

COMPASSION LINK

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PURPOSE

This publication is a service of the Assemblies of God World Missions (AGWM) Compassion Ministries Planning Committee with the purpose of providing relevant and current information on theory and practice of compassion ministries in AGWM circles and beyond.

The publication is intended to become a resource link between AGWM regions and ministries, and to offer information to our Assemblies of God churches and constituents, as well.

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EDITOR'S MESSAGE

The journal was proposed by a group of missionary practitioners who feel a need and desire to pursue knowledge and research in the field of compassion work.

Though a great deal of information can be found in books and other periodicals, as well as on web sites, it was felt that having information that came from our own practitioners and theorists would not only be a rich source of information and allow for cross-pollenization of regions, but would also begin to give written record to some of the great things being accomplished in and through compassion ministries work for the Kingdom of God.

It is hoped that the reading audience will find this journal not only a source of information, but also one of inspiration and hope.

—JoAnn Butrin

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CHRISTIAN PERSPECTIVE OF HIV/AIDS

by Karen Herrera

HIV /AIDS has stretched and challenged the moral teaching and pastoral response of the Church, perhaps more than any other phenomenon. While the Bible does not mention HIV and AIDS specifically, a number of biblical principles can be derived from the Scriptures.

HIV IS A CONSEQUENCE OF UNIVERSAL SIN—NOT GOD'S PUNISHMENT ON INDIVIDUALS

One of the biggest barriers to churches working with people with HIV and AIDS is the incorrect belief that HIV is a punishment from God for the way they live their lives. Since the spread is mainly among certain groups of people that include men who have sexual intercourse with men, commercial sex workers and IV drug users; this has often led to the view that HIV is a punishment from God on individuals.

However, HIV affects us all in

some way, and to some extent we are all at risk for contracting HIV.

In Genesis 3, Adam and Eve decided they wanted to live their lives their own way and turned their backs on God. This meant that humans' relationships with God, self, others and creation were damaged. The consequences of sin include suffering, disease, poverty and exploitation.

GOD HAS SET BOUNDARIES TO HELP PROTECT US AND ENABLE US TO LIVE LIVES HONOURING TO HIM

Most of the HIV transmission in the world occurs as a result of sexual intercourse that is outside God's plan of marriage. The scripture 1 Corinthians 7:1–5 presents God's plan for a monogamous relationship in the context of marriage. Paul addresses sexual immorality and the consequences in Romans 1:18–27, 1 Corinthians 6:12–20 and Hebrews 13:4.

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HE CALLS US TO SHOW COMPASSION TO ALL

When we know people who have HIV because of sinful practices, such as adultery, it can be tempting to withhold love from them. If they infect their faithful partners with HIV, it is easy to blame them and treat them badly in order to punish them. However, Jesus came to save sinners—like us. We must show grace, love and compassion to all people with the hope that they will become open to being transformed by Jesus. Throughout Jesus' ministry he showed compassion and set the example for us. The Gospels are full of examples such as: Luke 8:42–48, Mathew 9:35–38, Luke 15:1–7, John 8:1–11, John 2:8–13, Luke 6:41–42.

WE ARE CALLED TO PROTECT THE VULNERABLE AND CHALLENGE INJUSTICE

An aspect of the fallen society in which we live is negative attitudes towards women. For example, a woman might become a commercial sex worker because she has no other choice. The rea-

son she is discriminated against in the employment sector is because she is a woman or because she did not receive the same level of education as men. While her lifestyle is not what God wants for her, this example shows that society as a whole has a part to play in encouraging the spread of HIV. Empowerment of women may take time, but could be an effective way of reducing the spread of HIV in the long-term. Galatians 3:26–29 points out that women and men are given equal inheritance rights to God's kingdom.

We also have a role in caring for widows and orphans, who are often left behind to fend for themselves when husbands or parents die because of AIDS. God has given very clear instructions about the care of orphans and widows in Deuteronomy 10:18 and James 1:27.

Excerpts taken from TearFund Root Resources (2005), *A Christian Perspective of HIV/AIDS*.

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BIBLE VERSES APPROPRIATE FOR SERMONS THAT HIGHLIGHTS HIV/AIDS:

Ps 103:3—Forgives all sin and heals all diseases.

Luke 9:2—Preach the kingdom of God and heal the sick.

Mark 2:17—Jesus came for the sick, not the healthy.

Mt 10:7, 8—Preach the kingdom, heal the sick; freely you have received.

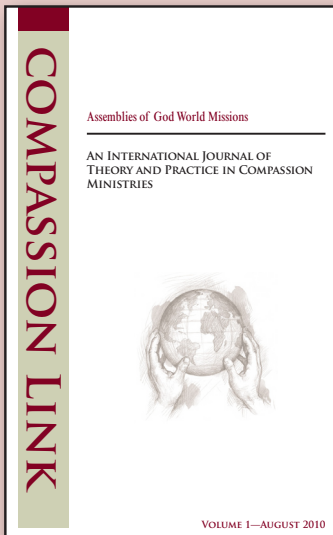
James 1:27—Religion that

God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress, and to keep oneself from being polluted by the world.

Isaiah 1:17—Learn to do right! Seek justice, encourage the oppressed, defend the cause of the fatherless, plead the case of the widow.

Micah 6:8—Do justice, love mercy, walk humbly with God.

Psalms 18—God delivered me when I cried.



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OVERVIEW OF THE CURRENT AIDS EPIDEMIC

by Kayla Reish

Thirty years ago, doctors in New York and San Francisco first started to notice a strange set of lethal symptoms in their patients. Little did those doctors know that these symptoms were the world's first official encounter with what former Executive Director of the United Nations' Joint Program on HIV/AIDS (UNAIDS) Peter Piot called "The most devastating epidemic in human history"—better known as the AIDS crisis.

In the past thirty years, 65 million people have been infected with HIV (the virus responsible for AIDS) and nearly 30 million have died of AIDS (UNAIDS, Outlook 2011). Once scientists started looking for it, they found HIV had already been taking lives in central Africa for at least twenty years before CDC's first report on it in 1981. Since then, HIV has spread to every continent and country in the world affecting every stratum of society, every religion, and every race.

THE EPIDEMIC STILL EXISTS

During the 1990's and early 2000's, AIDS was the social cause with major pushes from governments, celebrities, and non-profit organizations in education, awareness, and research. Anti-retroviral drugs were introduced into the market, dramatically improving length and quality of life for those affected. Millions of dollars poured into Africa to pay for treatment and testing, and AIDS information was added to every high school health course as a deterrent against sexual activity. But with new crises and disasters happening monthly, attention to one issue is difficult to maintain, and US News and World Report tracked a 75 percent decrease in news coverage of HIV/AIDS between 1990 and 2010 (December, 2010).

However, just because people are talking about AIDS less does not mean the epidemic is over. In 2009, more than 34 million people were living with HIV, 2.6 million people were newly

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infected with HIV, and 1.8 million people died of AIDS. For every one person started on treatment, two more people are infected with HIV each year. And even with all the treatments now available (to those who can afford them), AIDS remains the number one cause of death for women of child-bearing age in the world.

SOCIAL FACTORS

HIV infection does not happen in a vacuum; it is interwoven with hundreds of other social issues such as poverty, gender inequality, cultural practices, human trafficking, urbanization, drug use, despair, and lack of medical resources. In general, men who have sex with men, prostituted women and children, men in transient professions and their wives (such as miners and truck drivers), and injection drug users are at the highest risk for infection.

The interplay between HIV and human trafficking is one of activists' greatest concerns. Prevalence rates of HIV among prostituted women and girls can reach as high as 80 percent in some cities.

Victims of sexual trafficking are at a much greater risk for HIV through the "work" they are forced to do and are often dealing with addictions, putting them at an even higher chance of contracting the disease.

CURRENT TREATMENT FOR HIV/AIDS

Anti-retroviral treatment (ART or ARVs) was introduced to the United States market in the early 1990's and in the early 2000's. Partnerships among governments, UNAIDS, the World Health Organization, and non-profits started the push for these drugs to be available worldwide. These complicated drug cocktails are able to slow down the virus' multiplication, prolonging life for HIV-positive individuals for up to twenty-plus years, if taken correctly. Of the 15 million people worldwide who would qualify for treatment, only about one-third of them receive it.

Scientists continue to search for a cure or universal prevention method for HIV. Studies done with ART as preventive medica-

tion, vaccines, and microbicide gels have some promise, but as yet have not been even 50 percent effective at prevention. Male circumcision and condom use can reduce the spread of HIV by over 70 percent, but only abstinence and fidelity are completely effective prevention. No current treatment can cure HIV or prevent the eventual onset of AIDS and subsequent death.

OVERVIEW OF HIV BY REGION

(Information taken from UNAIDS, 2010, unless otherwise noted.)

- **Africa**

As a continent, no region of the world has been more devastated by HIV than Africa, especially the central and sub-Saharan regions. More than two-thirds of people with HIV live in sub-Saharan Africa where nations have HIV prevalence rates of 25 percent (Botswana), 26 percent (Swaziland), and 18 percent (South Africa). Despite the significant advancements of treatment and accessibility in this

region, AIDS remains the number one cause of death for adults.

Africa's AIDS crisis is further complicated by a dependence on foreign funds to combat the virus. As global interest in HIV/AIDS wanes and developed nations respond to the economic crisis in their own countries, African nations are going to need to start exploring ways to support HIV programs, or risk losing the progress these nations have made in response to the epidemic.

- **United States & Western Europe**

HIV was first identified among men who have sex with men (MSM) in the early eighties in the United States. During the nineties, lifestyle changes and awareness reduced the spread of HIV among MSMs in the United States and Europe, but in the early 2000's, researchers began to notice an upswing in the number of new cases among young MSMs. A generation removed from the deadly first years of the epidemic, these young men are not taking precautions to protect

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themselves as these lifestyles becomes more accepted and sought out by the millennial generation.

Urban poverty and immigration are also major driving factors of HIV in developed countries. The highest HIV infection rate in the United States is found in Washington, DC (3 percent of the general adult population (Sun, March 2011)). In Europe, HIV rates are increasingly linked to immigration, especially from African nations.

- **Eastern Europe & Central Asia**

In the past decade, HIV infections in Eastern Europe and Central Asia have tripled, and deaths from AIDS have quadrupled. In these formerly Soviet nations, most of the rise of HIV is centered on injection drug users, prostituted women, and their sexual partners. In Russia more than one-third of all injection drug users are HIV-positive, and they are increasingly passing HIV to their sexual partners, and through them, to the general public.

- **Southern Asia & the Pacific**

Regions

Southern Asia and the Pacific Regions see their highest rates of infections among MSMs, injection drug users, and prostituted women. In southern Asia, over 15 percent of injection drug users are HIV-positive. Generally, the poorer nations or regions such as northern China, Thailand, and Papua New Guinea are more profoundly affected. Papua New Guinea, home to over seven hundred people groups and languages, is the only Pacific nation to have a generalized epidemic (over 1 percent of the adult population affected).

- **Latin America & the Caribbean**

The Caribbean has the highest rates of infection outside of Africa, of just over 1 percent for the region, mostly spread through heterosexual contact. Latin America and the Caribbean have a relative stable epidemic, meaning that approximately the same number of people is being newly infected each year as are dying of AIDS, so prevalence rates have not changed significantly since

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the early 1990's. As in most of the world, MSM, injection drug users, and prostituted women are at an increased risk for HIV.

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EXTENDING HIS HAND OF COMPASSION TO THOSE AFFECTED BY HIV/AIDS

The Global AIDS Partnership was created to provide resources for those ministering to persons affected by HIV/AIDS. GAP also serves to help ministries network, share resources, personnel and tools.

GAP has also produced tools and resources to help increase awareness and to help people be better prepared to pray and minister.

The GAP team, a specialty team of International Ministries of Assemblies of God World Missions, functions as a resource and response team for all regions of the AGWM world requesting assistance with HIV/AIDS initiatives.

The team promotes best practice by assisting in consultation with nationals and missionaries in assessment, program design, implementation and evaluation of HIV/AIDS interventions. The team searches for and produces tools that best meet the requests of the regions. Select members of the team provide medical, technical and health expertise when requested.

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For more information on HIV/AIDS, as well as a wealth of resources and links to additional web sites, check out the web site of the Global AIDS Partnership—www.globalaidspartnership.org.

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WHAT WOULD YOU DO IF...?

- Imagine that you run an urban AIDS center that provides support and resources to those dealing with HIV in your city. You partner with the churches in your area and many of your clients are now active in these churches. One of your new clients is an openly gay male who is HIV-positive. He has been visiting a local church, but does not see a problem with his homosexual lifestyle. He asks to become involved by volunteering and leading at the center. What would you do?
- You are a pastor in a small church in an area with high rates of HIV infection. You suspect that several members of your congregation are HIV-positive, but there is a strong stigma in your culture against HIV, and none of these members have shared with you their status. You want to educate your church members to help create a safe place for these people without singling them out. What do you do?
- A young couple comes to you for premarital counseling. One of the couple is a virgin and the other is not. Neither has ever been tested for HIV or other STI's. Both are resistant to being tested because they feel like it would be distrustful of each other, and are also concerned about what others might think if they found out. What do you do?
- You are a missionary in a nominally Catholic country with a high HIV rate. One of the couples you have been working with consists of an HIV-positive husband and an HIV-negative wife. You know that in this situation, medical professionals say that the couple should use condoms to prevent spreading HIV to the wife. However, in this culture condoms are not accepted because they are seen as a type of birth control. The husband is very concerned about spreading HIV to his wife, but does not want to use a condom. He comes to you for

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advice. What do you do?

- You are a missionary working with a lower income church in a developing country. The members of the congregation want to start reaching out more to those with HIV in their community, and want to build a testing and counseling center.

The church itself does not have the money needed to do this, but they believe that with grants from AIDS relief groups and your help, they can. They want you to promote this project back in the United States and help them write the grant proposals. What do you do?

We would like to hear from you!

This is our fourth edition of *Compassion Link Journal*—we’ve made it through our first year. We’ve enjoyed and received great fulfillment in producing the journal, but would welcome your feedback, suggestions, comments, and anything else you’d like to share with us. Here’s how to reach us:



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HIV/AIDS: A JUSTICE ISSUE

By JoAnn Butrin

I met her in an African nation and was struck by the sadness in her eyes. She was part of an organization whose members were all HIV-positive. Her story was one that could probably be repeated in many different places, but she's given me permission to share it whenever I think it will help someone else. The goal of her group was simply to make and sell paper maché items in the local market, and with the profits, buy food and items for those who were in later stages of AIDS. They would deliver food as they did home care visits.

I had an opportunity to accompany her on her rounds and was so touched as she handed the small bags of vegetables to those who were so sick. She also did small things around the house. She was, at that time, not yet a believer. Before my time with her was up, I felt led to ask her about her faith, and she told me how she'd been infected with HIV by her unfaithful husband. When

she'd tried to thwart off his sexual advances, suspecting his unfaithfulness, he would beat her into submission. He later died from AIDS and now she was infected. When she returned home to her village, she shared her diagnosis with her pastor. He refused to allow her admission to church, but told her she could sit on the outside to listen to the sermon. She'd become bitter and rejected God.

That day, in tears, she told me that she really wanted to come back to the Lord, and she prayed a beautiful prayer of repentance and invited the Lord to reign in her life again. Her ministry has taken on many new dimensions now as she incorporates prayer into her home visits.

It seems to us, highly unjust that the church, which should be welcoming anyone in distress with open arms, failed to support this woman in distress. This is a form of injustice directed toward an individual and something is slowly changing as the church be-

comes more aware of the facts of HIV/AIDS and more convinced of its role in reaching out in this crisis.

DEFINING SOCIAL JUSTICE

But as we know, social justice, goes deep and wide into the fabric of society and the injustices which occur in the HIV/AIDS crisis, go just as deep and wide.

Social Justice, a term which has become almost a buzz word in church and missions circles today, is difficult to define. Secular definitions imply that social justice is concerned with equal access to resources necessary to life, such as health care, material goods, etc.

Social justice from a Christian perspective is concerned with the transformation of structures and institutions into a moral and ethical design that God intended so that all persons could experience wholeness in every aspect of their lives (Butrin, 2010). The following scriptures indicate what that moral and ethical design that God intended is: Micah 6:8, Isaiah 56:1, Matthew 3:15, Matthew 22:39 NIV.

Systems and structures govern, provide policy, dictate mores and written and unwritten law. They are the filters that decide what will stand, what will be corrupt, who will receive what and how it will be received. In that they go deep, wide and long, change in structures and systems requires time, knowledge of the culture, the context, and the people. Change requires relationships built over time and usually are best led by persons of the cultures who truly understand the system. And of utmost importance, systemic transformation as God intends requires that the hearts of those who make up the systems and structures are turned to Christ.

Injustice happens, according to Haugen (1999) of International Justice Mission, when power is abused and people are prevented from living life to the full as God has intended. Injustice results in poverty, oppression, and persons being marginalized by society. It prevents people from living in harmony with God and with each other. It prevents people from experiencing “shalom” at many levels

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of their lives (Gordon, 2003):

Individual level—wrongful imprisonment, trafficking, child labor, HIV contracted from an unfaithful spouse, etc.

Community level—land is wrongfully taken from a community or a group is forced to leave its land, a group is denied access to education, or discriminated against as a group for some reason, etc.

State level—a group of people is denied access to their basic needs of food, shelter, health care, means of production, etc. because of corruption, or wrongful distribution of wealth and power.

Global level—large global institutions such as the World Bank or large governments make policies that negatively affect the poor, or contribute to corrupt governments knowing that funds are not getting to the people who need them (Gordon, 2003, p. 39).

When the church, its members and partners stand together, work together, care about community issues, and attack injustice together, their strength is doubled

against injustice. Most successful interventions against injustice occur when numbers of people stand in unity together, relying on the power and guidance of the Holy Spirit.

HIV/AIDS AND JUSTICE

If AIDS comes from a virus and is sexually transmitted for the most part, how can it be connected with injustice? Much could be said about cultural injustices that disallow women to refuse sex with husbands that they know are unfaithful and who often bring HIV home to them. It seems unjust that that same wife-victim then infects her newborn child at childbirth or through breast feeding. It seems unjust that in some cultures a husband would insist that his wife practice “dry sex,” using herbs to make her vagina dry so that he would have more stimulation while she would be more subject to vaginal tears and more likely to contract the virus. It is unjust that because there are myths that say that having sex with a small child or virgin will cure AIDS, that men will buy or rape a child and also

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likely infect that child with HIV in order to try to cure himself. It seems so wrong that millions of children have lost one or both parents to the epidemic and often lose their rights to inheritance of property as well. Injustice abounds for those infected or affected by HIV/AIDS.

Politically, HIV/AIDS has huge justice implications as well. When large amounts of funding became available (or did not become available at first) governments began to vie for the funding, yet the funding wasn't always allocated to the HIV/AIDS issue (Moyo, 2009). It continued to be a political issue when governments, especially in highly epidemic areas, decided how much emphasis they would give it in their overall budget. It was a political issue when developed countries were deciding what in their aid budgets would go to health care in other countries. It became a huge (and positive) political issue when a United States President declared a fifteen billion dollar grant for AIDS in Africa, but then was dependent

on Congress for its funding. It was a political issue when drug companies were asked to reduce the price for antiretroviral drugs that would prolong lives and at first refused to do so. And on and on it goes, leaving still a very large percentage of people without life-prolonging antiretroviral drugs, often for political reasons—a very political issue indeed.

THE CHURCH RESPONDING TO HIV/AIDS AS A JUSTICE ISSUE

In order to be faithful to what God would have for His people and in order to minister holistically, the Church—its saved, restored, reconciled, Spirit-filled, members—need to be involved in fighting injustice. It is biblical, it is Christian, it is right.

In Luke 4, Jesus is describing a state of shalom as he speaks of the “Year of Jubilee.” This refers to the Old Testament’s Year of Jubilee when slaves were set free, debts forgiven, and land returned to its original owners. This was God’s way of bringing balance to the economy and keeping the rich

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from getting too rich, and His way of creating justice for the poor.

God is calling the body of believers, His Church, to bring right relationship or justice to the poor and oppressed, and to right the injustices, especially those done to the poor.

Micah 6:8 (NIV) gives us a biblical basis for responses of compassion and justice: “He has showed you, O man, what is good. And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God.”

The following are ways the Church can respond to injustice. These actions may be individuals who are part of the Church, it may be the church at large, it may be a group who is part of the church, and it may be a missionary entity sent by the church. However, it is felt that it is the Church that is called to action. It is the Church that is the voice of Jesus to its community and has the strongest voice to be heard when it comes to change from the roots up.

Prayer. All persons can commit to interceding on behalf of those who are suffering injustice. Prayer vigils, prayer walks, prayer groups, and intercessory prayer are all vital for these important issues to be turned around. Before any initiative or specific intervention is undertaken, directive prayer is essential. Ephesians 6 states that “Our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world” (verse 12, NIV), and specific armor for spiritual battle is given and needed when taking up the fight against injustice. Very specific direction and guidance from the Lord will be needed and those going to fight injustice head on will need the power of the Holy Spirit and spiritual discernment to be present. This work cannot be done without prayer.

Evangelism and Discipleship. Spreading the good news of Jesus from Jerusalem to the ends of the earth is the mandate of the Church and certainly the mission of the Church. Changing hearts is the starting point in righting

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relationships and changing evil to good. Changed lives should equal changed communities and changed societies, but until Jesus returns and Satan is taken captive, evil will remain in the world and injustice will need to be fought. Though bringing people to Christ and spreading the good news is the foremost mission of the Church, it is not the only mission and not the only answer to the problem of evil that confronts the Church and the world.

Once people have come to Christ, they need to be strengthened and grounded in the knowledge of Him. Bible schools and ministerial training should include training on justice issues and training and encouragement for this to be part of the mandate of the Church.

Compassionate Care. It has been clearly pointed out that meeting in responsible ways the needs of those who are suffering is part of the mandate of the Church. Retaining the dignity of individuals by enabling and empowering their capacity and helping people to help themselves

is part of justice for the poor. While strengthening the hands of the poor and giving voice to the voiceless by strengthening people and communities, there is greater possibility for people to stand up for themselves when injustice comes their way.

When the church and community stand together, work together, care about community issues, and attack injustice together, their strength is doubled against injustice. Most successful interventions against injustice occur when numbers of people stand in unity together.

When compassionate care is administered in holistic fashion as mentioned in earlier chapters and Kingdom values are upheld and the love of Jesus communicated, relationships are infused with a new dimension of understanding. A unity of heart and Spirit-anointing from above take on the supernatural ability to stand against the evils that prevail.

Political Activity. Christians and churches tend to shy away from the political arena because

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of its known corruption and the fear of having to compromise too much to be a part of that system. On the other hand, if we have no Christians in government, decisions that are made will become further and further away from the morals and standards that would uphold justice. Jesus challenged the political practices of his time. He kicked people out of the temple. He didn't sit back and just allow things to happen. By not becoming involved, as Gordon (2003) says, we are making a political decision, to allow injustice to continue. Political action can take many forms:

Know the platforms of those who are running for office and support those who are standing up for agendas that will support justice.

In foreign settings, know the risks involved in encouraging political activity among nationals and be prayerful about what involvement should be and what outcomes one is willing to endure.

Be careful not to endanger the lives of those who have to stay in a foreign setting but not cop out of en-

couraging political activism of others if injustice is rampant. The Church must have a voice in injustice.

Partner with Organizations that Know What to Do. There are organizations that have specific goals to deal with some of the injustices that have been listed above. One such organization is the International Justice Mission. This is a Christian human rights agency that secures justice for victims of slavery, sexual exploitation and other forms of violent oppression. International Justice Mission lawyers, investigators, and after-care professionals work with local officials to ensure immediate victim rescue and after-care, to prosecute perpetrators and to promote functioning public justice systems.

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WHEN SEX CLOUDS THE VISION

by Nancy Valnes

Nothing dampens an empathetic response to human need like a judgmental attitude. This is never truer than when sex enters the scene of compassion ministries.

Examples of devastating abuses against human sexuality are all around us. Sexual trafficking, prostitution and the HIV/AIDS epidemic are indicators that something has gone terribly wrong with God's perfect plan for sexuality.

Far too often, the innocent become victims of sexual exploitation and abuse. Other people become caught up in sexual situations that spiral out of control, taking them to dark places they never anticipated. Others end up in horrific circumstances as a result of deliberate decisions they have made.

As Christians, we quickly respond with righteous indignation when we perceive that those who suffer are victims of sexual injustice. On the other hand,

we may withhold a compassionate response from someone who appears to be living outside the boundaries that God has placed on sexual expression. In judgment, we may even be curious about the salacious details: "I wonder how he became infected with HIV?" or "What would compel that woman to sell her body?"

Attitudes of judgment, stigmatization and discrimination against "people who sin differently that we do" never conform to the example set by Jesus. He did not reserve His ministry to those who were like Him or believed as He did. He reached out to social outcasts and to sinners. He ministered to the most unacceptable and unworthy (Butrin, 1996).

Unfortunately, these same attitudes prevent some Christians from reaching out to people in desperate need of intervention. The fear of not knowing what to do or say may keep us at a distance from those who are caught up in sexual entanglements that

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threaten their physical and spiritual existence. But these barriers are not destined to permanency. They fade away when we consider such situations from a different perspective, when we see each person as a unique individual who was created in God's image with the capacity to be changed and restored by the saving grace of Jesus Christ.

What can we do to change our perspective? Consider the following points.

First, guard against a sense of moral superiority and self-righteousness. Jesus, the Son of God, was supernaturally aware of the personal histories of the people He came into contact with. Yet the inherent holiness of His nature did not prevent people from approaching Him. Instead, it drew people to Him, and relationships were established with everyone who approached Him with sincere, seeking hearts. He actively engaged people of His culture, including people with messy sexual histories (Luke 7:36–50, John 4:16–18, 8:1–11).

Second, pray for opportunities to develop relationships with people who hold different values. A Christian may fear that befriending someone who holds different sexual values will appear to condone behavior he or she does not agree with. Yet Scripture emphasizes the effort Jesus put into developing relationships with people from every possible background. Though He was aware of every imperfection, Jesus embraced people exactly as He found them. (Mark 2:16–17, Matt 11:19, Luke 15:1–2.) These relationships always offered redemption and restoration.

Third, be proactive and informed; know what is happening in your community. Start conversations about God's plan for sexuality with potentially at-risk people before problems have a chance to develop.

Without Christ, the world is spiritually lost. Its understanding and practice of sexuality is reinforced by its spiritual darkness (Wood, 2011). The Church has been given a divine opportunity to take a godly stand against

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sexual injustices that exploit and destroy individuals, families, communities and nations. At the same time, in the name of Jesus we proclaim freedom for the oppressed and release for those caught up in sexual situations beyond their control.

Butrin, JoAnn. (1996). *Who will cry for me: Pastoral care for persons with AIDS*. Florida: Poor Richards Press.

Wood, George O. (2011). *Human sexuality in the image of God*. *Enrichment*, 16(3), 36.

The screenshot shows the top navigation bar of the CompassionLink website. It features a dark background with white text for navigation links: 'main page', 'knowledge', 'training', 'training', 'tools', and 'mail us'. Below these are colored buttons for 'Home page' (yellow), 'Who we are' (green), 'Compassion Forum' (blue), 'Human Trafficking' (purple), 'Resources' (pink), and 'Contacts' (orange). The main header area has a blue sky background with white clouds and the text 'Home Page' and 'Compassion Link' in a large, light blue font. To the left of the text is a logo consisting of a hand holding two stylized human figures.

The screenshot shows the 'QUICK LINKS' section of the website. It features a lightbulb icon on the left and a list of three links on the right: 'Compassion Forum Information', 'Forum on Human Trafficking Information', and 'Resources & Links'. Each link is preceded by a small square icon.

The screenshot shows the 'OTHER WEB SITES' section of the website. It features a lightbulb icon on the left and a list of three links on the right: 'Assemblies of God USA', 'Assemblies of God World Missions', and 'Global AIDS Partnership'. Each link is preceded by a small square icon.

Resources for you



CompassionLink is a resource web site providing resources and information for those involved in Assemblies of God World Missions compassion and international ministries. Feel free to browse the [Resources](#) section for helps and links.

Compassion Forum



August 17–20, 2011
Kansas City, Missouri

This conference will provide training for appointed Assemblies of God World Missions missionaries and missionary associates who are working in compassion ministries. For more information, click [here](#).

Forum on Human Trafficking



August 15–17, 2011
Kansas City, Missouri

How can we as Christians, churches and leaders respond to this crisis? For more information, click [here](#).

For helpful information and a myriad of resources to respond to crises in a compassionate manner, explore our web site—www.compassionlink.org.

HIV PROGRAMS: THE SUSTAINABILITY CHALLENGE

by Christine Little

Over the last few decades, billions of dollars have been poured into global initiatives to tackle the force of the HIV/AIDS epidemic. These funds have been filtered into prevention programs, HIV testing, antiviral treatment (ARVs), health system support, and TB/HIV collaboration activities with encouraging results.

According to the 2010 USAID report, in 33 countries the incidence of HIV has fallen by more than 25 percent between 2001 and 2009. In 2009, an estimated 370,000 children contracted HIV during the perinatal and breastfeeding period, down from 500,000 in 2001.

Among young people in fifteen of the most severely affected countries, HIV prevalence has fallen by more than 25 percent, as young people have adopted safer sexual practices. ARV access has expanded, with over 5 million people receiving ARVs as of 2009.

Despite the positive strides,

there is no question that there is still much ground to cover. Though having more than 5 million people receiving ARVs is a great accomplishment, according to the WHO guidelines issued in early 2010 this statistic only represents 35 percent of the people in need of ARVs.

More than 2.5 million people are newly infected with HIV every year, with a total of 33.4 million people living with HIV at the end of 2009. The HIV crisis has continued to grow in Eastern Europe and Central Asia at an increased rate of more than 25 percent between 2001 and 2009.

In June of 2011, new targets were set by world leaders at the United Nations General Assembly high level meeting on AIDS in New York. The meetings concluded with the adoption of a declaration stating that by 2015, 15 million people will be on life-prolonging ARV treatment, there will be an end to mother-to-child transmission of HIV, tuberculosis-related deaths

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in people living with HIV will be cut in half, and there will be an increase in preventative measures focused on high-risk population groups (USAID, 2010).

As global HIV/AIDS organizations rally in efforts meet such targets, the question arises; “Are these programs sustainable?” This is indeed an appropriate question as the costs of these programs are projected to rise, and funding for HIV/AIDS initiatives is variable with worldwide economical changes.

Sustainability can be defined as “the ability of an entity to fulfill its mission effectively and consistently over time by developing, procuring and managing sufficient resources (human capacities, giftings, finances and etc.) without creating dependency on external resources.

With an ever-changing economical climate and variable funding for HIV initiatives, it is imperative that organizations and donors seek to strengthen country-owned HIV programs and aim toward sustainable objectives.

The challenge has been issued to broaden preventative initiatives to target key high-risks behavior groups. The church certainly stands poised to meet such a challenge” (Butrin, 164).

Sustainability, in the context of HIV programs in countries with generalized epidemics, is the ability of a country to support HIV services at a desired level, scope and scale over time (Health Systems 20/20).

USAID has adopted the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) under the Health Systems 20/20 program to help evaluate sustainability of HIV programs in various countries. The HAPSAT considers the total costs of sustaining programs including ARV drugs, infrastructural costs, equipment costs, and the cost of developing the human resources necessary to deliver HIV/AIDS services.

As organizations such as USAID begin to take a hard look at the sustainability of HIV/AIDS programs, they are finding that many countries are either coming

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up short at their current stage, or soon will, as they attempt to upscale to meet the growing need.

Sustainability of HIV programs poses a challenge for countries hardest hit by the initial blow of HIV on their family, social, and economical structures. As they are still digging out of the ‘snow ball’ effect of a slow initial response to the HIV epidemic, they are simply unable to meet the needs of their HIV population without outside assistance.

Zambia for example, relies heavily on outside donor support with only 6 percent of their 2007 HIV funding coming from domestic sources (Health Systems 20/20).

The main sustainability challenge in HIV programs is the sheer cost and management of ARV treatment programs. The average annual cost for ARV treatment in Sub-Sahara Africa is \$561–700 per person.

With the growing number of people living on ARVs along with newly initiated treatments, comes the increase costs of sustaining

a supply of ARV drugs. With people living longer on ARVs, it is not uncommon to have to initiate second- or even third-line regimens at some point in their course.

As regimens become more complex, so do the costs of such drugs. Additionally, patients on ARVs require routine laboratory testing throughout the course of their lives. Running such laboratory testing, in turn, requires equipment as well as personnel. USAID has found that many countries lack the manpower in the form of lab technicians, doctors, or nurses to meet the demands.

Those who do have the manpower are losing personnel to fatigue, both on the community level and institutional levels, as the number of HIV patients needing ARVs and support grows.

Prevention has long been recognized as a key component on curving the course of the HIV/AIDS epidemic. It is the most cost-effective and sustainable approach to any disease process. The

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UN, USAIDS and other HIV organizations agree unanimously that more investment needs to be made in this area in order to obtain sustainable outcomes.

Current spending in the area of prevention accounts for a median level of 21 percent of all HIV spending, or approximately US \$3 billion, which is only one-third of the amount that UNAIDS estimates is needed to scale up to achieve universal access and end new HIV infections (Alliance).

Furthermore, they challenge that preventative measures be strategically targeted at high-risk population groups—such as IV drug users, prostitutes, and homosexuals. These groups have been neglected in many countries due to the stigma of their lifestyle behaviors.

Though prevention has been proven effective, it has also been recognized as multifaceted and complex with its own set of challenges. Poverty in itself has proven to feed the cycle of HIV as individuals turn to high-risk

behaviors in order to sustain themselves and their families.

Other challenges include traditional belief systems, lack of understanding, gender imbalances, the vulnerability of women and children, and stigma against high-risk groups such as homosexuals, IV drug users and prostitutes.

Because of these various challenges, HIV initiatives need to include, “combination prevention” programs defined as “rights-based, evidence-informed, and community-owned mixed of bio-medical, behavioral, social and structural interventions that have been selected, prioritized and tailored to meet the HIV prevention needs defined by particular communities so as to have the greatest sustained impact on reducing new infections” (International AIDS Alliance).

With an ever-changing economical climate and variable funding for HIV initiatives it is imperative that organizations and donors seek to strengthen country-owned HIV programs and aim toward sustainable objec-

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tives. To obtain such goals set by the UN and USAID, there will once again need to be collaborative efforts among governments, non-government organizations, faith-based organizations and the communities on the ground.

Churches and faith-based organizations have been instrumental in helping curve the course of the HIV epidemic through prevention and outreach programs worldwide.

Motivated by compassion and the call to serve, the church has been able to mobilize volunteers, finances, and other resources to help meet the needs of HIV population. They have been able to come alongside government and non-government agencies to help fill the gaps in the areas of prevention, testing and counseling, ARV access, the care of orphans/vulnerable children, home-based care and other support measures.

Most noted is the church's impact on communities in the area of prevention. Encouraging the biblical principles of abstinence and faithfulness, the church has

played a key role in preventative behavioral changes. As the church has helped meet the physical, emotional, and social needs of the HIV community, they have also brought the love, compassion and the transformational power of our Lord Jesus.

The church again finds itself in a prime position to help reach targets set forth by the UN and USAIDS through compassion ministries.

As these agencies call for action to reach high-risk people groups who have been previously neglected due to the stigma of their lifestyle—one cannot help but ask, “Who better to answer such a call than the church?”

Just as Jesus met with, touched and loved the unloved, the unclean or outcast, so the church is called to love and reach those stigmatized and forgotten. May the church not miss this opportunity to impact our world in the fight against HIV and for the Kingdom.

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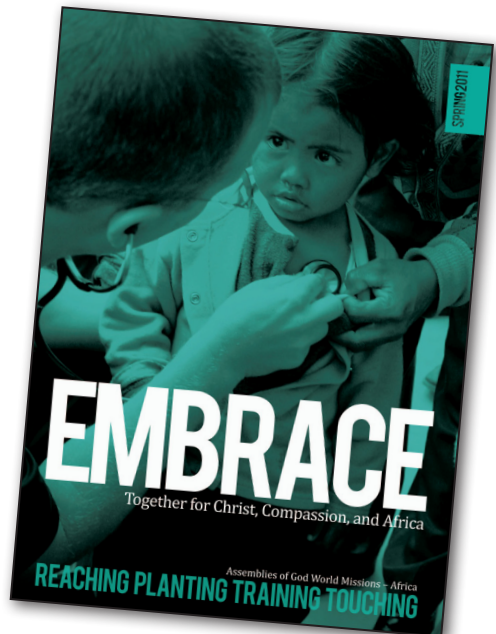
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Embrace is a project of a new agency, Africa AG Care. AAGC was created for the purpose of maximizing efforts to confront the painful, complex, and sometimes-deadly issues facing the people of Africa. Touching their human needs will increase their opportunity to respond to the spiritual call of the gospel.

For a free subscription, email embrace@africaagcare.org, call 417-851-5895, fax 417-851-5899, or write to Embrace, 580 W Central St., Springfield MO 65802.



BOOK REVIEW: HOW TO BECOME HIV POSITIVE

In the Introduction of *How to Become HIV Positive*, Dr. Johan Mostert chronicles his own journey from fear and discrimination of AIDS, to an active love and compassion for those affected by HIV. This journey holds the book's power, the honest experience of a Christian leader who has been forced to reevaluate his life and practice in the light of God's Word because of the HIV surrounding him.

How to Be HIV Positive beautifully blends real world experience, theological foundation, and verified best practice. Dr. Mostert's experience as a pastor and church leader in South Africa (home to the most people affected by HIV anywhere in the world) infuses his theological and academic discussions with practical ramifications. Conversely, his deep theological background and study of best practice grounds his experience in the Bible and professional opinions.

2011 marks the thirtieth year since the first AIDS diagnosis,

and the worldwide church is still struggling to figure out an appropriate response to the epidemic. In the late 1990's, there was a movement throughout the South African churches of people proudly proclaiming that the church is HIV-positive. The churches took a positive approach to those affected by HIV and directly confronted the epidemic. Though they still have a long way to go, the churches in South Africa are a model for churches around the world in their compassionate outreach to those with HIV. *How to Be HIV Positive* takes the sentiment of that movement and puts it into a simple read for Christians around the globe.

This book is one of the most thorough without laborious introductions to HIV for pastors and church leaders available today. Mostert provides information on HIV, the history and significance of the epidemic, the theological basis for the church's response to HIV, and practical

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steps a pastor can take to become involved in prevention and care for those affected by HIV.

This is a book that has long been needed in the fight against HIV and has finally arrived. In

her endorsement of *How to Be HIV Positive*, Dr. JoAnn Butrin sums up the importance of this book, “This is a ‘must read’ for pastors, leaders, and volunteers, in the local church.”

Sustain Hope Dignity restored to individuals through transformation in Christ

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welcome to our website!

The purpose of **Sustain Hope** is a Christ-centered, best practice approach to improve lives through community initiated, sustainable solutions that utilize local resources in areas of agriculture, alternative fuels, water and sanitation.

As the message of Jesus Christ is consistently and compassionately shared alongside the local church, lives will be spiritually, physically and socially impacted, providing a holistic response to the felt needs within individuals and their communities.

we're committed

Sustain Hope is committed to best practice principles including:

- **community involvement**
- **proper assessment**
- **evaluation**
- **program design** in the implementation of locally appropriate initiatives

what we do?

For individuals and communities in impoverished areas to develop sufficiently, be self-sustaining and health, **Sustain Hope** believes that local resources need to be utilized effectively and efficiently through available technology. This includes:

- the use of **alternative fuels**
- making the best use of limited land for **gardening** and wide-scale land use for **agriculture/aquaculture**
- **raising livestock** to provide for family needs both nutritionally and economically
- identifying appropriate **water sources** including the most resourceful ways to clean water
- addressing **sanitation and other environmental issues** that will assist in alleviating diarrhea, malaria and other life-threatening diseases

touching lives, building future

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The Sustain Hope web site provides a large variety of information and resources on appropriate technology and sustainability. Find it at www.sustainhope.org.

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