The Church's response to AIDS within our society and to those who are affected by it was an item of concern for the Canadian Study Commission on Doctrine (SCOD). AIDS was also an agenda item for the North American SCOD. This latter group produced a paper, entitled "AIDS and the Local Church," for presentation to the North American General Conference held in Anderson, Indiana, June 29-July 6, 1995. In its review of this paper, the Canadian SCOD determined it applicable within the Canadian context. However, it was recognized that the paper was written for an American audience so there was need to clarify and to provide Canadian information sources. Canadian sources are listed at the end of this chapter. The Canadian SCOD reviewed and updated this paper in 2005.

Persons living with AIDS are in need of the church's love and care. Due to a variety of reasons, many Christians withdraw from these hurting people in their moment of greatest need. To help Free Methodists understand both the disease and our own response to it, SCOD presents the following document for use in the local church. It provides prudent guidelines for those working in ministry situations where some one may be infected. It further offers counsel on some social and theological issues involved with the AIDS epidemic.

This document is designed, not as a definitive statement, but as a practical study for the local church. Those congregations wishing to do further study are given assistance in the select bibliography, which follows.

**AIDS and the Free Methodist Church**

As Free Methodists, we care deeply about all people. This care for people has caused us to make a commitment to identifying persons in need and making special efforts to minister to them. Persons with HIV infection and AIDS are in need of such ministry. What follows is designed as a guide for pastors, official boards and individual members in understanding and meeting the unique challenges of this ministry. The discussion focuses on three main areas of concern: Biological Realities, Theological Understandings, and Ministry Implications. Following this discussion are some common questions and answers dealing with specific issues.

1. **Biological Realities**

**Epidemiology**

In 2004, nearly 40 million people globally were estimated to be living with HIV. The AIDS epidemic claimed more than 3 million lives and close to 5 million people acquired the human immunodeficiency virus (HIV) in 2004 with 2/3 of cases being from Sub-Saharan Africa. The 2004 Global Report by the Joint United Nations Programme on HIV/AIDS stated that "AIDS is an extraordinary kind of crisis; it is both an emergency and a long-term development issue. Despite increased funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace the global response. No region of the world has been spared. The epidemic remains extremely dynamic, growing and changing character as the virus exploits new opportunities for transmission… More than 20 years and 20 million deaths since the first AIDS diagnosis in 1981, almost 38 million people (range 34.6 – 42.3 million) are living with HIV. Even though the cure is elusive, we have learned crucial lessons about what works best in preventing new infections and improving the quality and care for people living with HIV. There have been some major developments, including antiretroviral medicines."
This disease presents some major challenges including the growing proportion of women infected (50% worldwide) and the number of children left as orphans. The Global Report states that "Women and girls also bear the brunt of the impact of the epidemic; they are most likely to take care of sick people, to lose jobs, income and schooling as a result of illness, and to face stigma and discrimination. There is an urgent need to address the many factors that contribute to women’s vulnerability and risk – gender and cultural inequalities, violence, ignorance."

In Canada, an estimated 55,000 adults (13,000 women) and 1000 children are living with HIV. There were 1,500 deaths from AIDS in 2003.

**Definition**
AIDS stands for Acquired Immune Deficiency Syndrome:
*Acquired* means you can get infected with it.
*Immune Deficiency* means a weakness in the body's system that fights diseases.
*Syndrome* means a group of health problems that make up a disease.

**Cause**
A virus called HIV, the Human Immunodeficiency Virus, causes AIDS. If you get infected with HIV, your body will fight the infection by making "antibodies" against the virus. Antibodies are part of the natural immune system that fights infections, including HIV.

**Transmission**
When you get a blood test for HIV, the test looks for these antibodies. If you have them in your blood, it means that you have HIV infection. People who have the HIV antibodies are called "HIV-positive." You can get infected with HIV from anyone who's infected, even if they don't look sick, and even if they haven't tested HIV-positive yet. The blood, vaginal fluid, semen, and breast milk of people infected with HIV may contain sufficient quantities of the virus to transmit the infection to exposed persons.

People may be infected by:
- Having sex with an infected person.
- Sharing a needle (shooting drugs) with someone who's infected
- Being born to an infected mother, or drinking the breast milk of an infected woman.

Getting a transfusion of infected blood used to be a way people got AIDS, but now the blood supply is screened very carefully and the risk is extremely low.

There are no documented cases of HIV being transmitted by tears or saliva, but it is possible to be infected with HIV through oral sex or in rare cases through deep kissing, especially if you have open sores in your mouth or bleeding gums.

HIV is a virus that is fragile outside of the body and dies at room temperature within a few minutes. Most standard germicides and disinfectants kill the virus easily. Only if the virus is transmitted promptly into an exposed person's bloodstream will it survive to cause infection.

**AIDS**
Being HIV-positive, or having HIV disease, is not the same as having AIDS. Many people are HIV-positive but don't get sick for many years. As HIV disease continues, it slowly wears down the immune system. Viruses, parasites, fungi and bacteria that usually don't cause any problems can make you very sick if your immune system is damaged. These are called "opportunistic infections". When an HIV infected person develops an opportunistic infection they subsequently are considered to have AIDS.

AIDS is not the infection. You might get infected with HIV, and later you might develop AIDS.

**2. Theological Understandings**
The question of disease and its theological meaning has been asked in a variety of ways,
but its most basic form is: "Do people get sick as some form of punishment from God for sin in their lives?" A current form of the question runs, "Is HIV/AIDS a punishment from God?"

To answer this question requires a clear understanding both of God's relationship to human beings and of human responsibility.

**God's relationship to human beings**

The central message of the Bible is that God loves all human beings "while we were still sinners" (Romans 5:8). Because of His love, God provides all the resources of the Trinity to offer forgiveness, healing, restoration and adoption to all people who respond in repenting faith. It is not God’s desire that anyone should perish, and he is actively seeking those who are lost. Although there are instances within Scripture in which disease is a direct action of God, such as in the life of Gehazi, the servant of Elisha (2 Kings 5:27), the teachings of Jesus make it clear that disease ordinarily is not something God directly uses to punish sin, as in the story of the healing of the man born blind (John 9:3).

So the first part of the equation is that God is love. Diseases, including HIV/AIDS do not represent 'punishment' from God.

**Human responsibility**

The Bible also explains that human beings are responsible for the choices they make in life. These choices are real and carry real consequences, both in this life and in the life to come. Although people do not wish to become ill, disease may be a consequence of lifestyle choices people make. The Bible explains that there are certain activities, which will tend to health and long life. There are also certain activities which tend to result in poor health.

Sexual relationships have been the topic of a great deal of controversy down through the centuries and discussion of this sensitive topic results in strong feelings both within and outside of the church. HIV is often transmitted as a result of sexual acts. AIDS first came to the attention of society in North America as a disease with a predilection to male homosexuals who often had multiple sexual partners and engaged in unprotected sexual activities. The disease, initially, had such a high mortality that infection with HIV was considered a “death sentence”. Many began to consider this deadly disease which resulted from a "sinful lifestyle" to be not only a physical problem but a moral and spiritual one as well. This infection appeared worse than previous sexually transmitted diseases (STDs) because it primarily infected promiscuous, male homosexuals. The implication was that homosexuality was a particularly bad sin and therefore God had sent a specific punishment for it. This vaulted this disease and its victims to a higher level of scrutiny by both the general public and the scientific community even when it appeared that only a small portion of the North American population was at risk. Victims were treated as physical and moral pariahs and fears of AIDS led to the isolation and ostracism of them. Unfortunately, Christian churches also were seen to display prejudicial and judgmental attitudes to these people most in need of our care and support.

Disease is present in this world. Part of our existence as creatures involves pain, suffering, disease and even death. Our life is fragile and we are vulnerable to disease even when we treat our bodies well. It is true that all people make choices in how they live their life and we are given some guidance by scripture as to how to live well (avoid drunkenness, gluttony, sexual immorality etc.) however the Bible is not a medical
textbook. Unhealthy lifestyles increase vulnerability to infection but our role as Christians is not to determine which sin ‘caused’ someone to become ill (whether they are Christian or non-Christian) or to judge them unworthy because they were struck down by an illness that happens to have a social stigma. It is to love them, to help and comfort them, to be the first at their bedside; no questions asked.

As the story of HIV/AIDS unfolds in North America the effect of Educational Programs to prevent the spread of HIV and more effective anti-viral medications and treatments of AIDS-related infections has resulted in better outcomes with many cases of long-term survival with HIV infection. However, HIV/AIDS in Africa has become a devastating public health disaster taking millions of lives (men, women and children) and the primary mode of spread is heterosexual (not male homosexual) sexual relations.

In conclusion, it is important to understand that HIV/AIDS is not a punishment from God. Although it is often sexually transmitted it has no special status among the diseases of our world to which our own lifestyle choices make us more vulnerable. Christians are called by God to minister to victims of HIV/AIDS in love.

3. Ministry Implications

Ministry in the age of HIV/AIDS focuses on two areas. The first is prudent precautions that need to be instituted by nursery attendants, youth workers and church members; the second is ministry possibilities, which this epidemic affords.

A) Prudent Precautions

The Center for Disease Control gives what they term "universal precautions" for handling spills of blood or body fluids to minimize the risk of spreading communicable diseases. Adapting these precautions to the church, the following guidelines would be prudent for each church to follow.

i. For all situations:

a. GLOVES: Disposable gloves should be worn for handling blood and blood-contaminated body fluids and for handling items or surfaces soiled with the same. Change the gloves after each contact. Remove gloves carefully by pulling them off inside out. Hands should be immediately washed after gloves are removed.

b. GERMICIDE: All surfaces, which have been contaminated with blood, should be cleansed with germicide and disposable paper towels.

c. HAND WASHING: Washing the hands is necessary after contact with urine, stool, vomitus, tears, nasal secretions, oral secretions, and diaper changes. Exposure to these non-blood contaminated fluids does not require gloves unless blood is visible.

d. OPEN SORES: No person having an open or weeping skin sore should come into contact with any other person’s blood or body fluid. All wounds should be covered with medical dressing.
e. **DISPOSAL:** All cleanup materials should be disposed of in a trashcan lined with a disposable liner and discarded safely.

**ii. Care of infants and children in the church nursery and child-care settings:**

(The following are stated in a form which could be posted.)

- **a.** Children with weeping sores or aggressive biting behaviours will be asked to remain with their parents or adult guardian.

- **b.** Nursery attendants will wear disposable gloves when changing a child's diaper or providing first-aid to bleeding wounds. Nursery attendants with weeping sores or cuts will cover these with medical dressings.

- **c.** Changing tables will be disinfected after each use.

- **d.** Nursery equipment (cribs, swings, walkers, play pens, etc.) will be disinfected weekly. Items, which are intended for oral use by a child, will not be shared.

- **e.** A sign should be posted in the Nursery or child-care area stating: "ANYONE USING NURSERY FACILITIES AND EQUIPMENT IS REQUIRED TO CLEAN USED EQUIPMENT WITH THE PROVIDED GERMICIDE."

- **f.** Nursery attendants are responsible to provide prudent protection of all children and take whatever additional precautions are deemed necessary.

**iii. Care of youth and adults at church events and camps:**

- **a.** Bleeding injuries should be treated with utmost care. Gloves should be worn during first-aid treatment and all contamination quickly disinfected. Open sores should be immediately covered with medical dressings.

- **b.** During youth events and camps, guidelines should be given to discourage high-risk behaviours.

- **c.** Youth sponsors and adult coordinators are responsible to provide prudent instructions and program safeguards to lessen any risk of infection.

**B) Ministry Possibilities**

Ministry in this time of HIV/AIDS is vital and needs to be approached in two ways. First, helping non-infected persons deal with fear, judgmental attitudes and prejudice; and second, helping infected persons deal with the disease by providing love, dignity and accountability.
Providing Love:
What is most needed in every person's life is the love of Jesus Christ and His people. When a person has a terminal illness and especially one with the social stigma of HIV/AIDS, this need is intensified. The opportunity to love is abundant and if current predictions hold true, the opportunity is going to expand in the future. The church can respond in a variety of ways and each congregation should choose those responses harmonious with its style of ministry.

The church can begin to pray for persons with AIDS. The church can reach out in purposeful ways. This reaching out might include a ministry to homes where AIDS patients need care for their terminal state. This ministry would involve a listening ear and constant prayer. There are as many possibilities as there are local churches. Each church is encouraged to take its place of ministry and share the love of Jesus.

Providing Dignity:
After love, the next most crucial need of persons is for dignity. When a person is stripped of his or her self-esteem, then the overwhelming physical realities affect the soul as well as the body. Every person has the need to know that God loves them and they have value in the eyes of God's people because they have infinite value in God's sight. This value provides a dignity, which can combat the physical, social and psychological ravaging of AIDS.

When the church has confessed and repented of its fear, judgmental attitudes and prejudice, the church is ready to provide dignity to HIV/AIDS persons by showing love, honour and respect for them as persons. This respectful guarding of each person's dignity then sets the stage for the final ministry, that of accountability.

Providing Accountability:
Once a person has experienced the unconditional love and dignity of Jesus and His church, the foundation is laid for that person to experience the grace and forgiveness of God. This includes the offer of forgiveness of sin and the cleansing of all that is not right in the individual's life. This grace and forgiveness (through Christ) is the greatest gift the church has to offer any person.

The opportunity for persons to receive forgiveness can come through a variety of ministries, including personal one-on-one conversation as well as reaching out to various groups of persons in their time of need. Let us not lose faith that many will respond in faith and find true, eternal healing and life.

Ministering to Fear:
James Nelson, a Christian ethicist, has noted that “AIDS combines two of the most anxiety-ridden dimensions of human life: sexuality and death. It seems that more fear is touched off by these aspects of life than any others.”

Research is continually supporting the fact that you cannot contract HIV/AIDS through casual contact such as shaking hands, hugging, sharing pews and toilet facilities. Nevertheless, the fear of contracting HIV may be present when a person encounters an infected person. This fear, if not faced and understood, could lead to either a lack of ministry to these hurting persons, or even to a cruel exclusion of these persons from the vital love of the church.

Fear is often present in the infected persons, as well. The fear is often overwhelming when the disease is contracted: fear of death, fear of pain, fear of being ostracized, fear of God, even fear of life. These fears may become an overwhelming presence in everything within the person's life.
Ministering to the fear is a central purpose of the church. Clear discussion of the prudent precautions that need to be taken can begin to calm the fears of the non-infected persons. When these fears are overcome, then an understanding of the infected person's fears and needs elicits the compassion that Jesus expressed for the diseased persons of his day. This ministry of compassion could focus on such areas as: deliberate inclusion of persons with HIV/AIDS within church fellowship; providing support groups; reaching out to persons dying of AIDS in local hospitals and facilities.

**Ministering to Judgmental Attitudes:**
When behaviour choices result in suffering, some people feel judgmental toward the persons in pain. This judgmental attitude may come from a sense of superiority and can lead to a callous feeling toward the person in pain. Since some behaviour choices, which may result in contracting HIV/AIDS, are promiscuity and drug use, it is easy for persons in the church to embrace a judgmental attitude. This is not helpful to the ministry of Jesus Christ's church.

Jesus teaches humility and compassion as the response toward persons in pain. Although we never excuse the sin, nor want to validate the promiscuity or drug use, the response of the church must be to humbly offer the compassionate forgiveness and healing of Jesus Christ. Creating the opportunity to face judgmental attitudes within the church is as vital a ministry as providing the opportunity for change in the behavioural choices of others.

This ministry can occur within a variety of means from formal sermons and classes looking at our own judgmental attitudes to the informal loving confrontations by which Christians help Christians recognize and ask forgiveness for judgmental comments and viewpoints.

**Ministering to Prejudice:**
Although prejudice is similar to having judgmental attitudes, there is a practical difference: a person's judgmental attitudes are usually due to verifiable sinful behaviours, while prejudice is a reactionary response based on unverified and assumed beliefs. Many people have prejudicial beliefs about persons with HIV/AIDS. These prejudices often cause both church people and infected persons to respond in ways that lack understanding and depth.

To minister to the prejudice, the church can provide information and discussion opportunities concerning the realities of HIV/AIDS. The use of this report can be a good start. There are also other resources, which could be helpful including: Center for Disease Control and Prevention (Website: http://www.cdc.gov), CDC National Prevention Information Network (Website: http://www.cdcnpin.org), and The American Red Cross (HIV/AIDS Fact Book).

To minister to the prejudice of infected persons, the church can actively seek to include such persons in the life of the church. Such inclusion can be designed to bring people face to face with the love of God's people and deepen the personal bond needed to minister in a time of such vital need.

4. Questions and Answers

1) **What can I do to protect myself from getting AIDS?**

The American Red Cross published three pamphlets, which give excellent answers to this. Some of their counsel includes:
a. “Not having sex and not experimenting with drugs is the best protection against HIV/AIDS.”

b. “Avoiding sex before marriage ... and having sex only with the same person (being faithful) is the best protection against the sexual spread of the AIDS virus (HIV) as long as other risky behaviours have not occurred.”

2) What about SAFE SEX: is a condom effective in protecting me?

The Center for Disease Control is less than convinced; in fact they say, “Far from being foolproof, condoms may break during intercourse. You have to use them properly, and you have to use them every time you have sex - vaginal, anal, and oral. The only sure way to avoid infection through sex is to abstain from sexual intercourse, or engage in sexual intercourse only with someone who is not infected.”

So the answer is NO, research shows that condoms fail about 30% of the time.

3) Can I get HIV/AIDS from only one sexual experience with an infected person?

Yes. HIV/AIDS is a sexually transmitted virus. Any form of sexual contact in which bodily fluids are exchanged can infect you.

4) Doesn't a person with HIV/AIDS look sick?

No, not necessarily. The incubation period is so long that a person can be a carrier for years before developing the AIDS complex.

5) Can I contract HIV/AIDS from hugging or cuddling?

Not as far as we now know. Although some questions have risen about kissing, the majority of the experts feel that closed-mouth kissing is safe since saliva kills the virus. Prolonged open-mouth kissing is more of a question since the danger is present when bodily fluids are exchanged and if there are sores or cuts in the gums or mouth. A warm embrace is not dangerous even with an infected person.

6) Can I contract HIV/AIDS from an infected person coughing or sneezing on me?

The AMERICAN RED CROSS assures us this has been researched and does not occur. In fact, they state that you also can NOT become infected from touching, spitting, drinking fountains, sweat or tears, mosquitoes and other insects, eating food prepared by someone infected, sharing toilets, or showers, forks, knives, spoons or cups. You also can NOT become infected from sharing clothes, chairs, pencils, desks, or swimming in public swimming pools.

7) Can I get HIV/AIDS from touching the blood of an infected person?

Perhaps. The danger occurs when the blood of the infected person gets into your body through a cut, sore or some other break in the skin. It is wise to not have contact with the blood of another person until you’ve taken common first aid procedures. If you come into contact with someone else’s blood, a thorough washing with soap and water is advised.
8) Do birth control pills protect you?

No. Birth control pills provide no protection against the HIV virus; neither do diaphragms or other forms of birth control.

5. Information Sources

Information about AIDS can be obtained from the following Canadian sources:

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<tr>
<th>Canadian Human Rights Commission</th>
<th>Canadian HIV/AIDS Information Centre</th>
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<tbody>
<tr>
<td>320 Queen Street</td>
<td>Canadian Public Health Association</td>
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<tr>
<td>Place de Ville, Tower A</td>
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<tr>
<td>Ottawa, Ontario K1A 1E1</td>
<td>Toronto, Ontario K1Z 8R1</td>
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<tr>
<td>Telephone: (613) 995-1151</td>
<td>Telephone: (613) 725-3434</td>
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<tr>
<td>Fax: (613) 996-5211</td>
<td>Fax: (613) 725-9826</td>
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<tr>
<td>Website: <a href="http://www.chrc-ccdpc.ca">www.chrc-ccdpc.ca</a></td>
<td>Website: <a href="http://www.aidssida.cpha.ca">www.aidssida.cpha.ca</a></td>
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<tr>
<th>Health Canada</th>
<th>Canadian AIDS Society</th>
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<tr>
<td>Minister of Supply and Services Canada</td>
<td>701 - 100 Sparks Street</td>
</tr>
<tr>
<td>Government of Canada</td>
<td>Ottawa, Ontario K1P 5B7</td>
</tr>
<tr>
<td>Ottawa, Ontario</td>
<td>Telephone: (613) 230-3580</td>
</tr>
<tr>
<td>Website: <a href="http://www.hc-sc.gc.ca/dc-ma/aids-sida/index_e.html">www.hc-sc.gc.ca/dc-ma/aids-sida/index_e.html</a></td>
<td>Website: <a href="http://www.cdnaids.ca">www.cdnaids.ca</a></td>
</tr>
</tbody>
</table>

Other information can be obtained from local health units or community health centres, local AIDS organisations, and local physicians.

Select Bibliography

The following information comes from a variety of sources. Although not all of them agree with Free Methodist theology, they can be helpful in understanding and developing our ministry to persons with AIDS.

U.S. Public Health Service, Public Affairs Office, Hubert H. Humphrey Building, Room 721-H, 200 Independence Avenue, SW, Washington, DC 20201 Phone: (202) 245-6867. The federal government has various booklets and pamphlets, which provide up-to-date information.

National Council of Churches AIDS Task Force, 475 Riverside Drive, Room 572, New York, NY 10115 – Phone: (212) 870-2421.
National Conference on HIV/ASAP, P. O. Box 17433, Washington, DC 20041 Phone: 703) 471-7350. This conference has 14 tapes available on a variety of subjects including, "The Local Church & the Epidemic," "Ministry Opportunities Related to AIDS/HIV," and "HIV & Adolescents: The Clear & Present Danger."

The 2004 Global Report by the Joint United Nations Programme on HIV/AIDS, UNAIDS, Joint United Nations Programme on HIV/AIDS (UNAIDS), UNAIDS - 20 avenue Appia - 1211 Geneva 27 – Switzerland, Phone: (+41) 22 791 36 66 - Fax: (+41) 22 791 41 87, E-mail: unaids@unaids.org - Website: www.unaids.org

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A, Phone: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435, HOTLINE HIV/AIDS: 1-800-232-4636, E-mail: cdcinfo@cdc.gov - Website: www.cdc.gov

CDC National Prevention Information Network, PO Box 6003 Rockville, MD 20849, Phone: (919) 361-4892, E-mail: info@cdcpin.org - Website: www.cdcpin.org

The American Red Cross (HIV/AIDS Fact Book) American Red Cross National Headquarters, 2025 E Street, NW, Washington, DC 20006, Phone: (202) 303-4498, Website: www.redcross.org

National Catholic AIDS Network, 10 E Pearson St, 4th Floor, Chicago, IL 60611-2052 Phone: (312) 915-7790, Fax: (312) 915-7793, Email: info@ncan.org - Website: www.ncan.org

Council of Religious AIDS networks, C.R.A.N., c/o Dr. Jon A. Lacey, P.O. Box 4188, East Lansing, MI 48826-4188 Email: AIDSfaith.com - Website: www.aidsfaith.com

National Resource Directory, Website: www.hivresourcegroup.org/spd.htm

The United Methodist Church HIV/AIDS Ministry Network, 475 Riverside Drive, Room 330, New York, NY, 10115 Phone: (212) 870-3871, Fax: (212) 870-3624, E-mail: aidsmin@gbgm-umc.org - Website: www.gbgm-umc.org/health/aid