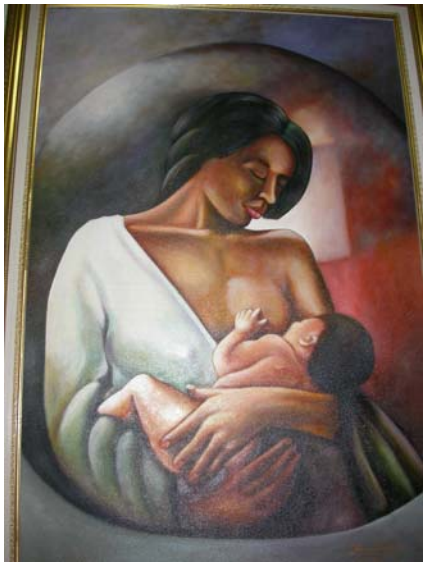
Feminization of the AIDS Epidemic

A Scientific and Theological Perspective

Based on John 4



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Women and the Feminization of the HIV/AIDS Epidemic

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"Some things you must always be unable to bear. Some things you must never stop refusing to bear. Injustice and outrage and dishonor and shame. No matter how young you are or how old you have got. Not for kudos and not for cash: your picture in the paper nor money in the bank either. Just refuse to bear them."
--William Faulkner, Intruder in the Dust

In the 25 years that have passed since the acquired immunodeficiency syndrome (AIDS) was first described, research and clinical studies have produced some of the most remarkable advances in the history of medicine. We know more about how the human immunodeficiency virus (HIV), the cause of AIDS, infects humans and causes disease than any other virus. We have over 20 drugs to treat HIV, more than any other viral infection. We know how to prevent every means of HIV transmission. In spite of all of our knowledge, we are failing to control the relentless increase in new infections which now accounts for 5 million worldwide each year.

Sophisticated molecular studies confirm that HIV is a new virus most likely originating from mutations of a monkey virus perhaps as early as 1960 after crossing from monkeys into man in Africa. Crossing species is not unusual for infectious agents – it happens with bird influenza measles, Ebola, HIV, SARS, dengue, and others infectious agents. What is unusual about HIV is that after a brief acute illness that may not be recognized as HIV infection, the infected individual enters into a prolonged asymptomatic phase that may last 5 to 8 years. The absence of an immediate catastrophic infection, followed by

an extended asymptotic but infectious period, facilitates ongoing transmission of the virus to one or more individuals who may not suspect that their sexual partner is infected. If a woman is HIV infected and pregnant and is not treated for HIV, she may pass HIV infection to her infant dugong pregnancy, delivery or during breast-feeding. Routine HIV testing is an important tool for detecting asymptomatic HIV infection and unrecognized HIV transmission. Lifelong HIV infection and the potential for concomitant lifelong HIV transmission have resulted in the continued cumulative escalation of the HIV/AIDS epidemic to its present level of 40 million individuals living with HIV/AIDS.

The term "feminization" of HIV/AIDS is used to describe the shift of the epidemic from a majority of men to a majority of women with the most dramatic change occurring in young girls. In the US, individuals aged 13 to 24 account for 50% of the 40,000 new infections each year. 60% of these infections are in young women, the majority of whom are from racial or ethnic minorities. Worldwide over half of the 40 million who are infected are women, predominantly of childbearing age. Two million HIV-infected women become pregnant each year contributing to the dramatic increase in the estimated 12 million orphans and vulnerable children. The HIV epidemic in women is most severe in sub-Saharan Africa where as many as 65% of the infections are in women. In many countries the ratio of young girls infected the young boys exceeds 4 to 1. Many factors contribute to the susceptibility of women to HIV infection. These can be broadly categorized into biologic, sociologic/cultural, political/legal, behavioral factors and economic factors.

Biologically, women are 8 times more likely to become infected than men per sexual act. The surface area of the vagina provides a greater exposure area to HIV infected semen compared to the foreskin and urethra of a male when exposed to HIV infected vaginal secretions. Sexually transmitted infections (STIs), inflammatory and ulcerative, often asymptomatic in young girls, increases susceptibility to HIV infection. Recently it has been found that male circumcision reduces female to male HIV transmission by an estimated 30%, protecting males but not females from HIV infection. The highest risk of

acquiring HIV infection for boys is exposure to HIV infected semen as the anal receptive partner.

Earlier onset of sexual maturation in girls contributes to early sexual debut and the potential for increasing the duration of sexual activity, the number of sexual partners and increased exposure to sexually transmitted diseases. Young girls are at greater risk of acquiring HIV infection per sexual act than older women. The vaginal epithelium of young girls is thinner and the cervix composed of a single layer of columnar epithelium increasing the potential for HIV infection compared to older women who have a thicker vaginal epithelium and a cervix composed of multiple layers of squamous epithelium.

Local customs and certain sexual practices contribute to increased rates of HIV infection in women. Sexual intercourse during pregnancy is associated with higher rates of HIV infection probably as a result of increased biologic susceptibility secondary to hormonal changes and increased frequency of sexual intercourse. Sexual intercourse during menstruation as a means of avoiding pregnancy is also associated with an increased risk of HIV infection. In some societies, men seek sexual partners outside of a monogamous relationship during their wives pregnancy only to increase the risk of transmitting HIV and other STIs to their wives. The practice of "dry sex" where herbs or other plant materials are introduced into the vagina to enhance sexual pleasure can cause surface abrasions increasing the potential for HIV infection.

Cultural and religious practices in some societies encourage multiple sexual partners and polygamy. It cannot be assumed that because a man has multiple monogamous female sexual partners that he will not explore sexual relationships outside polygamy. Further, HIV infection introduced into a polygamist relationship exposes multiple sexual partners to infection. The Old Testament practice of wife inheritance by brothers following the death of a husband increases the potential of introducing HIV into another marriage relationship if the cause of death of the deceased husband was AIDS. Following the death of a husband some cultures practice sexual cleansing; the widow is required to have sexual relations with male relatives to “cleanse” her from the spirit of her husband.

Several cultures and religions encourage early marriage of young girls. Frequently the husband is an older man who is sexually experienced and not surprisingly, HIV infected. Studies on the rate of HIV infection among young married girls show that HIV infection is higher than among older unmarried girls.

Additional risk factors for HIV infection in young girls include a history of sexual abuse, having a parent with HIV, and growing up with a parent who is sick, uses drugs or is absent. Growing up in a neighborhood that is poor, has a high rate of drug use and HIV infection also contributes to the risk for acquiring HIV infection.

Adolescents engage in the same denial process regarding the risk of HIV infection through sexual contact as they do for the risk associated with drinking and driving or smoking and lung cancer. They often have the perception that their sexual partner would not knowingly infect them with HIV or that the partner does not look like they have HIV infection. Limited access to health care and HIV testing contributes to a higher rate of HIV infection among youth. Stigmatization associated with HIV or obtaining an HIV test promotes significant delays in HIV testing and medical evaluation.

The entertainment and advertising industry contribute to the mythology that casual and unprotected sex are safe and continue to portray women as sexual objects. Sex education and instruction on how HIV is transmitted and can be prevented has an impact on reducing the number of new HIV infections. Nevertheless, over 50% of the 40,000 new infections each year in the US are in youth and the majority of those are in young girls. The proportion of high school students using condoms at their most recent sexual intercourse indicates that condom use increased from 46% in 1991 to 63% in 2003. However, even if condoms are used consistently, this leaves a large proportion of sexually active adolescents at risk for HIV and other STIs.

The economic cost of HIV infection in women is staggering. The cost of treating 10 million or more HIV-infected women to keep them healthy and productive runs into billions of dollars each year. As most HIV-infected women eventually die or become too

sick to care for their children, the burden of care and education for orphan and vulnerable children will increase dramatically costing additional billions of dollars.

However, it is not just the economic cost of HIV/AIDS in dollars that should be considered. Women uniformly provide family and community stability. They are caregivers, educators, sustainers, peacemakers, and the providers of the love and care that nurtures the future generation of children.

Over recent years advocates for woman have demanded that female controlled methods of protection against STIs and pregnancy be developed by resource rich countries. If a woman refuses to have sex or asks that a condom be used, she is often subjected to sexual and physical abuse. Thus, research attention has been turned toward female controlled methods of protection especially the use of microbicides. These would be gels that could be used by a woman without detection by a male. Not surprisingly, research in this area has been slow. In the US for example, funds for research on microbicides has increased from $35 million to $91 million over a three-year period while the federal budget for other research including HIV/AIDS has increased by billions of dollars. Yet, a microbicide that could prevent just 50% of HIV infections in women could save the lives of over one million women each year and prevent orphan hood for millions of children.

The international public health community may also be contributing to the expansion of the HIV epidemic in women by failing to fully implement traditional measures to control STIs including HIV. Previously the identification of STIs required partner notification and contact tracing. HIV is a sexually transmitted disease and the cornerstone for controlling sexually transmitted diseases is to perform routine diagnostic testing, partner notification, and contact tracing. We cannot, on the one hand, call for greater assistance to combat an epidemic that has 40 million or more individuals who are infected and 5 million new infections each year, without also calling for implementation of a complete international public health program to control a sexually transmitted disease – universal voluntary HIV testing, partner notification and contact tracing. If there are issues of

confidentiality and stigma associated with HIV testing then we must solve them, but not abandon known methods for controlling the spread of infection. Now that life saving treatment is available, it is not medically or ethical justifiable to treat one sexual partner and leave undiagnosed and untreated another sexual partner. Further, how can we justify not identifying an uninfected sexual partner, at risk for infection, who could be provided with information to be spared from a uniformly fatal virus infection?

Now that antiretroviral drugs are more readily available at significantly reduced cost, more men are requesting HIV testing, especially when they observe the dramatic improvement in the health of an HIV-infected individual following treatment. This does not necessarily translate into greater access to life saving drugs for women. Because of confidentiality issues, many of the international programs that provide antiretroviral drugs fail to require testing of sexual partners who might also require treatment. Women or men, but more likely women, may thus be denied treatment. The ethics of knowing that there is another individual who may be HIV-infected and who might also require treatment but who is left unidentified raises serious medical and ethical issues that must be confronted.

The remarkable success of antiretroviral drugs in improving the clinical course of HIV infected individuals has been misinterpreted by some as transforming HIV from an ultimately fatal infection to one that is treatable. This may result in increased unprotected sexual activity and overlooks the fact that HIV transmission can occur even during treatment with antiretroviral drugs.

Epidemiological approaches to defining the epidemic focused on women for obtaining estimates of the percentages of all individuals infected in various populations. Since pregnancy is by definition unprotected sex, it was logical to perform initial seroprevalence studies in populations of pregnant women, extrapolating to the entire population to estimate the total number that might be infected. This process inadvertently placed the focus on women as the source of HIV infections. As a South

African woman commented after my presentation at in international AIDS meeting, "Dr. Ammann you keep talking about testing women. How do you think we get infected?"

Of the many troubling aspects of the epidemic, those that now stand out are related to the human rights of women. Once HIV is acknowledged to be a sexually transmitted disease and the biologic, cultural, political/legal, economic and religious factors that contribute to increased exposure of women to HIV are identified, it becomes clear why women, particularly young women, are increasingly selected against for HIV infection. Throughout all societies, cultures, and religions women are most often viewed as subservient to men. They do not possess equal economic, educational, political/legal or religious freedoms. A woman's right to not have sex, or not become pregnant has long been at issue. Also at issue is the right not to become infected with a lethal virus such as HIV. Even in the US where women are considered to be equally free, the HIV infection rate is increasing faster in women, especially minority women.

Studies of HIV infection in women in the US and in resource poor counties reach similar conclusions. The majority of women who discover that they are HIV infected are unaware of how they got infected or that their sexual partners are infected. Many of these women are themselves in long-term monogamous relations. It is clear that the monogamous relationships may not be mutual. Equally disturbing are studies, primarily from Sub-Saharan Africa that describe a much higher rate of HIV infection in young girls than young boys. Detailed evaluation of why this occurs shows that young girls are primarily infected by older men who often know that they are HIV-infected. In a perversion of the "safe sex" concept, men solicit unprotected sexual relations with young girls or even children knowing that they are less like to be infected with HIV.

Within the sex trade industry a higher premium is paid for a young virgin girl than a sexually experienced woman. The economic plight of women and young girls throughout the world perpetuate the use of a sex as a means of survival. Families may sell their young girls into prostitution in order to obtain money for basic necessities. When these young girls become HIV-infected they are no longer profitable to the sex

industry and are returned to their homes but most often are rejected because of their HIV infection and need for healthcare and support. In politically unstable regions of the world with rampant poverty young girls and women look to "sugar daddies" who can provide them with basic necessities in return for unprotected sex. While men have the option of utilizing a condom to prevent sexually transmitted diseases including HIV or pregnancy they most often choose not to. Women who asked that a condom be used are turned away or physically and sexually abused.

Political indifference and lack of legal protection for women allows the sex industry to thrive, contributing to an increased HIV infection rate in women. In many countries the police benefit financially from the sex trade or are given “free” sex in return for ignoring sex trafficking in women and young girls. Inadequate or uninforced legal statutes for rape and sexual abuse create a permissive attitude. Male dominance of governments, the military, police, legal institutions, health institutions, educational and religious institutions directly or indirectly contribute to ignoring the fact that women are being selected against for an entirely preventable fatal viral infection.

Softening of terminology can convey a message of acceptance that borders on fatalism. For example, gender based violence is a term that is pervasive throughout the international public health community and yet, for most women in resource poor countries the term sexual abuse and rape convey the reality of how women are viewed. The term "sex worker" has been substituted for forced prostitution or sex trade. Young girls who are forced into sex to avoid starvation and are “useful” only when they remain HIV uninfected and not pregnant do not consider themselves sex workers.

There has also been a reluctance to accept the purposefulness of sexual abuse and rape during times of conflict and to equate it with a form of genocide. For many years international organizations dealing with rebellion and armed conflict were reluctant to include systematic rape of women as a form of genocide. Yet, behind the deliberate rape of women is the intent to ensure that a woman is rendered useless and stigmatized by her husband, family and community. Rape by an HIV-infected soldier is an insidious

means of planting “viral landmines” known to have their impact long after armed conflict has ceased. Women who undergo the most severe forms of sexual abuse suffer from vesicovaginal fistulas that make them physically and publicly unacceptable. They often express their suffering by saying, "Why didn’t they just kill me?”

Successful methods for reducing or preventing HIV transmission are available for every means of transmission. Needle and syringe exchange programs are effective for intravenous drug users. HIV testing of blood donors makes blood transfusion HIV infection highly unlikely. Treatment of HIV-infected pregnant women with antiretroviral drugs reduces the potential for HIV transmission during gestation and delivery and substitution of formula feeding for breast-feeding eliminates breast milk HIV transmission. Nevertheless, in spite of knowing how to prevent every means of HIV transmission, we have been unable to control its relentless progression – the number of HIV infected people worldwide stands at its highest level, the number of individuals who have died from HIV/AIDS continues to increase, and 5 million individuals become infected each year.

In spite of some skepticism, changes in sexual behavior are not only possible but have been associated with significant reductions in new HIV infection. In developed and developing countries the fundamentals of the “ABC” (abstinence, be faithful, condoms) approach to behavior change have been successful. HIV infection rates were reduced particularly when coupled with pervasive public-health messages that originate from political and religious leaders, the government, health agencies, educational institutions, multiple media, nongovernmental organizations and faith-based organizations. The seroprevalence of HIV was reduced by 60% in Uganda following widespread implementation of the ABC approach. Decreases in HIV seroprevalence have also been observed in Kenya, Zambia and Thailand. In the US, HIV infections peaked in 1987 at about 120,000 new infections. For the past several years new HIV infections have remained at approximately 40,000 per year. While this number is still unacceptably high it represents a significant decrease most likely a result of behavior changes. The relative

contribution of abstinence, reduced number of sexual partners or condom use contributing to this sustained decrease in new infections has not been defined.

Education on HIV prevention must continue in order to protect youth from acquiring HIV infection and other sexually transmitted diseases. There is ample evidence that it is effective. However to further reduce HIV infection, educational programs must also recognize specific psychosocial, cultural, and economic factors that contribute to youth adopting risk behaviors that contribute to HIV infection. Mixed messages regarding casual and unprotected sex propagated through the media and entertainment industry must be countered with clearer messages regarding sexual relationships, respect for persons, and individual accountability. Youth require greater support through health-care infrastructures, psychosocial services, economic independence, family interaction, community support and engagement with faith-based organizations that provide spiritual support, develop positive self images and generate respect for others.

The view of women as subservient to men is pervasive and has been so for thousands of years. Just as HIV has identified issues of justice any and equity that expose poverty, injustice and inequity, HIV has thrown the spotlight on the continued unequal position of women in our societies. As long as women remain devalued socially, economically, politically/legally, religiously, and sexually coupled with the failure of the international health community to protect them from HIV infection, the epidemic will persist as one predominated of women and an increasing number of orphans and vulnerable children.

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For the Christian the challenge of HIV/AIDS is - - "Can we have the courage of Jesus to love, to understand what liberty means, and to discern what is spiritual truth in a community or a disease that my be foreign to us?" We are taught through our Judeo-Christian heritage to respond to all those who are suffering, the poor, aliens, widows and orphans. There are no exceptions defined by disease.

I have been immersed in HIV/AIDS for over 25 years. It is not my only community, but is certainly a great part of what I do and their is no clear demarcation between it and the other communities that I travel in - - even my spiritual community – they are all somehow intertwined.

When we discovered the very first child with AIDS in 1981 and the very first blood transfusion AIDS patient, we knew that it was a new disease. We had suspicions that it would be a significant new disease, but none of us realized that it would become an epidemic of such enormous proportions in so short a time. Compared to SARS that killed fewer than 600 individuals in 2003, HIV infects and ultimately kills everyone who is infected - - 14,000 new individuals each day, half of them women, and 1800 infants each day. Most of those who are alive wander their communities alone and vulnerable to those nefarious individuals who prey on the weak.

In my life's journey, the AIDS epidemic took me to yet another widening circle of involvement. Rainer Maria Rilke, the German poet captured my thoughts when he wrote,

"I live my life in widening circles
they reach out across the world.
I may not complete this last one
but I give myself to it.

I circle around God, around the primordial tower…."

In the center of my widening circle of HIV/AIDS were the teachings of Jesus. As I found myself grappling with the pain and suffering of this disease, the ethics and the injustices, I found in His teachings some of the answers that I had been looking for. It was not, as many suppose, the healing or touching of the lepers.

It was the story of a Samaritan woman.

In the book of John chapter 4, we read that Jesus ***had*** to go through Samaria. It was not an optional journey in route to another location. There was a person there who He ***had*** to meet, who would be transformed by a singular encounter.

Meeting that person, at that time, in that location and under those circumstances, was wrong from almost every religious perspective of the day. Some would consider it even wrong today. Jesus met a woman, the wrong sex, alone, the wrong religion, the wrong ethnic group, and the wrong level of education. Speaking to her, sharing the same vessel of water, a woman with many sexual partners, who today might be infected with HIV, would have been considered by religious leaders of the day, an act of defilement.

And yet, in the longest discourse recorded in the Gospels, Jesus addressed her physical and spiritual needs. This woman was transformed because Jesus had sought her out and in turn she brought others to Jesus.

Now the question is, where were the disciples?

They were in the village attending to physical needs. Jesus did not object to them leaving because, I believe, that He knew that they would not be able to comprehend what he was about to do. They would have too many objections – they would be offended - they did not understand that their community of believers was being extended to a group they would not have considered on their own.

So it was for this woman that Jesus went to Samaria and imparted to her alone the spiritual truth of the living water. He addressed both her physical and spiritual needs. We read in the book of John that in doing this Jesus was sustained because He had performed the will of God. What we do not understand is that it is ourselves who are also sustained as we minister to those in need. The deeper the need; the greater the sustenance.

And so, just as the disciples missed out the special teachings of Jesus about the living water that is able to sustain and the spiritual sustenance that is derived from going to those who suffer, the Christian Church in America has missed out on the special blessing that could have been theirs had they reached out to those suffering from HIV/AIDS.

I believe that there are times of desperate need, both physical and spiritual, which Christians ignore because we do not see them as Jesus sees them. This is true in regard to the AIDS epidemic. The church in America, I believe, is living outside the community of pain and suffering induced by this disease. The arm of those who suffer form HIV/AIDS has been severed from the body of Christ. We have not been the salt of the earth providing an infusion of compassion and love. We are living on a low salt diet and in doing so, we have missed the blessings of obedience.

The words of Jesus are simple and unambiguous - we are to care for the needy, the suffering, the widows and the orphans. He does not introduce a qualifier as to the cause in order for us to respond.

I have been blessed, not by what I have done but by what these sufferers of AIDS have done for me. Courage in the community is to reach beyond the safe borders of the individuals who surround us in our daily lives and reach out to what might seem the most unlikely recipients of that same love and freedom that we have been given. Courage is to overcome the curse of abundance that often blinds us to the needs of others. It is to create a new community of engagement in obedience to God and as followers of Jesus.

For Christians worldwide the AIDS epidemic is a test of how deeply we believe in the tenderness of God and the teachings of Jesus—how complete is our forgiveness, how rich is our compassion, and how far our love reaches out to overcome the stigmatization and discrimination of AIDS to comfort those in pain and suffering.

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An Interpretation During a Time of HIV/AIDS

John 4:1-42

Jesus had been teaching all day. His followers, who were with him, realized how long they had traveled and that it was now noon without having anything to eat. Knowing their physical concerns, Jesus let them to go in search of food while he rested by a fountain in the City Square. (Jesus knew that if his followers stayed, they would be offended by woman he was soon to meet and that he would share with her deep spiritual truths that he had not revealed to them.)

His followers left to search for food, but they were secretly concerned about Jesus and who he might meet while he was alone as they knew that the fountain was an area where the outcasts and prostitutes frequently gathered.

While Jesus was sitting on the edge of the fountain a woman came to rest on the other side. Jesus knew all about her. She was the reason that he had to travel through Samaria. He even knew that she had several sexual partners.

Jesus slowly turned toward her until they made eye contact.

"May I have a drink of water from your bottle?" Jesus asked. Startled, she replied, "You're asking me for a drink of water? You don't even know who I am. Besides, I've been drinking from this bottle all day, as have my friends. Aren't you afraid of catching something?"

"If you knew who I really was you would ask me to give you living water to drink- water that would give you life beyond your dreams."

Puzzled she said, "I don't understand what you mean. Are you a miracle worker, or are you trying to take advantage of me, just like so many men have done before you?"

Jesus continued, "Everyone who drinks the kind of water that you have in your hand will be thirsty again. There will be no end to your search. Everyday you will need to find more. But the water that I can give you is spiritual and it can flow inside you into a fountain of its own that will nurture you into everlasting life."

"You're trying to trick me," she said. "I have never heard anyone talk to me like you are. But I must admit if what you are saying were true, it would be at least one part of my life that I wouldn't have to worry about. Tell me more about this living water so that I will never be thirsty again. And if you have living food tell me about that as well so that I will never be hungry again. And while you're at it, if you know anything about living medicines tell me about that as well so that I will never have to take another pill for my AIDS again."

Jesus did not answer her questions. Instead he said, "Go to the other side of the park and bring your husband to me so I can talk to him as well."

Frightened she said, "I have no husband."

"You are right," Jesus replied. "You have had multiple sexual partners and the person who is living with you now is not your husband."

"You must be some sort of a spiritual leader," she replied. Quickly changing the subject, she got onto a religious topic and blurted out, "Some say that their teachings are correct while others say that their teachings are correct. Who can you believe? "

Jesus responded, "There will be a time when these differences no longer exist. That time is now for those who praise and pray to God in spirit and in truth. These are the kind of people that God is on the lookout for – those who are devoted to him and worship him in spirit and truth."

Deep emotions overwhelmed her. She had never experienced such feelings before with anyone. In a hushed voice she revealed to this stranger one of her deepest longings, "I know that there is a spiritual person called Christ and when I meet him he will recognize me and explain everything to me."

The moment arrived, the very one for which Jesus had gone to the fountain to seek out this one woman. Although his followers had been with him, it was not the time for them to be given the same deep spiritual truths nor would they understand the extent of God's love and forgiveness for this woman. Jesus approached her. He saw the woman's worn face and her thin body, too small it seemed to sustain a living person. He knew that she once had a physical beauty that caused men to stop and stare and lust. But as he looked into her eyes he saw what others had not seen – the beauty of her deep spiritual desire that had gone unfulfilled through all of her human relationships. Jesus prayed quietly to his Father, "This is the woman that you sent me to, to seek her out, and give her spiritual teaching that will transform her life and those around her. Her needs are great. She will listen, and understand and talk to others who are also in need. This is the woman who men abused and when she lost her physical attraction, they discarded her like a piece of old clothing. She is the woman who teachers of religion said was not worthy to receive your Word. But you have never forgotten her"

Jesus said, "I am he who you have been looking for. I am the living water that will rise in you to bring eternal life."

No sooner had Jesus spoken these words than his followers reappeared. They were shocked to see Him alone, talking to an outcast and obviously ill woman. "This will ruin his reputation as well as ours," one of them thought. "She might even be a prostitute

and have AIDS or some other disease that those kinds of people get," another muttered. Still another thought, "I certainly hope he isn't talking to her about spiritual matters without us." But none of them dared to openly express their thoughts to Jesus.

The woman turned and went to her outcasts friends. "You've got to meet someone I just talked to by the fountain who knew everything that I had ever done. I wonder if this is the Christ who we have sometimes heard about?" "If he is the Christ," they replied, "why haven't any of the religious leaders been here to tell us about him?" Even though they were suspicious, they followed her and made their way to the fountain because she was one of them and they trusted her.

Meanwhile the followers were again urging Jesus to eat. "You must be starving," they said to Jesus. "We have brought you a sandwich and a drink."

Jesus looked at his followers with compassion. They had so much to learn. He had let them go and search for food while he had revealed one of God's deepest truths to this woman. He knew that they would not understand that she was in much greater need of spiritual healing than others and that because of her needs she was more prepared than they to receive His truth. He also knew how little they understood about love and forgiveness and how it would prevent them for understanding spiritual truths. It seemed strange that this woman, and not they, would be the recipient of Gods' special spiritual teaching.

Once again the followers urged Jesus to eat. But Jesus said, "I don't need anything to eat right now. This woman, who now understands the truth of living water, has fed me spiritually. What she has been given to me she will share with others so they too will not be hungry. It is to people like this that my father has asked me to speak and in obeying my father I have been fed abundantly."

By this time many of the outcasts had come with her to hear Jesus for themselves. “This person is not like any that we have ever heard before," they said. "We now believe for ourselves that He must be our Savior and the Savior of mankind as well."