What are the churches doing?
INTRODUCTION

AIDS (Acquired Immunodeficiency Syndrome) is a disease which is caused by a virus that is transmitted from person to person, mainly by sexual contact. It may also be transmitted by transfer of infected blood, such as through the use of contaminated needles or transfusion with contaminated blood. It may also be passed from a pregnant woman to the child in her womb.

The virus is named Human Immunodeficiency Virus (HIV). It lives in, and destroys, the T-lymphocytes, special blood cells which play an important role in immunity against disease. The symptoms of the disease vary widely. Some persons pass through a first stage with fever and sore throat and then become asymptomatic for a time. Major signs are loss of more than 10% of body weight, chronic diarrhoea for more than one month, and/or prolonged fever for more than one month.

The disease has grave social consequences because the death of people from AIDS leaves large numbers of orphans, widows, and widowers and because certain groups of people likely to be carriers of the disease are discriminated against. AZT, the only medicine known to help alleviate symptoms will not benefit the poor because of its great cost (US$10,000.00 per person per year).

As the disease was first found in homosexual men, some church groups saw AIDS as a judgement of God against immorality. Thus moral, theological, and ethical debates delayed the Church's responding to AIDS problems. But since 1985, many churches have developed programmes to deal with the tragic consequences of the disease and help prevent its spread. In the USA, the Episcopal Church was one of those earliest to respond. The response was initiated by local churches, especially by people who had been very close to people who had suffered with AIDS, and their families. In September 1985, a resolution was passed by the Episcopal Church General Convention to develop a national programme on AIDS. Following the initiative of the governing body, Bishop Edmond Browning established an AIDS working party and a church-wide programme of education, pastoral care, and advocacy.

Many other churches have developed programmes responding to the AIDS epidemic and have issued statements encouraging their members to be involved. In this issue of Contact we present a few articles describing some of these activities and a list of others which have come to our attention. We also include information about other publications which can help readers learn more about AIDS and the ways that they can be helpful in caring for people with AIDS or in fighting the disease.

There is no known cure for the disease AIDS. But the good news is that it can be prevented. At CMC, we strongly urge our readers to become fully informed on how the disease is transmitted and to avoid as much as possible circumstances which put them at risk.

We do not believe that God punishes sin by causing sickness. If that were the case, we would all be in the hospital. Quite the contrary, Jesus taught and practised healing compassion for all, regardless of who they were or what they had done. We encourage our readers to "go and do likewise."

Erlinda Senturias

COVER

Design: Jane Shephard

A river represents life; a man and woman clasp hands in support and friendship. The marketing of T-shirts and greeting cards printed with this design is an income-generating project for people with AIDS/HIV at the Mesharimbiso HIV and AIDS Care Centre in Harare, Zimbabwe. (Reproduced with permission from WorldAIDS Number 12, a news magazine on AIDS and development, published by the Panos Institute.)
Home-based AIDS care and prevention, Chikankata, Zambia

Adapted from the book From Fear to Hope—AIDS Care and Prevention at Chikankata Hospital, Zambia, by Glen Williams (see also page 24). With thanks also to Dr Ian Campbell for his contribution on his work at Chikankata.

AIDS in Africa

Africa is in the frontline of the worldwide AIDS epidemic. The full dimensions of the epidemic in Africa are still uncertain, but its impact is certain to grow during the 1990s.

Recent surveys in Zambia, for example, have identified HIV infection in about 10% of pregnant women, 10-15% of healthy blood donors, and 23-30% of persons with sexually transmitted diseases. At Chikankata Hospital, which serves a mainly rural population of one district of Zambia’s Southern Province, 8% of blood donors have been found to be HIV infected. Most of these people are likely to develop AIDS within the next five years.

HIV infection in Africa is primarily a family disease, rather than a disease affecting mainly single people. It enters the family through one parent, but also affects the health and social, psychological, economic, and spiritual well-being of other family members.

Because it is often associated with sex outside of marriage, AIDS is frequently seen as something for which the victims themselves are to blame. It is a shame disease. Many people diagnosed as HIV-positive are understandably reluctant to tell their friends, workmates, or neighbours about their condition, because they are afraid of being condemned.

Although in Zambia AIDS is no longer a taboo subject, many health professionals view the problem with uncertainty. It is clear that the health system cannot possibly deal with the growing number of AIDS patients who need medical and nursing care, as well as social, psychological, and material support. The scale of the problem is so great that the health services, on their own, will be completely overwhelmed.

The number of people infected with HIV continues to increase. Urgently needed, therefore—not only in Zambia but throughout Africa—are strategies for diagnosing, counselling, caring for, and supporting people with HIV/AIDS and their families. These strategies must take account of local constraints, but they must also build on the strengths of the community—in particularly that of the family.

Home-based care for people with HIV/AIDS

The experience of the Salvation Army Hospital at Chikankata, in the Mazabuka District of southern Zambia, demonstrates that a family-based strategy of AIDS care and prevention is both appropriate and feasible. The experience of Chikankata is specific to that community, but the underlying principles of the approach used at Chikankata are relevant for many other African hospitals, clinics, and health institutions, especially those operated by non-governmental organizations.

Thirty kilometres of dirt road, carved by the rains, link Chikankata to the main highway between Lusaka and Livingston (see map). Situated about 130 kilometres southwest of Lusaka, the Salvation Army Hospital serves a population of about 100,000 in the heart of one of Zambia’s most fertile agricultural regions.

Founded in 1946, the Chikankata
Mission now consists of a 240-bed hospital and four rural health centres, a nutrition centre, a homemaking centre, a secondary school for 600 girls and boys, a multipurpose training centre, a broadcasting studio, and a community development programme. The hospital also operates training schools for nurses, midwives, and laboratory technicians.

The hospital is staffed by five physicians, 67 qualified nurses and midwives, 29 paramedical staff, and 81 trainee nurses and midwives.

In 1988 the average bed occupancy rate was 98%, about 20% higher than during the previous seven years. In several wards, patients lie on mattresses on the floor. More than one-third of all beds were occupied by patients with leprosy, malaria, or tuberculosis. But the overcrowding was due mainly to the increase in patients infected with HIV. When all patients in the hospital were tested for HIV in July 1988, one in five was found to be HIV-positive.

Dr Ian Campbell, Chief Medical Officer of Chikankata Hospital at that time was presented with the challenge of developing an AIDS programme where there were no existing models in Africa and no ready-made answers. He operated on the principle that as "salvationists," they must be both sympathisers and strategic planners. "Christ's presence, acceptance, and assertion need to be conveyed in AIDS work. The Church must move from judgement to compassion and care. We must respond to Christ's mandate to manage our lives," he explains.

Seeking a way to address the new and growing need, Chikankata first considered a proposal to build a hospice-type institution. But given the increasing numbers of AIDS patients, it was decided that the space available for the hospice would prove too small. In addition, the hospice idea did not take into account the inherent strengths of the Zambian society, particularly the family support network.

For generations, Zambian families have cared for their loved ones at home when ill. AIDS need not be any different from other illnesses.

Linking the hospital to the family

A way therefore had to be found to link the hospital to the family and the community, rather than try to attach to the hospital a new—and unsustainable—facility that would serve only a few in need. It was agreed to test a new concept in the management of AIDS in Africa—that of home-based care. The family network, not the hospital, would be the main source of care for people with AIDS. The hospital would have to decentralize and visit AIDS patients in their own homes, providing medical, nursing, psychological, and pastoral care through a small mobile team.

Such an idea had never been tried before, but a small team was quickly assembled to give it a try. With a borrowed vehicle, the team began making twice-weekly visits to AIDS patients within 20-30 kilometres of the hospital. The results were encouraging. The team was generally able to visit five to eight patients a day, and were almost always well received. These home-based visits were used for educating family members about AIDS and for "contact tracing"—following up a patient's sexual contacts in order to reduce the chances of transmission of the infection.

After two months, the Chikankata AIDS unit (including the mobile team) was formally established. Meanwhile, the hospital staff revised safety procedures to minimize the risks of HIV infection. A meeting with all staff was held to explain the nature of the disease and the need for new procedures. In June 1987, the hospital began testing blood samples for HIV (rather than sending them to Lusaka for testing). Chikankata is now one of 35 Zambian hospitals which routinely screen all blood donors for HIV.

When the results are positive: patient and family counselling

Every person who returns an HIV-positive blood test is told of the result as soon as possible. But patients and their families need skilled help in coping with the potentially devastating news that they are HIV-infected. Counselling is thus an essential part of the Chikankata approach to AIDS management. At Chikankata it is carried out by the AIDS counsellor assigned to the patient's ward. Nine AIDS counsellors have so far been trained.
Doris

Doris is working in the maize fields when the Chikankata AIDS team arrives at the farm, bringing the result of her 18 month-old daughter’s HIV test. Last month she brought the child to hospital after three weeks of diarrhoea, cough, and fever. The child failed to improve, and a blood sample was taken. The result was HIV-positive.

Doris arrives, carrying her baby, who is coughing and looks poorly. She insists on her mother being present, and the two women climb into the back of the vehicle with clinical officer Zebron and nurse Christine. Gently, Zebron explains that Doris’s daughter will need a lot of care because she will often be ill. The hospital staff will keep visiting her to give whatever treatment is possible. But she might not live long enough to go to school. Zebron also explains how HIV is transmitted and that Doris is probably a carrier. He suggests that the child’s father should also be tested.

The problem is that Doris is not married to the child’s father, a worker on the farm who already has one wife. He has promised to marry Doris as well, and has already paid the dowry. Doris says she will try to get him to come to the hospital for a blood test, but she does not seem hopeful. As a single mother she is in a weak bargaining position with the child’s father, whom she wants to marry.

Christine takes a sample of Doris’s blood for testing. She also give Doris a bottle of cough medicine and some food for the baby. Zebron promises to return next month. He will try to speak with the child’s father if he has not yet come to the hospital for a blood test, but only if Doris agrees.

Counselling sessions at the hospital are held in a room outside of the ward. They may last from 20 minutes to an hour. The counselling process aims to help individuals and families to understand the disease and cope with the implications for their behaviour and lives. The counsellor provides information, guidance, and psychological support, but also encourages the patient to ask questions and express any fears and anxieties.

Patients with HIV who have symptoms are usually anxious about how much longer they are likely to live. The counsellor’s response must be absolutely honest: the number of years or months they have to live cannot be predicted with certainty. In the meantime, they should take part in family and community activities as normal, but avoid sexual behaviour which would risk transmitting the virus to others. The counsellor may also become involved in discussing religious concepts, but the team takes great care not to impose religion on any patient, since this could destroy the important relationship of mutual trust and respect. The patient may also ask the counsellor for advice about how to deal with the other people involved, which opens up the possibility for what the Chikankata team calls community counselling.

Community counselling is a tool for education which means “a process of information, transmission to the point of reception, retention and application.” The eventual aim, according to Dr Campbell, is “to get to the point where communities are counselling communities.”

Home-based care

The hospital’s responsibility for a patient with HIV or AIDS does not end after counselling and discharge. Patients are offered the choice of either reporting back regularly to the hospital’s outpatient department or being visited at home by the hospital’s home care team. The great majority opt for home visits, which are more convenient, more personal, and costs less for the hospital. It is also a more appropriate setting for emotional and pastoral support, and brings the AIDS team into contact with the patient’s family, relatives, and members of the community.

The home care team consists of one clinical officer, two nurses, a schools educator, and a driver. All are Zambian nationals. Two or three team members travel on three days a week to patients within an 80 kilometre radius of the hospital, visiting five to eight patients on each trip. They are often joined by an additional nurse, a social worker, a health educator, or the project manager. In 1987-88, the team carried out over 1000 visits to 276 patients (representing 176 families).

The home care team provides medical and nursing care, and sometimes provides clothes, blankets, or other necessary items. Couples may also be provided with condoms. Wherever possible, the team also traces the patient’s sexual contacts and takes their blood for testing.

The team also continues the counselling process begun in the hospital, which, in time, often widens to include other family members. In this way, home care can develop into an entry point for educating members of the extended family and the wider community.
In addition, most terminally ill patients prefer to die at home (since the start of the programme in March 1987, a total of 79 patients on the home care register have died). Home care is naturally suited to such cases.

Among the difficulties faced by the home care team are the poor state of the roads and the scattered nature of settlement in the area. Patients are often difficult to find: addresses are vague, and they may be out working or travelling when the team arrives.

Counselling communities

In December 1987, the chief of Sinadambe, on the northern shores of Lake Kariba, called a meeting of all the village heads in his area to discuss the problem of AIDS. He did this at the suggestion of a health worker from the local health centre, which is part of Chikankata Hospital's primary health care network. For several months, the home care team from Chikankata had been visiting three AIDS patients in the area. One, the son of a village headman, had died only a few weeks earlier. Few villagers, however, were aware of the seriousness of the AIDS threat.

Held in the local primary school, the meeting was attended by about 20 village headmen, as well as three members of the Chikankata AIDS team. The discussion showed how little the majority of community leaders understood about AIDS. Most believed it was spread by shaking hands, sharing utensils, or standing in the shadow of someone with the disease. Few could accept that there really was no cure. Finally, the father of the young man who had recently died of AIDS stood up and said, "Look, you all saw how my son suffered before he died. You all saw how he was. Have you ever seen anything like that before? There is no cure for this disease. It's something completely new. We have to do something now to stop it spreading."

This meeting was the start of a gradual process of raising community awareness of the problem and the need for changes in sexual behaviour. The Chikankata AIDS team describes this process as community counselling: As in the counselling of individuals or families, the team spends a great deal of time listening and learning before giving information or trying to guide the discussion. The emphasis is on helping people develop a sense of collective responsibility for dealing with the AIDS threat.

"We believe," says Thebis Chaava, social worker and head of the AIDS counselling team, "that the only long-term hope for prevention is for communities themselves to feel a sense of responsibility for dealing with the problem of AIDS. They are the only ones who can change their behaviour and stop the spread of the virus."

The Chikankata team are convinced that the most sustainable form of safe sexual behaviour is faithfulness to one partner for life. Given the current high levels of sexual activity outside marriage, that ideal may seem unattainable for many. But only two decades ago extra-marital sex was far less widely practised in Zambia than it is today. The Chikankata strategy is to encourage communities to
reactivate traditional values and norms of sexual behavior, which have been lost in the recent wave of “modernization.” These include not only chastity before marriage and monogamy within marriage, but stable polygamy as well.

Ritual cleansing

Some traditional practices require particular counselling approaches. One of these is the “ritual cleansing” of widows and widowers. In the Chikankata areas, as in many other parts of Zambia, the family of the deceased has an obligation to prepare the bereaved spouse for another marriage. This is usually done by a member of the dead person’s family having sexual intercourse with the widow or widower. It is believed that failure to carry out the “cleansing” correctly will result in the bereaved person going mad. This practice, however, obviously carries the risk of further spreading the AIDS virus.

The Chikankata counselling team tries to encourage traditional but safe alternatives to sexual intercourse as the preferred means of “cleansing” after death.

In promoting safe alternatives in the case of ritual cleansing, the Chikankata team has been struck by the influence of the family unit on individual behaviour. In some cases, the person to undergo “cleansing” has been persuaded by the family to undertake one of the safe alternatives. This underlies the importance of counselling the whole family about AIDS rather than individuals.

Foy Mwilu, clinical officer and community counsellor for Chikankata Hospital spoke of his experience at Chikankata. “Through counselling the villagers came to understand that ‘the problem of transmission is within us.’ The community came to me and asked how to change, saying ‘we desire change but we do not have the power to do so.’ The mission of the Church started there.”

Climate of hope

Pioneering initiatives such as the Chikankata approach to AIDS care and prevention blaze a trail for others to follow. But the fight against AIDS needs to become a broad-based social movement involving people from all walks of life. At national level, such a movement is starting to take shape in Zambia with the government’s National AIDS Prevention and Control Programme. The mass media have also helped to raise public awareness of the threat of AIDS. It is important that the mass media help to create a climate of hope rather than fear, to dispel public misconceptions about how AIDS is spread, and to fight discrimination against people with HIV/AIDS.

The magnitude of the challenge ahead, however, should not be underestimated. HIV infection is already so widespread that, in the absence of a cure, tens of thousands of

A national strategy

The Chikankata AIDS control team advocates a three-stage strategy for national behaviour change, as follows:

1. Care and counselling of individual patients and family members, starting in hospital and continuing at home.
2. Community counselling through regular meetings between community leaders and the AIDS team.
3. Communities counselling communities, as part of a national effort involving every available means of social organization, communication, and community leadership, with the goal of promoting the changes in sexual behaviour needed to curb the spread of HIV/AIDS. Those who could help to make this vision a reality include

   - political leaders at all levels
   - traditional leaders (chiefs, village heads)
   - church leaders and organizations
   - voluntary agencies
   - teachers and schools
   - farmers’ organizations
   - trade unions and employers
   - service organizations (Rotary, Lions, Jaycees, etc.)
   - artists and entertainers
   - women’s organizations
   - youth movements
   - sporting clubs and cultural groups
   - community health workers and village health committees.

One particularly pressing need is for the training of AIDS counsellors—people who can give psychological, social, and spiritual support to AIDS patients and their families. Every hospital in the country should have a core of trained AIDS counsellors. But many counsellors need not be hospital-based. They can also be organized as small, community-based groups, consisting mainly of volunteers, some of whom may, in fact, be people with HIV. Such a group, The AIDS Support Organization (TASO), has been set up in Kampala, Uganda.
Zambians will die prematurely of AIDS during the 1990s. Thousands of children will be orphaned, families, decimated, and old people left without social or economic support. The economic consequences will also be grave, as many thousands of skilled people in their most productive years fall ill and die.

But the message emerging from Chikankata is that there is hope.

There is hope for people with HIV and AIDS: that they will not be rejected by their families abandoned by the health services, and ostracized by society, but can still lead socially useful lives.

There is hope for the families of people with HIV and AIDS: that in caring for their loved ones, they will receive the support of the nursing and medical professions, of religious and community organizations, and of their neighbours and friends.

There is hope for members of the community: that, through changes in their own sexual behaviour, they can protect themselves and their families from HIV infection. There is hope for doctors, nurses, paramedics and social workers: that they can come to grips with AIDS by forging new working relationships with family members and community groups, rather than trying to deal with the problem on their own.

There is hope for community organizations, school, employers, religious leaders, voluntary agencies, political parties, and all levels of government: that they can help to combat AIDS by promoting responsible sexual behaviour and positive living.

And there is hope for society as a whole: that in a spirit of honesty and openness, people can be mobilized to confront and eventually overcome one of the greatest health threats of the twentieth century.

The Chikankata experience of AIDS care and prevention is an embodiment of these hopes, based on faith in God and in the capacity of human beings to act in the interests of their own survival.

Photo: Glen Williams

The headman of Chikankata village works closely with the AIDS team to inform and educate the local community about AIDS.
What the World Council of Churches is doing about AIDS

By Birgitta Rubenson, RN, MPH, former CMC staff member with responsibility for coordination of the WCC Inter-sub-unit Working Group on AIDS.

The churches and AIDS

When AIDS was first identified as a disease in the early 1980s, the churches earliest to become involved in AIDS issues were naturally those whose members were affected. These were the churches in San Francisco, New York, and London, which counted homosexual men (the population group in which the disease first spread) among the members of their congregations.

AIDS was initially associated with homosexuality. In most churches, homosexuality is condemned, and so the question of a church response to AIDS became controversial. Many viewed AIDS as punishment from God for unacceptable behaviour, which therefore excused the Church of any responsibility to support individuals with the disease. At the same time, certain pastors and churches stressed the role of the Church as being especially among the marginalized, for example homosexuals and drug addicts (the second main population group at risk from AIDS). However, during the first four to five years following the emergence of AIDS, the main response from the churches (as from most governments) was disinterest or even outright disassociation.

By 1986 it had become clear that AIDS was not a disease affecting only a few individuals in certain population groups and countries. In the Caribbean as in Africa, the number of people with AIDS was growing in all population groups. In Europe, the USA, and Australia the number of women and children affected, for example, had drastically increased.

The Church as a healing community

In June 1986 the World Council of Churches (WCC) called its first consultation on the AIDS problem. Participants represented all regions of the world. Three sub-units of the World Council of Churches—Church and Society, Education, and the Christian Medical Commission (CMC)—were given collective responsibility for the World Council’s work on AIDS and the Inter-sub-unit Working Group on AIDS was formed. The first consultation yielded a report, entitled AIDS and the Church as a Healing Community, which contained significant statements about AIDS and the Church and gave guidelines for future action. The report specifically called the churches to be involved in three areas: pastoral care, education for prevention, and social ministry. The report adopted a general attitude of mercy and forgiveness in regard to the disease.

In the mysteries of life and death we encounter God; this encounter calls forth trust, hope and awe rather than paralysis and immobilization. Those we cannot cure we can support in solidarity....

The AIDS crisis challenges us profoundly to be the Church in deed and in truth: to be the Church as a healing community....

The report was endorsed by the Central Committee of the World Council of Churches and sent to member churches for their consideration and action. (Extracts of the report were published in Contact No. 95.)

Education for prevention

It soon became clear, through CMC contacts with church-related health institutions in Africa, that the impact of AIDS on that continent was growing. General knowledge about the new disease was severely limited. Questions and misconceptions were many. CMC therefore decided to produce a small manual for health workers, mainly in Africa, to help spread knowledge about AIDS. The manual What is AIDS? (first published in 1987 and revised in 1989) gives basic facts about the disease: how it is spread, how to prevent infection, and how to care for people with the virus. Through the CMC network, the manual was distributed to church-related health programmes in English, French, Spanish, Portuguese, and Swahili, as appropriate, and soon became much in demand both by non-governmental and government organizations. It has now been translated into over 40 local languages.

A second manual, Learning about AIDS, was produced in 1989. This publication was aimed at pastors, school teachers and youth leaders to support them in the important work of AIDS education. CMC also helped smaller church-related health institutions to obtain basic equipment to help minimize the risk of AIDS transmission during medical work.

Regional consultations

In 1988, three regional consultations were held to deal with AIDS-related issues from specific regional perspectives. The first consultation, held in North America, was organized by the Canadian and US churches. The second, held in Brazil for the Latin American Churches, was organized by the Latin American Council of Churches with WCC support. The third, held in Tanzania for churches in the African region, was organized by the WCC in collaboration
Why another book on HIV/AIDS?

*From the WCC manual A Guide to HIV/AIDS Pastoral Counselling.*

Because AIDS is one of the most serious health crises of modern times. It is affecting an increasing number of people all over the world. Women, men, and children of all ages, irrespective of their education, social strata, or religion are becoming infected and affected. But it is not only a health problem; it represents also an economic, social, moral, and spiritual problem of great magnitude.

Because it has been difficult for churches to initiate or develop a pastoral counselling ministry to those infected and affected by HIV/AIDS, due to a variety of reasons, including fear of contamination, gross ignorance about the virus, regarding it as a punishment from God, a lack of a specific understanding of sexuality, or simply not knowing how to undertake such a ministry.

Because churches around the world are not well prepared to make a compassionate and relevant response to this crisis. Some Christians have reacted morallistically, while others have reacted with silence. Such silence can kill as quickly as the virus itself. Others, fortunately, have responded in solidarity with those who suffer and against all forms of discrimination, but they may not know how to provide adequate and efficient pastoral counselling.

Because the Church is called to be a healing community in the midst of pain and suffering, whatever its nature or source. The Church has a mandate to console (II Cor. 1:3-5), to reconcile (II Cor. 5:19), to love (I Cor. 13), and to minister (Matt. 25:35-37). Throughout history, women and men of God have committed themselves to serve the afflicted, the sick, the lonely, and the poor. Examples abound alongside such well-known figures as Saint Francis of Assisi and Mother Teresa.

with the Lutheran Church in Tanzania. At each regional consultation, participants were invited from other parts of the world, to help maintain an international perspective and to facilitate a wider dissemination of ideas. All consultations were covered by local media.

**Social ministry**

As AIDS continued to affect still greater numbers of people throughout the late 1980s, the need for different forms of patient care became urgent, as did the need for homes and hospices for homeless persons with AIDS. In most countries, hospitals are ill-equipped to deal with the increase in AIDS patients requiring care, and even in industrialized countries many AIDS patients have no insurance or other means to pay for such care. In addition, the number of children orphaned by AIDS continues to grow. The challenge to the Church and to Christians the world over is clear. And many churches are rising to the challenge (see chart on the following pages).

**Pastoral care**

The need for broad educational programmes is equally urgent. The AIDS crisis has shown the difficulty of modifying attitudes towards sex. Even more difficult to change is actual sexual behaviour. Religious teachings and social norms in regard to sex provide one picture of reality, while the AIDS crisis has revealed quite another. Hidden homosexuality, marital unfaithfulness, and premarital sex have
Because Christians today are called to embrace all people in love and compassion. This means to "sorrow for the sufferings of others," to minister to them in unconditional acceptance, and to challenge the world to follow the example of Christ, our Lord.

Because the Gospel is for all people and our example is Jesus Christ; we are called to love and serve all those who are hurt. We are called to be involved in the pain of each particular situation in ways that empower the wounded to attain a better quality of life.

Because the Church is called to assist those who suffer, it is challenged to help people to cope with the possibility or reality of HIV infection, to support them and those close to them as the disease progresses, to integrate them into the wider community, to protest against discriminatory policies and practices, to celebrate the life and death of persons with HIV/AIDS, to deal with moral and ethical questions, and to provide spiritual support and consolation to those who survive them.

Because..."The people of God can be the family that embraces and sustains those who are sick with AIDS-related conditions, caring for the brother, sister, or child without barriers, exclusion, hostility, or rejection" (WCC, 1986).

Because..."In the mysteries of life and death we encounter God; this encounter calls forth trust, hope and awe rather than paralysis and immobilization. Those we cannot cure we can support and sustain in solidarity" (WCC, 1986).

Because..."Death is a mystery. We are angry and helpless when faced by its reality. We need to acknowledge our helplessness and not deny it. This has particular significance as we share the experience of ministry with persons with AIDS and as we are ministered to by them, as we grow with them in our Christian understanding of death in the light of Christ’s death and resurrection" (WCC, 1986).

surfaced where least expected as causes of HIV infection. Because of the association of AIDS with such behaviour, people infected with the disease, are understandably reluctant to admit to being ill. Those infected through contaminated blood transfusions and blood products may also be afraid to admit their illness, for fear of how they will be viewed by others. Secrecy and dishonesty act to increase the burden of the illness.

The anger, fear, guilt, and shame that can also weigh on HIV-positive individuals call for skilled and sensitive treatment through counselling. In response to this need, in November 1989 the World Council of Churches called a consultation on AIDS and Pastoral Care/Counselling, where the subject was explored and material gathered for a manual on pastoral care and counselling for pastors and church workers (to be published in December 1990). As with the materials produced previously by the AIDS Working Group, the manual was written primarily to address the situation in Africa, Asia, and Latin America, where there is an acute lack of literature on AIDS care.

AIDS is a disease. Like many other diseases, it calls attention to issues of life and death. But AIDS is special in that it also raises questions of health as it relates to deeply personal aspects of behaviour, and these issues are at the centre of Christian life. AIDS will therefore continue to challenge the Church and Christians everywhere.
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<th>ORGANIZATION</th>
<th>ACTIVITIES</th>
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<td><strong>North America</strong></td>
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<td>United Presbyterian Church (USA)</td>
<td>• Issued 1986 General Assembly Policy Statement on HIV/AIDS. <strong>Advocacy</strong> • Holds membership in the AIDS National Interfaith Network (ANIN). • Provides partial funding of a post of public policy advocate, through ANIN. • Provides programmatic and administrative support of the Presbyterian AIDS Network. • Makes professional consultants available to middle-level governing bodies. <strong>Service</strong> • Maintains congregational programme of service to people with HIV/AIDS. • Supports participation of congregations and presbyteries in interfaith coalitions. • Provides week-long intensive, on-site training. • Convenes workshops on AIDS-related ministries for synodal and presbytery representatives. • Organized a seminar to explore ethical issues of AIDS.</td>
<td>Promotes the production of educational resources. Booklet: <em>Talking to Your Family About AIDS</em> Video tape and study guide: <em>A Time for Crying</em> January/February 1989 issue of <em>Church and Society</em> magazine: &quot;AIDS and the Church's Ministry&quot;</td>
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<td>The Ministry of the Office of Human Services of the Presbyterian Church (USA) with HIV/AIDS-Affected Persons</td>
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<td><strong>Episcopal Church (USA)</strong></td>
<td>• Provides information about resources and works with national, diocesan, provincial, congregational, and ecumenical task forces, coalitions, and networks.</td>
<td>Brochures: <em>Youth Ministry in the Age of AIDS</em> and <em>The Episcopal Church Responds</em></td>
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<tr>
<td>AIDS Ministry Office</td>
<td>• Briefs government officials on the positions of the Episcopal Church, as formulated by the General Convention, and works towards the adoption of these positions as public policy. • Focuses the Church's attention on the theological, ethical, and pastoral issues of AIDS by developing recommendations and strategies for increasing AIDS awareness through the Church, facilitating communication among the Church's AIDS ministries, and advocating with and for those affected by AIDS.</td>
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| The National Episcopal AIDS Coalition (NEAC)     | • Works in conjunction with the national church to expand and serve the growing network of Episcopal AIDS ministries across the US.  
  • Sponsors national conferences on AIDS ministry.                                                                                               | Quarterly newsletter                                      |
| 1511 Street, NW                                   |                                                                                                                                                                                                          |                                                          |
| Suite 715                                        |                                                                                                                                                                                                          |                                                          |
| Washington, D.C. 20005                           |                                                                                                                                                                                                          |                                                          |
| Union of Black Episcopalists AIDS                | • Conducts workshops and develops HIV/AIDS educational models for Black clergy and congregations.  
  • Produced a theological statement on AIDS for Black colleges.  
  • Promotes increased cooperation with Latino communities.  
  • Observed the National Day of Prayer for Persons Living with AIDS and those who minister to them. | Quarterly newsletter                                      |
| Task Force (UBEAT)                                |                                                                                                                                                                                                          |                                                          |
| Rev. Charles Poindexter                           |                                                                                                                                                                                                          |                                                          |
| 5421 Germantown Avenue                           |                                                                                                                                                                                                          |                                                          |
| Philadelphia, PA 19144                           |                                                                                                                                                                                                          |                                                          |
| Evangelical Lutheran Church in America (ELCA)    |                                                                                                                                                                                                          |                                                          |
| ELCA Steering Committee on AIDS                   |                                                                                                                                                                                                          |                                                          |
| Lutheran Social Services of Northern California   |                                                                                                                                                                                                          |                                                          |
| Jeff R. Johnson                                  |                                                                                                                                                                                                          |                                                          |
| Coordinator                                      |                                                                                                                                                                                                          |                                                          |
| AIDS/ARC Education Project                       |                                                                                                                                                                                                          |                                                          |
| 1101 O’Farrell Street                            |                                                                                                                                                                                                          |                                                          |
| San Francisco, CA 94109                          |                                                                                                                                                                                                          |                                                          |
| Lutheran Social Services of Northeast Florida     |                                                                                                                                                                                                          |                                                          |
| Momentum AIDS Outreach Program at                 |                                                                                                                                                                                                          |                                                          |
| St. Peter’s Lutheran Church in Manhattan          | • Sponsored church-wide conference on AIDS to discuss Church policy.  
  • Sponsors the AIDS/ARC education project, including production of curriculum and educational materials (see next column).  
  • Provides callers with information on local resources on AIDS.  
  • Sponsors a congregationally-based AIDS programme (which has served 19,000 people since 1985).  
  • Offers pastoral care for people with AIDS.  
  • Sponsors a nutrition programme, including a weekly sit-down dinner for people with AIDS.  
  • Provides a clothing shop for clients and offers alternative therapies such as yoga.  
  • Opened the church doors to local “buddies” group (“buddies” are volunteers who help people with AIDS in meeting their basic needs such as shopping, cleaning. They also provide emotional support). | Resource paper for leaders of ELCA congregations:  
  Seeds for the Parish  
  Books: The Lutheran Step By Step: Education Resources and AIDS and Pastoral Care and AIDS |
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<tr>
<td>Southeastern Pennsylvania Synod Dorothy Ricks Task force co-ordinator</td>
<td>- Formed task force whose members will be trained to make presentations to congregations and to others who want to learn more about AIDS (the task force includes clergy, medical professionals, representatives of church members concerned, and a clergy person with AIDS).</td>
<td></td>
</tr>
<tr>
<td>Lutheran Social Service Lutheran AIDS Ministry Project of Southern California</td>
<td>- Supports the Lutheran AIDS Ministry Project (LAMP). - Conducted AIDS educational forums reaching 5,316 people. - Maintains a 25-member speaker's bureau of individuals trained to make educational presentations on AIDS. - Provides a residential shelter for people with AIDS who do not require acute care.</td>
<td></td>
</tr>
<tr>
<td>Lutheran Social Services of Northern Indiana Lutheran Social Service of Minnesota</td>
<td>- Offers foster care to HIV-infected babies. - Operates a state-wide AIDS-related ministry (volunteers serve as AIDS resource people), focusing on preventing the spread of AIDS. - Hosts a weekly evening meal and hospitality evening for people with AIDS.</td>
<td></td>
</tr>
<tr>
<td>University Incarnation Lutheran Church University of Pennsylvania Campus</td>
<td>- Maintains a &quot;Chicken Soup Brigade,&quot; to minister to people with AIDS who are too ill or weak to leave their homes but who do not require hospital care. Volunteers provide transportation to medical appointments, prepare and deliver meals, do housecleaning and run errands, visit clients, conduct blood-donation drives, and hold cooking parties to prepare meals for clients.</td>
<td></td>
</tr>
<tr>
<td>Lutheran Social Services of Washington and Idaho</td>
<td>- In cooperation with a nearby Roman Catholic parish, brings private communion to people with AIDS who cannot attend worship. Also funded the installation of a lift for people with AIDS who attend services but cannot climb the stairs to the sanctuary.</td>
<td></td>
</tr>
<tr>
<td>St. Francis Lutheran Church in San Francisco, California</td>
<td>- Promotes the sharing of information and support among Roman Catholic HIV/AIDS service providers and pastoral ministers, and maintains, for that purpose, a database of current Roman Catholic HIV/AIDS programmes, their personnel, and their needs. - Facilitates the exchange of experience, technical assistance, and educational materials. Provides referrals and posts professional opportunities in HIV ministry.</td>
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<tr>
<td>Western States Catholic AIDS Coalition</td>
<td>• Held five two-day retreats for individuals involved in AIDS work.</td>
<td></td>
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<tr>
<td>c/o Rev. Rodney De Martini, S.M.</td>
<td>• Currently developing an HIV-related pastoral plan for implementation in dioceses.</td>
<td></td>
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<tr>
<td>445 Church Street</td>
<td>• Provides peaceful environment and compassionate care for individuals with HIV/AIDS with the purpose of ensuring personal independence as long as possible and providing the physical, social, psychological, and spiritual services necessary for residents to lead a quality life.</td>
<td></td>
</tr>
<tr>
<td>San Francisco, CA 94114-1799</td>
<td>• Provides ministry on full-time basis to people living with AIDS in two Damien Ministry communities, one in Washington, D.C. and the other in Chicago.</td>
<td></td>
</tr>
<tr>
<td>Bethany Residence</td>
<td>• Conducts retreats for people living with AIDS.</td>
<td></td>
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<tr>
<td>Mr Jim Mansmann</td>
<td>• Participates in &quot;buddy&quot; programmes, food &quot;banks,&quot; and outreach programmes to people with AIDS in prisons.</td>
<td></td>
</tr>
<tr>
<td>Box 5216</td>
<td>• Maintains support network for the purpose of educating the leadership of the Franciscan church family.</td>
<td></td>
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<tr>
<td>Oakland, CA 94605</td>
<td>• Issued a statement on AIDS &quot;A Call to Compassion&quot; (1987).</td>
<td></td>
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<tr>
<td>Damien Ministries</td>
<td>• Supports the Brethren Volunteer Service workers at Minnesota AIDS project (MAP).</td>
<td></td>
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<tr>
<td>Box 10202</td>
<td>• Offers a &quot;life-enhancement&quot; programme to help people with AIDS enjoy life meet people, care for themselves, and remain healthy and productive (includes giving away complimentary tickets to social events, monthly planning meetings, &quot;potluck&quot; meals, sports programme, seminars, and discussion groups).</td>
<td></td>
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<tr>
<td>Lazzaro Center</td>
<td>• Organizes annual conference on AIDS.</td>
<td></td>
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<tr>
<td>Box 30926</td>
<td>• Holds a monthly prayer and healing service (including the laying on of hands) for people with AIDS and their families and friends.</td>
<td></td>
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<tr>
<td>New York, NY 10011-0109</td>
<td>• Provides pastoral care as part of a hospice programme.</td>
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<tr>
<td>Church of the Brethren</td>
<td>•umbledore at the Church of the Brethren</td>
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<tr>
<td>Church of the Brethren</td>
<td>• Peter and the Apostles</td>
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<tr>
<td>La Verne, California</td>
<td>• John the Evangelist</td>
<td></td>
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<tr>
<td>United Methodist Church (USA)</td>
<td>• Issued a statement on AIDS &quot;A Call to Compassion&quot; (1987).</td>
<td></td>
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<tr>
<td>Ecumenical</td>
<td>• Supports the Brethren Volunteer Service workers at Minnesota AIDS project (MAP).</td>
<td></td>
</tr>
<tr>
<td>Ecumenical Task Force on AIDS</td>
<td>• Offers a &quot;life-enhancement&quot; programme to help people with AIDS enjoy life meet people, care for themselves, and remain healthy and productive (includes giving away complimentary tickets to social events, monthly planning meetings, &quot;potluck&quot; meals, sports programme, seminars, and discussion groups).</td>
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<tr>
<td>Boston, Massachusetts</td>
<td>• Organized forum series on AIDS, sponsored by the congregation's Health and Welfare task force.</td>
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| Multifaith AIDS Project (MAP) | - Runs a resident hospice for people with AIDS needing acute care.  
- Offers an internship programme. | Newsletter |
| Latin America | | |
| Instituto de Estudos da Religiao (Institute for Religious Study) (ISER)  
Religious Support Against AIDS (ARCA) (working group of ISER) | - Created ecumenical nucleus of volunteers who visit hospitals and walk-in clinics, contact the sick and share in their grief.  
- Sponsored the 1988 and 1990 consultations of Latin American churches on AIDS  
- Networks with AIDS organizations and projects, i.e. Evangelical Association for Support and Solidarity to AIDS patients and their families in Sao Paulo and a "Solidarity" project in Belo Horizonte. | |
| Roman Catholic Church, Brazil | - Conducts various AIDS projects in communities such as Project HOPE (Sao Paulo Catholic archdiocese AIDS projects in the city's poorer districts).  
- Through the Camilian Health Pastoral Institute offers care for people with HIV in Sao Paulo.  
- Conducted a CARITAS-sponsored meeting, held in Porto Alegre, Rio Grande do Sul, to discuss AIDS. | |
| Europe | | |
| Church in Wales  
Board of Mission | - Organized day conferences and a seminar on AIDS for the clergy. | Information pack on AIDS  
| Evangelische Kirchen in der DDR (Fed. of the Evangelical Churches in the (former) GDR)  
Evangelische Kirche in Berlin | | Study (in German) on AIDS, giving factual information and looking at sociological questions in relation to the disease, particularly in the former GDR  
Article (in German): "Practical theological considerations on AIDS," in the Berlin Journal for Hospital Chaplaincy (March 1987) |
| Church of Scotland | - Operates eight residential and counselling centres throughout Scotland.  
- Offers "befriending" service to support to people with HIV. Programme components include skills-sharing, music, cooking, woodworking, crafts, advocacy for service, family support, lifestyle study, and various activities for young people. | Brochure: Health Plus: A Positive Approach for AIDS |
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<tr>
<td><strong>Church of Sweden</strong>&lt;br&gt;Urban Mission&lt;br&gt;Stockholm</td>
<td>• Established a counselling center open to all who wish to discuss AIDS-related issues.&lt;br&gt;• Established a special day-care centre for children with AIDS/HIV.&lt;br&gt;• Makes hospital visits to AIDS patients upon request.</td>
<td></td>
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<tr>
<td><strong>Africa</strong></td>
<td><strong>Family AIDS Caring Trust (FACT)</strong>&lt;br&gt;Box 970 Harare&lt;br&gt;Zimbabwe</td>
<td>• Conducts a 12-hour course for AIDS educators and counsellors.&lt;br&gt;• Conducts educational meetings in schools, factories, and churches.&lt;br&gt;• Distributes training materials in Africa to assist the establishment of other community-based groups.&lt;br&gt;• Organized the Family Life Anti/AIDS group (FLAG) project for provision of information materials, ideas for club activities, and on-going support for the concept of peer sex education.&lt;br&gt;• Provides counselling services for people with AIDS/HIV.</td>
</tr>
<tr>
<td><strong>Zimbabwe Association of Church-Related Hospitals</strong>&lt;br&gt;Box 1556 Harare&lt;br&gt;Zimbabwe</td>
<td></td>
<td>Publication: Health News</td>
</tr>
<tr>
<td><strong>Evangelical Lutheran Church in Tanzania (ELCT)</strong>&lt;br&gt;AIDS Task Force&lt;br&gt;Dioecese of Arusha&lt;br&gt;P.O. Box 3044 Arusha</td>
<td>• Initiated a 5-year AIDS control programme.&lt;br&gt;• Runs two hospitals, providing hospital care for people with AIDS, hospital chaplains, daily visits, family support, protection of hospital/health workers, screening of blood donors, home-based care for patients discharge from hospital, and health education.&lt;br&gt;• Conducts a community-awareness campaign on AIDS, sending information letters on AIDS to all congregations to alert them to the epidemic, inform them of the significance of sexual habits in the spread of the disease, and to emphasize the prohibition of adultery and value of moral standards.&lt;br&gt;• Organized seminar on AIDS for pastoral agents in AIDS counselling and prevention.</td>
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<tr>
<td><strong>Ethiopian Orthodox Church Holy Synod</strong>&lt;br&gt;Development and Interchurch Aid Department (DICAD)&lt;br&gt;Addis Ababa&lt;br&gt; ethiopia</td>
<td>• Provides health care services for the Prevention and Control of AIDS.&lt;br&gt;• Organizes seminars for patriarchate office workers and representatives from churches and monasteries, where the clergy informs participants on AIDS (the Patriarch of the Ethiopian Church warned of the disease in the 1989 Easter Blessing).&lt;br&gt;• Participates in a joint church-organized committee on AIDS prevention and control.</td>
<td>Translation of WCC publication What is AIDS? in Amharic</td>
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<tr>
<td>Presbyterian Church in Ghana (Eastern Krobo region)</td>
<td>• Church members played a key role in locating people with AIDS.</td>
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<tr>
<td>Christian Council of Lesotho P.O. box 547 Maseru 100</td>
<td>• Formed AIDS team to provide AIDS education.</td>
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<tr>
<td>Anglican Church of Kenya</td>
<td>• Visits (by the Anglican health coordinator) to individuals with AIDS/HIV and people involved in nationwide effort to train volunteer counsellors. • Organizes activities for World AIDS Day.</td>
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<tr>
<td>Sudan Council of Churches</td>
<td>• Drew up a programme for AIDS prevention and control as part of a primary healthcare programme for displaced persons.</td>
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<tr>
<td>Chikankata Hospital Integrated AIDS Management Programme, Zambia</td>
<td>• Offers hospital and home-based care for people with AIDS, community counselling for the prevention of AIDS. • Conducts AIDS management training seminars.</td>
<td></td>
</tr>
<tr>
<td>Christian Medical Association in Zambia (CMAZ) P.O. Box 34511 Lusaka Zambia</td>
<td>• Supports an AIDS care and prevention programme, involving the supply of materials to member institutions to limit the transmission of HIV infection, i.e. gloves, needles, syringes, drugs, antiseptics. • Allocated funds for improvement of church-related hospital facilities and procurement of transportation for AIDS-related activities. • Conducts educational activities on AIDS participation in meetings of the National AIDS Surveillance Committee. • Promotes home-based care as part of church-related hospital programmes.</td>
<td>Information literature on AIDS in local language</td>
</tr>
<tr>
<td>Eglise Evangelique du Congo Paroisse du Plateau B.P. 77 Brazzaville Congo</td>
<td>• Supports the project Santé Publique et œuvre médical de l'EEC. • Conducts symposiums, conferences, debates, colloquium on AIDS. • Provides financial aid to improve facilities, equipment, and quality of hospital care (e.g. at the Makelekele hospital).</td>
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<tr>
<td>Christian Health Association of Liberia (CHAL)</td>
<td>• Participates in meetings of the National Committee for AIDS Control. • Maintains AIDS and Family Life Education Team. • Raises concerns in regard to AIDS such as policy, anonymity, and advocacy.</td>
<td>CHAL News</td>
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<td>Church of Central Africa Presbyterian</td>
<td>Supports the work of the Nkhoma Hospital on AIDS (hospital policy is to admit people with AIDS to general wards except for those with offensive wounds or severe diarrhoea). Provides counselling by hospital chaplain or pastor when desired (counselling emphasizes fidelity to spouse in the prevention of the spread of AIDS).</td>
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<tr>
<td>Nkhoma Synod</td>
<td></td>
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<tr>
<td>P.O. Box 46</td>
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<tr>
<td>Nkhoma</td>
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<td>Malawi</td>
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<td>Asia-Pacific</td>
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<tr>
<td>Interfaith Health Education Program (IHEP)</td>
<td>Promotes the viewing of Australian AIDS video in the original language of various ethnic communities. Provides the media with information on AIDS. Provides basic information on AIDS. Familiarizes people with resources available. Prepared a three-year strategy paper for development of support networks and the printing of leaflets and relevant materials.</td>
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<tr>
<td>(a unit of the Victorian Council of Churches Commission on Social Questions)</td>
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<tr>
<td>Uniting Church in Australia</td>
<td>Contributed to the public debate on sexual behaviours related to AIDS and issued statement on AIDS (see next column). Provides compassionate counselling and care for individuals with AIDS and conducts healing services. Provides a needle/syringe exchange scheme for drug users (Pitt's Uniting Church).</td>
<td>Statement on AIDS: A Word of Hope</td>
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<tr>
<td>Social Responsibility and Justice Committee</td>
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<tr>
<td>Lutheran Church of Australia</td>
<td>Issued statement on AIDS, emphasizing the duty of the church to warn people against conduct which breaks God's commandments and may carry the danger of contracting AIDS, including drug abuse; emphasizing the need to show compassion to persons with AIDS (irrespective of their manner of contracting the disease) and their families; and stating the need to support medical research in the fight against the disease.</td>
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<tr>
<td>Interfaith AIDS Ministry Network</td>
<td>Offers resources and personnel to assist churches and other religious communities in their response to AIDS. Helps to meet spiritual and pastoral needs of those whose lives are affected by AIDS. Challenges religious communities to move beyond stereotypes and generalized statements about lifestyles and to identify with people with AIDS.</td>
<td>Community's Response to AIDS, 6 December 1989</td>
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<tr>
<td>Rev. Richard Mickley</td>
<td></td>
<td></td>
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<tr>
<td>Coordinator</td>
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<tr>
<td>17/145 Howe Street</td>
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<tr>
<td>Freemans Bay</td>
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<tr>
<td>Auckland</td>
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<tr>
<td>New Zealand</td>
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| Catholic AIDS Awareness Core Group | • Organized a seminar to develop greater awareness of AIDS among priests, and other religious and pastoral workers.  
• Accompanies people with AIDS in their journey, including prayer and meditation and pastoral care for people with the virus.  
• Trains resource people.                                                   | Statement on AIDS: *The Honest Answer*, from the New Zealand Bishops’ Conference |
| Rev. Michael Bancroft               |                                                                          |                                                                                     |
| 43 Wyncham Street                  |                                                                          |                                                                                     |
| Auckland                            |                                                                          |                                                                                     |
| New Zealand                         |                                                                          |                                                                                     |
| Anglican Church in New Zealand     | • Established the Herne Bay House for the care of men with AIDS.          |                                                                                     |
| The United Church in Papua New Guinea and the Solomon Islands Highlands Region |                                                                          |                                                                                     |
| P.O. Box 35                         |                                                                          |                                                                                     |
| Mendi                              |                                                                          |                                                                                     |
| Southern Highlands Province         |                                                                          |                                                                                     |
| Papua New Guinea                    |                                                                          |                                                                                     |
| National Council of Churches in the Philippines | • Organized workshop on AIDS (held in June 1988).  
• Issues Statement on AIDS and on the Philippine Church as a healing community.  
• Conducts AIDS education during seminars.                                | Statement: *AIDS and the Philippine Church as a Healing Community*                |
| National Ecumenical Health Concerns Committee |                                                                          |                                                                                     |
| 879 EDSA                            |                                                                          |                                                                                     |
| Quezon City                         |                                                                          |                                                                                     |
| Philippines                         |                                                                          |                                                                                     |
• Adopted resolution on pastoral work in relation to AIDS (LWF Executive Committee, Addis Ababa, Ethiopia, June 1988) | *see article on pages 7-9*                                                        |
| Lutheran World Federation (LWF)     |                                                                          |                                                                                     |
| B.P. 2100                           |                                                                          |                                                                                     |
| 150 rue de FemeY                    |                                                                          |                                                                                     |
| 1211 Geneva 2                       |                                                                          |                                                                                     |
| Switzerland                         |                                                                          |                                                                                     |
| World Council of Churches (WCC)    |                                                                          |                                                                                     |
| B.P. 2100                           |                                                                          |                                                                                     |
| 150 rue de FemeY                    |                                                                          |                                                                                     |
| 1211 Geneva 2                       |                                                                          |                                                                                     |
| Switzerland                         |                                                                          |                                                                                     |
The Churches Respond to AIDS in Brazil

By Jane Galvao*

The Religious Support Program Against AIDS (ARCA) is a working group of the Institute for Religious Studies (ISER), a non-governmental organization founded in 1970. ISER is an autonomous entity, classified in Brazil as a non-profit public organization engaged in the social promotion of programmes and working groups with an ecumenical spirit. Like other Brazilian NGOs, it operates in the space left open between the major institutions—universities, churches, government, and political parties—and the social movements. Its activities, notably consulting and assistance services, publications, and video and research projects, are guided by a policy that emphasizes, within the Brazilian context, the importance of religion in the processes of social transformation.

Just over two years ago, ISER began working on the specific struggle that the rise of AIDS represented, among the older and more general struggles of Brazilian society. The aim of the ARCA Working Group was to build a programme to confront the disease, drawing upon the experience of the Institute in relation to the various religious communities of Brazil.

AIDS has had a tremendous impact all over the world: in the organization of health care systems; in the flourishing of stigmas and prejudices of every imaginable variety, this line imposed upon the sick; in the creation of new organizations and the adaptation of older ones, constantly striving to value life and solidarity in the face of discrimination. In this line, ISER joined forces with other non-governmental organizations that had been spearheading the promotion of AIDS information and prevention worldwide.

ARCA is distinguishable from other NGOs in its emphasis on the relation of a spiritual dimension (including the participation of the churches) and AIDS. It created the Ecumenical Nucleus, the action group which carries out visits to AIDS patients in hospitals and walk-in clinics, contacts the sick at home, and share in their grief.

The work of the Nucleus has brought the "others"—those cast off from society—much closer to "us." This experience has led us to reflect on the specific needs of people with a terminal illness, including that of care, and has accentuated the findings on the precarious conditions of public hospitals in Brazil. Above all, this work has revealed that AIDS is an enigma both for the sick and for the religious people involved in pastoral services as part of the fight against AIDS. The experience has also made clear the need for a policy designed to overcome the gap between material and spiritual assistance and to clarify the role of existing counselling services, such as provided by chaplains, in AIDS work.

With this in mind, and with the aid of the World Council of Churches, ISER sponsored the Consultation of Latin American Churches on AIDS/SIDA (the latter being the acronym for AIDS in Spanish) in August 1988. The meeting underscored the tremendous amount of work required in the area of information and in raising consciousness within the churches themselves. Many of those involved in religious work were greatly willing to work with people with AIDS, yet at the same time they were uninformed on the subject. Moreover, they keenly felt the need to discuss their concerns and frustrations about the difficulties created by the lack of ecclesiastic forums for this purpose. The ARCA Working Group thus began considering the creation of support groups within the churches and channels for the exchange of experiences.

In religious communities throughout the country, there is, in fact, unexplored potential for information, prevention, and solidarity in relation to AIDS. It is not just by chance that these same communities were quite recently focal points for organized civil rights activities. Yet at the same time, there is a tremendous need to train workers for these communities, and also to produce adequate information and educational material.

* Jane Galvao is executive secretary, Religious Support Program Against AIDS, Institute for Religious Studies, Rio de Janeiro, Brazil. This excerpt, from the report of the Panos Institute of the International Ecumenical Consultation on the Churches and AIDS, entitled AIDS: A Prophetic Challenge to the Churches, is reproduced with the kind permission of the Panos Institute, an independent, secular, international organization working to promote sustainable development.
ARCA has defined its specific space by building bridges which permit dialogue between the religious and secular spheres. Its work has gone into depth in the sense of raising the consciousness of groups and multiplying and spreading experiences that contribute to reflection on the psycho-social and religious aspects of AIDS, with the aim of achieving more practical means of combating the disease.

**Variety of Initiatives**

Through our work we have developed contacts with several groups involved in AIDS-related initiatives by Christian churches. At the end of 1989, we consulted 251 Catholic dioceses to find out about the types of activities that were being developed. Although replies are still coming in and the results we have tallied so far are partial, this survey has already enabled us to point toward future possibilities of joint initiatives. At the same time, we have contacted groups producing information about AIDS and groups taking care of persons with AIDS. Some of these contacts are:

1. **Solidarity Project**, in Belo Horizonte (Minas Gerais), involving Baptist, Catholics, Methodists, and Presbyterians.

2. **PRAIDS** (Evangelical Association for Support and Solidarity to AIDS Patients and their Families), in Sao Paulo.

3. **The Camilian Health Pastoral Institute**, Sao Paulo, which is engaged in the care of people with HIV/AIDS.

4. **The AIDS Patient Support Center (CAA)**, Sao Paulo, a spiritist-oriented group providing spiritual and material support to the poor and ill.

5. **Project Hope** (Esperanca), an initiative of the Sao Paolo Catholic Archdiocese, working mainly in the city's outskirts and poor districts.

6. **AIDS and Religion**, an Ecumenical Nucleus group in Sao Paulo, connected to the AIDS Referral and Training Center (an agency of the State Health Secretariat), which seeks to establish a channel of communication among the churches.

7. **CARITAS**, Brazil, which is greatly concerned with regard to the AIDS issue (CARITAS will sponsor a meeting on the subject, to be held in Porto Alegre-Rio Grande do Sul in April 1990).

These are the programmes established so far of which we are aware. That is not to say that there are not other pastoral projects. In fact, there are several additional ongoing projects but which function mainly inside hospitals. Support initiatives on the national level, however, are yet few and far between.

The support of the churches in the struggle against AIDS in Brazil is essential. A public opinion survey conducted recently indicated that the church is the most trusted Brazilian institution (with an 82% approval rating among those interviewed).

At the same time that we are involved in the responses and initiatives among Christian, we at ISERI are developing a manual on AIDS aimed at devotees of religions of African origin: the healers and priestesses of Candomble and their followers. Candomble has very strong popular roots in Brazil and certain of its ritual practices have implications for AIDS.

**Brazil in the 1990s**

To be quite brief, we can state that Brazil at the moment is going through one of the worst economic crises in its history. Among other difficulties, this economic crisis is sorely felt in Brazil's fragile public health system. In this sense, when AIDS became news in Brazil, it was simply added to other endemic diseases, which have unfortunately become a "tradition": leprosy, Chagas' disease, malaria, and tuberculosis, to cite a few.

To ease the tremendous national pain that has been caused by the lack of an effective public health policy in regard to AIDS, over the last four years several entities and non-governmental organizations have arisen and, in varying forms, are providing AIDS-related services. At present there are 38 such bodies throughout Brazil. They have struggled to preserve the life of persons stricken with AIDS and who are HIV-positive. They have battled to implement a more just and non-discriminatory policy towards those with the disease. They have waged a campaign for an effective public health policy. They have fought against the violation of the human rights of sick and asymptomatic people. And they have stood up to unjust laws and countries that violate these rights, such as the United States—which practises great injustice and discrimination in prohibiting the entrance of HIV-positive individuals into American territory.

But the main struggle is against the immense injustice against the entire Brazilian population manifested in the non-disclosure by public health authorities of complete, accurate, and reliable information about AIDS.

The churches have a special responsibility in the formulation of concepts and actions that will make the Kingdom of God a material reality on Earth. The House of the Father, which has many dwellings, can also be a shelter, offering support for and solidarity with persons infected with the virus.

We all know about the difficulties and barriers against dealing with AIDS in the religious milieu. AIDS means
having to deal with questions of sex and sexual identity—
delicate topics that have not been updated during clashes
over the years between church and society. AIDS stirs and
touches on dogmas which are very dear to the Christian
churches. Overcoming barriers to dealing with AIDS in this
context is not the easiest of tasks. But we all know that,
especially in the Third World, it is impossible for the
churches not to mobilize in the face of these questions, and
even to challenge official and hierarchical limits, mainly in
the defence of human rights. Indeed, such a defense has
become a point of honour and dignity for such religious
leaders as Brazil’s Dom Paulo Evaristo Arns, El Salvador’s
Don Oscar Romero, and South Africa’s Bishop Desmond
Tutu.

Failure to deal with the AIDS calamity on the national level,
in Brazil as in other countries, will forfeit the responsibility,
leaving it in the hands of international human rights tribunals.
Currently, Rio de Janeiro is facing an unprecedented
crisis in the state’s public hospitals. In Rio, AIDS is no
longer a medical problem, it has become a criminal reality,
as when the population discovered in February 1990 that
the expiration date of the HIV-testing kits being supplied to
hospitals had already passed.

In Brazil, HIV-positive individuals are, in essence, tried and
condemned for having been infected by a virus. If catching
this virus reveals that they have engaged in prohibited
sexual practices, then it is even worse for them. Yet this
situation cannot be dealt with in such a loose and punitive
manner. Action is required. Solidarity is the force that
moves and guides us, as we are reminded by the slogan of
World AIDS Day, 1 December 1989: It is our life, our world.
Let’s take care of one another.

This path of solidarity, leading to light at the end of the
tunnel, can be a signal from and for the churches. They,
more than any other institution, guard the secrets of life and
death. They teach us about our transcendence. They
teach us of the possibility of transformation and transubstan-
tiation, of water and wine. This change, this transforma-
tion has to become one of the the key elements of the
churches’ response to the ethical and pastoral challenges
raised by AIDS. It is vital and urgent that the churches
accept these challenges, particularly because a cure for
AIDS has not yet been found.

I believe that the churches can become engaged in the
struggle against AIDS in various manners, especially in
becoming involved in the prevention of what the World
Health Organization (WHO) calls the “third epidemic.”
According to WHO, the first epidemic corresponds to the
dissemination of the virus in diverse geographic areas,
infecting certain populations. The second epidemic is the
growing manifestation of the disease, expressed in the
number of reported cases of persons who become in-
fected or who carry the virus. The third epidemic encom-
passes the social, political, and cultural reactions related
to falsehoods spread about AIDS and the consequent lack
of accurate information about the nature and extent of the
disease. Allied to the third epidemic are panic and preju-
dice.

It is notably in facing this “third epidemic” that the churches
can make a fundamental contribution, but applying the
remedy called solidarity—an effective vaccination against
the panic, prejudice, and discrimination that affect persons
infected with HIV.

The initiative of the churches has so far been timid, but is
becoming more courageous. It has to be made more
dynamic to keep up with the dramatic spread and growing
impact of AIDS. Confronting AIDS must be given top
priority in order to create objective and subjective condi-
tions for overcoming it in the context in which it spreads.
We must join forces with worldwide efforts to deter the
epidemic and open up yet another ecumenical battlefront
to redeem human dignity.
An AIDS Ministry, Zurich, Switzerland
Adapted from an article by Heiko Sobel

St. Peter's Church in Zurich old town is packed. More than a thousand men and women have come here this Friday evening shortly before Christmas to hold a service in solidarity with AIDS patients and those who care for them.

Heiko Sobel is a pastor who has helped young AIDS patients prepare statements for the service. They describe their life, their fears, and their worries—but also their hopes and joys. It is their turn to speak: Tony who now can only walk with crutches; Sandro, a former drug addict, thin, wasted away and pale from medication; and others.

For Heiko Sobel, the beginning of his AIDS ministry was in 1983, when he first read of an illness which apparently affected only male homosexuals. Then there was the death of a friend from AIDS. Heiko Sobel then looked into a suicide brought to his attention as a parish minister. He found that the man, pressured by his employer, had an AIDS test. He was so afraid of the results that without waiting to receive them he took his life. "For me that was the beginning of a deep personal commitment," Sobel remarks.

In 1986, while argument continued over the controversial issues involved in AIDS, the number of victims grew. The Reformed church had already begun to think about the consequences, and in July 1987 the Zurich Church Council created a post of pastoral and information officer in the field of AIDS. Heiko Sobel took the job.

There began the constant flow of calls for help—and also the anonymous phone calls and insults, even threats of murder. The job came with no regular working hours. First thing in the morning, Heiko Sobel joins his colleagues Beat Banziger and Eli Morgen- thaler to discuss the day's programme. A Roman Catholic colleague, Guido Schwitter, will soon join the team.

The working day almost always turns out differently than planned. Clients pour in unannounced. The team visits patients in hospital or at home. Heiko Sobel regularly visits prison inmates with AIDS, sees drug fixers on the streets, and looks in at clients living in the AIDS hospice. The AIDS ministry can mean simply sitting, for a long while, with a person needing help. Then there are the self-help groups in which infected homosexuals and addicts work together to come to terms with their situations. The AIDS ministry means seminars and workshops where joy and suffering are closely linked, and participating and collaborating with organizations involved in the fight against AIDS.

AIDS ministry means not thinking in stereotypes. "There are no groups at risk, only behaviour with risks," Sobel explains. What our clients are looking for is someone who does not condemn them, someone with professional competence, someone with whom they can unburden themselves in peace, protected by strict pastoral confidentiality.

Roughly 80% of the AIDS ministry clients have no connection with the church institution. One common denominator in the ministry is the deep spirituality of many people, even if they do not speak in religious terms. The questions about the meaning of existence, life after death, the justice of fate are asked by all the dying—each of them in his or her own way—whether they call themselves believers or not.

The AIDS ministry also means accompanying many men and women to their death. But it is not dying of AIDS that is central to this work. "Death is one thing. But it is much more difficult to endure life with AIDS," Sobel continues.

In his work, Heiko Sobel wants to bring a God of love closer to his clients. He wants to accompany those who come to him, no matter who they are or where they come from or where they are going. "My task is to stand by people. I try to fight along with my clients until it is no longer possible."
Useful resource materials

**AIDS Issues: Confronting the Challenge**, edited by David G. Halman

The book gives an overview of the complex ethical and theological issues confronting global societies as we come to terms with the AIDS crisis. The articles in the book are presentations and discussions recorded from an international consultation of 150 theologians, social ethicists, persons with AIDS, health care professionals, community service representatives, and members of church denominations representing the United States and Canada. (This historic ecumenical consultation was sponsored by the Canadian Council of Churches, the National Council of Churches of Christ in the USA and the World Council of Churches.)

The issues discussed cover three areas: the social consequences of AIDS, illness and health, and sexuality. There is also a chapter of reflections by persons with AIDS.

Published by Pilgrim Press and available at US$12.95 (excluding postage) at the following address:

Pilgrim Press
132 West 31 Street
New York, New York 10001
USA

**TASO: Living Positively With AIDS** (a video in two parts), produced by Small World Productions and the Television Trust for the Environment for The AIDS Support Organization (TASO)

- Part I: The TASO Story (25 minutes) depicts TASO’s activities and introduces some of the people involved. TASO clients describe how AIDS has affected their lives and how TASO has helped them and their families to cope.

- Part II: AIDS Counselling: The TASO Experience (30 minutes) presents TASO’s approach to AIDS counselling through case studies of three clients and the work of three experienced counsellors and outlines the attitudes and skills required to become an AIDS counsellor.

Available from TASO at the following address:

P.O. Box 676
Kampala
Uganda

**Caring About AIDS: The Common Ground** (video), produced by the League of Red Cross and Red Crescent Societies, in conjunction with the International Planned Parenthood Federation, the World Council of Churches, and the American Red Cross.

The video illustrates programmes run by non-governmental organizations in four different regions of the world, aimed at fighting AIDS and addressing the need for psychosocial support and humane care of people with AIDS. The message is about the importance of education, prevention, compassion, and caring in dealing with AIDS.

The video received the Silver Award at the Chicago International Film Festival in 1989. It is available from the League of Red Cross and Red Crescent Societies at the following address:

P.O. Box 372
1211 Geneva 19
Switzerland

**Handle with Care: A Handbook for Care Teams Serving People with AIDS** by Ronald H. Sunderland and Earl E. Shep

A compassionate, step-by-step guide for congregations that wish to organize care teams to serve people with AIDS. The book is the result of planning and guidance of the staff and consultants of the Foundation for Interfaith Research and Ministry and the Care Team leaders—a group of people from local churches who are trained to meet many of the needs of people with AIDS: physical, social, emotional, and spiritual. Covered are meal preparation, shopping, housekeeping, transportation, assistance for family members, limited nursing care, and more.

Appendices include the outline of various materials used by the team: the Adult AIDS Care Team Orientation, the Pediatric AIDS Family Care Team Orientation, and the Team-Client Covenant. A bibliography of AIDS books published in the USA is also given.

Enquiries on how to obtain the book and on the Care Team programme are welcome. Contact the Foundation for Interfaith Research and Ministry (the authors are foundation staff members) at the following address:

Foundation for Interfaith Research and Ministry
P.O. Box 20528
Houston, Texas
USA

**AIDS—Sharing the Pain: A Guide to Care Givers**, by Bill Kirkpatrick

The book offers pastoral guidelines based on the author’s own experience in attempting to care with and for those
who live with AIDS/HIV and for their partners, families, and friends. The author is an Anglican priest who operates a "listening centre" in London. He also served as a resource person in the work of the AIDS Working Group of the World Council of Churches on *A Guide to HIV/AIDS Pastoral Counselling* (see below).

*AIDS—Sharing the Pain* is available from Pilgrim Press at the address given on page 23.

**The Colour of Light: Daily Meditations for All of Us Living With AIDS,** by Perry Tilleraas

The book offers reflections on the experience of people who struggle to cope with AIDS in their lives and their society. It gives inspiration as the reader is daily guided away from isolation towards loving support of those with AIDS who "keep hope alive, who stay spirit-centred and who do things differently."

Available at the following address:

Hazelden Educational Materials
Pleasant Valley Road
Box 176
Center City, MN 55012-0176
USA

**Strategies for Hope,** a three-part series

**Number 1: From Fear to Hope: AIDS Care and Prevention at Chikankata Hospital** by Glen Williams describes this rural hospital's home-based care programme for people with HIV/AIDS (see also pages 1-6).

**Number 2: Living Positively with AIDS: The AIDS Support Organization (TASO), Uganda** by Janie Hampton report on the work of the first AIDS support group in East Africa. The booklet also describes how people with HIV/AIDS and other volunteers provide care, counselling, and support for people with AIDS and their families, in hospitals and in their own homes.

**Number 3: AIDS Management: An Integrated Approach** by Ian D. Campbell and Glen Williams is aimed at health professionals and describes the organization and management of a comprehensive AIDS control and prevention programme by a rural hospital in Zambia.

The three booklets in this series are available from Teaching-aids at Low Cost (TALC) (see page 25).

**AIDS Prevention: Guidelines for MCH/FP Programme Managers**

This World Health Organization book provides basic facts and a review of the latest information in AIDS/HIV as they relate to maternal and child health and family planning activities and gives suggestions on how to improve services and care. It includes a section on preventive counselling.

Available free of charge from the WHO Global Programme on AIDS at the following address:

World Health Organization
Global Programme on AIDS
Avenue Applia
1211 Geneva 27
Switzerland

**AIDS: Action Now: Information, Prevention and Support in Zimbabwe** by Helen Jackson

This book gives background information on the epidemic, the virus, and the disease syndrome itself. It examines the issue of HIV testing and provides suggestions on counselling people with AIDS. It examines public reactions to the epidemic, policy options, and strategies to promote effective behavioural change.

Published by the AIDS Counselling Trust (ACT) with the support of the Zimbabwe Trust, the Oak Foundation, and Redd Barna, Zimbabwe. Available at the following address:

15 Baker Avenue
Harare
Zimbabwe

**What is AIDS?** by Birgitta Rubenson

This small manual for health workers contains basic information about AIDS (see also page 7). It is available in English, Spanish, Portuguese, and Kiswahili from the Christian Medical Commission (see complete address of the World Council of Churches on page 16). The cost per manual, to cover production and mailing, is US$1.50.

**Learning About AIDS** by Birgitta Rubenson

This booklet gives relevant information about AIDS to help teachers, pastors, and youth leaders to provide AIDS education. It also provides guidelines on counselling and supporting people with AIDS and their families. Answers common questions about AIDS. Available only in English from the WCC AIDS Working Group at US$2 per copy.

**A Guide to HIV/AIDS Pastoral Counselling** (see pages 8-9)

Available from the WCCAIDS Working Group at US$6 per copy.
The Challenge to the South
After over ten years of work under the chairmanship of the former president of Tanzania, Mwalimu Julius Nyerere, the South Commission has come up with its report: *The Challenge to the South*. The objective of the work of the commission was to draw up practical recommendations to help the people and governments of the South to be more effective in dealing with their numerous problems. The report is the outcome of a series of meetings, South-South visits, and exchanges of experience for this purpose.

The conclusion of the report clearly is that the responsibility for the development of the South lies in the hands of the peoples of the South. It stresses that their success will be linked not only to better economic performance, but also to popular participation, respect for democratic norms and human rights, and action to curb corruption and militarism.

Published by Oxford University Press. Available through book shops at £5.95, or the equivalent thereof.

Teaching-aids at Low Cost
Teaching-aids at Low Cost (TALC) is a non-profit-making organization that supplies teaching aids and books to raise standards of health care worldwide.

Over the years TALC has put together a remarkable list of low cost books. The photograph below features the TALC books currently available.

In view of the appalling shortage of books in the developing world, we would like to suggest that groups requesting grants of any sort from donor agencies should include a sum of two to five percent of the total grant for providing books. The building up of local libraries is a high priority.

The address of TALC is
P. O. Box 49
St. Albans
Herts AL1 4AX
United Kingdom

Do you notice anything different about this issue of Contact?
There is a difference: this is the first issue of Contact printed on recycled paper. The use of recycled paper means that no trees have been cut down to bring you these pages. It means that 30-50% less energy has been used in their manufacture, and 90% less water.

We hope that you support us in this effort to conserve the resources of our planet.
Loving God,
you show yourself in those who are vulnerable,
and make your home with the poor and weak of this world;
warm our hearts with the fire of your spirit,
and help us to accept the challenges of AIDS.

Protect the healthy,
calm the frightened,
give courage to those in pain,
comfort the dying,
and give to the dead eternal life;
console the bereaved,
strengthen those who care for the sick.

May we, your people, using all our energy and imagination,
and trusting in your steadfast love,
be united with one another
in conquering all disease and fear.

We make this prayer
In the name of one who has borne all our wounds
and whose Spirit strengthens and guides us
now and for ever.

Amen.