

Implications of Selected Divine Commandments in the Pentateuch for the Control of Contagious Diseases in Nigeria

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ABSTRACT—Contagious diseases such as cholera, malaria, typhoid, measles, smallpox, chickenpox, gastroenteritis, leprosy and HIV/AIDS are prevalent in Nigeria. Consequently, thousands of Nigerians die yearly of these diseases whose widespread nature are generally attributed to poor personal and community hygiene, poor education, economic poverty, and inadequate or sometimes non-existent basic physical and health facilities. There is therefore the dire need to control the spread of contagious diseases. This study, therefore, utilizing a combination of biblical, contextual and comparative approaches, explored selected divine commandments in the Pentateuch and their implications for the control of contagious diseases in contemporary Nigeria. Findings indicate that God desires to be the central Figure among His people. He desires His people to distinguish themselves through lifestyles that are in harmony with His commandments. Therefore, Nigerian communities today, being highly religious in nature, could benefit from these commandments by following them and enjoying all the blessings accruing from them, especially if the pastors, preachers and Bible teachers would encourage them to do so in the process of ministering to them on daily and weekly basis.

Keywords: Contagious Disease, Control, Government, Hygiene, Infrastructure, Lifestyle, Nigeria

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I. Introduction

Contagious diseases are diseases that easily spread from person to person, especially through direct or indirect contact (Mandell, Douglas, & Bennet, 1990, p. 155). The prevalence of tropical contagious diseases such as cholera, malaria, typhoid, measles, smallpox, chickenpox, dysentery, gastroenteritis, leprosy and HIV/AIDS in Nigeria is well attested to (Abaje, Ati & Ishaya, 2009, p. 20). As a result, thousands of Nigerians die every year of these diseases whose widespread are generally attributed to poor personal and community hygiene, poor education, economic poverty, and poor or non-existent basic physical and health facilities and infrastructure (Fominyen, 2010). Considering the large human population of Nigerians who live in communal clusters and who through direct contact with one another are exposed to severe risks of contacting contagious diseases, there is therefore the dire need to control the spread of contagious diseases in Nigeria.

One of the Millennium Development Goals (MDGs), initiated by the United Nations, is directed toward combating malaria, HIV/AIDS, and other diseases (Millennium Development Goals, 2011), most of which are contagious. All 192 United Nations member states, including Nigeria and some international organizations have agreed to achieve the MDGs by the year 2015 (Millennium Development Goals, 2011). Although it is laudable that the governments of countries such as Nigeria have plans to combat these contagious diseases, the implementation of such plans face two major challenges. First, the implementation of policies directed to providing basic physical and health infrastructure and facilities in Nigeria has suffered severe setbacks at the government levels as a result of poor governance (Oppong & Agyei-Mensah, 2004, pp. 71-73). Second, the attitude and behaviour of average Nigerians to health in general and personal and community hygiene in particular is very low (Fominyen, 2010). Commenting on the general state of Nigeria at 50 years as a nation, Aminu points out that Nigerians are exposed to the risk of contagious diseases by factors such as “primitive and unhygienic sewage disposal systems, polluted streams, wells, roadside drains” (Aminu, 2010).

However, God’s promises and commands to His people in the Pentateuch indicate that there is much that the citizens could do to control the spread of contagious diseases at personal and community

levels while waiting for supplementary efforts from the various sectors of government.

In light of the above, this study, utilizing a combination of biblical, contextual and comparative approaches, explores selected commandments in the Pentateuch that have bearing on the control of contagious diseases which God gave to the Israelites and their implications for the control of contagious diseases in Nigeria today, using Exod 15:26 as the springboard. Bearing in mind that the divine commandments had both preventive and curative dimensions, this study establishes the similarities between the setting-in-life of the Israelites and the contemporary Nigerian people. This provides the ample basis for determining the relevance of the various divine injunctions explored to the contemporary Nigerian people with respect to the control of contagious diseases.

II. The Setting of Exod 15:26

After the Israelites crossed the Red Sea (Exod 14:1-15:21), they found no water to drink after three days of desert wandering (Exod 15:22). When they finally found water at Marah, they could not drink it because it was bitter until God miraculously healed the water by employing a natural remedy (Exod 15:23-25). It was after this miracle, early in the formative stage of the nation of Israel, that God made a profound conditional promise to the people: “If you will give earnest heed to the voice of the LORD your God, and do what is right in His sight, and give ear to His commandments, and keep all His statutes, I will put none of the diseases on you which I have put on the Egyptians; for I, the LORD, am your healer” (Exod 15:26; NASB, except otherwise indicated). Consequently, by identifying Himself as the Healer of the people (Exod 15:26), God personally assumed responsibility for the personal, communal and national health and well-being of the Israelites, if they strictly followed His commandments.

III. A Contextual Comparison of the Setting-in-Life of the Israelite and Nigerian Communities

As at the time God made the promise in Exod 15:26 to the Israelites, they were on transit from Egypt to Canaan through the

wilderness. A total of 603,550 adult males who were twenty years old and above set out for the journey in the desert after crossing the Red Sea (Num 1:46). It is obvious, therefore, that the whole community, at the least, was larger than 2 million people, were women and children included in the census in Numbers chapter one. Managing this large population in the face of hostile climactic and environmental conditions with limited life-supporting natural resources was an enormous task for Moses and the leaders. With exposure to the hazards of clustering in the desert, chances were high that the people would fall sick and contract contagious diseases at an alarming rate.

One would have expected that such a large community of the Israelites, wandering in the desert, would have lived in a disorganized and unplanned manner as is characteristic of most Nigerian communities, especially in the rural and sub-urban areas. On the contrary, the people lived together in tents as a whole community, in well organized and beautifully arranged clusters according to their families and tribes at God's instructions. Three tribes camped at the East, West, North and South respectively, with the Tabernacle at the centre of the community (Num 2:1-34). The presence of the Tabernacle in the centre of the community is very significant here. It served as a constant reminder of the presence of God among the people, a desire God earlier expressed in Exod 25:8. This arrangement achieved four major things for the Israelite community. First, it identified God as the central Figure in the community, making everyone in the community responsible to Him first and foremost, before anyone or anything else (see also Exod 20:3). Second, it fostered homogeneity in the community and facilitated easy identification of community members. Strangers and infiltrators were easily spotted out in the community (see, for example, Num 25:6-8). Third, it clarified the judicial lines of seeking redress in the event of any infraction. In this case, God was expected to serve as the final Arbiter. Fourth, the arrangement enhanced personal and communal hygiene as demonstrated later in this paper.

The average Nigerian community is similar to but also different from the Israelite community described above. Both the similarities and differences are presented together in this discussion in no particular order. Nigerians enjoy a largely tropical climate which makes them susceptible to contagious diseases of various sorts. The average Nigerian community is characterized by high population of people who live in a usually haphazard manner. Especially in rural and sub-urban areas, houses are built in disorganized manner, without

any obvious plan. The general layout of the average Nigerian community lacks such basic level of planning that was seen among the nomadic Israelite community in Num 2:1-34. Although people usually build houses and live according to familial affinities in rural and sub-urban Nigeria, the living conditions do not necessarily foster personal and communal hygiene (Mandell, Douglas & Bennett, 1990, pp. 838-839).

The living conditions in most Nigerian communities generally inhibit the construction and free flow of water and sewage in drainages. The environment is usually littered with wastes and refuse dumps. Even where drainages are constructed, it is common for people to dump refuse and other solid wastes into the drainages, thereby hindering the free flow of water and sewage in the drainages. The conditions further degenerate during the rainy season. Residential areas are usually flooded as a result of overflow of water and sometimes sewage from the blocked drainages. People wading in flooded water in order to leave or enter their homes are common sights in most Nigerian communities.

Nigerians undeniably appear to be religious. Churches, mosques and sometimes shrines dot every community in Nigeria. However, the daily life of people in Nigerian communities does not exhibit primary responsibility to God as the central Figure, as shown in the arrangement of the Israelite community in the Pentateuch. This situation is further compounded by religious pluralism in Nigeria which often ignites various degrees of conflicts that ultimately affect the environment negatively.

IV. Implications of Selected Divine Commandments in the Pentateuch for Control of Contagious Diseases in Nigerian Communities

God did not intend to limit the promise He made to Israelites in Exod 15:26 to their days of desert wandering. Instead, He designed that the promise of securing their personal, communal and national health and wellbeing would extend to the period of their settling in the land of Canaan. This is made very clear in the thematic and linguistic links that are evident between Exod 15:26 and Lev 18:1-5. From linguistic and thematic perspectives, both passages clearly indicate God's desire to make a distinction between the Israelite and Egyptian ways of life and His call for His people (the Israelites) to

live in accordance with His commandments in view of the life benefits pertaining thereto.

Archaeological discoveries have helped in documenting the prevalence of infectious (contagious) diseases in ancient Egypt. Goodman (n.d.) observes that the recovery of numerous hieroglyphics and papyri containing medical texts (some dating as far back as 1550 BC) point to the evidence that such infectious diseases as influenza, polio, plague, smallpox, schistosomiasis, bacterial and viral epidemics, tuberculosis, and malaria were prevalent in ancient Egypt. The Egyptian agricultural system which allowed animals and their wastes to mix as well as the stagnant pools of water in the irrigation canals due to the annual overflow of the Nile River have been largely blamed for the prevalence of these infectious diseases. Cases of roundworm, tapeworm, and guinea-worm infections are also attested to (University College London, 2002).

Apart from infectious diseases, cases of lifestyle-related diseases such as cancer and diabetes have been established (Jarus, 2012). Moreover, CT scans on Egyptian mummies have confirmed that some Egyptians died of such cardiovascular diseases as angina, arteriosclerosis, and congestive heart failure, which are diseases related to lifestyle and attitude (Laura, 2011). Therefore, when God speaks of the diseases of the Egyptians (Exod 15:26), He has both an array of diseases in view. However, in view of the vastness of the scope and nature of diseases, this study focuses on contagious diseases since they are communicable, hence easy to spread and also with high possibilities for control.

It can therefore be deduced that the commandments God gave to the Israelites arose mostly because they had observed the way of life of the Egyptians and chances were high that they would practice what they had observed even when they settle in the land of Canaan.

Moreover, it is in Lev 18:3 that God makes it explicitly clear that He requires the Israelites to obey His commandments and statutes and enjoy the life benefits accruing from them even when they finally settle in the land of Canaan which He promised to bring them into. Understood this way, and consequently by extension, God did not design the commandments in the Pentateuch that have implications for health and wellbeing of people exclusively for the Israelites. He desires that His people at all times should be healthy and live quality lives (3 John 2). This is also evident in the unique emphasis and premium that Jesus placed on the health and wellbeing of the people

He lived and ministered among as clearly shown in the Gospel accounts.

A. Modes of Spreading Contagious Diseases

Contagious diseases are spread through various modes of contact. They are generally transmitted through physical bodily contact with infected persons as well as through contact with contaminated water, animal vectors, or objects infected by pathogens from a victim (Cowan & Talaro, 2006, pp. 400-413; Mandell, Douglas & Bennett, 1990, pp. 155-157). However, three modes are outstanding: (a) Victim-to-Victim Contact, (b) Vector-to-Victim Contact, (c) and Victim-to-Vector-to-Victim Contact. Victims are considered here as sufferers of contagious diseases. Vectors are non-human mediums (animals and objects) through which pathogens can be harboured and subsequently transmitted to non-infected persons.

1. Victim-to-Victim Mode

Under Victim-to-Victim mode of contact, contagious diseases are spread through direct contact between an infected person and a non-infected person. Through this type of direct contact, the pathogens are transferred directly from the sufferer to a non-sufferer, who becomes infected. Examples of contagious diseases transmitted through this mode include leprosy, measles, chickenpox, smallpox, several other forms of skin diseases, and a majority of sexually transmitted diseases, including HIV/AIDS, gonorrhea, and syphilis (Jopling & McDougall, 1988, pp. 1-4; Akor, 2010).

A demonstration of the chain of transmission under this mode is shown in the following case. When a healthy person has unprotected sexual intercourse with a person who is infected with HIV/AIDS, he or she contracts the disease. The chain of transmission continues with any other person who has unprotected sexual intercourse with the new victim who was infected by another victim.

2. Vector-to-Victim Mode

Under Vector-to-Victim mode of contact, contagious diseases are spread when infected non-human but living agents (eg. animals) have direct contact with non-infected persons. It is not necessary for the vectors to suffer from the effects of the pathogens they carry. However, the pathogens thrive in them until non-infected persons come in contact with them, thereby becoming infected. Examples of

vectors under this mode include house flies, mosquitoes, rats, cockroaches, and corpses. Examples of contagious diseases transmitted through this mode include malaria, worm infections, diarrhea, and skin diseases transmitted through insect bites (McDonnell & Dawson, 1996, pp. 71-109).

A demonstration of the chain of transmission under this mode is simple and easy to understand. When a healthy person is exposed to repeated mosquito bites, the person contracts malaria (Baddour & Gorbach, 2003, p. 597). When a person eats improperly cooked meat or food that harbours worms or their eggs, the person contracts worm infections.

3. Victim-to-Vector-to-Victim Mode

Under Victim-to-Vector-to-Victim mode of contact, an infected person deposits pathogens on objects (vectors) which become contaminated with pathogens. Then, the pathogens are transmitted to non-infected persons either when they directly contact the vectors or when the pathogens are spread to non-infected persons by animal or environmental vectors (Mandell, Douglas & Bennett, 1990, pp. 157-158). This mode involves a complicated but realistic chain. Examples of vectors under this mode include exposed food and drink items, cutlery, house flies, mosquitoes, rats, cockroaches, exposed wastes, corpses and fomites (Cowan & Talaro, 2006, p. 400) such as handkerchiefs, towels, door/toilet handles, pillow cases and bedding. Examples of contagious diseases transmitted through this mode include conjunctivitis, common cold, cholera, dysentery, tuberculosis, and gastroenteritis (Mandell, Douglas & Bennett, 1990, pp. 837-838).

A demonstration of the complex chain of transmission under this mode is shown as follows: First, a person suffering from conjunctivitis uses a handkerchief to clean his/her eyes. Any healthy person who touches the pathogen-infested handkerchief and rubs his/her contaminated hands on the eyes contracts conjunctivitis. Second, a person suffering from cholera defecates in a nearby bush. Houseflies perch on the excreta and enter into a house near the bush. The houseflies perch on exposed food and drink items or cutleries in the kitchen or dining area. A healthy person who eats the contaminated food, drinks the contaminated drink or uses the contaminated cutleries contracts cholera. Third, people suffering from cholera, dysentery, or gastroenteritis defecate in open and exposed places in the environment. Rain washes the excreta into the source of drinking water and contaminates the source. Healthy

people who drink from the contaminated water contract cholera, dysentery or gastroenteritis (Abaje, Ati & Ishaya, 2009, p. 17). With this background in view, the rest of the paper explores the implications of selected commandments in the Pentateuch for the control of contagious diseases in Nigeria today.

B. Divine Commandments in the Pentateuch and Their Implications for the Control of Contagious Diseases in Nigeria

This section explores selected divine commandments (regulations and instructions) in the Pentateuch that have implications for the control of contagious diseases among God's people. It also explores the contemporary implications of these commandments for the control of contagious diseases in Nigeria communities, especially in the rural and suburban settings.

There is the need to point out, however, that for anyone to claim God as the Healer as expressed in the promise in Exod 15:26, there is the need for such a person to abide by the conditions explicitly and unequivocally stated by God in the same promise. In essence, no one should expect God to fulfill His promise of healing while such a person is living in willful disobedience to God's expressed will in the various commandments he gave in Scriptures that have implications for the health and general welfare of His people.

This perhaps, establishes the strongest connection between Exod 15:26 and the rest of the passages discussed below. Whereas the actualization of God's promises in Exod 15:26 are contingent on willful and continual obedience of His people, the commandments that have bearing on healthful living in the Pentateuch constitute the concrete and outward basis for measuring the obedience of the people to God.

The commandments selected border on the following areas: (a) disposal of human and related wastes, (b) sexual promiscuity and perversion, (c) contact with dead bodies of unclean animals, (d) handling of skin infections and diseases and (e) tattooing. The discussion of each of the selected commandments explores the background and setting of the commandment in the context of the life and existence of the Israelites. Subsequently, it identifies the various contagious diseases in Nigeria that it can help control the spread, if adequately followed.

1. Regulations on Disposal of Human Excrement and Related Wastes

The first commandment explored deals the disposal of human excrement and related wastes. Regarding the disposal of human excrement and related wastes, God gave the following express instruction:

Designate a place outside the camp where you can go to relieve yourself. As part of your equipment have something to dig with, and when you relieve yourself, dig a hole and cover up your excrement. For the LORD your God moves about in your camp to protect you and to deliver your enemies to you. Your camp must be holy, so that he will not see among you anything indecent and turn away from you (Deut 23:12-14, NIV).

This commandment takes into account the fact that the people live in a camp, whether in their normal residence (Num 2:1-34) or in their military camps when they go to war (Deut 23:9). According to this commandment, the Israelites were forbidden to relieve themselves of human wastes within the vicinity of the camp. They were to intentionally designate a place outside the camp for the purpose of relieving themselves of human wastes such as excrement. Even while relieving themselves outside the camp, the Israelites were expected to dig holes in the ground, relieve themselves in them and cover the excrement and related wastes with the soil (Deut 23:12-13).

Beyond the health reasons behind this commandment, God gave two other important reasons. First, God moves around in the camp to deliver His people from their enemies. Second, the camp of God's people is holy (sacred, set apart) and as such, God should not behold anything indecent among His people (Deut 23:14). The centrality of God in the lives of His people is paramount here and should not be underestimated by people at any point in human history. If God is given the central place in every community, He assumes responsibility of not only the health but of the well-being and safety of the community.

Burying human excrement by digging a hole and covering it with soil makes the excrement inaccessible to animal and environmental vectors to spread whatever form of pathogens that may be harboured in such excrement. In essence, it reduces the chances of Victim-to-Vector-to-Victim transmission of contagious diseases. In light of this

commandment, Nigerian communities, especially in the rural and sub-urban areas, should make concerted effort to bury human excrement (especially faeces and urine) and related wastes under the soil. Similarly, dwellers in urban areas should make efforts to empty suck-away pits that are full as well as clear blocked sewage drainages so as to prevent human wastes from overflowing into living areas. These would help to control the spread of such contagious diseases as cholera, dysentery, gastroenteritis (Mandell, Douglas & Bennett, 1990, pp. 837-838), and worm infections (Abaje, Ati & Ishaya, 2009, p. 20) that require animal and environmental vectors such as houseflies, cockroaches, rats and water and rain flood to transmit.

2. Prohibitions of Sexual Promiscuity and Sexual Perversions

This section explores regulations on sexual activities. The seventh commandment in the Decalogue prohibits adultery (Exod 20:14; Deut 5:18). Adultery (and fornication) involves sexual intercourse between persons who are not married to each other. God frowns at adultery to the extent that He commanded that among the Israelites, people convicted of it should be put to death (Lev 20:10). The Jews upheld this law even during the time of Jesus as is evident in the story of the woman caught in adultery (John 8:1-11).

God also prohibits other forms of sexual promiscuity and perversion. These include prostitution (Lev 19:29), incest (Lev 20:11-12, 14), same-sex sexual intercourse—homosexuality or lesbianism (Lev 18:22; 20:13; see also Rom 1:18-27), and bestiality—sexual intercourse between humans and animals (Exod 22:19; Lev 18:23; 20:15-16). Penalties for these and other forms of sexual perversion include death (Exod 22:19, Lev 20:11-16) and curses (Deut 27:20-23).

Sexual promiscuity such as adultery and fornication and sexual perversions such as prostitution, have been identified as major sources of spreading sexually-transmitted diseases (STDs) in Nigeria such as HIV/AIDS, gonorrhea and syphilis. In the face of the continuous rise of the spread of HIV/AIDS in Nigeria, prostitution (commercial sex) has been identified as a major source of spreading the dreaded disease. It has been pointed out that most of the prostitutes, who are HIV positive, migrate from one West African country to the other and thereby facilitate the spread of the disease (Oppong & Agyei-Mensah, 2004, pp. 71-73). Apart from abstinence from sexual intercourse, a major means of controlling the spread of STDs is sticking to one sex partner. Although homosexuality and

bestiality are not well pronounced and openly practiced in Nigeria at present, prostitution, adultery and fornication are common. Therefore, if Nigerians would obey God's commandments concerning sexual activities and relationships discussed above, this would facilitate effective control of contagious diseases that are transmitted through sexual contact with humans and animals.

3. Regulations on Contact with Dead Bodies of Unclean Animals

The third commandment explored borders on regulations on contact with dead bodies, especially of animals classified as unclean. The classification of some animals as "unclean" in the Pentateuch indicates that they are inherently unclean by virtue of their existence. No ceremonial rites could make them clean. Whereas such animals fulfill their designed functions in the ecosystem, they are classified as unclean for human consumption. For specific details on the classification of "clean" and "unclean" animals, see Gen 7:1-9; 8:18-20; Lev 11:1-47; Deut 14:3-21.

God forbade the Israelites from having any form of physical contact with dead bodies of especially unclean animals. Any person who touched the dead carcass of an unclean animal became ceremonially and temporarily unclean, until the evening and subject to washing oneself and clothes with water (Lev 11:27-28). In addition, if the dead carcass of the unclean animal makes contact with any object, such an object becomes unclean (contaminated). Such contaminated objects were treated on the basis of what they are made of. Items made of wood, animal skin or cloth would be washed in water (Lev 11:32). If the contaminated object is an earthen vessel, made of clay, it would be broken (Lev 11:33). If the carcass of the unclean animal falls into water stored in vessels, such water becomes contaminated and unclean for drinking and domestic use (Lev 11:34-35). However, if the carcass falls into a spring or cistern, the spring or cistern remains clean (Lev 11:35).

It is obvious that dead bodies of animals, already undergoing decomposition, contain larger amount of lethal pathogens than when the animals are living. Such pathogens quickly spread to any person or object that comes in contact with the carcass. If the dead animal suffered any contagious disease, such diseases become more potent in the carcass. Therefore, by avoiding direct and indirect contact with the carcasses of unclean animals, Nigerian communities could prevent the spread of such contagious diseases that are spread through contact with dead bodies. *Leptospirosis*, a deadly disease contracted

from ingesting food and drink contaminated by the urine and dead bodies of rats, is common in crowded places. This can be avoided by taking heed to the divine commandment regarding the handling of dead carcasses, especially of unclean animals.

4. Regulations on Infectious Skin Diseases

The fourth divine commandment explored in this paper concerns the divine regulation on the control of the spread of infectious skin diseases. God gave elaborate regulations on how people with skin infections should be treated among the Israelites in Lev 13:1-58 and Num 5:1-3. The regulations required that a person with any form of skin infection must go to the priests for inspection. A period of seven days after the first inspection was allowed before a second inspection was required. If the infection cleared within seven days, the infection was treated as minor and the sufferer was declared clean and fit to continue to live in the community (Lev 13:1-6). However, if after the second examination by the priests the skin infection persists, begins to produce pus, changes the colour of the skin, or begins to peel off the skin, the priests were required to quarantine the victim by sending him or her to live outside the camp until the infection was healed (Lev 13:7-45; Num 5:1-3). This command is very significant to the extent that Jesus Christ respected it when he healed a leper (Matt 8:1-4; Mark 1:39-44; Luke 5:12-14).

The role of the priests in the process of treating and controlling the spread of contagious skin diseases deserves attention here. Obviously, the priests did not have magical powers or any documented form of medical training to ascertain complete healing from contagious diseases. However, they were expected to seek and know the mind and will of God on every important and sensitive issue. God put mechanisms in place to assist the priests accomplish this task. An example was the Urim and Thumim which was part of the dress of the High Priest. Through the Urim and Thumim, God communicated His decisions on very important and sensitive matters to the Israelites through the priests (compare Exod 28:30; Lev 8:7-8; Num 27:18-21 with 1 Sam 28:4-7). This affirms God's desire for His people to make Him the central Figure among them and absolutely and unreservedly depend on Him so that He would assume full responsibility for their welfare, health and safety.

If communities in Nigeria would obey God's instruction by subjecting people with obvious skin infections to examination, scrutiny and quarantine, if necessary, a lot of skin diseases that are

easily spread from one family member to another would be controlled and treated. Such infectious skin diseases include leprosy, measles, smallpox, chickenpox, scabies, eczema and ringworm.

5. Prohibition of Tattooing

The last divine commandment surveyed in this section that has implications for the control of contagious diseases concerns the prohibition of tattooing. God forbade the Israelites to make tattoo marks on their bodies (Lev 19:28). On the average, one would not expect God to pick on such supposed insignificant human activity as tattooing. However, sequel to the current trend in the society in relation to tattooing which has made it very common and a big business enterprise at global level, it becomes necessary to bring this activity to view.

Prominent and successful people in the world today such as top-class athletes, musicians, and movie artists parade their tattoo marks on obvious and prominently displayed body parts such as the chest, back, abdomen, arms, legs, buttocks, and neck. This public display of tattoo marks by supposedly successful and prominent public icons has become a major point of attraction to especially young people all over the world, including Nigeria, where some young people openly display their tattoo marks. Nevertheless, a careful investigation of the process of making tattoo marks exposes people in less civilized communities to dangers of contracting contagious diseases that are transmitted through sharing sharp objects such knives, razor blades, pins, and needles.

Sharing unhygienic and unsterilized sharp objects in unhygienic environments has been identified as a major source of transmitting some contagious diseases such as HIV/AIDS and several forms of skin and blood-related infections. Casual observation reveals that some of the environments in which tattooing is done in some Nigerian settings is not adequately hygienic, thus exposing the clients to dangers of contracting contagious diseases. It is therefore evident that if Nigerians today would obey the commandment prohibiting tattooing, which God gave to the Israelites millennia ago, they would eradicate the chances of contracting contagious diseases that are associated with the act and process of making tattoo marks on the body. This becomes necessary as a result of the obvious poor hygienic conditions that characterize most life activities related to health and wellness in Nigeria at present.

V. Conclusions

The discussions on the recipe for the control of contagious diseases from the Pentateuch lend themselves to several conclusions. First, God desires to be the central Figure among human beings whom He created in His image (Gen 1:26-27). Second, God desires that His people distinguish themselves from other people by imbibing and practicing lifestyles that are in harmony with God's commandments and instructions (Exod 15:26; Lev 18:1-5). Third, God made a promise to take responsibility for the health, well-being and safety of His people, if they would distinguish themselves from other people in their lifestyle and obey His commandments which have implications for the control of contagious diseases.

Fifth, the commandments in the Pentateuch were given in view of the fact that people often live in clusters and communities, exposing them to the possibilities of contracting and transmitting contagious diseases. Sixth, the conditional nature of the promise which God made to the Israelites in Exod 15:26 implies that no one should seek to claim the blessings accruing from the promise unless the person is willing to live according to the terms and conditions expressed therein. Seventh, the scope and nature of the commandments given by God to the Israelites that have implications for the control of contagious diseases indicate that God did not intend the benefits exclusively for the Israelites but also has in mind people in every age, including Nigerians, who would obey these commandments, five of which are explored in this paper.

Finally, by identifying Himself as the Healer of the people (Exod 15:26), God personally assumes direct responsibilities for the personal, communal and national health and well-being of His people, Israelites or Nigerians, if they would strictly follow His commandments. In view of this, a major area where the Nigerian communities need to rethink is the place and level of importance accorded God in the community and what place His commandments have in the daily affairs of the community life.

Ultimately, if the Nigerian communities would obey God's instructions intended to enhance personal and communal hygiene and health, they can also appropriate the promise in Exod 15:26. In essence, God would personally assume direct responsibilities for the personal, communal and national health and well-being of the Nigerians, if they strictly followed His commandments espoused in Scriptures, especially those explored in this study. Therefore, since

the Nigerian society is highly religious in nature, this study calls on pastors, preachers and Bible teachers in Nigeria to collaborate with community health experts and direct the attention of their members and students to the principles delineated in this study in the process of ministering to them on daily and weekly basis.

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