

**Inviting the United Church of Christ
to Join the Council for American Indian
Ministry in the Life and Death Struggle
Against Alcohol, Drug and Inhalant Abuse**

WHEREAS, the Council for American Indian Ministry (CAIM) was created by the Eight General Synod, United Church of Christ in 1971, and

WHEREAS, the Council for American Indian Ministry is charged by the General Synod of the United Church of Christ with being the principal policy maker for Indian Ministry in the United Church of Christ, and

WHEREAS, the Council for American Indian Ministry is composed of 10 members representing 23 Indian churches from three states in which there are located 16 Indian Reservations and three members representing urban Indian churches and National Indian concerns, and

WHEREAS, because the Council for American Indian Ministry does keep as its specific and utmost concern the betterment of Indian society as a whole through work of these churches, and

WHEREAS, to accomplish this the Council for American Indian Ministry does assist the Indian congregations to nurture their members' faith, to combat the destructive and chaotic force of community life, and to participate in the unending fight for justice for Indian people, and

WHEREAS, the Council for American Indian Ministry does recognize that the abuse of alcohol, other drugs and inhalants on reservations and in Indian communities throughout the United States is on the rampage, and

WHEREAS, the Council for American Indian Ministry does also recognize that this abuse and dependency has resulted in alcohol being the number one health problem and a leading cause of death by illness, suicide and accidents, on many of this nation's Indian Reservations, and

WHEREAS, the Council for American Indian Ministry has a heartfelt concern and a genuine fear for our people who are helpless to this disease and especially for our very young people who are being caught up by the disease and affected by its far reaching ramifications.

THEREFORE, BE IT RESOLVED, the Sixteenth General Synod of the United Church of Christ joins the Council for American Indian Ministry in declaring its commitment to combating this disease by reaffirming our concern for youth and prioritizing youth program development, and

BE IT FURTHER RESOLVED, the Sixteenth General Synod recommends to its members/member churches and to its budget planners that their plans do reflect this priority, and

BE IT FURTHER RESOLVED, the Sixteenth General Synod recommends that the whole of the United Church of Christ, through the President's Office, and through the United Church Board for Homeland Ministries and its Divisions, join the Council for American Indian Ministry in this life and death struggle against alcohol, drug and inhalant abuse by:

1. Assisting in developing an awareness program for our United Church of Christ churches, utilizing the Office for Church in Society, Office for Church Life and Leadership, Stewardship Council, Office of Communication, Commission for Racial Justice, Council for Health and Human Service Ministries, Coordinating Center for Women in Church and Society, while seeking linkages with human services/resources.
2. Exercising their U.S. Legislative influence including con-

tacting the U.S. Senate and the House of Representatives to support the Indian Health Care Bill and the Indian Juvenile Alcohol and Drug Abuse Bill.

3. Assisting and enabling financially to develop pilot projects and further develop existing projects for our Indian Youth.
4. Inviting the Council for American Indian Ministry to make a progress report to General Synod Seventeen.

6. RESOLUTION "PORNOGRAPHY"

The Moderator introduced Rev. George (Bill) Webber (NY), Chairperson of Committee 22, who referred the delegates to the blue document which had been distributed. He moved that General Synod Sixteen adopt the Resolution on pornography. There was no discussion and it was

87-GS-99 Voted: The Sixteenth General Synod adopts the Resolution "Pornography."

Pornography

INASMUCH, as the United Church of Christ is concerned with the moral and ethical atmosphere of our communities; and

WHEREAS, human sexuality and the human body are gifts of God's good creation; and

WHEREAS, pornography which depicts violence and abuse of children, women, and men in sexually explicit situations degrades all people, exploits children, and assaults human dignity; and

WHEREAS, such pornography undermines the family structure as well as church and community values; and

WHEREAS, the use of children in pornographic materials is growing at an alarming rate and that "kiddie porn" is part of a growing eight billion dollar industry;

THEREFORE, BE IT RESOLVED, the Sixteenth General Synod:

1. Strives clearly to articulate its abhorrence of pornography which demeans and victimizes children, women, and men, takes sex out of the context of God's gift to humankind and makes sordid that which is holy.
2. Communicates that position to its members, its associates in the Christian community and to the general public.
3. Urges all its constituents, pastors and lay persons, to take an active role to develop an awareness of the depth of the problem and the implications for the church and community and to take appropriate action.
4. Urges that each local congregation strive to minister to both those who have become victimizers and those who are or who have been victimized by violence, pornography and sexual abuse, affirming the love of God that is for all persons.

BE IT FINALLY RESOLVED, that the Sixteenth General Synod adopts this Resolution as a church-wide concern, calls upon the support of every local United Church of Christ church in this matter, and urges the United Church Board for Homeland Ministries to develop strategies and programs to implement this Resolution.

7. PRONOUNCEMENT "HEALTH AND WHOLENESS IN THE MIDST OF A PANDEMIC"

The Moderator called on Rev. Jane Fisler Hoffman, Chairperson of Committee 3, who referred the delegates to the gray sheet which had been distributed. Ms. Hoffman recommended the following proposed additions to the printed material.

1. Add to recommending agencies: Office for Church in Society, Council for Health and Human Service Ministries, Coordinating Center for Women, and Commission for Racial Justice.
2. To Section III, Biblical and Theological Rationale add a new concluding paragraph from original pronouncement. "Fifth, toward the end of Jesus' life he commissioned his disciples to preach, to teach, and heal in his name. He told them that they were his hands and feet, the embodiment of God's love for the world. We who accept the call to embody God's love in our time, like Jesus, will walk and talk with the ill and their families; we will confront the narrow prejudices that have caused society to isolate and judge the ill; and we will carry the vision of wholeness that we know through the life, death, and resurrection of Christ. By the power of the Holy Spirit, we will carry the good news that in Christ God has redeemed all creation."
3. To Section IV, #7, add the following wording so that the last phrase following "AIDS" reads: "to insure personal privacy and access to public services and education."
4. To Section IV, add new #10 reading: "10. The church must teach responsible sexuality and faithfulness in relationships, bringing biblical and theological insights into a candid discussion of this crisis."

She moved that the Sixteenth General Synod adopt the Pronouncement "Health and Wholeness In the Midst of A Pandemic," including additions shown above.

The committee requested that permission be granted to give voice without vote to Rev. Jim Lawler, AIDS Chaplain in California North Conference. Permission was granted by consent and Mr. Lawler spoke to the issue.

Following discussion, Rev. David Stephens (SC) moved to delete affirmation 3 and replace it with the following paragraph: "That medical personnel in order to provide quality care may need to share medical information within the medical treatment community regarding sero-positive persons on a medical 'need to know' basis." Motion carried.

87-GS-100 VOTED: The Sixteenth General Synod amends the Proposed Pronouncement "Health and Wholeness in the Midst of a Pandemic" by deleting paragraph 3 and substituting "That medical personnel in order to provide quality care may need to share medical information within the medical treatment community regarding sero-positive persons on a medical 'need to know' basis."

Then the General Synod acted on the main motion.

87-GS-101 Voted: The Sixteenth General Synod adopts the Pronouncement "Health and Wholeness In The Midst of A Pandemic" as amended.

Pronouncement Health and Wholeness in the Midst of A Pandemic

Summary

Through the centuries Christians have carried a vision of wholeness for the world, recognizing that God created the world in love and that in Jesus, the Christ, God redeemed the world. As followers of Jesus we are called to embody that love in the midst of a pandemic of catastrophic proportions.

Background

Christians through the centuries have recognized a calling to ministries of health and wholeness. Early Christians roamed the countryside preaching, teaching and healing. In the Middle Ages, monks and nuns offered care to the ill wherever they were, whatever their infirmity. Later, doctors and nurses

established health care as an integral part of the mission movement, in bringing humane treatment to the ill the world over. Hospitals established by churches became important caregivers in communities, particularly for those who previously had been denied care.

Our forebears in the United Church of Christ strongly affirmed the tradition of healing by providing institutional services and spiritual support to the sick, especially to those left uncared for by family and society. Our historic ministry has been characterized by a wholistic concern for preventive health care, respect for the dignity and integrity of those who are afflicted, and a fundamental belief that each is a person of sacred worth. This healing ministry reflects our essential understanding of the human condition and humanity's relationship to God and one another in community. In recent decades this healing ministry has been realized through active concern for patient and medical professional rights, sensitivity to the needs of the dying, and promoting personal health in the contexts of family and community. As the United Church of Christ has worked in these health giving ministries it has been motivated and sustained by a vision of the wholeness which we know to be God's intent for creation.

The nation is in the midst of a pandemic of catastrophic proportions that urgently calls us to a ministry of health and wholeness. It is particularly difficult for a society that has grown to expect medical science to cure disease to admit that there is a new disease among us and a cure is years away. However, in the midst of this tragic reality, it is vital that Americans affirm that Acquired Immune Deficiency Syndrome (AIDS) is preventable and will one day be curable. With the strength of that affirmation, and the empowerment of a vision of wholeness, people of faith can become a major force in the mobilization of the community to both minister to persons with AIDS, their families, and friends, and to end this tragic pandemic.

It is important for church members and the citizenry as a whole to know the history of the disease and to understand projections based upon the current statistics. What began five years ago with puzzling and relatively isolated deaths of individuals in high-risk categories has grown rapidly to the point of a threatening global pandemic. The World Health Organization (WHO) survey in 1986 has shown 74 countries reporting cases of AIDS in the Americas, Europe, Africa, Asia, and Oceania, and has described the spread of AIDS as a "health disaster of pandemic proportions." WHO conservatively estimates that 100,000 people now have AIDS with as many as 10 million more infected with the virus that causes AIDS. It is expected that 100 million could be infected with the AIDS virus within the next five years. Today, the number of persons known to have AIDS in the United States is over 40,000; of these, more than half have died. Until a cure is discovered all those diagnosed with AIDS are expected to die from its effects. In addition, the number of people estimated to be infected with the virus in the United States is 1.5-2 million. All of these persons are assumed to be capable of spreading the virus. By 1991, it is estimated as many as 200,000 people in the United States may have died from AIDS, 25 to 30 percent of them in that year alone.

AIDS is an infectious disease, caused by a retrovirus. The virus lodges itself in the special white blood cells (T-lymphocytes) which play an important role in the immune system of the body to protect us against most diseases. The majority of people who become infected with Human Immuno Deficiency Virus (hereafter referred to as HIV) have no immediate symptoms of illness. When HIV first enters the bloodstream it stimulates an immune response and the development of

antibodies. The presence of these antibodies (seropositivity) usually means that infection has occurred. These antibodies can usually be detected within eight weeks after infection. An infected person may not show symptoms of the disease for 5-7 years. Not all infected individuals have progressed to disease. For some infected individuals, a more severe form of infection occurs which is called AIDS Related Complex (ARC), including symptoms such as swollen lymph glands, diarrhea, night sweats, weight loss, fatigue. AIDS is the end stage of HIV infection which results in an individual having a life-threatening infection and/or cancer. HIV infection progresses differently in children than in adults. Certain symptoms and illnesses are more common in children. For example, central nervous system abnormalities have been reported in more than 50-80 percent of infected children.

In the past six years the majority of diagnosed cases in the United States are men who have had unprotected sexual contact with men, and men and women who have shared dirty needles and syringes with infected others, and the sexual partners of both groups. HIV, the AIDS virus, is transmitted through infected blood or sexual secretions. Antibody to the HIV virus has been found in saliva and tears. However, the virus concentration is much lower in these fluids than in blood or sexual secretions. No cases of HIV infection through tears or saliva have been reported. The behaviors most at risk are sharing needles and syringes, and unprotected sexual contact. These modes of transmission apply to children as well as adults. An infected woman may transmit the virus prenatally or at birth. Barriers to transmission, such as using gloves if there is to be contact with body fluids and condoms in sexual acts, have proven effective. The risk of HIV infection through blood transfusion is very small in America today. Nevertheless, many hospitals recommend storing your own blood for elective surgical procedures.

AIDS is a disease that can infect anyone. Currently, Blacks and Latinos are infected in disproportionately high numbers in every risk category, except for hemophilia - coagulation disorder. The Centers for Disease Control anticipate that in the future the majority of individuals will contract the virus through heterosexual contact. Black women are 13 times more likely to get AIDS than White women. The number of cases of AIDS in children is expected to rise. In many families with AIDS, more than one child may be infected.

A ministry of health and wholeness in the midst of this potentially destructive disease involves being a life-giving presence to persons with AIDS, their families and caregivers. It involves concerted efforts to mobilize community resources to respond to the needs of the afflicted, to provide preventive education, and to encourage research into effective treatments and possible cures.

An intense effort must be engaged in to mobilize a campaign to end the disease. Persons with AIDS need to know that they will have life in the midst of their dying. Life-giving ministry involves adequate medical care that is both affordable and respectful of patient's rights, medical privacy and confidentiality. Life-giving ministry involves the assurance of a home and support facilities that enable the person with AIDS to be in a caring home except when the patient needs the special facilities that a hospital, extended care facility, or hospice can provide. Foster care is a critical and growing need for children with AIDS who can no longer be cared for by parents with the disease. Life-giving ministry involves pastoral care that includes non-judgmental listening, exploring questions of faith, prayer, reading of scripture, sharing a meal, and simply being present without demands of any kind. When geographical distance must be crossed or emotional chasms between

family members need to be bridged, the understanding of persons of faith can be redemptive.

Even in the face of grim statistics the AIDS pandemic can be prevented and controlled. Prevention is largely determined by the degree of unity that can be achieved by various segments of the global community. The first defense against the spread of HIV infection is abstinence from sexual contact outside of a long-term monogamous relationship with another uninfected person and abstinence from illicit intravenous drug use.

The number of cases in the gay, Latino and Black communities has provided an opportunity to fan the flames of prejudice. The church must counter this prejudice which has already been a serious barrier to an effective response to the pandemic. An effective mobilization for prevention calls the society to confront the racial, ethnic, and sexual prejudices that have too often immobilized it. The health of the global community cannot be sacrificed on the altar of prejudices. Religious groups are called to work with the public schools, the media, community organizations, and private and public health organizations to bring life-giving information to all segments of society. Children, youth and young adults must be better informed about and comfortable in talking about the physical, emotional, moral and spiritual nature of sexuality in order to promote their own health and to protect others. Increased awareness about the hazards of illicit drug use and attention to societal solutions to this problem should be a high priority.

Testing for HIV is a question currently receiving consideration by policy makers. It is virtually the unanimous opinion of public health officials that testing for HIV alone accomplishes little toward controlling the spread of the virus. Testing which is an adjunct to counseling programs may be a useful public health tool. Counseling is a primary way through which individuals can be persuaded to change behaviors which place themselves or others at risk of infection. There is no medical evidence that any form of mandatory testing will effectively prevent the spread of the virus except for testing which is specifically and narrowly addressed to screening human blood and other biological products. In fact, United States Public Health Service officials believe that mandatory testing will drive people away from health care providers and treatment facilities where they might otherwise receive much needed counseling and education in prevention methods. Those groups in the society that have been targeted for mandatory testing bear little relationship to the communities where aggressive prevention programs are most needed. However, they do resemble each other as members of minority, racial and ethnic communities, and as politically voiceless and legally vulnerable people. Forced testing is a serious intrusion upon individual privacy and encourages discrimination. Mandatory testing constitutes a grave invasion of civil liberties and serves no health purpose.

Bringing an end to the AIDS pandemic must involve advocacy for supportive public policy and for funding that will enable research for a vaccine to prevent the disease, for effective treatment to inhibit the progress of the disease among those infected, and for drugs that will cure the disease. State and local authorities must act to protect the constitutional rights of individuals infected with HIV and those diagnosed with AIDS. Advocacy is vital for funding for quality care of persons with AIDS and for programs for preventive education that will stem the spread of the pandemic. Public policy and funding issues must be addressed both in the United States and in the global community.

Biblical and Theological Rationale

During Jesus' earthly ministry, "great multitudes gathered to hear and to be healed of their infirmities." That ministry reached out to all kinds of people—to Jesus' own people, to the daughter of a Roman centurion, to a Syrophenician woman. Sometimes the healing of Jesus was closely associated with the forgiveness of sins. But when people assumed that blindness was a punishment for sin (in the familiar pattern of "blaming the victim"), Jesus said that the blindness was not a consequence of sin, but an opportunity to show the healing work of God. Jesus healed on the Sabbath, putting works of mercy above adherence to the ceremonial law. He healed those despised and condemned by the public, those whom the public feared because of the possibility of contagion.

When questioned about His credentials, Jesus said: "the blind receive their sight, the lame walk, lepers are cleansed, and the deaf hear, the dead are raised up, the poor have good news preached to them. And blessed is he who takes no offense at me." He commissioned his disciples, both the twelve and the seventy, for ministries of healing.

Today the modern plague of AIDS, like past plagues of history, challenges the church in its ministry of healing. It calls for our best prayers and our most scientific knowledge. In our biblical heritage we find five guidelines for our action.

First, the ministry of healing is a compassionate ministry. Sometimes AIDS is the consequence of the patient's own behavior; sometimes (as in the case of infants born with the ailment) it has nothing at all to do with the patient's behavior. In either case, the church seeks ways to comfort and heal.

Second, the church seeks all possible information and medical skills for the prevention and healing of disease. It asks medical institutions, foundations, and government agencies to engage in research to overcome ignorance and superstition and to help those who suffer illness.

Third, as in all healing, the church seeks to involve the patients in their own prevention and overcoming of illness. Jesus frequently asked the sick to participate in their recovery. "Rise, take up your bed and go home. Your faith has made you well."

Fourth, the church commends those who, at cost and risk to themselves, engage in ministries of healing. Fortunately, the best scientific knowledge allays the fears and hysterias of those who thought AIDS was highly contagious. But the church admires those who, even before that knowledge was available, ministered to the sick without knowing the risk to themselves.

In the spirit of the Great Physician, the church endorsed the work of persons, hospitals, and hospices that now seek to help persons with AIDS. And it calls upon its own institutions and the institutions of society and government to make all possible efforts toward the prevention and healing of this ailment.

Fifth, toward the end of Jesus' life he commissioned his disciples to preach, to teach, and heal in his name. He told them that they were his hands and feet, the embodiment of God's love for the world. We who accept the call to embody God's love in our time, like Jesus, will walk and talk with the ill and their families; we will confront the narrow prejudices that have caused society to isolate and judge the ill and their families; and we will carry the vision of wholeness that we know through the life, death, and resurrection of Christ. By the power of the Holy Spirit, we will carry the good news that in Christ, God has redeemed all creation.

A Statement of Christian Conviction

In light of the pandemic of AIDS that has struck 100,000 peo-

ple and is expected to spread to millions unless effective medical, educational, research and control programs are established, the Sixteenth General Synod of the United Church of Christ calls upon the churches to embody God's love for the world and to announce the good news that in Christ, God has redeemed all creation. It also calls for a public response that makes the following affirmations.

1. Persons with AIDS and their families deserve sensitive pastoral care, comprehensive quality medical and social services, housing, and health care insurance.
2. Persons with AIDS need to be assured that their jobs are secure. In order to assure employment security, employers, including United Church of Christ related bodies, need to develop just employment policies and practices.
3. Medical personnel, in order to provide quality care may need to share medical information within the medical treatment community regarding sero-positive persons on a medical 'need to know' basis.
4. All persons need to be educated about the pandemic and about prevention of AIDS in ways that enable them to work through their fears and prejudices and convinces them to adopt effective preventive behavior.
5. Sex education beginning early in elementary school, as called for by the Surgeon General, is a major component of the effort to contain the AIDS pandemic. Curricula need to address the physical, social and ethical nature of human sexuality and teach skills for responsible personal decision-making.
6. Government funding of research, service, education, treatment and prevention must become a global priority.
7. State, federal and local governments must work to guarantee the protection of constitutional rights of people infected with HIV, with ARC and AIDS to insure personal privacy and access to public services and education.
8. Education to curb the use of illicit intravenous drugs, to teach AIDS prevention in the drug community and increased development of drug rehabilitation services should be a high priority for confronting the spread of AIDS.
9. Voluntary testing must be readily accessible to all people on the basis of informed consent and accompanied by counseling,—counseling to facilitate informed decision making about whether or not to be tested and post-testing counseling including attention to means of behavior change which will protect the individual from infection or protect others from infection. In order to assure the success of volunteer testing, confidentiality must be guaranteed, and there should be no disclosure of test results without consent. Test or test results should not be used as a condition of employment or insurability.
10. The church must teach responsible sexuality and faithfulness in relationships, bringing biblical and theological insights into a candid discussion of this crisis.

8. PROPOSAL FOR ACTION "HEALTH AND WHOLENESS IN THE MIDST OF A PANDEMIC"

The Moderator recognized Rev. Avery Post who spoke on health and human services ministries, wishing to celebrate the growth on issues of health and human services within the United Church of Christ.

Ms. Hoffman recommended the following proposed additions to the printed material:

1. In the section titled "To the United Church Board for Homeland Ministries" in the fourth paragraph, after the phrase, "to control the spread of AIDS" add: "including the distribution of the Surgeon General's report on Ac-