

REPORTS FROM BODIES CREATED BY GENERAL CONVENTION, REPORTING TO  
EXECUTIVE COUNCIL AND THROUGH COUNCIL TO GENERAL CONVENTION

EXECUTIVE COUNCIL COMMITTEE ON HIV/AIDS

**MEMBERSHIP**

Dr. Christiana Russ, <i>Chair</i>	Missouri, V, 2009
The Rev. David Norgard, <i>Vice Chair</i>	Minnesota, VI, 2009
Mr. Elton Matt Hartney James, <i>Secretary</i>	Massachusetts, I, 2009
The Very Rev. Lloyd Casson	Delaware, III, 2009
The Rev. Deacon Cipher Deavours	New Jersey, II, 2009
Mr. E. Bruce Garner, <i>Executive Council Liaison</i>	Atlanta, IV, 2009
Mr. Christopher M. Haley, <i>Resigned</i>	Minnesota, 2009
Ms. Roxanne K.T. Hill	Los Angeles, VIII, 2009
Ms. Floydetta McAfee	Washington, III, 2009
The Rev. Dr. Carlos Sandoval	Southeast Florida, IV, 2009

**INTRODUCTION**

**MANDATE**

In response to the 75<sup>th</sup> General Convention's mandate, the Committee focused its work in four areas: (1) mechanisms for increasing awareness of HIV/AIDS in our church; (2) reduction of the effects of stigmatization; (3) identification of those whom we are called to serve but may overlook; and (4) identification of ministries and resources at all levels of the church.

**SUMMARY OF WORK**

The Committee has met five times thus far in this triennium. At our initial meeting, we grounded our work by looking at both its personal and organizational contexts and heard testimonies from individuals living with HIV disease. We focused on the need for increased coordination of the church's response to HIV/AIDS, which led us to investigate possible collaboration with other Committees, Commissions, Agencies and Boards (CCABs), such as the Standing Commission on Health and the Committee on the Status of Women. We also conferred with various staff officers about the current state of HIV/AIDS ministry in the communities with which they work. We met jointly several times with the National Episcopal AIDS Coalition (NEAC) or representatives thereof, and assisted the implementation of several of our referred Resolutions including formation of a web-based tutorial on HIV/AIDS and initial plans for a grassroots church AIDS awareness campaign. We are surveying diocesan offices and Jubilee Centers to identify active HIV ministries to better assess their needs and to improve collaboration in AIDS awareness. We are working with the UN Commission on the Status of Women, which will be gathering the United Nations in February, 2009, and focusing on AIDS. Our members participated in various other meetings where AIDS was highlighted, including the ELCA conference on AIDS, the Towards Effective Anglican Mission (TEAM) meeting in South Africa, and the Presiding Bishop's Summit on Domestic Poverty. Finally we worked with the Office of Government Relations, which continues to support legislative social justice for those affected by HIV. In particular, we advised the signing the AIDS Action 'Call to Action', which asks for a stronger national plan in fighting the HIV pandemic in the United States. All of these activities and experiences reinforced a single, over-arching truth: the HIV/AIDS pandemic remains a critical and unique socio-medical situation.

## THE STATE OF HIV/AIDS TODAY

### *Infection Rates*

HIV/AIDS remains a tremendous problem. In the United States the general infection rate has stabilized at about 56,000 new infections per year (recently revised upward by 40% by the Centers for Disease Control). Women, youth and the African-American community are disproportionately affected and infection rates are rising mostly in African Americans and men who have sex with men.

The HIV/AIDS pandemic globally also continues to keep pace with our efforts to curb it. An estimated 40 million people globally are living with HIV/AIDS, two thirds of whom are in Sub-Saharan Africa. Approximately 18 million women are living with HIV, and in southern Africa women now have higher infection rates than men. Life expectancy in several Sub-Saharan countries is now 30-40 years, and in 2001 an estimated 12% of children there were orphaned by AIDS. The President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund for HIV/AIDS, Malaria and Tuberculosis have increased funding for combating the pandemic but we remain behind the curve. For every two persons who receive treatment, an additional five persons become infected.

### *Stigma*

The tragedy of HIV/AIDS remains not only in illness and death but in the stigma that greets people who are infected or affected by HIV. This stigma keeps us from paying enough attention to the pandemic domestically. The United States does not have a comprehensive plan for addressing the pandemic although we require that of other countries to which we give aid. Good education about HIV/AIDS is lacking, and urban legends persist both domestically and overseas. People are reluctant to get tested and then reluctant to seek care. Those infected and affected are still bereft of the pastoral care and compassion from their communities that usually accompany illness.

### *Church's Response*

The Episcopal Church remains implicated in continuing these trends. We do have several Jubilee ministries, as well as parish ministries, focused on HIV/AIDS in certain regions domestically. Episcopal Relief & Development (ERD), Episcopalians for Global Reconciliation and other groups call our attention to the pandemic as it affects our brothers and sisters overseas. However, despite numerous calls for increased education of our young people about their responsibilities and the factual realities of sexual relationships, in many of our parishes this does not happen. We also too easily focus our attention on the pandemic overseas and ignore the people who are suffering in our own neighborhoods.

## BUDGET REPORT

The Committee on HIV/AIDS has spent \$14,100 in the triennium 2006-2009, and has met five times thus far with a plan for one more meeting in February 2009.

The Executive Council Committee on HIV/AIDS will meet approximately six times during the next triennium. This will require \$10,000 for 2010; \$10,000 for 2011; and \$10,000 for 2012; for a total of \$30,000 for the triennium.

In seeking to be good stewards, we were quite careful with our budget and clearly will not require all of our funds for this triennium. We have identified a lack of collaboration among entities working on the HIV/AIDS pandemic both within and outside of the church as a major barrier to the work that needs to be done and are making it a priority in the next triennium to increase the communication and collaboration among such groups. We are requesting continued funding at the same level to cover not only meetings, but also costs incurred by committee members who travel to network with other groups both within and outside our church.

**SUMMARY**

Thus HIV infection rates continue to rise in the United States and globally, while poverty, invisibility and stigma lead to lack of care, lack of concern and lack of a coordinated response. However, we are living in a time of increased interest in public health and access to health care, and growing attention to the global HIV pandemic and the Millennium Development Goals. The church still has an opportunity to demonstrate a Christ-like response to the HIV/AIDS pandemic, particularly in our neighborhoods in the United States as well as with our partners overseas.

**RESOLUTIONS**

**RESOLUTION A158 CONTINUING RESOLUTION**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 76<sup>th</sup> General Convention of The Episcopal Church authorize  
2 the continuation of the Executive Council Standing Committee on HIV/AIDS for the 2010–2012 triennium; and  
3 be it further  
4  
5 *Resolved*, That the Committee on HIV/AIDS focus on mechanisms for increasing awareness in our Church of  
6 HIV/AIDS as a unique social and medical problem; address the effects of stigmatization by HIV/AIDS; focus  
7 the Church’s attention on the theological, ethical and pastoral questions raised by the HIV/AIDS crisis; and  
8 continue the process of identifying those whom we are called to serve but may overlook; and be it further  
9  
10 *Resolved*, That the Committee continue identifying HIV/AIDS ministries and resources at all levels of the Church  
11 and work to increase communication and collaboration within the Church and also with HIV/AIDS ministries  
12 and advocacy groups outside of our Church to facilitate a comprehensive response to the pandemic; and be it  
13 further  
14  
15 *Resolved*, That the Committee report to the Executive Council of the General Convention on the Church’s  
16 response to the HIV/AIDS pandemic with attention to pertinent Resolutions of General Convention.

**EXPLANATION**

The HIV pandemic continues to afflict people in our midst both in our communities in the United States and in the international community.

HIV is a unique medical and social problem. Infection is stigmatized, which limits both medical care and emotional care that infected people and their families receive. Infection still often results in death of young and middle-aged people. (In the United States, HIV is still the leading cause of death in black women age 24-35, and the second leading cause of death in black men of that same age group). HIV infection thus far too often leaves orphans in the care of the state or of extended family members. Often people who are infected are already on the margins of our society including men who have sex with men, people in poverty, sex workers and IV drug users. However, HIV can afflict people in all segments of society. Women are increasingly infected in the United States and globally, often by their husbands or partners. HIV/AIDS has some bearing in multiple ministries of our church, especially those which focus on racism, poverty, sexual orientation, status of women and international work in the church.

As time has passed, this pandemic is changing in terms of who is infected and affected and in terms of the resources available to meet their needs. As the pandemic changes and the world’s response to the pandemic changes, so the church’s response to the pandemic needs to change. Having the HIV Committee as a stand-alone entity facilitates The Episcopal Church’s interactions with other AIDS service organizations and keeps awareness of the HIV pandemic high within multiple ministries of our church, so we can continue to be in the forefront in responding to the HIV pandemic and ministering to those whom it affects.

**RESOLUTION A159 ADDRESS THE ISSUE OF AIDS**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 76<sup>th</sup> General Convention of The Episcopal Church notes with  
2 increasing concern the continued rise in numbers of HIV infections; and be it further  
3  
4 *Resolved*, That the General Convention urges Episcopalians at all levels of the Church to engage in conversations  
5 with HIV/AIDS service providers, local health departments and other public and private resources to urge them  
6 to address this issue in direct and substantive ways that include the following prevention activities: accurate and  
7 explicit prevention information that is sensitive and specific to issues of culture, ethnicity, sexual identity, sexual  
8 orientation and the use of IV drugs and recreational drugs; and be it further  
9  
10 *Resolved*, That the vow of our Baptismal Covenant to respect the dignity of every human being makes us  
11 responsible for providing full, complete and accurate information about HIV/AIDS prevention to all, but  
12 especially to our young people that they may make informed choices about this aspect of their health.

**EXPLANATION**

HIV surveillance data continues to show substantive HIV infection rates in the United States, especially among young people and African Americans. The Centers for Disease Control (CDC) have recently revised estimates and realized infection rates were actually 40% higher than previously thought. While infection rates have leveled off and decreased in some geographic areas, the infection rates in the southeastern United States, which includes all of Province IV of The Episcopal Church, have continued to rise from the beginning of the pandemic. There is great concern about the likelihood of what has sometimes been referred to as ‘the Second Wave of AIDS.’

**RESOLUTION A160 ACCESS TO ADEQUATE MEDICAL CARE FOR PEOPLE LIVING WITH AIDS**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 76<sup>th</sup> General Convention of The Episcopal Church notes with  
2 concern high rates of HIV infection particularly in our African American communities and deplors the  
3 discrepancies in levels of care and treatment of people living with HIV/AIDS based on poverty, prejudice,  
4 ignorance and the lack of visibility; and be it further  
5  
6 *Resolved*, That The Episcopal Church advocate strongly for access to adequate medical care not based on any  
7 factor other than the need for health care.

**EXPLANATION**

Successful management of this disease requires access to knowledgeable medical care services, availability of and access to the financial resources to acquire medication and strict adherence to treatment protocols, particularly prescribed medications. Currently, poverty, geographic location, stigma, avoidance and prejudice continue to exert undue influence over who receives medications and treatment and who does not. The African American community has historically not been well served by our medical community as evidenced by recent apologies for racism from groups such as the American Medical Association (AMA). The degree to which this population is affected by HIV/AIDS and the lack of national coordination and awareness about our domestic infection rates raises concerns of prejudice continuing to have undue influence on resource allocation for health care.

**RESOLUTION A161 AIDS EDUCATION AND RESOURCES**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 76<sup>th</sup> General Convention of The Episcopal Church urges  
2 provinces, dioceses, congregations and worshiping communities to include accurate and comprehensive HIV and  
3 AIDS prevention in youth education programs; and be it further  
4  
5 *Resolved*, That The Episcopal Church encourage its congregations and worshiping communities to offer  
6 educational programming to interested parents and grandparents on how to discuss sex with their children; and  
7 be it further  
8  
9 *Resolved*, That the National Episcopal AIDS Coalition (NEAC) and National Episcopal Health Ministries  
10 (NEHM) be charged with compiling appropriate secular and theological resources for this programming,

- 11 including but not limited to: abstinence, resisting peer pressure and methods for preventing HIV, other STDs and  
12 pregnancy; and be it further  
13  
14 *Resolved*, That NEHM and NEAC be charged with making these materials available to clergy, parishes, parish  
15 nurses, Christian educators and Episcopal schools.

**EXPLANATION**

The continued rise in infection rates among young people dictates that we address the issues of HIV with our youth as early as possible, and as comprehensively as possible if we wish to slow the infection rate. Evidence shows that teenagers who can communicate with their parents about sex are less likely to engage in high risk behaviors. Despite this, there is still reluctance among parents to initiate age-appropriate discussions about sex with their children. Since we as a Christian community agree at each child's baptism that we, in witnessing the vows, will do all in our power to support these persons in their life in Christ, it is incumbent upon us to give parents and grandparents in our congregations both accurate and theologically sound tools that they need to open communication with their children and teenagers about sex.

**RESOLUTION A162 DOMESTIC STRATEGY COMMITTEE ON AIDS CRISIS**

- 1 *Resolved*, the House of \_\_\_\_ concurring, That the 76<sup>th</sup> General Convention of The Episcopal Church direct  
2 Executive Council with the assistance of the Committee on HIV/AIDS to convene a domestic strategy meeting  
3 for the purpose of developing a comprehensive response to the HIV/AIDS crisis by The Episcopal Church  
4 during triennium 2010-2012; and be it further  
5  
6 *Resolved*, That the information gathered become the genesis of a response by our Church to improve the universal  
7 health of our members and ultimately all God's children; and be it further  
8  
9 *Resolved*, That the Committee on HIV/AIDS report the outcome of this work to the 77<sup>th</sup> General Convention.

**EXPLANATION**

Due to stigma and the unique social problems that accompany the HIV virus, HIV/AIDS has some bearing in multiple ministries of our Church, especially those which focus on youth, racism, poverty, sexual orientation, status of women and international work in the Church. The Church's response to HIV/ AIDS continues to be marked by lack of coordination, which results in ineffective ministry and an inadequate response to the epidemic.

**RESOLUTION A163 MANDATE ON NEAC AIDS TUTORIAL**

- 1 *Resolved*, the House of \_\_\_\_ concurring, That the 76<sup>th</sup> General Convention of The Episcopal Church mandate  
2 that CCABs, Episcopal Church Center staff, diocesan staff and leaders and all active clergy take the on-line  
3 tutorial on HIV/AIDS prepared by the National Episcopal AIDS Coalition (NEAC) during this last triennium;  
4 and be it further  
5  
6 *Resolved*, That the number of completed tutorials be electronically monitored and reported in the aggregate by  
7 NEAC to the 77<sup>th</sup> General Convention.

**EXPLANATION**

Resolution 2006-A134 requested that the Office of Peace and Justice Ministries, working in collaboration with NEAC and The Episcopal Church Committee on HIV/AIDS, develop an HIV training curriculum by the 76<sup>th</sup> General Convention. The curriculum is a web-based self-directed tutorial, focusing on information on the transmission, treatment and prevention of HIV/AIDS, and addressing their demographic and social implications. Taking the on-line tutorial should be mandated so that we ensure the leadership of our church has a basic understanding of the HIV pandemic and can be appropriately responsive to those in their communities who are affected or infected by HIV/AIDS.

**RESOLUTION A164 COMMENDATIONS TO PRESIDING BISHOPS**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 76<sup>th</sup> General Convention of The Episcopal Church commend  
2 the 24<sup>th</sup>, 25<sup>th</sup> and 26<sup>th</sup> Presiding Bishops of The Episcopal Church for their faithful issuance of an annual World  
3 AIDS Day message; and be it further  
4  
5 *Resolved*, That the General Convention call upon all congregations and worshiping committees of the Church to  
6 observe World AIDS Day with worship and educational programs; and be it further  
7  
8 *Resolved*, That these events be used as an opportunity to form pastoral and liturgical responses to the HIV/AIDS  
9 pandemic both at home and overseas.

**EXPLANATION**

The Episcopal Church's ministry is grounded in and informed by our liturgy. World AIDS Day provides a specific time to focus on the issue of HIV/AIDS and is a way for communities to break past stigma and have healing liturgies and raise awareness about HIV/AIDS.