

CHAPTER EIGHT: AIDS

(Acquired Immune Deficiency Syndrome)

BIBLE STUDY

"Marginalization" is a social process in which people considered undesirable or threatening to our way of life are labeled and excluded from our normal contact. AIDS disease is a forceful current example of the process at work. In the church, marginalization begins with avoidance of those involved with the disease and can be carried to the point of expulsion.

Chapter nine of John's Gospel, is a dramatic portrayal of marginalization in five short scenes, reversed in a sixth by a saving word from Jesus Christ. AIDS often brings stigma; the Gospel, remarkably, removes it.

A. Exclusion/Inclusion Begins (vv.1-7)

1. As Jesus and his disciples left the temple grounds, they encountered a man with a handicap. Find three terms applied to him that implied a stigma for him. In keeping with the spirit of the times, the disciples saw a connection between blindness, sin and punishment.
2. What support could they find in Ezekiel 18:20 and Exodus 20:5? Was a third alternative possible in their thinking? Can one say that AIDS is always a judgment of God, even when it is the result of sinful behavior?
3. Did the disciples feel a call to compassion for this man's plight? To be born blind was, at the time, an irreversible fate. Should they be careful not to interfere with the judgment of God through some act of mercy?
4. In the response of Jesus (vv.3-7), inclusion began and was then placed on hold until the final scene. What perspective did Jesus bring (v.4) to the plight of this man? Assuming that the handicap denoted the fallen state of the world, how did it strengthen the mission of Christ? (See also 8:12).
5. Note that the "We" (v.4) includes the disciples. What message does AIDS bring to the followers of Christ? How should it strengthen our ministry?
6. Defend the statement: Ministry to sick and handicapped persons is a part of Christ's redemptive restoration of people (vv.6-7). Can the ministry and care of persons with AIDS be a sign of Christ's redemption?

B. Isolation by the Neighbors (vv. 8-13)

1. From these verses how much previous contact did there seem to be between this blind man and his neighbors? Is there a hint of future social relationships with him? Which words support your statement? Rejoicing by the neighbors is noticeably absent. Why didn't they rejoice?
2. Was this a friendly or an unfriendly action (w.11-13)? How would the neighbors defend their actions in bringing him to the Pharisees?

3. 3. In which ways are persons with AIDS isolated by their neighbors? How do these neighbors defend themselves? Give a religious reason.

C. Isolation by the Pharisees (w.14-17).

1. The Blind man's association with Jesus helped to discredit the man. What effect did a Sabbath healing have on the Pharisees?
2. By calling his healer a prophet (v.17), this man aligned himself with Jesus. What effect did it have in the church? What injustice was the church doing to this man?
3. When the first case of AIDS appears in a congregation, what is the likely reaction of the congregation members? Do they respond like the disciples? the neighbors? the Pharisees? What will they say and do? On which grounds would the Pharisees exclude the person with AIDS?

D. Family Isolation (vv.18-23)

1. What is the fear of the church and its members when someone in a member family contracts AIDS (vv. 22-23)? How could a family's desire for the acceptance of other church members affect their support for a loved one with AIDS?
2. Have you heard of someone with AIDS being asked to leave the church? What basis does a congregation have for the withdrawal of Christian support? Do parents of persons with AIDS fear a similar stigma, though possibly not excommunication?

E. Excluded! (vv. 23-34)

1. John 8:31-47 gives valuable background to this section. The people, especially the Pharisees, denied that Jesus came from God. They wouldn't listen to Jesus earlier (8:31-47). Now they reject the witness of the blind man given his sight. This man was not present in the earlier event; yet, in a remarkable way, he shows up their basic unbelief in Jesus. How may a local AIDS patient point up hidden unbelief?
2. The man was placed under oath. The church authorities wanted him to deny that he had been blind and to admit that the miracle he claimed was a hoax. Even under cross- examination the man held to his story (v.24). What decision had the healed man made (v.27)?
3. Read verses 16 and 30-33. Although these words sharpened the division within the ranks of the Pharisees, they stood together. What part did anger play in the healed man's expulsion (v.28)?
4. "You were steeped in sin at birth" (v.34). Blindness at birth was the first proof of utter sinfulness; his defense of Jesus, the second. He brought judgment on himself. It was a given that God was as excluding as they were. No disciple of Jesus has a right to membership in the church, they argued. How does a spirit of exclusion manifest itself in the way some congregations respond to a person with AIDS?

Sin seems to have a shadowy or brazen presence in many cases of AIDS, a presence the disciples, neighbors and the church deal with by the silent treatment of isolation or the open action of exclusion. In a sweet irony, the process prepared the man born blind for his second moment with Christ.

But his is the exception. More often, the excluded person with AIDS dies separated from the Christian Community.

F. Inclusion through Christ (vv. 35-38)

1. The clear suggestion is that Christ went in search of the man after hearing of his wrongful excommunication (v.35). Which ministry actions to persons with AIDS would Jesus approve? Is there healing for a body ravaged by disease?
2. Please follow the story to its conclusion in verse 38. Sin has created the one most important separation, alienation from God (vv.36-37). The entire work of Christ was designed to the end that separation and unite the human family with God again. Jesus was tireless in ministry to persons to bring about forgiveness and unity between God and people. That is taking place in this account.

Our joy is to have and to witness to life in Christ's name. In which ways do you see yourself bringing the grace of God to a person with AIDS? Will your witness change the human impulse of others to marginalize? What kind of relationship could you have with a person who has AIDS?

3. There is no cure for AIDS. Yet which services to the physical and emotional and social needs of a person with AIDS and his family will demonstrate the concern of Christ for those persons?

In what sense can your service provide healing?

4. "Lord, I believe." The man received his second sight-faith in Christ. Blindness was twice overcome, and the man was truly made whole in Christ. "...and he worshiped him." What a remarkable first day of the rest of his life! Within a ministry centered in the Gospel, what goals does this event set for our ministry to persons with AIDS?

AIDS

At a level of more than 900 deaths each week and 48,000 deaths each year in the United States and in the experience of personal loss by more and more people at the death of a relative or friend from AIDS, this fatal and (currently) incurable disease now has an established presence in the cities, towns and rural areas of the nation. As a part of its community, the local church is touched and challenged by this uncontrolled epidemic.

1. Questions that need answers:

- What are the risks of HIV infection through casual social contact? Is there a margin of safety?
- Is stigma against a person with AIDS understandable? Is it justified?
- What is the impact of AIDS on the family?
- What are the emotional effects of AIDS on the afflicted person?
- What is the local incidence of AIDS (total cases, number of youth, women, children, men infected with AIDS)?
- How many of our church members are affected by AIDS in a family member or a friend not a member of our church?
- Which care-giving responses to the person with AIDS and his/her family should our congregation put in place?

2. Does your congregation need to prepare for an AIDS ministry?

It does if:

- members believe that AIDS is a communicable disease transmitted by casual contact.
- sentiment discourages/forbids pastoral care
- withdrawal from a person with AIDS and his or her family is justified.
- persons with AIDS are condemned and excluded from the fellowship and concern of the congregation.
- members believe that AIDS is not likely to occur among them.
- people believe that all AIDS is the result of sinful behavior.
- members want no insight into the physical, spiritual and emotional devastation of the disease.

3. Organizing a fact-finding team

This group may be the congregation's human care committee, its health cabinet supporting parish nursing, or a new group. Its task is to determine the congregations' need and readiness for ministry to persons with AIDS and their families.

4. Document need/readiness

- Distribute a true/false test (appended) to one out of four congregation members randomly selected. Score and tabulate the answers.
- Convene two focus groups (six to eight each) and raise questions among them from the questions under number one above. One group may be the board of elders. Maintain a conversational atmosphere. Tabulate results.
- Interview persons with AIDS, their families, and members who have relatives/friends beyond your parish. Record their comments verbatim, if possible.

Summarize your findings under appropriate headings.

5. Available resources:

A. Print resources

- The Bible (See attached Bible study, Chapter 9, Gospel of John.
- Available from CPH Publishing, 3558 S. Jefferson, St. Louis, MO 63118:

Howard E Mueller, Litt.D.

AIDS: The Christian Response A six-session Bible study

AIDS: A Christian Perspective. 1995 A four-session Bible study

AIDS and Forgiveness A four-page tract.

- "Pastoral Ministry to People with AIDS," a monograph published by LCMS Health Ministries, available from LCMS Health Ministries at the address above.

National consultation:

U.S. Public Health Service

Public Affairs Office
Hubert H Humphrey Blvd.
Room 725-H
200 Independence Ave. SW
Washington, DC 20201
(202) 245-6867

American Red Cross
AIDS Education Office
1730 D Street NW
Washington, DC 20006
(202) 737-8300 or your local chapter.
Inquire about print and video educational materials.

Office of Inquiries
Centers for Disease Control
Building 1, Room B-63
1600 Clifton Road
Atlanta, GA 30333

B. On-line resources

<ftp://cdcnac.aspensys.com>

(The CDC Clearinghouse's anonymous FTP site contains files of documents such as the current HIV/AIDS Surveillance Report. The Agency for Health Care Policy and Research's clinical practice guidelines including Understanding HIV Infection: Quick Reference Guidelines, pathfinder guides to AIDS information, and in the future, the Clearinghouses's Standard Search Series. The files are located in the "pub/cdnc" directory.)

C. Local Resources

- The county health department
- American Red Cross. Print and video (on loan) resources.
- The local office of the state department of health can provide local and state AIDS statistics.
- The local AIDS hotline (white pages) has information on the AIDS foundation, a hospice for AIDS patients, other services.
- Public library. Ask the reference librarian about information available there on the general subject of AIDS and on "AIDS and the church." Which resources are available through a literature search, inter-library loans, a photocopy service of journal articles? Ask whether the library has an open computer terminal available to library patrons.

D. Visual resources

- **American Red Cross videos on AIDS.**
- **Local library video resources**
- **"I Feel So Alone,"** a 29-minute video in which a group of church women work through their fears and begin a caring ministry to one of their church families. Order from Lutheran Women's Missionary League, 3558 South Jefferson Avenue, St. Louis, MO 63118. Code 6995. \$19.95 postpaid.

6. Vision and goals

If, after analyzing the data collected, it becomes clear that your church should become active in an AIDS ministry, proceed to the planning phase.

- Begin with a brief review of a printed summary of the findings to date and summarize them.
- Proceed to a vision statement. Given your local needs and resources, what will a full ministry to people with AIDS and their families look like? How will the lives of people be changed and enriched Examples?

"Consistent with our Gospel-based health ministry and responsive to the impact of AIDS, an epidemic for which there is no cure, we commit ourselves to a Christian care- giving ministry to persons with AIDS and their families

- From the mission statement formulate several goals which, achieved, will fulfill the mission statement. Examples?
- "We commit ourselves to:
- Offer pastoral ministry, supported by the congregation, to persons with AIDS and their families.
- Minister to intra-family reconciliation, as appropriate
- Address withdrawal and isolation of the person with AIDS and his or her family members from our Christian community through Christian love and caregiving.
- Assist persons with AIDS and their families in accessing medical and social services resources.
- Introduce hygienic measures in our facilities and educational offerings to our members to relieve the fear of AIDS in the Christian community.
- Seek enhanced congregational health through this care-giving experience,"

7. Outcomes and action plans

1. Outcome one: Overcome misinformation and lack of information, prejudice and fear.
 - Offer a presentation by a physician to overcome fear of casual contact infection.
 - Show "I Feel so Alone" and discuss fear and marginalization.
 - Offer an indepth discussion of the Bible study of John, chapter 9, introducing this chapter.
 - Use the Bible study, "AIDS: A Christian Response."
2. Outcome two: Counteract withdrawal from the isolation of the person with AIDS and his/her family by extending Christian love and care.
 - Use the Bible study, "AIDS: A Christian Response."
 - If a parish nurse or Stephen ministries are available, create a ministry role for them equal to their qualification.
 - Do a thorough congregational study of "Twelve Steps that Make a Healing Community" (appended)

- Identify and train members of the Christian community--age peers, friends, fellow church members, organization members--to break the isolation and extend love and service, e.g. social and faith-sharing support, respite care for the care-givers, presence and support at crisis moments in the illness journey.
- 3. Outcome three: Pastoral ministry appropriate to need is provided.
 - The congregation passes a resolution authorizing and encouraging appropriate pastoral ministry to persons with AIDS and their families.
 - Reading "Pastoral Ministry to People with AIDS," the pastor prepares for ministry.
 - The pastor shares AIDS-related pastoral care opportunities and challenges with the board of elders on the basis of the ministry document.
- 4. Outcome four: Access to community medical and social service resources are provided.
 - The parish nurse or other health care professionals inform themselves about community resources that meet the needs of persons with AIDS.
 - These resource persons share their knowledge of resources with persons with AIDS and their families, as appropriate.
- 5. Outcome five: The congregation advocates for the needs of those suffering from AIDS, expressing the compassion of Christ.
 - Individual congregation members inform themselves of the resources and gaps in resources for humane care of person with AIDS.
 - These members communicate their findings to the congregation and recommend action steps.
 - As they are moved, congregation members advocate for compassionate care among community and government entities.
 - The congregation endorses/financially supports efforts to provide needed care for persons with AIDS.

National consultation, LCMS Health Ministries
 Rev. Howard E. Mueller, Litt.D. (314) 965-9917. Ext. 1397

To test your awareness of the AIDS issue select [AIDS TEST](#).

Twelve Characteristics that Make a Healing Community

1. **Commitment.** Communities cannot exist without a high level of individual commitment to membership. There is always a deliberate process toward becoming a member of the community.
2. **Discipleship.** Discipleship develops in membership classes and small groups focused on how the community understands its mission as God's people in the world.
3. **Balanced Journeys Inward and Outward.** Healing communities nurture the inward spiritual growth of members through reading and studying the Scripture and prayer. They challenge members to take the outward journey of response to the needs of the larger society.
4. **Small Groups.** Healing communities work, pray and share in small groups where each member can be known intimately. There is clearly a special power in sharing our journey with other believers who can mediate God's forgiveness and acceptance in response to people's life stories.
5. **Telling Our Story.** A healing community is a place where one is free to tell his or her life story to people who are committed to accepting it in the spirit of Christ. One learns to listen and to speak to another,

- especially in the isolating feelings of pain and anger that prevent fellowship.
6. **Acceptance.** Healing communities learn to value each member's unique personality as well as to make a place for those whom society finds unacceptable.
 7. **Corporate Life.** An emphasis on the common good teaches the members to care deeply for others, and is an important corrective to self-centered living so dominant in society.
 8. **Worship.** Music and Scripture take on new meaning in worship and bind the community together in a common purpose. Worship is a living reminder that God is at the center of all healing. Prayer for healing among members is offered. The Celebration of the Eucharist is a central event where members are empowered to forgive each other and renew their vision of ministry.
 9. **Alternative Leadership.** In healing communities, different forms of leadership are present. Leaders often emerge or are chosen on the basis of spiritual gifts. Even in communities where clerical leadership is dominant, healing communities usually have an expanded leadership team that draws on gifts of the many rather than a few.
 10. **Surviving Conflict.** Healing communities learn to survive conflict by finding ways to reconcile the inevitable rifts that arise over personality, theological misunderstanding and mission priorities, and to find in the chaos the seed of new life.
 11. **Trust.** Healing communities build on trust our ultimate security in life rests in God, and on trust in the integrity of another person's experience. The world has never had a greater need of those people and those communities who know how to treat another person's life as holy ground-to bury their capacity to destroy in favor of creating communities that promote life and health for all.
 12. **Time.** Building healing community takes time. All the characteristics of a healing community build on the definition of the church as the body of Christ and on Christians made new people in Christ. It takes time to develop Christian virtues, build trusting relationships and become a functioning healing community.

Excerpted and edited from Karin Granberg Michaelson: Healing Community Geneva. WCC Publications. 1991

A test to check your level of [awareness](#)

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If you have questions please contact
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AIDS AWARENESS TEST

1. To the best of your knowledge, the number of AIDS cases diagnosed in the United States is over.
 A. One million
 B. 100,000
2. Women have greater natural immunity to AIDS than men.
 True
 False
3. A pregnant woman with the HIV virus can give birth to an infected child.
 True
 False
4. African Americans and Hispanics are more susceptible to AIDS than other ethnic groups.
 True
 False
5. You can get AIDS through sex even if you have sex with only one partner.
 True
 False
6. You cannot get AIDS from giving blood.
 True
 False
7. You can get AIDS from an organ transplant.
 True
 False
8. Doctors have traced AIDS to mosquito bites.
 True
 False
9. Once you get the HIV virus you will always have it.
 True
 False
10. A person who has the HIV virus can look and feel well and healthy.

- True
- False

11. AIDS can kill by destroying the brain.

- True
- False

12. There is no known vaccine to protect against AIDS.

- True
- False

13. If your blood test is negative, you are immune to AIDS.

- True
- False

14. If the HIV virus gets into your bloodstream, how long will it take to show up in a blood test?

- 1-3 days
- 1-3 weeks
- 1-3 months

15. Can you get AIDS from touching an AIDS-infected person?

- Yes
- No

16. Can you get AIDS from sharing soap?

- Yes
- No

17. Can you get AIDS from a sneeze?

- Yes
- No

18. Can you get AIDS from a swimming pool?

- Yes
- No

If you would like to check your answers click [results](#).

[Back to Chapter 8: AIDS](#)

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