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# Executive Council Standing Committee on HIV/AIDS

## Membership

Dr. Christiana Russ, <i>Chair</i>	Missouri, V
The Very Rev. Ronald Clingenpeel, <i>Vice-Chair</i>	Missouri, V
The Rev. Dr. Jacqueline Cameron, <i>Co-Secretary</i>	Chicago, V
The Rev. Nicole S. Janelle, <i>Co-Secretary</i>	Los Angeles, VIII
The Hon. A. Joseph Alarid	Rio Grande, VII
The Rev. Dee Ann deMontmollin	Western North Carolina, IV
The Rt. Rev. Jean Zache Duracin	Haiti, II
Dr. David Halsted	Nebraska, VI
JoAnn B. Jones, Esq.	Pennsylvania, III
The Ven. Anthony Turney	California, VIII
Mr. E. Bruce Garner, <i>EC Liaison</i>	Atlanta, IV

## Summary of Work

### Introduction

The work of the Committee on HIV/AIDS has been limited to one face-to-face meeting during the triennium. The rest of the work has been done electronically and usually in conjunction with the National Episcopal AIDS Coalition (NEAC). This Committee was established to inform the Executive Council on the continuing issues related to HIV/AIDS. The limited contact time for Committee members has been a burden in carrying out the ministry set before us.

Approximately 50,000 new HIV/AIDS infections occur annually in the United States, according to the Center for Disease Control and Prevention (CDC). Internationally, the pandemic continues with approximately five people infected for every one that goes on treatment. In the United States, the largest number of infections each year occurs among white males, but infections among Black and Hispanic men, as well as Black women are increasing disproportionately. These numbers have been steady for the period between 2006 and 2009, but the CDC and Johns Hopkins University research "...indicates that the growing population of people with HIV and AIDS will lead to significant increases in new HIV infections if current prevention efforts are not intensified." The CDC further urges more extensive programming aimed at young white males and developing new programs aimed at young, black men and bisexual men.

Health care in rural areas and in poor urban areas is often inferior, usually due to lack of people and resources. And, although it is true for all aspects of health care, the stigma of HIV makes testing and treatment worse in these areas of the country. Finding new ways to make sure that HIV/AIDS awareness, prevention and treatment regains attention and energy lost in recent years is essential. The Church needs to be very creative in how this is done. Old approaches are not going to work any more.

### Resolutions of the General Convention

The Committee is aware of the following resolutions enacted at the 2009 General Convention, and reports on the ministry that has occurred in these areas:

#### 2009-A159: Address the Issue of AIDS

This resolution was directed to the larger Church, and NEAC has kept abreast of programming, writings and news regarding the continued education of the Church regarding HIV/AIDS. Although there has not been an Executive Council project aimed at the Church in general, many congregations, dioceses and para-church organizations have continued to address issues of HIV/AIDS both locally, in dioceses and across larger areas. Plans for a church-wide conference addressing issues of HIV/AIDS were cancelled due to timing and funding. Memorial services, like those at the cathedrals in St. Louis and Seattle, have helped memorialize those who have suffered and died from AIDS. Local efforts, like that of the Rev. Scott Seefeldt's participation in a bike ride across Wisconsin to raise money and awareness, have been important to the Church and the greater community. Many are working on a local level, which is gratifying, but there is evidence that too many churches do not address the issue at all. Province IV, for example, continues to be the only area of the country where infection rates continue to rise and which have never leveled off or gone down. One of

the direct connections has been poverty, illiteracy and racial issues, as well as stigma and other areas already identified. Churches in this province, as well as neighboring dioceses, need the resources to address the rising tide.

#### **2009-A160: Access to Adequate Medical Care for People Living with AIDS**

The Committee and NEAC supports the efforts of the Episcopal Public Policy Network (EPPN) and spotlights relevant calls to action about not only HIV/AIDS topics in general, but related health care reform issues as well. We also celebrate the ministry of St. Peter's Church, Lakewood, Ohio, which recently celebrated the 40th anniversary of its free clinic providing many HIV/AIDS related services. On the other hand we are saddened that St. Anna's Church, New Orleans, has had to suspend its free clinics which not only dealt with AIDS-related illnesses, but also psychiatric and psychological care, because of the lack of funding. Continuing to provide adequate medical care for people living with AIDS is still an important problem. We cannot assume that health care of HIV/AIDS patients is accessible for everyone. Some states, Florida as one example, have started limiting those who can receive support for HIV/AIDS related drugs as well as enacting cost-containment measures to reduce prescription drug lists. Under these new standards, a person making \$30,000 in annual income would not be eligible for prescription support for drugs that cost \$10,000 to \$20,000 per year.

#### **A161: AIDS Education and Resources**

The National Episcopal AIDS Coalition has utilized its redesigned website to compile new resources, as directed by 2009-A161. In addition, NEAC has created a resource section specifically for toolkits to address this resolution. This section compiles peer-reviewed toolkits from around the country, linking to them directly so that when the original site or toolkit is updated, NEAC information will remain current. In our research to locate these resources, the current NEAC site is the only one found where all of these various materials are located on one site. Toolkits include those directed at faith communities, Latino youth, Native American populations, and stigma reduction, among others.

#### **A162: Domestic Strategy Task Force on AIDS Crisis**

The Committee tried to deal with this issue, but was greatly hindered by both lack of funding and by the fragmented structure of the Church. Since HIV disproportionately affects people who are ministered to specifically in other ways by the Church (examples: prison ministries, anti-racism work, immigrant ministries, urban poor) the goal for a meeting of stakeholders was to raise awareness and explore creative ways that HIV can be addressed in these specialized ministries as well as across the broader Church. Funding is necessary to gather the appropriate representative people in the Church to actively brainstorm about this work. The Committee and NEAC can work hand-in-hand to help the Church address needs in this area, but these efforts would be dramatically more effective if we could include input from a variety of people from different ministries in the Church. With no source of funding available to facilitate a gathering of stakeholders, NEAC is now in the final editing process for a comprehensive plan for the church to address the AIDS crisis, as directed by this resolution.

#### **A163: Mandate on NEAC AIDS Tutorial**

In the course of redesigning the NEAC website, the format and implementation of the tutorial was revised as well. We have had numerous positive responses to the ease of use and we have had over 200 completed quizzes each month since the re-launch.

A long-anticipated, redesigned website at [www.neac.org](http://www.neac.org) was finally launched. The response has been gratifying from the wider church and ecumenical partners. Prior to the redesign, the web presence was fairly static and difficult to update, but now NEAC has complete control over the site and publishes new resources, news articles, and blog posts several times a week. In addition, board members write for the blog weekly, which has allowed shared insights, reflections, and commentary on recent events.

There is also an active Facebook presence for NEAC with over 800 members. This page highlights various AIDS ministries and programs in the Episcopal Church, while also highlighting recent AIDS information and developments.

#### **The Future**

There is a difference of opinion within the Committee regarding its future ministry. Many members express a strong concern that, should this committee turn its work over to the larger Standing Commission on Health, that it will be 'lost' among health issues that are more mainstream. These members note it is more difficult to focus on health concerns that affect marginalized peoples in our society and are strongly stigmatized. In that Commission, HIV/AIDS ministry and concerns would likely be relegated to the nether reaches of the Church's consciousness. This Committee's ministry is essential in keeping this issue before the Church. Other members of the Committee believe that because this

Committee is unfunded and resources are limited, that HIV/AIDS concerns could be better addressed in the funded Standing Commission, realizing that it would be put in a folder with many other health concerns. These members note that mainstreaming HIV as another health concern may be a step towards reducing stigma.

The Committee is greatly indebted to the National Episcopal AIDS Coalition. Without their continued attention to education, resources and action, the Episcopal Church would be diminished in its response to the HIV/AIDS epidemic.

We still believe that HIV/AIDS is an important issue in society and one the Church must address. All of our dioceses—especially those on foreign soil—along with our Anglican partners, need support to combat the stigma of AIDS, to provide ministry to those affected by HIV/AIDS, and to educate individuals regarding the continuing contagion. Frank, open and honest discussions about HIV/AIDS, the factors that can foster disease transmission, unsafe sexual practices, drug-use, and homophobia are necessary in the Church. We cannot ignore these discussions because HIV/AIDS is not foreign to our experience or our life. People within and around the Church are infected with HIV/AIDS. Our church families are affected by HIV/AIDS as well as those with whom we minister in our local communities. While this disease seems to have disappeared from the front pages of our newspapers, but it has not disappeared from our pews and our communities.

We still believe that conferences to educate, train, support and encourage those ministering to and in the HIV/AIDS communities are essential to furthering the ministry of the Church in this area. Such conferences may be regional, provincial or even diocesan wide. The Church's role can be to provide resources for such conferences to equip our people for ministry in the HIV/AIDS communities. The hope had been that the White House Strategy on HIV/AIDS would be a stimulus for a wider participation in developing local resources, but the Strategy has not been widely enacted, and the Church cannot wait for action by other agencies.

We still believe The Episcopal Church has a responsibility, church-wide and locally, to confront prejudice towards those who suffer from HIV/AIDS. The Episcopal Church has a responsibility to keep the issue of HIV/AIDS before parishioners so as to remind us all of the continued need for ministry in and to the HIV/AIDS communities.

## Budget Report

The Executive Council mandate for the Committee is to research and inform the Council regarding the Church's continuing role in addressing the AIDS crisis. The Committee affirms that mandate. But, resources for the Committee to meet and work together are necessary for the ministry to be significant. An unfunded Committee cannot meet the needs of the Church.

The Committee expects to meet approximately 5 times in the next triennium. This will require \$12,000 for 2013, \$12,000 for 2014, and \$6,000 for 2015, for a total of \$30,000 for the triennium.