

STANDING COMMITTEE ON HIV/AIDS

MEMBERSHIP

Mr. Elton Matthew Hartney, <i>Chair</i>	Western New York, II, 2006
The Rt. Rev. Rodney R. Michel, <i>Vice Chair</i>	Long Island, II, 2006
The Rev. Billy J. Alford	Georgia, IV, 2006
Mr. E. Bruce Garner	Atlanta, IV, 2006
Mr. Christopher M. Haley	Minnesota, VI, 2006
The Rev. Carlos Sandoval, M.D.	Southeast Florida, IV 2006
The Rev. Trudie J. Smither	Dallas, VII, 2006
Mrs. Sherry Denton, <i>Executive Council Liaison</i>	Western Kansas, VII, 2006

SUMMARY OF WORK

In response to *GC Resolution 2003–A019* which mandated the HIV/AIDS Committee to continue into the present triennium, the Committee began its work with a meeting in Chicago in October, 2004. This late start was due to the convener being on sabbatical.

HIV/AIDS has been at pandemic levels for over two decades. The year, 2005, marked the grim milestone of 1,000,000 people in the United States living with HIV and 40,000,000 worldwide. To understand the present status of the HIV/AIDS pandemic the committee visited programs in Chicago, New Orleans and Atlanta and to hear about those in our church and in our nation whom we are called to serve but may overlook.

To learn about the epidemic in Chicago and in the Midwest two community based HIV/AIDS service organizations were visited, and the committee met with the bishop and clergy who were interested in HIV/AIDS ministry. In Chicago the rate of new infections among some subsets of African American men was as high as in the hardest hit parts of sub-Saharan Africa; and the HIV epidemic is evenly spread throughout Chicago, indicating that HIV/AIDS is found in poor and affluent areas alike.

In New Orleans we visited two sites of the New Orleans AIDS Task Force, the oldest organization of its kind in the Gulf South. We learned the extent to which the church in New Orleans is responding to the HIV/AIDS epidemic: virtually not at all. In fact, one site we visited was facing eviction and possible closure. It was apparent that services were utilized not just by people in the metropolitan area, but from the entire surrounding area and state, with some people commuting from as far as Mississippi. This illustrates the great need of service to rural and suburban areas of our nation. (As we were completing the writing of this report, Hurricane Katrina struck New Orleans and the Gulf Coast. The people of this region, their families, and those who are working to help them are very much in our thoughts and prayers at this time.)

A joint meeting was held with National Episcopal AIDS Coalition (NEAC) to strategize for future collaborative efforts; this was also our first organizational meeting.

In Atlanta our meeting's purpose was twofold: to conduct site visits and to participate in a regional conference on HIV/AIDS. The first visit was to AID Atlanta Incorporated, which included a basic AIDS 101 presentation. The reality of HIV was brought home by a powerful personal testimony from a staff person of AID Atlanta, who revealed his personal experience with becoming infected with HIV. Ironically, he is a well-educated, well-informed individual, who became infected with HIV even though he grew up being aware of HIV/AIDS.

Our second visit to the Centers for Disease Control and Prevention (CDC) was a major accomplishment for the committee. Staff members briefed us on epidemiology, prevention initiatives, and faith based initiatives. This briefing updated the committee's basic information about the HIV epidemic in this country and gave us a better perspective on our task as a committee. The staff, one of whom was an Episcopalian, were open to collaboration with the Episcopal Church, and were pleased that we were interested in their work.

We found from our site visits that “the small voices who are not being served” are often not in the Episcopal Church because, they said, “I don’t trust the church.” In response to our question “How is the church involved in AIDS?” they answered, “What church?” Though there are notable efforts by NEAC, the Province IV Network of AIDS Ministries, and a small number of diocesan initiatives, the church is clearly not living into the baptismal covenant, in which we promise to “seek and serve Christ in all persons, strive for justice and peace among all people, and respect the dignity of every human being.” (BCP 305)

In response to the mandate to survey HIV/AIDS ministries at all levels of the church, NEAC assisted the committee by providing information from a survey they had conducted, summarized as follows: fewer than ten dioceses have active Commissions on HIV/AIDS. With the help of research done by NEAC as well as Jubilee Ministries, we learned that there are several dozen congregations with some involvement in HIV/AIDS ministry.

The expanding character of the HIV picture in this country became even clearer after our consultation with the CDC and our participation at the HIV Prevention Leadership Summit in San Francisco. Alarming statistics have emerged confirming the rapid advance of the disease among men who have sex with men, persons of color, heterosexual women, and most disturbingly, that greater than 50% of all new infections occur among persons age 25 and under.

CONCLUSIONS

Through the work of the committee in this triennium we have concluded that the Episcopal Church response to the HIV crisis has lost impetus because of a perception that the crisis has become a “chronic disease.” That this is not the case is borne out by the fact that in 2005 there were more than a million people living with HIV/AIDS in the United States (statistics from Province Nine and Haiti are not available) and more than 40 million worldwide. How then should the Episcopal Church respond to the mandate in the baptismal covenant to “seek and serve Christ in all persons” and to “strive for justice and peace among all people, and respect the dignity of every human being?”

The Episcopal Church reflects the larger society in responding to those infected and affected by HIV. There is a lack of basic HIV information including the modes of transmission and the available medical and support services. In some scenarios health care providers do not ask the “right” questions to detect the possibility of infection. For example, practitioners often do not ask elderly patients about sexual activity and thus miss markers that would identify a particular infection related to HIV.

HIV disease differs from other diseases in that it has a stigma attached to it because of inadequate and inaccurate information about HIV. For example, being diagnosed with other diseases generally does not cause the loss of employment, housing, or the support of family and friends. A diagnosis of HIV can cause the loss of these because of the stigma associated with the disease.

The Evangelical Lutheran Church in America (ELCA) recently addressed the social justice and stigma issues through its legislative process. The ELCA has offered a model that we might emulate and that is in keeping with the spirit of our church’s fifth budget priority: “reaffirming the importance of our partnerships with provinces of the Anglican Communion and beyond and our relationships and dialogues with ecumenical and interfaith partners.”

The work of the Executive Council Committee on HIV/AIDS in this triennium informs our direction for the future by confirming that neither we as a Church nor the broader society in which we live has adequately addressed the issues of HIV disease. The stigma of HIV is real, with consequences that can prove deadly. If we are to remain true to the vows of the baptismal covenant we must address these issues in a proactive and effective manner. Failure to do so will be to our peril, both as a faith community and as a society.

Resolution A131 Continue HIV/AIDS Standing Committee

- 1 *Resolved*, the House of _____ concurring, That the 75th General Convention authorize the continuation of the
- 2 Executive Council Standing Committee on HIV/AIDS for the 2007–2009 Triennium; and be it further

- 1 *Resolved*, That the Committee on HIV/AIDS focus on mechanisms for increasing HIV/AIDS awareness in
 2 our Church, reducing the effects of stigmatization by HIV/AIDS and continue the process of identifying
 3 those whom we are called to serve but may overlook; and be it further
 4 *Resolved*, That the Committee continue identifying the HIV/AIDS ministries and resources at all levels of the
 5 church, utilizing the resources of other organizations including but not limited to the National Episcopal AIDS
 6 Coalition and the Evangelical Lutheran Church in America AIDS Network; and be it further
 7 *Resolved*, That the Committee on HIV/AIDS report to the Executive Council of the General Convention on
 8 the church's response to the HIV/AIDS pandemic with attention to pertinent resolutions of General
 9 Convention.

EXPLANATION

HIV/AIDS continues to exact a heavy price from our church, our society, and the world through the reduction of general productivity among the nations, the destruction of family structures in some of the world's least stable societies, and the depletion of medical treatment resources from those least able to afford such a depletion. Ignorance about HIV/AIDS and the stigmatization of those infected and affected further exacerbates the problem. Many of those infected by HIV/AIDS remain hidden because of factors, such as racism, cultural stigma, and homophobia. We are obligated by our baptismal covenant vows to ".....seek and serve Christ in all persons, loving your neighbor as yourself" and to "respect the dignity of every human being." (BCP 305) Ignorance and stigmatization create impediments to living out our baptismal covenant.

Resolution A132 Eliminate HIV/AIDS Stigma

- 1 *Resolved*, the House of _____ concurring, That the 75th General Convention of the Episcopal Church urge its
 2 members to work to eliminate the stigma of HIV/AIDS through the following:
 3 Acknowledge that the stigmatization of anyone due to disease, and particularly due to HIV/AIDS, creates
 4 impediments to seeking treatment and care for the disease and education about the disease, resulting in
 5 detrimental effects on individuals, the church, and society at-large. Affirm that the teachings of Jesus Christ
 6 clearly state that sickness and disease are not the result of sin in the human family.
 7 Acknowledge that our Baptismal Covenant vows obligate us to respect the dignity of every human being
 8 and to seek and serve Christ in all persons, loving our neighbor as ourselves and that the stigmatization
 9 of those among us with disease is a violation of those vows; and be it further
 10 *Resolved*, That the Episcopal Church urge all worshiping communities, missions, parishes, dioceses, provinces,
 11 seminaries and educational institutions, boards and commissions to:
 12 Educate their constituent members about HIV/AIDS with a goal of eliminating any stigma associated
 13 with the disease.
 14 Educate their local, state and federal elected officials and representatives about HIV/AIDS with the goal
 15 of creating knowledgeable, compassionate, and sensitive public policy in educational services, support
 16 services, and medical treatment institutions.

EXPLANATION

Many who are infected with HIV/AIDS continue to be stigmatized by society. The stigma of HIV/AIDS creates a barrier to medical and social services due to being identified as a person living with HIV/AIDS, particularly in some smaller communities. These individuals either leave their communities to seek treatment and services or they go without them to the peril of their own health.

The stigma of HIV/AIDS also creates a barrier to sound public policy decisions about prevention education and services. As long as there is some degree of blame being placed on those who become infected, scientific evidence, particularly about preventing the spread of the virus will be overshadowed by misinformation. Every possible accurate weapon against the spread of HIV/AIDS should be available if we are to stop the epidemic.

Resolution A133 HIV/AIDS Media Campaign

- 1 *Resolved*, the House of _____ concurring, That the 75th General Convention direct the Communication Office
- 2 to create a media campaign for the Episcopal Church as well as the broader population that will raise awareness
- 3 about HIV disease.

EXPLANATION

The Episcopal Church's advertisement campaigns have been highly effective in reaching many people in the church and the wider society. An awareness of HIV/AIDS issues and their impact on the church, our nation and the world will be increased by including this topic in the Church's media campaign.

Resolution A134 HIV Training

- 1 *Resolved*, the House of _____ concurring, That the 75th General Convention require that beginning on September
- 2 1, 2007 the lay and ordained leadership of the Episcopal Church, including all ordained persons, professional
- 3 staff, including staff youth ministers working with young people in middle school and high school, and those
- 4 elected or appointed to positions of leadership on committees, commissions, agencies, and boards be required
- 5 to take a basic HIV/AIDS training course and receive certification of such training; and be it further
- 6 *Resolved*, That the Office of Peace and Justice Ministries of the Episcopal Church, working in collaboration
- 7 with the National Episcopal AIDS Coalition (NEAC) and the Standing Committee on HIV/AIDS develop
- 8 a HIV training curriculum that will be updated each triennium; and be it further
- 9 *Resolved*, That the Executive Council authorize an appropriate mechanism for this training to be a web-based,
- 10 self-directed tutorial to be housed on the Episcopal Church's website, said tutorial being designed to generate
- 11 a message to a database containing records certifying that the training has been completed; and be it further
- 12 *Resolved*, That the Executive Council direct that the database is housed and maintained by the Episcopal Church
- 13 Center, including the ability to maintain records of those taking the training.

EXPLANATION

It is vital that those in leadership positions in the Episcopal Church have a basic working knowledge about HIV/AIDS if they are to seek and serve Christ in all persons, respecting the dignity of every human being. HIV/AIDS has been at pandemic levels for over two decades. The year 2005 marked the grim milestone of 1,000,000 people in the United States alone living with HIV (and 40,000,000 worldwide). Despite a variety of educational resources being available for many years, ignorance about the subject continues to have a negative impact on the delivery of pastoral and educational services to those infected and affected by HIV. The failure to recognize the need to deliver HIV information and the delivery of inaccurate information by those in positions of responsibility can have an extremely detrimental effect on those seeking educational, medical and social services. Lack of accurate information can heighten the levels of stigmatization, create a barrier to treatment and negate educational efforts.

Resolution A135 HIV/AIDS Ministry Church-wide Survey

- 1 *Resolved*, the House of _____ concurring, That the 75th General Convention of the Episcopal Church request
- 2 that the Director of Research and the Congregational Development Unit map the church-wide HIV resources
- 3 and ministries and to provide this to the Executive Council Standing Committee on HIV/AIDS by June, 2008;
- 4 and be it further
- 5 *Resolved*, That the Standing Committee share the survey results in its report to the 76th General Convention.

EXPLANATION

As the pandemic continues unabated the Episcopal Church has revealed an all-too-common characteristic of fragmentation of effective ministry, perhaps contributing to a church-wide decrease in concern and action. The map will reveal areas of disconnection and areas of strength enabling the committee to forge relationships, support ministries, define areas of need, partner with other denominations (notably the ELCA) and dovetail with agencies in maintaining awareness, overcoming stigma, and insuring that all are welcome in the household of God.