

A PRONOUNCEMENT

HEALTH AND WHOLENESS IN THE MIDST OF A PANDEMIC

[Adopted by the Sixteenth General Synod, United Church of Christ, Cleveland, Ohio, June 25-30, 1987]

I. SUMMARY

Through the centuries Christians have carried a vision of wholeness for the world, recognizing that God created the world in love and that in Jesus, the Christ, God redeemed the world. As followers of Jesus we are called to embody that love in the midst of a pandemic of catastrophic proportions.

II. BACKGROUND

Christians through the centuries have recognized a calling in ministries of health and wholeness. Early Christians roamed the countryside preaching, teaching and healing. In the Middle Ages, monks and nuns offered care to the ill wherever they were, whatever their infirmity. Later, doctors and nurses established health care as an integral part of the mission movement, in bringing humane treatment to the ill the world over. Hospitals established by churches became important caregivers in communities, particularly for those who previously had been denied care.

Our forebears in the United Church of Christ strongly affirmed the tradition of healing by providing institutional services and spiritual support to the sick, especially to those left uncared for by family and society. Our historic ministry has been characterized by a wholistic concern for preventive health care, respect for the dignity and integrity of those who are afflicted, and a fundamental belief that each is a person of sacred worth. This healing ministry reflects our essential understanding of the human condition and humanity's relationship to God and one another in community. In recent decades this healing ministry has been realized through active concern for patient and medical professional rights, sensitivity to the needs of the dying, and promoting personal health in the contexts of family and community. As the United Church of Christ has worked in these health giving ministries it has been motivated and sustained by a vision of the wholeness which we know to be God's intention for creation.

The nation is in the midst of a pandemic of catastrophic proportions that urgently calls us to a ministry of health and wholeness. It is particularly difficult for a society that has grown to expect medical science to cure disease to admit that there is a new disease among us and that a cure is years away. However, in the midst of this tragic reality, it is vital that Americans affirm that Acquired Immune Deficiency Syndrome (AIDS) is preventable and will one day be curable. With the strength of that affirmation, and the empowerment of a vision of wholeness, people of faith can become a major force in the mobilization of the community to both minister to persons with AIDS, their families, and friends, and to end this tragic pandemic.

It is important for church members and the citizenry as a whole to know the history of the disease and to understand projections based upon the current statistics. What began five years ago with puzzling and relatively isolated deaths of individuals in high-risk categories has grown rapidly to the point of a threatening global pandemic. The World Health Organization (WHO) survey in 1986 has shown 74 countries reporting cases of AIDS in the Americas, Europe, Africa, Asia, and Oceania, and has described the spread of AIDS as a "health disaster of pandemic proportions." WHO conservatively estimates that 100,000 people now have AIDS with as many as 10 million more infected with the virus that causes AIDS. It is expected that 100 million could be infected with the AIDS virus within the next five years. Today, the number of persons known to have AIDS in the United States is over 40,000; of these, more than half have died. Until a cure is discovered all those diagnosed with AIDS are expected to die from its effects. In addition, the number of people estimated to be infected with the virus in the United States is 1.5 to 2 million. All of these persons are assumed to be capable of spreading the virus. By 1991, it is estimated as many as 200,000 people in the United States may have died from AIDS, 25 to 30 percent of them in that year alone.

AIDS is an infectious disease, caused by a retrovirus. The virus lodges itself 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 diseases. The majority of people who become infected with Human Immunodeficiency Virus (hereafter referred to as HIV) have no immediate symptoms of illness. When HIV first enters the bloodstream it stimulates an immune response and the development of antibodies. The presence of these antibodies (seropositivity) usually means that infection has occurred. These antibodies can usually be detected within eight weeks after infection. An infected person may not show symptoms of the disease for 5-7 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 an individual having life-threatening infections and/or cancer. HIV infection progresses differently in children than in adults. Certain symptoms and illnesses are more common in children. For example, central nervous system abnormalities have been reported in more than 50-80 percent of infected children.

In the past six years the majority of diagnosed cases in the United States are men who have had unprotected sexual contact with men, and men and women who have shared dirty needles and syringes with infected others, and the sexual partners of both groups. HIV, the AIDS virus, is transmitted through infected blood or sexual secretions. Antibodies to the HIV virus have been found in saliva and tears. However, the virus concentrations is much lower in these fluids than in blood or sexual secretions. No cases of HIV infection through tears or saliva have been reported. The behaviors most at risk are sharing needles and syringes, and unprotected sexual contact. These modes of transmission apply to children as well as adults. An infected woman may transmit the virus prenatally or at birth. Barriers to transmission, such as using gloves if there is to be contact with body fluids, and condoms in sexual acts, have proven effective. This risk of HIV infection through blood transfusion is very small in America today. Nevertheless, many hospitals recommend storing your own blood for elective surgical procedures.

AIDS is a disease that can infect anyone. Currently, Blacks and Latinos are infected in disproportionately high numbers in every risk category, except for hemophilia—a coagulation disorder. The United States Centers for Disease Control anticipate that in the future the majority of individuals will contract the virus through heterosexual contact. Black women are 13 times more likely to get AIDS than white women. The number of cases of AIDS in children is expected to rise. In many families with AIDS, more than one child may be infected.

A ministry of health and wholeness in the midst of this potentially destructive disease involves being a life-giving presence to persons with AIDS, their families and caregivers. It involves concerted efforts to mobilize community resources to respond to the needs of the afflicted, to provide preventive education, and to encourage research into effective treatments and possible cures.

An intense effort must be engaged in to mobilize a campaign to end the disease. Persons with AIDS need to know that they will have life in the midst of their dying. Life-giving ministry involves adequate medical care that it is both affordable and respectful of patient's rights, medical privacy and confidentiality. Life-giving ministry involves the assurance of a home and support facilities that enable the person with AIDS to be in a caring home except when the patient needs the special facilities that a hospital, extended care facility, or hospice can provide. Foster care is a critical and growing need for children with AIDS who can no longer be cared for by parents with the disease. Life-giving ministry involves pastoral care that includes non-judgmental listening, exploring questions of faith, prayer, reading of scripture, sharing a meal, and simply being present without demands of any kind. When geographical distance must be crossed or emotional chasms between family members need to be bridged, the understanding of persons of faith can be redemptive.

Even in the face of grim statistics the AIDS pandemic can be prevented and controlled. Prevention is largely determined by the degree of unity that can be achieved by various segments of the global community. The first defense against the spread of HIV infection is abstinence from sexual contact outside of a long-term monogamous relationship with another uninfected person and abstention from illicit intravenous drug use.

The number of cases in the gay, Latino and Black communities has provided an opportunity to fan the flames of prejudice. The church must counter this prejudice which has already been a serious barrier to an effective response to the pandemic. An effective mobilization for prevention calls the society to confront the racial, ethnic, and sexual prejudices that have too often immobilized it. The health of the global community cannot be sacrificed on the altar of prejudices. Religious groups are called to work with the public schools, the media, community organizations, and private and public health organizations to bring life-giving information to all segments of society. Children, youth and young adults must be better informed about and made comfortable in talking about the physical, emotional, moral and spiritual nature of sexuality in order to promote their own health and to protect others. Increased awareness about the hazards of illicit drug use and attention to societal solutions to this problem should be a high priority.

Testing for HIV is a question currently receiving consideration by policy makers. It is virtually the unanimous opinion of public health officials that testing for HIV alone accomplishes little toward controlling the spread of the virus. Testing which is an adjunct to counseling programs may be a useful public health tool. Counseling is a primary way through which individuals can be persuaded to change behaviors which place themselves or others at risk of infection. There is no medical evidence that any form of mandatory testing will effectively prevent the spread of the virus except for testing which is specifically and narrowly addressed to screening human blood and other biological products. In fact, United States Public Health Service officials believe that mandatory testing will drive people away from health care providers and treatment facilities where they might otherwise receive much needed counseling and education in prevention methods. Those groups in the society that have been targeted for mandatory testing bear little relationship to the communities where aggressive prevention programs are most needed. However, they do resemble each other as members of minority, racial and ethnic communities, and as politically voiceless and legally vulnerable people. Forced testing is a serious intrusion upon individual privacy and encourages discrimination. Mandatory testing constitutes a grave invasion of civil liberties and serves no health purpose.

Bringing an end to the AIDS pandemic must involve advocacy for supportive public policy and for funding that will enable research for a vaccine to prevent the disease, for effective treatment to inhibit the progress of the disease among those infected and for drugs that will cure the disease. State and local authorities must act to protect the constitutional rights of individuals infected with HIV and those diagnosed with AIDS. Advocacy is vital for funding for quality care of persons with AIDS and for programs for preventive education that will stem the spread of the pandemic. Public policy and funding issues must be addressed both in the United States and in the global community.

III. BIBLICAL AND THEOLOGICAL RATIONALE

During Jesus' earthly ministry, "great multitudes gathered to hear and to be healed of their infirmities." That ministry reached out to all kinds of people—to Jesus' own people, to the daughter of a Roman centurion, to a Syrophenician woman. Sometimes the healing of Jesus was closely associated with the forgiveness of sins. But when people assumed that blindness was a punishment for sin (in the familiar pattern of "blaming the victim"), Jesus said that the

blindness was not a consequence of sin, but an opportunity to show the healing work of God. Jesus healed on the Sabbath, putting works of mercy above adherence to the ceremonial law. He healed those despised and condemned by the public, those whom the public feared because of the possibility of contagion.

When question about his credentials, Jesus said: “the blind receive their sight, the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, the poor have goodness preached to them. And blessed is he who takes no offense at me.” He commissioned his disciples, both the twelve and the seventy, for ministries of healing.

Today, the modern plague of AIDS, like past plagues of history, challenges the church in its ministry of healing. It calls for our best prayers and our most scientific knowledge. In our biblical heritage we find five guidelines for our action.

First, the ministry of healing is a compassionate ministry. Sometimes AIDS is the consequence of the patient’s own behavior; sometimes (as in the case of infants born with the ailment) it has nothing at all to do with the patient’s behavior. In either case, the church seeks ways to comfort and heal.

Second, the church seeks all possible information and medical skills for the prevention and healing of disease. It asks medical institutions, foundations, and government agencies to engage in research to overcome ignorance and superstition and to help those who suffer illness.

Third, as in all healing, the church seeks to involve the patients in their own prevention and overcoming of illness. Jesus frequently asked the sick to participate in their recovery, “Rise, take up your bed and go home. Your faith has made you well.”

Fourth, toward the end of Jesus’ life he commissioned his disciples to preach, to teach, and heal in his name. He told them that they were his hands and feet, the embodiment of God’s love for the world. We who accept the call to embody God’s love in our time, like Jesus, will walk and talk with the ill and their families; will confront the narrow prejudices that have caused society to isolate and judge the ill and their families; and we will carry the vision of wholeness that we

know through the life, death, and resurrection of Christ. By the power of the Holy Spirit, we will carry the good news that in Christ, God has redeemed all creation.

Fifth, the church commends those who, at cost and risk to themselves, engage in ministries of healing. Fortunately, the best scientific knowledge allays the fears and hysterias of those who thought AIDS was highly contagious. But the church admires those who, even before that knowledge was available, ministered to the sick without knowing the risk to themselves.

In the spirit of the Great Physician, the church endorsed the work of persons, hospitals, and hospices that now seek to help persons with AIDS. And it calls upon its own institutions of society and government to make all possible efforts toward the prevention and healing of this ailment.

IV. A STATEMENT OF CHRISTIAN CONVICTION

In light of the pandemic of AIDS that has struck 100,000 people and is expected to spread to millions unless effective medical, educational, research and control programs are established, the Sixteenth General Synod of the United Church of Christ calls upon the churches to embody God's love for the world and to announce the good news that in Christ, God has redeemed all creation. It also calls for a public response that makes the following affirmations.

1. Persons with AIDS and their families deserve sensitive pastoral care, comprehensive, quality medical and social services, housing, and health care insurance.
2. Persons with AIDS need to be assured that their jobs are secure. In order to assure employment security, employers, including United Church of Christ related bodies, need to develop just employment policies and practices.
3. Medical personnel, in order to provide quality care, may need to share medical information within the medical treatment community regarding sero-positive persons on a medical "need to know" basis.

4. All persons need to be educated about the pandemic and about the prevention of AIDS in ways that enable them to work through their fears and prejudices and convinces them to adopt effective preventive behavior.
5. Sex education beginning early in elementary school, as called for by the Surgeon General, is a major component of the effort to contain the AIDS pandemic. Curricula need to address the physical, social and ethical nature of human sexuality and teach skills for responsible personal decision-making.
6. Government funding of research, service, education, treatment and prevention must become a global priority.
7. State, federal and local governments must work to guarantee the protection of constitutional rights of people infected with HIV, with ARC and AIDS to insure personal privacy and access to public services and education.
8. Education to curb the use of illicit intravenous drugs, to teach AIDS prevention in the drug community and increased development of drug rehabilitation services should be a high priority for confronting the spread of AIDS.
9. Voluntary testing must be readily accessible to all people on the basis of informed consent and accompanied by counseling to facilitate informed decision-making about whether or not to be tested and post-testing counseling including attention to means of behavior change which will protect the individual from infection or protect others from infection. In order to assure the success of volunteer testing, confidentiality must be guaranteed, and there should be no disclosure of test results without consent. Tests or test results should not be used as a condition of employment or insurability.
10. The church must teach responsible sexuality and faithfulness in relationships, bringing biblical and theological insights into a candid discussion of this crisis.

PROPOSAL FOR ACTION
HEALTH AND WHOLENESS IN THE MIDST OF A PANDEMIC

I. SUMMARY

This Proposal for Action designates the responsibilities of the members, congregations, Conferences, agencies, and instrumentalities of the United Church of Christ to address the physical, spiritual, social, legal and public policy issues related to Acquired Immune Deficiency Syndrome (AIDS).

II. BACKGROUND

The Pronouncement, "Health and Wholeness in the Midst of a Pandemic", adopted by the Sixteenth General Synod, presents the theological understanding that God intends the community of faith to hold the vision of wholeness as God's intention for the world. Whenever God's children suffer illness or oppression, the community of faith is called to embody God's redemptive love.

AIDS is a devastating disease spreading rapidly across the United States and around the world. This Proposal for Action is a call to the United Church of Christ to respond to the pandemic of AIDS in the world.

III. DIRECTIONAL STATEMENTS AND GOALS

Whereas, the Sixteenth General Synod of the United Church of Christ has adopted the Pronouncement, "Health and Wholeness in the Midst of a Pandemic;" and

Whereas, this Pronouncement raised important concerns and issues to be addressed by the church;

Therefore Be It Resolved, The Sixteenth General Synod of the United Church of Christ calls upon:

Members and congregations of the United Church of Christ, in consultation with UCC members and constituencies with experience in AIDS-related ministry, to become knowledgeable about AIDS and become leaders in the mobilization of compassionate ministries, effective public policy, and preventive education in their communities, in the nation, and in the global community;

Our church families to engage in open and prayerful dialogue to foster the development of faithful Christian attitudes and expressions of our human sexuality;

Congregations, Conferences, and Instrumentalities to review personnel policies and benefits to insure that persons with AIDS and those otherwise directly or indirectly affected by AIDS are not discriminated against in employment, or in eligibility for, and access to, full benefits;

Conferences in the UCC to provide resources to their congregations to assist them in playing a leadership role in the community;

Provide personnel and necessary resources to citizens' groups working to control the pandemic and provide support systems for persons with AIDS, AIDS-related conditions, their families, friends and caregivers;

Provide opportunities for reconciliation between persons with AIDS and AIDS-related conditions with their families and the larger community;

Work to eradicate fears surrounding AIDS by exposing the misunderstandings which create those fears;

Create specialized ministries to persons with AIDS and AIDS-related conditions and their families friends;

Work to establish state and local policies which protect the constitutional rights of persons affected by AIDS;

The United Church Board for Homeland Ministries to establish an AIDS Ministries Clearinghouse to provide information, media resources, technical assistance to churches and religiously affiliated groups and institutions;

Initiate local religious responses to AIDS by informing religious people, providing guidance for church efforts in communities, offering training for clergy, and facilitating local ministries of care and support;

Continue to develop and promote youth and adult resources to aid in teaching responsible sexuality and relational faithfulness, and which identify those elements in our culture which encourage superficial and casual relationships;

Initiate community-based citizen committees to stop AIDS, stimulate action to support efforts to maintain civil liberties of persons with AIDS, and expand public education to control the spread of AIDS, including the distribution of the Surgeon General's report on Acquired Immune Deficiency Syndrome to the churches and support for his strategies on AIDS prevention;

Initiate innovative community-based preventative education models;

Assist in increasing awareness, knowledge and services available to persons with AIDS through United Church of Christ-affiliated health and human service providers;

Encourage United Church of Christ-related colleges and seminaries to study AIDS and AIDS-related issues, particularly as they are manifest in the academic environment, to promote preventative AIDS education and develop just and equitable personnel policies;

Provide advocacy in consultation with the Council for Health and Human Service Ministries beyond the UCC for the support of health care workers, encouraging their employers to initiate education policies and procedures, within the United States Centers for Disease Control guidelines, that enhance the safety, security and well-being of those who provide care to those infected with HIV;

The United Church Board for World Ministries to provide information to local churches, Associations and Conferences on how the UCC is responding to the AIDS crisis on a world-wide basis and how these groups may further assist this response;

Coordinate the gathering and dissemination of global research data on AIDS throughout the United Church of Christ;

Encourage Church World Service to provide services which address the needs of persons with AIDS and AIDS-related conditions, their families and friends;

Work with partner churches in the development of strategies to address the AIDS crisis;

The Office for Church in Society to address AIDS-related legislative issues at state and national levels to sustain the civil rights of persons with AIDS, increase funding for research, expand preventative education, and expand support services to persons with AIDS;

Provide advocacy within and beyond the United Church of Christ for services, public policies, and legislation which address the needs of persons with AIDS and AIDS-related conditions, their families and friends;

Collaborate with the United Church Board for World Ministries to provide the United Church of Christ with a global connection to AIDS data and research through the United Nations and the World Health Organization;

Call upon the government of the United States to contribute to the World Health Organization campaign against AIDS;

Monitor and advocate for administrative and legislative efforts to support the World Health Organization campaign against AIDS and with the United Church Board for World Ministries, through their Non-Governmental Organization representatives to the United Nations, to monitor the campaign and to keep national bodies and United Church of Christ members informed of the progress of the World Health Organization campaign;

The Office for Church Life and Leadership to provide liturgical and pastoral resources for clergy and churches pertaining to a reconciling and healing ministry related to AIDS within the local congregation and the local interfaith community;

Collaborate with the United Church Board for Homeland Ministries to provide clergy and chaplains with resources to expand their pastoral care and counseling ministries with persons with AIDS and AIDS-related conditions, their families and friends, as well as to others with AIDS-related concerns;

The Commission for Racial Justice to advocate for fair and equitable treatment for all population groups with respect to AIDS screening, treatment and provision of services;

Provide leadership among ethnic and minority churches to deal compassionately with AIDS-related issues at the local church level;

The Coordinating Center for Women in Church and Society to provide information and consciousness-raising to the church on AIDS and AIDS-related conditions and issues particularly as they affect women;

Provide advocacy for the development of resources, services, and public policies which address the needs of persons with AIDS and AIDS-related conditions, their families and friends, particularly women;

The Stewardship Council to collaborate with the United Church Board for Homeland Ministries in providing resources for use in local churches which focus on AIDS ministries;

The Office of Communication to provide media resources which relate to the mission of the church in relationship to AIDS;

Advocate for media to provide public service announcements for preventative education and resource referral;

The Council for Health and Human Service Ministries to acknowledge the selfless commitment of persons engaged in ministries of healing with persons with AIDS and encourage all UCC members to prayerfully support these caregivers;

Acknowledge the potential fear and anxiety of caregivers for persons with AIDS and encourage Council for the Health and Human Service Ministries' member institutions to hold appropriate educational forums for the discussion of these anxieties;

Provide information on AIDS for the medical community and encourage the Council for Health and Human Service Ministries members to make themselves available as resources throughout the UCC.

IV. FISCAL IMPLICATIONS

To facilitate existing programs, some of the costs are already provided in the operating budgets of local churches, Conferences and national agencies and Instrumentalities. Implementation is subject to the availability of funds.