

- 6 *Resolved*, That, inasmuch as the 72nd General Convention in resolution A052 clarified that the canons
 7 regarding the ordination of women are mandatory, we engage in a national conversation drawing on the
 8 best theological resources available to assist the whole church to promote, explore and develop ways to
 9 facilitate the ordination of women in every diocese and their full and equal deployment throughout the
 10 church; and be it further
 11 *Resolved*, That such conversations be sponsored by the Executive Council of this Church and begin in the
 12 year following this General Convention in preparation for a day of dialogue and reflection to be held at the
 13 75th General Convention in 2006; and be it further
 14 *Resolved*, That the 2004-2006 Triennium budget include \$50,000 for this national conversation.

STANDING COMMITTEE ON HIV/AIDS

www.episcopalchurch.org/gc/ec/ccs/echa/default.html

Membership

The Rev. Richard F. Brewer, <i>Co-Chair</i>	Long Island
The Rt. Rev. Rodney R. Michel, <i>Co-Chair</i>	Long Island
The Rev. Billy J. Alford	Georgia
The Rev. Gordon Chastain	Indianapolis
Mr. E. Bruce Garner	Atlanta
Ms. Lyn Headley-Moore	Newark
Ms. Mary Ellen Honsaker	Wyoming
Ms. Elizabeth Payne	Texas
The Rev. Valerie B. Thomas	Florida

WORK SUMMARY

The Executive Council Standing Committee on HIV/AIDS (the Committee or HIV/AIDS), first established in 1994, is charged with monitoring the HIV/AIDS pandemic. The Committee met four times during the triennium and has been asked to recommend how to increase other Commissions, Committees, Agencies and Boards' response to the pandemic. HIV/AIDS participated in a Justice, Peace, and the Integrity of Creation (JPIC) consultation resulting in a proposal to collaborate with other CCABs in addressing the societal issues related to HIV/AIDS prevention and education. HIV/AIDS encourages more consultations so that CCABs may collaborate further.

Continuing the work assigned, the Committee responded to these General Convention resolutions: *GC Resolution 2000-A050* called for more training in prevention, education materials, and that these ministries expand to young adults by adapting materials or developing new resources. This was a timely resolution because of new infection statistics but the \$40,000 was not allocated.

The National Episcopal AIDS Coalition (NEAC) utilized support from the United Thank Offering, the Centers for Disease Control, and its own budget for a revision of the **Youth in the Age of AIDS** materials. This is a joint project with the Youth Ministries cluster at the Episcopal Church Center. NEAC is also revising the **Teen Aids Prevention** (TAP) curriculum to be more accessible for parish use. The Committee applauds the NEAC in seeking funding other than the National Church's program budget. Ministry is hindered without needed funding.

GC Resolution 2000-A051 asked the US government to make drugs affordable and to continue research. The USA has urged companies to make drugs affordable in Africa by limiting their royalty claims because many in and outside the USA do not receive life-extending drug therapies.

GC Resolution 2000-A052 called the church to recognize justice issues which hinder an effective response to the HIV/AIDS pandemic. It asked that prevention and pastoral needs be addressed. The Committee is heartened by Episcopal Life's increased coverage of the world wide AIDS pandemic and the assistance given by organizations such as ERD this triennium. There is a tendency to focus on the HIV/AIDS pandemic in

Africa while ignoring the epidemic demands on the Episcopal Church in the USA. This excerpt from, “The New Scarlet Letter: A for AIDS: *Fighting the Shame and the Silence*” shares the statistics on the rising epidemic in the USA. It is available at www.episcopalchurch.org/gc/ec/ccs/echa/default.html or www.neac.org/.

HIV/AIDS Pandemic in the United States

HIV and AIDS have not moved to Africa and Asia. There is new evidence of rising HIV infection rates in North America especially among vulnerable and forgotten populations. HIV and AIDS are more than health problems. There are economic and human rights problems associated with the disease. Our refusal, in and outside the Episcopal Church, to deal honestly with the causes of these problems and their prevention is a concern. UN AIDS Executive Director, Peter Piot raises the major question confronting this Committee: “Why, 20 years into the epidemic, are people with HIV still the targets of hate?”⁵

Men have sex with men (MSM). Intravenous drug users are both genders and all colors. These people and their sexual partners are at high risk of contracting HIV. We are all at risk until we confront our discomfort about their sexual behavior and talk honestly about safe sexual behavior. As Dr. Coates states, “AIDS is a disease that holds a magnifying glass to some of America’s ugliest social problems.”⁶

Sex and Drugs

- A Center for Disease Control (CDC) survey of men 15 to 29 revealed 60 percent of infected white MSM and 70 percent of infected Hispanic men did not know they were infected and saw themselves as low risk.
- Although MSMs’ HIV infection rate is nine times higher, heterosexual transmission is rising faster. One reason is some MSMs have sex with women. Another reason is minority MSMs are reluctant to identify as gay because homophobia is strong in minority communities.
- Very few people especially in the federal government want to deal with the fact that HIV and AIDS are spread among injection drugs users (IDU). In ten years the rate of infected drug injectors fell from fifty to twenty percent in New York City because of a clean needle program.⁷
- Gay and bisexual men with psychosocial health factors, such as childhood sexual abuse, are five times more likely to engage in high-risk sex. Women with chronic sexual abuse are seven times more likely to engage in risky sexual behaviors than women without abuse histories.

People of Color

- In 1982, less than a third of all AIDS cases were people of color. Today 62 percent of those with AIDS are people of color even though they are about 30% of the US population. AIDS is the leading killer of Latinos aged 24 to 44. Almost half of all new AIDS cases are African-Americans. Communities of color receive substandard AIDS care compared with whites.⁸
- A Native American group reports: a) many infected are not treated because of the stigma; b) poverty, isolation, and poor medical care contribute and c) there may be no access to testing or drugs for treatment.⁹
- For Asian Americans and Pacific Islanders, former Surgeon General David Satcher believes “There is a great under-representation of the incidence of HIV/AIDS...,” due to “linguistic isolation”: with 40 cultures and 100 languages, they lack information about HIV transmission and are more likely to believe myths about who is at risk.¹⁰

⁵ Peter Piot, “Keeping the Promise,” Keynote Speech, XIV International AIDS Conference, July 2002

⁶ Thomas Coates, M.D., professor of medicine, University of California, San Francisco

⁷ “Lesson for AIDS Fighters: Syringe Swaps Work,” *Newsday (New York)*, August 16, 2001.

⁸ Ceci Connolly, “Report Says U.S. Minorities Get Lower-Quality Health Care: Moral Implications of Widespread Pattern Noted,” *Washington Post*, March 21, 2002; report issued by the Institute of Medicine.

⁹ Nicholas K. Geranios, “Native American Group Says Stigma Surrounding AIDS Prevents Many from Receiving Treatment,” Associated Press, November 27, 2001.

¹⁰ David Satcher, M.D., www.surgeongeneral.gov/aids/tlcapage1.html (May, 2001).

Seniors

- HIV and AIDS rates are rising twice as fast among people aged 50 and over. The epidemic does not respect income: 17% of the AIDS cases in Palm Beach County, Florida, are over 50.
- Non-whites over 50 with AIDS die more quickly than whites. For people over 65, the disease tends to lead twice as fast to death, perhaps due to impaired health.
- Condoms are thought to prevent pregnancy, not disease. Doctors may not talk about safe sex with older patients and may not test for HIV even with related symptoms, instead linking them to age instead.

Youth

- Half of those with HIV became infected before the age of 25. Most teens in the U.S. lack information on protection. Many do not know that HIV is sexually transmitted. This is a concern because young people are sexually active at a younger age.
- It is estimated that 26 percent of gay teens are forced from home because of their sexual orientation. On the street, they are subject to physical violence, rape, drug and alcohol abuse and prostitution.
- Race and gender matter. In Houston in 1999, 78 percent of the cases among 13–19 year-olds were African-American females.

Gender

- Rates of infection are rising faster for women than men. AIDS is a leading cause of death for all U.S. women aged 25 – 44. It is the third leading cause for African-American women in this age group.
- Male sexual partners pose the greatest risk factor for American women.
- Although the AIDS case rate for Latino men is almost three times that for white non-Hispanic men, for Latino women the rate is six times higher. For Latino men, heterosexual contact accounts for approximately seven percent of HIV cases, but for Latino women it accounts for 44 percent.
- Women tend to get diagnosed later than men. If a gay man has chest pains, a doctor thinks of AIDS related pneumonia; but a woman has the flu.

Prisons and the Rural Areas

- AIDS is six times higher in the US correctional system than the general public. Many ex-offenders do not know if they are HIV infected. Unlike outside, incarcerated women are three times as likely to have AIDS. Outside, men are four times more likely to be infected.
- Although peer-led HIV education programs have proved highly effective, they are offered in only 13 percent of state and federal facilities and 3 percent of city and county facilities.
- Only about six jails nationwide distribute condoms. Canadian federal prisons have given out condoms for ten years. European prison systems providing condoms is up to 81 percent, from 53 percent in 1989.
- People with HIV who live in rural areas are imprisoned by distance, community ignorance, unprepared health providers, and loneliness.
- In rural areas there are practically no public health HIV prevention efforts and no mandatory HIV education in the schools. Health providers do not recognize the symptoms.

Conclusion

In conclusion, the HIV/AIDS pandemic has not left the United States for Africa or Asia. The Episcopal Church has a ministry stateside by ministering to persons infected with HIV/AIDS, including their families and by educating its members on prevention and the social issues that accompanies the pandemic. HIV/AIDS is committed to assisting the Church in this fight by telling the story of HIV/AIDS to the Church and offering ways the CCABs can collaborate on prevention programs and those addressing societal ills. The Committee offers these standards that congregations, dioceses and other church related organizations may use in their HIV/AIDS ministries.

The Committee on HIV/AIDS calls on the Episcopal Church and each member to:

- Recognize that condemning people infected with HIV and AIDS breaches social justice.
- Speak against governmental policies placing personal prejudices above health care priorities.
- Speak honestly, no matter how uncomfortable, about HIV's transmission and prevention.
- Understand that the HIV/AIDS epidemic includes an index of social and economic injustices.

- Incorporate HIV/AIDS education in confirmation preparation, marital counseling, counseling for blessing of same sex unions, in seminaries and nursing homes.
- Learn who lives with HIV and AIDS in their church, especially rural churches, and offer help and hope.
- Live the Gospel’s call to love and healing.
- And finally, realize that courageous, resilient, and resourceful peoples on the margins, those who are left out, or put out, do not need imposed solutions as much as assistance in discovering their own answers.¹¹

Budget for 2003 –2006 Triennium

The Executive Council Standing Committee on HIV/AIDS will meet approximately 4 times during the next triennium. This will require \$14,000 for 2004; \$14,000 for 2005 and \$16,000 for 2006 for a total of \$44,000 for the triennium.

Resolution A018 HIV/AIDS Drugs Full Inclusion

1 *Resolved*, the House of _____ concurring, That the Episcopal Church, through the General Convention,
2 urge American pharmaceutical companies and the United States Food and Drug Administration to increase
3 their inclusion of women, African-Americans and members of other communities of color in both the
4 clinical drug trials for new HIV medications and the studies of the efficacy of new HIV medications to
5 help insure that the medications perform effectively in all populations.

EXPLANATION

Women, African-Americans and members of other communities of color have traditionally been under-represented in the clinical trials for new HIV medications. Consequently, the efficacy and the side effects of those medications on members of those communities have not always been known.

Resolution A019 Continue Standing Committee on HIV/AIDS

1 *Resolved*, the House of _____ concurring, That the 74th General Convention authorize the continuation of
2 the Executive Council Standing Committee on HIV/AIDS for the 2003-2006 Triennium; and be it further
3 *Resolved*, That the Standing Committee on HIV/AIDS for the next triennium focus on the “quiet voices of
4 AIDS” in our church and in our nation, those whom we are called to serve but may overlook; and be it
5 further

6 *Resolved*, That the Standing Committee undertake a survey of HIV/AIDS ministries at all levels of the
7 church; and be it further

8 *Resolved*, That the Standing Committee on HIV/AIDS report at least annually to the Executive Council of
9 the General Convention on the state of the church’s response to the HIV/AIDS pandemic, with particular
10 attention to the implementation of pertinent resolutions of General Convention.

EXPLANATION

Many of those infected by HIV/AIDS remain effectively hidden from view in the epidemic. They endure their infection and affliction silently due to such factors as racism, cultural stigma, and homophobia. Their stories are not told publicly and much can be learned from them to help others.

Resolution A020 HIV Medications Availability

1 *Resolved*, the House of _____ concurring, That the Episcopal Church, through its General Convention,
2 urge American pharmaceutical companies, the United States Food and Drug Administration and the
3 United States Patent Office to relinquish patent rights to pharmaceutical companies in developing
4 countries to allow for the development of HIV medications and the creation of generic versions of those
5 medications with the purpose of making those medications available to those who need them in those
6 developing countries.

EXPLANATION

Virtually all HIV medications currently in use have been patented by major pharmaceutical companies. Their costs are very high by United States health care standards and are too expensive for those who need

¹¹ Rader, note 3.

them in developing countries around the world. Allowing the development of generic versions would make those medications available to thousands who desperately need them.

Resolution A021 Broadening HIV Prevention Methods

1 Resolved, the House of _____ concurring, That the Episcopal Church, through its General Convention, call
 2 upon its African-American members and its congregations with larger populations of African-Americans
 3 to take the lead in insuring that *all* methods used to prevent the spread of HIV are taught in school
 4 curricula, Church School curricula and in other educational settings. Educational efforts shall be
 5 intentionally directed toward the prevention of HIV among men who have sex with other men.

EXPLANATION

HIV infection continues to rise at alarming rates in the African-American community. The most prevalent route of transmission of HIV in women is from men who have sex with men to their female sexual partners. There is great reluctance in the African-American community to discuss this phenomenon. It is referred to by such code names as “on the down low” or “on the DL” reflecting the unwillingness to discuss the subject openly and honestly. The stigma associated with AIDS and the reluctance to discuss matters of human sexuality greatly hinder prevention education efforts.

COMMITTEE ON SEXUAL EXPLOITATION

Membership

The Rev. Virginia N. Herring, <i>Chair</i>	North Carolina
Mr. Les Alvis	Mississippi
The Rev. Dr. Lee Alison Crawford	Vermont
The Rt. Rev. Duncan Montgomery Gray III	Mississippi
The Rev. Dena A. Harrison	Texas
Mr. William A.G. Hogg	Long Island
The Rt. Rev. George E. Packard	New York
The Rev. Dr. Virginia M. Sheay	New Jersey
The Rev. Debra L. Trakel	Milwaukee

WORK SUMMARY

Created by the 70th General Convention, the Committee on Sexual Exploitation (COSE) has been renewed each triennium as the work has expanded beyond the original intent. COSE worked diligently to open dialogue with victims, with other churches and institutions, with bishops, and with clergy. Sample policies and procedures and educational materials have been produced. Training events have been held to support diocesan response. The work has been difficult because historically sexual misconduct by clergy or church employees has been kept quiet, and suppressed. Confidentiality has been in tension with the need to provide adequate information for congregations and clergy groups to heal. Denial has existed at all levels.

COSE’s work in this triennium has centered on the recommendations from a survey of all dioceses from the last triennium. Media attention to sexual misconduct in religious bodies, particularly through child abuse has brought new urgency to our work, as well as new cases. Procedures vary widely across the church, and education is still needed.

1999 Survey of Diocesan Policies Regarding Sexual Misconduct Response

The survey itself was an educational tool for many. Our follow-up has included:

National Conference on Pastoral Standards

In June 2001, the first national Pastoral Standards Conference was held. One hundred twenty-five people represented 70 dioceses; an extraordinary gathering of bishops, chancellors, and clergy and laity. Honored at the opening worship service were: The Rt. Rev. Robert Anderson, Mrs. Marge Burke, The Rt. Rev. Harold Hopkins, Mrs. Nancy Hopkins, The Rt. Rev. Chilton Knudsen, The Rev. Margo Maris, and Mrs. Mary