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**Drew University
School of Theology**

**HIV/AIDS SEMINAR: A SEMINAR TO EDUCATE AND CHALLENGE
THE LOCAL COMMUNITY TO MINISTER TO THOSE WHO ARE
INFECTED WITH HIV**

Professional Project Report

By

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**Submitted in Partial Fulfillment
Of the Requirements
For the Degree of**

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INTRODUCTION

This writing is a challenge to ministry as much as an account of the formation of a project. The challenge was to develop a seminar that would present the need and the tools to minister to those who are infected with the human immunodeficiency virus or HIV. This was a broad-based seminar with experts from the medical, health care, hospice, and ministry fields making presentations.

It was open to the public with special emphasis and invitations given to the religious community of Wilson County, Tennessee and some of the surrounding counties. Over two hundred invitations were sent to various churches, pastors, and lay leaders in the area. Additionally, there was advertisement on the television and in the newspaper as well as in the Baptist and Reflector, a weekly newspaper published by the Tennessee Baptist Convention.

Within the confines of this paper one will find a personal case study in which all but one member of a family died from AIDS related causes. There is detailed information about the choosing of a team from Mt. Olivet Baptist Church and some of the impact this has had on the membership. There is a detailed account of each of the presentations and information about the person making it. Many of the comments and questions of those in attendance are also recorded. The paper ends with the conclusion and results and includes a challenge to all Christians to minister in the name of Jesus without regard to the person or how they contracted the virus.

CHAPTER ONE

THE REASONING BEHIND THE PROJECT

A. Case Study

It is difficult to understand why an individual chooses a topic, project, thesis or ministry. Therefore it becomes necessary to voice an explanation if the reader is to understand the reasoning and need for the said ministry. The following actual case study is the background for this project and subsequent ministry.

This writer received a phone call from a former parishioner in another state. They were going to be in the area for a few days and would like to come and spend a couple of days with their former pastor. They arrived a few days later and most of the first day was consumed with conversation about what had been happening in their lives over the last several years. Shortly before bedtime the tone of the conversation changed and became very serious. It was at that time they revealed the sadness in their life. They were infected with HIV! This was a tremendous shock, but it became worse. Not only the husband and wife were infected but also their baby. The only one who was not infected was their son, who was eight years old at that time. With amazing composure they simply said, "We know this is a shock to you because you were unprepared for this, if you wish, we will leave and harbor no ill feelings toward you." They were not allowed to leave and the remainder of the evening was spent in a much deeper level of conversation with both families learning and sharing the problems and devastation of HIV/AIDS.

When the initial phone call was made concerning their visit, this family was already aware of the positive results of the first blood test and had just received the second confirmation. Prior to the second confirmation they had shared the initial results with their church family. In an unfortunate confrontation the church asked them to leave and not return. Whereas this seems extremely harsh, one must remember that this was at a time when very little was known about the virus and how it is spread. This does not excuse the Church's lack of compassion and Christ-likeness in ministry but serves to make one aware of the actual circumstances concerning their decision. Not only had the church turned its back on this family, but also they had received the same treatment from friends and family. This writer/pastor and his family became their safety net.

Initially, this family said they had no idea how they became infected, they were in a supposedly monogamous relationship, had not received any blood transfusions, and were not IV drug users. Several months later the husband revealed that he was bisexual and apparently had contracted the disease in a homosexual encounter while working on a riverboat. After this revelation, and his refusal to end the homosexual relationship, the marriage ended in a separation but not divorce. This fact is stated simply as an aid to understanding the effects of the virus and the lack of understanding many people have concerning how it is spread.

Before the husband revealed his bisexuality the wife was confused, distraught and emotionally unstable, trying to figure out how they had contracted the virus. Eventually she was able to deal with the complexities of her life and began to minister to others. Though the husband chose to continue in an expressly homosexual relationship, the wife never filed for divorce and when he developed "full blown" AIDS she cared for

him, even through his hospitalization and subsequent death. During the remaining years of her life, Mrs. X became a powerful spokesperson and lecturer for HIV/AIDS intervention. A sad footnote to this case study is the death of all three infected members of this family. Mr. X died about three years from the time of our initial visit, Mrs. X died about two years later and the daughter died about a year after her mother. The son is now living with an uncle and aunt and also with the stigma of losing his entire family to AIDS related causes. It was the hope of this writer and his wife that a medication would be developed before it was too late for this family. That was not the case. However, now we have the protease inhibitor, which is producing phenomenal results when given in combination with AZT and 3TC.

The following topics will be discussed in the presentation of this thesis. The definition of HIV/AIDS; the church's role in ministry; Biblical models for ministry; theological reflections; interdisciplinary perspectives and the development, implementation, and evaluation of the project will be the focal points of this writing.

B. HIV/AIDS: A Definition

One of the best definitions of HIV/AIDS can be found in a booklet published by MAP International. It states:

AIDS was first described in June of 1981 as an unusual disease that was causing primarily young, homosexual men to lose their ability to fight off otherwise common and non-harmful diseases. GRID (Gay Related Immune Deficiency), as it was first called, soon took on the name of Acquired Immune Deficiency Syndrome, or AIDS, as it was shown to affect anyone who either sexually or through intravenous means became infected by some agent which caused the immune system to be destroyed. The discoveries of the virus and the test for its antibodies have allowed us to understand a great deal about the modes of

transmission, the progressive nature of infection, and the devastating effect it has on the body over a period of time.¹

Whereas this is not a comprehensive medical definition, it is sufficient at this time.

The Center for Disease Control (CDC) in Atlanta, Georgia collects and processes information on communicable diseases and it soon became apparent, due to the great influx of information, that the United States was not the only country struggling with this newly discovered disease. European countries were also receiving information in increasing amounts and soon identified and traced the problem and apparent origin of the disease to Central Africa. The absolute and true location of the virus may never be fully known, however, in all likelihood, the virus has existed for several decades in Central Africa. At this point, with an ever-increasing epidemic of dramatic proportions, energies must be spent on research, treatment, and ministry and not on speculation of its origin. Statistics coming in to the World Health Organization, the CDC, and the Surgeon General's office indicate that the United States leads all nations in both the total number of cases reported and the highest percentage per unit of population. The Surgeon General of the United States has stated that; "By the end of 1992, more than 250,000 Americans had developed AIDS and more than 170,000 had died, nearly three times more Americans than those who died in the Vietnam War." With information, and statistics such as these, it became evident that an education program was greatly needed. The program that was needed would target an audience that had the numbers, people, and resources to make a difference in a community. With this in mind, this project was born in the heart and mind of this pastor and shared with a prospective seminar developing committee from Mt. Olivet Baptist Church of Mt. Juliet, TN.

¹ The Church's Response To The Challenge Of AIDS/HIV (Brunswick: Map International, 1991), 1.

CHAPTER TWO

THE TECHNICAL ASPECT OF THIS PROJECT

A. Choosing a Team

One of the most difficult tasks is that of choosing the right people to work on a project. The folks who are chosen should represent a cross section of the church and yet be progressive and supportive of a ministry. It is important to note that Mt. Olivet Baptist Church is the oldest church in Wilson County, Tennessee and it is a church in transition. Years ago this church was simply a country church that was controlled by a couple of prominent families. No longer is that the case. The church is struggling with the transition from a country church to a suburban church. The community in which it is located has become a bedroom community for business and professional people working in Nashville, Tennessee. There are still some family members in the church who were part of the ruling dynasty; however, they no longer have the clout and/or the support to cause a problem. However, we understand that those folks need ministry as much as anyone else.

With this in mind, this writer set out to select a team from this group to work with this project. Much prayer was given to this selection process. The team needed to be a good cross section of the church, yet they needed to be willing to be on the cutting edge of ministry and be able to take criticism. The team was made up of the following people; a retired couple, a young married lady, a music director, a middle age single lady, a youth director, and this writer and his wife. This was a good cross section of the church and represented a number of differing groups. We had multiple meetings to

determine the direction and scope of the HIV/AIDS education experience and decided that a seminar, in a neutral setting, would be the appropriate venue. Several places were suggested as being appropriate for the meeting, however, the committee agreed that, if possible, Cumberland University in Lebanon, Tennessee would be an ideal location. Cumberland University is a private school and is very cooperative in helping stage community events and seminars. It does not have a religious affiliation, therefore it is a non-threatening environment, and people of all denominations feel comfortable attending functions at the University.

In the next several committee meetings we discussed setting objectives and how they could be reached. The objectives must fit within the guidelines of the prospectus and be attainable. We decided that three objectives would give us the proper framework to formulate the educational experience and the latitude to be creative in the presentations. Objective number one (1) would be to develop an awareness of the prevalence of HIV/AIDS in our county and the surrounding area since many in the religious community seem to deny its existence, or at least relegate it to those who are IV drug users or homosexual. To do this we would need to bring in someone whose knowledge of the dilemma would be accurate and accepted as presented. An ideal person for this task would be the Wilson County health nurse, since she has access to the statistics for our county and area and works with HIV/AIDS patients on a daily. Also, a physician or a trained health care person from the area would be helpful in conveying accurate information and fortify the credibility of the education experience.

Objective number two (2) would be to provide an opportunity for the leaders of our community to become informed and educated to the needs of those who are

infected with the virus. Our primary focus for this would be the religious community since we were concerned with the ministry aspect. The committee felt that the seminar setting would be an ideal way to reach that goal. It would be large enough to invite the religious and community leaders and yet small enough to allow each person to ask questions and talk to the program personalities. There could be a lot of informal discussion and an exchange of information.

Objective number three (3) would be to heighten the awareness of the need for ministry to those infected and affected by this dread disease. To reach this objective and enhance the overall seminar we would need to expand and bring in people who were working with those who have AIDS, perhaps a hospice counselor, hospital personnel who are involved in research, and other ministry groups. Items to be considered in reaching the criteria would be varied. It would be necessary to deal with multifaceted publicity, contact several people in the medical field, make as many contacts as possible with those who were currently doing AIDS ministry and a host of other areas must be addressed.

The next problem to be solved was the subject matter and how the topics would be presented and who would make the presentations. Everything must now relate to the stated objectives and fit within the framework of a seminar setting. The committee asked this writer to develop an outline with suggested topics and bring it to the next meeting. This request stemmed from this writers association with those who are HIV positive and also his association with personnel in the medical field and the Tennessee Department of Public Health.

The objectives of the seminar were of the utmost importance. With this in mind this writer began to draw on his experience and contacts from his service on the HIV Prevention Committee of the Tennessee Department of Public Health. The Wilson County Health nurse had asked this writer if he would serve on this committee and made the recommendation to the Tennessee Department of Public Health. The service would be for the calendar years of 1995 and 1996. During the two years on this committee many contacts were made with folks who could give valuable information and insight to developing the seminar. However, the work of this committee left much to be desired. There was a lot of information gathered and much discussion but very little action taken. Due to the inaction of this committee and this writer's personal involvement with the family in the case study the idea for this seminar was born. Positive action must be taken.

B. Developing an Outline and Direction

This writer contacted Nashville Cares, Vanderbilt AIDS Vaccine Group, Comprehensive Care of Nashville, Cookeville General Hospital, Dr. John Dietrich of Little Rock, Dr. Duane Crumb of Houston, Texas, the Wilson County Health Department and the Wilson County Public Health Nurse, Debbie Runions, who is HIV positive and an author. Additional doctors and hospice counselors were contacted to gain insight and advice on how to construct the seminar. Drs. Dietrich and Crumb² were helpful and Dr. Dietrich sent a case of his books on HIV ministry and other valuable information. All the proceeds from the sale of his books were to go to AIDS education

² Advice and information was obtained in a phone conversation on, February 13, 1997, with Dr. John Dietrich of Little Rock Arkansas, and Dr. Dwayne Crumb of Houston, Texas.

and research. Several phone calls were made to these two doctors, both of whom have HIV/AIDS ministry experience. Dr. Crumb suggested that people be invited who were not sympathetic to HIV ministry. This would serve to help make sure everything was well planned and that all information was correct. Also, it would help educate additional people who heretofore had not been exposed to the reality of HIV/AIDS and the need for ministry.

Many of the people, listed in the previous paragraph, sent information on their respected field of expertise and volunteered their information and time. Several committed themselves to work in the seminar on a volunteer basis and were very encouraging. With their help and the input by the Mt. Olivet committee the following outline was constructed.

1. We would begin the daylong seminar with this writer doing an overview and making the necessary announcements.
2. Margaret Baggett, the Wilson County Health Nurse, would talk about AIDS and Wilson County and foster a discussion with the participants. Ms. Baggett's input would be invaluable in helping reach the first objective. Since she is the health nurse for Wilson County her information and statistics would be up to date and pertinent for our area. Following Ms. Baggett's presentation we would have a break with sweet rolls, coffee, juice, etc.
3. Dr. Katherine Bertram, a physician from Cookeville, Tennessee who treats AIDS patients, would be the next speaker. Dr. Bertram would cover the medical aspects of the disease as well as the emotional impact

and how we, as a community, can minister, especially how the religious community can make a valuable contribution. This would be very helpful in reaching the second objective of providing an opportunity for the community leaders to be educated to the needs of those who are infected with the virus.

4. Ken McDaniel would make the next presentation. Mr. McDaniel works with Nashville Cares and is on the HIV Prevention Committee of the Tennessee Department of Public Health. McDaniel is also certified by the American Red Cross to teach HIV/AIDS prevention. His topic would be the ministry of Nashville Cares and how individuals and churches can help in the middle Tennessee area. Following Mr. McDaniel's presentation we would have a lunch break. If possible, we would arrange to have lunch on the premises.
5. Debbie Runions would be the next person on the program. Ms. Runions is the author of "Sabrina's Gift" and is HIV positive. She would speak on what it is like living with AIDS, the daily problems, trials and tribulations of the disease, and how it has affected her social and spiritual life as well as her emotional stability. She would also be given a time for questions.
6. Vickie Black, a hospice counselor, would be the next program personality. She would be talking about her experiences and insights as a counselor as well as the emotional impact on herself as counselor. We would then have a short break.

7. There would be a period of group discussion with all the program personalities
8. The final segment would be held by this writer/pastor and the topic would be the Theological and Biblical Mandate for Ministry.

This outline was presented to the committee for discussion and change.

However, everyone liked the layout and the suggested topics and program personalities and decided to implement it as presented.

The next problem would be to secure the meeting place and the date and time of the meeting. It was decided that a Saturday would be the best time since many people do not work on that day and we could possibly have more people in attendance. March 15, 1997 would be our target date. Since this writer is an alumnus of Cumberland University he was asked to contact the University and make the arrangements. Upon contacting the University we were able to reserve March 15, 1997 as a viable date. It was also learned that the University food service would prepare lunch and two breaks for a fee of approximately \$10.00 per person. This was deemed as very reasonable and within the bounds of good taste and certainly not cost prohibitive. The cafeteria and meeting room were reserved with the final arrangements due one week before the actual meeting date.

With the logistics of the date, time and place of the meeting settled, we turned our attention to the information we wanted available at the meeting. The committee determined that a package of informational material was needed for distribution at the seminar. This packet should contain a schedule, a description and biographical information page on the program personalities, several pamphlets on

HIV/AIDS, a glossary of terms, a suggested reading list and any other pertinent information we might procure. The glossary of terms and reading list would come from a booklet this writer designed and wrote for this seminar. The information packets would be given to each person who attended the seminar, without charge. Mt. Olivet Baptist Church would assume the financial responsibility of all printing and photocopying. This seminar would be the first of its kind in the middle Tennessee area and it needed to be a professional, meaningful experience for everyone in attendance. The overall goal would be to educate the public and minister to those who have contracted the virus, several of whom would be in attendance.

Since this was to be as professional as possible we, the Mt. Olivet Committee, decided to see if it would be possible to have this seminar certified for C.E.U. credit. Hopefully, that would make it more attractive to pastors and laypersons that are interested in continuing education credit. Cumberland University was contacted and given the information on the seminar and the personalities that would be making the presentations and their credentials. After a couple of weeks of deliberation Cumberland University decided that everything was in order and the personnel making the presentations met their educational requirements, subsequently they would certify the seminar and offer C.E.U. credit for a fee of \$10.00. The seminar would be held from 9:00AM until 4:00PM and would have six contact hours, consequently it would be awarded .6 C.E.U.'s. Vanderbilt University Medical School also certified the seminar but did not award C.E.U. credit. Their certification was needed in order to advertise the seminar on campus and recommend it to those being treated for HIV infection at the Vanderbilt Medical Center. They were very helpful in the promotion and moral support

of this project. Their support and promotion would cross state lines as well as moving beyond the religious field and into the medical community. The personnel at Vanderbilt were thankful and excited that anyone would attempt a seminar such as this and were willing to do whatever they could to help make it a success.

C. Invitation

We must now face the challenge of who to invite and how to invite them to a seminar of this quality and controversy. In our committee meeting we decided that we wanted this to be open to the public but to have a special emphasis and invitation directed to the religious community and political leadership. A letter of invitation was sent to almost every minister in and around Wilson County Tennessee. In addition to the letter, the seminar was announced in three consecutive ministerial meetings in Lebanon and Mt. Juliet, Tennessee, as well as the Wilson County Baptist Association. The County Executive's office of Wilson County was contacted and he agreed to advertise the seminar with his staff and post flyers in and around the courthouse. There was advertisement on television through the Christian Coalition and the public service channel, handbills were distributed in the area, and the Vanderbilt Medical Center posted advertisements on campus as well as at the Medical Center. The Vanderbilt advertisements reached groups in Kentucky as well as throughout Tennessee. The Wilson County Health Department and Cumberland University helped by placing posters and handbills advertising the seminar. A write-up and advertisement, with all pertinent information, was published in The Baptist and Reflector, the state paper of The Tennessee Baptist Convention. This advertisement reached over 2900 churches. In

addition to the preceding advertisement, many telephone calls were made to remind different churches and individuals of the coming educational opportunity. The advertisement was well planned and covered several middle Tennessee counties as well as several counties in Kentucky. Because of the wide expanse of the advertisement we had many people in attendance from outside the immediate area. However, we did not have as many folks show up as we had hoped. We had hoped for 100-150 participants but only had 39 in attendance. The response was not in accordance with the amount of advertisement that was posted throughout the county and state. A person can only speculate that a fear of the subject matter, a lack of concern for those infected, a judgmental attitude, and the constraints of time are the reasons for the lack of response from the community.

CHAPTER THREE

THE SEMINAR

A. Complications

No project would be complete without some form of complication arising. So it is with this project. Within a week of the project date Dr. Katherine Bertram of Cookeville, Tennessee phoned to say that she would not be able to participate due to a family emergency. So we were left without a medical doctor to share some very important information from the medical field. This writer began to make frantic phone calls to enlist another physician; however, none could be located at this late date. In a phone conversation with Dr. Barney Graham³ it was suggested that Mary Braeuner with the AIDS Vaccine Evaluation Unit of Vanderbilt University Medical Center be contacted. She was contacted and she agreed to speak at the seminar. She would bring a slide presentation and do the medical aspect; this would enhance our understanding of how the virus is transmitted and how it can be controlled. With this crisis behind us we then turned our attention to the seminar.

Questions abounded. How many would show up? Would we have enough people to make it worth while? What would happen if no one was interested enough to participate. There were some anxious moments when the reservations were slow in coming. We needed at least 25 people to make it worth while and we were not getting that many. We began phoning those who had shown an interest in participating and encouraged them to get their reservations in the mail. We had to let the food service know how many would be there several days in advance of the seminar. Finally, we

³ Dr. Barney Graham is head of Infectious Disease Control, Vanderbilt University Medical Center, Nashville, Tennessee.

began receiving confirmation of attendance and eventually had 39 paid in advance. This was sufficient to forge ahead and be comfortable with the work.

Not everyone at Mt. Olivet Baptist church was thrilled with the idea and concept of having *their* pastor and a committee from *their* church, design a seminar of this controversial nature. One individual came into this pastor's office, and read the riot act because we were doing the seminar. This person was extremely hostile and adamant that this was not Church business and we should not be involved in this type of ministry. It should not be advertised in our Church bulletin nor should any posters advertising it be placed in the church. Thank God this person was in a very small minority of the members. Most members were very supportive of our endeavors and understood that this seminar was necessary and long overdue in this area. A fellow pastor heard of this person's attitude and made the following comment, "HIV/AIDS ministry may not be Church business but it is Kingdom business and if the church is not involved in Kingdom business it needs to go out of business."⁴

B. The Seminar and Its Impact

On the morning of the seminar we, the committee and myself, arrived early to make sure the room was adequate and comfortable, also we placed bright directional signs around the campus to make sure the people would find the building in which we would be meeting. The University had set us up in a great room and had coffee and juice available when everyone arrived. We set up a registration table and handed out the information packets as each person signed the registration book. These information

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A quote by Dr. Marshall Gupton to this writer on February 23, 1997.

packets were important since they contained the information about the seminar and information on HIV/AIDS ministry.

As the participants arrived they made a number of favorable comments about the accommodations and the ease of finding the building and room. The directional signs, with their high visibility (they were printed on hot pink paper), had proven to be very helpful. There was an air of excitement and anticipation as people began to arrive. Most were anxious to "get on with the program" since this was the first seminar of its kind to be offered in the area. Those who were making the presentations were just as excited as those who had come to learn about HIV/AIDS ministry in their community.

This writer made the introductions, conducted a short devotion, went over the schedule, and gave a brief overview of the day's planned activities. Immediately following the overview Margaret Baggett, the Wilson County health nurse began her presentation. Margaret's presentation immediately struck at the heart of the matter since it dealt with Wilson County, Tennessee. She was talking about the place where most of us lived. Many were unaware of the local situation and thought of the AIDS crisis as being someplace else.

The following segment will deal with each individual presentation and the ensuing questions and discussion by those in attendance. Some of this material will be statistics presented by the speakers. This is necessary information for the area of Wilson County and Middle Tennessee. Those who would emulate this seminar would need to procure the necessary information for their own area to make it effective. Data will vary from state to state and county to county. Including this information in this writing is necessary to understand the questions and discussions precipitated by the material. It is

important to note that because the research material and vital statistics on HIV/AIDS is changing daily, data is almost obsolete by the time it is published.

C. The Presentations and Discussions

Ms. Margaret Baggett, R.N. is the County Health nurse for Wilson County Tennessee and has served on the HIV Prevention Committee of Middle Tennessee. She began her presentation by stating that, "In 1982 only 6 cases of AIDS were reported in Wilson County, however, through December 31, 1994 there were 20 cases of full-blown AIDS and 16 who were HIV positive. The figure changes dramatically and through February 28, 1997 the figures take a sharp turn upward with 32 AIDS cases reported and 31 cases of HIV." However, in 1993 the Center for Disease Control in Atlanta, Georgia changed the way it reported the disease. Previously, a person was not reported to have the disease until they actually became ill and the immune system was affected. In 1993 a person could be tested for the antibodies and be HIV positive but not be diagnosed as having full-blown AIDS. However, the antibody test still did not accurately diagnose the disease, only recently have the tests for HIV infection been improved and are reliable. Full-blown AIDS is diagnosed when the T cell or CD-4 cell count falls below 200.

A question was raised, by one of the participants, concerning the accuracy of the figures we have today and if in the new way of testing and counting inflates the figure or does it more accurately report the number of AIDS cases? The answer to the question is a qualified one since it is estimated that as much as 50% of infection goes unreported. The new way of reporting is more accurate and gives a better picture of our society. However, too many people, who are infected, do not seek medical help since the

law requires the reporting of all STD's (sexually transmitted diseases) and many people do not want to undergo the interview process, though it is held in the strictest confidence. Also, many do not want to have medical treatment simply because it will verify that they are infected and they will no longer be able to live in denial but will be forced to deal with the fact that they are HIV positive. This attitude of denial is an alarming problem and impedes the diagnosis and treatment of the disease and further complicates slowing or stopping its spread. It also makes ministry almost impossible. If a person is in denial then they are not willing to accept ministry until they reach a point where they physically cannot do for him/herself.

There was a lot of discussion at this time by most of those in attendance. Most of the discussion centered on what can be done to educate the public and make them aware of the prevalence of this enormous problem. The HIV/AIDS infection has reached epidemic proportions in the United States and in many other countries of the world, especially Africa. One of the men from Paducah, Kentucky made the observation that churches and school systems would be the ideal places to start the education process. However, he noted, the church is not really receptive to the idea of AIDS ministry and education and is, in many instances, hostile to those who are infected and also to those who are affected.

Another person noted that the school systems were not much more cooperative than the churches. Many of the leaders in the education field are unwilling to take the necessary steps to include AIDS education in their curriculum. Those who do often do not get qualified people to teach the program or they come under intense pressure from the public and consequently do not have an effective program. It is

evident that some form of education process must take place with the church and school leadership before effective education programs can be instituted in either institution. Ms. Baggett readily acknowledged the lack of education programs in the schools and churches and related her personal experience of trying to work in the school system of Wilson County and some of the other outlying counties. It was her observation that many of the schools do not want the input of the Public Health Department when it comes to education.

There seems to be no viable way of getting the message into the school system without causing a problem. This writer made the observation that much of the education process and style comes from the perspective of prevention by the use of condoms. This is not acceptable in the area known as the "Bible belt." It should be an abstinence-based approach if it is to be accepted in this area. Medical research, according to Mary Braeuner, one of the program personalities from the Vanderbilt Medical Center AIDS Vaccine Evaluation Unit, has revealed that the virus that transmits the disease is one-fifth the size of the microscopic holes that are in condoms that are made of substances other than Latex. The results of that research would indicate that abstinence is the only fool proof method of prevention. It is also a method that would be received by most school systems. There was a discussion of general agreement with this comment with only one or two disagreeing.

Considering the amount of discussion fostered by Ms. Baggett, one could easily see the value of having her lead the first part of the seminar. The people were excited, talkative, and full of questions, which set the tone and mood for the rest of the day. Following Ms. Baggett's presentation we had a short break with refreshments.

During the break there was a great deal of discussion on the presentation and many more questions were forthcoming. Most of the participants were eager to move through the break and continue the seminar.

Mary Braeuner, R.N., of the Vanderbilt Medical Center AIDS Vaccine Evaluation Unit made the next presentation. Ms. Braeuner's presentation was extremely technical and quite interesting. She used visual aids to help the group understand the virus and how it attacks the immune system as well as how it can and can not be transmitted. It was the general consensus of the group that she represented the medical field in a most excellent way.

Ms. Braeuner shared some information on villages in Africa. According to reports received from Africa there are villages that have no adults left to raise the children. AIDS has devastated the adult population. There was a little discussion on this information because most of us were stunned. This was new information for us and very difficult to process facts of such mass devastation. Yet, in one sense, we are experiencing AIDS in epidemic proportions here in the United States.

Perhaps one of the more dramatic and interesting segments of Ms. Braeuner's presentation was on the topic of the "They" syndrome. She asked us to look around the room and see who "looked" like they had AIDS. It's always someone else who has it. "They" have it. "They" can deal with it. "They" are the ones, the homosexuals, the IV drug users, the hemophiliacs, but "they" look surprisingly like "us." This became a sobering thought for most whom were there. Many had come because "they" were the ones infected but most were not and this made us realize who the "they" really are. "They" are our friends, family, and relatives who need ministry and someone to care.

Ms. Braeuner then turned our attention to some of the medical aspects of the disease. We learned that when the virus attacks a cell and is able to invade it the cell then becomes a virus-producing factory. Since the virus cannot replicate itself it uses the host cell. Much of the research is centered in finding ways to prevent the virus from being able to invade the cell. If a way can be found to prevent the cell invasion, then the virus would not be able to replicate itself and consequently die. She also covered the advancement of drug therapy. Several new drugs are now being used successfully, among them are drugs called protease inhibitors. When these are given in combination with AZT and 3TC some phenomenal results are occurring. It is not a cure but some of the effects of the virus are being reversed and the T-cell count is rebuilding. This is encouraging news and sparked a lot of discussion. A couple of the people at the seminar were on the drug "cocktail" and were experiencing remarkable health improvements. These folks shared with the rest of the group and were very candid in their discussion. This fostered a lot of discussion and the people were eager to learn what else could be done and how they could help. This was exciting since one of the overall goals was to involve people in ministry. Again the answer was education. You can help by educating people about HIV/AIDS. How it is and is not contracted.

At this point Ms. Braeuner did a short segment on the methods of infection and how you can and cannot contract the virus. You cannot contract it by shaking hands or hugging those who are infected. One of the real needs of those who are infected with this virus is real and personal contact with other people. One of the men who is HIV positive said he personally needed to have people shake his hand or hug him without being afraid. To this person, real ministry simply takes the form of a genuine handshake

or hug. Effective ministry happens when those who are infected with this virus are not treated like lepers and ostracized from their communities, but treated like individuals of great worth and value and are loved and shown compassion.

The general tone of the discussion now moved to the ways HIV patients are treated by the church and other religious organizations. The consensus of most in attendance, which were infected, was that the church is failing in its work of ministry when it comes to HIV/AIDS. This discussion brought us to the heart of this seminar. How can we, in the Christian community, be more effective and compassionate in our ministry, especially to those who are HIV positive? This was one of highlights of this seminar, because those who were HIV positive and the leaders in the church were able to have an in-depth discussion and talk openly and candidly about their needs and fears. Several things became clear, (1) people are fearful of those things of which they have no knowledge, (2) people that have been infected with this virus need genuine care and ministry, (3) the church needs to be more open and responsive and, (4) we all need to be more understanding of each other. This discussion continued for several minutes without anyone getting angry or short with an individual. Those who are HIV positive learned that many people would like to help but do not know how. They also learned of the fears of those who are not infected and why they are hesitant to do ministry. This writer/ pastor observed that those who attended this seminar and practiced risky behavior, such as IV drug use, unprotected sex, and unprotected homosexual encounters, were less open to ministry ideas and suggestions than those who were infected and were not practicing risky behavior. Some of those in attendance were not hesitant to talk about their sexual and drug lifestyle. It seemed that the riskier the behavior pattern, the

less open they were. There were a couple in attendance who were angry and let it be known; they were hostile toward the church and anyone connected with the church, however, they left at the lunch break and did not return.

One can see that Ms. Braeuner's presentation, though it was technical and medical, became a catalyst for a discussion that was meaningful and educational. Many ideas were exchanged and, for those of us in the religious field, it was a time of honest reflection on the involvement of the church in ministry. We were forced to ask ourselves whether or not our churches are doing viable ministries and are we really responding as Jesus would respond to these folks who have become outcasts of our communities?

This presentation went a little overtime, about 15 minutes, since there was a great amount of discussion, however, we allowed for things like this to happen and were able to make up the time on the back end. We did not want to stifle good discussion since our goal was to foster education, discussion, and development of ministries and ministry opportunities. It was apparent that this was happening at this time and the discussion was allowed to run its course.

Ken McDaniel, a representative of Nashville Cares, made the next presentation. Nashville Cares is a non-profit HIV/AIDS service provider that is in its tenth year of supporting those infected with HIV/AIDS. Nashville Cares provides support groups, individual counseling, group counseling, home delivered meals, direct financial assistance, education, awareness, and prevention programs. It is currently serving almost 1,000 clients. Mr. McDaniel was to make a presentation on the work of Nashville Cares and how they were doing ministry and coping with the negative impact

of HIV/AIDS. Unfortunately, his presentation left a lot to be desired. He never really told what they were doing nor did he offer any help or suggestions as to how the church could help. He used coarse language that was offensive to most of the participants and it was evident that he was very angry and wanted nothing to do with the church. Mr. McDaniel's presentation received the lowest evaluation of all those participating. There was no order or reason in his work. He brought far too many overhead cells and when he used them he did not leave them up long enough for the people to read and understand. He was moving at 90 mile an hour trying to get through the Nashville Cares segment and move to his own agenda. However, this writer/pastor maintained control at this point and we were able to salvage a little from his work. One of the folks made the comment during lunch that "his presentation was a mile wide and an inch deep." In other words he tried to cover too much too quick and did very little. His attitude, as well as his language, was offensive to most of the folks in attendance. As another person at the seminar said, "We saw the human drama unfold as he made his presentation in anger and bitterness." One positive aspect of this presentation was the revelation of the different attitudes people have when dealing with this disease. In all fairness to Mr. McDaniel one must realize that he is not a Christian and his son is infected. Furthermore, he wanted to be the one in charge and run the seminar. Since this was not possible he tried to make it difficult for everyone else. This is perhaps the most negative thing that happened during the actual seminar and we were able to overcome this and continue in high spirits.

At the conclusion of Mr. McDaniel's presentation we had our lunch break.

However, the discussion and exchange of ideas continued through lunchtime. Also, this

gave the folks time to talk to the program personalities and ask additional questions. It was a pleasant, informative, and educational lunch hour.

Upon returning we began the afternoon session by letting Mr. McDaniel make a few more comments. His time had been cut short due to the previous segment being a bit longer. He once again tried to control the meeting and use more time than allotted. As seminar organizer, this writer/pastor assumed control and we moved to the next presentation.

Debbie Runions made the next presentation. Ms. Runions is the author of **SABRINA'S GIFT** and is HIV positive. Her presentation was well planned and presented in a way that held the attention of the audience. She began by giving a short synopsis of her childhood and her conservative background. Her parents were rather well to do and she lacked nothing in the realm of materialistic possessions. Ms. Runions was very candid about her life and shared that she became pregnant during her senior year of high school. She married the father of the child and they had a good life until he was killed in an automobile accident. She was in her early thirties and had two children when the accident happened. She did not date for a number of years but concentrated on raising her children.

Most of Ms. Runions' presentation was centered on how she contracted the virus. In candid conversation she told of a relationship that included sexual intercourse and the breaking off of this relationship only to reestablish it a couple of years later and have a "one night stand" unprotected sexual encounter. It was during this last contact that she was infected with the human immunodeficiency virus. This, according to Ms. Runions, was October 19, 1992. She became ill within three or four weeks of that sexual

encounter. Her physician could not determine the cause of the illness and several weeks later did additional tests that included a blood test for HIV. The test results were positive and her physician told her she would probably have ten years before there were any real problems. However, within two years she developed full-blown AIDS and was very sick. Since that time the virus has been brought under control and her life is improving.

Ms. Runions is on the President's Commission for HIV Prevention and is currently doing HIV/AIDS education in the school systems. She stated that she is very careful how she relates her experiences in a school presentation. However, according to her own statements she does not focus on abstinence as a viable alternative, yet she readily admits that abstinence is the only sure way of preventing HIV infection. Most of the programs used in the school systems across the country are not working, according to Ms. Runions and the other people making presentations. For most of the folks in AIDS education this ineffectiveness is very discouraging. Still, the majority of educators in this seminar were and are unwilling to teach abstinence before marriage and monogamy after marriage as a viable method of prevention.

One of the more dramatic points of Ms. Runions presentation was an incident she related concerning a friend of hers who is not infected with the virus. His idea of prevention and stopping the virus was simply to gather all the folks who are infected and practice genocide. Ms. Runions reply was, "Would you kill me also?" His reply was, "No, I love you." Later she introduced this person to another friend and after the meeting she asked how he liked this individual. His reply was, "I like him very much." Ms. Runions then stated that this person was also HIV positive and asked, "Would you

kill him also?" The gentleman replied, "No, I like him and he is a nice person." The point of all this is that it is easy to judge people that you do not know and talk about how you would handle a situation. It is much more difficult when you get to know an individual and have to make a decision that will affect a person who has become your friend. That is why it is so important to get to know people when you are involved in ministry. People who are HIV positive need ministry and not judgement.

The preceding story caused a lot of discussion about ministry and most of the discussion came from those who are HIV positive. They could relate to the attitude of the individual who would have killed everyone who is HIV positive rather than taken the time and energy to be educated and then do ministry. Everyone agreed that it is difficult to minister to someone who has a disease that is deadly and communicable. Those who were infected with the virus were very candid in their discussion about the way they have been and are being treated, especially by the people of the church. It became a scathing indictment against the church because of the unwillingness of the majority of church members to move into the realm of ministry and out of the realm of judging. Ms. Runions related her own experience with the church and, thankfully, it was better than most of those in attendance. It would be prudent, at this time, to say that approximately twenty five percent of those present were either HIV positive or had family members who have been and are infected. Many of the comments to Ms. Runions were of an encouraging nature and very supportive of her life and work.

The most beneficial part of this presentation was the identity factor and how those who are supposed to exhibit God's love are treating people. Several individuals related unpleasant experiences with churches. It seems that the only churches where

folks who are HIV positive are welcome are churches that are extremely liberal and have few doctrines or guidelines. The general consensus of these people was the need for a church that is spiritually conservative but liberal with ministry endeavors.

Ms. Vickie Black conducted the next section of the program. Ms. Black has a Master of Science in Social Work degree and worked as a hospice counselor for those who are dying of HIV/AIDS related causes. Her presentation was directed at the ministry aspect of those dying of this disease. It was evident, from the beginning, that Ms. Black's presentation would be helpful in ministry. Ms. Black is a very compassionate person and that was reflected in her voice, mood, and story. She began with a story of a young African-American who was one of her first patients. After this young man contracted the disease and it developed into full-blown AIDS he had to move back home with his mother. Ms. Black's presentation centered on her ministry to this young man and his mother. The young man was concerned that he would be a burden to his mother and other family members as well as Ms. Black. One of her first challenges was to help him put that concern aside and move on with the life he had left.

By her presence in the home, her willingness to have physical contact with this young man, and her concern for both him and his mother she was able to have a good ministry. These two things, physical contact and genuine concern, are necessary if one is going to do HIV/AIDS ministry. Ms. Black's concern for this young man's quality of life helped him to have a concern for others and focus on what he could do with the rest of his life. As a result of this focus, and with the help of his mother and Ms. Black this young man decided to make a difference in the lives of others who were infected with AIDS. He decided to chronicle the rest of his life with video and even to

have his own funeral before his death. This was beneficial to his mother as well as to himself and gave him a purpose in life. Ms. Black was a constant guest in their home and helped them through this crisis and his eventual death. She brought this writer/pastor a copy of the video and shared that Jeff's mother was now doing AIDS education even though her son is gone and she is uneducated. Ministry and compassion do not require one to have a degree from an institution. Jeff's mother received her education in the school of life and through her own tragic loss. Her son's life may be ended but his memory and ministries live on. It was his desire to help others and let them learn by his mistakes. This is being accomplished today because Ms. Black was and is willing to reach out to those in need and help them with ideas and encouragement.

Ms. Black touched an area that is often neglected. That is the area of ministry to those who are the survivors of those who have died of ARC (aids related causes). Jeff's mother needed ministry and through the use of the video and the creating of good memories she is now able to cope with the loss of her son. The disease affects many families because they have a member that is infected by it. Ms. Black related that all too often the surviving members are neglected and ostracized by their churches and communities simply because of the stigma of HIV. This touched a nerve with this writer/pastor since that was the case of a family at Mt. Olivet Baptist Church. Their family and church family abandoned them when folks found out that their son died of ARC.

There was quite a bit of discussion concerning Ms. Black's ministry through hospice. She shared several other examples of how she helped families deal with the impending loss of loved ones as well as helping the infected individual. A question was

asked about the accuracy of the steps people go through according to Elizabeth Kubler-Ross.⁵ Ms. Black's work in hospice, by nature, deals with death and several of those in attendance were interested in people's response. Ms. Black shared that, in most instances, Kubler-Ross is accurate. People do go through rejection, denial, anger, and rage before they come to acceptance. Many of the survivors go through the same things and must deal with the entire gamut of emotions.

This presentation took on a more serious tone but was very helpful for those of us in ministry to learn the needs of the individuals and their families and friends. It helped to talk about death and dying and how people respond. Death is a reality for everyone but those who are infected with HIV it becomes a greater dynamic of life since the average life span for an infected person is less than ten years, according to the volume of medical research. That is improving but HIV infection is still a death sentence without reprieve. Those infected with HIV entered the conversation about death without hesitation. They offered some suggestions about ministry and conversation with those who are infected. If an infected person brings up the subject of death then talk to that person about dying. They need to talk to someone who is not afraid to talk about death and dying.

It is the opinion of this writer/pastor that Ms. Black helped each of us see the need to be honest and helpful in ministry and to help those who are dying to have meaning and purpose in life and dignity in death. Too often we are reluctant to talk about death to a person who is dying and is fully aware of their situation. For many it is a release.

⁵ Elizabeth Kubler-Ross, On Death and Dying (new York: MacMillian Publishing Co., 1969).

Ms. Black helped Jeff plan his own funeral. He decided to have a celebration and invite his friends to come over and have a party much like a birthday party. He did this before his condition had weakened beyond his ability to participate and enjoy himself. They played music, had refreshments, talked, played games, and reminisced about the past. At the conclusion they sang hymns, had prayers, and some gave eulogies. This helped Jeff and his mother deal with the inevitable and gave them peace. Not long after the celebration Jeff took a turn for the worse and went down quickly and had a peaceful death. Ms. Black had truly ministered to this family. She continues to be in contact with Jeff's mother and encourage her. Jeff's life and death has touched many lives and made a difference because someone cared enough to minister in a non-traditional way.

This writer/pastor made the final presentation of the day. This presentation dealt with the Biblical and Theological mandate for ministry. It is easy for the individual Christian and the corporate body of believers to miss a ministry opportunity. Ministry must be direct, intentional, and with focus if it is going to accomplish what needs to be accomplished. People who are HIV positive or have full-blown AIDS can, in some ways, be compared to the lepers of Biblical times. In Scripture, the book of Numbers⁶ declares a person with leprosy to be unclean and as a result they were outcasts of society. The same held true during the earthly ministry of Jesus; however, his response was much different. Jesus ministered to lepers on at least three different occasions, Matthew 8.1-4, 26.6, and Luke 17.12-19. In the Matthew 8 passage a single leper came to Jesus and begged him to "make me clean." His request was far more than

⁶ See Numbers 5.1-4.

physical healing. Physical healing was great but his desire was to have the freedom to rejoin his community and become a vital part of that society. He wanted to be set free from the stigma of leprosy. By healing him, Jesus granted the request to the fullest extent. Individuals today, who are infected with the human immunodeficiency virus, want to have the stigma removed so they can once again be part of their family and community and contribute to society. The impetus of this seminar is to help us, as ministers or laypersons, to see that need and take action in our churches. Jesus' compassionate response should be the example and pattern for our personal and corporate response to those in need of ministry.

The second encounter with lepers is found in Luke chapter 17. This time the lepers keep their distance but their request is the same, they need restoration to their communities as well as physical healing. Jesus did not dismiss or rebuke them and send them away without ministering to their need. On the contrary, he instructed them to go and show themselves to the priests and they would be healed, as they obey, they were cured of that dread disease. As a pastor, this writer is aware of the limitations of an individual, we cannot minister to everyone, but we can make a difference in the lives of those God places in our pathway.

The third encounter Jesus had with a leper is much different and unless we are looking for it we could easily miss it. This time Jesus goes to the leper rather than the leper coming to Jesus. This is recorded in Matthew 26.6 and simply states, "Now when Jesus was at Bethany in the house of Simon the leper..."⁷ and that is all we hear

7 Scripture quotation from The Revised Standard Version, Oxford Press, 1977.

about the leper. The rest of the passage deals with totally different problems and would lead us to wonder why Matthew was so explicit in his identification of Simon as a leper. It is this pastor's belief that Simon was identified as a leper that we might get a glimpse of Jesus' uncompromising spirit to be on the cutting edge of ministry. The church needs to be leading the charge in ministry to those who are infected with HIV and, unfortunately, we are lagging far behind. This seminar is to help us get a grip on doing ministry as Jesus would.

Looking at Biblical mandates for ministry reminds me of a book written in 1897 by Charles M. Sheldon.⁸ The book, In His Steps, chronicles an experience of Sheldon in which he dressed as an unemployed printer and walked the streets of Topeka, Kansas. He was shocked by the indifference of the Christian community to the needs of their fellowman. As a result of that experience he wrote the book and in it he allowed a minister to come to a point in his life where he challenged members of his church to ask the question "What would Jesus do?" before making any decision. If we would apply the same question to ministry to those who are infected with HIV we would make a great difference in our world. What is the Biblical mandate for ministry. This pastor believes it to be the same as Sheldon ask in his book. What would Jesus do?

There was a lot of discussion during this presentation concerning the problems within the church that would prevent the occurrence of quality ministry to those that are infected with HIV. The general consensus was a lack of education, commitment, and a willingness to minister to a seemingly outcast population. Fear was also mentioned as a problem. Fear of contracting the virus, fear of not knowing how it is

⁸ Charles M. Sheldon, In His Steps (Pittsburgh: Whitaker House, 1967 reprint).

spread, and a fear of being identified with the homosexual community were the primary concerns voiced.

During the remainder of time in this seminar we discussed how the church and individual Christians could do ministry. Several things were suggested, (1) begin an education program in the church, (2) invite someone who is HIV positive to speak to a group or the entire church body, (3) contact organizations such as Nashville Cares, The American Red Cross or, other churches who have a program in place, for information. An additional suggestion was made that is very important. Regardless of the size program you decide to use, above all, get one started. People are dying and need help, love, and comfort and the church can make a difference in the lives of these people if we will just commit to do so. So the most important thing is to make a commitment to minister to those in need and then live up to that commitment. The greatest indictment of the church was our lack of compassion and action. If we are truly a people of faith then we must live it out in our ministry to the needy.

CHAPTER FOUR

CONCLUSION AND RESULTS

This seminar was the result of a lot of hard work and planning by a number of people. The committee from Mt. Olivet Baptist Church was very helpful and supportive as we tackled a subject that was quite controversial. There was no dissension in this committee, however, we were aware that we would face some unpleasant folks who thought this subject should not be broached by a church. We were surprised by the lack of controversy; only a couple of people in the church gave us any problem. They have since moved their membership to another church that is not involved in HIV/AIDS education. It is sad that they felt that way but one church cannot please everyone all the time. Mt. Olivet Baptist Church has grown spiritually through this project.

When the project began we had a couple of deacons who were not supportive of the work and during the education process at the church they were conspicuously absent. Since that time we have elected new deacons and the church has stood solidly behind this writer/pastor and the committee and elected deacons who are supportive of doing ministry on the cutting edge. The others are now inactive and have lost the majority support.

During the period of time this writer/pastor has been involved in the Doctor of Ministry program at Drew there have been several education programs carried out at Mt. Olivet Baptist Church. This pastor, and the HIV committee, designed most of those used. Dr. Sandy Phillips of the Cumberland Mental Health Service conducted a wonderful workshop on starting support groups and their benefit. This was well attended and made a great impact on many of our people.

There have been some exciting developments as a result of this seminar. Six or seven churches have contacted this writer/pastor for information on how to do education in the church and how to procure good educational material. A local television station invited this writer/pastor to be the guest on a half-hour program to help do AIDS education. This was a wonderful opportunity because the entire program dealt with AIDS education and ministry and reached a viewing audience of approximately 250,000 people.

Shortly after the seminar an individual who works with Nashville Cares, and attended the seminar, requested information on how the seminar was set up and how we made the numerous contacts, additionally, he wanted information on how they could contact the personnel we had on the program. Nashville Cares liked the format and said they would like to expand it and do similar seminars in several counties. Several leaders of Nashville Cares have contacted this writer/pastor to discuss the seminar. Invariably the discussion has included Mr. Ken McDaniel's presentation at the seminar and the consensus of opinion is that he did a very poor job of representing Nashville Cares, so much so that his future involvement as a representative is being reconsidered. Needless to say, this writer/pastor will not be inviting him to speak at another seminar nor will he receive a good recommendation, should anyone inquire concerning his ability as a speaker.

A graduate student from Vanderbilt University who is gathering information for a project on AIDS and the church's response interviewed this writer/pastor. He would like to use our seminar and information to further research. Additionally, this writer/pastor was asked to construct and conduct an HIV/AIDS seminar in an African-

American church in Nashville, Tennessee. The opportunities for ministry and education have been numerous since this seminar took place on March 15, 1997. The work has just begun and many more opportunities will follow. Several people have suggested that this type of seminar be held annually in Wilson County, Tennessee. This is now being studied for its feasibility. However, should we do this again we will enlist someone from Nashville Cares other than Mr. Ken McDaniel. We will have someone who will use their time in the correct way to help educate us in the ministry of Nashville Cares.

Considering the amount of time and ministry this writer/pastor has had with those who are HIV positive it is very likely that the community and fellow ministers will identify him as the "AIDS pastor." This writer/pastor has no problem with that identity since Jesus told us to go into "all the world" and minister in his name. This seminar has been and continues to be successful in AIDS education and ministry and to be on the cutting edge of ministry, which is exciting. As a minister, this project has caused this writer/pastor to reexamine his theology and ministry direction. The theology aspect has not changed, however, according to this pastor's wife and friends, the ministry aspect has taken on a much greater expanse and compassion for those that are hurting and dying in our world. The scope of involvement in ministry and teaching has been enlarged and continues to expand.

Mt. Olivet Baptist Church is continually making books, information, pamphlets, and other information available to churches and individuals. We, the committee and this pastor, are available to help educate and minister to all peoples. The guiding principle for this seminar and ministry can be found in Jesus' words, "And whoever gives to one of these little ones even a cup of cold water because he is a

disciple, truly, I say to you, he shall not lose his reward.” (Matthew 10:42 RSV). Our desire is to serve Christ Jesus and minister in his name by asking ourselves, “What would Jesus do?” and then act accordingly.

APPENDIX ONE
SAMPLE EVALUATION FORM

EVALUATION

1. On a scale of 1-10. I would rank this conference using 1 as the highest rating

	1										10
(1) Interesting											
	1										10
(2) Helpful											
	1										10
(3) Met expectations											
	1										10
(4) Met my needs											

2. What I like most was _____

3. What I liked least was _____

4. I wish more attention had been given to _____

5. If I had to leave out one thing it should be _____

6. If I were revising the date I would _____

7. You should also include _____

8. Other comments: _____

Please complete and return

APPENDIX TWO
WRITTEN EVALUATIONS



March 25, 1997

Rev. Jim McAfee
7501 Hickory Ridge Road
Mt. Juliet, TN 37122

Jim:

As you know, we pastors attend our fair share of seminars and symposiums with various degrees of enthusiasm. My hectic schedule preceding the HIV/AIDS Seminar left me longing for a leisurely Saturday to kick back and relax. Instead, I drove toward Cumberland University praying (with eyes open, of course), "Lord, teach me something new today that will equip me to serve the needy and You more effectively." He certainly did.

Upon your request, I offer the following evaluation of the seminar with sincere thanks for the invitation to participate. Jim, your attention to details was evident in the outside directional signs, comfortable room arrangements conducive to both lecture and group interaction, the packet providing a plethora of helpful resources, lunch and snacks. Careful planning eliminated potential distractions concerning these peripheral issues. Also, your relaxed introduction set everyone at ease and created a sense of *community* among the seminar participants.

Guest speakers provided a good balance between the *descriptive* and *prescriptive*. Margaret Baggett's account of conditions in Wilson County underlined the adage that AIDS does not discriminate. She noted, "the face of AIDS is younger and more likely to be a face of color and more likely in rural counties than it used to be." I sensed that she views her work as a public health nurse to be her calling for ministry. Her comment about MTV being the #1 source of AIDS education motivated me to talk with our youth pastor about becoming more proactive in teaching our teens about this dreaded disease and sexual abstinence.

Mary Braeuner's lecture and slide presentation was helpful but a bit too technical at times. She assumed that her audience was familiar with medical jargon and left some of us overwhelmed with information overload. I was particularly impressed by Vanderbilt's research efforts and how one can enlist as a volunteer in this effort--information that can be passed on to those with whom I counsel.

Ken McDaniel's angry speech did very little to clarify the mission of Nashville Cares. I got the feeling

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COLLEGE HILL

CHURCH OF THE NAZARENE

that he's anti-church and anti-clergy, perhaps frustrated by the reluctance of evangelical pastors to endorse the homosexual "alternative" lifestyle. Frankly, his attitude and actions make me uncomfortable about College Hill's "care team" connection with his organization.

Feelings of invincibility flourish among the traditionally-safe population groups, particularly white heterosexual middle-class adults. Anyone who practices "at risk" sexual promiscuity should hear Debbie Runions' riveting story about her battle with HIV/AIDS. It was, in my opinion, the highlight of the seminar. I intend to invite Debbie to speak at our church someday soon.

While Vickie Black's presentation lacked charisma, it "oozed" with compassion for those who have been afflicted and/or affected by the AIDS virus. Her graphic description of frontline ministry inspired and challenged the audience to get involved.

Throughout the day, I heard a not-so-subtle indictment of the church for its reluctance to address the HIV/AIDS crisis and to minister to its victims, some of whom were sitting among us in the seminar. In order to stimulate discussion and to hear their "language of pain", I asked, "What can and should the church do?" The victims' verbal and non-verbal response was simply "offer unconditional love and acceptance."

As discussion ensued, Jim, you attempted to control and squelch the conversation before you could address the subject in your formal presentation on "The Mandate for Ministry." It may have been just as effective to "go with the flow", possibly weaving your thoughts into the rather spirited discussion. I sensed that the group would have welcomed more time for personal interaction. You may have had a very good reason for limiting the discussion (such as the possibility of a verbal battle with Ken McDaniel) but I would have encouraged more audience participation. Employing the Biblical models, you effectively communicated (without sounding too "preachy") the urgency to go forth and serve the needy.

Again, thanks for inviting me to participate in this informational and inspirational seminar. It was time well spent. May God continue to bless our combined efforts for His glory.

Great Days Ahead-

D. Randy Berkner

D. Randy Berkner

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4-1-97

On March 15, 1997 I had the privilege of attending an HIV/AIDS Educational and Ministry Seminar organized and presented by Brother Jim McAfee of Mt. Olivet Baptist Church. The need and timeliness of such a meeting is particularly pronounced in my opinion. Although I am not directly acquainted with anyone suffering from HIV infection, I am keenly aware of the critical need for education and awareness of our churches in the area of ministry to individuals and families whom we will all certainly be in contact with.

The educational aspect of the conference was very well presented by Margaret Baggett and Mary Broeumer. Both of these ladies' extensive background in nursing and the medical profession enabled them to speak with great expertise and clarify about the factual side of the disease. Understanding the facts being one of the vitally important needs to approaching such a ministry. I would very much be interested in the views and insights that a physician would bring to this subject.

I think the highlight of the conference was the personal testimony of Debbie Runions. The insight gained from her firsthand experience was invaluable for a deeper understanding and sympathy for those affected. Ken McDaniel was also able to give insight from the view of the family member of an HIV/AIDS patient. Many of the people dealing with this disease would have an opposite sex partner. I feel like the growing population of heterosexual instances would be of interest and concern in approaching a strategy for ministry. The input of a hospice counselor such as Vicki Block added a broad view from her experience in dealing with many who are and have been afflicted by AIDS.

Without the biblical and theological aspects being dealt with, we are at a total loss in dealing with a Christian approach to HIV/AIDS ministry. Brother Jim very clearly challenged all in attendance to consider the unmistakable attitude we must have to have a Christ-like approach to the people we have or certainly will come into contact with. The opportunity for ministry is very prevalent today and our task must be to reach out with God's love and grace to those in need. The idea that a test is upon each of us uninfected people as to how we minister to those who are infected presents a very positive approach to the challenge of AIDS in our world today.

I look forward to the challenge of leading our churches in HIV/AIDS ministry and I am sure this seminar and those to follow will be of great benefit in providing such a ministry.

Roger G Phillips



From the Desk of Ron Lowery
 300 A Anderson Lane, Madison, TN 37115

April 28, 1997

Dear Jim,

On March 15 you brought together a unique collection of individuals. Around the subject of AIDS you gathered a salesman and a journalist, clergy persons and scientific researchers, a young man and an elderly lady. Each individual's dialogue added to the other in a broad understanding of this devastating virus. Your superb planning led us through the many layers of the world of AIDS.

Your careful attention to the details of hospitality--signs pointing the way to the meeting room, breaks at just the right times and a delicious luncheon--added a real touch of class to an outstanding day. You are to be commended for the courage and tenacity to accomplish this most successful seminar. It is unfortunate more people did not have the advantages of this excellent event. I hope you will make this an annual activity.

I left your seminar with a much increased understanding of the AIDS crisis. I am more knowledgeable of the terms used, the difficulties faced by the patients, and the need for churches to be engaged in this opportunity for ministry. Certainly with our state having the largest increase in the per cent of AIDS patients in the nation, it is vital for all of us to become more informed and to develop ministries for andwith those affected by this disease.

Of all the speakers Viki Black, the hospice nurse, gave me the most information. her stories gave me the following insights and questions:

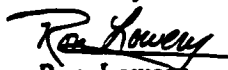
1. There are homosexuals with AIDS who share a female sex partner.
2. AIDS patients are deeply concerned about their relatives.
3. Those who volunteer to help AIDS patients are often driven by reasons or problems in their own lives.
4. AIDS patients have housing problems.
5. One key issue is the loss of control over their lives, their destinies.
6. There are significant role shifts, i.e. older, ill parents who care for their younger adult children.
7. There are fears about insurance and health care providers.
8. There are fears concerning the approach of death.
9. There are fears about who to tell and how to tell them.
10. The process of remembering and recording the life process became an important part of the "life-to-death" journey for one patient.
11. AIDS can be in places (persons) where you have no idea it exists.
12. There are AIDS patients, living in a drug environment, who have their medicine stolen by their "friends."
13. How does the patient express the pain?
14. How can the public be educated about the problems?
15. Who cares for the care giver?
16. How can AIDS support groups be formed?

17. How can we help AIDS patients deal with death and the fears of the unknown process of pain and suffering?
18. How can we deal with the issues of trust, truth, and information?
19. What gifts, an AIDS patient wonders, are to be left behind for the future generations?
20. What are the state laws regarding AIDS?

For me, having patients in the group who were living with AIDS was a very powerful witness to the hope we have in Christ. Their pleas for compassion and for the support of the Christian community are like cries from the Cross. Your concluding challenge for the church to "become a hospital for the hurting and not a resort of the healthy" is a powerful call to all of us, a call to share the hope which is ours in Christ Jesus with all those who suffer.

Thank you in allowing me the opportunity to share in your seminar. I hope you will continue this process.

Sincerely,


Ron Lowery

HIV/AIDS Educational and Ministry Seminar
Organized by Pastor Jim McAfee
Presented at Cumberland University on March 15, 1997

This educational seminar was prepared for people in the community who desire to know more about the HIV/AIDS epidemic, and to become aware of the need for involvement by the Christian community to set an example of unconditional love for those being directly or indirectly affected by the disease. A variety of speakers was arranged to give an overview of HIV/AIDS. Statistical information was given comparing current data to data from 6-7 years ago. This was helpful in realizing that this epidemic is present, and growing, in our rural communities and not just in metropolitan areas. The face of AIDS is now your neighbor instead of an unknown gang member or prostitute. The need for community outreach was emphasized.

The description of HIV and how it attacks the immune system was well presented. The complexity and cruelty of this virus was not downplayed. Current research for antidotes and vaccines was explained and again community involvement was emphasized. Researchers need volunteers to assist with their studies in hopes of developing a vaccine effective for the whole population.

An overview of the works of a local volunteer agency was presented. This presentation was a little marred by the presenters personal feelings and anger surrounding the HIV/AIDS epidemic due to having a family member affected by the disease. The point got across though that there is a volunteer job for everyone, no matter what their personal strengths may be.

A personal testimony was especially effective in getting a greater understanding of those affected by HIV. The reality that those being affected are mothers, fathers, spouses, neighbors, co-workers, etc. was felt as a middle aged heterosexual female, professional worker, and mother of two presented her story with humor, pride, and determination.

The need to be supportive and loving toward those people in their final weeks and days was emphasized through the testimony of a hospice worker who had seen many beautiful and fulfilling last days of AIDS patients. People need to understand that when an individual is diagnosed with HIV they are still valuable as a person and should not be regarded as "better off dead". Many of the most meaningful and productive days can occur after the HIV diagnosis.

The seminar as a whole was informative and well planned for the time frame in which it took place. More detailed medical information, statistical information, and personal testimony could have been included if a weekend seminar was planned versus a one day seminar. The point however was effectively made during this time frame that we as Christians need to be aware of this epidemic, not deny it or fear it. We must be actively involved and defeat the face of hypocrisy that is unfortunately so often present in the church. We need to be leaders in caring, supporting, and educating. This was the theme that carried throughout the day.

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VITA

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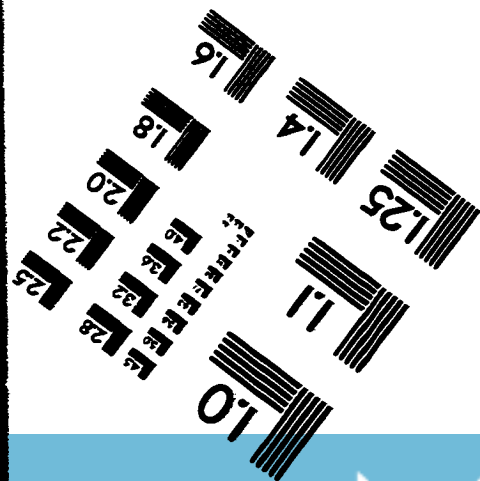
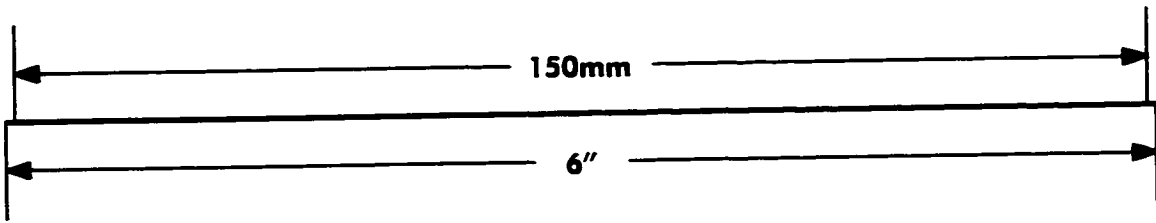
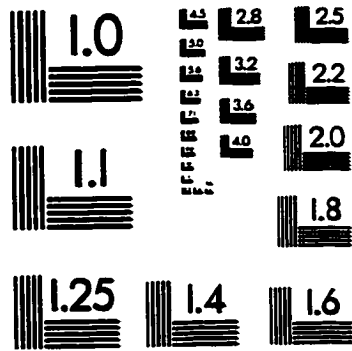
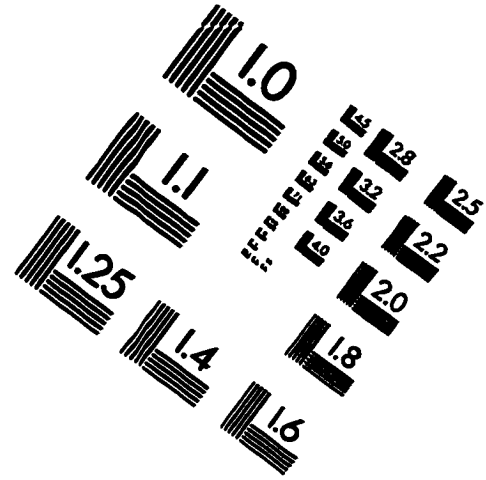
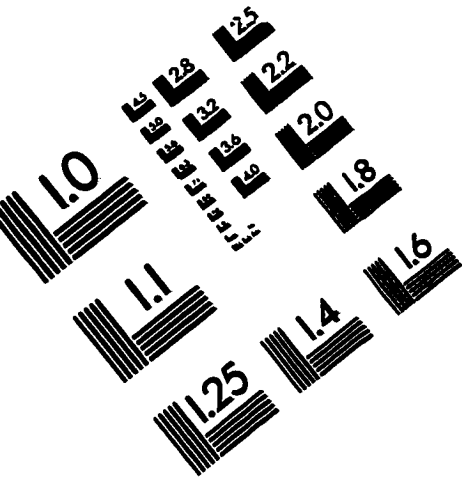
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