 1991). Regarding Europe and the U. S., see Jane E. Sisk, "Trends in the Prevention, Diagnosis and Treatment of HIV and Their Economic Implications," in *AIDS: The Challenge of Economic Analysis*, eds. Michael Drummond and Linda Davies (Birmingham, England: University of Birmingham and the World Health Organization, 1990), p. 11. The worldwide situation is addressed in Jonathan Mann, "AIDS: Epidemiology and Prevention." Address given at the Seventh International Conference on AIDS, Florence, Italy (June 16-21, 1991).

43. The need in Italy, especially for education, is addressed in P. Lorenzetti et al., "AIDS-Related Knowledge and Behaviors Among Teenagers–Italy, 1990," *Morbidity and Morality Weekly Report* 40 (5 April 1991): 215, 221, which draws upon S. Salmaso, et al. "Drug Use and HIV-1 Infection: Report from the Second Italian Multicenter Study," *Journal of Acquired Immune Deficiency Syndromes* 4 (1991); AIDS Task Force, "Summary of AIDS Cases Notified in Italy as of December 31, 1990,"

(Rome Italy: Instituto Superiore de Sanita, 1991). On the pressing need for drug treatment resources in the U.S., see George M. Anderson, "Drug Treatment and the Poor," *America* 165 (13 July 1991): 6; U.S. National Commission on Acquired Immune Deficiency Syndrome, *America Living,* p. 12; Larry Gostin, "A Decade of a Maturing Epidemic: An Assessment and Directions for Future Public Policy," *Notre Dame Journal of Law, Ethics, and Public Policy* 5 (1990): 25-26; David E. Rogers, "Federal Spending on AIDS–How Much Is Enough?" *New England Journal of Medicine* 320 (15 June 1989): 1623. In New York City alone, 3,100 people are on waiting lists because drug treatment programs have no available spaces (Citizens Commission on AIDS for New York City and Northern New Jersey, "AIDS: Is There a Will to Meet the Challenge?" [New York, NY, 1991], p. 31).

44. Cose, "Crosses the Color Line"; Centers for Disease Control, U. S. Dept. of Health and Human Services, "HIV/AIDS Surveillance Report" (Atlanta, GA: C. D. C., February 1993); Centers for Disease Control, U.S. Dept. of Health and Human Services, "The HIV/AIDS Epidemic: The First 10 Years," *Journal of the American Medical Association* 265 (26 June 1991): 3228. Scitovsky, "Economic Impact," p. 3; Daniel M. Fox, "Chronic Disease and Disadvantage: The New Politics of HIV Infection," *Journal of Health Politics, Policy and Law* 15 (Summer 1990): 345.

45. U.S. Dept. of Health and Human Services, "Women and HIV/AIDS: Scope of the Problem' (2000) Web site: www.4woman.gov/owh/pub/womenhiv/wascope.htm as of July 28, 2000.

46. Timothy C. Morgan, "The Church Has HIV," *Christianity Today* (7 February 2000): 36-44.

47. World Bank, *Confronting AIDS: Public Priorities in a Global Epidemic* (New York, NY: Oxford University Press, 1997), chap. 4.

48. UNAIDS, "Global HIV/AIDS Epidemic"; Cose, "Crosses the Color Line."

49. Various proponents of this position are identified and discussed in Timothy F. Murphy, "Is AIDS a Just Punishment?" *Journal of Medical Ethics* (14 September 1988): 154-160.

50. These and other difficulties with the notion of responsibility for disease are discussed in Kilner, *Patient Selection,* pp. 167-173; Daniel Wikler, "Who Should Be Blamed for Being Sick?" *Health Education Quarterly* 14 (Spring 1987): 11-25.

51. Geoffrey Cowley, "Fighting the Disease: What Can Be Done," *Newsweek* (17 January 2000): 38.

52. The percentage of people with AIDS who are women is increasing steadily (Centers for Disease Control, "The First 10 Years"; Scitovsky, "Economic Impact," p. 3; Ippolito, Giuseppe, et al., "Blind Serosurvey of HIV Antibodies in Newborns in 92 Italian Hospitals: A Method for Monitoring the Infection Rate in women at Time of Delivery," *Journal of Acquired Immune Deficiency Syndromes* 4 [1991]: 402) as is the percentage of HIV-infected newborns (Ippolitto et al., "Blind Serosurvey," pp. 402-403; World Health Organization, Global Programme on AIDS, "Current and Future Dimensions"; World Health Organization, Global Programme on AIDS, "Progress Report Number 7," Geneva, Switzerland, May 1991). Regarding those who have suffered at the hands of society, see Charles Perrow, and Mauro F. Guillen, *The AIDS Disaster: The Failure of Organizations in the New York and the Nation* (New Haven, CT: Yale University Press, 1990).

53. On utilitarianism as an approach to *justice,* see Karen Lebacqz, *Six Theories of Justice* (Minneapolis, MN: Augsburg, 1986); Lebacqz, *Foundations of Justice,* p. 156.

54. These benefits are discussed in an interview with June Osborn, chairwoman of the U.S. National Commission on AIDS, in Naomi Freundlich, "No, Spending More on AIDS Isn't Unfair," *Business Week* 4 (17 September 1990): 97. Osborn explains, for example, how cancer research has been affected by a better understanding of how to boost the body's defenses.

55. Sisk, "Trends and Economic Implications."

56. Cf. Marcia Angell, "A Dual Approach to the AIDS Epidemic," *New England Journal of Medicine* 324 (23 May 1991): 1498-1500.