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*A Global Movement of Evangelical Presbyterian Churches*

**PASTORAL LETTER**

## **AIDS/HIV**

The Acquired Immunity Deficiency Syndrome (AIDS), which is the result of the Human Immunodeficiency Virus (HIV), has become a worldwide health problem of monumental concern and one that the church must, of necessity, address.

It is significant to note that the incidence of AIDS and the pain and suffering caused by it, though great, pale in significance compared to that caused by many other well-known diseases. We all know firsthand the magnitude of pain and suffering caused by such diseases as cancer, heart disease, stroke, diabetes, and traumatic injuries. The list could go on indefinitely! The intensity of our Christian concern, compassion, mercy, and intercession for these must not be subdued by our concern about the issue of AIDS.

In the United States, AIDS/HIV however is currently the most researched, written about, and talked about media-oriented medical event of the decade. The massive amount of information and misinformation is, to many of us, confusing and unsettling and is one reason why we, as a church, should address AIDS/HIV. It may give rise to feelings of fear and anxiety, and even attitudes of condescension and judgment. It is our prayer that the following discussion will help alleviate these feelings and attitudes, and enable us with the help of the Holy Spirit to respond to those afflicted by AIDS/HIV as Jesus would have done—with hearts filled with mercy and compassion.

The etiology (causes) of AIDS is a very complex, ever-changing, and easily misunderstood subject. Although it is not our intention to discuss the medical aspects of this disease, its causes, and method of spread, we do believe an understanding of its basic causes and major risk factors is essential.

For an individual to develop AIDS, he or she must first become infected with the Human Immunodeficiency Virus (HIV). This virus is transmitted from one person to another by certain cells, either in the blood or other body fluids. Once this occurs, the individual is said to be “HIV-positive.” This simply means that he or she now harbors this virus in certain blood cells and has consequently developed antibodies to this infection. In time (perhaps years) this HIV-positive condition will very likely proceed to AIDS, especially if certain risk factors that depress the body’s immune system exist. Once the immune system has been



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destroyed by the virus, the body is unable to protect itself from many common infections. In a normal healthy person, these infections would often go unnoticed, but in the depressed state of immunity, death is the ultimate outcome.

Some key risk factors involved in this progression of events are:

- Homosexual behavior;
- Abuse of addictive drugs, especially intravenous use;
- Sexual promiscuity;
- Receiving transfusions of infected blood products. (Since improved screening methods were introduced in 1985, this is rare.)

It appears that the highest risk factors in acquiring the AIDS/HIV illness are related to the style of life we choose to live, and the activities in which we choose to engage. These are homosexual behavior, abusing addictive drug use, and promiscuous sex.

What are we to do as church members, officers, and ministers to correct misconceptions and to respond in a Christ-like manner to the AIDS/HIV issue and those affected by it?

First, we must go to that infallible rule of faith and life—God’s holy Word. Here we learn God’s prescription for the lifestyle and behavior that will provide greater protection from suffering the horrors of AIDS/HIV. For example, God commands,

“Flee from sexual immorality...Do you not know that your body is a temple of the Holy Spirit who is in you, whom you have received from God? You are not your own; you were bought with a price. Therefore, honor God with your body” (1 Corinthians 6:18a, 19-20).

Heterosexual promiscuity, homosexual behavior, and drug abuse are to be strictly avoided not only on the grounds of personal risk, but ultimately in obedience to God. Prohibition against drug abuse falls under Scripture’s injunctions against drunkenness. With regard to sexuality, Scripture repeatedly affirms that sexual expression has moral sanction only within the bond of heterosexual, monogamous marriage. It is our responsibility to live in



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faithful obedience to these and other life-giving commands given to us throughout the Bible.

Second, we must seek to understand from God's perspective the immense pain and suffering that is produced by this illness.

On numerous occasions in recent years, Christian leaders have stated that the disease of AIDS/HIV is the result of a special judgment of God upon mankind, particularly those who engage in sinful behavior such a drug abuse and promiscuous sex. While our Lord God Almighty is sovereign over all and has a purpose for all events, we as Christians ought not to assume that we have insights so as to interpret His purpose in these events and happenings unless that purpose is clearly revealed in His Word.

The Bible does teach us that the creation that God originally declared good became flawed under His sovereign will (Romans 8:19-21). This judgment has come, we believe, as a result of original sin. We live, therefore, in a world of afflictions and calamities. Disobedience to God and His laws increase the corruption of nature. Some diseases are the result, not only of original sin, but of particular sinful behavior. When people refuse to obey God's holy standards of morality, they become more vulnerable to such diseases.

Finally, we must take practical steps to extend the love of Christ to those persons, families and friends who are affected by this disease. Recognizing that each EPC congregation must make decisions about the use of its resources, following are some practical recommendations that may be considered in responding to the AIDS/HIV challenge:

1. That we continue to study this issue, recognizing that dynamic changes are taking place. We should concern ourselves with such issues as human sexuality and deviant sexual behavior, and how such behavior may become a significant risk factor. We should keep up with the rapidly emerging changes in health care and insurance coverage and how those suffering from this disease will be affected. These efforts will enable us to minister better to those afflicted with AIDS/HIV.



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2. That we recognize we may have, or possible will have in our fellowships, people actually afflicted with AIDS/HIV and others who are family and friends.
3. That we use competent informed people and agencies, design classes and/or seminars to inform our people and the public, and make literature freely available.
4. That our compassionate ministry to those with AIDS/HIV, their families and friends, be centered on the hope of the gospel. That gospel offers love, forgiveness, and life in Jesus Christ.
5. That we recognize that there are those who have contracted AIDS/HIV apart from any immoral behavior. Such individuals and their families may also be in need of particular pastoral care.
6. That we provide a caring ministry which addresses the spiritual, physical, emotional and financial needs of those affected by AIDS/HIV, and that such a ministry be balanced with other caring ministries of the church. Current knowledge of how AIDS/HIV may or may not be transmitted is an important asset for those ministering to those affected. Training for caregivers should draw on the resources available from medical, pastoral and mental health professions.

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