

## **The Church and the Global HIV/AIDS Pandemic Resolution**

In response to the global HIV/AIDS pandemic, The United Methodist Church will work cooperatively with colleague churches in every region. The Bible is replete with calls to nations, religious leaders, and faithful people to address the needs of those who are suffering, ill, and in distress. Jesus Christ reached out and healed those who came to him, including people who were despised and rejected because of their illnesses and afflictions. His identification with suffering people was made clear when he said that “whatsoever you do to the least of these, you also do to me” (Matthew 25:40, paraphrased). His commandment to “do to others as you would have them do to you” (Matthew 7:12) is a basis for the church for full involvement and compassionate response.

### *The Global Impact of HIV/AIDS*

The global statistics are grim. At the end of 2007, 33 million adults and children were living with HIV/AIDS in the world; of these 31 million were adults and 2 million were children.

At this time, there is no cure for HIV/AIDS. It is mainly spread through intimate sexual contact with an infected person, by needle-sharing among injecting drug users, and, less commonly, through transfusions of infected blood or blood clotting factors. HIV can also be contracted if unsterilized needles tainted with infected blood are used by health care workers, tattooists, and acupuncturists. Other routes of transmission are through transplantation of organs from infected individuals, donated semen, and skin piercing instruments used in cosmetic, traditional, and ceremonial practices. AIDS is not caused by witchcraft, mosquito bites, or nonsexual contact such as shaking hands or hugs.

The HIV/AIDS pandemic compounds the strain on institutions and resources, while at the same time undermining social systems that enable people to cope with adversity. In seriously affected nations, HIV/AIDS compromises education and health systems, shrinks economic output and undermines sociopolitical stability. With life expectancy falling and the labor force becoming decimated, many countries are facing low economic growth rates. In parts of southern Africa, a food shortage has added to the woes. Agricultural productivity is declining as more and more women and young people are infected and become unable to work in the fields. The ramifications of HIV/AIDS are particularly grave for societies where the extended family is the system of social security for the care of elderly people, those who are ill, and orphans.

### *Women and Children*

Women and children have been affected in increasing numbers. Deaths from AIDS have left 15 million orphans in Africa. These children are being looked after by extended families, older siblings in child-headed households, and orphan trusts. Older relatives, especially women, have to bear an enormous burden of taking care of the orphans. In countries that are also affected by war and civil strife, children and young people are more vulnerable to becoming infected with HIV because they are at the higher risk of sexual abuse, forced military recruitment and prostitution.

This burden is increased when women are also faced with stigma and discrimination and the hardships of civil strife, war, and famine. Women often have less status and less access to education, health care, and economic security than men, which in turn affect their ability to protect themselves from infection. Many cannot say “no” or negotiate the use of condoms because they fear they will be divorced or that their husband or other male partner will respond by battering them. Pregnant women who are HIV positive may be subjected to forced sterilizations or abortions. The use of rape and sexual violence as instruments of war adds a further serious dimension. As of 2008 according to UNAIDS, 16 million of the 33 million persons infected with AIDS are women.

Health budgets and resources are being adversely affected in countries that have to care for increasing numbers of citizens afflicted with HIV/AIDS. For example, it costs approximately \$200 to treat a person for a year using the cheapest form of generic antiretroviral drugs, but very few can afford this medicine in sub-Saharan Africa. Antiretroviral drugs and other medicines must be made available at an affordable cost, especially in sub-Saharan Africa. Until effective preventive strategies are implemented, helpful medicines are made universally available, and an effective vaccine is introduced, the future is bleak for deterring the spread of HIV/AIDS.

The suffering borne by individuals, families, and communities and the strain placed on health-care facilities and national economies, call for intensified cooperative efforts by every sector of society, including the church, to slow and prevent the spread of HIV, provide appropriate care of those already ill and speed the development of an effective and affordable vaccine. Those caring for AIDS patients need support too. Communities, health-care workers, and home-care programs must be equipped to meet the challenge.

### *Drugs and AIDS*

Of the 33 million persons living with HIV, one million are injecting drug users. Many more have used, and continue to use, alcohol and other drugs.

The international drug trade knows no boundaries or frontiers and has no specific national identity. It is now worth an estimated \$400 billion per year and is organized and managed like a multinational corporation. Drugs of all kinds are now produced in all regions of the world. Despite its illegality, drug production and distribution has become a major source of revenue for many countries. The most lucrative markets remain in the United States and Western Europe, but consumption is spreading fast in Eastern Europe, Southeast Asia, and throughout Africa.

In the United States, an estimated one-third of HIV/AIDS cases are related to injecting drug use. Substance abuse is directly tied to the increase in HIV/AIDS among women. Women are primarily infected with HIV through injecting drugs (48 percent) or heterosexual transmission from an infected partner, who is often himself a drug user (54 percent).

Research has shown over and over again that drug use, injected or otherwise, can affect decision-making, especially about engaging in unsafe sex, which in turn promotes the spread of AIDS.

### *The Role of United Methodists*

The global AIDS pandemic provides a nearly unparalleled opportunity for witness to the gospel through service, advocacy, and other healing ministries. United Methodist public health specialists, health workers, social workers, teachers, missionaries, clergy, and laity live and work in areas where the AIDS pandemic is spreading. United Methodist congregations, schools, health facilities, women's, men's, and youth groups can play a major role by providing awareness, support, education, and care to those affected by HIV/AIDS.

### *Recommendations:*

In response to the HIV/AIDS crisis in the world, The United Methodist Church commits itself to a holistic approach of awareness, education, prevention, treatment, community organizing and public advocacy. Out of our love and concern for our brothers, sisters and children in our local and global communities, the following actions are strongly recommended.

*A. Local congregations worldwide to:*

1. be places of openness where persons whose lives have been touched by HIV/AIDS can name their pain and reach out for compassion, understanding, and acceptance in the presence of persons who bear Christ's name;
2. provide care and support to individuals and families whose lives have been touched by HIV/AIDS;
3. be centers of education and provide group support and encouragement to help men, women, and youth refrain from activities and behaviors associated with transmission of HIV infection;
4. advocate for increased levels of funding for HIV/AIDS. In the United States, persons should contact their US Congresspersons and urge adequate funding for the Global Fund for AIDS, Tuberculosis, and Malaria as well as the United States' bilateral initiatives on AIDS. Additionally, funding for the United Nations Population Fund (UNFPA) must be guaranteed from the United States each year. UNFPA works diligently to provide resources for reproductive health of women and girls as well as HIV/AIDS prevention;
5. observe World AIDS Day on or around December 1 each year. Materials for World AIDS Day are available from the Web sites of UNAIDS (<http://www.unaids.org>), the General Board of Global Ministries (<http://gbgm-umc.org/health/>), and the General Board of Church and Society (<http://www.umc-gbcs.org>);
6. include problems of alcohol, drug abuse and unsafe sex and the value of abstinence as part of Christian education;
7. provide support, comfort, and care to those afflicted with alcohol-related problems, drug addiction and HIV/AIDS within their given mandate and work to implement needle exchange programs locally as a means of reducing the spread of AIDS;;
8. make available creative programs and activities for school children, youth, and young adults that keep them away from alcohol and drug abuse; and
9. promote and make available peer education models based on empowerment and self-determination.

*B. General program agencies to:*

1. assist related health institutions to obtain supplies and equipment to screen donated blood and provide voluntary HIV testing;
2. support efforts by churches, projects, and mission personnel within regions to promote disease prevention and to respond to the needs of family care providers and extended families;
3. facilitate partnership relationships between institutions and personnel from region to region, as appropriate, to share models and effective approaches regarding prevention, education, care, and support for individuals and families with HIV/AIDS;
4. assist health workers to obtain regional specific, timely updates on the diagnosis, treatment, and prevention of HIV/AIDS;

5. facilitate the sharing of pastoral-care resources and materials dedicated to the care of persons and families whose lives have been touched by HIV;
6. respond to requests from the regions to develop training seminars and workshops for church-related personnel in cooperation with ecumenical efforts, private voluntary organizations, and programs already existing in the regions;
7. advocate national, regional, and international cooperation in the development, availability, and transport of appropriate/relevant equipment and supplies for infection control, disease prevention, and treatment;
8. support programs that focus on the enhancement of women through economic justice and education as well as programs that provide comprehensive reproductive health services, family planning, and HIV/AIDS prevention information;
9. work cooperatively with the Office of the Special Program on Substance Abuse and Related Violence (SPSARV) of the General Board of Global Ministries on issues related to drugs and AIDS; and
10. urge the federal government to improve interagency cooperation and coordination to fight the double scourge of drugs and AIDS. (General Board of Church and Society and General Board of Global Ministries).

*C. Annual conferences to:*

1. explore HIV prevention and care needs within their areas and to develop conference-wide plans for appropriate, effective responses;
2. promote pastoral responses to persons with HIV/AIDS that affirm the presence of God's love, grace, and healing mercies;
3. encourage every local church to reach out through proclamation and education to help prevent the spread of HIV infection and to utilize and strengthen the efforts and leadership potential of men's, women's, and youth groups.

*D. Episcopal leaders to:*

1. issue pastoral letters calling for compassionate ministries and the development of educational programs that recognize the HIV/AIDS epidemic as a public health threat of major global and regional significance; and
2. provide a level of leadership equal to the suffering and desperation that individuals, families, and communities are experiencing.
3. Partner with the UMC Global AIDS Fund to mobilize funding for AIDS projects around the world and in the annual conferences.

**God's Unconditional Love and Christ's Healing Ministry**

The unconditional love of God, witnessed to and manifested through Christ's healing ministry, provides an ever-present sign and call to the church and all persons of faith to join efforts to prevent the spread of HIV, provide care and treatment to those who are already infected and ill, uphold the preciousness of

God's creation through proclamation and affirmation, and be harbingers of hope, mercy, goodness, forgiveness, and reconciliation within the world.

The United Methodist Church unequivocally condemns stigmatization and discrimination of persons with HIV/AIDS and violence perpetrated against persons who are or presumed to be infected with HIV. The United Methodist Church advocates the full involvement of the church at all levels to be in ministry with, and to respond fully to the needs of, persons, families, and communities whose lives have been affected by HIV/AIDS. In keeping with our faith in the risen Christ, we confess our belief that God has received those who have died, that the wounds of living loved ones will be healed, and that Christ, through the Holy Spirit, is present among us as we strive to exemplify what it means to be bearers of Christ's name in the midst of the global HIV/AIDS pandemic.

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Resolution #298, 2004 Book of Resolutions

Resolution #278, 2000 Book of Resolutions