

# The Joint Commission on AIDS/HIV

## A. MEMBERSHIP

The Rt. Rev. Douglas E. Theuner, Concord, New Hampshire, *Chair*  
Mr. Tom Tull, San Francisco, California, *Vice Chair*  
The Rev. Canon Nan A. Peete, Atlanta, Georgia, *Secretary*  
Dr. Hobart A. Banks, San Francisco, California, *Executive Council Liaison*  
The Rev. Thaddeus Bennett, Los Angeles, California  
Dr. Digna de la Cruz, Santo Domingo, Dominican Republic  
Dr. Deborah Harmon Hines, Worcester, Massachusetts  
The Rev. Chris Steele, Bozeman, Montana  
Mrs. Esther Walter, Des Moines, Iowa  
The Rev. Altagracia Perez, Chicago, Illinois,  
*Adjunct Member (through September, 1993)*  
The Rev. Randolph L. Frew, *Episcopal Church Center Liaison*

Representatives of the Commission at General Convention:

The Rt. Rev. Douglas E. Theuner, House of Bishops, is authorized by the Commission to receive non-substantive amendments to the report.  
Dr. Deborah Harmon Hines, House of Deputies, is authorized by the Commission to receive non-substantive amendments to the report.

## B. SUMMARY OF THE COMMISSION'S WORK

The Joint Commission on AIDS/HIV has heard and reports to the 71st General Convention of the Episcopal Church one central theme concerning the AIDS pandemic that has been growing stronger during the last triennium: We must *not* learn to live with AIDS! The urgency to act continues today as much as ten years ago.

This is no ordinary Joint Commission report you are reading. In the spring and summer of 1993 the Commission turned to people working and ministering in the pandemic as well as the Church at large. Through articles in *Episcopal Life*, *NEACTION REPORT* (published by the National Episcopal AIDS Coalition), and a story in *Episcopal News Service* we asked how the members of the Church share or do not share the urgency of AIDS/HIV ministry and how to translate that urgency into future ministry, in response to the following question: **Through your work with others and your own prayer life, what do you believe God is calling the Episcopal Church to do in response to HIV and AIDS by 1997? .....by 2001?**

This report has been sculpted by the many thoughtful, passionate and deeply personal responses we received from every province of the Church.

As this report is written *one Child of God will die every 25 minutes from AIDS/HIV* (in the USA) and, even more devastating, *once every 15 minutes one Child of God will become infected with the Human Immunodeficiency Virus* (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS).

## THE BLUE BOOK

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For all the ministry and leadership that the Episcopal Church can claim through our members and with the visionary and compassionate leadership of the Presiding Bishop, we have just begun to scratch the surface of this pandemic. There is much more to be done.

As a church we need to confess that:

- \* *We have taken too long and the rate of infection continues to mount.*
- \* We have been too hesitant to talk about the realities of HIV transmission in language that people can understand and in culturally appropriate ways.
- \* We have censored plain talk about sex out of fear that it may cause people to face realities with which we would rather not deal.
- \* *We have taken too long and the rate of infection continues to mount.*
- \* We have failed to look beyond the boundaries of our church family to those most marginalized who are affected by this pandemic in our country and the world.
- \* We have judged others for what we think they do and not accepted them as persons reflecting the Image of God.
- \* *We have taken too long and the rate of infection continues to mount.*
- \* We have failed to deliver effective warnings against high risk behavior, by shying away from blunt, explicit language about sexuality, addiction and death.
- \* We have clung to racist, sexist and heterosexist images of God and have failed to witness to the love of God in all persons.
- \* *We have taken too long and the rate of infection continues to mount. AMEN.*

This report will focus on areas of ministry that have provided and continue to provide the core of this church's response to the pandemic: **education, caregiving and advocacy.**

## EDUCATION

### Awareness Education

*"There are very real problems with AIDS patients coming home to small towns to die. Aside from the family not wanting anyone to know...information we are privy to says that some churches are not supportive to either the patient or the family. Part of the problem seems to be a lack of education..."*

*- Standing Commission on the Church in Small Communities*

The Joint Commission on AIDS/HIV notes that there is an overall awareness of AIDS/HIV as a critical issue facing society. Most people have a basic knowledge about AIDS/HIV and understand the methods of transmission. However, there continues to be a failure to translate knowledge into behavioral change. Irrational fear and prejudice also overwhelm scientific knowledge, which can result in discrimination in employment, housing, social and other areas of life against people with AIDS/HIV or those perceived to be most at risk for AIDS/HIV.

The good news is that models and resources for ministry have been developed. A variety of people involved in AIDS/HIV ministry, from the Episcopal Church, other communions and community-based organizations, have excellent models for education, pastoral care and worship. Likewise, new models are emerging from the secular and academic community that

examine the emotional, psychological and spiritual roots of behaviors which lead to HIV infection. Such models can be useful in both the prevention of AIDS/HIV infection and to help HIV-infected persons live fuller lives. There is a vital role here for the Episcopal Church. Our leadership is needed to translate models into changed behavior.

We have also found that in some parts of the Episcopal Church there is a reluctance to accept that "Our Church Has AIDS," and many are hesitant to institute programs to let it be known to people with AIDS, their families and friends, that "AIDS Spoken Here" is a message issuing forth from our congregations, schools and other church-related institutions. As a church, in some glaring ways, our words and actions do not mesh. HIV-infected clergy are still discriminated against, and people with AIDS and their families, particularly in small communities, continue to remain hidden and have to grieve in silence and in fear of a condemning response.

***"An attitude and a spirit in its clergy (and laity) that gives full meaning to God's love, embraces all people and calls their congregations to do likewise - and they need to do it NOW."***

***- Layperson, Province IV***

### **Prevention Education**

***"Why do they hate me, when they don't even know me?"***

***- Kerry, Person With AIDS (Deceased), Province VII***

This pandemic unearths deep spiritual issues. Society is desperately struggling with the discontinuity between the search for intimacy and relationship in a seemingly distant and indifferent world. Some of the manifestations of these struggles are casual sex, substance abuse, and the devaluing of all human beings—a separation from God's love and wholeness in Christ. These are monumental issues, and our prevention education initiatives must be enhanced to meet the challenge of their complexities.

The Church is called to share the love of God, and this Church has generally approached AIDS/HIV prevention education from a "both/and" point of view. That is, our task is both to witness to the love of God and invite people into a loving and responsible relationship with God, and to equip everyone with accurate and specific information to prevent them from becoming HIV infected.

Many individual and locally based AIDS/HIV ministries and materials arising out of this Church bring the both/and approach to their work. However, we believe that the historic Church—the one Holy, Catholic and Apostolic Church—has failed in its mission to witness to the love of God by retreating from honest, direct and culturally appropriate sexual language which more people can understand and by failing to promote addiction recovery and needle access programs.

Two obstacles to our work are racism and fear of human sexuality. The current approach of the Church is to politicize these issues. The best we seem to be able to do is study and listen. We appear to lack the passion and urgency to move forward on these issues with life-giving love that could lead to new understandings of who we are as God's people. Our failure to address these urgent issues is manifest in the lives of individuals who seek solace in all

types of addiction, live with a fear of and a denial about death, and who discount the lives and experiences of others by failing to honor the image of God in all people.

In 1991 the General Convention received a report from the Executive Council's Commission on Racism as well as the results of a racism audit, in part completed at the Convention. In 1994 the General Convention will hear a report about a study of human sexuality. Yet, when we look at who has AIDS and who is most at risk for HIV infection in this country what we find are the populations the Episcopal Church is so busy studying: African American, Native American, Asian and Latino/a men and women, and gay and bisexual men. The face of today's AIDS/HIV epidemic is primarily young, black and brown; HIV has gained a firm hold in inner city communities of color, and an ever greater proportion of women are contracting the virus. At the beginning of the pandemic women, children and white young people seemed to be on the periphery. They are moving increasingly toward the center.

One of the fantasies of youth is that death is a long way off. As the rate of HIV infection in young people increases, they still cling to the belief that they will live forever, that infection happens to someone else. Young people often don't take appropriate precautions when tempted by drugs or sex. The Church has a unique opportunity to provide leadership in AIDS/HIV education by teaching young people the skills they need to stay healthy and alive.

The issues surrounding women are complex. Health care for infected women has been difficult to obtain due to different disease manifestations. Fortunately, health care providers are becoming more aware of the early signs of HIV in women and earlier detection of the virus is more frequent. Too often women don't seek or can't access adequate health care, and actively addicted pregnant women seeking treatment are subject to arrest. New treatments are often the result of extensive and "fast track" clinical trials of medications. Women are often not part of these clinical trials due to decisions about cohort groups and what outcome researchers are focused on in their research. Women are also reluctant to speak of their seropositivity. Fears of having children taken from them, possible arrest, rejection by family and friends, and losing job benefits lead women to be silent. These factors are amplified for women of color.

Prevention measures to date for heterosexual women have been in great part in the hands of men. It is men who must wear condoms. The negotiation of condom use has been difficult due to a historical bias that it is a "woman's job" to prevent pregnancy and the blatant refusal of many men to use condoms. Cultural factors can also negatively influence the possibility of women protecting themselves. The Christian community has its work cut out in being a safe place for women to begin speaking and educating themselves about this deadly disease and actively using prevention measures.

As a result of over a decade of experience, the Commission believes that in the face of AIDS/HIV the Episcopal Church has not done enough to stem the high rates of infection. We have not been good stewards of the love of God. Rather than affirm the members of these populations and celebrating with them the love that God has for them, we have spent our time either condemning or condoning practices. However, one who has been shown the love of God, and knows God's love, intrinsically and wholly, is less likely to be self-loathing and self-judging. Therefore, this one Child of God is less likely to be self-destructive and at risk for HIV infection.

The Commission urges the Church to recognize that combating homophobia, misogyny and racism makes a direct contribution to HIV prevention. These pervasive attitudes in our

society and accompanying self-esteem problems have encouraged many gay and bisexual men, lesbians and other women, and people of color to engage in self-destructive behaviors.

This Church must make a statement of the intrinsic worth of gay, lesbian and bisexual people. We must also support and value covenanted, significant relationships between persons of the same gender. We must take a stand that says love between two persons can and should be rooted in the love of God and be a reflection of that love and that such relationships are blessed by God. The Church should become openly and lovingly involved in affirming, supporting and helping such relationships. We must redouble our efforts to respect the dignity of every human being.

Additionally, the Church must draw upon the experience of all people. We must take advantage of a variety of AIDS/HIV prevention strategies, and reinforce the will to survive the epidemic. We need to recognize and value the experience of gay and bisexual men in dealing with this epidemic, and together build self-esteem, strengthen ties to the larger community, build a future and create a stronger identity apart from the epidemic. We have also learned that at the core of prevention education the Episcopal Church must commit itself to embrace the entire mosaic of humanity created in God's Image.

*"It is our hope and dream that in the years 1997 - 2001 a person with AIDS/HIV, regardless of their sexual orientation, skin color, nationality or religion, may walk into any Episcopal church and be welcomed with open arms. When they walk out the door, they will look back and say (not what our son felt), 'They love me, and they don't even know me.'"*

*- Kerry's parents, Province VII*

## CAREGIVING

*"Housing becomes more and more critical as the pandemic increases and more people become homeless."*

*- A Layperson, Province IV*

*"For three years, my own prayer life, all that I read and see, convinces me that AIDS will challenge the ministry integrity and whatever love of God we possess to become more inclusive and compassionate than we ever dreamed we wanted to be."*

*- A Bishop, Province VII*

*"I find it difficult to understand the Church's silence (generally) on the matter of promiscuity and sex outside marriage. But I would find it equally unacceptable to offer a stone instead of compassion to those who are infected or whose loved one is infected."*

*- A Bishop, Province V*

*"The Church does best what the Church does best: to celebrate life in the midst of death, to receive redemption in spite of ourselves, to love with a fierce love strong enough to conquer anything that stands in its way, and to embrace each other with Christ's peace—celebrate the Eucharist, anoint the sick, visit the lonely and the alone, make a vigil of life in death, praying for the fearful, clothing the needy, feeding the hungry, comforting the bereaved, burying the dead, preaching the Gospel....AIDS is ours, not theirs."*

*- A Priest, Province II*

The Church is also challenged to remember and be with those who are long-term, HIV positive survivors and those who are HIV negative. They often feel lonely, cast aside, and left behind as a result of their experience of multiple loss as well as anticipatory loss. While presently living with all of this grief and loss, they know they will, in all likelihood, have to live with AIDS/HIV for the rest of their lives. We proclaim that we have good news in the face of death and despair and in the face of AIDS/HIV. We are severely challenged to share that good news by listening to the experience of people in the depths of pain and grief. We must work with long-term survivors to discover the gift of grief in the midst of ongoing tragedy and to move toward a future worth living as a long-term survivor.

Throughout the world there has been a dramatic increase of children orphaned when parents die. Leaving them in the care of grandparents or other family or community members generally places traumatic strains on whatever physical, emotional and spiritual resources were needed just to cope with everyday life before AIDS/HIV. Models of caregiving need to be developed and, where already developed, shared from those communities that are at the forefront of the AIDS/HIV experience and learning curve. As the community that proclaims that we are the living body of Christ, can we dare to act on that proclamation by opening our hearts and souls to all, by being community in a society reaching out for meaning and purpose?

***"The Church is the only place which willingly issues the invitation, 'Whosoever will may come,' but the Church has yet to fully comprehend the immensity of that invitation."***

***- A Bishop, Province VII***

As the pandemic has grown the Commission has witnessed ever-increasing opportunities and possibilities for pastoral and spiritual care that is the niche we claim as the focus of our mission and ministry. Caregiving is an essential part of AIDS/HIV ministry. Ministry is a function of our life in community in the Church. In order to maintain and expand such ministries, we must continue to recruit, to train and to commission more people to provide caregiving services and support to people with AIDS/HIV and those who care for them. To do this we must be prepared to gather for education, information, reflection and support for empowerment to be engaged in these ministries.

The experience of people involved in a variety of AIDS/HIV ministries shows that we cannot just pray away the multitude of problems that lead to the continued transmission of HIV and the discrimination and quality of life issues that affect many People With AIDS. These problems are, in fact, the result of blatant and subtle systemic issues—life-draining issues that affect prisoners, the homeless, runaway young people, street-people, the working poor, gang members, immigrants, illegal and undocumented aliens, and prostitutes. People generally considered outcasts and throwaways, who do not account for the majority of members of this Church, are those with whom we are especially called to share the life-giving good news of God in Christ.

This Commission believes that our efforts in caregiving must inform and influence our mission and ministry of education and advocacy. Our approach to education and advocacy must inform and influence our caregiving. We are called to move beyond our racism, sexism and heterosexism to care for all of God's people in ways that affirm the Image of God in which all people are created. We are neither called to selective caregiving for those whom we judge

to be "innocent victims" nor are we called to judge as sinful those whom we find different than ourselves.

***"God is calling the Episcopal Church first and foremost to be the Church."***

***- A Medical Center Chaplain and Priest, Province VII***

***"God has led me to fight against AIDS and for those with AIDS who need their God and their Church."***

***- A Layperson, Province VII***

***"[We need]promotion of interaction between various AIDS ministries by providing national access to information about available church-sponsored services."***

***- A Layperson, Province II***

***"The mission of the Church is to tell the Truth. The Truth in regards to HIV/AIDS is caring for people with compassion and without judgment: with Christian love and without discrimination."***

***- A Diocesan HIV/AIDS Task Force, Province II***

## ADVOCACY

***"People in need are often not identified because of fear and discrimination issues."***

***- A Diocesan AIDS Commission, Province VII***

***"Twelve years into the epidemic....AIDS just isn't going away...but a lot of people don't want to hear about it anymore. Maybe it's because they've buried too many friends...maybe it's because they're tired of hearing about that 'gay disease'...maybe it's because after twelve years, it's hard to stay focused on anything."***

***- KCBS, Newsradio Editorial, San Francisco.***

***- Submitted by a Priest, Province VIII***

Advocacy on a federal level is most ably carried out through the Washington Office of the Episcopal Church. The staff of the office track and monitor legislation, testify to and inform Congress and the appropriate agencies of the federal government about the Church's concerns. Funding has recently increased for AIDS/HIV-related research and care. On local and state levels, individuals and congregations are advocating for increased public funding, for prevention education and care, as well as issues associated with discrimination.

***"This Church must be prepared to make a long-term commitment to HIV/AIDS ministry. We must recognize that HIV/AIDS work does not stand alone, but is interrelated to a variety of issues....We must look beyond HIV/AIDS. The whole health care debate, and the decisions that will be made regarding national health care reform, will have an enormous effect on persons with HIV/AIDS. The Episcopal Church should be a part of those discussions, not only because of our commitment on this issue, but because of our status as an employer, as a moral arbiter, and as an institution that comprises millions of citizens."***

## THE BLUE BOOK

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*Public policy issues are important aspects to consider not only for HIV/AIDS, but for all issues related to the human condition that we try to find solutions for through government. Issues of immigration are connected to HIV/AIDS, as are travel restrictions. Non-discrimination has much to do with this ministry but also touches the lives of persons with disabilities. The Church must continue to take leadership on these issues and assist people in understanding the complexities of public policy decision-making within a context larger than 'political correctness.'"*

*- A Layperson, Province VIII*

The Commission recognizes that we as a church must advocate for many issues in the public policy arena that are related to AIDS/HIV: discrimination, treatment of People With AIDS in prison, immigration, poverty, addiction treatment and needle access programs, among others. We must also advocate within the Church for a greater realization of the people of God as the Body of Christ in the world and our responsibility to participate in the common dialogue of decision-making on a local, state, national and global level.

*"[Our church needs] to press the government to move ahead with aggressive research in search of a cure."*

*- A Bishop, Province III*

*"Think globally, act locally for we feel both arenas are in need of serious attention."*

*- A Layperson, Province VII*

*"Support alternative (complementary is a better term) health systems...communicate the desirability of taking charge and responsibility for one's health and treatment."*

*- A Layperson, Province VIII*

## SUMMARY

*"It is time now to cut out all excuses and move forward in love and compassion."*

*- A Layperson, Province VII*

*"[I want to] see more in all newspapers and on TV stations saying that the Episcopal Church is there, is caring, and is accepting."*

*- A Certified Nurse Midwife, Province IV*

The members of the Joint Commission on AIDS/HIV have labored long and hard to understand this pandemic and the Gospel response to it. In addition to experiencing AIDS/HIV in our own individual lives and ministries, we have traveled and listened to the Episcopal Church. Acknowledging the intensity of our involvement with AIDS/HIV ministry, we solicited the opinions of the whole Church on this issue. The responses have confirmed our own conviction that we must not flag in our efforts at **education, caregiving and advocacy.**

*\* We have taken too long and the rate of infection continues to mount. AMEN.*



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**C. FINANCIAL REPORT**

	1992	1993	1994
Income	\$13,395.00	\$17,740.00	\$7,446.00
Expenses	12,176.00	16,200.00	7,144.00

\* The bulk of costs for postage, telephone, office supplies, secretarial and accounting services and travel arrangements have been contributed in kind by the Office of the Bishop of the Diocese of New Hampshire.

**D. RESOLUTIONS OF THE COMMISSION**
**Resolution #A001**

AIDS/HIV: Continuation of the Joint Commission on AIDS/HIV

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, **That this 71st General Convention authorize the**  
 2 **continuation of the Joint Commission on AIDS/HIV until the 72nd General Convention.**

**EXPLANATION**

In order to monitor and evaluate the efforts of the Episcopal Church Center, diocesan agencies and programs, and grass roots coalitions throughout the Episcopal Church, to maintain the Episcopal Church's national and international leadership in responding to the AIDS/HIV pandemic and to research and develop proposed directions for the Church, continued organizational commitment at the level of a General Convention-mandated and supported Joint Commission is necessary.

**Resolution #A002**

AIDS/HIV: Educational Concerns

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, **That this 71st General Convention, with an**  
 2 **urgent awareness of the continued increase in the rate of HIV infections, calls upon**  
 3 **every diocese, congregation, school and church-related organization to begin or continue**  
 4 **to provide AIDS/HIV education; and be it further**
- 5 *Resolved*, **That all congregations of this Church be directed, by the end of 1995, to have**  
 6 **had culturally relevant, non-judgmental, population-specific, AIDS/HIV awareness**  
 7 **education, such as the 1994 "Teens for AIDS Prevention Program" (TAPP) of the**  
 8 **Episcopal Church, and "AIDS, Spirituality, and Theological Reflection," made available**  
 9 **to their members about the basic scientific and medical facts, which shall include but not**  
 10 **be limited to: modes of transmission and prevention, abstinence, fidelity, sex and**  
 11 **sexualities in their broadest definition, condoms, addiction, needle access and self-esteem**  
 12 **issues for racial and sexual communities, including affirmation of the image of God in all**  
 13 **people; and be it further**

## THE BLUE BOOK

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1 *Resolved*, That this Convention recognize that since prevention education is the most  
2 effective tool available to halt the spread of AIDS/HIV, we strongly urge plain-talking  
3 prevention programs on a local, state and national level, in the public arena and in our  
4 congregations, schools and other church-related institutions which identify behaviors  
5 that put people at risk, including viable alternatives for injection drug users and all  
6 sexually active people; and be it further

7 *Resolved*, That the sum of \$10,000.00 per province, for the next triennium, be allocated  
8 for specifically focused training of trainers for the above-mentioned materials, including  
9 local distribution and implementation, under the direction of each province and in  
10 collaboration with other provinces and with appropriate social and governmental  
11 agencies.

### EXPLANATION

The most effective tool to combat the spread of AIDS/HIV is education. To stop the continued spread of this disease we must act with urgency and honesty. In order to be effective, AIDS/HIV prevention education language must be direct, honest and understandable. AIDS/HIV is a disease that affects us all and educating the members of this church about the disease and how to prevent its transmission is life saving.

#### **Resolution #A003**

AIDS/HIV: Advocacy

1 *Resolved*, the House of \_\_\_\_ concurring, That this 71st General Convention acknowledge  
2 that, as part of our own growing understanding of the complexity of the AIDS/HIV  
3 pandemic and the systemic nature of its modes of transmission, we participate in  
4 pervasive racism, sexism, and heterosexism that makes a direct contribution to the  
5 spread of AIDS/HIV, and that as a church we will work to affirm the necessity of  
6 accessible drug treatment, needle access, safer sex programs, and the affirmation of  
7 same-gender unions, and that we will press forward on a local, state and national level to  
8 ensure the dignity of every human being, particularly: women, adolescents, people of  
9 color, gay, lesbian and bisexual men and women, as well as working toward the  
10 adoption of federal civil rights legislation and the Equal Rights Amendment to the  
11 Constitution of the United States.

### EXPLANATION

Our corporate and individual contribution to the causes of low self-esteem within major populations affected by this pandemic have contributed to self-destructive behaviors such as promiscuity, addiction, prostitution, living on the streets, and gang membership. We call upon the membership of this Church to affirm that the AIDS/HIV pandemic has taught us, again, that all people are created in the image of God. As followers of Christ, we are called upon to minister among all, regardless of our differences. We are called to repent of our racism, sexism and heterosexism and to work with persons and communities affected by AIDS/HIV.

**Resolution #A004**

AIDS/HIV: Universal Religious Statement

1 *Resolved*, the House of \_\_\_\_\_ concurring, **That this 71st General Convention support the**  
2 **concept of a meeting of worldwide religious leaders at the 50th anniversary of the United**  
3 **Nations in San Francisco in 1995, through the office of the Bishop of California, and**  
4 **request this gathering to develop and adopt a compassionate and non-judgmental**  
5 **"Universal Religious Statement on AIDS/HIV," and we call for religious communities to**  
6 **undertake initiatives in response to the statement.**

## EXPLANATION

The Episcopal Church has exercised much-appreciated leadership nationally and internationally in response to the AIDS/HIV pandemic and invites religious leaders and their respective communities worldwide to join in the call and work toward a compassionate and non-judgmental response. The anniversary of the United Nations, a beacon of peacemaking, is an opportune time to gather world religious leaders to address AIDS/HIV.

**Resolution #A005**

AIDS/HIV: Public Policy

1 *Resolved*, the House of \_\_\_\_\_ concurring, **That this 71st General Convention reaffirm our**  
2 **commitment to oppose discrimination against all people with AIDS/HIV, or those**  
3 **thought to be infected, as endorsed by previous actions of this body and the Executive**  
4 **Council, and that we continue to encourage and instruct the Episcopal Church Center**  
5 **and the Washington Office of the Episcopal Church to work for increased funding,**  
6 **aggressive research for a cure and treatments, forthright prevention education,**  
7 **comprehensive service delivery and human rights initiatives at all levels of government;**  
8 **and be it further**

9 *Resolved*, **That this Convention express its encouragement and support for the initiatives**  
10 **undertaken by the federal government to provide greater focus, clarity and urgency to**  
11 **hasten the day of ending the AIDS/HIV pandemic and assure care and treatment for**  
12 **people living with AIDS, including such efforts as: increased funding of research**  
13 **through the National Institutes of Health Office of AIDS Research, and treatment and**  
14 **care through the Ryan White CARE Act; the several efforts underway to expedite the**  
15 **research and drug approval process, the U.S. Public Health Service Prevention**  
16 **Marketing Initiatives and the Executive Order mandating AIDS in the workplace**  
17 **education; and for the funding of needle access programs; and that this support be**  
18 **communicated to the President, the National AIDS Policy Coordinator, and to members**  
19 **of Congress by the Secretary of this Convention; and be it further**

20 *Resolved*, **That the Washington Office of the Episcopal Church be directed to work**  
21 **toward the adoption by the federal government of a comprehensive health care reform**  
22 **package which would assure access to universal, portable, managed health care.**

### EXPLANATION

The Episcopal Church is recognized as being a force within society for inclusiveness and compassion, and it needs to be vigilant in opposing all forms of discrimination. The General Convention is requested to instruct its interim bodies, the Church Center staff, and the Washington Office to work toward that end and toward more aggressive and comprehensive funding, prevention education, research and services, both within the context of the AIDS/HIV pandemic and for health care reform.

We applaud the initiatives of federal policy makers in recently increasing funding for research and services as well as uncompromising prevention education to halt the spread of HIV.

#### **Resolution #A006**

AIDS/HIV: Provincial Ministry

*Resolved*, the House of \_\_\_\_\_ concurring, **That this 71st General Convention recognizes that a responsibility of the Episcopal Church, in collaboration with provincial structures, the National Episcopal AIDS Coalition, as well as other coalitions, and across diocesan boundaries and traditional programmatic structures, is: (a) to identify resources and models for prevention education, pastoral care and worship; (b) to develop new models of distribution and training for these resources; and (c) to work with the Joint Commission on AIDS/HIV in evaluating these models and resources; and be it further**

***Resolved*, That this Convention provide \$200,000.00 to assist the provinces over the course of the next triennium to hold a conference or conferences in each province to further the above stated objectives, with specific attention being paid to the unique needs of Province IX.**

### EXPLANATION

Much has been learned about ministry in response to AIDS/HIV, and while gatherings on a national level to share information and resources are necessary and helpful, there is also a need to leverage resources on a provincial level. These conferences can add to the rich resources of ministry in the AIDS/HIV field and also serve as a metaphor for total ministry (i.e., congregation-based AIDS/HIV care teams, prayer or support groups, work among individuals or families affected by AIDS/HIV, congregations with individuals trained in assisting home health care).

Because of the unique cultural and language factors in Province IX, many bishops, clergy and lay leaders have specifically requested a conference to assist with expanding existing AIDS/HIV ministries, developing culturally appropriate prevention education, and sharing models of AIDS/HIV ministries and pastoral care.

**Resolution #A007**

AIDS/HIV: Inventory and Evaluation

1 *Resolved*, the House of \_\_\_\_\_ concurring, That this 71st General Convention direct the  
2 Episcopal Church Center, in consultation with NEAC, UBEAT and other coalitions, to  
3 hold a consultation with those affected and involved in AIDS/HIV ministry, which will  
4 prepare national and regional program plans with measurable goals and objectives for  
5 the triennium, and that such plans be shared throughout the Church no later than  
6 March 1995, and that the sum of \$25,000.00 be allocated for this purpose; and be it  
7 further

8 *Resolved*, That the Joint Commission on AIDS/HIV shall monitor an evaluation process  
9 to determine the success of the program plan and models and resources for ministry and  
10 report back to the 72nd General Convention, and that the sum of \$10,000.00 be allocated  
11 for professional consultation to assist with this process.

EXPLANATION

In a time of diminishing scarce resources we need to develop a comprehensive and complementary approach to AIDS/HIV. We are calling upon the church to distinguish priorities, identify resources, establish goals and evaluate and disseminate results. The first step is to develop a plan that will enable the Church to identify models of ministry and evaluate their effectiveness.

**Resolution #A008**

AIDS/HIV: Pastoral Concerns

1 *Resolved*, the House of \_\_\_\_\_ concurring, That this 71st General Convention affirm the  
2 evangelism and mission functions of AIDS/HIV ministry by this Church, as urgently  
3 needed now as ever, and encourage this Church's congregations, schools and institutions  
4 to make known that the "Episcopal Church Welcomes You" is more than a slogan by  
5 providing hospitality to all persons affected and infected by AIDS/HIV; and be it further

6 *Resolved*, That we call upon the congregations of this Church to continue and expand a  
7 ministry of healing in response to the AIDS/HIV pandemic with regular prayers for all  
8 living with AIDS/HIV, the laying on of hands, the full sacramental ministry of this  
9 Church, and the visitation and inclusion of all infected and affected.

EXPLANATION

The Decade of Evangelism is also the Decade of AIDS/HIV, and the spiritual resources of the people of God are part of the wholeness and holiness that God, through Christ, is calling us to participate in and share with the world in which we live.

## THE BLUE BOOK

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### E. GOALS AND OBJECTIVES FOR THE COMMISSION FOR THE NEXT TRIENNIUM

The AIDS/HIV pandemic will be with us for some time to come. The number of infected people is growing daily, and our human and financial resources need to be thoughtfully and wisely invested.

The goals of the Commission for the next triennium are:

- To provide leadership that continues to be clear and committed and follows through on the legislation passed by the 71st General Convention and to speak and witness to the Gospel on these issues.
- To monitor the development of a comprehensive, coordinated plan that encompasses assessment, planning, and evaluation of current ministry efforts.
- To monitor a strategy that includes models for training and implementation of materials developed as a result of legislation passed at the 70th General Convention.
- To continue to work with national grassroots organizations to model cooperation and collaboration on every level of the Church.

The Commission is committed to the implementation, development, support and leverage of diocesan and provincial models for **education**, **caregiving** and **advocacy** and to assess the results of those efforts and report back to the 72nd General Convention. We need to redouble our efforts of leadership in communities of faith and in the world.

### F. PROPOSED BUDGET FOR THE TRIENNIUM

The following figures anticipate two full meetings of the Commission in each of the calendar years 1995 and 1996 and one full meeting in 1997. Meetings have been figured with an average attendance of seven people, and a 5% inflation factor has been added each year.\* Additional expenses (e.g., subcommittee meetings, organizational membership fees for the Episcopal Church in national organizations, consultants, etc.) have been figured at the rate of \$2,000 per full year.

1995	1996	1997	Total
\$14,065.00	\$15,477.00*	\$7,818.00	\$37,360.00

\*Not included in this computation was the additional \$3,000 granted to the Commission in 1993 for its meeting in the Ninth Province.

### G. PROPOSED RESOLUTION FOR BUDGET APPROPRIATION

#### Resolution #A009

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, **That there be appropriated from the Assessment**
- 2 **Budget of General Convention the sum of \$37,360.00 for the triennium for expenses of**
- 3 **the Joint Commission on AIDS/HIV.**