AIDS Committee Report

Report of the AIDS Study Committee
General Conference World Headquarters
January 11 and 12, 2001

Attendees: Allan R. Handysides, Vice-chairman; Gary Hopkins, Secretary (Recording secretaries: Kathleen Kuntaraf, Beverly Rumble); Carlos Archbold, Karen Flowers, Kiti Freier, Percy Harrold, Richard Hart, Elie Honore, Joyce Hopp, Peter Landless, Ron Mataya, Duane McBride, Baraka Muganda, Sharon Pittman, Humberto Rasi, DeWitt Williams, Lester Wright, Mitchell Tyner, Myrna Tetz, Melissa McKeith, George Sanz, Stoy Proctor, Talin Babikian, Debbie Herold, Jay Edison, David White, John Torres.

Members of the committee gathered from Loma Linda University Schools of Public Health and Allied Health, from Andrews University Departments of Behavioral Science and Social Sciences, from the General Conference Health Ministries, Women’s Ministries, Youth Ministries, Family Ministries, Ministerial and Education Departments, Office of General Council, the Review and Herald, as well as Division health directors and education directors from the Inter-American Division, South Pacific Division, North American Division and ADRA International.

They came to consider the church’s response to the world’s most devastating human tragedy presented by the current and ongoing HIV/AIDS epidemic.

This global epidemic has claimed 25 million lives to date, and there are some 38 million living with HIV. Africa bears the brunt of the epidemic, with over 12 million deaths to date. Approximately 4 percent of the continent’s 600,000,000 people are estimated to be infected, but in the 15- to 35-year-old age group in southern and eastern Africa, estimates rise to the 25 to 30 percent infected rate. Horrific though Africa’s numbers are, rising prevalence in the Caribbean, India, South-East Asia and parts of South America threaten to soon match the African experience.

Problems of Africa best illustrate the dangers facing the world:

- of 23 million Africans currently infected, 90 percent are unaware of their disease;
- 10 new people acquire the disease every minute;
- over 1 million children are HIV-positive;
- the current 13 million AIDS orphans will grow to 30 million by 2010;
- increasing number of countries with over 25 percent infected;
- life expectancy is plummeting to below 40 years in many countries;
- available money to treat averages less than $10 per case.

The committee heard reports from:

Dr. Ronald Mataya  
HIV/AIDS in Africa

Dr. Elie Honoré  
HIV/AIDS in California

Dr. Percy Harrold  
HIV/AIDS in Australia

Dr. Lester Wright  
HIV/AIDS in New York

Dr. Gary Hopkins  
Correctional Services

Dr. Ralph DiClemente  
HIV/AIDS and Adolescents

Dr. Richard Hart  
HIV/AIDS: Planning the Assault

It soon became apparent that this problem is not merely the Health Ministries Department’s folio – a combined church approach, involving Administration, departmental, educational and ADRA is required.

Cooperation between the church and other "faith-based" entities is also required. In turn, these entities will need to collaborate with other government and non-governmental agencies.

Established health-care systems are presently overwhelmed, and have only marginal capacity to respond to the need.

The approach will need to be multifaceted and possess stamina.

The church, with its network of administrations, congregations, schools, hospitals and clinics, is a vital organism in the fight against the pandemic.

The universities such as Loma Linda, Andrews, River Plate and Montemorelos need to be mobilized into action against the pandemic.

External assistance need to be channeled through the existing infrastructure in place in affected countries, so that the assistance is implemented with local ownership of the programs.

Prevention is the first priority, with caring for the problems a close second. The committee divided the church involvement into three categories:

1. Modification in church leadership’s attitude towards the HIV/AIDS epidemic;
2. Youth education activists;
3. Health system modifications

Three groups were divided to make recommendations in each of these three areas. The recommendations from each group are given below:
I. Church Modifications

Vision statement: To facilitate the Seventh-day Adventist church’s demonstrating Christ-like behavior in understanding the HIV pandemic, preventing its spread, caring for those with AIDS and doing so in collaboration with other faith-based communities/organizations.

Background issues:

1. The Seventh-day Adventist church is in considerable denial about its own members’ and leaders’ HIV risk behaviors;

2. Church eschatology calls for a remnant people who reflect the character of Christ;

3. The church is more into progressive revelation and increasing reflection of character or behavior of Christ, not harm reduction theology or behavioral programs;

4. Our attitudes toward "sexual sins" seems more severe than our attitude toward food sins;

5. There may be inherent biases toward the behavior ("they deserve it") and the minority groups disproportionately affected;

6. It is probably easier to construct and theology/program focusing on caring for those with AIDS than to engage in prevention using techniques shown by research to have some effect (reducing the number of sex partners, use of condoms, needle exchange, needle cleaning) - we would/do emphasize the "sanctified" life that would not include drug use or being sexually active outside of a monogamous marriage.

What is needed:

Public awareness and demonstrative administrative support.

Philosophic/spiritual shift in attitudes to include:

1. Spiritual revival that motivates us to be self-less, caring and with an attitude of service for others;

2. A redemptive spirit where we end our personal denial about the reality of others’ behavior – we are in a world where all of life shows the results of our distance from God ("All have sinned and fallen short of the glory of God" – from chocolate to too many sex partners);

3. An increased emphasis on the life/actions of Christ, Who never asked about the etiology of disease or suffering, and always sought to heal it;
4. A focus on Christ’s forgiveness ("70 x 7");

5. Recognizing that man – or all – of us will be affected by AIDS.

**Pastoral and lay leadership training:**

1. Include AIDS issues in seminary course(s) and worker training, emphasizing these issues;

2. Perhaps use Women’s Ministries as an ally (since research data show women more likely to see the church in caring/helping terms);

3. We need theologians to focus on how to integrate our eschatology with HIV risk behavior – coming out of Babylon with collaborating with it in the HIV pandemic and our view of standing before God, perfect without an intercessor, and behavioral harm reduction.

**Lay caring and education initiatives:**

1. Have a youth program emphasizing how to help others (as a way of helping ourselves) – risk reduction (African Pathfinder program) – adult supervised activities, Youth-to-Youth type of things

2. Train Women’s Ministries leaders to educate others to provide supportive care-giving for victims of HIV/AIDS

**II. Education Modifications**

1. Conduct educational conference for General Conference Administrative Committee and departmental leaders during "freeze time" to address attitudinal and behavioral aspects of HIV/AIDS. Use illustrations of current impact/issues within the church – e.g., stories and statistics within the church. *Target date:* May 2001.

2. Secure action by Annual Council recommending education of all pastors, teachers and youth leaders regarding AIDS prevention, counseling and mentoring with the aim of instituting this within schools and parents’ education programs. *Target date:* October 2001.


**III. Health System Modifications**

Health care institutions to be charged with the following initiatives:
1. To survey their current protocols and practices relating to HIV/AIDS in the specific areas of:
   a. Prevention: Policies relating to staff and patient education, management of universal precautions, screening of blood product safety, awareness of current staff infection rates.
   b. Diagnosis: To find what methodology is available and being used to screen patients, blood products, and staff and at-risk community members.
   c. Treatment: To find what treatment is available in our institutions.
   d. Caring: To uncover what programs of caring and support are presently in use, based in our health-care institutions.

The instrument used to conduct this survey can be drawn up with the assistance of the Health Ministries department, the IPA and the School of Public Health at Loma Linda University (LLU).

2. The development of locally appropriate protocols and funding opportunities.
   a. For screening of potential HIV/AIDS cases;
   b. For screening of blood products;
   c. For treatment of patients (NB prevention of vertical transmission);
   d. For protecting health-care workers.

3. To develop channels of communication and cooperation and sharing.
   a. Between the administration and the health care institutions;
   b. Between other entities in the church performing functions and activities against HIV/AIDS;
   c. Between church operated health-care institutions and other faith-based and governmentally-operated health-care institutions.

4. To promote health-care institution-based community support systems development, for people living with HIV/AIDS.

5. To upgrade HIV/AIDS testing equipment and staff expertise to a level
appropriate for each institution.

6. To coordinate HIV/AIDS education programs through satellite up-link systems on a global scale.

7. To be involved with donor agencies, research institutions, and other involved parties, in a manner to generate funding to support health-care institutions in meeting these goals.

**In order to be able to meet these objectives**, the following recommendations are being made to the General Conference Administrative Committee:

1. At the forthcoming Spring council of the General Conference, a presentation of the problem of HIV/AIDS be made to the delegates, both to inform them and to secure their support.

2. AdCom approve, in principle, and send to the Spring Council for ratification, the following proposal:

   a. The church establish an **Adventist Institute of HIV/AIDS Affairs** (AIH/AA), whose purpose shall be to coordinate, integrate and initiate actions on behalf of the world church against HIV/AIDS and in support of its victims.

   b. Appoint an executive director and supportive office to execute the actions called for by the AIDS Study Committee.

   c. The director shall report to the General Conference levels of:

      ADRA;
      Education Department;
      Family Ministries Department;
      Health Ministries Department;
      Ministerial Department;
      Youth Ministries Department
      through the AIDS Study Committee (AIDSCom) of the General Conference.

   d. The executive committee of the AIDS Study Committee (AIDSCom) be constituted as the board of trustees for the **Adventist Institute of HIV/AIDS Affairs**.

   e. A budget be provided for the proper functioning of this Institute.
1. The initial focus of the Institute shall be on Africa and the problems of HIV/AIDS there. The development of projects, funding, manpower and resources being directed at the primary levels:

   a. Church leadership;

   b. Youth;

   c. Health-care institutions

4. The institute (AIH/AA) shall advise Division health directors in matters pertaining to HIV/AIDS, and be vested with authority in issues pertaining to HIV/AIDS to impose protocols and standards upon health-care institutions.