

Liberty University School of Divinity

A COMPASSIONATE AND CARING GUIDE FOR THOSE SUFFERING WITH HIV/AIDS
IN THE CHRISTIAN METHODIST EPISCOPAL CHURCH

A Thesis Project Submitted to
The Faculty of Liberty Baptist Theological Seminary

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Doctor of Ministry

By

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ABSTRACT

This project will develop a hands-on practical *Train- the-Trainer Resource Guide* to implement caring HIV/AIDS ministries for the local churches in the Carolina Region of the Christian Methodist Episcopal (CME) Church. It will become an evangelistic tool to reach and empower the most marginalized in society that will provide resources leading to transformative ministries. Many lack understanding regarding those who suffer with HIV/AIDS, and winning over those who possess judgmental attitudes and fears keeps the church at odds with those living with this disease. Nonetheless, appropriate exposure to caring HIV/AIDS ministries can empower the disenfranchised and strengthen the faith community at large. Additionally, this thesis project will address the biases, stigmas, and prejudices of churches toward those suffering with HIV/AIDS. After analyzing focus group sessions and questionnaires from selected congregations, this study also looks to reveal the cultural fears, myths and barriers leading to apathy and offers practical steps toward prevention, acceptance, and producing ministries who through education and training, will become change-agents in their thinking and action.

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Glossary

AIDS.	Acquired immunodeficiency syndrome is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV).
Barriers.	A circumstance or obstacle that keeps people or things apart or prevents communication or progress.
Bias.	Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.
CDC.	Centers for Disease Control and Prevention.
C.M.E.	Christian Methodist Episcopal Church.
Epidemics.	A widespread occurrence of an infectious disease in a community at a particular time.
Fear.	An unpleasant emotion caused by the belief that someone or something is dangerous, likely to cause pain, or a threat.
HIV.	Human Immunodeficiency Virus - a sexually transmitted infection.
Pandemic.	(of a disease) prevalent throughout an entire country, continent, or the whole world; epidemic over a large area.
PLWA.	People Living With AIDS.
Prejudice.	Pre-conceived opinion that is not based on reason or actual experience.
STD.	Sexual Transmitted Disease - an infection transmitted through sexual contact
Stigma.	A mark of disgrace associated with a particular circumstance, quality, or person.

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CHAPTER ONE

INTRODUCTION

The AIDS pandemic has cut short millions of lives all over the world and more people including children are infected each year. Communities are being stretched to bear some of the burden of caring for those who have been infected, leaving a vast number of those socially void of contact and human touch. Therefore, it can become difficult to locate agencies, medical communities, and support groups leaving a challenge for groups to fully embrace this population.

This thesis project plans to remove some barriers by way of education and training to help forward the church in ministry because the faith community, undoubtedly, is an important and viable location where people may go for support and assistance when they face challenges affecting their lives.

William Amos, Jr., author of, *When AIDS Comes to Church*, shares the assessment of his own church when approached by a member of his congregation who was grieving the death of his grandson to AIDS. He states: "I felt that our community was surely going to have to deal with this strange disease. Yet at the same time, it was relatively easy to remain cautious because of the nature of this ministry. There are churches that may be open to many issues but being open to getting involved are two very different things."¹ This is not because of a lack of compassion for those with a need, but a lack of education, training, fear and erroneous information concerning this important issue.

Moreover, this project poses to shed light to the faith community and encourage them to become a key part of ministry outreach that will address one of the many needs in the

¹ William E. Amos Jr., *When AIDS Comes to Church* (Philadelphia: Westminster Press, 1988), 13.

Communities. In doing so, it will enable the churches to address their own fears, stigmas and biases while helping them create caring ministries.

Statement of the Problem

The problem of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) that began to be identified in the United States in 1981 is still causing concerns after thirty-four years, especially in minority communities and churches. “Since then, more than 1.8 million people in the U.S. are estimated to have been infected with HIV, including over 650,000 who have already died; today, more than 1.1 million people are living with HIV.”¹ According to the Henry J. Kaiser Foundation report of 2014, “The Aids epidemic in the United States, despite the advances made in fighting this disease, hundreds of thousands have already died reaching an alarming number at the end of 2010. Even with this, the mortality rate has declined significantly.”² Additionally, “the CDC (Centers for Disease Control and Prevention) report, March 12, 2015, estimated that “more than 1,201,100 persons aged 13 years and older living with HIV including 168,300, (14%) are unaware of their infection.”³

There are churches on nearly every corner, but there are not many health ministries inside the walls to assist those with HIV and AIDS. This topic is not widely addressed in the Carolina Region of the Christian Methodist Episcopal Church (North and South Carolina and Galax, Virginia); however, there is an urgency that these predominately African American churches need to immediately get involved on behalf of marginalized bodies who are crying out for acceptance and assistance. There is no time to waste.

¹. Center for Disease Control, “*HIV Surveillance Report HIV Diagnosis Data*,” vol. 23 (February 2013).

². Kaiser Family Foundation, “KFF Data Source,” *UNAIDS, Report on the Global/AIDS Epidemic* (2010), 2.

³. Centers for Disease Control, “*HIV Surveillance Supplemental Report*,” 3 (November 2014), 19.

Statement of Limitations

The limitations of this project stems from several variables, namely, the delicate subject matter, lack of understanding of the study, goals, recognizing personal shortcomings, time constraints and availability of information concerning the topic.

These come as a result of human perceptions that hinge on personal fears, biases and prejudices toward HIV/AIDS stricken individuals regardless of how they contracted the disease. It is important to delve into this issue and research the different components of personal concerns and how it affects those who need to be accepted and cared for.

The project is limited in scope because it only addresses the needs in the Christian Methodist Episcopal Church and no other denominations or other marginalized groups. The focus group for this project as outlined in the Book of Discipline of the Christian Methodist Episcopal Church, “Causes some limitations because it is using denominational churches with many wonderful and caring people who confess that Jesus Christ is Lord and ascribe to the doctrine of the Holy Bible,”⁴ but certain issues are usually not discussed.

Also, as explained in the CME Book of Discipline, “It is not for us to judge and be a jury of condemnation, but to believe what we confess; that God will come to judge those who are alive and as well dead, which includes all people, and God will provide the forgiveness of sins along with life everlasting.”⁵ Nevertheless, and unfortunately, with all of the religious tenets, there remains limited outreach toward the masses of those stricken with HIV/AIDS because of a lack of education and understanding of the disease in general; therefore, humankind’s understanding of this disease needs to be changed.

⁴. Othal Hawthorne Lakey, *The Rise, Colored Methodism, the History of the CME Church* (Crescendo Press, 1972).

⁵. *The Book of Discipline of the Christian Methodist Episcopal Church* (Memphis: CME Publishing House, 2010), 34-35.

Theoretical Basis

Is there a Balm in Gilead? This is a phrase that resounds throughout the Christian community, which begins the question: is there healing for a sin-sick world? Gilead had a precious balm that was used for healing for those not understanding the power of God in their lives. The blood of Christ is the balm in Gilead; His Spirit is the physician and is all-sufficient. The healing of HIV/AIDS is totally in His hands, but there can be conduits used to bring peace and comfort to such victims. Matthew Henry's Bible Commentary of Jeremiah 8:22 states, "As salvation only can be found in the Lord, so the present moment should be seized. Is there no medicine proper for a sick and dying kingdom? God is able to help and to heal them. If sinners die of their wounds, their blood is upon their own heads and ours."⁶

The basis of this project is the understanding of man as it relates to his beliefs as to whether God's judgment is the reason for HIV/AIDS. Their desire to reach out to the marginalized is predicated on this decision to help. People suffering with AIDS are people just like the rest of humankind, and Christians must remember the call to serve the lost and sick regardless of whom they are or the state of their condition.

When it comes to the issue of AIDS, some religious believers are not able to give concise theoretical answers to this disease, therefore, giving wrong information or not addressing the matter at all. According to Ted Edison whose publication addresses the role of a caregiver, states: "There is no consensus among some religious authorities on either the theological significance of AIDS or what exactly would constitute a religious approach to this public health issue?"⁷ In discussing AIDS, the one theological issue that stands at the center revolves around the question, "Is AIDS a disease sent by God to punish people for their sin?"⁸ The theoretical information

⁶ Matthew Henry, *Matthew Henry's Concise Commentary on the Whole Bible* (Nashville, TN: Thomas Nelson, 1997), 705.

⁷ Ted Edison, *The Aids Caregiver's Handbook* (New York: St. Martins Griffin, 1993), 5.

⁸ Ted Edison, *The Aids Caregiver's Handbook* (New York: St. Martins Griffin, 1993), 5.

revealed for this project was extremely subjective because personal opinions, points of views and judgments were greatly expounded on in addition to the scriptural objectiveness of the community.

The book, *What the Bible Says About AIDS*, compares the disease to a plague coming from a judgment from God as a result of sin and disobedience by using the thirteenth chapter of the book of Joel as an argument. Joel tells the people of Judah that the locust invasion stripped the fields bare because they were sent by God to call the people to repentance. He warns the people if they do not repent that God would send something worse, which would be an invading army.⁹ The Prophet Amos 4:6-13 gives validity to their belief regarding the reason AIDS is in today's world. Theoretically, they believe AIDS is like the pestilence or an epidemic disease that has come upon the earth because of disobedience. Moreover, the Book of Num. 32:23, declares: "Your sins will find you out" and a cross reference of the New Testament¹⁰, Gal. 6:7, states: "Do not be deceived. God is not mocked; for whatever a man sows this they will reap."¹¹ These scriptures imply it is their fault as well as their stance, and God is allowing it because of their corrupt lifestyles.

Authors Regan and Baker write as referenced in Genesis 6:5, God tolerates sin for only so long while understanding that He destroyed the world once with water because "the wickedness of man was great" and "every intent of the thought of his heart was only evil continuously."¹² These writers concur if God destroyed Sodom and Gomorrah, delivered Israel in the hands of the

⁹. David R. Regan and Thomas H. Baker, *What the Bible Says about AIDS* (McKinney: Lamb and Lion Ministries, 1988), 7.

¹⁰. Spiros Zodhiates and Warren Baker, *Hebrew Greek Key Word Study Bible* (Chattanooga, TN: AMG International Inc. Publishers, 1997), 236.

¹¹. *Ibid*, 1462.

Assyrians, condemned Judah to captivity in Babylon, He would do it again.¹³ They hold to the notion that HIV/AIDS is a homosexual disease brought on the world, and because of sexual immorality, the entire society has been affected as a result of pornography and corruption in high places.

This idea and opinion falls in the category of Judgment Theology,¹⁴ which is a viewpoint that comes from the mindset of those who feel they have the authority to speak on behalf of God, and going to the extreme by believing God created AIDS for the purpose of punishing certain groups. This is not seen as a homosexual disease, but this opinion will not change and, unfortunately, the narrowness of many minds will continue. If this was a disease that only affected homosexuals, the church could have probably been able to hide behind the biblical stance on morality as to whether they should get involved in ministry toward PLWA (People Living with AIDS).

Another perspective, Incarnational Theology,¹⁵ is based on the similarities that are had with those who have AIDS while focusing on similarities, as creations of God, to make the same choices that others have made in contracting AIDS. Incarnational Theology focuses on who the people are that are dying rather than how they got sick.¹⁶ An incarnation response understands the biblical realities that focus on being brothers and sisters keepers.

The opinion of the author is there is a need still today with accepting people rather than judging them. The author believes God does not sanction nor want the church to condemn, but to reach out in love. The church is charged to do as Jesus did when He met the leper who asked to be healed. He responded in the only way He could, Jesus reached out in love and touched him. He

¹³ David R. Regan and Thomas H. Baker, *What the Bible Says about AIDS* (McKinney: Lamb and Lion Ministries, 1988),7.

¹⁴ William E. Amos Jr., *When AIDS Comes to Church* (Philadelphia: Westminster Press, 1988), 53.

¹⁵ Ibid.

¹⁶ Ibid.

did not avoid, reject or condemn the lepers. According to Luke 5:13: “And he put forth his hand, and touched him saying, I will be thou clean.”¹⁷

Within the churches HIV/AIDS may cause further questions such as, “Why does God allow the HIV virus to exist?” or “What is God doing about the epidemic” or “What beliefs about God and human beings should inspire the church’s actions in response to HIV/AIDS?”¹⁸ In order for churches to move forward, they must deal with the question, ‘Is AIDS caused by God?’ The heart of the crisis remains the long-standing theological dispute concerning the relationship between sin and sickness.¹⁹

I John 5:19 declare: “And we know that we are of God, and the whole world lieth in wickedness.”²⁰ With this being the truth, the conclusion is that man, not God, is responsible for the conditions of the world including disease and sickness because of the sin of Adam. Reality is that broken fellowship caused the problem not that God turned His back on man. His love was then and still is now.

There are theories of judgment, but God gives instructions as to what He has to say about the subject. The thought that God allows AIDS to be a judgment must be examined by the nature of God as scripturally outlined. John 3:16-18, in *The Message Bible* states: This is how much God loved the world: He gave his Son, his one and only Son. God did not go to all the trouble of sending his Son merely to point an accusing finger, telling the world how bad it was. Rather, He came to help, to put the world right again.

¹⁷ Luke 5:13 (New American Standard Version).

¹⁸ A WCC Study Document, *FACING AIDS -The Challenge the Churches Response* (Switzerland: WCC Publications, World Council of Churches, 1997), 22.

¹⁹ Ibid.

²⁰ I John 5:19 (King James Version).

In accepting or rejecting, anyone based on certain criteria has to be reviewed through the person's relationship with the love of God. When the work of love is examined, it is found that Jesus is the model. He entered into the suffering and brokenness of the world and won victory over death. Because of this, Christians must ascribe to a Christ-centered theology of life that human existence is properly understood as life before the living God. He offered Himself as a living sacrifice for the sins of the whole world as is seen through His life and his dedication in the Garden of Gethsemane and His outpouring of love on the cross. Therefore, the theology is found in the actual teachings and ministry of Jesus.²¹

Theoretically, HIV/AIDS challenges are reminders that God sustains and protects life as described in John 1:4; Amos 5:4; cf. Ezek. 18:32. "For thus saith the LORD unto the house of Israel, Seek ye me, and ye shall live;" Amos 5:4: "For I have no pleasure in the death of him that dieth, saith the Lord GOD;" "wherefore turn *yourselves*, and live ye," as declared in Ezekiel 18:32."²²

The theological reflection on the HIV/AIDS pandemic must be grounded in a theology of life. These gifts extend to all humanity because God's redemptive love encompasses the world. A truly Christian theology of life will be thoroughly Christ-centered. John 1:3-4 says "God also joined the human race, giving himself to die in order that we may live."²³ There has to be a Christ-centered theology of life, one in which human existence is properly understood as life before the living God. The devastating threat of HIV/AIDS poses challenges to affirm life and dignity which flow from God's creative and sacrificial love, and to do all possible to enhance them.

²¹ Ronald Jeffrey Weatherford, *Somebody's Knocking at Your Door-AIDS and the African-American Church* (Binghamton,: Haworth Pastoral Press, 1999), 37.

²² Ezek. 18:31 (King James Version).

The Stewardship statement at Wheaton College regarding their theological reflection on the HIV/AIDS pandemic states: “The HIV/AIDS pandemic must be grounded in a theology of life. God’s gifts of life, dignity and love obligate humans to glorify Him in faithful obedience.”²⁴ Wheaton College’s statement also declares: “These gifts extend to all humanity, the just and the unjust, because God’s redemptive love encompasses the world.” A truly Christian theology of life will be Christ-centered because He joined the human race, giving himself to die in order that all may live.”²⁵ Those affected by HIV/AIDS are undoubtedly part of the entire human race.

The theoretical foundation of grace is examined concerning Christian faith and life and is defined as the love and mercy given to all by God, not because of anything that is done to earn it. It is not defined not according to the color of one’s skin, the content of one’s character or the extent of one’s health. God’s grace rules out all human existence according to Rom.11:6, which states: “And if by grace, then it cannot be based on work; if it were, grace would no longer be grace.”²⁶

God’s grace has been offered to everyone as declared in Titus 2:11, “For the grace of God hath appeared, bringing salvation to all men.”²⁷ People do not deserve anything and cannot boast that they are here and have what has been given freely. Therefore, there is no reason anyone should look at themselves better than others whether sick or well, infected or not.

God calls his people to love their neighbor as their self in Lev. 19:18, Matt. 19:19, Mark 12:31-33, and Rom. 13:9. Jesus and his disciples traveled the world spreading the love message

²³ John 1:3-4 (King James Version).

²⁴Wheaton College, “*HIV/AIDS: A Biblical & Theological Response, HIV/AIDS Statement, 2007.*”

²⁵ Ibid.

²⁶ Rom. 13:9 (New International Version).

²⁷ Titus 2:11 (New International Version).

of the Gospel and demonstrating the mercy of God towards others. God calls and cares for people living with HIV/AIDS with dignity, love, mercy and grace. Therefore, this author strongly believes there is a theoretical basis for this project.

Statement of Methodology

There is a problem facing communities that has arrived at the world's doorstep. African American church leaders and congregants in North Carolina and South Carolina (Carolina Region of the Christian Methodist Episcopal Church) demonstrate a reluctance to minister and evangelize individuals with HIV/AIDS. There is a need to develop a guide for the leaders and congregants to reach this population in order to carry out the mandate in the Great Commission as set out in the Gospel of Matt. 28:19-20.

This region is comprised of ninety-nine churches spanning three districts (Charleston/Columbia, Durham and Winston Salem/Greenville) with 13,825 members. This project conducted focus groups with nine to twelve church pastors and congregations in these districts of the Carolina Region of the CME Church. The churches were selected based upon their church membership, which are divided into three categories: Small (0-74); Medium (75-149) and Large (150 or more). The focus groups explored their knowledge, beliefs, religious and personal opinions of HIV/AIDS. This was done to ascertain several issues: 1) Whether their churches have ministries to focus on HIV/AIDS: 2) To determine whether they are open to receiving ways to start a ministry; and 3) What would some of the challenges be with the size of their congregations in trying to implement a ministry?

Qualitative assessment tools were used in this project exploring stigmas, fears, lack of understanding and training in churches regarding those who are living with HIV/AIDS, prohibiting transformative ministries. This design focused on the participants through open-

ended interview questions utilizing focus groups and questionnaires that provided religious and sociocultural enlightenment from the various congregants.

The focus groups provided valuable information and identified issues and challenges toward implementing the project depending on their sizes. Church strengths and weaknesses were evaluated to determine how they could be utilized to propel their ministries into an effective outreach to this population.

Prior permission was given by the pastors to recruit members who self-identified themselves by responding to posted flyers. The venues were selected and the researcher coordinated a convenient time to facilitate the groups, and one-on-one interviews. The optimum size for the groups was five individuals and included eight sessions lasting from one-and-a-half to two hours.

Prior to conducting the process, the groups were informed that the sessions were to be taped for documentation purposes, but no identities other than the church name and the districts would be revealed. The participants were asked to read and sign a release form in order to participate in the thesis project and notified that a person may agree to withdraw from the project if they felt uncomfortable. Moreover, if they decided to participate but withdrew at the end of the focus group or the one-on-one session, no part of their comments would be used in the thesis project. The groups were notified that the purpose of their participation was to address the biases and stereotypes of the religious community as they related to HIV/AIDS and their willingness to establish change, if necessary.

For churches that consented to be participants in the project but not in the focus groups, they received questionnaires via U.S. mail. Pastors were instructed to disseminate and collect completed copies and return them to the researcher.

The specifics of this project as it pertained to the participants were the sensitivity of the topic and subject matter in general and whether people felt comfortable discussing the topics objectively barring any level of discomfort or insecurity. Nevertheless, extreme relief was present because participants were aware there was no way to identify them in focus groups or questionnaires unless they individually identified themselves to people outside of the group or project study.

Review of Literature

It has been “thirty-four years since the first case of HIV/ (Human Immunodeficiency Virus) AIDS (Acquired Immunodeficiency Syndrome) was diagnosed. Nevertheless, the Centers for Disease Control (CDC) are still reporting alarming statistics in the United States.”²⁸ New AIDS diagnoses at the end of 2010 in the South accounted for 45% of the estimated 33,015 new AIDS diagnoses in the fifty states and the District of Columbia, followed by the Northeast (24%), the West (19%), and the Midwest (13%).²⁹ In 2010, the Northeast reported the highest rate of new AIDS diagnoses (14.2/100,000), followed by the South (13.0/100,000), the West (8.8/100,000), and the Midwest (6.3/100,000). The area selected for this project is the South and this information becomes important in getting churches involved in this study.

As the literatures are reviewed with a focus on this thesis project, HIV/AIDS will be the backdrop for community and church involvement, bias, judgment, stigmatization and rejection of those living with the virus and what can be done to help overcome some of these issues. The information presented will and cannot be called inclusive of the problem and the need but will be a springboard to conversations and establishment of ministries.

²⁸. Ibid.

²⁹. CDC.HIV Surveillance Report, Feb. 2015, 22013; vol. 25.

Books

The publication, *AIDS the Spiritual Dilemma*,³⁰ examines ignorance, prejudice, and half-truths people feel when they hear the word AIDS. The author surveys the social and theological dilemmas facing the church. It attempts to challenge the theology of human sexuality. There is a dilemma to the perceptions that this is a disease that only affects gay people and it was started by gays and brought to the United States.³¹ This book is selected to shed a light on misconceptions concerning AIDS. It will be used in Chapter Two to examine the challenge that churches face when engaging in discussions of the AIDS virus.

Epidemics and Society Aids,³² a publication by Molly Jones, includes a concise discussion of AIDS and its underlying cause in 1980 when there was no treatment. “It was discovered that this was considered a mysterious disease and was described on the same level as Polio, Ebola, Smallpox, Cholera and Influenza. Vaccines had brought many of these diseases under control, but HIV remained as a mystery regarding how to treat it.”³³ *Epidemics and Society Aids* will also be used to provide information on the responses by the medical profession, government and families on the need to be informed, which ended with the knowledge of prevention and treatment. This book will be used as vital information in Chapter Four to be shared in the newly created manual in order that congregations become more informed resulting in increased knowledge of the epidemics.

Dale Bourke’s book, *The Skeptic’s Guide to the Global AIDS Crisis: Tough Questions-*

³⁰ John Fortunato, *Aids the Spiritual Dilemma* (San Francisco: Harper & Row, 1987).

³¹ Ibid., 2.

³² Molly Jones, *Epidemics and Society AIDS* (New York, NY: Rosen Publishing, 2011).

³³ Ibid., 7.

Direct Answers,³⁴ is a very helpful tool that addresses and dispels myths concerning the disease. The book discusses misconceptions about the disease that can be dangerous when people desire to get involved in the lives of the victims.³⁵ This information will be used in the handbook as well in Chapter Two, as it discusses the tough question of AIDS myths.

Victoria Noe brings a very personal touch to the project from the book, *Friend Grief and AIDS: THIRTY YEARS OF BURYING OUR FRIENDS*.³⁶ She examined a period in time when people with AIDS were a target of bigotry and discrimination. In stories about Ryan White, ACT UP, the Names Project and red ribbons.³⁷

She began by explaining that Acquired Immune Deficiency Syndrome was (formerly known as GIRD (Gay-Related Immune Deficiency), ARC (AIDS-Related Complex) and Gay Cancer) as an equal-opportunity virus. Material from the book will be used to bring a face to the victims and the prejudice of the unknown as well as the cruelty of people. Noe's book will be used in Chapter Two as the faces change and the disclosure of individual's feelings as they observe their friends die and how they, in turn, dealt with it.

The Hope Factor: Engaging the Church in the HIV/AIDS Crisis is very helpful.³⁸ It is a book of essays that reflects the growing understanding of the critical role religious organizations play in their communities as well as discussing ways those religious groups can be powerful agents for change in the HIV/AIDS crisis, which connects with the scripture (1 John 3:18). This material will be used for information concerning AIDS in different parts of the world. This book

³⁴. Dale Bourke, *The Skeptics Guide to the Global AIDS Crisis: Tough Questions-Direct Answers* (San Francisco, CA: Authentic Media, 2004).

³⁵. Ibid,3.

³⁶. Victoria and Elizabeth Des Chenes Noe, *"AIDS"* (Farmington Hills, MI: Greenhaven Press, 2011).

³⁷. Victoria Noe, *Friend Grief and AIDS: THIRTY YEARS OF BURYING OUR FRIENDS* (Chicago, IL: King Company Publishing, 2011), 3.

³⁸. Tetsunao Yamamori, David Dageforde, and Tina Bruner, *The Hope Factor: Engaging the Church in the HIV/AIDS Crisis* (Waynesboro: Authentic Media, 2003), 12

will also be utilized in the section in Chapter Two that discusses HIV/AIDS being a Judgment from God.

AIDS by Christine Nasso and Elizabeth Des Chenes, discusses the social issues that face people today such as poverty, homelessness, addiction and AIDS.³⁹ There are debates between scientists and politicians as to the extent of any of these issues and their affect in the world.⁴⁰ This material was selected because of the information concerning debates and how they have brought change in the culture surrounding HIV/AIDS and will be used as part of Chapter Five in the conclusion.

Teen Life, Frequently Asked Questions about AIDS and HIV, is a book that is geared to answer questions teens may have concerning the disease and an attempt to answer in ways they will understand.⁴¹ It shares accurate information about how the disease is transmitted. There are numerous amounts of statistical data that is revealed as a tool to further inform teens about the topic.⁴² It is important to address teens in the disease and the way to do that is to be honest as they dialogue and ask questions. This book will be utilized in Chapter Four. It will help as churches reach out to all aspects of their congregation from youth to adults.

The author's denomination is the Christian Methodist Episcopal Church, and the 2010 edition of *The Book of Discipline of the Christian Methodist Episcopal Church* is being utilized in the project because it outlines the doctrine of the Church.⁴³ The Articles of Religion leads the denomination to fulfill the tenets of Methodism according to John Wesley, which is to treat all

³⁹. Elizabeth Des Chenes , "*AIDS*" (Farmington Hills, MI: Greenhaven Press, 2011). .

⁴⁰. Stephan Kiesbye, *Social Issues Firsthand AIDS* (Farrington Hills MI: Greenhaven Press, 2008), 12.

⁴¹. *Teen Life Frequently Asked Questions about AIDS and HIV* (New York, NY: Rosen Publishing, 2009).

⁴². Richard Robinson, *Friend Greif and Teen Life Frequently Asked Questions about AIDS and HIV* (New York, NY: Rosen Publishing, 2009).

⁴³. *The Book of Discipline of the Christian Methodist Episcopal Church* (Memphis, TN: CME Publishing House, 2010).

people equally and love them. This book will be used in Chapter One and will address the reason the author selected the Carolina Region of the Christian Methodist Episcopal Church for this project.

Max Lucado's book, *Friend Grief and GOD SO LOVED YOU*, is a scriptural devotional that explains the love God has for all people and outlines how to embrace His Love.⁴⁴ This book is a valued tool that will be used in Chapter Two of this project. Moreover, this publication challenges the reader to embrace love as Christ loved the Church and gave His life for it rather than as a judgment to God's people. Lucado's book will also be used to explain God's faithful love for everyone.

Lucado's theological insight is contained in an additional book, *Grace More Than We Deserve, Greater Than We Imagine*. In this book, Lucado stresses the fact that oftentimes we settle for "wimpy grace"⁴⁵ and not the changing and embracing grace of God's love. In this book, he scripturally leads the reader through the understanding of God's love, and this publication of Lucado will be used as information in the theoretical purpose for the project and explains in greater detail the grace that has been given to all by God. This is another book that will be highlighted in Chapter One as the theoretical basis is discussed.

Dan Peloquin writer of, *Discovering God's Grace Understanding and Applying the Grace of God That Transforms Our Lives*,⁴⁶ examines grace in length as it is seen in the New Testament. It reveals how God works in the lives of His people. Peloquin eloquently stresses that grace is dominant in the New Testament. Material from this book will be used in theoretical discussion.

⁴⁴. Max Lucado, *Friend Greif and God SO LOVED YOU-A 40 DAYDEVOTIONAL-Inspired by John 3:16* (Nashville, TN: Thomas Nelson, 2007).

⁴⁵. Max Lucado, *Grace More Than We Deserve-Greater Than We Imagine* (Nashville, TN: Thomas Nelson, 2012), 8.

⁴⁶. Dan Peloquin, *Discovering God's Grace-Understanding and Applying the Grace of God That Transform Our Lives* (Chicopee, MN: Crossway, Good News Publishing, 2013), 51-53

God's Tender Mercy Reflections on Forgiveness, written by Joan Chittister who is a Benedictine sister and the Executive Director of Benetvision, which is a resource and research center for contemporary spirituality.⁴⁷ Her vision of the faith is grounded in the fact that as Christians we are to believe what God teaches. It is still our responsibility to care and love all. This guides in the theoretical understanding of God's forgiveness according to the scriptures. *God's Tender Mercy Reflections on Forgiveness* provides important information in Chapter One.

AIDS, ETHICS & RELIGION: Embracing a World of Suffering, is also being used as a resource.⁴⁸ As a result of this text, the reader will be better able to understand the global suffering this disease has caused. It deals with this issue as a worsening crisis that challenges not only society, but religion. *Embracing a World of Suffering* will be highlighted in Chapter Four for churches to utilize in bringing the discussion front and center to the life of their ministries.

Is There a Balm in Black America? Perspectives on HIV/AIDS in the African American Community, uses the spiritual lens in the African American community to address HIV/AIDS.⁴⁹ "The Black Commission in AIDS was organized to establish programs designed to educate pastors and churches about the epidemic and how to prevent it."⁵⁰ This book ushers in increased knowledge of the urgency for the African American community as the problem is discussed in Chapter One.

When discussing Acquired Immune Deficiency Syndrome (AIDS), the manual *Making it Happen – A Guide To Help Your Congregation Do HIV/AIDS Work*, was created from

⁴⁷ Joan Chittister, *God's Tender Mercy Reflections in Forgiveness* (New London, CT: Twenty Third Publications, 2010).

⁴⁸ Kenneth R. Overberg, *AIDS ETHICS & RELIGION- Embracing a World of Suffering* (Maryknoll, NY: Orbis Books, 1994), 1.

⁴⁹ Pamela Payne Foster, *Is Here a Balm in Black America? Perspectives on HIV/AIDS in the African American Community* (Montgomery, AL: AframSouth,, 2007).

⁵⁰ Pamela Payne Foster, *Is Here a Balm in Black America? Perspectives on HIV/AIDS in the African American Community* (Montgomery: AframSouth, 2007)19.

a “CALLED TO CARE,” an initiative of the Strategies for Hope and Trust that produces books and videos promoting effective, community-based strategies of HIV/AIDS care.⁵¹ The information in this manual will be used as a valued tool and guide creating the Train-the Train manual.

The Rise, Colored Methodism, and the History of the CME Church, is a detailed history of the researcher’s denomination the Christian Methodist Episcopal Church from conception in 1870.⁵² This is a vital source to examine why the author chose the church as a part of the study.

Living with HIV: A Patient’s Guide, is used to educate patients after they had been diagnosed with a positive status. The author of this project felt the need to get the patients and others involved in their lives in order to participate in their own treatment and care. This guide offers a plethora of information from prevention to diagnosis and beyond.⁵³ This guide will also be utilized in Chapter Four.

When Aids Comes to Church, written by William Amos, is a book that describes the demographics of the author’s church and his city as it relates to this disease.⁵⁴ Several members of the church self-identified as being infected. Amos was able to embrace them and remain positive in their treatments.⁵⁵ This book sheds light on how people relate in general, to HIV/AIDS and will be used in Chapter Two when discussing how people perceive those living with HIV/AIDS.

Somebody’s Knocking at Your Door: AIDS and the African-American Church examines the

⁵¹ Lucy Y. Steinitz, *Making It Happen a Guide to Help Your Congregation. Do HIV/AIDS Work* (Oxford OX4ILN,UK: Strategies for Hope Trust, 2005).

⁵² Othal Hawthorne Lakey, *The Rise, Colored Methodism. The History of the CME Church* (Memphis, TN: CME Publishing House, 1985).

⁵³ Mark Cichocki, *The Rise, Living with HIV: A Patient’s Guide* (Jefferson: McFarland Company, Inc., 2001), 2.

⁵⁴ Amos, *When AIDS Comes to Church*.

⁵⁵ Ibid.

black church's response to AIDS.⁵⁶ It provides strategies for churches, clergy and AIDS advocates to develop ministries in black churches for People Living With AIDS (PLWAs). Because the samplings for this project come from a predominately African American church, it is imperative to energize those churches by adding this information to the manual.

Kay Warren's book, *Dangerous Surrender - What Happens When You SAY YES TO GOD*, is a powerful story about the author's life and mission of becoming involved in the suffering of those infected with HIV.⁵⁷ In this book, Warren shares her heart in becoming willing to say yes to God, in moving forward, and ways in which to be involved in the life and sufferings of people. When this topic is discussed in reference to whether this illness is a result of a judgment from God, this material will give the reader a decision to think about the fact their opinion does not matter regarding becoming involved in ministry. This will be highlighted in detail in Chapter Two.

The book, *Deadly Diseases and Epidemics HIV/AIDS*, recognizes that "all cases are not fatal; however, each disease causes a degree of harm and discomfort to those whom it afflicts and it sometimes can have long-lasting consequences."⁵⁸ Moreover, this text also deals with history and treatment and will be used to inform people about the illness in reference to others and to be proficient in educating the churches in this study. This portion will be a manual insert.

The Voices of AIDS, written by Michael Thomas Ford, focuses on a number of people who discuss how this disease changed their lives. It takes the reader away from figures and statistical facts and allows the reader into the actual lives of those described in this book, whether they are victim or the one who struggles because of someone they love as well as when they face

⁵⁶ Ronald Weatherford and Carole Weatherford, *Somebody's Knocking at Your Door-AIDS and the African American Church* (New York, NY: Haworth Pastoral Press, 1999).

⁵⁷ Kay Warren, *Dangerous Surrender-What Happens When You Say Yes to God* (Grand Rapids, MI: Zondervan, 2007).

⁵⁸ Patrick G. Guilfoile, *Deadly Diseases and Epidemics HIV/AIDS* (New York, NY: Chelsea House, 2011).

change.”⁵⁹ This will be described in Chapter Two. Additionally, Ford’s book will also bring a personal perspective.

Eric Goosby authored the book, *The Black Person’s Guide To Survival-Living with HIV/AIDS*, “Examines fears of negative perceptions and stigmas and how discriminations create barriers for people getting tested is disproportionately seen in the minority communities.”⁶⁰ This is an interesting guide that will be used in Chapter Two while examining the fears and perceptions people living with AIDS are confronted with.

The book, *The Black Church and AIDS*, examines Dr. W.C. Champions’ early opinion of those with AIDS and how he became a proponent for those living with AIDS after many years of viewing the disease through a judging lens. This book examines the judgmental attitudes held by many and leads to educate pastors by encouraging them to become involved. “The church is not to judge- “Judge not, that ye be not judged” (Matt.7:1) God is the only one who can judge.”⁶¹ This information will be found in several sections of the book including, the conclusion and manual.

HOLD TIGHT GENTLY is a memorial written by Martin Duberman to those whose lives have been lost to HIV/AIDS. It enlightens the reader to the struggles over the generations of dealing with the disease during this era. This book gives personal testimonies from people infected, their lifestyles, experiences and organizations.⁶² It is important to realize that even today there are still many who are afraid to reveal positive status without being uncomfortable, fearful or feeling they are being judged. This will be seen in the journey of Chapter Two.

⁵⁹ Michael Thomas Ford, *The Voices of AIDS* (New York, NY: Morrow Junior Books, 1995),10.

⁶⁰ Eric Goosby, *Living with HIV/AIDS-The Black Person's guide to Survival* (Roscoe, IL: Hilton Publishing Company, 2004), vii.8.

⁶¹ W.C. Champion, *The Black Church and AIDS* (Glenn Heights, TX: Dallas District, 2001), 51.

⁶² Martin Duberman, *Hold Tight Gently* (New York, NY: New York Press, 2014, 27.

Scholarly Reviews

A University of South Carolina Study, *Informing Faith-Based HIV/AIDS Interventions: HIV-Related Knowledge and Stigmatizing Attitudes at Project F.A.I.T.H. (Fostering AIDS Initiatives that Heal) Churches in South Carolina*, addresses HIV-related stigma at African American churches concluding that educational programs must reinforce the ways in which HIV can and cannot be transmitted, and pay particular attention to educating males and older populations. This is being used as resource material “that can be used by churches who desire to get involved”⁶³ in HIV /AIDS ministries and will be added to the manual and conclusion section.

Development of a Framework for HIV/AIDS Prevention Programs in African American Churches, is a project conducted in South Carolina using the F.A.I.TH (Fostering AIDS Initiatives that Heal) project as the research study, a state-wide demonstration project of the South Carolina HIV/AIDS Council (SCHAC), which addresses the framework that identifies individuals (members of congregations and church leadership) who are passionate about the work of HIV.⁶⁴ This is a manual addition.

Biblical Review

The discussion of HIV/AIDS generates powerful emotions from people of faith expressing different views. All of these scriptures will be used in Chapter Two in the section: Is HIV/AIDS a Judgment from God?

The scriptures selected will also be used in this project to assist in bringing an understanding or at least shed light on this illness as it relates to scripture. The author leaves the

⁶³ Lisa L. Hadley, “*Informing Faith-Based HIV/AIDS Intervention: HIV-Related Knowledge and Stigmatizing Attitudes at Project F.A.I.T.H. Churches in South Carolina*,” *Publish Health Report*, no. 125 (2010).

⁶⁴ Jason D. Coleman, “*Development of a Framework for HIV/AIDS Prevention Programs in African American Churches*,” *Aids Patient Care and STD's* 26, no. 2 (2012).

readers feeling with their own perceptions and their interpretations of the subject. Selected passage of scriptures chosen for this project will address grace, mercy, and love which are the characters of our Lord Jesus Christ and judgment.

There will be some agreement that God sustains, values and protects life, and others it is all the fault of the victims. This discussion becomes what is going to be done now. Whether the disease comes as a result of sin, judgment, redemption or grace, this will govern the actions of those in the houses of worship. The author holds to the opinion that God is a Redeemer not a destroyer. God is not a thief of life as Satan is. “The thief’s purpose is to steal and kill and destroy. My purpose is to give them a rich and satisfying life.”(John 10:10).⁶⁵

There are many questions that will be addressed in his project. Does HIV/AIDS come as a result of sin and if sin causes God’s judgment and what happened when sin came into the world? The Apostle Paul writes in Romans 5:12: “Therefore, just as sin entered the world through one man, and death through sin, and in this way death came to all people, because all sinned.”⁶⁶ Furthermore, Gal. 6:7-8 declares, “and our own choices bring consequences.”⁶⁷

Leprosy and stigmas as it relates to HIV/AIDS, will also be discussed and in Chapter Two where bias and stigmas are evaluated allowing thee readers to examine their own perceptions of HIV/AIDS. This section of biblical truths will enlighten the reader to stigmas that persons living with AIDS have and are facing when they identify or are diagnosed with this disease. Stigmas are a mark of disgrace and are lodged against people without consideration to their feelings or circumstance. This is contrary to the love of God; these actions cause shame, disgrace, dishonor and humiliation to all that are dealing with stigmas. To explain this further, Leprosy as described

⁶⁵. John 10:10 (New Living Translation Bible Version).

⁶⁶. New International Version.

⁶⁷. Ibid.

in Lev. 13:2-3 is a person with who had swelling, scabs, or spots on the skin of their body are brought to Aaron the priest or to one of his sons. When it was verified by the priest, they would pronounce them Lepers or unclean without actually announcing their conditions. In today's society, we treat others in this same manner. The following scripture is found in, Lev. 13:45-46, declares: "And the leper in whom the plague is, his clothes shall be rent, and his head bare, and he shall put a covering upon his upper lip, and shall cry, unclean, unclean. All the days wherein the plague shall be in him he shall be defiled; he is unclean: he shall dwell alone; without the camp shall his habitation be. Look on him, and pronounce him unclean."⁶⁸

The biblical review also notes Mark 1:40-45, which describes the instructions given to those called Lepers. When they kneeled before Jesus and requested to be made clean, Jesus caused it to be so. God did not have a problem with these people; His desire was that they be made whole. As believers, we are expected to follow the same mandates. Moreover, the Gospel of (Matt. 8:1-14) describes Jesus coming down from the mountain and found man in the crowd who was a leper and God stretched out his hand and touched him immediately he was cleansed.

These scriptures being selected as a part of this project will be used to allow the reader to take self-examination. This will be vital for the reader to form his own opinions on how to react to people with HIV/AIDS and whether this disease is a result of a punishment from committing sin. The author holds the opinion that churches do not get involved in caring HIV/AIDS ministries because of their own person biases, prejudices and miss information.

The following scriptures to be examined will also be included in Chapter Two. The Character of God shows that God loves and protects life even though challenges may come. His desire is to make sure no harm comes to the people who belong to Him, as seen in (John 1:4); the

⁶⁸. Lev. 13:45-46 (King James, Version).

book of (Amos 5:4 and Ezekiel 18:32). John 1:3-4 says, “All things were made by Him; and without Him was not anything made that was made. In Him was life; and the life was the light of men,” therefore His desire for His creation was life.”⁶⁹

Ps. 33:5 is another scripture that provides a clear description of mercy. It reads: “He loveth righteousness and judgment the earth is full of the goodness of the Lord.”⁷⁰ Mercy is one of the attributes of God and it is the result and effect of God's goodness.

Faith in Christ has always brought life and hope to the body of believers. If we confess our belief in Christ and are God’s children, we are obligated to assisting people living with HIV/AIDS. It is important for PLWA to be optimistic concerning their life and faith as they face the disease. When there is a joining together of hope, love and faith victory will be witnessed and ministry will, undoubtedly, begin. Gal. 6:9-10 is a reminder: “And let us not be weary in well doing, for in due season we shall reap, if we faint not. As we have therefore opportunity, let us do good unto all men, especially unto them who are of the household of faith.”⁷¹

The Hebrew-Greek Key King James Study Bible in Isaiah 61:1, clearly addresses people who find themselves in a struggle. It declares: “Those Who Endure Affliction Will Be Exalted.”⁷² This prophetic scripture gives encouragement to all that desired His appearing “The Spirit of the Lord is upon me, because the Lord hath anointed me to preach good tidings unto the meek; he hath sent me to bind up the broken hearted to proclaim liberty to captives and the opening of the prison to them that are bound.”⁷³ You can see mercy and grace in full operation in these scriptures.

⁶⁹. John 1:3-4 (King James Version).

⁷⁰. Psalm 33:5 (King James Version).

⁷¹. Gal. 6:9-10 (King James Version).

⁷². Zodhiates and Baker, *Hebrew Greek Key Word Study Bible*, (Chattanooga: AMG Publisher, 2008), 915.

⁷³. *Ibid.*

Grace is defined as, "favor or kindness shown without regard to the worth or merit of the one who receives it and in spite of what that same person deserves."⁷⁴ This display of God's love shows how merciful and gracious He is toward all and we living the Christian life should be in the center of our relationships with others. Therefore grace is almost always associated with mercy, love, compassion and patience as the source of help and with deliverance from distress.⁷⁵ The grace scriptures are Rom. 11:6, Eph. 2:8-9, Col. 3:12 and Titus 2:11, to name a few. Salvation, healing and deliverance are from God the Creator of everyone showing compassion, kindness, meekness, and patience showing how all are to be treated. Jesus answered the Lawyer question, how to inherit the kingdom of God. The answer is found in Luke 10:27: "Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy strength, and with all thy mind; and thy neighbor as thyself."⁷⁶

In Eph. 4:1-16, Paul talks to the church at Ephesus about love, grace and compassion coming from our Lord and Savior Jesus Christ. He shows how to rejoice in this portion of scripture and to understand the worth of people that go through things. This makes a person realize that we have been spared and redeemed by his grace therefore we do have the right or permission to judge anyone.

The only healer is God regardless of the opinions of others. God is the Great Physician and can heal anyone of any affliction, whether it is physical, mental, emotional, or financial. God's love heals and He always will. There is no medical cure for HIV/AIDS but God has the power to heal all diseases.

⁷⁴ Herbert Lockyer Sr., *Nelsons Illustrated Bible Dictionary* (Nashville: Thomas Nelson Publishers, 1986), 443.

⁷⁵ Ibid.

⁷⁶ Luke 10:27 (King James Version).

The question remains: Is HIV/AIDS a judgment from God? For some, the answer is yes, as they agree with what is written in the book of Joel that Leprosy and HIV/AIDS is a judgment and punishment from God. The author of this project examined the Word and does not agree with on that God is judging someone because they have this disease. There are theories of judgment, but God gives instructions from Himself as to what He has to say about the subject. Based on the belief of the author, man cannot make demands for God, for only God speaks for God's self. John 3:16-18 translated from The Message Bible reads: "This shows how much God loved the world: He gave his Son, his one and only Son. And this is why: so that no one need be destroyed; by believing in him, anyone can have a whole and lasting life. God didn't go to all the trouble of sending his Son just to point an accusing finger, telling the world how bad it was. He came to help, to put the world back to what he created it to be. Anyone who trusts in him is acquitted; anyone who refuses to trust him has long since been under the death sentence without knowing it"⁷⁷ This is a demonstration of the ultimate love that God has for His children and infirmity all are suffering with something and God still gave His son.

⁷⁷ John 3:16-18 (Message Bible).

CHAPTER TWO

EYE OPENING REVELATIONS BRING CHANGE

HIV/AIDS has had a devastating impact on the African American community, and it is the leading cause of death in the United States for African American men and women ages twenty-five to forty-four. According to the Center for Disease Control and Prevention (CDC), in the thirty-three states where HIV cases were reported in 2001, African Americans are the racial/ethnic group most affected by HIV in the United States.¹ Gay and bi-sexual men account for more than half of the estimated new HIV diagnosis among African Americans. Women in this ethnic group have declined although the numbers remain high compared to women of other races. In 2014, forty-four percent (19,540) of estimated new diagnoses in the United States were among African Americans, who comprise twelve percent of the U.S. population. Among all HIV diagnosed in 2014, seventy-three percent (14,305) were estimated to be men and twenty-six percent (5,120) were women. Among those diagnosed during this time period was an estimated fifty-seven percent (11,201) were gay or bisexual men between the ages 13 to 34.² Regionally, the South accounts for the majority of Blacks newly diagnosed with HIV (sixty-one percent) in 2011) and Blacks living with an HIV diagnosis at the end of 2010 (fifty-five percent).³

The African American church has had a historic role and interest in the well-being of the African American community. When Christians embrace the fact that God has created all of

¹ Centers for Disease Control, *2014 Surveillance Report*, 26.

² Ibid.

³ The Henry J. Kaiser Family Foundation - *Black Americans and HIV/AIDS*, 2014 <http://kff.org/hivaids/factsheet/black-americans-and-hiv-aids>.

humankind, not just some of humankind, and that God is a God of all creation, compassion, mercy, and love, there will be a positive difference in reaction toward those in need. Those reactions connect to the scripture: “For in Him all things were created, things in heaven and on earth, visible and invisible, whether thrones or powers or rulers or authorities; all things have been created through Him and for Him.”¹ This project will not just be a mission, but a movement that will encourage faith communities’ involvement and desire to fulfill the Great Commission as declared in Matt. 28:19-20: “Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age.”² Therefore, all of humanity is called to work and to witness to all souls, and there is no better time than the present time. It is God’s mercy and grace that sustains all creation and people everywhere should be grateful and become involved in the suffering of those who are hurting. The Psalmist proclaims all should “give thanks unto the God of heaven: for His mercy endureth forever”³ This project has proven to be an eye-opening revelation and a journey that has only just begun. The readers will be led to a place that will cause them to feel, explore, digest and process their emotions and understanding about HIV/AIDS and their potential involvement in the lives of those learning to survive this horrendous disease. Using the word *revelation* in the title of this chapter is so fitting to explain this time in history. The Greek name for the last book of the bible, Revelation, is *A-po-ka'ly-psis* (apocalypse), which means “Uncovering” or “Disclosure of hidden things of God.”⁴ This name indicates that it uncovers matters that had been hidden and

¹ Col. 1:16 (New International Version).

² Matt. 28:19-20 (King James Version).

³ Psalm 136:1-26 (King James Version).

⁴ Robert F. Youngblood et al., *Nelson's New Illustrated Bible Dictionary* (Nashville: Thomas Nelson Publishers, 1996), 1084.

discloses events that would happen long after it was written. Its meaning is positive rather than fearful or terrifying to those who serve God. While many associate the word “apocalypse” with great disaster, the book of Revelation begins and ends by saying that “those who read, understand, and apply its message would be happy for doing so.”⁵ Kingdom Building can be said to be the ultimate result and ending place for this Godly work that begins with soul-searching or understanding what has already been opened for any understanding from the Word of God.

In this journey of fighting the disease called HIV/AIDS, it cannot be done alone. Many people have become involved in helping, but many more are needed. There are and have been teachers on this journey and sometimes they are the victims in the midst of their own suffering. The end cannot be accomplished until there is a beginning that causes decisions to be made along the way. This will not always be easy, but nothing is impossible when one first decides to make the effort. Believers have the best assurance found in Phil. 4:13 “I can do all things through Christ who strengthens me.”⁶ This is also stated in Matthew 9:26: “With man this is impossible, but with God all things are possible.”⁷ Therefore, this journey to address HIV/AIDS, will continue and must never wane.

There is a desire to bring a keen awareness to the plight of another arena of hurting people. HIV/AIDS victims, in some situations, seemed not to have a voice but feelings of pain, suffering and alienation; lives that need to be acknowledged, voices crying for help in their own wilderness that need to be heard. Jo Ann Santangelo, a noted photographer from Austin, Texas, stated: “there is an estimated thirty-three million people worldwide living with HIV/AIDS. Four hundred ninety-one thousand are living with HIV/AIDS in America; 61,595 in the state of Texas

⁵ Rev. 1:3-22:7 (New King James Version),

⁶ Phil. 4:13 (New King James Version).

⁷ Matt. 9:26 (New King James Version).

and 5,505 in Austin, Texas.⁸ She created photographs as part of the series, *Austin Faces AIDS: Portraits of People Living with HIV and AIDS*, a multimedia project meant to help increase HIV and AIDS awareness and “reduce stigma by putting a local face to this disease.”⁹ When there is a face, an actual life becomes associated with this disease that can no longer be swept under the carpet, making it very hard to turn one’s back on those who need support and help.

There is an African Proverb that states, “*If you want to go fast, go alone. If you want to go far, go together.*”¹⁰ The author had heard this proverb quoted before, but while listening to an interview being held on the local public radio station, this quote created another impression as it relates to this topic. This quote was profound and began to ring so clearly in reference to making a difference in the lives of people, and how it can be done merely by supporting them. This Proverb gives this journey a place to land and the meaning for this work becomes clearer. Former Vice President Al Gore, who was also the 2007 Nobel Peace Prize winner, had been interviewed about global warming and shared the following remark that parallels the African Proverb, though in reference to another serious issue: “*If you want to go quickly, go alone. If you want to go far, go together.*”¹¹ To go far and quickly simply means one must expeditiously discover a way to change the world's consciousness in by directly addressing whatever they are facing, and by working hard and in concert with other to solve the problems that plague this world. If those concerned are going help the marginalized and struggling, there is undoubtedly hard work that must begin with fortitude and commitment, and it must begin immediately. There is no time to waste.

⁷⁵ Joann Santagelo, *Austin Faces AIDS: Portraits of People Living with HIV and AIDS* (Hoboken, Self 2010),1.

⁹ Ibid, 1.

¹⁰ Journal for Global Transformation, 2014.

One issue that must be addressed is churches must continue to be diligent and proactive regarding health struggles. The Potter's House, pastored by Bishop T.D. Jakes in Dallas, Texas, has organized an HIV/AIDS ministry in his church named *The Balm Ministry*, and historically, the church reaches the core needs of most individual:

It is the most trusted institution for many Americans. The church sits in a position of leadership and through information shared at church; many Americans formulate their beliefs systems and philosophies. For the church to acknowledge the growing HIV/AIDS epidemic and its detriment on society is to add credence and validation to the many national and international organizations who have attempted to give a voice to the need for attention to HIV/AIDS. Simply, when the church speaks, people listen and when the church speaks about HIV/AIDS it gives permission to address this growing concern.¹²

The question remains in the minds of some: If churches do not reach out to the ill and vulnerable, then who will?

The songwriter Matthew West penned the song, *One Day* that can be found on his album "Live Forever." The lyrics encourage people to become involved in outreach. He sings that everyone has the chance to start again. However, in the song he was concerned with all the cares of the world, and one day he woke up and shook his fist at God and asked Him: Why don't you do things about the world's troubles? And God answers, "I did, I created you." If not us, then who; If not me, then you. Right now, it is time for us to do something if not now, then when?.....It's time for us to do something!

I'm so tired of talking
About how we are God's hands and feet
But it's easier to say than to be
Live like angels of apathy who tell ourselves
It's alright, "somebody else will do something"
Well, I don't know about you
But I'm sick and tired of life with no desire
I don't want a flame, I want a fire

¹¹. Nobel Peace Prize 2007, Intergovernmental Panel on Climate Control Change, Al Gore, accessed December 10, 2007, <http://Nobelprize.org>.

¹². T.D. Jakes Ministry, *The Balm (HIV/AIDS) Ministry* (Dallas, TX),1.

I wanna be the one who stands up and says,
 I'm gonna do something"
 We are the salt of the earth
 We are a city on a hill
 But we're never gonna change the world
 By standing still
 No we won't stand still
 No we won't stand still
 No we won't stand still
 Do Something¹³

West goes on to say: "I was face to face with the real stories of people's lives. It caused me to take a look in my own life, and I realized that a lot of times, I stay safe in the confines of my own little world."¹⁴ These lyrics create awareness about the importance of ministry work that extends beyond the walls of one's world. This is a powerful song that says it best. There is much that has to be done and the church has to do it now!

The question is raised: Why care and walk out in a place where one may be shunned or ridiculed due to an illness? The answer is because when life becomes personal one must act. The researcher selected this topic because of personally being involved in the HIV community for many years and serving as case manager and supervisor of an HIV/AIDS agency.

Working with this population and witnessing individual's feelings of being ostracized by their own community and houses of worship/faith community was alarming and became a deep concern for the researcher. There are many people who face this disease alone without a community to accept them because of so many biases and prejudices toward the disease. Some of these individuals go through their entire lifetime in silence and completely wounded. There were those who expressed their own personal shame and guilt, without being able to find a spiritual leader or house of worship to be a part of, not because of how they contracted HIV, but the fact

¹³. Matthew West, Day One, [www.klove.com/music/artists/Mathew West](http://www.klove.com/music/artists/Mathew%20West), 2015.

¹⁴. Ibid.

that they are living with it.

The author also now realizes that the journey began before the epidemic was identified not knowing where life was leading, but by realizing there was and always has been a connection to those who were in need or those who are marginalized. These realities stem from being an individual who has filled many roles: a caseworker, social worker, wife, mother, grandmother, community advocate and pastor, totally filled with a nature of a caring spirit.

Moreover, the author did not recognize the extent of involvement attached to such ministry work, but rather observed many things that needed to be done. Reflecting now on the young man who had HIV/AIDS for many years with no knowledge that he was suffering and the level of pain he lived with in silence, caused her to befriend him. Feeling his pain and seeing the struggle led them to become friends. No questions were ever asked; she was just open to being there when and if needed while not knowing his health status, but was invariably able to discern the existing pain in his life attached to his struggles with an unknown, unidentified illness. Then, suddenly, he was absent from work on many occasions, but never stated the reason why upon his return. The notification came one day that he was in the hospital and the researcher who knew of his homosexual status felt compelled to visit him. Finding him very frail, lonely and depressed for whatever he was suffering from, was evidence he was very ill. After sitting for a very long time holding his hand and watching him cry uncontrollably, he began to talk and was visibly broken, sharing what he was going through and having no one he trusted to dialogue with. He conveyed that his family did not know of his HIV status and had no church family he could confide in; he was afraid to tell anyone about it because of how they felt concerning homosexuals. Those in his life tolerated him but did not accept him. This young man died alone with his secret.

Additionally, the researcher's in-law was diagnosed with HIV and was too frightened to

share this with her mother because of her family's religious beliefs. She received the virus from her husband and was unaware of his status. Finally, after one of her many hospitalizations, she shared the details of her illness with her parents, which caused her mother to immediately disconnect from her and refuse to have any contact with her even while she was dying. Her father maintained semi-contact with her, but gave no support or assistance. The religious community where she grew up rendered no prayer nor gave any support. On the day of her death, she was alone in her hospital room. This young lady was transported to the funeral home where she laid in a room for days on a metal table with just a sheet over her. This was such a gruesome scene; a young mother with no one to comfort her in the final days of her life. After standing there, imagining the lack of quality in her life was very sad, disheartening and unfathomable. However, nothing could be done at this point. This young lady was cremated without a funeral service or any family present. This was such a tragedy, which commands the notion that so more needs to be done regarding those plagued with HIV/AIDS.

The Face Changes

The face of HIV began to change with a young man named Ryan White. "The United States Health Resources and Services Administration created a grant in the name of this young man who was born with a rare, genetic disease, hemophilia, which prevents the blood from clotting so the victim will experience uncontrollable bleeding."¹⁵ There are treatments today that can control the illness that were not available in the early seventies when Ryan was born, and this condition was often fatal. In 1985, he was a seventh grader, in and out of the hospital, a young man who contracted AIDS from a blood transfusion. This boy was banned from attending school

¹⁵ United States Health Resources and Services Administration, Ryan White HIV/AIDS: 25 Years of Passion, Purpose and Excellence, accessed August, 2015, <http://Hrsa.gov>.

because of the lack of knowledge of the problem, which caused mass hysteria. After his family sued the school system, he was allowed to return to school only to witness parents withdrawing their children from school. He was a modern day leper, not allowed to use the bathroom with other kids or drink from the water fountains. He was relegated to using plastic utensils in the cafeteria. His family was attacked, tires slashed, death threats directed toward them, and their house was railed with bullets. Unfortunately, it became worse. His own church treated the family dreadfully. The Whites had to sit on the front pew or the last pew and were totally ignored. It was a tragedy the way the church turned their backs on this young man who had no control over the reason he was in this situation. Tragically, following his death, his grave stone was vandalized four times.

Elizabeth Glaser, the founder of a non-profit organization “dedicated her life to preventing HIV infection in pediatrics, and at times she was limited to doing this until doors began to open.”¹⁶ She was allowed to speak at the Democratic National Convention in 1992. Elizabeth wanted to bring a face to her baby daughter who had died. She admonished the Convention not to see this epidemic as a political issue, but rather, a crisis of caring. She died two years later and her obituary read “Thousands of delegates, dignitaries and guests stood frozen in place at the Democratic National Convention in New York City as she told of the death of her seven year-old daughter, Ariel, in 1988 from AIDS. Elizabeth said, "She taught me to love when all I wanted to do was hate," Mrs. Glaser said. "She taught me to help others when all I wanted to do was help me."¹⁷ After finding out about the death of Elizabeth a statement was made by President Bill Clinton and his wife, Hillary, who were deeply saddened by her death. "Elizabeth confronted the

¹⁶ Elizabeth Glasser, Pediatric AIDS Foundation/Elizabeth's Story, accessed 1992, <http://PedAids.org>.

¹⁷ Randy Kennedy, “Elizabeth Glaser Dies at 47, Crusader for Pediatric Aids,” *New York Times Obituaries*, December, 1994.

challenge of AIDS in her own life and lost her beloved daughter to AIDS at a time when our Government and our country were too indifferent to this illness and the people who had it," he said."¹⁸

Another facet of this matter is intravenous drug users by those in the household of faith in the early 2000's, in which there was opposition from the African American community. "In December 15, 2009, President Barack Obama signed a law to reinstate federal funding for needle exchange programs, but nevertheless, Congress banned it again despite that fact that the program can reduce the rate of HIV infection by 80%, according to the American Foundation for AIDS Research."¹⁹ There are complexities that will merit particular attention to this population, which includes a basic knowledge of the disease no matter how learned the one victim may be. It is important for churches to constantly research and upgrade information and resources that will be useful and a comfort to all involved.²⁰

Additionally, there have been many who have died, but no one wanted to speak about these faces until Martin Duberman enlightened the generations that there are still people who have lost loved ones. The book, *Hold Tight Gently*, reminds the author "there are struggles over the generations of those dealing with the disease during this era."²¹ It is important to realize that even today there are still many who are afraid to reveal their positive status without "being uncomfortable, fearful or feeling they are being judged. A face in the crowd with no face is how

¹⁸ Randy Kennedy, "Elizabeth Glasher Dies at 47, Crusader for Pediatric Aids," *New York Times Obituaries*, December, 1994.

¹⁹ Barack Obama, "The Federal Funding Ban on Needle Exchange Programs," *The White House President Barack Obama*, December, 2009.

²⁰ William A. Amos Jr., *WHEN AIDS COME TO CHURCH* (Philadelphia, PA: Westminster Press, 1988), 3.

²¹ Martin Duberman, *Hold Tight Gently* (New York, NY: New York Press, 2014).

these people were described with no one to confide in.

After many years of doing nothing, working in this arena of HIV/AIDS and watching client after client facing the same demise, the researcher came to the realization that it was time to become involved in the struggle. Working is not really involvement; it comes when one steps outside of oneself and commits to the cause. The author remembered visiting far too many hospitals only to see no one present other than the hospital chaplains who gave non-judgmental comfort. Reflecting back, the researcher cannot remember anyone who was there to care for the ill patient, holding them, but possibly, they were not allowed to. However, one noticeable fact is that the faith community was consistently absent. There were too many funerals where only the HIV/AIDS community was present, with no representation from houses of worship. Most of the time, case managers were taking the lead to contact necessary people and plan the funerals. There are too many of God's children not feeling and finding a place of acceptance in life as they struggle to die or live.

The author decided there was more that should be done by stepping across the line to help rather than remaining one of the ones whose desire was to help but not doing so. In the role of a pastor there were many annual HIV/AIDS walks and events to raise money for the victims to get medicine, but never was anyone invited to the church to discuss their plight. There is awareness, however, of visitors in the church living with the disease, keeping their "secret" in the closet, but willing to help. It is important to help those who openly need help and encourage those who want to maintain their "secret" to not fear rejection in their quest for help. There are many national groups that are on board to help others get involved, but the focus coming down through the local churches is not readily found and this has become an overwhelming dilemma.

Imagine making home visits while observing frail, emaciated people who were dying with what the families thought they were suffering with something other than HIV/AIDS. God was guiding the path and constantly drawing the author to this work and passion. It is imperative to not take lightly the scripture in Matt. 25:40, that declares: “And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.”²² There are far too many calls to go to funerals where there is little attendance and where many of the funerals are not in a church, but inside funeral homes without a formal service. Oftentimes, only the workers knew the status of the deceased. This is a hard place to be, and yet, there is still not a ground swell for churches to get involved. There are many houses of worship that are very involved in HIV/AIDS ministries, such as Friendship Missionary Baptist Church (Charlotte, North Carolina); Rain Congregational Support, (Charlotte, North Carolina); The Episcopal Church in South Carolina (Charleston, South Carolina); Mt. Lebanon Baptist Church (Baltimore, Maryland); Allen Temple (Oakland, CA); Presbyterian AIDS Network (Louisville, Kentucky); Saddleback Church (Lake Forest, California); The Potter’s House (Dallas, Texas) United Church of Christ (Cleveland, Ohio) and The Riverside Church (New York, New York), to name a few. The author desires to get churches in the Carolina Region to become involved in a greater capacity and to use these churches as blueprints to achieve this goal.

Despite the widespread impact of this disease, “many know little about AIDS and its transmission, and few in the church have developed a thoughtful, biblical response to those ravaged by this disease.”²³ The problem also becomes one of total involvement, not only in the

²² Matt. 25:40 (King James Version).

²³ CNN, Aids Charting A Christian Response, [www.cbn.com/spiritual life](http://www.cbn.com/spiritual%20life), 2016.

lives of the victims, but in their families as well.

The author's involvement in the HIV/AIDS community has been eye opening and revealing to families, friends and victims suffering and dealing with this issue without the compassion of the faith community. It is time for increased visible and committed involvement of the church in caring HIV/AIDS ministries. There are many questions from those seeking to become involved in HIV/AIDS work as well as those seeking comfort and understanding. Fear from victims regarding a lack of confidentiality is a large issue. There must be a call and strict commitment to be extremely discreet in order for people to feel comfortable about allowing others into their personal lives as they deal with HIV/AIDS.

The author believes that whatever is done in the churches should have a biblical foundation and perspective that leads to discipleship and counting the cost of following Christ into service. "AIDS can be a challenge in terms of the church and its ministers being able to give the church and community all possible assurance they can be of help and this issue will not be abandoned in the middle of the process of helping."²⁴ There has to be a desire to stay in the game for the long term, as referenced in Luke's Gospel, 4:16-20. Jesus wants it known that there needs to be an understanding that He as well as ministers and lay persons need to pay close attention to who are to be the recipients of ministry and all people are acceptable to God. He calls on all to overcome the issues/problems that have made it so hard to take a leap of faith to make inroads in making a difference in our world. There are several things that keep the communities from getting involved, including fears, biases and prejudices and whether they feel that this illness comes as a result of a judgment from God.

²⁴. CNN, Aids Charting A Christian Response, www.cbn.com/spiritual life, 2016.

Fears

Looking at the issue regarding the fear factor of AIDS centering on a lack of understanding as to how the disease is transmitted is a major problem. Misconceptions make dialogue difficult with churches and progress can be slow, but not impossible. There has been a notable response to this epidemic and many successes have been seen, but there is still work to be done. Today many people suffering from HIV/AIDS experience judgment, stigmatization and rejection as did the lepers of biblical times. “There are those suffering with AIDS being treated as lepers today who are being forced “outside the camp,” whether it is with regard to housing, employment, insurance, school or even the practice of their religious beliefs.²⁵

When they are faced with the actual unknown, there are many African American HIV/AIDS victims who may not or cannot utilize health care and support they may need without support of their families and others who are willing to help because of a fear that someone will learn of their diagnosis. If this crippling fear takes over, treatment can be delayed endangering the lives of those infected. There is a book written that posits a survival guide for those faced with this fear. It maneuvers a person through this maze of living with the disease, but also reaching out for help.

Biases

Biases and prejudices are caused by stigmas and rejections with no color or gender attached. Bias can best be defined as “prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair,”²⁶ and prejudice which literally means-*pre-judgment*, is defined as “having a preconceived opinion about something or someone

²⁵. American Catholic, Americancatholic.org/Newsletters/SFS/an1098.asp.

²⁶ Webster New World Dictionary and Thesaurus Second Edition (Cleveland: Wiley Publishing, Inc., 2002).

not based on reason or actual experience.”²⁷ When bias or prejudice is weighted toward someone; when all the facts can and will damage a character and self-worth, it poisons everything that is around, therefore becoming a danger to society. Christians can find it difficult to reach out and minister to those in need for fear that positive advances will be diminished.

Stigmas

Stigmas refer to the “social devaluation of people who are different, whether due to conditions that do not affect the majority of a population, (e.g., homosexuality, HIV/AIDS, mental illness), or more ordinary conditions that affect many or all in a population (e.g., demographic features tied to age, race/ethnicity, gender, notably within marginalized and stigmatized communities.”²⁸

There have been several different and useful conceptualizations of stigma put forth over the last several decades. Erving Goffman, one of the pioneers of stigma research and theory, noted: “Thus, stigma is understood as devaluing a person or group of people based on the way society views a particular attribute or characteristic. Individuals who are stigmatized have higher levels of stress due to both the anticipation of negative treatment by non-marginalized/non-stigmatized individuals, and the internalization of stigma.”²⁹ It causes some groups to be devalued and others to feel that they are superior in some way. This becomes the workings of social inequality, whether in relation to HIV and AIDS causing some to be socially excluded. Moreover, there are undiagnosed people that have stigmas associated with the AIDS diagnosis and victims do not want the words on their medical chart.”

²⁷. Ibid.

²⁸. Addressing Stigma: A blueprint for improving HIV/STD Prevention for Black and Latino Gay Men Combating Stigma Resource, May 2014.

²⁹. Ervin Goffman, *Stigmas Notes on the Management of Spoiled IDENTITY* (New York: Simon and Shuster, 1963), Combating Resource_NASTAD Report Addressing Stigmas, May 2014.

The author read an article in the 1985 edition of the Time Magazine, titled *Thunder on the Right, The Growth of Fundamentalism*, in which the article depicted the leader of the group who was a devout Christian remarking that he despised gays, and he was very candid about it. This author really became of great concern because it was identifying a mighty religious figure. Some of the words that were quoted were very disturbing. They are being included not as a scholarly statement, but to take a look at some opinions that many attest to. This article is available and can be found and read in its entirety, but only a few are included in this project.

AIDS is not just God's punishment for homosexuals. AIDS is the wrath of a just God against homosexuals. To oppose it would be like an Israelite jumping in the red sea to saved one of Pharaoh's charioteers." "Homosexuality is Satan's diabolical attack upon the family that will not only have a corrupting influence upon the next generation, but it will also bring down the wrath of God upon America.³⁰

Thoughts like this, although not as overt, are still being ascribed to by some. Gal. 6:9-10, declares: "And let us not be weary in well doing: for in due season we shall reap, if we faint not. As we have therefore opportunity, let us do good unto all men, especially unto them who are of the household of faith."³¹ The author believes this is one of the powerful scriptures that connects to this project knowing if nothing is done no blessings will be reaped. It becomes a time when believers reflect on what God has done in their lives and what God can and will do in the lives of others.

According to the Bible, the disease of Leprosy caused fear to run rampant in the faith community. It was terrifying just as AIDS is in current times. Leprosy is viewed no differently today than how it was viewed and treated in biblical days, in which there is no difference in the way the church currently deals with those with the AIDS virus. To be diagnosed meant loss of friends, families and possessions. This inevitably, created isolation. Just the thought created fear

³⁰. Goffman, Erving, *Stigmas Notes on the Management of Spoiled IDENTITY* (New York, New York: Simon and Shuster, 1963), *Combating Resource_NASTAD Report Addressing Stigmas*, May 2014.

³¹. Gal. 6:9-10 (King James Version).

to those who came in contact with the infected. Today very little has changed as society has not learned from the history of Leprosy of the biblical days.

Is HIV/AIDS A Judgment From God?

The question is whether or not HIV/AIDS has come into being as a result of God's judgment. This becomes a factor in the stigmas, prejudices and biases that People Living with AIDS (PLWA) have to confront. Also, light will be shed on the church's response to this pandemic. There are people suffering who can and must be ministered to, but until the faith community reckons with whether this is caused by man or the result of God's punishment, there will be no forward movement in addressing the disease.

There are many situations that the faith community chooses not address, but rather to pass on to other institutions or organizations to address. One reason for that is because discussing things that may be of a sexual nature has not been accepted and addressed fully and openly in churches. This takes the religious community away from their zones of comfort, but it is time that they step forward and become accountable for what they think, know and believe.

In this country where democracy is practiced, it is law that everyone has inalienable rights and freedom of speech. The author feels this is the best country in the world to live in, but when what is said and act upon causes others to live in obscurity and causes another human being to not be able to live a life that becomes healthy or beneficial to anyone, it becomes less than what the forefathers desired. This project is attempting to boldly address one of these situations.

HIV/AIDS in our community has become the elephant in the room that has been gravely ignored.

There are those who want to make a difference, but just do not know how; therefore, they must be given correct information and the blueprint for how to create inroads in making positive and sustainable differences.

A kindle book entitled, *I Permie: How to permaculture your urban lifestyle*, written in 2013 by Bob Waldrop, has nothing to do with HIV/AIDS, nevertheless, he makes profound statements that are worth nothing in this thesis project. In this book Waldrop was writing to help navigate through the culture of today . He made a point to reference the ancient African Proverb, *It takes a Village To Raise a Child*, feeling as if it teaches an eternal truth, “No man, woman, or family is an island, but our communities are not all they are intended to be.”³² There are many who like to believe the world is a place where people care about others. This is found not to always be the way things are perceived, but there is hope. “Instead of living in a community that reaches out, there is alienation and distrust. People often retreat behind closed and double locked doors and try to ignore their neighbors.”³³ The author is taking the stand to say not only residential doors, but church doors as well are becoming an island. Waldrop goes on to stress: “nobody is an island and life becomes easier when you become a part of a network of friends, family and a neighborhood.”³⁴ Then and only then does the community and neighbors really become neighbors. The faith community must desire to not only build a physical place that Waldrop speaks about where things grow, flourish and become green, but extend to meeting a person just where they are in addition to who they are or may become; a place where the world will survive and become healthy. The faith community has this and a greater mandate to make this world a village for souls to become a part, but there remains a problem when it boils down to the disease of HIV and AIDS.

Many people lack understanding regarding those who suffer with HIV/AIDS. Winning

³² Bob Waldrop, *I Permie: How to Permaculture Your Urban Lifestyle* (n.p.: Bob Waldrop Kindle Edition 2013), Kindle.

³³ Ibid.

³⁴ Ibid.

over those with judgmental attitudes and fears keeps the church at odds with those living with this disease. Appropriate exposure to caring HIV/AIDS ministries can empower the disenfranchised and strengthen the faith community.

There have been some people who during this project revealed issues that hold them back from reaching out to the marginalized, and it is the age old question that remains: Is sickness and disease a judgment from God? HIV is a disease that many do not really know a lot about and would rather just ignore. The discussion has to take place and the fear of discussing it has to end. Whether a person feels that all sickness and illnesses are a judgment from God will be left to their belief. The author wants the reader not to allow their judgment, pro or con, to hinder their desired help. "There is no consensus among religious authorities on either the theological significance of AIDS or what exactly would constitute a religious approach of this public health issue."³⁵ Has AIDS been sent by God to punish people from committing acts of sins or as a result of man himself? This is the great question for the church.

It is important to go back to when the first case was reported in 1980. This disease first surfaced in the homosexual community; therefore, it only happened to the gay so it became "their" disease. Moreover, there arose biases and stigmas toward this group of people that came upon them because of the acts that went contrary to the word of God found in Lev. 20:13: "If a man has sexual relations with a man as one does with a woman, both of them have done what is detestable. They are to be put to death; their blood will be on their own heads."³⁶ Since there was a stigma against homosexuals, this had to be as a result of being a punishment from God. This thought is held by many in the church and they react in the way of one deserving death therefore

³⁵ W.C. Champion, *The Black Church and AIDS* (Dallas, TX: Rev. Dr. W. C. Champion, 2001), 27.

³⁶ Lev. 20:14 (New International Version).

believing homosexuals deserve what they get. The background that people had from sharing this view came from a number of passages of Scriptures, including but not limited to: I Cor. 6:9

“Know ye not that the unrighteous shall not inherit the kingdom of God? Be not deceived: neither fornicators, nor idolaters, nor adulterers, nor effeminate, nor abusers of themselves with mankind.³⁷ Likewise, the book of Rom. 1:27 declares: “And likewise also the men, leaving the natural use of the woman, burned in their lust one toward another; men with men working that which is unseemly, and receiving in themselves that recompense of their error.”³⁸ I Timothy 1:10 also states: “For whoremongers, for them that defiles themselves with mankind, for men stealers, for liars, for perjured persons, and if there be any other thing that is contrary to sound doctrine.”³⁹ It must be understood that these Scriptures were part of the Mosaic laws and addressed to all citizens who were ungodly, and therefore, had to be punished for breaking moral codes.

Unfortunately, the discussion still remains today concerning the relationship between sin and sickness. Although it is known how HIV/AIDS is contracted from other than sexual contact, there is still conversation as to whether it is judgment for sin. If the people hold the above opinions, how can it be explained that the infection of those that are not homosexuals, but are children, heterosexuals and intravenous drug users?

Did God cause the disease? In answering this question, it is important to look at disease and sickness as a whole, separating HIV for a moment, but including all diseases. When the church takes on the idea that one illness comes one way and other illnesses a different way, it can be both deceiving and misleading. Disease and sickness is said to come as a result of humankind’s broken fellowship with God. Man was made in the image of Him and mankind was

³⁷. I Cor. 6:9 (King James Version).

³⁸. Rom. 1:27 (King James Version).

perfect. There was no pain, evil, disease or sickness. This was all broken when man disobeyed God as referenced in Gen. 2:17: “In the day that you eat of it, you shall die.”⁴⁰ Judgment was passed and punishment pronounced and death came to pass, spiritually and physically resulting in suffering and evil. This is not the result of anything God did, but rather, what man did resulting in sin coming into the world. Adam’s sin is seen as the root of evil and disease, which includes sickness as one of the characteristics of evil.

The question as to whether God caused or did not cause HIV/AIDS is not the real issue. The focus needs to be on God and His mandate to believers. There needs to be an awareness of what God has called the body of faith to be and do. Matt. 10:1 explains this: “And when He had called unto Him His twelve disciples, He gave them power against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease.”⁴¹ It is the product of God that is given by God because of who He is and not because of who we are as referenced in Eph. 2:8-9: “It is the means of our salvation.”⁴²

When Evangelist Billy Graham was asked in 2007 whether he felt AIDS was a judgment from God, he stated he could not say for sure, but he remarked, “I do believe God stands in judgment of all sins, but AIDS is a disease that affects people and is not part of that judgment. To say God has judged people with AIDS would be very wrong and cruel.”⁴³ According to Graham, a Christian’s life is a balance of truth and grace, the truth component being God’s convincing people of the sin that Christians believe every single human being on earth has been born with and the “grace” component as God’s payment is required for the sin and his forgiveness through

³⁹. I Tim. 1:10 (King James Version).

⁴⁰. Gen. 2:17 (King James Version).

⁴¹. Matt. 10:1 (King James Version).

⁴². Eph. 2:8-9 (King James Version).

⁴³. David Aikman, *Billy Graham-His Life and Influence* (Nashville, TN: Thomas Nelson, 2007).

Jesus Christ.⁴⁴

When AIDS comes to church it becomes the responsibility of the religious community to respond. It does not matter the belief system that one may hold, but we must accept that God is Creator and Sustainer and will mold the examination of what the actual foundation should be for all and not just some. God shows no favoritism and this can be seen when Peter examines the fact that God shows no difference between the Jews and Gentiles when they felt they were God's favorites, and when those barriers were no longer there, God did not esteem any one group over another.

The scriptures in Lev. 13 show that God had given the Israelites very specific instructions on how to deal with Leprosy and other skin infections. Anyone suspected of having the disease had to go to a priest for examination as outlined in verses 2-3. If found to be infected, Lev. 13:45-46 declares, "the leprous person who has the disease shall wear torn clothes and let the hair of his head hang loose, and he shall cover his upper lip and cry out, 'Unclean, unclean.' He shall remain unclean as long as he has the disease. He shall live alone. His dwelling shall be outside the camp."⁴⁵ The leper was then considered utterly unclean-physically and spiritually.

There are many ideas, speculations, and judgmental calls as to why and how this disease is continuing and how it is transmitted causing apprehension for involvement. The faith communities have a biblical mandate to be imitators of Christ by having compassion for others and doing things for the glory of God by helping, praying and comforting those in need. Gal. 6:2 reminds us to "bear one another's burdens, and also fulfill the Law of Christ, also "Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not

⁴⁴ Ibid.

⁴⁵ Lev. 13:45-46 (King James Version).

looking yourselves, not looking to your own interests but each of you to the interests of the others.”⁴⁶ The book of Romans 15:1 admonishes: “We who are strong ought to bear with the failings of the weak and not to please ourselves.”⁴⁷

Hosea 4:6 in the scripture declares: “My people are destroyed for lack of knowledge: because thou hast rejected knowledge, I will also reject thee, that thou shalt be no priest to me: seeing thou hast forgotten the law of thy God, I will also forget thy children.”⁴⁸ These declarations confirm the immediate and imperative need to educate our churches and communities.

As the terrible nature and the horror of HIV/AIDS becomes a reality in the minds of more and more people, they are beginning to ask a basic theological question: Is this pandemic a natural consequence of immorality or is it a judgment from God? The answer to this question will help provide explanations as to whether or not the faith community gets involved in the lives of these persons who have been impacted. The stigma of how this disease came into the world and how people contracted it is why some in the community accept these beliefs and why others reject them. Because of the delicate and controversial nature of this topic, it will ultimately be left up to the reader as to whether or not they believe that AIDS is a judgment from God.

Did God cause AIDS? When this discussion surfaces, Leprosy is always somewhere in the midst of the discussion because of the appearance of those who contracted this illness is compared to those with AIDS. Is there a correlation between the two addressing whether either is a sin and disease? Some diseases and illnesses are a result of humankind breaking fellowship with God. Important to this discussion is the fact that God created the world out of nothing in

⁴⁶ Phil. 2:3-4(King James Version).

⁴⁷ Rom. 15:1 (American Standard Version).

⁴⁸ Hos. 4:6 (King James Version).

His own image; man being created with no pain, sickness evil or disease. This fellowship was broken, because of man's disobedience to God. Gen. 2:17 declares, "In the day that you eat of it, you shall die."⁴⁹ It is safe to say because man's disobedience, judgment was invoked and punishment ordered. The result was death, spiritual and physical.

Reviewing the biblical context closely leads the author to deduce that God did not cause evil to the world, but this was the actions of man which is called "sin." Adam's lack of judgment and disobedience to God had an effect on this world and all of humankind since that day. Adam's sin is seen as the root of evil and disease that brings about sickness as one of the characteristics of evil. God placed a divine curse of disobedience, on those who walk contrary to His will. This curse involved troubles, distress and calamity, which may be evil that humankind must endure. Adam sinned; sin and evil came into a perfect world, and evil is sometimes spoken of as a punishment sent from God. This seems to mean when God, who is totally in control, will use evil in the form of disease to accomplish God's will through severe purposes at times by allowing consequences.⁵⁰ However, this does not mean God causes disease to come upon all people who get sick. The world can be said to be under the power of the wicked one "Satan, who is the god of this world, and who has blinded the minds of those who do not believe and who are unable to see the glorious light of the Good News. They do not understand this message about the glory of Christ, who is the exact likeness of God,⁵¹ as declared in II Corinthians 4:4. I John 5:19 states: "And we know that we are of God, and the whole world lieth in wickedness,"⁵² which means man is responsible for the way the world is today. Fellowship was broken, but God continued to love

⁴⁹ Gen. 2:17 (English Standard Version).

⁵⁰ Champion, *The Black Church and AIDS*.

⁵¹ II Corinthians 4:4 (New Living Translation).

⁵² I John 5:19 (King James Version).

man. Man has been given free will and God does not force man to be obedient to Him, but we must understand that consequences will happen if man does not honor His will. It becomes man's responsibility to follow God's command. God does not cause wickedness to punish man, but if one goes against God's rules and laws, one is not under His covenant of protection. "God chooses not to rule by force, but He allows the natural world to evolve as it can. God is not to be blamed for earthquakes or volcanic eruptions: these arise in the course of the free developments of the evolving world."⁵³ This, therefore, is not a result of a judgment from God.

The author did not find in the research that God caused Leprosy to come on man as punishment for sin. The infection of AIDS is still being compared by some to Leprosy because their belief is that HIV/AIDS is a sexual sin, but Leprosy is never said to be from sexual activities. The important fact is that leprosy was a disease that existed before AIDS was identified and there is still the uncertainty of whether either disease has had anything to do with sin and uncleanness. These labels have been associated with both diseases by people. Saul Brody, in his book, *Leprosy, The Disease of the Soul*, points out, "To locate the source of the leprosy in the Bible is tempting but the Bible merely contains evidence of stigma, not origin."⁵⁴ Brody further states: There are no recorded writings in the Bible indicating God used leprosy to punish anyone for immorality, especially sexual immorality and, more so homosexuality.⁵⁵

When no explanation for a disease or an illness can be found, God's Word is misused to justify people's attitude and behaviors toward an issue or situation. If leprosy cannot be totally

⁵³. A WCC Study Document, *Facing AIDS, the Challenge, the Churches' Response* (Geneva Switzerland: WCC Publications, 1997).

⁵⁴. Saul Nathaniel Brody, *Leprosy Disease of the Soul: Leprosy in Medieval Literature* (Ithaca and London: Cornell University Press, 1974) 60-61.

⁵⁵. Ibid.

contributed to a commission of sin, it is equally as hard to explain what caused it when it comes to the theological discussion of HIV and AIDS. No matter the origin of Leprosy, according to II Kings 5:1-9, Naaman had leprosy and God healed him by instructing him to dip seven times in the Jordan River. This is a true story; however, it does not say why he had the disease. What it shows is God's act of mercy and compassion. The character of God demonstrates that He loves and protects life even though challenges may come. God's desire is to make sure that no harm comes to the people that belong to Him as seen in John 1:4 which verse four, reads: "In Him was life; and the life was the light of men."⁵⁶ Mercy is one of the attributes of God and it is the result and effect of God's goodness. Both of these meet in God, goodness and greatness, majesty and mercy. God is essentially good in Himself and relatively good to us as expressed in. Ps. 119:98. David proclaims that "God is good, and doest good."⁵⁷ Moreover, the church does not have the right to judge anyone because God is the only One who can do this. The Gospel of Matt. speaks to this directive: "Judge not, that ye be not judged."⁵⁸ The church is to emulate what Jesus did when He came in contact with the sick; to look beyond their faults and see their need. He did not put them off or condemn them. He healed them or met their needs.

The Church should use all resources at their disposal to care for those with HIV/AIDS. For the Christian knowing that there are persons afflicted and suffering with AIDS must not become occasion for the stereotyping of principles for anger, recrimination for rejection or isolation, for injustice or condemnation. They provide us with an opportunity to walk with those

⁵⁶. John 1:4 (King James Version).

⁵⁷. Ps. 119:98 (King James Version).

⁵⁸. Matt. 7:1 (King James Version).

who are suffering, to be compassionate toward those whom we might otherwise fear, to bring strength and courage both to those who face the prospect of dying as well as to their loved ones.⁵⁹

The diseases of Leprosy and AIDS seem to resemble one another when one looks at the physical condition of an infected individual or when it is not treated because the physical sores and boils over the body are seen leaving people to feel that there is a correlation between them. The Bible does not give evidence that Leprosy is a result of sin, but it does say several people were afflicted with Leprosy by God because of moral decay striking fear in the community. This can be seen in Num. 12:1-10, when Miriam speaks against God's servant Moses. She challenges Moses' position with being the only one who is able to speak to God. Shortly thereafter, she became a Leper boldly declaring God did this. Additionally, Elisha's servant "Gehazi was stricken with Leprosy because he disobeyed God's servant Elisha" as referenced in II Kings.⁶⁰ In II Chronicles 26:16-19: Uzziah, the King of Judah was stricken with leprosy because he broke God's law concerning burning incense to God in the temple. He was separated from the people until he died because God punished him with Leprosy. Author W. Champion discusses this belief in his book, *The Black Church and AIDS*, that "God had a hand in this Leprosy, but there is no indication that God used Leprosy to punish sexual sin, especially homosexuality."⁶¹

The church needs to look beyond the issue of God punishing people because of what they perceive is sin by causing leprosy, but rather, by seeing the love of God's mercy and redemptive power shown toward humankind. Because AIDS is not only a sexual disease and cannot be proven that it is caused by sin leading to God punishing them with judgment, the author of this

⁵⁹ The Many Faces of AIDS: A Gospel Response (A Statement of the United States Catholic Conference of the Administrative Board (1987).

⁶⁰ II King 5:15-27 (King James Version).

⁶¹ W. C. Champion, *The Black Church and AIDS* (Dallas, TX: Rev. Dr. W. C. Champion, 2001) 43.

project takes the stand that this disease is man-induced. Even with this, the church must treat everyone the same without them taking a stand of unrighteousness of belief and focus on assisting these people in their time of distress and dire need. There will continue to be a debate over this issue of judgment and there will always be those who accept the thought that God is punishing those who are stricken with AIDS. Nonetheless, the church should not ever be slack in its duties because of biases and stigmas against the victims of this disease. The religious community needs to get off their high horses and witness God's grace being shown to them as well as others. God's grace should be central to understanding of the Christian faith and life. Grace is defined as the love and mercy given by God because He wants everyone to have it, not because of anything humankind has done to earn it. The Scriptures concerning grace are: Rom. 11:6, Eph. 2:8-9, Col. 3:12 and Titus 2:11, to name a few. They reveal that grace is given by God for the benefit of all, and it is a gift. Salvation, healing and deliverance are also from God, the Creator of all. The believers are to be clothed with compassion, kindness, meekness, and patience. That is more of a reason to want to help the marginalized. People living with AIDS must be valued as well as those who do not have the disease. There will be those who are afraid of these people because of the fear of transmission, but it does not give them the right to exclude them because of their illness. It can be seen in certain circumstances as a moral issue as it was with Leprosy. People Living with AIDS (PLWA) are human beings and should not be treated in any negative or neglectful manner, and it is the duty of the churches to take the lead in this troubled world. Those with AIDS are not those other people living down the street in their own little communities. They are worshiping, working and praying in the churches we represent. They occupy the pews also. Thus, it is a virus affecting many in one way or another, from self to family or neighbor; it is making a profound impact on the lives of the families and victims. It is important to address the

fact that not only the accepted illnesses such as alcoholism, narcotics addiction or Overeaters Anonymous as being the only ones in the houses of worship. Finally, an important question that remains is whether or not churches have embraced Luke's message in Chapter 4:17-19, showing that there has been a meshing of the Old Testament Scripture instruction into the New Testament scripture that needs to be taken to heart because of the graciousness and love from the Spirit of God. Isaiah was instructed to unroll the scroll and read the encouraging news for all who longed for His appearing: "The Spirit of the Lord is upon me, because He has anointed me to bring good news to the poor, sight to the blind and let the oppressed go free."⁶² Members of all churches in general, as well as and the attitudes of their members, need to be restored to the image of Jesus Christ before they can begin to minister to others.

Why this journey? The words and experiences expressed in this document hails from personal knowledge of the author as Chief Executive Officer of Wheatfield Solutions, an HIV/AIDS medical case management agency in Charlotte, North Carolina. Working in this capacity has created direct and necessary contact with HIV/AIDS clients. Moreover, ongoing outreach is essential for continued service and help in this area, because the face of this debilitating illness has changed from what some people perceive it to be. There is an extremely important need to become involved more deeply at all levels rather than just sitting idly by as a spectator. There has to be research conducted to determine what the population feels and believes. The information gathered sheds light on the groups and questionnaires. The following data becomes an excellent tool in the process of understanding the knowledge of this illness in the community and their opinions concerning God's judgment. It becomes valuable to moving forward on this journey. Before moving forward to actually help in this project, the data has to be

⁶². Luke 4:18 (New King James Version).

examined from the focus groups, questionnaires, and individuals. The volunteer samplings reveal the understandings of the persons who volunteered to be a part of this project study. These findings will be revealed in the next chapter that examines the data collection in great detail.

CHAPTER THREE

DATA REVIEW AND EVALUATION

The purpose of this thesis project is to examine myths, biases and prejudices as they relate to HIV/AIDS and how these predispositions ultimately prevent houses of faith from engaging with this population. The project also poses to challenge the houses of worship to recognize their negative opinions and redirect them to more positive interactions that will begin meaningful dialogue, thus, creating caring HIV/AIDS ministries in their churches. There are well intentional Christians who still see HIV/AIDS as God's punishment for homosexual and sexual promiscuity. "They believe that if people simply abstain from sex before marriage and remain faithful within marriage HIV/AIDS would be eradicated."¹ The collected data addresses the biases, stigmas, and prejudices of churches toward those suffering with HIV/AIDS and the subject's personal understanding of the illness. The author used the qualitative method of this study that examine questions that concern who, what, where, and when. With this method it allows using "Methods such as case studies, personal experiences, introspection, life stories, interviews (such as focus groups), artifacts, cultural texts and productions, observations, historical accounts and visual texts."² Additionally, the theoretical aspect of the HIV/AIDS virus being subjected toward infected individuals as punishment and a judgment from God was also addressed in the data. There is an understanding that the basis of theology is the teaching of Jesus and the theoretical basis for the project.³ There are questions in this project that examined person's perceptions based on their own belief system concerning HIV/AIDS. There are some religious believers who are also not able to give concise theoretical answers to this disease, therefore, giving wrong

¹. Elizabeth Des Chenes, *Social Issues Firsthand-AIDS* (Farrington Hills: Greenhaven Press, 2008), 68.

². Normon Denzion and Yvonna Lincoln], " *The Sage Handbook of Qualitative Research Third Edition* (Thousand Oaks ,CA: Sage Publications, 2005), 3.

³. Ronald Jeffrey Weatherford, *Somebody's Knocking at Your Door* (Binghamton: Haworth Pastoral Press, 1980), 35.

information or not addressing the matter at all. Ted Edison says: “There is no consensus among some religious authorities on either the theological significance of AIDS or what exactly would constitute a religious approach to this public health issue.”⁴ In discussing AIDS, the one theological issue that stands at the center revolves around the question, “Is AIDS a disease sent by God to punish people for their sin?”⁵ The theoretical information revealed for this project was extremely subjective because personal opinions, points of views and judgments were greatly expounded on in addition to the scriptural objectiveness of the community. “All sin comes with a price. And many pay the bill who never did sin. That means that one must speak carefully about the cause of AIDS.”⁶ That is precisely why AIDS poses a spiritual dilemma.

As a result of the study, a practical hands-on “Train-the-Trainer Resource Guide” will be developed and distributed to the participating local churches in the Carolina Region of the Christian Methodist Episcopal (CME) Church. This publication will become an evangelistic tool leading to transformative ministries.

There were several groups of questions addressed in this study that included: 1) How do people contract HIV/AIDS? 2) Did the subjects possess basic information about HIV/AIDS prior to becoming infected? 3) What are the beliefs of those infected regarding whether or not the virus is a judgment and punishment from God causing their debilitation and suffering? After these questions were posed, additional questions challenged the participants to examine their responsibilities to the PLWA.

Data Collection

Before the research was conducted, approval was obtained from the Liberty University,

⁴ Ted Edison, *The Aids Caregiver's Handbook* (New York: St. Martins Griffin, 1993), 5.

⁵ Ibid.

⁶ Tetsunao Yamamori, David Dageforde, and Tina Bruner, *The Hope Factor, Engaging the Church in the HIV/AIDS Crisis* (Waynesboro, GA: Authentic Media, 2003), 243.

Institutional Review Board (IRB). The research included the project design, study and district geographic, as well as the validity of the project study in general. Following approval, various churches along with pastors were contacted explaining the project and to obtain permission for using their respective congregations. Prior permission was given by the pastors to recruit members who self-identified from responding to posted communications. The venues were selected and the researcher coordinated a convenient time to facilitate the groups and the one-on-one interviews. The optimum size for the groups was between five to eight individuals with sessions lasting from one-and-a-half to two hours. Primary data for this study was collected at three levels using focus groups, questionnaires, and one-on-one interviews.

The churches were identified by size and geographic locations. The region for study was comprised of ninety-nine churches spanning three districts (Charleston/Columbia, South Carolina, Durham, North Carolina and Winston-Salem, North Carolina/Greenville, South Carolina totaling 13,825 members.⁷ The focus groups were conducted and designated questionnaires were distributed to nine pastors and congregations in the identified districts of the Carolina Region of the CME Church. The churches were selected based upon their membership rolls and were divided into three categories: Small (0-74); Medium (75-149); and Large (150 or more). The study explored the knowledge, beliefs, religious and personal opinions of the HIV/AIDS subjects. This was done to ascertain several issues: 1) Whether the churches have ministries to focus on HIV/AIDS; 2) To determine whether the churches are open to discussing ways in which to start a ministry, and 3) What would some of the challenges regarding the size of the congregations be in attempting to implement such ministries?

⁷. 2015 Carolina Region Statistical Report, *Statistician Report* (Asheville, NC: Carolina Region Annual Conference, 2015): 1.

Following is the breakdown of the congregations, including church, location and district that volunteered to participate in the project study:

Table 1 - Churches Participated in Study

Church	Location	District
Faith <i>Large Church</i>	Charlotte, North Carolina	Durham
Langford Chapel <i>Medium Church</i>	Monroe, North Carolina	Durham
Reid Memorial <i>Large Church</i>	Greensboro, North Carolina	Durham
Helton Community <i>Small Church</i>	Charlotte, North Carolina	Durham
St. Paul <i>Medium Church</i>	Walterboro, South Carolina	Charleston/Columbia
Reynolds Temple <i>Small Church</i>	Winston Salem, North Carolina	Winston Salem/Greenville
Guilford Chapel <i>Small Church</i>	Middlesex, North Carolina	Durham
St John/SC <i>Large Church</i>	Batesburg/Leesville, South Carolina	Charleston /Columbia
Wesley Chapel <i>Medium Church</i>	Columbia, South Carolina	Charleston/Columbia

The interviews and focus groups were conducted on the appointed day and time agreed upon by researcher and the pastor of the church. All focus groups and interviews were recorded.

The qualitative assessment tools were used in this project to explore stigmas, fears, lack of understanding and training in churches regarding those who are living with HIV/AIDS, prohibiting transformative ministries.

The focus groups provided valuable information and identified issues and challenges toward implementing the project depending on the size of their congregation and availability of resources. Church strengths and weaknesses were evaluated to determine how they could be utilized to propel their ministries into an effective outreach to the HIV/AIDS population.

Prior to conducting the focus groups, the participants were informed that the sessions would be taped for documentation purposes, but no identities other than the church name and the districts would be revealed in the project data reporting. The participants were asked to read and sign release forms in order to participate in the thesis project. Additionally, they were notified of their option to withdraw from the project if at any time they felt uncomfortable. If they decided to participate but withdrew at the end of the focus group or the one-on-one session, no part of their comments would be used in the thesis project. The groups were notified that the purpose of their participation was to identify and address biases and stereotypes in their religious communities leading to apathy as it related to HIV/AIDS and then be willing to establish change, if necessary. As an end result of the study, practical steps toward prevention, acceptance and producing transformative ministries would be documented in a training manual and given to the churches. Moreover, the participants were notified there would not be any money paid for participating in the study, and there was no risk involved in their agreeing to participate.

Analysis of Data

All data collected by the researcher is being kept in a secure, locked file cabinet and will be stored for the time specified by the study procedures laid out by the University's Policy and Procedures.⁸ The researcher entered into this study with education, interaction and as an owner of a HIV/AIDS case management agency for those living with this syndrome, and therefore, remained sensitive in understanding the participants' concerns in evaluating the findings. The perspectives of the groups and individuals were immensely valued throughout the entire process. The questionnaires were collected and information tallied, along with the information derived

⁸. Liberty University Institutional Review Board, Participant Privacy and Confidentiality, accessed 1654, Section XVI Page 12.

from the focus groups. All of the recorded tapes were transcribed and an analysis of information was compiled.

When the groups were completed and questionnaires collected by the pastors and returned to the researcher, there were eighty-eight subjects identified in the study project. While there was an initial assumption that there would not be substantial diversity according to the various age groups, the results indicated just the opposite; there were distinct differences in the results. These groups were also used to calculate their answers to the questions as they related to their age groups as referenced in the chart below. The delineation of age group break down is notated below.

Table 2- Participant Demographics

Age	Count	Percentage
18-35	8	9.88%
36-50	15	18.52%
51-above	58	71.60%

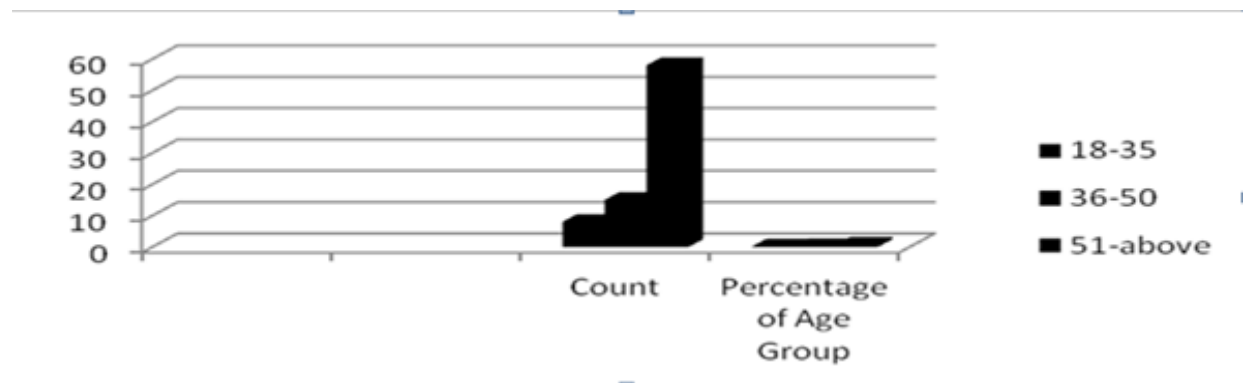
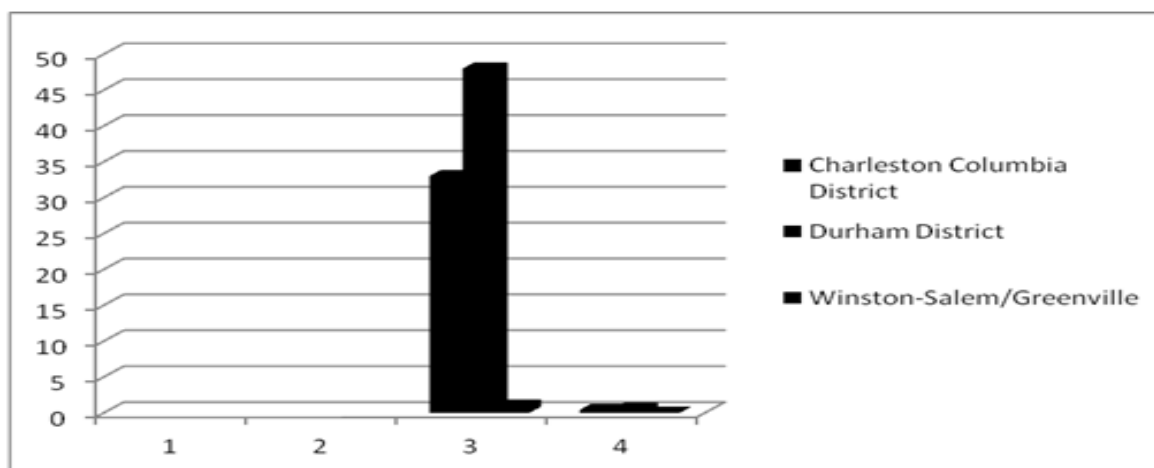


Figure 1 – Participating Districts Used In Study

Table 3 – District Groups

Districts	Amount	Percentage per District
Charleston Columbia District	33	40.74%
Durham District	48	59.26%
Winston-Salem/Greenville	1	1.23%
TOTALS (District Group Statistics)	81	100.00%

**Figure 2 – Calculation of Participants by District**

It was important to calculate the number of participants by district to ensure there was a cross-section of all the subjects that volunteered to participate was evaluated and the data was used in the study.

Table 4 - Number of Participants by Gender

Gender	Number	Percentage of Specific Age Group
Females	60	74.07%
Males	21	25.93%
TOTALS (Gender Group Statistics)	81	100.00%

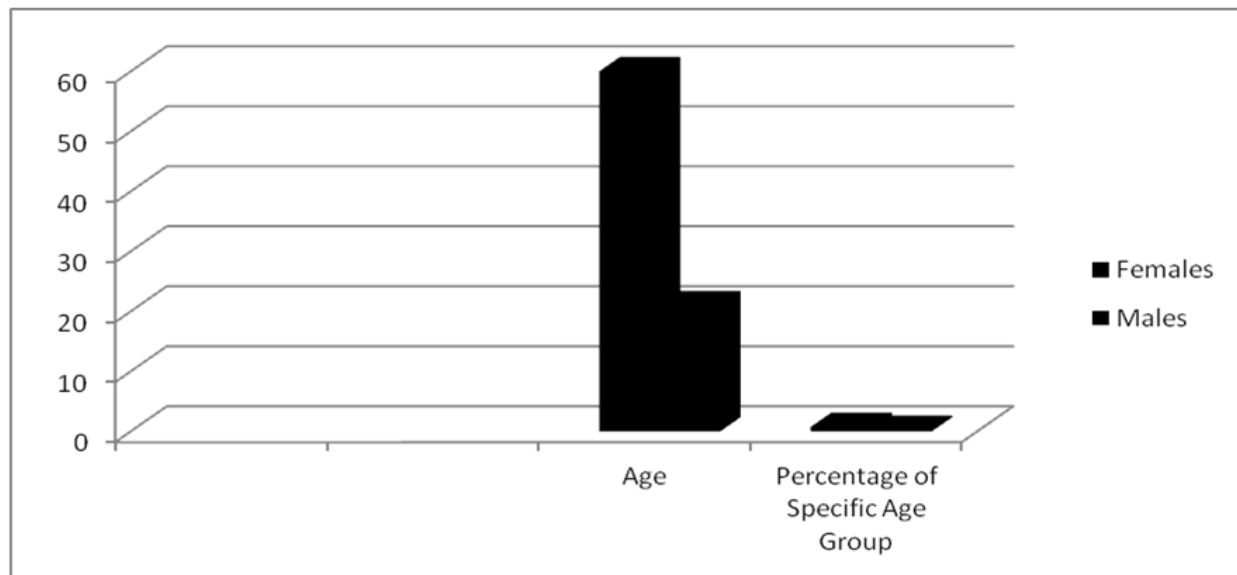


Figure 3 - Percentage of Participants by Age Group

The results of this Questionnaire yielded the following data:

Gender was taken in consideration when calculating the data to determine if this made a substantial influence in the study as compared to the generational differences of ideals and perceptions. There was no age group solicited other than the subjects participating would have to be at least eighteen years of age.

All of the individual questions that were a part of the study will not be addressed in the study, but will be addressed into categories as seen from the following data.

Basic Knowledge of HIV/AIDS

The results for this area of questions revealed the members of the age group represented in the study, which was fifty-one years and older, were not as knowledgeable as the other age groups regarding how AIDS was contracted. More myths than knowledge of actual facts were presented in the study. Nevertheless, the younger age groups verified a better grasp of the actuality of the syndrome. Gender, education, districts and size of the church had the same findings. This

portion of the project reveals how education would be extremely helpful and beneficial for all age groups to aide in dispelling myths and misconceptions.

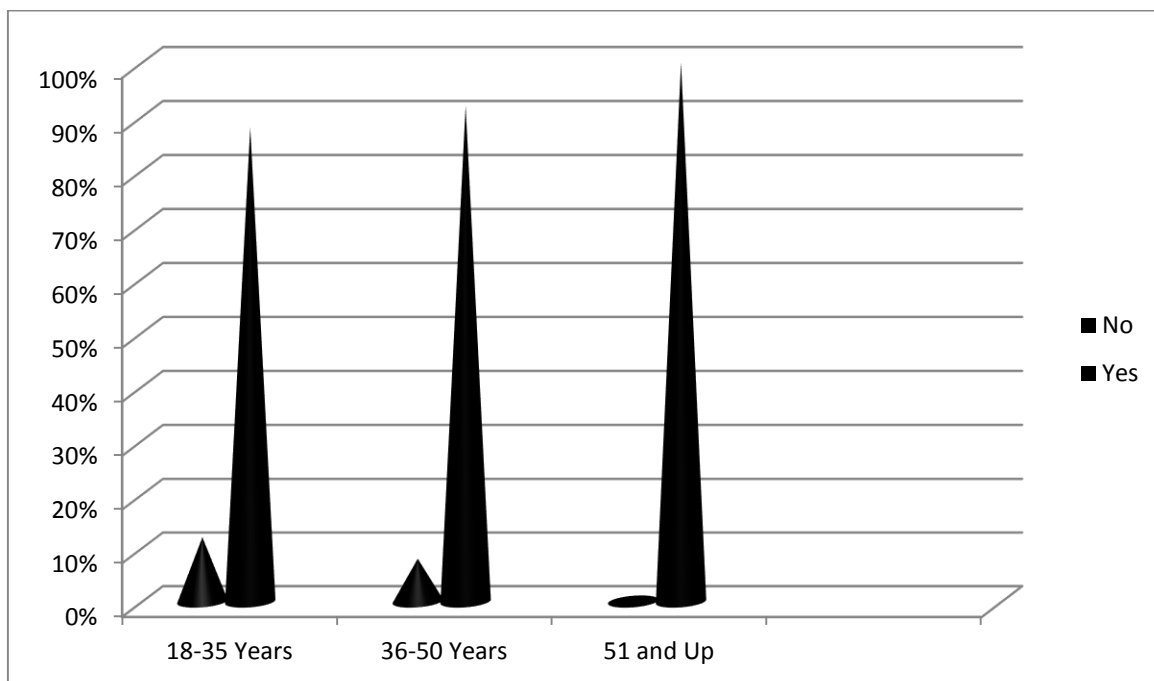


Figure 4 – Basic Knowledge Questions

Data proved across the continuum indicated there was a lack of understanding the difference between HIV and AIDS. HIV stands for Human Immunodeficiency Virus. To understand what that means, following is the breakdown:

- **H – Human:** This particular *virus* can only infect men women and children.
- **I – Immunodeficiency:** HIV weakens your *immune system* by destroying important cells, “refers to a decline in the body’s natural ability to fight infection and disease.”⁹ A “deficient” immune system cannot protect you.

⁹ Dale Hanson Bourke, *The Skeptic Guide to Global Crisis* (Waynesboro: Authentic Media, 2004), 6.

- V – *Virus*: A virus can only reproduce itself by taking over a cell in the body of its host.
“It is a small, infectious organism that reproduces inside a person.”¹⁰

“AIDS” stands for **Acquired Immunodeficiency Syndrome**. To understand what that means, following is its breakdown:

- A – *Acquired*: AIDS is not something you inherit from your parents not genetic. You acquire AIDS after birth.
- I – *Immuno*: Your body’s immune system includes all the organs and cells that work to fight off infection or disease. “Immunodeficiency as with HIV, means that the immune system has become very weak or ineffective.”¹¹
- D – *Deficiency*: You get AIDS when your immune system is "deficient," or isn't working the way it should.
- S – *Syndrome*: A syndrome is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, because it is a complex illness with a wide range of complications and symptoms.¹²

“While HIV is a virus that may cause an infection, AIDS is a condition or a syndrome.”¹³

Being infected with HIV can lead to having AIDS. “AIDS develops when HIV has caused serious damage to the immune system.”¹⁴ “There is a difference between HIV and AIDS in that a

¹⁰ Dale Hanson Bourke, *The Skeptic Guide to Global Crisis* (Waynesboro, GA: Authentic Media, 2004), 6.

¹¹ Ibid.

¹² What is HIV/AIDS, <http://www.aids.gov>.

¹³ AIDS.GOV, What is HIV/AIDS, <http://www.aids.gov>.

¹⁴ HIV vs. AIDS: What’s the Difference-Health line.

person may be infected with HIV for many years before developing AIDS, which may be the last stage of illness.”¹⁵

Judgment Questions

These questions were included to gauge thoughts concerning the biblical issues as it relates to the participant’s personal interpretation and the Word of God, and whether the samplings perceived or believed that HIV or AIDS came as a result of God's judgment for committing sins. It was very interesting to be reminded that many difficulties in life are a result of one’s own doing. However, “God does not turn a judgmental and wrathful side toward us.”¹⁶

Adam and Eve did not know corruption of any kind prior to their fall in the Garden of Eden. God pronounced judgment on Adam and death came into the world. The people who ascribe to this thought used the account of Genesis and other Old Testament scriptures as well as some selected New Testament scriptures for the basis of their opinions. Gen. 3:19, states: “By the sweat of your brow, you will eat your food until you return to the ground, since from it you were taken; for dust you are and to dust you will return.”¹⁷ Rom. 5:12, states: Therefore, just as sin entered the world through one man, and death through sin, and in this way death came to all people, because all sinned.”¹⁸

All sickness, from the common cold to cancer, is part of the curse, and because humankind lives in a cursed world, there has been a judgment placed on everyone, but Jesus came to take away the sins of the world by laying down His life for all. I John 3:5 declares: “But you

¹⁵ Dale Hanson Bourke, *The Skeptic Guide to Global Crisis*, 7.

¹⁶ William E. Amos Jr., *When AIDS Comes to Church* (Philadelphia PA: Westminster Press, 1988), 21.

¹⁷ Gen. 3:19 (King James Version).

¹⁸ Rom. 5:12 (King James Version).

know that he appeared so that he might take away our sins.¹⁹ And in Him is no sin.”

Additionally, 1 John 2:2, states: “He is the atoning sacrifice for our sins, and not only for ours but also for the sins of the whole world.”²⁰

Under the judgment section the sampling voiced whether or not God causes suffering.

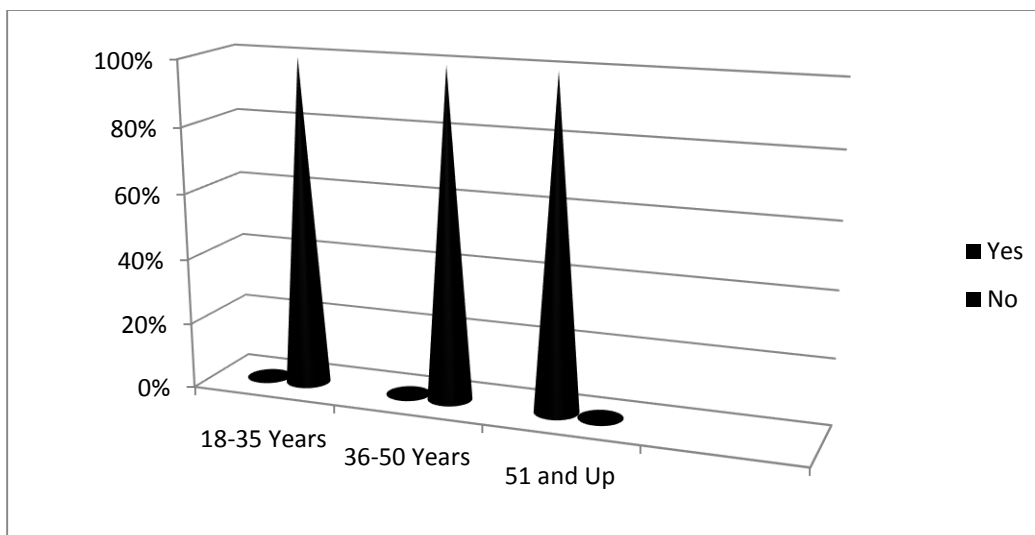


Figure 5 – Does God Cause Suffering?

This above referenced chart regarding suffering indicates people over fifty years of age significantly disagree with the younger ages.

Sickness and disease, including AIDS and HIV, are present in the world because of Adam and Eve’s sin. Satan, not God, desires to use AIDS as a means of destroying millions of people around the world. What Satan plans to use for man’s destruction, God can use to bring glory to Him and victory in the lives of believers. Gen. 50:20, declares: “You intended to harm me, but God intended it for good to accomplish what is now being done, the saving of many lives.”²¹

¹⁹. 1 John 3:5 (New International Version).

²⁰. 1 John 2:2 (New International Version).

²¹. Gen. 50:20 (New International Version).

There had to be an addressing in the focus groups and the questionnaires the topic of sin and whether individual sins were punished with diseases as a result.

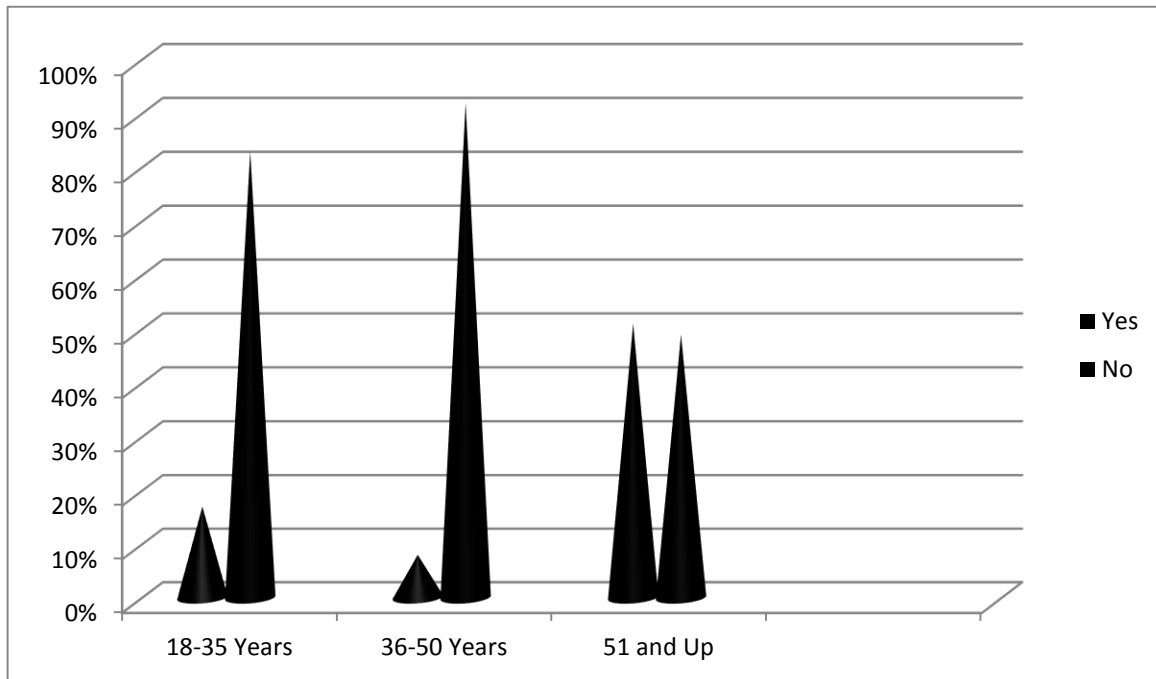


Figure 6 – Are Sins Punished With Disease?

Since the majority of HIV/AIDS in the United States is contracted through immoral sexual activity or drug abuse, it must be realized these diseases are usually consequences of the choices individuals make. This thought is verified in Gal. 6:7-8: “Do not be deceived, God is not mocked; for whatever a man sows, this he will also reap. For the one who sows to his own flesh will from the flesh reap corruption, but the one who sows to the Spirit will from the Spirit reap eternal life.”²² The Old Testament scripture in Deut. 30:15-20 also addresses this thought:

See, I have set before you today life and prosperity, and death and adversity; in that I command you today to love the LORD your God, to walk in His ways and to keep His

²². Gal. 6:7 (New International Version).

commandments and His statutes and His judgments, that you may live and multiply, and that the LORD your God may bless you in the land where you are entering to possess it. But if your heart turns away and you will not obey, but are drawn away and worship other gods and serve them, I declare to you today that you shall surely perish. You will not prolong *your* days in the land where you are crossing the Jordan to enter and possess it. 19“I call heaven and earth to witness against you today, that I have set before you life and death, the blessing and the curse. So choose life in order that you may live, you and your descendants, by loving the LORD your God, by obeying His voice, and by holding fast to Him; for this is your life and the length of your days, that you may live in the land which the LORD swore to your fathers, to Abraham, Isaac, and Jacob, to give them.²³

When there is an acceptance of the gift of God through, the Lord Jesus Christ, there is forgiveness of the sins one commits and He will continue to help those who commit such sins. God has given humankind a freedom of choice, but with this freedom comes awesome responsibilities and consequences that can affect a person’s entire life for good or bad. It is important and needs to be understood that some have contracted HIV through no sin or risky behaviors of their own.

This can be seen through the life of a young boy named Ryan White, who contracted HIV through a blood transfusion. In his own book, *Ryan White: My Story*, he stated: “I have been sick with an incurable disease since the day I was born.”²⁴ “I was labeled a trouble-maker, my mom an unfit mother, and I was not welcome anywhere. The writer Amos agrees with this thought in his words: “Because of the lack of education on AIDS, discrimination, fear, panic and lies surrounded us.”²⁵ This demonstrates how young Ryan White was faced with a life that had nothing to with him other than merely being born with a rare blood disease called hemophilia. One day, as written in John’s Gospel 9:2-3, Jesus’ disciples asked about a blind man, “Who

²³. Deuteronomy 30:15-20 (New International Version).

²⁴. Ryan White and Ann Marie Cunningham, *Ryan White: My Own Story* (New York: American Library Penguin Putman, 1992), Preface.

²⁵. Amos, *When AIDS Comes to Church*, 6.

sinned, this man or his parents, that he was born blind?"²⁶ "Neither this man nor his parents sinned," said Jesus, "but this happened so that the work of God might be displayed in his life."²⁷ Similar commentary is written regarding HIV/Aids: "Sadly, today, some in the church jump to the same conclusion by assuming a person has sinned if he/she contracts HIV/AIDS. We must remember this is not always the case."²⁸

Even with these lengthy focus group discussions and holding fast to whatever side they choose to be on, the participants were guided to deeply examine their views and whether they would be interested in being a part of a HIVAIDS Ministry in their specific houses of worship.

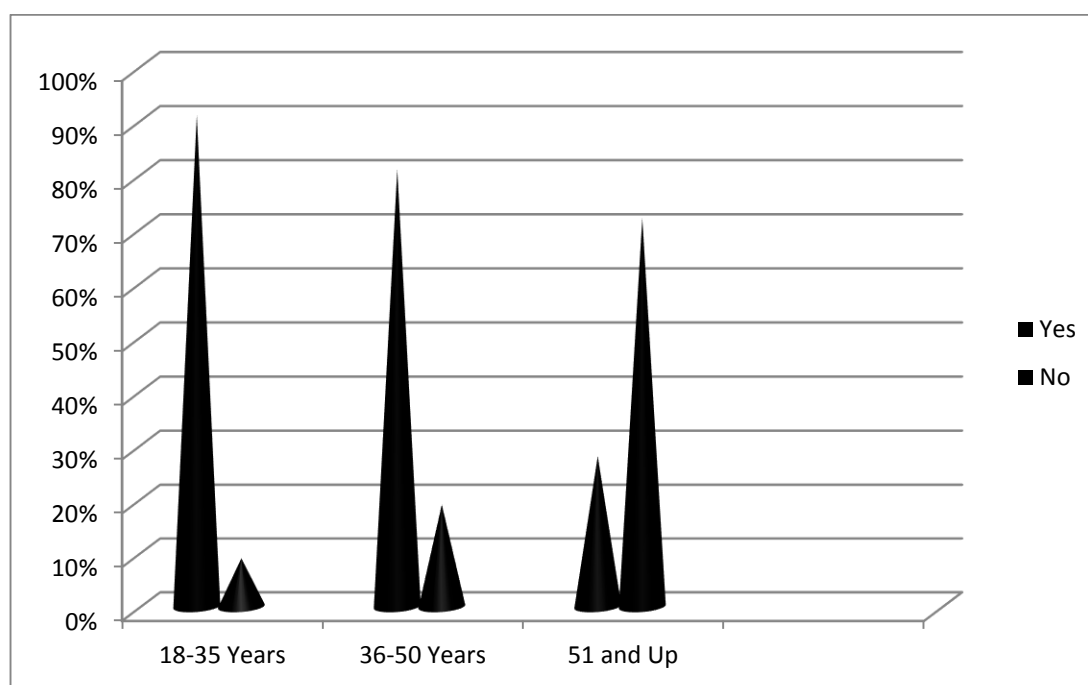


Figure 7 – Interested in Participating in HIV/AIDS Ministries

The chart above reveals the majority of the participants in the eighteen to thirty-five-year-old group, expressed a desire in being a part of a HIV/AIDS Ministry and the research showed

²⁶ John 9:2-3 (New International Version).

²⁷ John 9:2-3 (New International Version).

²⁸ Mary Ellen Ellis, *HIV Vs. AIDS: What's the Difference?* (San Francisco: Healthline Media, 2014).

there are not initiatives in churches regarding this. Moreover, it appears from this study that as people get older, they are less interested in this type of ministry and see minimal need for such.

The following data becomes personal for participants to reveal whether they are friends with anyone living with HIV/AIDS.

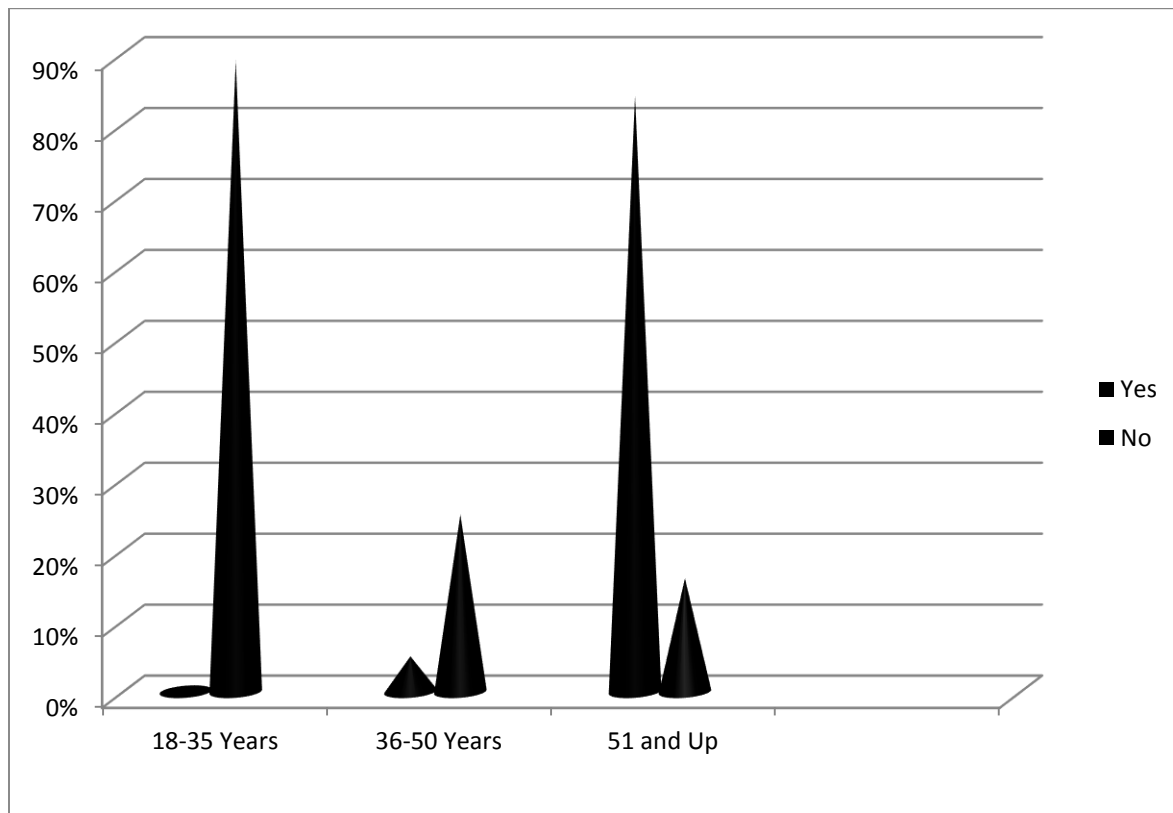


Figure 8 – Friends of Those Infected by Age Group

The age group of those that are fifty one and up identified as being friends with people with this disease more than the others in the sampling. The next series of questions examines the samplings interactions with those infected. The older age group identified having friends; the young adults still displayed not even knowing anyone infected. The Young Adults (age group 18-35) voiced because of the stigmas that go along with being identified, victims do not tell and this group does not ask; however, the older group shared they did know infected people.

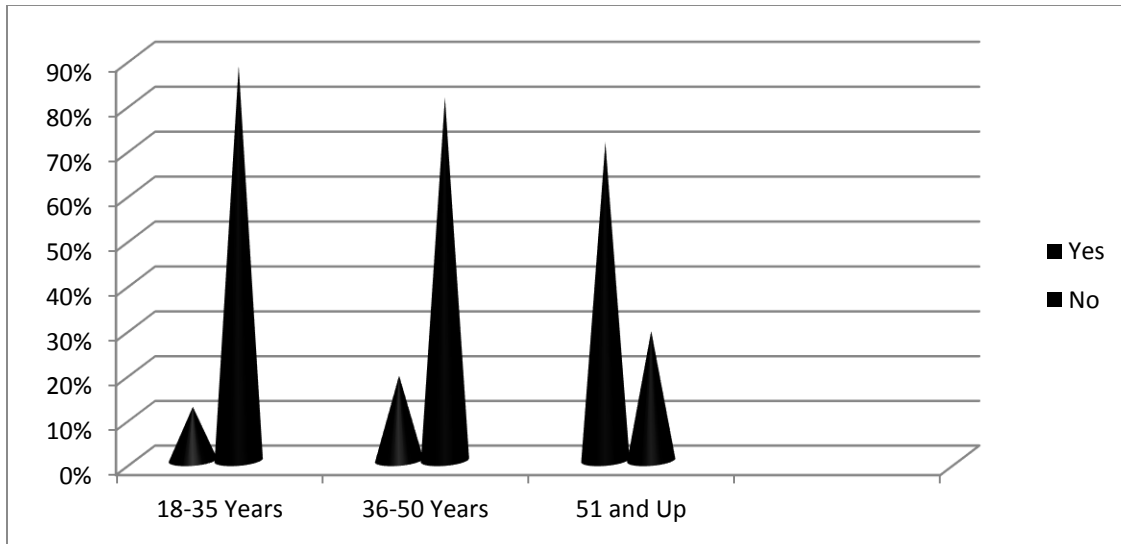


Figure 9 – Interactions With Those Infected by Age Group

The following question was posed to volunteers in the focus groups as well as the questionnaire and the answers proved to be the same. The question was asked whether they felt that Houses of Worship should be involved in activities designed to help those living with HIV/AIDS that impact their community. The majority of people were very positive there was a need and felt it should be addressed in their local congregations. They also shared there had to be education given for them to be comfortable addressing the subject. The following data shows whether or not the participants have been involved in an education or research activity designed to address HIV/AIDS:

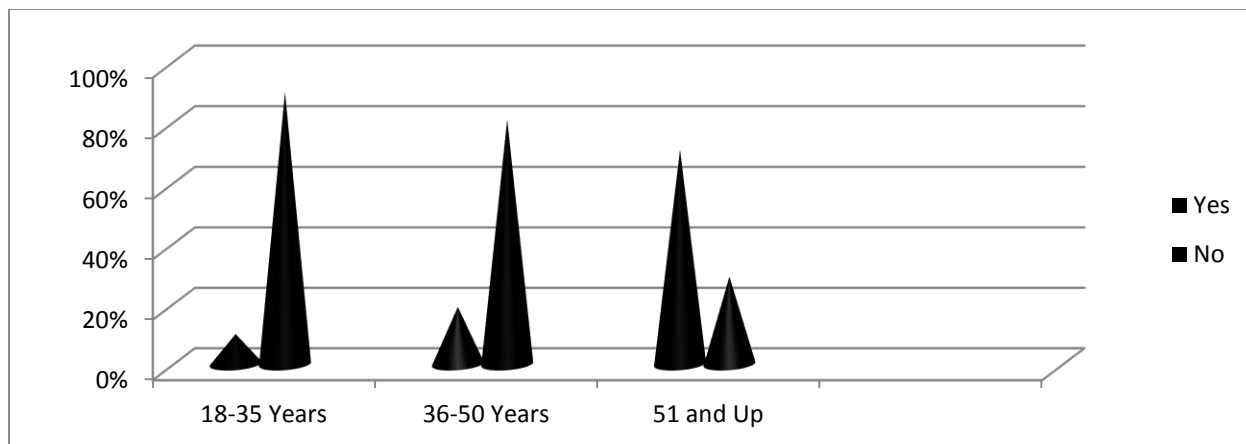


Figure 10 – Should Houses of Worship Get Involved?

It is interesting as noted above that the age group of fifty-one years and older, seemed to not have had education concerning the matter but it would be helpful in their engaging in this type of ministry.

Next survey and discussion question: Would you like to serve as a resource to people?

This graph is based upon the number of participants. In the age groups 18-35 and 36-50 showed an interest but the older age group did not. Additionally, the answer in the age 51 and older group was very close with yes and no's.

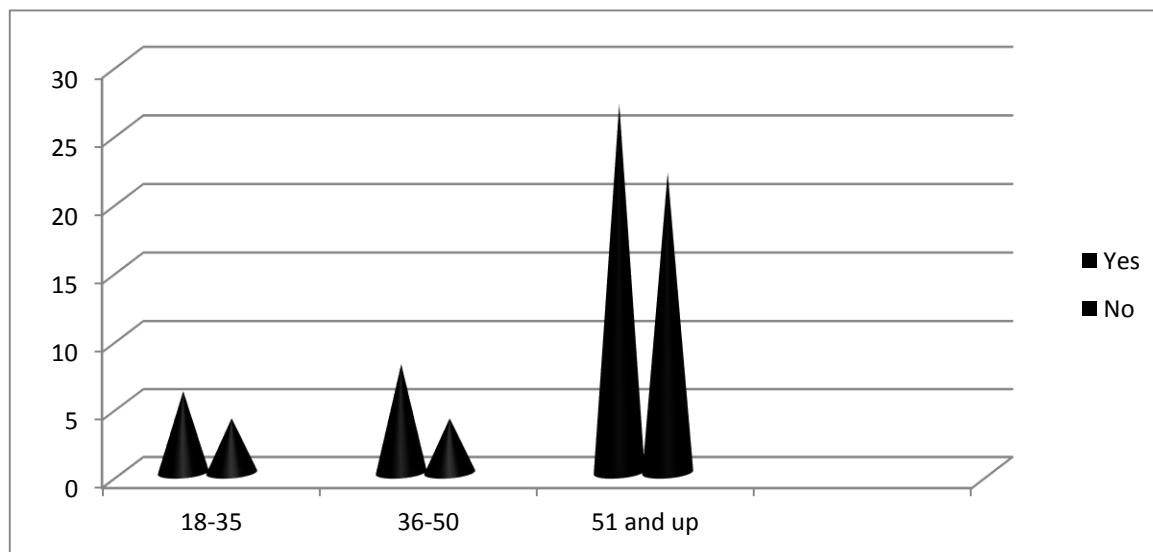


Figure 11 – Desire To Serve as Resource Persons

Would you like to serve as a resource to people who are seeking assistance in making decisions about whether or not to become involved in a HIV/AIDS Ministry? The above data shows that all the age groups were interested in being resource persons according to the questionnaires received.

The following graph showed very positive results in moving forward with engaging their local churches in HIV/AIDS Ministries.

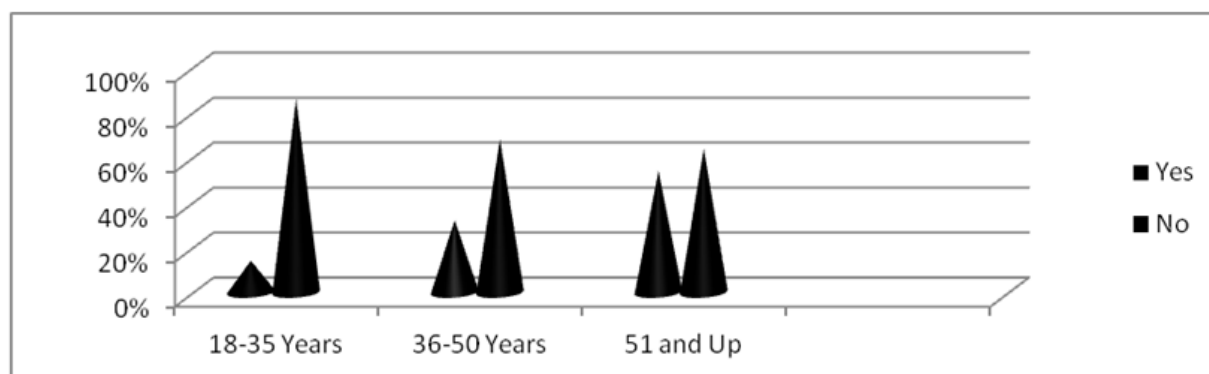


Figure 12 – Engaging Houses of Worship

Question: Do you have a HIV/AIDS Ministry in your church?

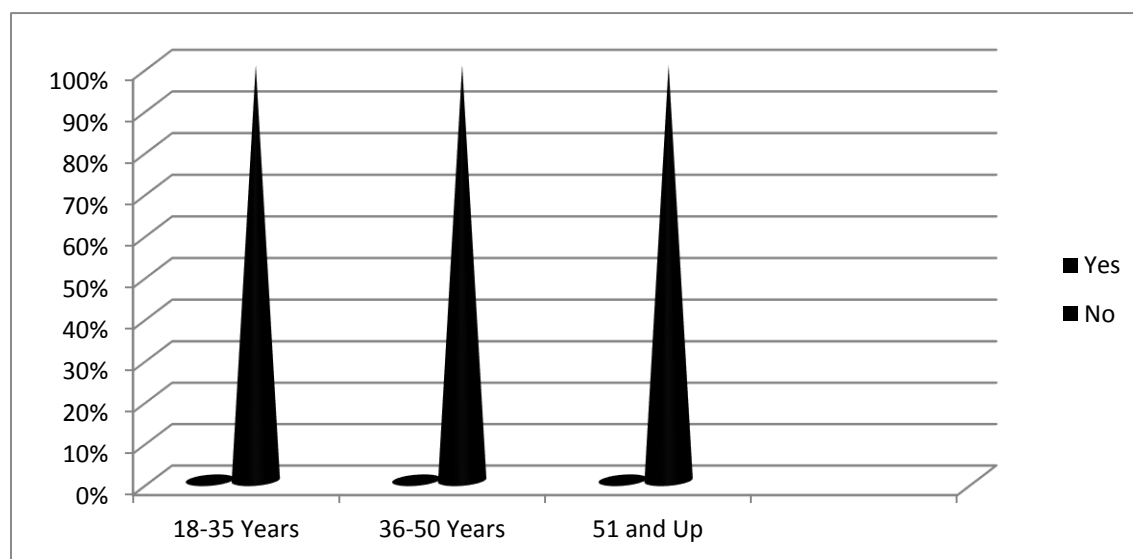


Figure 13 –HIV/AIDS Ministries in Houses of Worship

This data did not come as a surprise especially as the focus groups discussed at length that they were not aware of any churches in their areas involved in HIV/AIDS. The questionnaires mirrored the same opinions of the group participants. The author researched the areas of study and was able to find various agencies with resources that can be utilized by the local churches. In each of the three districts or near the areas were existing ministries that had outreach services. These findings will be included in the manual.

Question: Do you feel African-American churches should be involved in activities designed to address health issues such as HIV/AIDS that impact the community?

The following answers proved what the researcher expected to find, that the African American houses of worship, do, in fact, have a desire to be a help to their community in this important community matter.

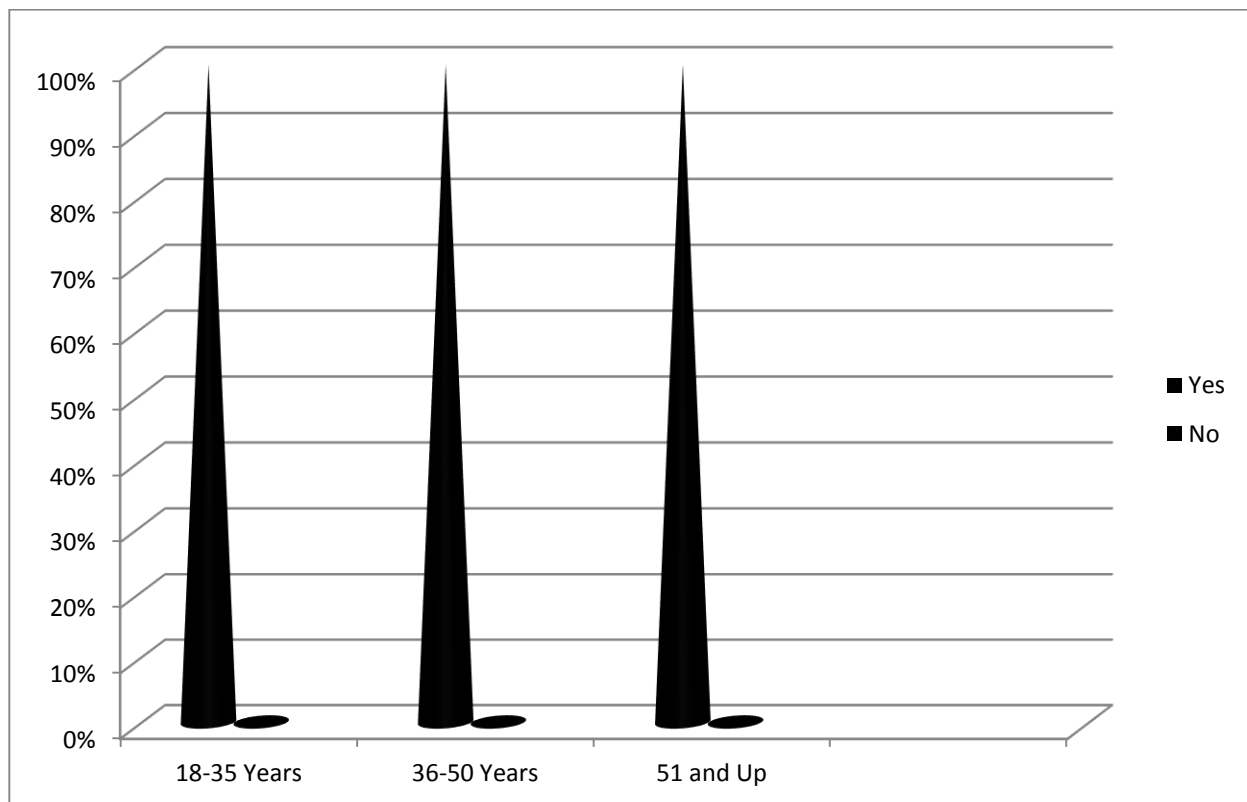


Figure 14 – Desire To Help Communities

Focus Group Discussions and Comments

These focus groups proved to be open and the majority of the participants found it easy to talk and interact, but it was obvious there was some hesitation in discussion among the age groups of fifty-one years and older. Some participants were open to reveal that sensitive topics of this nature were not discussed in their homes as they grew up because this was an “adult issue” and children were not allowed to be around to hear or to interact to what was considered “grown folk’s” conversations.

The participants voiced their fears and lack of total understanding of the subject, but made it plain they would not object to learning more. Their fear level went from no fear of those infected to minimal fear only because they had misconceptions of how the disease was transmitted. There was an initial willingness to get involved, but they did not want to engage too much until they became comfortable and had obtained more knowledge.

There were some participants who identified their own HIV/AIDS positive diagnosis and the success they had living with the disease because of the medications they have been prescribed. Some of the individuals infected with HIV/AIDS appeared to shock some people by their discourse, but did not cause the focus groups participants to respond negatively or leave the group. Others in the focus groups responded with positive acceptance of the person as a part of the Body of Christ.

There was one PLWA who was very open and attributed her “good” health to the medicines and faith in the Lord Jesus Christ and people willing to walk this journey with her. Because of living with this disease for over twenty years, she is now an evangelist and advocate working with many health agencies to bring awareness to the plight of those who have no voice.

The group participants discussed at length their opinions concerning sin, but they were divided just as those who completed questionnaires. There was such a sense of excitement at the end of each focus group session as well as a desire to elevate to the next level. The younger participants and older ones arrived at common places of agreement to move forward in opening their doors for ministry. An eye opening moment came at the end of the very last focus group, when one of the participants that was in his sixties emphatically stated he was still not sure about this thing called AIDS, but he wanted to help anyone who needed help. A large amount of data had been collected, but to hear someone emphatically state they still wanted to serve was profound and a cause for celebration.

The study materials will be used in the creating of the manual. Through these results, it was proven there is room for growth in the various churches. It was also undoubtedly proven that information and education needed to be provided to the houses of worship regarding creating sustainable HIV/AIDS outreach ministries. It appears from this study that in 2016, backward thinking still exists, biases remain, while stigmas and prejudices continue to plague communities. The findings of this study will be provided to the local churches in the Carolina Region of the Christian Methodist Episcopal Church for continued education purposes and proposed development of caring outreach ministries. The findings of the questionnaires will be sent with the answers to questions and detailed discussion points concerning whether AIDS is believed to be as a result of sin or a judgment from God. Moreover, the churches will be given the detailed compilation the study unveiled along with the copy of the thesis study.

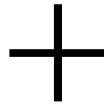
The next stage of the project was the creation of the training manual containing all the educational points and some resources that can be utilized in setting up the Caring HIV/AIDS

Ministries in the churches. Once the manual is created, the researcher will be available to conduct trainings outlined in the manual and lend support when needed.

CHAPTER FOUR
Train-the-Trainer Manual

HOW TO CREATE A COMPASSIONATE AND CARING
GUIDE FOR THOSE SUFFERING WITH HIV/AIDS

Carolina Region of the Christian Methodist Episcopal Church



How To Resource Guide

Introduction

A Compassionate and Caring Guide for Those Suffering with HIV/AIDS in the Christian Methodist Episcopal Church, came as a result of the Doctor of Ministry Project at Liberty University, Lynchburg Virginia.

This practical Train-the-Trainer Resource Guide will assist in the implementation of ministries for the local churches in the Carolina Region of the Christian Methodist Episcopal (CME) Church. It will become an evangelistic tool to aid in reaching and empowering the most marginalized in society that will, in turn, provide resources leading to transformative ministries.

The information was gathered from the research and data collection that concludes many people lack understanding regarding those who suffer with HIV/AIDS, thus, a need to win over those who possess judgmental attitudes and fears that have kept some churches at odds with those living with this disease. Nonetheless, appropriate exposure to caring HIV/AIDS ministries can empower the disenfranchised and strengthen the faith community at large.

Training and education is needed that will uncover cultural fears, myths and barriers that lead to apathy, but will offer practical steps toward prevention, acceptance and producing effective and sustaining ministries. Therefore, through education and training, the trainers will address their aforementioned insecurities and will become change-agents in their thinking and action.

This practical hands-on Train-the-Trainer Resource Guide has been developed and will be distributed to the participating local churches in the Carolina Region of the Christian Methodist Episcopal (CME) Church. This will become an evangelistic tool leading to transformative ministries.

This manual will examine the steps to be used in creating this much needed ministry along with required, valuable information in order to be effective. Included in the information will be the guidelines to be used in planning and implementing this ministry work. It will shed information on the results of the thesis project and how it is crucial in moving forward in ministry.

The following information is being included in the manual to allowed others utilizing it to understand the reasons for the ministries; how important it is to receive education on this disease, and what scripture reveals in order to make their own assessment concerning this disease.

The data from the research project revealed there were no HIV/AIDS ministries among the participants in this study. It also revealed that myths and biases concerning this illness undoubtedly existed, even in today's times. Moreover, the data exposed a lack of understanding regarding ways in which HIV is transmitted. Although the churches admitted they did not have ministries in their churches to address this disease, they were open to becoming involved if they received meaningful education and training. During discussion, the older age group shared they had friends who were HIV positive, but the younger age group had no friends nor did they know anyone with AIDS. As the discussion ensued, a fear factor was discovered among a number of participants who verbalized HIV was the result of a judgment from God. However, regarding fear, 2 Timothy 1:7 declares: "For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind."¹

The topic concerning AIDS being a judgment from God was examined at length, and it was concluded that when discussing AIDS, the one theological issue that is at the nucleus of the matter revolves around the question: Is AIDS a disease sent by God to punish people for their

¹ 2 Tim. 1:7 (King James Version).

sin? The theoretical information revealed for this project was extremely subjective because personal opinions, points of views and judgments were greatly expounded on in addition to the scriptural objectiveness of the community.

One thought regarding this question is this disease is the result of sin and the participants referenced the Prophet Amos 4:6-13, who gives validity to their belief as to the reason AIDS is in our world. Theoretically, they believe AIDS is much like a pestilence or an epidemic disease that has come upon the earth because of disobedience. Moreover, the Book of Num. 32:23, declares: “Your sins will find you out”² and a cross reference of the New Testament, Gal. 6:7 states: “Do not be deceived. God is not mocked; for whatever a man sows this they will reap.”³ These scriptures imply the acquiring of this disease is their fault as well as their stance, and God is allowing it because of their corrupt lifestyles.

This idea and opinion falls in the category of Judgment Theology, as revealed in the book, *When Aids Comes to Church*, which is a “viewpoint judgmental theology; their statements have almost always included some clear word of judgment, spoken by the church on God’s behalf, to those who are suffering with this disease.”⁴ Those who support judgment theology feel they have the authority to speak on behalf of God, and going to the extreme by believing God created AIDS for the purpose of punishing certain groups. This is not seen as a homosexual disease, but this opinion will not change and, unfortunately, the narrowness of many minds will continue. If this was a disease that only affected homosexuals, the church could have probably been able to hide behind the biblical stance on morality as to whether they should get involved in ministry toward PLWA.

² Spiros Zodhiates and Warren Baker, *Hebrew Greek Key Word Study Bible* (Chattanooga: AMG International Inc. Publishers, 1997), 236.

³ Ibid, 1462.

Unfortunately, people today continuously struggle with acceptance in lieu of judgment and no exception is made regarding this when dealing with those stricken with HIV/AIDS. The author of *When AIDS Comes to Church*, “believes God does not sanction nor want the church to condemn, but to reach out in love.”⁵ The church is charged to do as Jesus did when He met the leper who asked to be healed. Jesus responded the only way He could by reaching out in love and touched the leper. Jesus did not avoid, reject or condemn the lepers. According to Luke 5:13: “And He stretched out His hand and touched him saying, “I am willing; be cleansed.”⁶

Within the churches HIV/AIDS may cause further questions such as: “Why does God allow the HIV virus to exist?” or “What is God doing about the epidemic?” or “What beliefs about God and human beings should inspire the church’s actions in response to HIV/AIDS?”⁷ In order for churches to move forward, they must deal with the question, Is AIDS caused by God? This crisis according to author’s opinion will remain a long standing theological dispute and people grapple with their relationship between sin and sickness.

1 John 5:19 states: “And we know that we are of God, and the whole world lieth in wickedness.”⁸ With this being the truth, humankind can conclude that it not God, is responsible for the conditions of the world including disease and sickness because of the sin of Adam. Humankind must also understand that broken fellowship caused the problem rather than God turning His back on man. God’s love was then and still is now.

Additionally, there are theories of judgment, but God gives instructions from Himself as to

⁴ William E. Amos Jr., *When AIDS Comes to Church* (Philadelphia, PA: Westminster Press, 1988), 53.

⁵ Ibid, 53.

⁶ Luke 5:13 (New American Standard Version).

⁷ A WCC Study Document, *FACING AIDS -The Challenge the Churches Response* (Switzerland: WCC Publications, World Council of Churches, 1997), 22.

⁸ Jones, *Epidemics and Society AIDS*.

what He has to say about the subject. The thought that God allows AIDS to be a judgment must be examined by the nature of God as is scripturally outlined. John 3:16-18, in The Message Bible states: “This is how much God loved the world: He gave his Son, his one and only Son. God did not go to all the trouble of sending his Son merely to point an accusing finger, telling the world how bad it was. Rather, He came to help, to put the world right again.”⁹

The effort of accepting or rejecting anyone based on certain criteria has to be reviewed through one’s relationship with God and how God’s love is understood. “When the work of love is examined, it is found that Jesus is the model. He entered into the suffering and brokenness of the world and won victory over death. Because of this, Christians must ascribe to a Christ-centered theology of life that human existence is properly understood as life before the living God. He offered Himself as a living sacrifice for the sins of the whole world as is seen through “His life and his dedication in the Garden of Gethsemane and His outpouring of love on the cross. Therefore, the theology is found in the actual teachings and ministry of Jesus.”¹⁰ This thought serves as validation of unconditional love and must be used as a blueprint regarding how to engage all people.

Theoretically, HIV/AIDS challenges and reminds us that God sustains and protects life as described in John 1:4; Amos 5:4; cf., and in the Prophet Ezekiel’s message in 18:32. “For thus saith the LORD unto the house of Israel, Seek ye me, and ye shall live;”¹¹ Further, the Prophet Amos, in 5:4, connects with this, when he states: “For I have no pleasure in the death of him that dieth, saith the Lord GOD.”¹² Each declaration is bold and direct, leaving no question about

⁹ John 3:16 (The Message Translation).

¹⁰ Ronald Jeffrey Weatherford, *Somebody's Knocking at Your Door-AIDS and the African-American Church* (Binghamton,; Haworth Pastoral Press, 1999), 37.

¹¹ Ezek. 18:32 (King James Version).

¹² Amos 5:4 (King James Version).

God's rule and power.

The theological reflection on the HIV/AIDS pandemic must be grounded in a theology of life. These gifts extend to all humanity because God's redemptive love encompasses the world. A truly Christian theology of life will be thoroughly Christ-centered. John 1:3-4, states: "God also joined the human race, giving himself to die in order that we may live."¹³ This confirms there must be a Christ-centered theology of life; one in which human existence is properly understood as life before the living God. Moreover, the devastating threat posed by HIV/AIDS challenges humankind both to affirm life and dignity which flow from God's creative and sacrificial love, and humankind must do all it can to enhance the life God gives while never focusing on disease as a life punishment.

Because there was a willingness to examine the different theories and opinions, the participants in the project thesis study remained open in believing whatever they felt was correct for them. Nevertheless, whatever the finality of their belief, it does not interfere in the creating of the Caring HIV/AIDS ministries. There must be initial, ongoing and intentional education and community collaboration to help those in need.

About HIV/AIDS

The book, *Social Issues Firsthand AIDS*, describes the onset of the disease called AIDS. The book's authors, Nasso and Des Chenes, state: "In 1981 the Acquired Immune Deficiency Syndrome (AIDS) created major political and ethical debates and led to changes in how society viewed this disease."¹⁴ They went on to discuss how scientists found AIDS unusual because it did

¹³ John 1:3-4 (King James Version).

¹⁴ Christine Nasso and Elizabeth Des Chenes, *Social Issues Firsthand AIDS* (Farrington Hills: Greenhaven Press, 2008), 12.

not appear to be a single disease. To connect with this point, author Molly Jones, in her book, *Epidemics and Society AIDS*, states: “Each patient would become sick with a different set of symptoms. For this reason, the condition was called a syndrome (a group of symptoms that occur together), rather than a disease.”¹⁵ Thus, it can be believed based on these findings, while AIDS is an epidemic, its symptoms are inconsistent for many patients.

Jones further states: “In 1982, the name AIDS was given to this disease because the health officials determined that something was attacking the body’s normal ability to fight infections. Thusly, the body was not able to protect itself from this disease conflicting with the immune system.”¹⁶ As a result of this, scientists began to examine how to find a cause for the reason of the immune system change. “Some people called the syndrome AIDS, or acquired immunodeficiency disease. Others called the syndrome GRID, or gay-related immunodeficiency, because they believed the syndrome was related to homosexuality.”¹⁷ Regardless of the various perspectives and names, the syndrome remains serious, uncertain and deadly.

By 1987, researchers had learned that HIV passed from one infected person to another through body fluids, such as blood and semen; from male sex organs, or vaginal fluids from female organs and shared drug needles, also spreading from pregnant women to their unborn child.¹⁸ They discovered the human body’s immune system has several types of white blood cells and each has a defense job, but HIV/AIDS is difficult because it attacks the helper cells T cells and macrophages. The T cells are unable to attack the invader, and macrophages whose job is to produce antibodies actually spread the disease. Therefore, the system cannot fight off the intruder

¹⁵ Molly Jones, *Epidemics and Society AIDS* (New York: Rosen Publishing, 2011), 10.

¹⁶ *Ibid.*, 12.

¹⁷ *Ibid.*, 13.

¹⁸ *Ibid.*, 21.

making the body weak and susceptible to many infections.

The scientists went on to reveal HIV infection that reduces the T cells happens over a period of time, usually several years. The progression then goes through four stages: “primary, clinically asymptomatic, symptomatic, and AIDS. People may carry the HIV virus for years before they show any symptoms making the transmission of the disease without knowing they are infected. By the time it progresses to stage four, AIDS, the immune system has become badly damaged and an infection can be fatal if they are not diagnosed until then.”¹⁹ A person is said to have AIDS when the helper T cell count is 200 or lower. Visible indicators of a person living with AIDS could be rapid weight loss, regularly becoming ill with flu-like symptoms, suffering from pneumonia or stomach problems.

How Does One Contract AIDS?

There are only three ways to get AIDS: 1) unprotected sex; 2) contact between your blood and infected blood or body fluids; and 3) mother-to-baby transmission.

1. *Unprotected sex:*

This is the most common way people contract AIDS. If one has sex with an HIV positive person and there is direct contact between the penis and vagina or anus, one can easily become infected. The virus lives in the fluids inside the penis and vagina and can easily enter one’s bloodstream. Using condoms properly is the only protection against this kind of infection.

2. *Contact with infected blood:*

If one has an open wound that comes into contact with the blood of an HIV positive

¹⁹. Carol Sonenklar, *USA Today Health Reports: Disease and Disorders AIDS* (Minneapolis: Twenty-First Century Books, 2011), 41.

individual, infection is inevitable. This contact could be through using the same needles for drugs or unsafe instruments used for circumcision. One can also contract it from blood transfusions if the blood is contaminated (in SA all blood is screened). Moreover, medical workers can get it from accidentally pricking themselves with needles they have used to inject HIV positive people.

3. *Mother-to-baby transmission:*

HIV positive mothers can pass the infection to their babies; this happens in about thirty percent of cases. Transmission can happen during pregnancy, childbirth or during breast-feeding because of the contact with blood.

Conversely, one cannot contract AIDS from kissing someone on the lips, hugging, sharing food and drink or by utilizing the same bath or toilet as someone who is HIV positive. However, deep kissing or French kissing can pass on HIV if one has mouth sores.

The problem of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) that began to be identified in the United States is still causing concern after thirty-four years, especially in minority communities and churches. “Since then, more than 1.8 million people in the U.S. are estimated to have been infected with HIV, including over 650,000 who have already died; today, more than 1.1 million people are living with HIV.”²⁰ According to the Henry J. Kaiser Foundation Report of 2014, “The Aids epidemic in the United States, despite the advances made in fighting this disease, hundreds of thousands have already died reaching an alarming number at the end of 2010. Even with this, the mortality rate has declined significantly.”²¹ Additionally, “the CDC (Centers for Disease Control and Prevention) report,

²⁰ Center for Disease Control, “HIV Surveillance Report HIV Diagnosis Data,” vol. 23 (February 2013).

²¹ Kaiser Family Foundation, “KFF Data Source,” *UNAIDA, Report on the Global/AIDS Epidemic* (2014), 2.

March 12, 2015, estimated that “more than 1,201,100 persons aged thirteen years and older living with HIV including 168,300, (14%) are unaware of their infection.”²²

HIV/AIDS Timeline

According to the Kaiser Family Foundation, following is the HIV/AIDS timeline as of 2012:

- 1981** June 5 - The Centers for Disease Control issues a warning about a relatively rare form of pneumonia later determined to be AIDS among a small group of gay men. This marks the beginning of the AIDS epidemic.
- 1982** The CDC officially establishes the term *Acquired Immune Deficiency Syndrome*. The disease refers to four “high-risk” groups: injection drug users (IDUs), gay men, Haitians and hemophiliacs.
- 1983** The U.S. Public Health Service issues recommendations for preventing Transmission through contact with blood and transfusions. The National Association of People Living with AIDS (NAPWA) and the National AIDS Network (NAN) are formed.
- 1984** The virus that causes AIDS is isolated and named the Human Immunodeficiency Virus (HIV).
- 1985** The first International AIDS Conference is held in Atlanta, Georgia. Community-based Organizations are created to serve people with AIDS around the country.
- 1987** AZT, the first antiretroviral drug for AIDS, is approved by the Food and Drug Administration (FDA). The AIDS Coalition To Unleash Power (ACT UP) is established in New York. President Ronald Reagan delivers his first AIDS-specific address.

²²Centers for Disease Control, “HIV Surveillance Supplemental Report,” 3 (November 2014): 19.

- 1988** The World Health Organization (WHO) declares the first World AIDS Day on December 1, 1990. Ryan White dies at age eighteen. The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is passed to improve the quality and availability of care for people with AIDS. The FDA approves AZT for pediatric AIDS.
- 1991** The red ribbon becomes a worldwide symbol of AIDS awareness.
- 1995** The first protease inhibitor is approved by the FDA. Viral load proves a significant indicator of HIV disease progression.
- 1996** The International AIDS Conference introduces a radical new treatment paradigm: HAART (Highly Active Antiretroviral Therapy) and the use of viral load tests.
- 1997** For the first time, the CDC reports a decrease in AIDS deaths (by 40%) in the U.S.
- 1998** Health and Human Services Secretary Donna Shalala announces needle exchange programs decrease the spread of HIV/AIDS and do not lead to increased drug use. The Minority AIDS Initiative is created after African American leaders declare a “state of emergency.”
- 2000** The Young Men’s Survey Study shows an alarming rise in risk behaviors and new infections in young men who have sex with men (MSM) of color. The Millennium Development Goals are announced, including the goal of reversal of the spread of HIV/AIDS.
- 2001** Officials note the spread of drug-resistant strains of HIV.
- 2002** U.S. FDA approves OraQuick rapid test.
- 2003** New Jersey still does not have syringe access or exchange programs.

- 2004** UNAIDS launches the Global Coalition on Women and AIDS to raise awareness of the epidemic's impact on women and girls worldwide.
- 2007** New Jersey allows syringe exchange in the six highest prevalence cities.
- 2008** New HIV incidence reports reveal the epidemic is worse in the United States than previously thought.
- 2010** National AIDS Strategy signed by President Barack Obama.
- 2011** June 5 marks thirty years since the First AIDS case was reported. CDC announces the High-Impact HIV Prevention approach that includes addressing social determinants of epidemic.
- 2012** The 19th International AIDS Conference, held in Washington, D.C. This is the first time in twenty-two years that the conference is in the United States.²³

Why Churches Must Get Involved

The AIDS pandemic has cut short millions of lives all over the world and more people including children are infected each year. There are PLWA who are members of churches and in communities who suffer in silence fearing what the exposure to being diagnosed positive will affect their lives and their families. They carry the awesome burden of not feeling accepted in the Body of Christ. They lack the human touch from the faith community leaving a void in their lives. Therefore, it can become difficult to locate ministries to fully embrace this population.

Why should the Carolina Region of the CME Church address HIV/AIDS? It is because this church has a mandate from God according to Matthew 25:35-40:

²³ J Kaiser Henry, *Global Time Line* (n.p.: Kaiser Family Foundation Source, 2012).

For I was hungry, and ye gave me food; I was thirsty, and ye gave me drink; I was a stranger, and ye took me in; naked, and ye clothed me; I was sick, and ye visited me; I was in prison, and ye came unto me. Then shall the righteous answer him, saying, Lord, when did we see thee hungry and feed thee? or thirsty and give thee drink? When did we see thee a stranger and take thee in? or naked and clothe thee? Or when did we see thee sick or in prison and come unto thee? And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brothers, ye have done it unto me.²⁴

In order to remain obedient to what God requires in the Matthew text, the Carolina Region of the CME Church has no option but to address the disease of HIV/AIDS that plagues some individuals in its congregations and communities.

In the book *Somebody's Knocking at Your Door*, the authors outline compelling reasons why churches must become involved and "Liberate the Community from AIDS."²⁵ It is very important that whatever is done, for the church in general, fervent prayer is what should occur first in order to receive guidance from God regarding what God requires. Weatherford, in his publication, also discusses the following points:

- AIDS is not a quality of life issue; it is a life-or death issue.
- AIDS is spreading more rapidly in the African American community. African Americans are six times more likely than whites to be infected with HIV/AIDS.
- Although representing on thirteen percent of the U.S. population, in 1996 African Americans represented a larger proportion (forty-one percent) of newly reported AIDS cases than whites (thirty-eight percent).
- History has shown that the African-American pulpit has the power to educate, influence, and mobilize the masses.
- The church has a responsibility to teach values and change behavior. For generations, the African-American church has been an arbiter of social norms.
- The church is called to relieve suffering and offer hope.
- The church was commissioned to minister to poor, sick, ignorant, marginalized, and underserved people.
- As the hands of God, the church must not only save souls, but save lives.
- AIDS is the most serious crisis facing descendants of Africa since the slave trade.

²⁴ Nasso and Elizabeth Des Chenes, *Social Issues Firsthand AIDS*.

²⁵ Ronald Jeffrey Weatherford, *Somebody's Knocking at Your Door, AIDS and the African -American Church* (Binghamton: Haworth Pastoral Press, 1990), 107.

- If the rapid spread of AIDS continues, the African-American community will share the plight of some African nations where entire generations have been wiped out, leaving behind only children and the elderly.²⁶

These facts as outlined by Weatherford, validate the urgency for the church to address HIV/AIDS crisis.

Faith in Jesus Christ has always brought life and hope to the body of believers. If the church confesses its belief in Christ as God's children, it is obligated to anyone living with HIV/AIDS who is being disenfranchised and experiencing prejudicial behavior because of their condition. Additionally, it is important for PLWA to be optimistic concerning their life and faith as they face this disease. Whenever there is a joining together of hope, love and faith, victory will be realized and ministry will begin. This evolution of ministry is found in Gal. 6:9-10: "And let us not be weary in well doing, for in due season we shall reap, if we faint not. As we have therefore opportunity, let us do good unto all men, especially unto them who are of the household of faith."²⁷

There is a great need to widely open the church doors to support and minister to this population. The silence regarding this disease must be broken in a way that is caring and redemptive. HIV is no longer considered a death sentence and PLWAs are productive members of the communities and churches that are included in the Body of Christ and should be ministered to just as others in church are ministered to. This is a great need and those who believe in Jesus the Christ as their Savior should desire that all people live in dignity. As this work progresses, the ministries will be an evangelistic tool to bring many to Christ and help the victims live a joyful life without stigmas and fear of their disease being made public. Churches have always been a

²⁶ Ronald Jeffrey Weatherford, *Somebody's Knocking at Your Door, AIDS and the African -American Church* (Binghamton: Haworth Pastoral Press, 1990), 107.

²⁷ Gal. 6:9-10 (King James Version).

place where one may go and find peace, acceptance and solace and exists to address the mandate to help others who are considered marginalized.

Christians must reach out without bias and is explained an article written by Amada Grier and published in the book “*Social Issues Firsthand AIDS*”²⁸

The author urges Christian churches to reach out to HIV positive people and abandon the stance that AIDS is a divine punishment for those who break religious laws. She argues that the church has to go beyond its call for abstinence and face modern life and AIDS with compassion, not rejection.²⁹

One of the major problems in fighting AIDS and ministering to those who have contracted this disease is to break the silence that keeps them isolated and in bondage. There are many people ill or dying and families do not talk about this disease or the patient does not reveal they have a positive diagnosis; therefore, there is no dialogue. “Unfortunately, there are many well intentioned Christians who still see HIV/AIDS as God’s punishment for homosexuality and sexual promiscuity...”³⁰ These people also believe the only response to eradicated HIV/AIDS is to just abstain from sex before marriage and remain faithful in the bond. This is a good idea, but there must be more preaching, teaching and education about this disease and be able to address HIV/AIDS to bring total understanding rather than judgment.

The life of the church is at stake if it does not support God’s children who live with HIV/AIDS. This tenet is discussed in the article, *Facing AIDS, The Challenge of the Church’s Response*, and it discusses the role of the church:

1. “Churches should provide, acceptance a climate of love, and acceptance for those who are vulnerable to, or affected by AIDS. This could be done by providing space for these concerns to be discussed.

²⁸ Kiesbye, *Social Issues Firsthand AIDS*, 12.

²⁹ *Ibid.*

³⁰ *Ibid*, 68.

2. Reflect on the theological basis for their response to HIV/AIDS.
3. Ask the churches to reflect together on the ethical issues raised by the pandemic, interpret them in their local context and offer guidance to those confronted by difficult choices.
4. Ask the churches to participate in the discussion in society at large of ethical issues posed by HIV/AIDS, and support their members who, as healthcare professionals, face difficult ethical choices in the areas of prevention and care.
5. Ask the churches to promote the sharing of accurate information about HIV, to promote a climate of open discussion and to work against the spread of misinformation and fear.
6. Ask the churches to educate and involve youth and men in order to prevent the spread of HIV/AIDS fully the gift of human sexuality in the contexts of personal responsibility, relationships, family and Christian faith.
7. Ask churches to work with women as they seek to attain the full measure of their dignity and express the full measure of their gifts.
8. Ask the churches to seek to understand more fully the gift of human sexuality in the contexts of personal responsibility, relationships, family and Christian faith.
9. Ask the churches to address the pandemic of drug use and the role which this plays in the spread of HIV/AIDS and to develop locally relevant responses in terms of care, re-addiction, rehabilitation and prevention.”³¹

There are other suggestions that may be selected regarding what your house of worship is able to do or desires to do. It is imperative to make the ministry to work in each house of worship as long as there is a focus on meeting the needs of the congregants and those who are in need.

Some people continue to they are exempt from contracting this disease. However, HIV/AIDS can be contracted by anyone. Moreover, oftentimes people who are infected fear rejection and discrimination from those around them, and therefore, attempt to conceal their illness. Although testing is available, only about one in ten people who are HIV positive know it, which means the spread of infection can occur without knowledge. There are myths concerning

³¹: Ronald Jeffrey Weatherford, *Somebody's Knocking at Your Door, AIDS and the African –American Church* (Binghamton: Haworth Pastoral Press, 1990), 107.

AIDS that leads people to view it as a scandal that should be kept secret. Many people consider those with AIDS are people who should be blamed because they were promiscuous or homosexual. Another myth of this disease is it is a plague that can be caught just from being in the company of someone who is HIV positive. There have been instances in some communities here people suffering with AIDS have been chased or viciously attacked.

Formation of Caring Ministries

When a church membership becomes authentically involved in the lives of those suffering with HIV/AIDS, it can become life changing for the members of the house of worship as well as for the person living with AIDS. Therefore, it is imperative that the churches are committed to this cause because if not, the effect on the victims may be even more devastating and add to the pain and stigmas already connected to living with the disease. To assist with this, following are some suggestions for churches to get started as outlined by Weatherford. These recommendations may be modified to fit the local church. This is only a workable list to begin with:

1. “Determine the congregation’s attitudes about AIDS.
2. Determine local needs and existing services by contacting area AIDS ministries, AIDS advocacy groups, and health agencies.
3. Invite people living with AIDS to share their stories with the congregation.
4. Conduct AIDS education for church leaders.
5. Determine the congregation’s commitment and capacity to volunteer.
6. Define the ministry’s focus: spiritual nurture, support, child care, housing, financial aid, fund raising, street outreach, advocacy, pastoral care, and/or prevention education.
7. Determine whom the ministry will serve: people living with AIDS, at-risk populations, youth, women, older adults, etc.
8. Consider partnering with other congregations, AIDS organizations or health agencies.

9. Seek technical assistance from experienced AIDS program specialists.
10. Set a budget for the ministry.”³²

Weatherford continues in his recommendations regarding recruiting caring volunteers to serve in the ministry:

1. “Find people who are committed to this type helping ministry to be willing to be in it for the long haul. This is not for all because it may take more time than they can commit to. They need to also consider the emotional involvement that will be needed.
2. Seek those who are willing to see the worthwhileness in people. Instill hope in the lives of those with HIV/AIDS.
3. They must be willing to lay aside self-prejudice and biases, no judgmental attitudes.
4. Find those who are willing to lend support when needed to victims and their families no matter who they may be.
5. The volunteers that promise to be there when PLWA are doing well and days when they are not.
6. They must have a servant’s heart.
7. Those who do not pry, but listen and care.
8. Those who have personal lives away from this ministry in order to take care of themselves. The type of ministry can be very emotionally stressful.”³³

These recommendations are essential as the church moves forward in its quest to see the value of never disregarding those who are infected with HIV/AIDS and by including all congregants in this ministry work.

W.C. Champion, in his book, *The Black Church and AIDS*, provides specific guidance:

In your healing ministries, be promise-keeping people of a promise-making God. Be the visible followers of the Christ Jesus who redefined the meaning of holiness, who with the touch of the hand established the merciful and just reign of God among those whom temple and society believed to be “unclean,” those judged to be sinners, those who were cast out by others who deemed themselves to be holy.”³⁴

³² Ronald Jeffrey Weatherford, *Somebody's Knocking at Your Door, AIDS and the African –American Church* (Binghamton: Haworth Pastoral Press, 1990), 107.

³³ Ibid, 108.

³⁴ W.C. Champion, *The Black Church and AIDS* (Glenn, Heights, TX: Rev. Dr. W. C. Champion, 2001), 118.

To use Champion's words as a directive, have all volunteers pledge their commitment in writing (Each church should create their own pledge to fit their need.) Following is an example:

“As members of the _____, we promise together to assure ministries and other services to persons living with AIDS. We ask for God's guidance that we might respond in ways that bear witness always to Jesus' own compassionate ministry of healing and reconciliation, and that to this end we might love one another and care for one another with the same unmeasured and unconditional love that Jesus embodied.”³⁵

How Do You Treat AIDS?

One can find out whether he or she is HIV positive by having a free blood test at any clinic or hospital. The results will only be given to the individual who has been tested. If the results are positive, the individual should tell their sexual partner(s) so that they can also be tested and only the practice safe sex should occur thereafter.

There is no cure for AIDS. People can live with AIDS for many years if they obtain proper care. Healthy eating, exercise, a clean environment and a positive mental attitude can make a big difference. There are also many medications that can help to fight infections such as pneumonia and stomach infections that easily kill people with AIDS. The infections are called opportunistic infections. Many of the medicines used to fight opportunistic infections are available at clinics, and the government is working to approve more affordable medicines to people who need them.

Family members of people living with or dying from HIV/AIDS are directly affected by the disease and need just as much support if they are aware of their family's member positive

³⁵. Ibid, 119.

diagnosis. The author has found in her area of work as a supervisor in a HIV Case Management Agency that PLWA may not reveal their status for the fear of being ostracized. They also may depend on their support for living arrangements. It is found that there are stigmas in families also.

How to Develop a Local Ministry on HIV/AIDS

Successful ministries will be built on understanding a problem properly and finding the most appropriate way of addressing it. As a first step, the congregations involved in developing the strategy should be educated to understand AIDS. Churches and any house of worship that has a desire to engage in Caring HIV/AIDS ministries must understand that this disease is preventable and people can be protected who are not yet infected. Education is the key and those that want to become involved must commit to receiving education in order to be able to minister to those seeking information. Education will also be effective to help in removing stigmas away from HIV. When people have to keep their diagnosis secret for the fear of being discriminated against, it becomes very hard to address the disease and reach out to help them. This will only happen when there is openness and nondiscrimination.

It becomes very important for any ministry to understand they must have cooperation and support of other people in the community who are engaged in services to this population. The author recommends networking with government services, the religious, community and any others that can lend support. Ministries need to know that this cannot be done alone and without a lot of stress. In every community, there are a number of HIV/AIDS agencies and ways to get needed information for education and support to those living with AIDS.

Because the author is very active in this community, she finds it crucial to any ministry that has a desire to serve this population consider a few things that Rev. W.C. Champion noted in

his book: “Pastors and churches need to be aware that they are putting themselves in the position to make a promise to be a place of spiritual nurture and uplift.

1. Make a promise to affirm the sacred worth of persons with HIV and AIDS.
2. Promise to be a place of hope and joy.
3. Make a promise to take time to be there. You are the presence of Christ in the midst of suffering, doubt and fear. No greater commission was ever given to the followers of Christ than to be the presence of Christ in the lives of others.
4. Make a promise to take care of yourselves. Remember Jesus withdrew from the disciples to pray, to be alone with God to care for his spiritual needs.”³⁶

AIDS is not an individual problem and churches have a duty to not just help in the struggle against AIDS, but to provide help for others who may be suffering from other illnesses. If no light is ever shone on this terrible disease, there can be no fight and no victory to be won. Churches must begin to speak out immediately for the sake of those who are suffering.

Starting The Ministry

The size of the congregation should not sway the desire to become involved because every congregation can help in some way, for there is much that can be done. Some of the necessities of PLWA and those with other chronic illnesses may have similar needs and may connect with current ministries of the church such as prayer groups and other outreach ministries in and outside of the church walls. Some of the skills used in collaborating within other ministries can also be used in HIV/AIDS ministry work. It is important to be and remain encouraged because the foundation of the work may already exist in another ministry of the church. There is no need to reinvent the wheel.

³⁶ W.C. Champion, *The Black Church and AIDS* (Glen Heights: Rev. Dr. W. C. Champion, 2001), 116–117.

Rev. Dr. Willie C. Champion, a Presiding Elder in the Christian Methodist Episcopal Church, addresses prayer in his book, *“The Black Church and AIDS.”* Prayer is very important in creating caring ministries. “Prayers for persons touched with AIDS are another important way of saying, ‘this congregation cares.’ Prayers at the bedside of a person, who has AIDS/HIV disease, whether at home or in the hospital, can be a source of sustenance and comfort.”³⁷

The ministry also needs to focus on the infection alone rather than how the individual contracted the disease. Careful consideration must be taken with HIV/AIDS patients just the same as consideration taken with others with chronic diseases. It is so important to not get into blaming the victims because no individual is exempt from receiving care and assistance. Most importantly, confidentiality in discussions is absolutely essential, particularly, for the safety of the victims. Ministry education for HIV/AIDS is essential in dealing with fear, myths, prejudices and fears. Everyone must become involved with local AIDS ministries and seek out churches and organizations that have such ministries in an authentic attempt to partner and collaborate in combatting this dreaded disease.

³⁷. W.C. Champion, *The Black Church and AIDS* (Glenn, Heights, TX: Rev. Dr. W. C. Champion, 2001), 119.

CHAPTER FIVE CONCLUSION

The purpose of this thesis project was to address the biases, stigmas, and prejudices of churches toward those suffering with HIV/AIDS. After analyzing focus group sessions and questionnaires from selected congregations, this study also looked to reveal the cultural fears, myths and barriers people possess that lead to apathy and by offering practical steps toward prevention, acceptance and producing ministries that via education and training would produce change-agents in both their thinking and action. As an added benefit, a Train-the-Trainer Manual was created for churches to implement HIV/AIDS ministries.

This project is only the beginning of addressing a very large problem and will not be completed until HIV infections no longer exist. The results of this project thesis were eye opening and oftentimes produced high emotions for several participants because they shed a bright light on the faith community in the Carolina Region of the Christian Methodist Episcopal Church as it related to the disease of HIV/AIDS. It revealed the number of churches that had ministries to meet the needs of those in this era of inclusion, but it also revealed individuals in the church community who are continuously treated as the marginalized and unfortunately, their suffering continues.

The dynamics of this disease are very complex beginning with the name, HIV/AIDS that began to be identified in the United States in 1981. After thirty-five years, there remains great concern, particularly in minority communities and churches. “Since then, more than 1.8 million people in the U.S. are estimated to have been infected with HIV, including over 650,000 who have already died; today, more than 1.1 million people are living with HIV.”³⁸ According to the

³⁸ Center for Disease Control, HIV Surveillance Report HIV Diagnosis Data, vol. 23 (February 2013).

Henry J. Kaiser Foundation report of 2014, “The Aids epidemic in the United States, despite the advances made in fighting this disease, hundreds of thousands have already died reaching an alarming number at the end of 2010. Even with this, the mortality rate has declined significantly.”³⁹ Additionally, the CDC (Centers for Disease Control and Prevention) report, March 12, 2015, estimated that “more than 1,201,100 persons aged 13 years and older living with HIV including 168,300, (14%) are unaware of their infection.”⁴⁰ AIDS is not just a problem for the United States, but is the “biggest public health problem the world has ever faced.”⁴¹ AIDS, according to Dale Hanson Bourke in *The Skeptic Guide to the Global AIDS CRISIS*, states, “AIDS is not just a medical issue. It is political, legal, religious, economic, cultural, and historic issues with complex combination of variables.”⁴²

Data has also revealed the “primary mode of HIV transmission in the United States was male-to-male sexual contact, which accounted for 45% of all HIV/AIDS cases. Another 27% of those infected contracted HIV through high-risk heterosexual contact, 22% through injection drug use, 5% through the combination of male-to-male sexual contact and injection drug use, and 1% through other modes of transmission.”⁴³ Contrary to some opinions HIV, is not a totally gay disease. “It is not a disease that only gay people can contract nor is it a disease that was started by

³⁹ Kaiser Family Foundation, “KFF Data Source,” *UNAIDA, Report on the Global/AIDS Epidemic* (2010). 2.

⁴⁰ Centers for Disease Control, “HIV Surveillance Supplemental Report,” 3 (November 2014), 19.

⁴¹ Dale Hanson Bourke, *The Skeptics Guide to the Global Crisis* (Waynesboro, GA: Authentic Media, 2004), 5.

⁴² *Ibid*, 3.

⁴³ Jason Dyke Coleman, *Development of a Framework for Faith Based HIV/AIDS Prevention Programs*, (2009), 23.

gay people; there is no evidence that gay people brought aids to the United States.⁴⁴ Dale

Bourke, in his publication, *The Skeptics Guide to Global Crisis*, addresses this:

There is discussion that many have today concerning the origin of this disease. It has been said that the disease was believed to have existed before it was clinically identified in 1983. The virus closest to it is simian immunodeficiency virus, a disease found in monkeys in equatorial Africa. Some believe that the virus jumped from animals to humans when infected, bush meat the meat of monkeys, was eaten.⁴⁵

There is another school of thought that a “polio vaccine used in the 1950’s was cultivated on monkeys in Africa and may have transmitted a strain of the virus to humans.”⁴⁶

Questions were asked many times during the project and primarily while conducting focus group sessions as to whether or not anyone has ever been cured of AIDS? Arthur Ammann addressed this question: “As far as we know, no one has ever been cured of HIV infection. The virus may remain dormant for many years without producing any symptoms. The condition that causes AIDS, on the other hand, may be reversible with the use of potent combination antiretroviral therapy.”⁴⁷

The author discovered that HIV/AIDS is not widely addressed in many churches because “they often do not feel comfortable about discussing sex and related topics when faced with a disease that is transmitted largely through sexual contact.”⁴⁸ This is an interesting issue also in the Carolina Region of the Christian Methodist Episcopal Church (North and South Carolina and Galax, Virginia). However, the urgency remains that these predominately African American churches must become involved on behalf of marginalized and those individuals deemed

⁴⁴. John E. Fortunato, *AIDS the Spiritual Dilemma* (San Francisco, CA: Harper and Row Publishers, 1987), 2.

⁴⁵. Dale Hanson Bourke, *The Skeptics Guide to the Global Crisis*, 12.

⁴⁶. Ibid.

⁴⁷. Arthur J. Ammann, *Women, HIV, and the Church* (Eugene OR: Cascade Books, 2012), 148.

⁴⁸. Andrea Bakke and Corean Bakke, *Time to Talk in Church and HIV and AIDS* (Acme Washington: Bakken Books, 2004), 23.

“invisible” who are crying out for acceptance and assistance.

According to authors Andrea and Corean Bakke, the “African American churches have been known to serve as centers for spiritual growth and development, political and civic activity, and in recent decades, health promotion and disease prevention.”⁴⁹ According to Richard McKinney, “It has served as a bulwark of spiritual and moral strength and a center for the total life of the people and a source of leadership which, through the years, has guided Black people toward the goal of increasingly fuller participation in American life.”⁵⁰

The limitations of this project stemmed from the delicate subject matter, lack of understanding of the study, goals, recognizing personal shortcomings, time constraints and availability of information concerning the topic. Those come as a result of human perceptions that hinge on personal fears, biases and prejudices regarding HIV and AIDS stricken individuals regardless of how they contracted the disease, which was the biggest reason people remain hesitant about becoming involved.

When the following information was revealed it was very well accepted by those who were not very sure regarding everything related to HIV/AIDS. They had little specific knowledge that HIV “attacks the body’s immune system, which is the part of the body that fights off viruses and other infectious agents.”⁵¹ Over time, the virus kills the cells in the immune system causing the body to be too weak to defend itself against infections. Some people who become infected with HIV can stay healthy for a long time without any visible signs of infection. For others it may take five to ten years after infection until one becomes ill. This being the case, the disease

⁴⁹. Ammann, *Women, HIV, and the Church*.

⁵⁰. Richard McKinney, The Black Church Its Development and Present Impact, *The Harvard Theological Review* (971), 453.

can be passed on to other people by having unprotected sex. Even if a person looks and feels healthy, they are still infected.

AIDS is a disease that destroys the ability to fight infections. HIV attacks and AIDS destroy the system. The immune system is the body's defense against sickness; white blood cells attack and destroy many diseases. When this occurs, an individual becomes ill more easily causing the immune system to become weaker and the individual is not able to fight virus and infections effectively. "In the final phases of the disease the immune system collapses without treatment."⁵² However, all the individuals with AIDS are infected with HIV, but not all individuals with HIV have AIDS.

One cannot contract HIV from kissing someone on the lips, hugging, sharing food and drink or by using the same bath or toilet following someone who is HIV positive. "Although HIV is found in small quantities in certain body fluids, it must be in sufficient quantities to cause infection."⁵³ It is transmitted through unprotected sexual contact, intravenous drug use or "shooting up" sharing unclean needles, contact with infected blood, and mother-to-baby-prenatal transmission during pregnancy."⁵⁴

The theoretical basis for the project stemmed from the humankind's understanding as it relates to one's beliefs regarding whether God's judgment is the reason for HIV/AIDS. This project revealed that oftentimes, humankind's desire to reach out to the marginalized was predicated on their concepts about the illness and how they contracted it. Such curiosity of non-infected people has for the most part, warranted positive results regarding creating caring

⁵¹. Arthur J Ammann, with Julie Ponsford Holland. *Women, HIV, and the Church-In Search of Refuge*, (Eugene: Cascade Books, 2012), 11.

⁵². Amos, *When AIDS Comes to Church*, 11.

⁵³. Pamela Payne Foster, *"Is There a Balm in Black America?" Perspectives on HIV/AIDS in the African American Community* (Montgomery, AL: Afram South, Inc, 2007), 277.

ministries. Moreover, remembering that people suffering with AIDS should never be considered or viewed as less than human, for all were created in the perfect image of God. This is one of the tenets of Christianity; therefore, those who profess Christianity should never fail to serve the lost and sick regardless of whom they are or the state of their condition.

AIDS evokes major discussions about the theological basis of HIV/AIDS. Ted Anderson, in his book surmised that: “There is no consensus among some religious authorities on either the theological significance of AIDS or what exactly would constitute a religious approach to this public health issue.”⁵⁵ In discussing AIDS, the one theological issue that still stands at the center revolves around the question, “Is AIDS a disease sent by God to punish people for their sin?”⁵⁶ The theoretical information revealed in this project was extremely subjective because personal opinions, points of views and judgments were acknowledged in addition to the scriptural objectiveness of the community. There were scriptures used that attempted to make a case that this illness comes as result that God poses judgment on people who have sinned. The Old Testament books in the bible, Joel, Amos, Numbers and Genesis, are oftentimes used to attempt to prove this point because many believe these books discuss the penalties for committing sins as the backdrops for their judgment theology argument. This viewpoint derived from the mindset of people who emphatically believe they have the right to speak on behalf of God. This concept believes that God created AIDS to punish groups that sin.

On the other side of the coin, God is shown to be merciful and gracious. The church is charged to do as Jesus did when He met the leper who asked to be healed. Jesus responded in the only way He could; He reached out in love and touched him not avoiding, rejecting or

⁵⁴. Ibid, 272–274.

⁵⁵. Ted Edison, *The Aids Caregiver's Handbook* (New York: St. Martins Griffin, 1993), 5.

⁵⁶. Ibid.

condemning. The author has concluded from her understanding of God's truth, that people, not God, are responsible for the conditions of the world including disease and sickness because of the sin of Adam. Christ entered into the suffering and brokenness of the world and won victory over death; therefore Christians should adopt the theology of Christ that human existence is properly understood as life before the living God. "Therefore, the theology is found in the actual teachings and ministry of Jesus."⁵⁷

The collected data in this project attempted to address some biases, stigmas, and prejudices of churches toward those suffering with HIV/AIDS and the subject's personal understanding of the illness. The author used the qualitative method for this project thesis that examine questions concerning who, what, where, and when. With this method, it allows using methods such as case studies, personal experiences, introspection, life stories, and interviews (such as focus groups).

There was an initial assumption there would not be substantial diversity according to the various age groups; however, the results indicated just the opposite. This design focused on the participants through open-ended interview questions utilizing focus groups and questionnaires that provided religious and cultural enlightenment from the various congregants.

The members of the age group represented in the study that were fifty-one years and older, were found not to be as knowledgeable as the other age groups regarding precisely how AIDS was contracted. This group acknowledged they had more fears and this came from many myths rather than knowledge of actual facts that were presented in the study. Gender, education, districts, and size of the church had the same findings over the same age groups. This portion of the project revealed how education would be extremely helpful and beneficial for all age groups

⁵⁷ Ronald Jeffrey Weatherford, *Somebody's Knocking at Your Door-AIDS and the African-American Church* (Binghamton,: Haworth Pastoral Press, 1999), 37.

to help in dispelling myths and misconceptions. Some shared biases because of cultural rearing and opinions concerning transmittals.

Thoughts were questioned in this study concerning the biblical issues as they related to the participant's personal perceptions or perceived beliefs that HIV or AIDS came as a result of God's judgment for committing sins. Moreover, it was very interesting to understand there are many difficulties in life resulting in one's own doing. As affirmed in the book of Genesis, "God does not turn a judgmental and wrathful side toward us."⁵⁸ The resounding results from eighteen to fifty-year-old participants revealed in their answers this disease was not as a result of being a punishment from God; however, those fifty-one years and older felt it was.

The author believes from her understanding of the scriptures that Satan, not God, desires to use AIDS as a means of destroying millions of people around the world. What Satan plans to use for man's destruction, God can use to bring glory to Him and victory in the lives of believers. Genesis 50:20 declares, "You intended to harm me, but God intended it for good to accomplish what is now being done, the saving of many lives."⁵⁹

In the focus groups and questionnaires, the topic of sin and whether individual's sins were punishment from God resulting in disease were raised. Since the majority of HIV/AIDS in the United States is contracted through immoral sexual activity or drug abuse, it must be realized these diseases are usually consequences of the choices individuals make. This thought is verified in Gal. 6:7-8: "Do not be deceived, God is not mocked; for whatever a man sows, this he will also reap. For the one who sows to his own flesh will from the flesh reap corruption, but the one

⁵⁸. William E. Amos Jr., *When AIDS Comes to Church* (Philadelphia: Westminster Press, 1988), 21.

⁵⁹. Gen. 50:20 (New International Version).

who sows to the Spirit will from the Spirit reap eternal life.”⁶⁰ The Old Testament scripture in Deut. 30:15-20 also addresses this thought:

See, I have set before you today life and prosperity, and death and adversity; in that I command you today to love the LORD your God, to walk in His ways and to keep His commandments and His statutes and His judgments, that you may live and multiply, and that the LORD your God may bless you in the land where you are entering to possess it. But if your heart turns away and you will not obey, but are drawn away and worship other gods and serve them, I declare to you today that you shall surely perish. You will not prolong *your* days in the land where you are crossing the Jordan to enter and possess it. I call heaven and earth to witness against you today, that I have set before you life and death, the blessing and the curse. So choose life in order that you may live, you and your descendants, by loving the LORD your God, by obeying His voice, and by holding fast to Him; for this is your life and the length of your days, that you may live in the land which the LORD swore to your fathers, to Abraham, Isaac, and Jacob, to give them.⁶¹

God has given humankind the freedom of choice, but with this freedom comes awesome responsibilities and consequences that can shape the lives of people. When one really understands this illness, it will be found that all who contract HIV comes as either a result of no sin or their own risky behavior. This can be seen through the life of a young boy named Ryan White, who contracted HIV through a blood transfusion. In his own book, *Ryan White: My Story*, he stated: “I have been sick with an incurable disease since the day I was born.”⁶² “I was labeled a trouble-maker, my mom an unfit mother, and I was not welcome anywhere. Because of the lack of education on AIDS, discrimination, fear, panic and lies surrounded us.”⁶³ This young man took on a fight and was faced with a life that had nothing to with him other than being born with a rare blood disease called hemophilia.

Today some believe the same as in Jesus’ day that people who are sick have sinned to bring this upon themselves. In John’s Gospel 9:2-3, Jesus’ disciples asked about a blind man:

⁶⁰ Gal. 6:7 (New International Version).

⁶¹ Deut. 30:15-20 (New International Version).

⁶² Ryan White and Ann Marie Cunningham, *Ryan White: My Own Story* (New York: American Library, Penguin Putman, 1992), Preface.

“Who sinned, this man or his parents that he was born blind? Neither this man nor his parents sinned,” said Jesus, but this happened so that the work of God might be displayed in his life.”⁶⁴ Similar commentary is written regarding HIV/Aids: “Sadly, today, some in the church jump to the same conclusion by assuming a person has sinned if he/she contracts HIV/AIDS. We must remember this is not always the case.”⁶⁵

The focus groups were charged with very interesting discussions. Even with these lengthy focus group discussions and holding fast to whatever side they chose to be on, the participants were guided to deeply examine their views and whether they would be interested in being a part of a HIVAIDS Ministry in their specific houses of worship.

The data analysis was crucial in viewing the samplings that were provided. The ones that volunteered to be a part of study were very open and willing to learn more. With some of them being actual victims of the disease was enlightening because they shared information concerning their personal experience living with the illness. The answers were very honest and caring.

The end result revealed the participants in the eighteen to thirty-five-year-olds expressed a desire in becoming a part of HIV/AIDS ministries; however, the research showed there are not initiatives in their churches regarding this. Moreover, it appeared from this study that as people get older, they are less interested in this type of ministry and they see minimal need for such.

The age group of those fifty-one years and older identified as being friends with people suffering from this disease more than the others in the sampling. The older age group identified having friends; the young adults revealed they did not know anyone infected. The Young Adults (age group 18-35) voiced because of the stigmas that go along with being identified, victims do

⁶³ Ibid., 6.

⁶⁴ John 9:2-3 (New International Version).

⁶⁵ Mary Ellen Ellis, *HIV Vs. AIDS: What's the Difference?* (San Francisco: Healthline Media, 2014).

not tell and this group does not ask, but the older group said they did, in fact, know people infected.

Another question posed to the volunteers was asked whether they felt that Houses of Worship should be involved in activities designed to help those living with HIV/AIDS that impact their community. The majority of people were very positive there was a need and felt it should be addressed in their local congregations. They also shared there had to be education given for them to be comfortable addressing the subject. The groups and questionnaires explored whether they, had ever been involved in an education or research activity designed to address HIV/AIDS? It is interesting to note the age group of fifty-one years and older, seemed to not have had education concerning the matter, but felt it would be helpful for them to engage in this type of ministry.

Question: Would you like to serve as a resource to people with HIV/AIDS? The age groups eighteen to thirty-five and thirty-six to fifty years of age showed an interest, but the older age group did not. Even with that, the answer in the fifty-one and older group was very close in their responses.

Question: Do you have an HIV/AIDS Ministry in your church? This data did not come as a surprise, especially as the focus groups discussed at length they were not aware of any churches in their areas involved in HIV/AIDS. The questionnaires mirrored the same opinions of the group participants. The author researched the areas of study and was able to find various agencies with resources that can be utilized by the local churches.

Question: Do you feel African-American churches should be involved in activities designed to address health issues such as HIV/AIDS that impact the community? The answers proved what the researcher expected to find: the houses of worship, do, in fact, have a desire to be a help to their community in this important matter.

This project has proven to be an eye opening revelation and a journey that has only just begun. The participants were led to a place that had them feel, explore, digest and process their emotions and understanding about HIV/AIDS and their potential involvement in the lives of those learning to survive this horrendous disease.

The author of this project acknowledges and accepts this is a continuation of a life's work and commitment to those who are suffering in silence because of the fear of being rejected or marginalized. Past experience working in human services in several capacities has been such a rewarding experience along with a sobering, even to the extent that one may wind up taking many clients home in their heart after the day's work has been concluded. From personal experience it is important that those involved in this type of work have balance in their lives that enables them to take care of themselves and not allow the burden of this work consume them.

When one becomes involved HIV ministry, it is important to remain nonjudgmental in order to be open to all. When the reflection strictly becomes one of the *illness* and not the *reason* for being infected, the work can then begin. The young man Ryan White lived the last years of his life experiencing ridicule, violence, bias and prejudices for being born with a disease called hemophilia that caused him to have a blood transfusion. Not only being ill, he was faced with contracting a deadly disease. This young man's life has enabled many people to get help because of a new awareness. There are funds that are allocated for those who need medical assistance. One young man's death opened doors following his death. It was noted that his family was brutally treated not only by the secular world, but also the church where he felt there should have been compassion. Compassion is not only a spiritual issue but also a human one. It hits closer to home when one knows someone who is afraid to let the positive HIV status be known. This is due to fear of abandonment by the infected person, but the daunting task remains that though

support may be minimal, remaining a supportive friend to someone stricken with this disease is imperative. The author also realized the need to walk by faith and make a difference by opening an AIDS case management agency. The AIDS epidemic is a reality and there are still too many people that sit in the pews every Sunday with their deep, dark secret. This situation much be reversed and spearheaded by those who are willing to work and get involved, by not just tolerating, but by caring. It is a grave problem for victims too afraid to share their status with their own families because of the treatment they may receive. It is essential that houses of worship must step up and help.

There are some non-profit organizations such as the one founded by Elizabeth Glaser, who dedicated her life to preventing HIV infection in pediatrics. She was allowed to speak at the Democratic National Convention in 1992. Elizabeth wanted to bring a face to her baby daughter who had died. She wanted HIV to no longer be viewed as a political issue, but rather a crisis of caring. She told the story of her daughter's death in 1988 at the Democratic National Convention in New York City, which made a profound impact on those attending and the country.⁶⁶

"Elizabeth confronted the challenge of AIDS in her own life and lost her beloved daughter to AIDS at a time when our Government and our country were too indifferent to this illness and the people who had it," he said."⁶⁷

The face of intravenous drug users had to be addressed. In December 15, 2009, President Barack Obama signed a law to reinstate federal funding for needle exchange programs, but nevertheless, Congress banned it again despite that fact that the program could reduce the rate of

⁶⁶ Randy Kennedy, "Elizabeth Glaser Dies at 47, Crusader for Pediatric Aids," *New York Times Obituaries*, December, 1994.

⁶⁷ Ibid.

HIV infection by 80%, according to the American Foundation for AIDS Research.”⁶⁸ William Amos again states: “It is important for churches to constantly research and upgrade information and resources that will be useful and a comfort to all involved.”⁶⁹

Martin Duberman wrote in his book, *Hold Tight Gently*, and reminds readers that “there are struggles over the generations of those dealing with the disease during this era. It is important to realize that even today there are still many who are afraid to reveal positive status without “being uncomfortable, fearful or feeling they are being judged.”⁷⁰ A face in the crowd with no face is how these people were described with no one to confide in.

There is still much to be done regarding education and training of HIV/AIDS and it must include the houses of worship. It is important to help those who openly need help. There are many national groups that are on board to help others get involved, but the focus coming down through the local churches is not readily found and this has become an overwhelming dilemma.

It is imperative to not take lightly the scripture in Matt. 25:40, that declares: “And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.”⁷¹ There are far too many calls to go to funerals where there is little attendance and where many of the funerals are not in a church, but inside funeral homes without a formal service.

The fight to help other has to be a collected effort including pastors, churches, government, families and the victims all working to put a face to HIV/AIDS and help encourage

⁶⁸. Barack Obama, “The Federal Funding Ban on Needle Exchange Programs,” *The White House President Barack Obama*, December, 2009.

⁶⁹. William A. Amos Jr., *WHEN AIDS COME TO CHURCH* (Philadelphia: Westminster Press, 1988), 3.

⁷⁰. Martin Duberman, *Hold Tight Gently* (New York: New York Press, 2014).

⁷¹. Matt. 25:40 (King James Version).

others to do likewise. The end cannot be in view until there is a beginning that causes decisions to be made along the way. It may not be easy, but nothing is impossible with a concerted effort. We as believers have the best assurance found in Phil. 4:13, that states: “I can do all things through Christ who strengthens me.”⁷² Additionally, in the same context, the Gospel of Matthew declares: “With man this is impossible, but with God all things are possible.”⁷³ Therefore, these scriptures connect with the belief this journey to address HIV/AIDS will continue.

African American church leaders and congregants in North Carolina and South Carolina (Carolina Region of the Christian Methodist Episcopal Church) demonstrated from data collected that there is a desire to minister and evangelize individuals with HIV/AIDS. There was a need to develop a guide for the leaders and congregants to reach this population in order to carry out the mandate in the Great Commission as set out in the Gospel of Matt. 28:19-20.

The Next Step

As a result of the findings of this project, it is imperative to continue in the radical preaching and teaching to congregations about chronic illnesses and be willing to embrace anyone infected with the disease of HIV/AIDS. This is a non-negotiable act. Churches have a direct mandate to reach out and make a difference in their communities. The work will never end until no more people are affected by HIV and all marginalized are treated with dignity and respect.

This project created deep reflection for many people. The AIDS pandemic has cut short millions of lives all over the world. Communities are being stretched to bear some of the burden of caring for those who have been infected, leaving a vast number of communities and support groups faced with the challenge for to fully embrace this population. Nevertheless, it is

⁷² Phil. 4:13 (New King James Version).

⁷³ Matt. 9:26 (King James Version).

absolutely necessary this battle must continue to be fought. Although there are many people who are now living with this disease and HIV does not have to be a physical death sentence, but until the stigmas are gone and the victims feel free to live opening with their diagnosis they may die emotionally.

There is an African Proverb that says, “If you want to go fast, go alone. If you want to go far, go together.”⁷⁴ This proverb is profound and began to ring so clearly in reference to making a difference in the lives of people, and how it can be done merely by supporting them. This Proverb also gives this journey a place to land and the meaning for this work becomes clearer. Churches must find a way to change the world's consciousness about exactly what it is facing, and why it has to work harder to solve the problems before it. If the church is going help those who are struggling, it has to work diligently and cohesively to solve this crisis.

The end of the project is a reason to expect more from believers in Jesus Christ. An essential start is by committing all of the work to prayer asking God for His guidance in educating the masses. In this context, the Bible declares in the book of Hosea:

My people are destroyed for a lack of knowledge. Because you have rejected knowledge; because you have ignored the law of God, I also will ignore your children. But let no one bring a charge; let no one accuse another, for your people are like those who bring a priest. You stumble day and night and prophets stumble with you so I will destroy your mother.⁷⁵

In all of the more than one hundred churches in the Carolina Region of Christian Methodist Episcopal Church, there are many that are still afraid of PLWA because they have not been provided accurate education about the disease. It was concluded according to the data

⁷⁴Journal for Global Transformation. www.kosmosjournal.org.

⁷⁵Hos. 4:4-6 (King James Version).

collection that a fear of the unknown remains, but because of their love for Jesus and God's people, the participants in the project were willing to be a part of this outreach.

The Manual

This manual is being developed to help establish HIV/AIDS ministries in churches, especially the Carolina Region of the Christian Methodist Episcopal Church. It is a step-by-step guide to be used to educate and train those who have expressed a desire to create the Caring HIV/AIDS ministries. The manual includes HIV/AIDS history concerning the illness along with many suggested means of implementing the work. It is important to address biases and fears so that churches may address their thoughts before involving others. Also included are area agencies that can be used as research or for collaboration. It is important that this ministry be done with others assisting in this endeavor.

It is also imperative that churches become involved and create a movement to address and lay the groundwork for combatting HIV/AIDS. People within the congregations must lay aside all biases, prejudices and myths. This will occur with accurate education and training. Moreover, effective church leadership is essential, as stated by Arthur Amman:

What church leaders say and do can have an important impact on those who attend their churches and on people in the local community. However, possibly it can be the church leaders themselves who are least willing to admit that HIV is a problem in their communities. They, too, may be fearful that talking about HIV may harm their reputation due to the stigmas attached to the disease. They may not believe that their church should be reaching out to their community.⁷⁶

It is important to delve into this issue and research the different components of personal concerns and how it affects those who need to be accepted and cared for.

There Is Hope

During the process of this thesis project, the author did not recognize the extent or magnitude of involvement attached to such ministry work, but rather observed many things that needed to be addressed. Reflecting now on the young man who had HIV/AIDS for many years with no knowledge that he was suffering and the level of pain he lived with in silence, caused the author to befriend him as the struggle and pain he experienced, emotionally convicted and affected the author. In the process, they became friends. No questions were ever asked; she was just open to being there when and if needed while not knowing his health status, but nevertheless, was able to discern the existing pain in his life attached to his struggles due to an initial unknown, unidentified illness. Then, suddenly, he was absent from work on many occasions, but never stated the reason why upon his return. The notification came one day that he was in the hospital and the researcher who knew of his homosexual status felt compelled to go visit. Finding him very frail, lonely and depressed for whatever he was suffering from, made it evident he was very ill. After sitting for a very long time holding his hand and watching him cry uncontrollably, he began to talk and was visibly broken, sharing what he was going through and having no one he trusted to dialogue with. He conveyed that his family did not know of his HIV status and had no church family he could confide in. Additionally, he was afraid to tell anyone about it because of how they felt concerning homosexuals. They tolerated him but did not accept him. This young man died alone with his secret.

A similar situation existed when the researcher's husband's relative was diagnosed with HIV and was too frightened to share this with her mother because of her family's religious

⁷⁶. Arthur Amman and Julie Ponsford Holland, *The Hope Women, HIV, and the Church*. (Eugene: Cascade Books, 2003), 163.

beliefs. She received the virus from her husband and was unaware of his status. Finally, after one of her many hospitalizations, she shared with her parents, which caused her mother to immediately disconnect from her by having no contact with her even while she was dying. Her father maintained semi-contact with her, but gave no support or help. The religious community she grew up in gave no support, which included no prayer. On the day of her death, she was alone in her hospital room. This young lady was transported to the funeral home where she laid in a room for days on a metal table with nothing more than a sheet covering her body. This was such a gruesome scene; a young mother with no one to comfort her during the final days of her life. After standing there not imagining what the quality of her life must have been was very sad and difficult to fathom. Nothing could be done at this point. This young lady was cremated without a funeral service or family present. This was a tremendous tragedy; the church and community failed in this area.

The process of this thesis study, while long and emotional, created glimmers of hope. There is undoubtedly hope for the church in its desire to become more aware and educated of the debilitating pangs of terror and suffering experienced by an individual plagued with HIV/AIDS. The face of this disease continues to change and is no respecter of persons. No one is exempt from HIV/AIDS. Therefore, the education and training must continue in the church and in all communities. There is undoubtedly a hope factor in the church regarding HIV/AIDS. When people know better, they do better, as is concluded in this project. The results from this study set the stage for the church to begin its quest to “do better.” Christians have no choice in ignoring this crisis. Speaking up and out regarding this work must become the mantra of the church and the community.

Can Christians Ignore The Crisis?

If ever someone becomes doubtful regarding whether or not the HIV/AIDS crisis should be ignored, they concur with authors Yamamori, Dageford and Bruner, who draw on Jesus's words when questioned by one of the religious leaders:

One day an expert in religious law stood up to test Jesus by asking him this question: Teacher, what must I do to receive eternal life?" Jesus replied. "What does the law of Moses say? How do you read it?" The man answered, "You must love the Lord your God with all your heart, all your soul, all your strength, and all your mind.' Love your neighbor as yourself. Right! Jesus told him. "Do this and you will live!"⁷⁷

Following Jesus' mandate becomes the ultimate resolution to this question whenever it is raised. If communities, churches, and organizations consider themselves "Christian," this crisis cannot be ignored. It is a matter of urgency; it is about saving human lives. It is about sustaining God's creation. Caring without condemnation is undoubtedly a mandate for all God's children to unselfishly become our brother and sister's keeper. For doing so, would go contrary to the Word of God. This must be the story and song of the church, and in the end, all glory is rendered to God!

⁷⁷. Tetsunao Yamamori, David Dageforde, and Tina Bruner, *The Hope Factor, Engaging the Church in the HIV/AIDS Crisis* (Federal Way, WA: Authentic Media & World Vision, 2003), 185.

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APPENDIX A
FLYER FOR RECRUITMENT

A COMPASSIONATE AND CARING GUIDE FOR THOSE SUFFERING WITH HIV/AIDS
IN THE CHRISTIAN METHODIST EPISCOPAL CHURCH

Sandra H. Gripper

Liberty University

Liberty Baptist Theological Seminary

Dear Pastor,

Your congregation is being invited to be in a research study that will help develop a hands-on, practical guide to implementing a caring, HIV/AIDS ministry for local churches of the Carolina Region of the Christian Methodist Episcopal Church.

I am requesting permission to post the enclosed flyer at your church to recruit members from your congregation along with yourself to complete a questionnaire. Please notify me of your decision by emailing me at _____.

Thank you for your help in this matter.

Signature of Investigator: _____ Date: _____

APPENDIX B
CONSENT FORM

A COMPASSIONATE AND CARING GUIDE FOR THOSE SUFFERING WITH HIV/AIDS
IN THE CHRISTIAN METHODIST EPISCOPAL CHURCH

Sandra H. Gripper
Liberty University
Liberty Baptist Theological Seminary

You are invited to be in a research study of a project that will develop a hands-on, practical guide to implement a caring, HIV/AIDS ministry for local churches of the Carolina Region of the Christian Methodist Episcopal Church.

You were selected as a possible participant because you are a pastor, church member of the Carolina Region of the Christian Methodist Episcopal Church,

I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Sandra H. Gripper, a doctor of ministry candidate at Liberty Baptist Theological Seminary

Background Information:

The purpose of this study is to identify the stigmas, fears, lack of understanding, and training in churches regarding those who are living with HIV/AIDS. Failure to win over those with judgmental attitudes and fear is a problem with HIV/AIDS patients, prohibiting transformative ministry. This project will develop a hands-on, practical guide to implement caring HIV/AIDS ministries for local churches.

Procedures:

If you agree to be in this study, you would be asked to complete a questionnaire that will be returned to the investigator by the pastor of the church along with all the questionnaires completed by the congregation. It should take about 10 minutes to complete the questionnaire.

Risks and Benefits of being in the Study:

The risks are minimal and are no more than you would encounter in everyday life.

The benefit will be to address the bias and stereotypes often present in the religious community. There will be a manual provided to all houses of worship that participated to help them start a HIV/AIDS ministry.

Compensation:

You will not receive any compensation for participating in this project.

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

All or the related data will be stored for a minimum of three years after the date of the survey as required by federal regulations. No one will have access to this data but the investigator.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:

You may withdraw prior to the study by contacting the researcher by email. If you desire to withdraw after the study has been completed notify the researcher in person at the end of the study or by email me at pastorgripper@gmail.com, and your information will not be used in the study

Contacts and Questions:

The researcher conducting this study is Sandra H. Gripper. You may ask any questions you have now. If you have questions later, you are encouraged to contact me at 704-724-2721. You may also contact my faculty advisor Dr. Charlie N. Davidson, at 434-592-5907 or cdavidson@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please contact the researcher if you would like a copy of this information to keep for your records.

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

- 14. Would you like to serve as a resource to people who want to learn more about HIV/Aides that impact your community? Possibly, if I had a chance to learn more about this issue. Y____ N____
- 15. Would you like to serve as a resource to people who are seeking assistance in making decisions about whether or not to become involved in a HIV/AID Ministry? Possibly, if I had a chance to learn more about it Y____ N____.
- 16. What is your fear level of those HIV/AIDS? _____

17. Can you explain the difference HIV and AIDS?

Write your answer: _____

- 18. Do you have a HIV/AIDS Ministry in your church? Yes____ No____
- 19. Do you feel that the African-American church should be involved in activities designed to address health issues: ie: HIV/AIDS that impact your community?
Y____ N____

To which District does your Church belong?

- 1) Charleston/Columbia _____
- 2) Durham _____
- 3) Winston Salem/Greenville _____

APPENDIX D

**A COMPASSIONATE AND CARING GUIDE FOR THOSE SUFFERING WITH HIV/AIDS
IN THE CHRISTIAN METHODIST EPISCOPAL CHURCH**

QUESTIONNAIRE FOR CLERGY

Sandra H. Gripper
Liberty University
Liberty Baptist Theological Seminary

Date _____ What is your gender? Male ___ Female ___

What is your Age? _____ Highest Level of Education Attained? _____

How long have you been a Pastor? _____

Name of your Church? _____

This questionnaire is designed to assess your knowledge and willingness to participate in this effort. Please answer the following questions. Please complete this survey. All information is confidential and will only be used in group summaries

4. How do people contact HIV/AIDS?
(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Unprotected vaginal and anal sex | <input type="checkbox"/> Transmission through kissing alone. |
| <input type="checkbox"/> Injection drug use | <input type="checkbox"/> Being bitten by a person with HIV. |
| <input type="checkbox"/> Being born to an infected mother | <input type="checkbox"/> Being stuck with an HIV-contaminated needle or other sharp object. |
| <input type="checkbox"/> Being stuck with an HIV-contaminated needle or other sharp object. | <input type="checkbox"/> Receiving blood transfusions, blood products, or organ/tissue transplants. |
| <input type="checkbox"/> Receiving blood transfusions, blood products, or organ/tissue transplants. | <input type="checkbox"/> Eating food that has been pre-chewed by an HIV-infected person. |
| <input type="checkbox"/> Eating food that has been pre-chewed by an HIV-infected person. | <input type="checkbox"/> Air or water |
| <input type="checkbox"/> Air or water | <input type="checkbox"/> Insects, including mosquitoes or ticks |
| <input type="checkbox"/> Saliva, tears, or sweat | <input type="checkbox"/> Drinking fountains |
| <input type="checkbox"/> Toilet seats | <input type="checkbox"/> Shaking hands, hugging |

5. Do you know basis information about HIV/AIDS Y _____ N _____

6. Do you feel HIV or AIDS is God's Judgment? Y _____ N _____

7. Does God Cause Suffering? Y _____ N _____

8. Is Sin Punished With Disease? Y _____ N _____

9. What do you feel is the Responsibility of People of Faith to those in need?

10. Do you agree with this statement? HIV/AIDS is a crisis of enormous spiritual, social, economic and political proportions and, increasingly, it is a problem of the young. Overcoming HIV/AIDS and the stigma that fuels its spread is one of the most serious challenges of our time. It requires courage, commitment and leadership at all levels, especially among the faith community who can use the trust and authority they have in their communities to change the course of the pandemic.

Y _____ N _____

11. Do you find it easy to talk about the subject of HIV/AIDS?
 Y_____ N _____
12. Would you be interested in being a part of a HIV/AIDS Ministry in your House of Worship? Y_____ N _____
13. Are you friends with anyone living with this disease? Y___ N ___
14. Do you know anyone living with this disease? Y___ N ___
15. Do you feel that Housing of Worship should be involved in activities designed to help those living with HIV/AIDS that impact your community? Y___ N ___
16. Have you ever been involved in an education or research activity designed to address HIV/AIDS?
 Y___ N ___
17. Would you like to serve as a resource to people who want to learn more about HIV/Aides that impact your community?
 Y___ Possibly, if I had a chance to learn more about this issue. N _____
18. Would you like to serve as a resource to people who are seeking assistance in making decisions about whether or not to become involved in a HIV/AID Ministry?
 Y _____ Possibly, if I had a chance to learn more about it. N_____
16. What is your fear level of those with HIV/AIDS?

17. Can you explain the difference HIV and AIDS?
 Write your answer.

18. Do you have a HIV/AIDS Ministry in your church? Yes_____ No_____
19. Do you feel that the African-American church should be involved in activities designed to address health issues ie: HIV/AIDS that impact your community? Y_____ N_____
20. Would you consider starting a HIV/AIDS Ministry in your church? Yes_____ No_____

To which District does your Church belong?

- 4) Charleston/Columbia _____
- 5) Durham _____
- 6) Winston Salem/Greenville _____

APPENDIX E:
QUESTIONAIRES PERMISSION

The questionnaires were developed as part of the PETRA study at Shaw University Divinity School in Raleigh, NC. Permission to use questions was given by a faculty member and investigator on the project to be used in this project.

APPENDIX F
SOME RESOURCES

AIDS Hotline - North Carolina: (919) 733-3419

AIDS Hotline - South Carolina: (803) 734-5482

AIDS.gov. Global HIV/AIDS Organizations

Centers for Disease Control and Prevention 1600 Clifton Rd, Atlanta, GA 30333
www.cdc.gov
Phone: (404) 639-3311

Elton John AIDS Foundation Elton John AIDS Foundation
584 Broadway, Suite 906
New York, NY 10012
(212) 219-0670

U.S.. Public Health Service Public Affairs Office 1-202-6867
Hubert H. Humphrey Building, Room 725-11
200 Independence Avenue SW
Washington, DC 20201

American Red Cross
AIDS Education Office
1730 D Street NW
Washington, DC 20006

IDS Action Council
729 Eighth Street SE, Washington, DC 2003

North Carolina

AIDS Leadership Foothills-Area Alliance (Hickory, North Carolina)
Provides case management, HIV testing, referrals, grocery vouchers, food pantry and emergency financial assistance to HIV-positive people.

Alliance of AIDS Services -- Carolina

Provides emergency financial assistance, food pantry, case management and housing for HIV-positive people

South Carolina

Palmetto AIDS Life Support Services 803-779-7257 2638 Two Notch Road

Suite 108
Columbia SC 29204

South Carolina AIDS Council
1518 Pickens St, Columbia, South Carolina 29201
Phone: (803) 254-6644

South Carolina African American HIV/AIDS Council
P.O. Box 2531
Columbia, South Carolina 29202

**APPENDIX G
IRB APPROVAL**

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

November 11, 2014

Sandra H. Gripper
IRB Approval 1954.111114: Caring without Condemnation for Those Suffering from
HIV/AIDS: A Guide for the Christian Methodist Episcopal Church

Dear Sandra,

We are pleased to inform you that your above study has been approved by the Liberty IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

Fernando Garzon, Psy.D.
Professor, IRB Chair
Counseling

(434) 592-4054

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The Liberty University Institutional
Review Board has approved this
document for use from
11/16/14 to 11/16/15
Protocol # 1954-111114

CONSENT FORM

HIV/AIDS- CARING WITHOUT CONDEMNATION: A Guide for the Christian Methodist Episcopal Church

Sandra H. Gripper
Liberty University
Liberty Baptist Theological Seminary

You are invited to be in a research study of a project that will develop a hands-on, practical guide to implement a caring, HIV/AIDS ministry for local churches of the Carolina Region of the Christian Methodist Episcopal Church.

You were selected as a possible participant because you are a pastor or church member of the Carolina Region of the Christian Methodist Episcopal Church. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Sandra H. Gripper, a doctor of ministry candidate at Liberty Baptist Theological Seminary

Background Information:

The purpose of this study is to identify the stigmas, fears, lack of understanding, and training in churches regarding those who are living with HIV/AIDS. Failure to win over those with judgmental attitudes and fear is a problem with HIV/AIDS patients, prohibiting transformative ministry. This project will develop a hands-on, practical guide to implement caring HIV/AIDS ministries for local churches.

Procedures:

If you agree to be in this study, I would ask you to do the following things: be a part of a focus group or a one-on-one interview, understanding that these sessions will be recorded. The sessions will last one-and a half to two hours.

Risks and Benefits of being in the Study:

The risks are minimal and are no more than you would encounter in everyday life.

The benefit will be to address the bias and stereotypes often present in the religious community. There will be a manual provided to all houses of worship that participated to help them start an HIV/AIDS ministry.

Compensation:

You will not receive any compensation for participating in this project.

The Liberty University Institutional
Review Board has approved
this document for use from
11/11/14 to 11/10/15
Protocol # 1954.111114

CONSENT FORM

Caring without Condemnation for Those Suffering from HIV/AIDS: A Guide for the Christian Methodist Episcopal Church

Sandra H. Gripper
Liberty University
Liberty Baptist Theological Seminary

You are invited to be in a research study of a project that will develop a hands-on, practical guide to implement a caring, HIV/AIDS ministry for local churches of the Carolina Region of the Christian Methodist Episcopal Church.

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Procedures:

If you agree to be in this study, you would be asked to complete a questionnaire that will be returned to the investigator by the pastor of the church along with all the questionnaires completed by the congregation. It should take about 10 minutes to complete the questionnaire. When completed, you will place the questionnaire in a stamped envelope addressed to the investigator, and the pastor will mail all completed questionnaires together. The questionnaire is anonymous.

Risks and Benefits of being in the Study:

The risks are minimal and are no more than you would encounter in everyday life.

Participants will not receive a direct benefit from completing the questionnaire. Houses of worship that participate will be provided a manual that can be used to help start a caring, HIV/AIDS ministry.

The Liberty University Institutional
Review Board has approved this
document for use from
11/14/14 to 11/10/15
Protocol # 1954-11114

CONSENT FORM

HIV/AIDS- CARING WITHOUT CONDEMNATION: A Guide for the Christian Methodist Episcopal Church

Sandra H. Gripper
Liberty University
Liberty Baptist Theological Seminary

You are invited to be in a research study of a project that will develop a hands-on, practical guide to implement a caring, HIV/AIDS ministry for local churches of the Carolina Region of the Christian Methodist Episcopal Church.

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Professor, IRB Chair
Counseling

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