

## TO MEET AIDS WITH GRACE AND TRUTH

31.046

[For Assembly action see page [84](#).]

**The Committee on Social Witness Policy submits the following resolution and background information on "To Meet AIDS With Grace and Truth" to the 200th General Assembly (1988) and recommends that the resolution be adopted and the background information be received and commended for study.**

### Background Information

31.047

*General Assembly Policy*

31.048

A Resolution on Acquired Immune Deficiency Syndrome adopted by the 198th General Assembly (1986) notes that:

Whereas certain leaders of various Christian denominations and groups publicly declare AIDS and AIDS Related Complex (ARC) to be God's righteous judgment upon persons these spokespeople believe to be living in violation of God's will; and whereas certain persons seeking or holding political office or public positions are misusing the AIDS and ARC problem for the reason of advocating policies not congruent with the best medical evidence and are also misusing the potential of an AIDS -ARC epidemic to further oppress and endanger the welfare and human rights of gay men, intravenous drug users, hemophiliacs, and others at high risk for these diseases;

The General Assembly declares that AIDS and ARC are illnesses, not punishment for behavior deemed immoral; . . . calls for the church at the congregational level to minister to persons with AIDS, their families and loved ones in a nonjudgmental manner, which support them through a period of extreme crisis; . . . calls upon presbyteries to identify and make known legal, educational, psychological hospice, and other care-giving resources in their bounds . . . and encourages Presbyterians to support and participate in opportunities for volunteer service to persons affected by the disease.

Calls upon the federal, state, and local governments and private corporations to assign priority and provide funding to AIDS -ARC research appropriate to the seriousness and magnitude of the epidemic; and calls Upon Congress and the President to enact legislation to protect the civil rights, employment opportunities and health insurance of persons in high risk groups or who test positive for antibodies, persons who have contracted AIDS , and patients who volunteer as subjects in medical research.

Calls upon Presbyterians to condemn the potential threat of AIDS as an excuse for discrimination and oppression and to work for legislation and other measures insuring the protection of civil and human rights of those persons affected directly or indirectly by AIDS -ARC; and calls the Presbyterian Church (U.S.A.) to review its own personnel policies and health benefits so that they may serve as a model for others in the just treatment of persons with AIDS, insuring that persons with AIDS (and others at risk) are not discriminated against in employment or in eligibility for and access to full health benefits.

Calls upon appropriate agencies of the General Assembly and governing bodies to work ecumenically (in AIDS ministry); . . . and to seek out and make use of those local and national resource persons and groups which are expert in AIDS -related issues. ([Minutes, 1986, Part I, p. 496.](#))

**31.049***Current Knowledge about AIDS***31.050**

AIDS is an infectious disease caused by a retrovirus but not easily transmittable. The virus lodges itself initially in the special white blood cells (T-lymphocytes) which play an important role in the immune system of the body to protect us against most disease. The virus also invades other cells in the body such as those in the central nervous system (CNS). When the Human Immuno Deficiency Virus (HIV) first enters the bloodstream it stimulates an immune response and the development of antibodies. The presence of these antibodies (seropositivity) means that infection has occurred. These antibodies can usually be detected within six to twelve weeks after infection. An infected person may not show symptoms of the disease for five to seven years. Not all infected individuals have progressed to disease. For some infected individuals, a more severe form of infection occurs which is called AIDS Related Complex (ARC), including symptoms such as swollen lymph glands, diarrhea, night sweats, weight loss, fatigue. AIDS is the end stage of HIV infection which results in individuals having no immunity to life-threatening infections and (or) cancer. HIV infection progresses differently in children than in adults. Most adults exhibit CNS symptoms of some kind. Children often have abnormal development. There is no known cure for AIDS and most cases become terminal within two to twelve weeks after infection.

**31.051**

In the past six years the majority of diagnosed cases in the United States have been men who have had unprotected sexual contact with men, men and women who have shared hypodermic needles and syringes with infected persons, and to a lesser degree the sexual partners of both groups. HIV, the AIDS virus, is transmitted through infected blood or semen. Although small concentrations of the virus have been isolated in tears and saliva, no cases of AIDS have been traced to this source. The behaviors most at risk are sharing needles and syringes and unprotected sexual contact. An infected pregnant woman may transmit the virus parentally or at birth.

**31.052**

Barriers to transmission, such as using gloves if there is to be contact with body fluids, and condoms in sexual acts, have proven effective. The risk of HIV infection through blood transfusion is very small in America today, but in less developed countries, with limited capacity to screen blood, transfusions remain a serious problem.

**31.053**

AIDS is a viral disease that can infect anyone. Currently, Blacks and Latinos are infected in disproportionately high numbers in every risk category, except for

hemophilia-coagulation disorder. The Centers for Disease Control anticipate that in the future the majority of individuals will contract the virus through heterosexual contact. Worldwide, the AIDS virus is most likely to be transmitted through heterosexual contact. In the U.S., Black women are thirteen times more likely to get AIDS than white women, primarily because of intravenous drug use and the greater risks from unprotected sex with persons who have become infected through intravenous drug use.

#### **31.054**

What began in 1982 with puzzling, isolated deaths of individuals in high-risk categories has grown rapidly to the point of a threatening global pandemic. Worldwide, there will be about 300,000 reported cases of AIDS by the end of 1988, with many other cases unreported. The World Health Organization estimates that five to ten million people living in 160 nations are infected with the AIDS virus, and 500,000 to 3,000,000 new cases of AIDS will emerge during the next five years in people already carrying the virus.

#### **31.054a**

Increasing number of AIDS patients overwhelm existing health services, especially the inadequate health and community support services that are available in poor sectors of U.S. society and in many poor countries. Because AIDS impoverishes nearly everyone it affects, a coordinated public-private-church response is required.

#### **31.055**

At the end of 1985, the number of persons in the U.S. known to have AIDS was 16,000, of whom 7,700 had died. As of February 1, 1988, 52,000 cases of AIDS had been reported in the U.S. and at least 29,000 had died. AIDS statisticians at the Centers of Disease Control project a cumulative total of 270,000 reported cases of AIDS in the U.S. by the end of 1991. (The real total including unreported cases may be 20 percent higher.) Between 945,000 and 1,400,000 Americans are infected with the AIDS virus, the vast majority gay men or intravenous drug users. The rate of new infections has declined in some gay communities, but the epidemic spread of the virus in intravenous drug users continues at a high rate. The Centers for Disease Control note that the prevalence of infection in heterosexually active people with no known risk factor for AIDS in either partner remains "very low on a national basis," as evidenced in screening of blood donors and applicants for military service. Yet, about 30,000 heterosexuals without specific admitted or known risks may already be infected with the AIDS virus.

#### **31.056**

As the facts about AIDS transmission have begun to threaten non-poor heterosexual persons, some politicians have proposed mandatory testing. The ability to test for antibodies to the AIDS virus is a useful AIDS prevention strategy in some instances, but there is no medical evidence that any form of mandatory testing will effectively prevent the spread of the virus, except for testing that is specifically and narrowly addressed to screening human blood and other biological products. In fact, U.S. Public Health Service officials recognize that mandatory testing will drive people away from health care providers and treatment facilities where they otherwise would receive much-needed counseling and education in prevention methods. Compulsory screening of a population at low risk—such as the State of Illinois has mandated for marriage license applicants—causes couples to seek alternatives.

#### **31.057**

Most states allow health insurers to screen applicants for signs that they are infected with the AIDS virus and do not protect persons against discrimination on the basis of sexual orientation. Federal and state governments, working with the private sector, have yet to coordinate efforts to provide adequate medical insurance coverage to meet this epidemic and to safeguard the civil rights of people with AIDS. But there is a voluntary movement among enlightened organizations and institutions to observe an "AIDS Bill of Rights," key elements of which include pledges:

- (a) To refuse to discriminate against workers with AIDS;
- (b) To keep medical records confidential and prohibit surreptitious or mandatory HIV testing;
- (c) To dispel coworkers' fears of casual contagion.

### **31.058**

There is growing recognition of the need for realistic strategies of education and health care, fostered by all levels of government, to halt the spread of AIDS and to prepare for inevitable increases in patient loads. The AIDS epidemic has fueled ethical debate about safe-sex education and protection of exposed workers. But there has not been commensurate attention, let alone effective action, to curb the spread of AIDS among drug addicts, their sex partners, and babies.

### **31.059**

Despite research and testing of some promising drugs to treat persons with AIDS, little progress has been made in the quest to find an effective AIDS vaccine. While the federal government has concentrated on tracking the epidemic and mounting scientific research, it has neglected strategies of preventive education, issues of civil rights, and financing of care for patients—leaving these equally urgent matters to states and localities without national coordination or adequate funding. Many communities continue to react in disproportionate fear to the subject of AIDS and to persons with AIDS. But public opinion is moving toward support of realistic, compassionate strategies—both national and international—to combat the spread of AIDS and to meet shared public obligations to its victims.

### **31.060**

*AIDS in Light of the Gospel*

### **31.061**

The church's Lord preaches good news to the poor, proclaims release to captives and recovery of sight to the blind, sets free the oppressed, announces the coming of God's jubilee (Lk. 4:16-19; cf. Isa. 61:1 ff.), and calls the church to this same mission of compassion and justice. The church's ministry is to be marked by the same radical inclusiveness as Jesus' ministry: welcoming outcasts, healing the sick, casting out demons, overcoming fear, raising the dead (cf. Matt. 10:1). As Jesus risked

his own ritual purity and religious credibility by reaching out to lepers and those tormented by evil spirits, so the church that prays in Jesus' name must seek health and wholeness for those oppressed by Acquired Immune Deficiency Syndrome (AIDS).

#### 31.062

The plague of AIDS tests the spiritual credibility of the church which claims to follow its gracious Lord into suffering communities. As the AIDS crisis intensifies and highlights our common mortality, "Caring becomes more significant than curing," notes Howard Moody, senior minister of Judson Memorial Church, New York City. "There is more to do than to hate the plague or to abhor the way it destroys victims. We must love our way through it." With the Apostle Paul, we affirm that "Neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation will be able to separate us from the love of God in Jesus Christ" (Romans 8:38-39).

### Resolution

#### 31.063

*AIDS and the Church as a Healing Community*

#### 31.064

**The AIDS pandemic calls the church to maturity of proclamation, education, service, and advocacy in response to the human needs of persons who would otherwise be alone and alienated in their suffering. This crisis may also grace the church with appreciation of the spiritual growth that can be experienced by persons facing AIDS.**

#### 31.065

**The church as a healing community, empowered by the Holy Spirit, is called to confession, celebration and action.**

#### 31.066

**We Confess: that our own church's response to AIDS has been tardy, despite our 1986 General Assembly's warning that "the rate of infection is predicted to double every nine to twelve months" and its declaration that "AIDS and ARC should be viewed as illness. We affirm that the church must caution against making moral pronouncements about AIDS and ARC. We further affirm that all peoples are precious to God and urge congregations, governing bodies, and agencies of the Presbyterian Church (U.S.A.) to renounce popular notions of God's wrath toward AIDS sufferers.**

#### 31.067

**We Offer Thanksgiving and Celebration for the pioneering and self-sacrifice of persons, including Presbyterians, who have developed research programs and ministries of service that are helpful to persons with AIDS, and for courageous public health officials and**

**disease prevention educators whose work helps to reduce both the sexual transmission and blood transfusion-associated transmission of AIDS.**

**31.068**

**We resolve that:**

**31.069**

**1. The Presbyterian Church (U.S.A.) at all levels, in all places should be a community of openness and caring for persons with AIDS and their loved ones, working to overcome attitudinal and behavioral barriers of race, social class, and sexual orientation that hamper acceptance of and positive ministry with sufferers from this disease.**

**31.070**

**2. Ministries in response to AIDS will be developed, whenever possible, in consultation and collaboration with local departments of public health and community-based groups which have already identified priorities for action and in linkage with ecumenical and interfaith efforts.**

**31.071**

**3. Educational efforts must include reliable medical and scientific information, as well as theological and biblical components that enable participants to address issues related to death and dying, human sexuality, and recognition of people's fear and lack of knowledge. Such educational efforts can prepare congregations to respond appropriately when they learn that a member or persons in the community have been infected by the HIV or diagnosed as having AIDS, and can lead to the development of compassionate, rational policies, educational materials, and actions.**

**31.072**

**4. Pastors, educators, and other church workers, as well as seminary students, should prepare themselves to provide appropriate pastoral care and counseling to persons living with AIDS or AIDS-related complex and the loved ones of these persons.**

**31.073**

**5. The church's worship life should express pastoral care and hope and provide time for lifting up of special concerns.**

**31.074**

**6. Presbyteries and congregations should use their human and material resources to respond to the AIDS crisis with support groups, counseling, grants, facilities for recreational activities, and community organization of persons with AIDS.**

**31.075**

**We call upon the Social Justice and Peacemaking Unit of our General Assembly to take the following initiatives and urge synods, presbyteries, and congregations to:**

**31.076**

**1. Work for public policies and the allocation of resources to ensure the availability of appropriate medical, psychological, and support services for persons infected by the HIV. These programs should support independence and self-determination for persons with AIDS.**

31.077

**2. Advocate that children infected by the HIV be permitted to attend regular school at every level so long as they are able and wish to do so.**

31.078

**3. Oppose mandatory HIV testing and advocate for the development and use of accurate testing procedures that are voluntary, made readily available to high-risk**

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groups, and which guarantee confidentiality and anonymity as well as counseling services.

31.079

**4. Support AIDS prevention education throughout community and church life that provides the information required for persons to engage in behavior which reduces or eliminates the risk of infection because sexual and intravenous drug using activities can begin at a young age, encourage school boards to initiate AIDS education activities at the elementary school level; affirm the necessity for comprehensive health education including human sexuality and drug abuse prevention designed for children and youth; support massive public distribution of factual AIDS educational materials such as the "Report on AIDS of the Surgeon General of the U.S., Everett Koop, M.D."**

**Support AIDS prevention throughout the church by advocating the biblical standards of chastity prior to marriage, fidelity within marriage, and abstinence for other single adults.**

31.080

**5. Call for the development of adequate numbers of drug treatment programs to care for persons who are dependent on the use of illicit narcotics; support the provision of detailed information and other resources—learning from exemplary programs implemented in other Western countries—that prevent intravenous drug users from sharing needles, as part of the larger effort to prevent further spread of AIDS.**

31.081

**6. Encourage health care providers to support each other as professional caregivers facing personal anxiety and burnout and to serve in ways that regard persons with AIDS as the appropriate decision makers about their own care, respecting their wishes to seek or refuse specific treatments and provisions for decision making on their behalf should they become unable to decide themselves.**

31.082

**7. Urge the implementation and enforcement of policies and necessary legislation to protect the human and civil rights of persons infected by the HIV, persons perceived to be**

**at risk for such infection, and persons with AIDS or ARC; urge thorough efforts to investigate, document, and prevent prejudice and violence against all persons who have AIDS or are perceived to be at risk for AIDS.**

**31.083**

**8. Advocate effective protection of civil rights of persons in employment, education, health insurance, and medical care regardless of sexual orientation, in light of the action of the 1978 (UPCUSA) General Assembly that calls upon Presbyterians "to work for the passage of laws that prohibit discrimination in the areas of employment, housing, and public accommodations based on the sexual orientation of a person."**

**31.084**

**9. Urge church-related institutions to join in working toward these social policy objectives and to observe them in practice.**

**31.085**

**To help the whole church meet this pandemic, we also call on other PC(USA) ministry units to coordinate with the Social Justice and Peacemaking Unit and the church at large in implementing the above recommendations and to provide specialized leadership development for preventive AIDS education and knowledgeable counseling ministry with persons who have AIDS; model workplace and medical treatment policies, as well as protection of church personnel in high risk occupations and areas, and acts of public witness that help others to meet AIDS with grace and truth.**