

December 02, 2007



World AIDS Day December 1, 2007

From the Presiding Bishop

For the Congregations of The Episcopal Church

I give thanks as you gather to reflect on the impact that HIV/AIDS has had on the families, congregations, and communities in and beyond the Episcopal Church. I pray that our efforts to prevent and develop effective treatment for this disease will be strengthened, once again, by calling to mind those who have died as a result of this disease.

I also pray that new generations will be inspired by the many who have answered the prophet Isaiah's call to bring "the oil of gladness instead of mourning, and a mantle of praise instead of a faint heart."

As we enter the second quarter-century of this disease, I am mindful of how far we have come and how far we have yet to go. I continue to be inspired by the ingenuity of the human spirit as people around the world work to develop effective prevention programs and new treatments for HIV and AIDS. Since 1988, the National Episcopal AIDS Coalition has served as a witness to these gains. Through their ongoing work, our church is better equipped to bring God's healing embrace to many who suffer from this disease.

These gains, however, do not negate the fact that HIV/AIDS continues to spread in distressing ways both within the United States and abroad. The statistics tell what has become an all too familiar story—namely, that HIV/AIDS devastates society's most marginalized communities.

Among people who are HIV positive, the groups showing the fastest and highest increases within the United States are youth, women, and people of color. We must attend to, and work to change, the ways in which social stigmatization, particularly

racism and gender discrimination, serve to exacerbate the spread of this disease.

All of us are called to follow in Jesus' footsteps in bringing God's hope and healing to those who live with this disease. I am particularly grateful for the National Episcopal AIDS Coalition's work in challenging the stigma that still haunts this disease. NEAC's work, along with that of so



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www.episcopalchurch.org/hispanic.htm



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many others, makes manifest the gift of God's persistent love. It is as bearers of this love that we are called to bring "the oil of gladness instead of mourning."

Know that you are in my prayers. I remain

Your servant in Christ,

Katharine Jefferts Schori

HIV/AIDS 2007: Facts & Factors

from National Episcopal AIDS Coalition

The severity of the HIV/AIDS crisis, both worldwide and in the U.S., continues to increase. The Episcopal Church must meet this problem with increased awareness and action. Recently, the Evangelical Lutheran Church of America, (ELCA), with whom TEC is in communion, has renewed programs and work in this area.

Although HIV/AIDS has slipped off the front pages of the media, 2.6 million people have contracted the disease in 2004 making a worldwide total of nearly 40 million people living with some form of the disease. In Africa, especially, infection rates have soared in some countries. Lesotho, for example, has a prevalence rate of 23%. In many places, antiretroviral drugs are not in sufficient supply allowing the disease to progress unabated.

The epidemic has taken a somewhat different characteristic in the U.S. and most countries of Western Europe but continues to ravage populations in those locations also.

The number of new HIV infections per year in the U.S. has stabilized at 40,000 per year and projections indicate that this rate will be sustained into the future. Some 1.2 million Americans are living with HIV/AIDS and 25% of them do not know it, and therefore take no precautions to prevent the spread of the disease. Further, about half of the people in the U.S. who have the disease are not under medical care.

The dominant modes of disease transmission in the U.S. are known. The highest risk groups are the African-American population as a whole, with women being the most affected subgroup with an infection rate 20 times that of white women in the U.S..

The introduction of HAART therapy (Highly Active Antiretroviral Therapy) in 1996 has resulted in a continuing extension of lifespan for infected individuals. This extended lifespan results, of course, in a somewhat increased infection rate since there are more infected individuals alive to transmit the virus.

The use of the HIV rapid test over the last few years has helped to identify infected individuals before they vanish into the population. The rapid test offers results in as little as 20 minutes. Many people took the previous antibody tests for HIV but never returned to find out the results.

Since no prospects for a vaccine against the disease are on the horizon, education continues to be the best weapon available to fight the disease and our church needs to pursue this avenue of prevention.

For more information, visit the Center for Disease Control website, www.cdc.gov, or NEAC at www.neac.org.

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