

PRESBYTERIAN AIDS NETWORK

Dear PAN Members and Friends,

December 1, 2012 marks World AIDS Day (WAD), a day of awareness and action in the struggle to eradicate HIV and AIDS. World AIDS Day brings together people from around the world to raise awareness about HIV and AIDS and to demonstrate international solidarity. The day is an opportunity to spread awareness about the status of the pandemic and to encourage progress in HIV and AIDS prevention, treatment, and care.

Between years 2011-2015, World AIDS Days will have the theme of "Getting to Zero: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths." The World AIDS Campaign's emphasis on "Zero AIDS-related deaths" signifies a push towards greater access to treatment for all. The 2012 focus "Working Together for an AIDS-Free Generation," brings attention to the need for strong partnerships in order to achieve effective action.

The AIDS pandemic has gone on for too long because we have not done all we can to stop it. AIDS has killed over 30 million people and we are still losing the battle. A UNAIDS report states that for every 100 people put on therapy, 200 persons are newly infected.¹ We are making progress, though, and we must remain steadfast activists in our demand for bolder, smarter action. In response to the 219th General Assembly's call, we are thrilled at the possibility of offering training for churches and church leaders to become HIV and AIDS Competent. One certification training taking place at Johnson C. Smith Theological Seminary the end of November is most welcome.

If you have not yet become a part of the Presbyterian AIDS Network, we would welcome your interest and involvement:

http://www.phewacommunity.org/images/PHEWA_membership_form.pdf Let us unite in our action to eradicate AIDS. Getting to zero is the theme and the dream. Join us!

Sincerely,

Ann C. Jones and George Kerr
Co-Moderators, Presbyterian AIDS Network (PAN)

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http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf

**PAN is a network of the Presbyterian Health, Education & Welfare Association (PHEWA)
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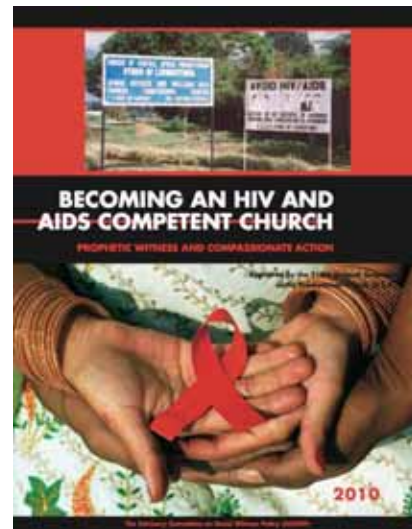
My Dreams for an HIV Competent Church: HIV & AIDS at the 220th General Assembly of the Presbyterian Church (U.S.A.)

By Emily Rose Proctor, Teaching Elder Commissioner from Baltimore Presbytery to the 220th General Assembly

Published online in 2012 at <http://justiceunbound.org/action-alerts/action-news/my-dreams-for-an-hiv-competent-church/>

No HIV-related Overtures for the 220th General Assembly (2012)

The 219th General Assembly of 2010 was a powerful moment in the Presbyterian history of engaging HIV/AIDS awareness. That year, the [Presbyterian AIDS Network](#) (PAN), a member organization of the [Presbyterian Health, Education, and Welfare Association](#) (PHEWA), arranged for HIV testing; resourced presbytery members who were writing overtures encouraging Presbyterian leaders to help break the stigma and seek HIV testing at more of their corporate gatherings; and engaged the report from the Advisory Committee on Social Witness Policy (ACSWP) "[Becoming an HIV and AIDS Competent Church: Prophetic Witness and Compassionate Action](#)." An overture meant to address issues of HIV and AIDS in the criminal justice system was even passed with some funding. It could have been the beginning of a new era of addressing the changing face of HIV and AIDS, not just with words, but also with action. At the start of the 220th General Assembly, however, there were no HIV-related overtures or reports scheduled to come before the Assembly.



How could this be, you might ask, when over a million Americans are HIV+ and one in five do not know their status? When every nine and a half minutes, someone in the USA is newly infected with HIV? How could this be, when in just a couple of weeks after the General Assembly the [International AIDS Conference](#) was to be held in the United States, for the first time in over two decades? How could this be, when just two years ago, the General Assembly approved the report from the ACSWP report to

- “challenge the PC(USA) to become an HIV and AIDS competent denomination at all levels of the church and in all its ministries;”
- “call upon congregations to accept the challenge to become an HIV and AIDS competent church by studying the HIV and AIDS related policies and resources of the PC(USA);”

- “develop denominational standards defining the marks of HIV and AIDS competent congregations and ministries, in accordance with PC(USA) policies and in collaboration with ecumenical partners in HIV and AIDS ministries;”
- “call upon presbyteries to include pastoral training related to HIV and AIDS competency as part of a qualified candidate’s preparation for ministry;” and
- “commend Presbyterian theological seminaries that have incorporated HIV and AIDS education into their community life”?

Sadly, my cynical self wasn’t surprised that there was nothing related to HIV and AIDS before the Church; it’s just not on very many people’s radar screens, especially church leaders. The sad truth is that many of our churches are disconnected from the suffering and the plight of the most vulnerable in our country. The sad truth is that those most affected by HIV and AIDS also often tend to be among the most marginalized in our denomination.

A Commissioner’s Resolution Emerges

Thanks to the encouragement of friends and fellow commissioners, my cynical self wasn’t able to simply sigh in resignation and move on. Together with the Reverend Ruth Hamilton, Teaching Elder Commissioner from National Capital Presbytery, we drafted a [commissioner’s resolution](#) commending the historically African American seminary [Johnson C. Smith Theological Seminary](#) (JCSTS) in Atlanta for their new certification program designed to equip church leaders and congregations to be HIV competent. The resolution also charged the Presbyterian AIDS Network to partner with Johnson C. Smith, and asked for \$25,000 in funding from the General Assembly Mission Council (GAMC—now the Presbyterian Mission Agency) to help provide scholarships for church leaders who might not otherwise be able to afford participation. Ruth’s church, [Westminster Presbyterian Church](#) in Washington, D.C., helped start a harm reduction program and help center for folks living with HIV and AIDS, and one of her members has been heavily involved in planning for the International AIDS Conference, held there in July.



No More Doubt: HIV Is a Reality for Presbyterian Congregations.

In all the preparation to submit a Commissioner’s Resolution, I nearly forgot about the one thing the Presbyterian AIDS Network had organized ahead of time for G.A.: the presentation of our Faith in Action award at the Presbyterian Health, Education, and Welfare Association (PHEWA) Awards Reception. Our award was to go to the [Mercer Island Presbyterian Church](#) in the Seattle Presbytery for the work they are doing to raise awareness and reach out to people living with HIV in their area. When the Rev. Paul Barrett accepted the award, he began with something unusual.

“I don’t know if you heard that cell phone going off earlier,” he said (I’m paraphrasing), “but that was mine. If any of you are HIV positive, then you know that it sometimes helps to set an alarm to remind you to take your medications. So that’s what that was—a reminder for me to take my HIV meds.”

And that was all he really needed to say—what a witness! He broke the silence and shared about the uncertainty of pursuing a call to ministry as an HIV+ Christian. Would any church call him, he wondered, if they knew of his diagnosis?



But there we were, recognizing the church that had called him to be their pastor, as nominated by the Executive Presbyter of the Presbytery of Seattle. If you had any doubt that there are courageous pastors in the Presbyterian Church (U.S.A.), I hope that doubt is gone. If you had any doubt that HIV affects Presbyterian members and congregations, I hope that is gone. I left the PHEWA awards reception inspired and renewed—in strong contrast to the disappointment and cynicism I had been feeling only moments earlier.

Commissioner’s Resolution 21-05: An Exercise in Frustration and Hope

On Tuesday afternoon, I made my way to the Health Issues Committee and lifted up the ongoing need for the Church to address HIV. I lifted up the importance of Johnson C. Smith Theological Seminary’s work in taking the mandate from last year’s General Assembly and developing a practical means by which the church could respond and move together towards HIV Competency, as [recommended by the World Council of Churches](#). Finally, I tried to give the rationale for funding this initiative in an era when “the theology of scarcity” reigns in the church.

In one of the early presentations about overtures with financial implications, we were instructed to think about whether or not such overtures were worth stopping current ministries of the General Assembly Mission Council (GAMC) or increasing the per capita. I argued that providing financial support for church leaders who want the training offered by Johnson C. Smith is worth it. It’s worth it because people continue to be infected and affected, especially those on the margins of our church and our society. It’s also worth it because the General Assembly has already mandated that we act—this SHOULD be part of our budget! I thought that given the

Rev. Dr. Margaret Aymer's sermon that morning on faith in action, it might actually be an easier sell than I had originally thought.

The GAMC recommended that the committee, instead, advise setting up an Extra Commitment Opportunity (ECO) for this purpose. I asked that the committee not substitute an ECO for GAMC funding. First, most Presbyterians, whom I know, don't have any idea that such things as ECOs exist and so aren't likely to give to them. Second, there are already a number of ECOs designated for HIV-related ministries, and it is my understanding that they are very poorly funded. In an ideal world, the Presbyterian AIDS Network would have volunteers and/or staff who could promote and fundraise for such a fund. Unfortunately, we are a few overworked volunteers with more-than-full-time jobs—hence the need for a program like the one at JCSTS to increase the number of church leaders equipped and motivated to respond.

The first motion made by a member of the committee was that the commissioner's resolution be disapproved because of a lack of funds. At first I was dismayed by this opening motion to disapprove. Now I am grateful, because it inspired a number of committee members to speak up on behalf of the importance of working to fight stigma and the spread of HIV. The committee overwhelmingly voted not to disapprove the overture.

Next, a member moved to amend the overture to replace the funding request with a directive that the GAMC set up an Extra Commitment Opportunity. In the midst of that discussion, one member shared his personal connection to this issue through a partner who had died of AIDS. He wished for an even more comprehensive response of the PC(USA) to HIV/AIDS, even though he was reluctant to see the church provide funding for this program out of its annual budget. His testimony was a reminder that HIV is not something that affects not only "them," but "us" as well. Nevertheless, the ECO amendment passed.

The good news is that, in spite of the limitations of the discussion and the information provided by the GAMC, it was clear that many on the committee supported the idea of the church doing something to address HIV and AIDS both here and abroad. Some members of the committee pledged to donate personally to the Extra Commitment Opportunity when it is established.

When the Commissioners' Resolution made it to the floor of the plenary, after midnight on Friday evening, I asked that it be removed from the committee's consent agenda. I wanted the whole room at least to hear about the good work JCSTS was doing, and to acknowledge the lack of funding for real on-the-ground attempts to address HIV and AIDS (especially in the context of all the studies and task forces we are so much more willing to fund). When my two minutes were up, another brave soul whom I do not know moved that the funding be restored to the overture. Another commissioner rose to speak in support of the program at JCSTS.



Although the amendment to restore funding was not approved, and the resolution passed as amended by the committee, I am not without hope.

For one thing, I think we succeeded in raising awareness both of HIV/AIDS and of the HIV Competency Certification Program at Johnson C. Smith Theological Seminary. In addition, I think new friendships and alliances between the Presbyterian AIDS Network and JCSTS are being born out of these efforts. And who knows what God may yet do with us? Maybe we can get the word out and raise more funds than we dreamed possible. Maybe folks on the Health Issues Committee will step up, not only to help fund the ECO, but also to get the word out in their congregations and presbyteries about the certification program.

Who knows? Maybe our small advocacy was just what someone needed to have hope that there are those in the Church who do care and who are willing to make responding to HIV and AIDS a priority. I hope so. When it comes down to it, if I could only speak to one thing at this General Assembly, I'm glad it was to advocate for the Church to put its money where its mouth is in regards to HIV and AIDS. Those following #ga220 on Twitter launched a movement called #dreamPCUSA, where we shared our hopes and dreams for the church. Mine was this: "[@WeDreamPCUSA](#) I dream of a _____ where AIDS initiatives don't have to raise their own funds but are part of church's core mission. _____". May it be so.

How a 67-year-old Introverted Presbyterian Came To Be an AIDS Activist

by Ann Jones, PAN Co-moderator (Columbus, IN)

How does a 67-year-old introvert from a small town in Indiana come to identify herself as an AIDS activist? I would never have anticipated becoming an activist and certainly not a public speaker. My careers involved nursing, followed by pastoral counseling. I am a mother, a wife, a grandmother, a next-door neighbor and a Presbyterian elder, and I share with you a deep concern for social justice and global health. The HIV and AIDS issue has become an inescapable part of me. It has forced me into advocacy work - out onto the rim of life beyond security to the edge of courage in a push against reluctance. I guess action on any issue really requires just such a decision - over and over again.

Eight years ago I joined a women's journey to Africa sponsored by the Global AIDS Alliance (GAA) and Jubilee, a debt relief organization. I felt called for reasons unknown to me and my mind and soul remain imprinted in ways that have shifted priorities and transformed me like some genetic code. That trip was the life-changing journey that brings me here today. Within those weeks in South Africa and Zambia, I heard and witnessed many people working frantically at the grass roots level to make a difference in the struggle against HIV and AIDS. I was inspired by those we met: people who provided a window into extreme vulnerability. Their risks invite me daily into my own. The images of young mothers dying, with their children watching in confusion and disbelief; the mounds and mounds of new graves, with multiple funerals going on every day of the week; the grandmothers volunteering in orphanages and hospices (if they weren't caring for or burying their own children); the images of child-headed households whose struggle was next to starvation—all these pictures seem permanently burned into my psyche.

I have made four more trips to Africa in efforts to lend a hand and be taught by all the AIDS instructors we met. But we don't necessarily need a trip to Africa to become faith-filled, responsive Christians. We have learned that Jesus meant for us to tackle the hard issues of poverty and power and to speak out for those who cannot speak. I also recognize that I am a white North American, complicit in an international system that generally benefits a few at the expense of many. I write without a really thorough grasp of the African situation - I've only visited and never lived there. I fear that I might generalize, trivialize, simplify, or distort in some other ways, but I hope my deep respect for the people and the beautiful continent will shine through.

It's been three decades since AIDS came into our awareness here in the US. Now a little over 34 million persons are living with the virus.¹ The epidemic has gone on for too long because we are not doing all we can to stop it! AIDS has

killed over 25 million people and we are still losing the battle. One million people went into treatment last year but more became newly infected. In its previous report, UNAIDS estimated that for every 100 people put on treatment each year, 250 became newly infected. Now, it estimates that for every 100 on treatment, 200 become infected.ⁱⁱ

Those who are the most vulnerable in this raging, all consuming pandemic are women and girls.ⁱⁱⁱ AIDS is the leading cause of death for women of reproductive age. 75% of those persons infected between ages 15 and 24 are young women and girls. Only 37% of all persons in need of treatment in Sub-Saharan Africa are receiving it.^{iv} At the end of 2011 there were over 3.4 million children living with HIV, 91 percent of them in sub-Saharan Africa and the treatment coverage for them is even less – 28 percent.^v

Most everyone has a sense of how the pandemic has eviscerated the continent of Africa - 70% of AIDS infections reside in sub-Saharan Africa. But our own country is suffering as well. The Centers for Disease Control reports that the number of new infections has remained stubbornly around 50,000 a year in the United States for a decade.^{vi}

So, what is our response as a church and a congregation? A 2010 report from our own Presbyterian General Assembly called upon all our congregations to become AIDS competent churches. This involves providing relevant educational activities, as well as advocacy, fund raising, direct service, and partnering. I invite you as individuals and as a church to take on at least one new action in the next six months on behalf of this, the worst health crisis in all of history.

Three years ago in our community (Columbus, IN) I started a group called Granny Connection. Our goal is to give some support to the courageous elders in sub-Saharan Africa who not only strive to sustain families but are holding together entire communities. These are the African “GO-gos”, or grandmothers, who are the backbone of orphan care and the heart of the continent’s response to HIV and AIDS.

The Granny Connection had its origins in 2008 when a small group of grandmothers and “grandothers”, in a show of solidarity, organized to raise awareness in our community about the challenges facing African grandmothers whose lives have been turned upside down by the AIDS pandemic. Our pledge to our African sisters is that we’ll raise as much money as possible by developing fundraising ideas and implementing projects. We regularly sell glazed pecans at our local Farmer’s Market. We make cards available on holidays for donations, we sew dresses for children made from pillowcases, and we usually have a big fund raising event to benefit the community, often during Black History month in February. In 2011 we worked with Zonta International and had a wonderful event honoring the 100th anniversary of International Women’s Day.

Since its inception, Granny Connection has been impactful. We have sent \$41,500 to the Power of Love Foundation's Arms Reach Care program in Lusaka, Zambia. In addition we saved enough to have another powerful fundraising event in the spring of 2012. The money has been used in a variety of ways. It put over forty children in school who were at home due to restrictive school fees. Now all children who should be in school are attending. We provided micro loans to grandmothers so they could start their own businesses. We helped by buying medicines and providing medicine pillboxes to enable adherence to medications— anti-retrovirals (ARVs), as well as other medications necessary to help treat opportunistic infections. There is a huge co-morbidity with tuberculosis, for example. We helped pay part of the salaries of the community health workers and bought special food needed for those on special diets.

We try to connect in other ways with the grandmothers in Lusaka. We have sent cards and notes as well as videos of our fund-raising programs, and they are on our prayer list.

The beneficiary of our efforts is the Power of Love Foundation and its Arms' Reach Care program, an excellent grass roots organization located in Lusaka, Zambia. It was started by Alka Subremanian (whom I met on one of my first trips to Africa) and Alka's husband, Suresh. This remarkable couple gave up their jobs in academia to get the program up and functioning. collaborating with the Harvard School of Public Health so the model is innovative, comprehensive, and community based. With her husband's assistance, Alka continues to oversee the work. It is an African operated package of lifesaving health care for 150 HIV positive high-risk children and their families, which include 1,100 children. Most were orphaned by the AIDS crisis. Caregivers, usually grandmothers, are provided weekly visits from a trained community care worker. If a nurse is needed, one is called in to visit, with the next step a clinic visit if warranted. All families are visited at least monthly by the nurse for health assessment and family education.

Grannies and orphans rarely receive any form of help from the state. Only three to five percent of the 15 million orphans get any financial assistance from the government. The problem of children who have been left without parents is the razor's edge of human catastrophe. The cumulative impact of these children, their level of trauma, their overwhelming personal needs and their intense collective vulnerability strikes at the heart of the human dynamic creating a sociological rearrangement of human relationships.

Good nutritional status is tantamount to providing ARV therapy to children, and food security is a major problem for families. The Arms' Reach Care program provides micro loans and business training to all families in the program so that caregivers can start their own businesses. The micro loan group meets weekly and becomes a much needed support group for grandmothers. Children living with HIV

also receive psychosocial counseling so they can eventually become independent and successful in managing their disease. The program has been so successful there have been only three deaths since its inception. Statistically there may well have been as many as 35 to 40 deaths.

The cofounders help to supervise and generally manage the fiscal aspects of the program so that there is never a concern about the misuse of funds. All funds donated go directly to grass roots services (nothing is used for administration). The program is transparent and the founders are excellent stewards of donated moneys, stretching a dollar to maximum use.

While we are making small steps of progress, most grass roots programs in Africa languish for lack of sufficient funding. We must remain steadfast sacred activists in our demand for bolder, smarter, and faster action. What makes the work so difficult (and often lonely) is that the concern about HIV and AIDS has plummeted significantly since 1995. In addition, AIDS reveals the underbelly of injustice that plagues our global society: poverty and unequal distribution of resources, racism, xenophobia, gender inequality, sexual violence and child abuse. Clearly it is this soft underbelly that brings the issue so close to my heart! We must reinscribe the fight against AIDS as part of a movement for social and economic justice. It is not only a health crisis; it is a HUMAN crisis. It is worth our greatest effort! Since we began the Granny Connection, our little group has been successful. We have made vibrant, tangible progress. Children survive. Families rekindle. People live longer. Your hope and generosity will turn the tide on the AIDS pandemic.

In the history of human accomplishment, ending HIV and AIDS will fill a category all its own. It will involve scientific genius, diplomatic brilliance, and an enormous generosity of spirit and compassion. Without a doubt, ending AIDS will reflect an accomplishment of the whole human family working together for one another. May it be so!

ⁱ <http://www.who.int/mediacentre/factsheets/fs360/en/index.html>. Retrieved: November 19, 2012.

ⁱⁱ <http://www.nytimes.com/2010/11/24/world/africa/24infect.html>. retrieved: November 16, 2012/

ⁱⁱⁱ <http://www.unaids.org/en/resources/presscentre/featurestories/2009/november/20091109women/>. Retrieved: November 19, 2012.

^{iv} <http://medquarterly.com/mq88/.../11-hiv-and-aids-in-sub-saharan-africa-> medquarterly. Retrieved: November 19, 2012.

^v <http://www.who.int/hiv/topics/paediatric/en/index.html>. Retrieved: November 19, 2012.

^{vi} <http://www.cdc.gov/nchhstp/newsroom/HIVIncidencePressRelease.html>. Retrieved; November 19, 2012.



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“Resuscitation” Ezekiel 37: 1-14 John 11: 1-44

This sermon was preached by Rob Craig at First Presbyterian Church of Columbus, Indiana, on Lazarus Sunday, April 10, 2011. It makes use of materials provided by the Lazarus Sunday project and by The Presbyterian AIDS Network. Rob invites you to use it in any way it might be helpful.

As background to some Good News I am about to share about the treatment of AIDS, we need to be reminded that the worldwide impact of AIDS is frightening, almost beyond belief. During this hour of worship, several hundred will die of AIDS-related illness. Several hundred more will be discriminated against, judged, excluded, whispered about, thrown out of their homes, fired from a job, arrested, or beaten.

In the midst of these realities, the Presbyterian Church (PCUSA) has been responding over several decades. The General Assembly, in 1994, set forth policy. I want to reference five measures from those efforts.

ONE, “We are called to compassionate care. We must assure that all who are affected by the pandemic (regardless of religion, race, class, age, nationality, physical ability, gender, or sexual orientation) will have access to compassionate, nonjudgmental care, respect, support and assistance.”

TWO, “We are called to witness and do justice. We are committed to transform public attitudes and policies, supporting the enforcement of all local and federal laws to protect the civil liberties of all persons with AIDS and other disabilities. We further commit to speak publicly about AIDS prevention and compassion for all people.”

THREE, “We promote prevention. Within the context of our faith, we encourage accurate and comprehensive information for the public regarding HIV transmission and means of prevention.”

FOUR, “We acknowledge that we are a global community. While the scourge of AIDS is devastating to the United States, it is much greater in magnitude in other parts of the world community.”

FIVE, “We deplore the sins of intolerance and bigotry. AIDS is not a “gay” disease. The numbers of women and children are increasing at alarming rates. It affects men, women and children of all races. We reject the intolerance and bigotry that have caused many to deflect their energy, blame those infected, and become preoccupied with issues of sexuality, worthiness, class status or chemical dependency.”

Against this background of worldwide need and Presbyterian responses, where does our scripture lead us this day? Jesus has just escaped Jerusalem after a near-stoning. The tension was high. He was out of there. As if that was not enough,

he learns that his beloved friend Lazarus is dead. In the scriptural account that follows we receive two important revelations about Jesus, the Christ.

First, the humanity of Jesus is revealed further. He weeps, he enters the sorrow of others, he gasps, his whole body shudders, and tears run down his face. His reactions bear profound testimony to the truth of the incarnation, God among us as a sibling. As a human, he reveals his need for friendship and his grief at the loss of a loved one.

Second, as Lazarus is raised, God's presence and power in our world is further revealed. We observe, through this scriptural account, another marvelous sign, displayed for eyewitness viewing. People saw and believed. The moment is another mighty attestation of God's glory, evoking faith in Jesus Christ. The account is less about Lazarus than it is about the glory of Jesus. Lazarus was raised, but eventually experienced physical death, returning to his grave. The passage is primarily a sign of Jesus' power, far beyond the power of any other.

But we cannot help but be captivated by what was going on for Lazarus. The moment is captured in a statue of Lazarus that resides at the rear of the chapel at New College in Oxford. Jacob Epstein sculpted Lazarus, still bound in grave cloths, turning in response to Jesus' command to come out. His gaze takes in the entire length of the chapel. The gaze expresses terror, confusion, supplication, perhaps joy, and mostly dismay.

So it is wise for Church leaders, who call upon congregations to better understand and respond to AIDS, to challenge us to celebrate what they are calling Lazarus Sundays. After so many years of hoping, advocating, and working, there is sudden and amazing change being revealed. We are having a moment like that depicted on the face of Epstein's statue of Lazarus at Oxford. The look on our faces should be the same kind of amazement. Thanks to the brilliant gifts God has given to researchers, the "Lazarus effect," a moment of resuscitation, is upon us. The "Lazarus effect" is the result of successful anti-retroviral treatments costing as little as forty cents per day with success in as few as forty days. AIDS has become a manageable disease. These discoveries can restore life in a dying person. In the last ten years, access to anti-retroviral treatments has grown from 50,000 people to 4,000,000 annually. Thankfully, many hospital beds are no longer needed. But much more needs to be done to make treatment even more available.

Let us turn again to our passages from the Hebrew Bible and New Testament. In our passage from Ezekiel we are exposed to a time of great sadness for the Hebrew people. They had experienced a burned temple, a holy city plundered, their leaders in chains, and their young dragged away to foreign cities. Ezekiel had witnessed the soul of a people wither and die, like a valley of dry bones. "Can those bones live?" asked God. To which Ezekiel responded, "O God, You know". And we know that God is capable of many things, and in some cases God commissions us to be of help. God brought a people to birth from a childless couple in Haran, freed their descendents from the living death of slavery, raised up judges and kings and prophets, calling God's people back to life again and again.

Our New Testament passage about the raising of Lazarus affirms that it is God who gives and restores life. With our loving God, death will not have the last



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word. Even when signs of life have been taken away, God's promises are here and now. While the ultimate miracle is a future resurrection, an ultimate release from the clutches of death, the impact of resurrection can begin now.

We have been given by God the capacity to unbind people and set them free. The community is called upon to do the unbinding. We can unbind the grave cloths of self doubt, social isolation, marginalization, and oppression. We can tear up the entombed wrappings of fear, anxiety, loss, and grief. We can resuscitate into new reality those stifled by war, genocide, poverty, and disease.

Drawing upon the metaphor from the Hebrew Bible, we can oil some bones, each of us given capacity to spread God's healing power. None of us is too limited. Sarah seemed too old. David seemed too young. Rahab had a bad reputation. Miriam gossiped. Job went bankrupt, Martha worried, Zaccheus was the wrong size, Timothy had an ulcer, AND LAZARUS WAS DEAD! So what? God used them.

Adapting the words of Cardinal Cushing,
If all the sleeping folks will wake up,
And all the lukewarm folks will fire up,
And all the disgruntled folks will sweeten up,
And all the estranged folks will make up,
And all the spreaders of myths will hush up,
And all the dry bones will shake up,
And all the un-binders of grave cloths will act up,
We will add to the Lazarus Effect

God's world can experience some resuscitation. The expression on the face of Epstein's statue of Lazarus may even take on a smile. Why? Because there is no telling what wonders we can accomplish in response to the presence of Jesus Christ.
Amen.

Doy gracias... ¡Simplemente gracias!

Submitted by Hiram Perez (Atlanta, GA)

Doy gracias por el amor que me da la energía de vivir cada día...

Y por el desamor que me ha hecho tocar fondo y no vivir de apariencias.

Doy gracias a la vida porque sin pedirla me fue regalada...

Y por la muerte que me ha hecho reflexionar y valorar lo importante.

Doy gracias por mis tesoros: La fe en Dios, mi familia y mis amigos...

Y por mis necesidades que me han enseñado a “estarme quieto y esperar”

Doy gracias por los principios básicos de la fe, la esperanza y el amor...

Y por las veces que falte al no seguirlos y explorar lo desconocido...

Doy gracias por la oportunidad de buscar la verdad, la justicia y las pasiones...

Y por las oportunidades que no he tenido aun; sé que llegaran a su momento.

Doy gracias por cada instante que en el que he “reído, gozado y crecido”...

Y por las lágrimas, el sufrimiento y la inmadurez; porque moldean mi “ser”

Doy gracias por “estar” donde estoy en la vida y por quienes me acompañan...

Y por aquellos que ya no están pero estuvieron; el tiempo es frágil y no es de fiar.

Doy gracias por la inocencia que todavía me hace confiar en el extraño...

Y por los sentidos que me han permitido ver, oler, sentir, escuchar y probar “el mal”...

Doy gracias por las cosas buenas de la vida y los extremos de esta existencia...

Y por el orden sabio del Creador que nos regala un día tras otro.

Doy gracias por el frío, las noches y los rayos de luna...

Y por los días soleados que con su calor nos permiten bailar en el viento.

Doy gracias por la música, el pan y el vino que llenan espacios en el cuerpo y alma....

Y por el silencio, la sed y el hambre porque nos hacen sentir vivos...

Doy gracias por ti y por mí...

Porque somos extranjeros en este mundo y tenemos la bendición de compartir un día como hoy.

A living gratitude

Submitted by Hiram Perez (Atlanta, Georgia)

We give thanks for “love” that gives us the energy to live each day...

And for “Indifference” that has made us touch the bottom and stop living from appearances.

We give thanks for “life” because it was given to us without first asking for it...

And for “death” that make us reflect and evaluate what really matters.

We give thanks for life’s treasures: faith in God, our families and our friends...

And for the needs that have taught us to be still, wait and trust.

We give thanks for the basic principles of faith, love and hope...

And for the times we have failed to follow them to explore the unknown.

We give thanks for the chance to pursue justice, truth, and our own desires...

And for the chances we haven’t had yet; they will come in their own time.

We give thanks for each moment in which we laugh, have fun and grow up...

And for the tears, the sorrows and the immaturity; because they have molded our being.

We give thanks for being where we are in life and for those that share their lives with us...

And for those who are not here anymore but were; time is fragile and not to trust.

We give thanks for the innocence that let us trust in the stranger...

And for the senses that have allowed us to see, smell, feel, hear and taste “evil”.

We give thanks for the good things in life and for the excesses of this existence...

And for the wise order of our Creator that gives us one day after another.

We give thanks for the cold, the night and the moonlight...

And for sunny days that, with their hot air, let us dance in the light.

We give thanks for music, bread, and wine because they fill out spaces in our body and soul...

And for silence, thirst, and hunger that remind us that we are alive.

I give thanks for your life and mine...

Because we are foreigners in this world and have the blessing to gather on a day like today.

Leveling the Playing Field: A Call to God's People on World AIDS Day

Second Sunday in Advent – December 4, 2011

Sermon by Emily Rose Proctor

Brown Memorial Park Avenue Presbyterian Church in Baltimore, MD

2 Peter 3:8-15a

⁸But do not ignore this one fact, beloved,
that with the Lord one day is like a thousand years,
and a thousand years are like one day.

⁹The Lord is not slow about his promise, as some think of slowness,
but is patient with you, not wanting any to perish,
but all to come to repentance.

¹⁰But the day of the Lord will come like a thief,
and then the heavens will pass away with a loud noise,
and the elements will be dissolved with fire,
and the earth and everything that is done on it will be disclosed.

¹¹Since all these things are to be dissolved in this way,
what sort of persons ought you to be
in leading lives of holiness and godliness,
¹²waiting for and hastening the coming of the day of God,
because of which the heavens will be set ablaze and dissolved,
and the elements will melt with fire?

¹³But, in accordance with his promise,
we wait for new heavens and a new earth,
where righteousness is at home.

¹⁴Therefore, beloved, while you are waiting for these things,
strive to be found by him at peace, without spot or blemish;

¹⁵and regard the patience of our Lord as salvation.

Hear what the Spirit is saying to the Church. **Thanks be to God.**

If you are not HIV+ or if you don't know your status, I want you to imagine for a minute, that you are one of the 30 million people living with HIV. Keep in mind you are probably also living every day with some other significant challenge, most likely poverty and the struggle of daily survival. If you are American, you are likely also dealing with discrimination due to the color of your skin or who you love or your gender identity. You may also be dealing with the effects of domestic violence, abuse, incarceration or addiction. For many of the 30 million people living with HIV, their diagnosis wasn't their only life challenge, but often it felt like last straw.

According to the most recent statistics available, one in every 26 people who lives in this zip code (21217) is reported to be living with HIV—that's 11% of the population.¹ So if you are not HIV+ or don't know your status, I invite you to imagine for a minute that you are living the life of one of your HIV+ neighbors, and listen through their ears for the Word of God from Isaiah.

Isaiah 40:1-11

⁴⁰Comfort, O comfort my people, says your God.

²Speak tenderly to Jerusalem, and cry to her
that she has served her term, that her penalty is paid,
that she has received from the Lord's hand double for all her sins.

³A voice cries out: "In the wilderness prepare the way of the Lord,
make straight in the desert a highway for our God.

⁴Every valley shall be lifted up,
and every mountain and hill be made low;
the uneven ground shall become level, and the rough places a plain.

⁵Then the glory of the Lord shall be revealed,
and all people shall see it together,
for the mouth of the Lord has spoken."

⁶A voice says, "Cry out!" And I said, "What shall I cry?"
All people are grass, their constancy is like the flower of the field.

⁷The grass withers, the flower fades,
when the breath of the Lord blows upon it;
surely the people are grass. ⁸The grass withers, the flower fades;
but the word of our God will stand forever.

⁹Get you up to a high mountain, O Zion, herald of good tidings;
lift up your voice with strength, O Jerusalem, herald of good tidings,
lift it up, do not fear; say to the cities of Judah, "Here is your God!"

¹⁰See, the Lord God comes with might, and his arm rules for him;
his reward is with him, and his recompense before him.

¹¹He will feed his flock like a shepherd;
he will gather the lambs in his arms,
and carry them in his bosom, and gently lead the mother sheep.

Hear what the Spirit is saying to the Church. **Thanks be to God.**

¹ *Baltimore City HIV/AIDS Epidemiological Profile, 4th Quarter 2009*, Center for HIV Surveillance and Epidemiology, Infectious Disease and Environmental Health Administration, Maryland Department of Health and Mental Hygiene (<http://ideha.dhmh.maryland.gov/CHSE/pdf/BaltimoreCityHIVEpiProfile12-2009.pdf>, accessed Dec. 2, 2011).

I don't know about you, but reading this text through the lens of those most affected by HIV and AIDS has completely changed my hearing of it. Now, I know that Isaiah was not giving a World AIDS Day sermon when he first uttered these words. But he was speaking to a people in exile—whose city had been invaded and devastated, whose defenses had been torn down, whose faith and whose faithfulness had been called into question. He was speaking to a people whose suffering had been interpreted as God's punishment—their own fault.

Is it really so different from the experience of so many with HIV? Listen to this young woman's testimony, ten days after being diagnosed:

"I feel so desperately alone in all of this. I'm not saying I don't have support and people who love me, because I do. ...I just feel like this HIV thing has isolated me and put me just out of reach of everyone else. If that makes any sense. I just don't feel like I belong anymore. I don't feel like I'm a part of anything anymore."²

It is into this experience of exile, an experience that is not limited to those living with HIV—that Isaiah speaks. I have had glimpses of exile, and I imagine that many of you have too. Exile can come in the midst of grief or a broken relationship or a move—it comes with many diagnoses, not just HIV, and with experiences of discrimination—all kinds. Exile can overtake us in the form of low self esteem or addiction or violence. We can experience it as sense of failure or helplessness.

It often comes with blame—we blame ourselves and feel ashamed or sense that others blame us for our situation, for our isolation, for our weariness or anger, our loneliness or anxiety. For those living with HIV, sometimes that stigma is more obvious—relationships are terminated, invitations ignored, or latex gloves donned by our doctor, even for a routine check up. Sometimes it is more subtle, and comes in the form of a hesitation before a handshake or question that always seems to hang awkwardly in the air, unasked, "How did you get it?" Or more subtle still, "Surely YOU don't need to be tested for HIV!"

On World AIDS Day, speakers at Howard University made the bold claim that it wasn't a virus that was killing people—after all, we have the technology to test and to treat, and studies have shown that treatment reduces the chances of transmission to one's partners by 96%.

The reason that people were dying, they said, is that they were afraid to get tested, afraid to seek treatment because of stigma. Terrance Moore, the Director of Policy and Health Equity at the National Alliance of State and Territorial AIDS Directors, quoted a survey respondent, saying, "In terms of black, gay men, it's not a question of them not knowing how to save their lives, it is a question of them knowing that their lives are worth saving."³

² "Feeling Sorry for Myself," by Autumn Preusser, Dec. 22, 2010 (posted April 2011), <http://www.thebody.com/content/art61364.html> (accessed Dec. 3, 2011).

³ Terrance Moore, Speaker at the International Conference on Stigma, Howard University (Washington, D.C.), Dec. 1, 2011, live webcast (<http://www.whocanyoutell.org/>).

But it is into this experience of exile, into this wilderness that God herself speaks. God herself speaks. It is that important. “Comfort, O comfort my people,” says our God. Not judge. Comfort.

The text does not deny the presence of sin among the people. After all, there is not one among us who is perfect. If God kept track of our sins, of all the ways we fall short, or fail to live up to God’s vision of peace and compassion, justice and integrity...who could stand? With HIV, as with many conditions in life, sometimes behavior matters, sometimes our choices make a difference, sometimes they make us more vulnerable or less. But the Word that God speaks to the exiles is this—your suffering is not in proportion to your iniquity.

God herself sees the suffering of her people and says, THIS IS NOT JUSTICE. It’s not even an eye for an eye.

God looks out over the playing field and sees the glaring inequalities. That some are living the good life at the top while whole peoples walk through the valley of the shadow of death. Level the playing field, says God, before you talk to me about who deserves what.

The world must not have changed all that much in 10,000 years because as far as I can tell the playing field still hasn’t been leveled.

If anything the mountains are higher and the valleys are just as low. This is true in terms of wealth distribution as well as HIV infection rates. And the two are not unrelated. Everyone makes mistakes, but a poor person’s mistakes are likely to be much more costly. That’s true in our city and in the world.

The first command the God issues in response to the people’s lamentation from the place of exile is to speak a word of comfort that is also a word of truth. It is spoken to an unnamed plural party, almost as though God were speaking it to anyone and everyone who would listen. The first command is to tenderly acknowledge the reality of other’s suffering and the injustice of it. The second command is to do something about it. To level the playing field. That is the way to celebrate the advent of our God. Those on the top, must humble themselves or be brought down. Those in the valley must be lifted up and empowered. All the people must be able to see the same horizon together.

“Cry out!” says a voice. And the would be prophet⁴ says, “What shall I cry?”

“All people are grass, their constancy is like the flower of the field. The grass withers, the flower fades.”

Well that’s one way to level the playing field. And oddly enough, it’s a message writ large on World AIDS Day. Yes, certain behaviors are riskier than others, but all people are vulnerable. Our lives are fragile, and in the grand scheme of things our lives on earth as we experience them now are relatively short, even if we live to be 100.

⁴ The Isaiah scroll from the Qumran uses the feminine pronoun (referring to Jerusalem/Zion), but the translators of the Septuagint use the first person pronoun (referring to the unnamed prophet).

Those with HIV and those who are often deemed “high risk groups” already know what this means, to feel as transient as the grass. This message is not for them.

This message is for the comfortable, the confident, we who think that we are not at risk. We who think that if we just work hard enough, eat right, exercise, do the right things or have the right intentions—that somehow we will be safe, that we will remain in control, that we can be happy. “All people are grass.” Says God—no one is without sin, and no one is invulnerable. Our time here is short and therefore precious.

This is Part One of the leveling. Everyone walks through the valley at one time or another. You can wait to be dragged down into it, and for most of us, that’s how it happens. But then there’s Jesus, and Oscar Romero, Martin Luther King, and Dorothy Day, and Mother Theresa, and the everyday saints who go there willingly, that they might be in solidarity with God’s suffering people. Or perhaps they are simply humble enough to know what God has said is true—all people are grass. In time as I imagine God experiences it, we are already together in the valley.

But then comes Part Two: “Get you up to a high mountain, O Zion, herald of good tidings; lift up your voice with strength, O Jerusalem, herald of good tidings, lift it up, do not fear; say to the cities of Judah, “Here is your God!”

Those in the valley are commanded to go up to a high mountain and become proclaimers of the good news. It is those who were low, those whose defenses had been breached, whose communities had been laid waste, those who had experienced the despair and alienation of exile, are lifted up, and empowered to announce God’s immanent presence.

It is not unlike the experience of many who testified on World AIDS Day—they have been in the valley and of the valley, and God has given them a platform from which to proclaim the good news of abundant life.

Bishop Kwabena Rainey Cheeks, an African American pastor in D.C., who has been living with HIV since 1985, describes his life like this:

“I have lived my whole life in Washington, D.C. My partner died three years ago next month. I have no biological children, though I do have a godson whom I've helped raise since birth.

“I have an eclectic community, which I love. It is males and females, predominately African American, but I have Latino, white and Asian friends. We always talk about creating heaven on earth, and we do it. I'm not waiting to die to go to heaven.....

“I am a bishop of the [Inner Light Ministries](#), which celebrates at St. Stephen's Episcopal Church in Washington, D.C. I preach what we call "the radical inclusiveness of Jesus Christ"

–seeing Jesus as a radical person who did not differentiate or segregate, who had women and children around him, who touched everyone, from the haves to the have-nots.”⁵

It does not sound so different from Isaiah’s description:

See, the Lord God comes with might, and his arm rules for him;
his reward is with him, and his recompense before him.
He will feed his flock like a shepherd; he will gather the lambs in his arms, and carry them
in his bosom, and gently lead the mother sheep.

It is good news for the 30 million who are living with HIV, proclaimed by those who are
living with HIV. God’s arrival brings with it good news for those living in exile, proclaimed
by the exiles themselves.

That’s the topsy turvy way of God’s advent. The mountains are laid low, and the valleys are
lifted up.

But the vision, the vision is of a level plain,
where all the people stand together,
and God stands right there with us.
Emmanuel. God with us. Us all together.

Can you see it?

⁵ Bishop Kwabena Rainey Cheeks, Personal Bio, From *The Body*, 2006,
<http://www.thebody.com/content/art45830.html> (accessed Dec. 3, 2011).

2012 International AIDS Conference

Personal highlights by Ann Jones, PAN Co-moderator

With the conference theme of “Turning the Tide Together”, I was pleased to be among the 24,000 persons from 180 countries attending the XIX International AIDS Conference in Washington, DC in July, 2012. Many of the sessions were noted in a book truly the size of a large city’s phone directory. The choices were overwhelming!

Present were scientists, advocates, and people living with AIDS. Missing were the voices of sex workers and injecting drug users who were not allowed to attend, to the consternation of many who were present. Panels of the AIDS memorial quilt were beautifully displayed throughout the main meeting hall, as well as visual art displays throughout the very large conference center designed to unleash interest and passion for the cause. The Global Village, an informal area with booths and exhibitors, food, music, and entertainment, was a pleasant place open to delegates and the public. There were people of note from all over the world, among them Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases (NIAID); Howard Koh, U.S. Assistant Secretary of Health and Human Services; Chewe Luo, Senior Advisor, UNICEF; Kathleen Sebelius, U.S. Secretary of Health and Human Services; Ambassador Mark Dybul, Co-Director, Global Health and Law Center, O’Neill Institute at Georgetown University; World Bank President Jim Kim, Bill Gates, Michel Sidibe, UNAIDS Executive Director; Congresswoman Barbara Lee; Senator John Kerry; U.S. Secretary of State Hillary Clinton; former President Bill Clinton ; and celebrities Elton John and Whoopi Goldberg.

The sessions varied in size from those with several thousand in attendance to those with twenty persons. I participated with thousands of others in a march that converged on the White House to encourage changes in global and domestic policies. In general, the major emphasis of the conference was the optimism about new scientific discoveries. With the worldwide collaboration now present, the potential financial scale up of work on these discoveries would provide the ability to really turn the corner on new infections. Fervent hopes for the future were tempered, however, by today’s realities of financial restraints, continued scientific mysteries, and the criminalization of HIV, as well as resistance to evidence-based HIV prevention strategies. The next conference in two years will be in Melbourne, Australia and I highly recommend your attendance. What a stimulating addition it would be to a scenic vacation.

The following are just a few ideas I took away from the conference:

1. The Obama administration’s lifting the travel ban provided the opportunity for people living with HIV to enter the United States, thus allowing the conference

to be in Washington, DC where there is a three percent prevalence rate for HIV and AIDS.

2. In lieu of making an appearance, President Obama provided a brief video to the conference. His administration has developed the first National HIV and AIDS Strategy. His emphasis now seems to be on domestic AIDS spending. In the U.S., people living with HIV and AIDS will have much to gain from the Affordable Care Act. Obama's proposal to cut PEPFAR (President's Emergency Plan For AIDS Relief) funding was of great concern to many, who fear treatment will be denied, resulting in the loss of hundreds of thousands of lives.
3. Much progress has been made domestically and worldwide on vertical (mother to child) transmission. More mothers are being treated throughout pregnancy and sometimes for life thereafter. There have been significant changes in the guidelines to infant breastfeeding as well.
4. Many advocates pushed for PEPFAR's lifting of the anti-prostitution pledge. Current law requires all organizations that receive PEPFAR funding to have a policy that explicitly opposes prostitution and sex trafficking. This policy, known as the anti-prostitution pledge, or the Anti-Prostitution Loyalty Oath (APLO), has been shown to have a negative impact on prevention efforts because it undermines the most effective approaches to working with sex workers.
5. There was a strong call for a very small "Robin Hood Tax" on Wall Street's speculation and trading, thus providing billions more money to scale up HIV and AIDS treatment and prevention.
6. U.S. Ambassador Eric Goosby proposed a new model for the Global Fund for AIDS, TB, and Malaria. There was concern that the revisions attack the major principals of the Global Fund which is currently based on country demand driven-grants without rigid caps.
7. Kathleen Sebelius reported an increase in Ryan White funding in hopes of totally eliminating the AIDS Drug Assistance Program's (ADAP) waiting lists for medication. U.S. waiting lists have decreased by 80 percent since 2011, but over two thousand still wait for needed treatment.
8. The treatment goal for HIV worldwide is 15 x 15: 15 million by 2015. There are currently seven million receiving treatment with approximately ten million people still in need.
9. In the United States more than six in ten new infections are men having sex with men (MSM) and the hardest hit group is African American men ages 13 to 29 years. Since 2006, data shows HIV infections rose an appalling 48 percent among this group.

10. Another goal frequently addressed at the conference was integrating HIV and reproductive health care within all treatment areas.
11. Despite good news about biomedical advances, these still seem to have less impact than the laws that continue to criminalize HIV and AIDS.
12. The hunt for an AIDS vaccine is much like the search for the Holy Grail. With new understandings of antibodies, many remain optimistic. But the vaccine seems far off.
13. There is a strong emphasis on treatment being prevention, often resulting in undetectable viral loads. Controversy remains regarding when to start treatment. Some say treatment should begin upon receiving a positive HIV diagnosis. Currently the majority seems to suggest starting treatment when the CD4 (T- helper cells) counts are somewhere between 350 and 500. An exciting advancement is the pre-exposure prophylaxis, an approach in which people who do not have HIV take a daily pill to reduce the likelihood that they will become infected. The recent ban on sterile syringe exchange programs is a terrible set back that goes against current scientific knowledge.
14. Due to overcrowding, I was unable to attend a panel on Aging and AIDS. The CDC estimates that 10.8 percent of the roughly 50,000 new HIV infections each year in the U.S. occur in those older than 50 years. With increasing life expectancy, federal health officials predict that half of people with HIV in the U.S. by 2015 will be older than 50.

While these ideas gleaned from the International AIDS Conference are filtered through my personal lens, it is generally the opinion of AIDS activists that the AIDS pandemic has gone on for too long because we have not done all we can to stop it. Let us unite in our efforts to eradicate AIDS. Getting to zero is the theme and the dream.



BECOMING AN HIV AND AIDS COMPETENT CHURCH

PROPHETIC WITNESS AND COMPASSIONATE ACTION



Approved by the 219th General Assembly of the Presbyterian Church (U.S.A.)



pan
Presbyterian AIDS Network

2010

The Advisory Committee on Social Witness Policy (ACSWP)



PRESBYTERIAN CHURCH (U.S.A.)
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Fall 2010

THE REV. DR. GRADYE PARSONS
STATED CLERK OF THE GENERAL ASSEMBLY

Dear Members and Friends of the Presbyterian Church (U.S.A.):

The 219th General Assembly adopted the resolution, "Becoming an HIV and AIDS Competent Church: Prophetic Witness and Compassionate Action," in exercise of its responsibility to help the whole church address matters of "social righteousness." As a social witness policy statement, it is presented for the guidance and edification of both church and society, and determines procedures and program for the ministries and staff of the General Assembly. It is recommended for consideration and study by sessions, presbyteries, and synods, and commended to the free Christian conscience of all congregations and members for prayerful study, dialogue, and action. This letter confirms that this social witness resolution satisfies the rules that govern the formation of social policy in the Presbyterian Church (U.S.A.).


We commonly speak of AIDS and the HIV virus as a tragedy and wonder when the public health resources mustered against the disease will succeed in pushing it back everywhere, rather than simply restricting its spread in some areas. As the background study part of this report shows, the roadblocks are both cultural and economic, and differ in the U.S. and abroad. In the global context this disease is primarily spread today by heterosexual encounters and intravenous drug use by persons in situations of poverty and inadequate medical care. Our medical mission personnel and many development specialists, in fact, consider HIV/AIDS to be a "disease of poverty" complicated by matters of belief, gender and race. Thus, while AIDS from unprotected sexual activity—whatever the relationship status and orientation of the victims—carries a stigma factor that can prompt denial and avoidance of testing and treatment, its prevention needs to address economic and social as well as educational factors.

From the first identification of cases in 1981, the Presbyterian Church (U.S.A.) has responded primarily with compassion and this remains an essential keynote. While most Presbyterians advocate responsible sexual behavior in the monogamous context of marriage and covenanted relationship, we are also aware that a judgmental approach often makes prevention and treatment more difficult. This report helps us know the most healing approaches and is to guide our public policy witness, our practice in the mission field, and our interfaith coordination. This report does something that is not done enough: combine Christian hope and care with a clear-eyed social analysis that avoids overly-simple moralism. *The addition of concern for Hepatitis B & C (see Addendum) reflects some of the social complexity.*

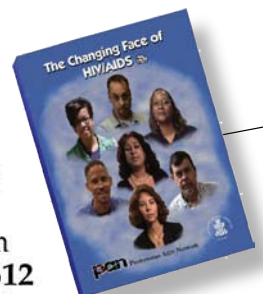
"Truth is in order to goodness" begins one of the "historic principles" near the start of the Book of Order. It goes on, "we are persuaded that there is an inseparable connection between faith and practice..." I close with these quotes as I know this issue will remain difficult but that we have a responsibility to address it and can make a difference.

Yours in Christ,

Gradye Parsons, Stated Clerk

 **Presbyterian AIDS Network**
A Network of the Presbyterian Health, Education & Welfare
Association (PHEWA)

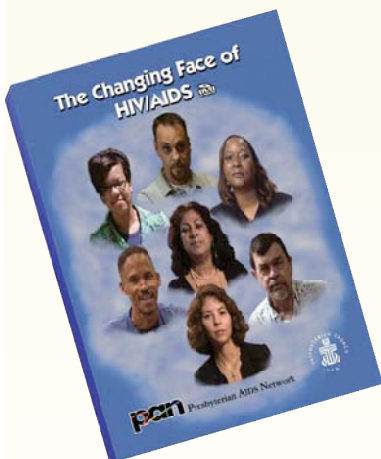
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The Changing Face of HIV/AIDS

A NEW DVD by the Presbyterian AIDS Network (PAN)

Available FREE
of charge from
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PDS # 24-354-10-003
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View it online at:
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In the United States, the face of HIV and AIDS has changed dramatically in the 30 years since the start of the pandemic. Communities are living with increased rates of infection and more and more Americans are affected by HIV.

This DVD, in six 3-minute segments, explores "The Changing Face of HIV/AIDS," telling the story of ministries of compassion and support as the church and our communities respond. The segment, "What People of Faith Need to Know about HIV/AIDS" offers a basic primer for the church living in an HIV Positive world. By discussing the facts about HIV and AIDS, the video empowers the viewer to make faithful decisions and the church to take faithful actions, as well as helping to reduce the stigma attached to this devastating illness.

The Presbyterian AIDS Network (PAN), a network of the Presbyterian Health, Education & Welfare Association (PHEWA), is available to assist a congregation in becoming an HIV and AIDS Competent Church.

A memorial to Jack Deckard, this DVD was made possible through the generosity of the Jack Deckard Memorial Advised Fund, Presbyterian Foundation.



Presbyterian AIDS Network
A Network of the Presbyterian Health, Education & Welfare
Association (PHEWA)

www.pcusa.org/phewa/pan





PRESBYTERIAN AIDS NETWORK



Leadership Team



Ann Jones, co-moderator, retired three years ago after 40 years of professional employment in maternal child health, community health nursing, nursing education and with addictions issues. For the last 16 years she worked as a marriage and family therapist with a pastoral counseling center integrating psychology and spirituality and is part of the Network for Spiritual Progressives. Ann has master's degrees in community health nursing and marriage and family therapy. Her interest in Habitat for Humanity took her to Africa, and over the past ten years she has returned to learn about the impact of HIV/AIDS and to work in various clinic and social service settings. With a passion for HIV/AIDS advocacy, she started a local AIDS action group for grandmothers in solidarity with African grandmothers caring for children orphaned by AIDS. She has also worked with Bread for the World, an Indiana Department of Peace group, the Columbus, Indiana Peace Fellowship, and the Columbus Inclusive Community Coalition, an advocacy group for GLBT issues. An elder in First Presbyterian Church of Columbus, Ann continues her interest in Habitat by working yearly at the Jimmy Carter Work Project.



George Kerr, co-moderator, exemplifies the spirit of collaboration necessary to meet the evolving challenges of HIV/AIDS. A nationally renowned community activist and grassroots non-profit executive, Kerr has been a staple in the fight against HIV/AIDS in the Greater Washington, DC, Metropolitan Area for more than 18 years. George serves as Executive Director of the Westminster Presbyterian Church Syringe, Training, Advocacy, Resources, and Treatment (START) at Westminster program, with a long and committed history of effectively working with some of the most prominent health service providers in the District. Under his stewardship, the START at Westminster program has served thousands of active and recovering drug users—linking them to recovery, treatment and harm reduction services, offered seniors invaluable HIV/AIDS prevention education services, and provided HIV testing, counseling and referral to over 2,000 DC residents within the last two years. Kerr also continues to work on national advocacy efforts like the Campaign 2 End AIDS to raise awareness of HIV and AIDS housing, harm reduction programs and treatment funding needs of those living with HIV and AIDS.



Emily Rose Proctor (formerly Emily Martin), grew up Dothan, Alabama, graduated from Williams College in 2003 and from Columbia Theological Seminary in 2009. Her encounters with HIV began on a year-long Thomas J. Watson Fellowship to explore the Church's response to HIV and AIDS in South Africa, and inspired her to get involved in raising awareness about HIV in the United States. She joined the PAN leadership team in 2005, serving as co-moderator from 2007 to 2011. Emily currently serves as associate pastor at Brown Memorial Park Avenue Presbyterian Church in Baltimore, MD, where she also volunteers as a community-based HIV tester with Hope Springs and the Shalem Project of the University of Maryland.



Audra Cain Grogg is from Louisville, Kentucky, where she lives, plays and works today. Since 2007, she has been the volunteer Assistant Director of Camp Heart to Heart, a week-long summer camp for children affected by HIV/ AIDS. The children and their families have been a tremendous asset to Audra's life. She feels very fortunate to be a part of an organization that fosters acceptance, care and the opportunity for social growth for children facing adversity. Audra serves Covenant Community Church as an elder and a member of the Worship Planning Team. She and her husband, Doug, enjoy cooking, boating, home improvement projects and playing with their two year old springer spaniel.



Donna Stroup is an epidemiologist and public health professional who has worked in the area of health education and HIV/AIDS prevention, first domestically with surveillance at the Centers for Disease Control and Prevention. She currently directs her own company (Data for Solutions, Inc.). In that role, she serves as a senior advisor to UNAIDS and WHO for issues related to populations most at risk for HIV and AIDS. She is a Fellow of the American Statistical Association and an honorary member of the Epidemic Intelligence Service. She has been a member of PAN's Leadership Team since 2009.



Timothy Jessen, the son of a Presbyterian minister and a seminary-trained mother, served pastorates in Buckhorn, Prestonsburg, and Ashland in Eastern Kentucky for more than thirty years. He helped establish the first health clinic in Buckhorn in a region that had had no medical services at all for many decades. In Floyd County, with some of the worst public schools in the state, he worked for the reform of the public education system. In Ashland, he worked with a soup kitchen and other cooperative social service entities. In 2001, Tim moved to Indiana to serve a small parish, later retiring in Bloomington where he and his wife are involved in musical activities associated with Indiana University. In the Presbytery

of Ohio Valley where Tim has served as pulpit supply, he has been involved in AIDS awareness. He has also served as a chaplain for a hospital, a nursing home and a prison. Currently he teaches philosophy and philosophy of religion for Ivy Tech Community College.



Bob Schminkey is a former co-moderator of PAN and now serves as chair of the PAN Advisory Committee. He is a community organizer, consultant and fundraiser. A former PCUSA Mission Worker in South Africa, he has led more than 20 travel/study groups to southern Africa. As senior vice-president of the investment company RISA and executive director of the RISA Charitable Trust, Bob worked to invest in small, medium and micro enterprise development in South Africa. He has also worked for Bread for the World, Church World Service and as director of a local social service agency in Tallahassee, Florida. He is a Ruling Elder at the Presbyterian Church of Chestertown, Maryland. Bob currently serves as Executive Director of Meeting Ground ministries in Elkton, Maryland. Meeting Ground is a community working to help meet the basic human needs of people who are experiencing homelessness and to address the root causes that perpetuate the cycle of poverty and homelessness.



PRESBYTERIAN AIDS NETWORK

PAN is a network of the Presbyterian Health, Education & Welfare Association (PHEWA)
A ministry of the Compassion, Peace & Justice Ministry, General Assembly Mission Council

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