

**"IS THIS OUR CONCERN?"**

**AIDS and International Seventh-day Adventism.**

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## **The Problem**

Summers were a time of fear during the polio crisis of the 1950s--but Seventh-day Adventists were at the forefront of treating the disease. Indeed, their work so impressed a prominent Ohio family that they donated a 400-bed hospital in suburban Dayton to the church.<sup>1</sup> Why were Adventists so prominent in this respect? Adventist theology emphasizes "wholeness", linking physical wellness, spiritual health and evangelism. These concerns led the Adventist Church to establish a major system of hospitals and clinics around the world, to advocate natural remedies and foster a vegetarian diet. The involvement of the church in the medical field has led members to enter medically-related occupations in disproportionate numbers. The early Adventist interest in water treatments prepared them well to treat polio victims.

Given this history, it is not unreasonable to expect that the Adventist church would once again take a prominent place in responding to AIDS, the new epidemic which struck in the 1980s. Not only did the Adventist concern with health, medicine, and public health and its widespread hospital system prepare it ideally to confront an international epidemic, but rapid growth of the church in Africa, the continent most ravaged by the disease,<sup>2</sup> and the new Adventist self-description as "the Caring Church" would seem to have demanded action. However, in the words of Bekele Heye, President of the Eastern Africa Division of the world church, "AIDS is not an Adventist issue!" [interview, 1990]. This statement typifies Adventist attitudes almost everywhere.

This paper explores the dynamics of the Adventist response to AIDS.

## **Research Methods**

The research reported here is part of a large study of Adventism, which has included almost 3,500 in-depth interviews with church administrators, teachers, hospital personnel, pastors, students, and leading laypersons in 59 countries in all 13 "divisions" of the Adventist world church. Of particular relevance to this paper were interviews with Adventists with AIDS and their parents, participation in the meetings and activities of Seventh-day Adventist Kinship International (a support group for gay and lesbian Adventists), in the first AIDS conference organized by Adventists, and in a meeting of

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<sup>1</sup> The Charles F. Kettering Memorial Hospital.

<sup>2</sup> There were more than two million church members in sub-Saharan Africa in 1990, making up 31.1% of the world membership.

ARTA (Adventists Responding to AIDS), interviews with leaders and organizers of all these, and a survey of editorials and articles dealing with AIDS in Adventist periodicals.

## Data

1. The Adventist church has made no serious endeavors to mobilize in response to the epidemic. The church has not presented the issue to church members through dedicated sessions at camp meetings and in local churches. AIDS is not addressed seriously in the training of clergy, nor has it become a significant focus of instruction for pastors already in parishes or church administrators at any level. Neither is the issue being addressed systematically for youth, either in churches or in church schools and colleges. Members typically do not understand that there are already infected and impacted persons sitting in the pews; therefore, they are not asking what they can do to help them.

Consequently, the church has not raised its voice in advocacy on behalf of persons with AIDS (PWAs), it has not identified with those who cannot speak for themselves where there is a high incidence of the disease, such as among prisoners and the homeless, nor has it argued for treatment on demand for addicts. It has not established hospices for those who are ill with the disease. AIDS has not become a focus of its community service. Adventist clergy, unlike many from other denominations, are almost never involved in interfaith networks working with AIDS. The church leadership has made no attempt to organize a buddy system for members who are suffering from the disease. AIDS never became a focal point during all the hype about "the Caring Church" that occurred during the 1980s.

2. Members of the church in the USA are contracting and dying from AIDS. Two-thirds of the pastors of the large Southeastern California Conference of the church reported in 1989 that they were dealing with people with AIDS [Diaz, ARTA meeting, August 1992]. In 1991 the Pacific Union, which covers California, Arizona, Nevada, Utah, and Hawaii, was aware of 186 church members, among a total of 130,000, who had been willing to identify themselves as HIV-positive or as having AIDS [ARTA meeting, August 1992]. Four members of Sligo church, in suburban Washington, D.C., are acknowledged to have died as a result of the disease; the SDA Kinship quilt, which memorializes Adventist victims of the disease, currently lists close to 40 names. Moreover, many Adventist youth admit to engaging in at-risk behaviors: for example, a survey mailed to students in grades 9-12 at Adventist schools in California found that 19.5% of the 488 students returning questionnaires stated that they had engaged in heterosexual intercourse, a figure that rose to 36.0% of those aged 18 or older [Hopp, 1992].

3. Most Adventists with AIDS, rather than face rejection within their congregations, have silently slipped away without putting them to a direct test. Those who have remained have usually, though not universally, found that their churches failed the test:

Example 1: When Randy was diagnosed with AIDS he sought comfort from three pastors in turn, who each told him he had no hope of heaven. Having been absent from church for many years, he persistently sought a congregation to call home, trying five in turn. He found that although he was usually received kindly when he informed pastors of his condition, they broke his confidence, so that word spread rapidly through the congregations, and in each case he was then asked to leave by prominent laypersons [Sligo AIDS Conference].

Example 2: There have been several reports of persons dying of AIDS calling in vain for Adventist pastors to come.

Moreover, the families of Adventists with AIDS have been shamed into silence:

Example 3: All four of the mothers of Adventists with AIDS whom I interviewed had kept the news of the illness of their sons, who lived far from home, secret from their pastors, their closest church friends, and the members of their Bible classes. Their fears of rejection caused them to play-act at church.

Example 4: The wife of an employee at the General Conference (church headquarters) was shunned at her church when word broke of her husband's illness and subsequent death, her children in SDA boarding academies were so hurt by their treatment there that they withdrew from church attendance, and church leaders were loath to admit the cause of death of one of their own. Finding only rejection at her church, the wife turned to a non-Adventist AIDS recovery group where all the other members were gay, where she found real support [Sligo AIDS Conference].

4. Word has not gotten around the AIDS community that Adventist hospitals are the place to go, but rather the reverse, because Adventist hospitals have not gone out of their way to treat AIDS patients. Indeed, there have been reports of neglect and demeaning behavior towards them [Guy, Sligo AIDS Conference]. Moreover, very few Adventist health practitioners are involved in a notable way with the disease.

The reasons given to explain this pattern include the fear of infection, moral disgust with these patients, and the risk of financial problems attendant on providing care for patients who often lack medical insurance yet may require long stays in - hospital.

5. The Adventist church in Africa has done little to address AIDS: church officials there, especially the Africans, usually deny that many Adventists have contracted the disease and ignore its potential impact on the church. In fact, however, all indicators suggest that thousands of Adventists are already infected:

(i) New members have poured into the church in Africa,<sup>3</sup> especially in the areas around Lake Victoria,<sup>4</sup> where the incidence of AIDS has been especially high. Thus, even if it can be assumed that the Adventist lifestyle protects members from infection, this can hardly be expected to have acted retroactively for new members.

(ii) In fact, there is considerable evidence of widespread promiscuity among members there. A recent survey in a rural school found that one student in three was sexually active by age 13 [Zeromski, 1990: 27]. When Malamulo Hospital, a prominent Adventist institution in Malawi, tested all patients for HIV, it found 63% were positive, with the rate among Adventists similar to the population at large [Moyer, 1992]. Several of my interviewees in Africa reported widespread promiscuous sexual activity among male Adventists, including clergy and teachers. One visitor who recently examined AIDS and Adventism in Malawi - found that the church there was regularly burying pastors and teachers who had fallen to the disease [Moyer, 1992].

(iii) Moreover, church hospitals are helping to spread the infection by using untested blood and dirty needles. They use a lot of blood for transfusions because of a high incidence of anemia from malaria and sickle cell. When I visited Western Kenya in 1989, a hospital director showed me a large refrigerator full of packets of blood, and commented that none of it had been tested for HIV. Subsequent questions to medical administrators confirmed that this situation was common among Adventist hospitals in Africa. Because of the priority given by the church in recent years to evangelism, medical supplies are so short that some Adventist hospitals, especially in Zaire, have only one syringe [Stober, Sligo AIDS Conference].

Fear of AIDS, and therefore of church members who are ill, is widespread among African Adventists, for people are generally poorly informed about the disease. This is especially so in countries where it is already taking a heavy toll, such as Uganda. Yet Dr Samson Kisekka, then Prime Minister of Uganda, a prominent Adventist, and himself a medical doctor, assured me in 1990 that AIDS was not a problem to the church there. And the medical secretary of the Eastern African Division preferred that Loma Linda

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<sup>3</sup> An 83.5% increase in six years.

<sup>4</sup> More than half of the church membership in sub-Saharan Africa is located in Rwanda, eastern Zaire, southern Uganda, western Kenya, northwestern Tanzania, and Burundi.

University would sponsor a visit by its "Heart Team" rather than an AIDS conference, because he thought that the former would garner the church better public relations.

## **History and Analysis**

Adventist theology has tended, in practice, to emphasize that God loves good people so this is what I must strive to be, rather than God loves sinners of whom I am chief. In particular, the doctrine of the Investigative Judgment, which holds that a pre-advent judgment, in progress in heaven since 1844, will end by considering the living and sealing their eternal fate, has had the effect of encouraging members to be judgmental about themselves and others.

While polio typically struck children, who were seen as innocent victims, AIDS is a disease that has been associated with sin--sexual promiscuity and drug addiction. Adventism defined legitimate sex as that between married partners: masturbation was dangerous and multiple partners reprehensible. Its concern for health led it to proscribe legal drugs such as alcohol, nicotine, and caffeine, and it also initially opposed the medical use of drugs; it is no surprise, then, that it is totally unsympathetic towards the use of illegal drugs.

There is a tendency among Adventists, then, to see PWAs as reaping what they have sown: that is, to view the disease as a judgment from God. It has also been interpreted as another "sign of the end" of world history, which will be cut short by the second coming of Christ. It was therefore unthinkable that Adventists would be numbered among those infected with the disease, and when it became clear that this was indeed the case, it was natural to assume that they were "not really Adventists."

Adventists have frequently asked whether homosexuality is the "unpardonable sin": indeed, a leading theologian stated that "perhaps the majority of Adventists" have made this equation in their minds [Guy, Sligo AIDS Conference, 1990]. Church leaders were especially repelled by the early identification of AIDS in the U.S., the locus of church headquarters, as a "gay disease." They were forced to face the reality that "homosexual" and "Adventist" were not necessarily mutually exclusive by the emergence in the late 1970s of an organization of gay Adventists, SDA Kinship International. They responded in 1981 by throwing their weight behind a program to heal homosexuals--that is, the only homosexual acceptable to them was one struggling to change his/her orientation. They also broadened the "Church Manual" definition of "adultery" in 1985 to include homosexual behavior as a legitimate ground for divorce. And in 1987 they unsuccessfully sued SDA Kinship in an endeavor to dissociate the church from it by stopping it from using the church's name [Lawson, 1992].

Since the church organization had failed to respond, the lead among Adventists in reaching out to PWAs was therefore left to despised Kinship. Its program has several

parts. It has provided information concerning the disease to members since 1982 at its annual "Kampmeeting", in its monthly newsletter, and in specially prepared brochures, and to clergy in a mailing to every pastor in North America in 1987. It provides emotional and spiritual support to members who are HIV-positive and who have developed AIDS through a confidential network of peers and, more generally, to those willing to be identified, at meetings and through interpersonal contacts. It provides financial assistance and housing to members with AIDS who are in need. It has also - provided emotional and spiritual support for the parents, siblings, and survivors of members with AIDS--for example, several of these have participated in Kampmeetings. Kinship has created its own quilt, memorializing members and other Adventists who have died of AIDS. This has helped members cope with their grief, and also, when its use has been allowed at church meetings concerning AIDS, has had the effect of raising awareness of the impact of the disease among church members in North America.

When AIDS was mentioned in Adventist periodicals during the early years of the epidemic it was almost always as a sign of moral decay and therefore of the imminent end of the world. Editors were reluctant to address PWAs more directly as objects of compassion or of relevance to Adventism. Thus, when the editor of the *Journal of Adventist Education* expressed a desire to publish an article on AIDS, her idea was torpedoed on the ground that it might lead people to think that Adventists had a large AIDS problem in their schools or churches. However, beginning in 1985, occasional consciousness-raising editorials began to appear. The first, in *Ministry*, the journal for clergy, was written at the initiative of an associate editor who had been moved by being asked to officiate at a funeral of a PWA. It drew parallels between leprosy in the days of Jesus and AIDS today, urging that Adventists respond as Jesus had [Wade, 1985]. The general church paper, the *Adventist Review*, followed suit the following year. A second phase consisted of articles giving readers information concerning the disease, usually in the context of a very general and wary, lest they offend, plea to show compassion. Once again *Ministry* led the way, answering questions such as

"Would you know how to counsel a parishioner with AIDS? Would you be afraid to? Should we ban the infected from church or assign them separate pews? How safe do we need to play it?" [Hopp, 1986]

Other periodicals with audiences that were seen as more at risk followed:

*Message*, aware of a growing incidence of AIDS in the Black community, sold out a run of 150,000 copies of a special issue, "AIDS: A Compassionate Approach," in 1989. However, although it suggested that readers act compassionately, it spoke only in the most general terms without mentioning gays and addicts. The editor later explained that this was because of church sensitivity to the issue of homosexuality in particular: to urge

that such people be accepted and loved would be interpreted as approving their lifestyle. This issue was considered such a success that the editor was eager to prepare a sequel. However, a church committee judged the projected contents as too gloomy, and urged that they be made more optimistic! [Baker, Sligo AIDS Conference]

*Insight*, a periodical aimed at Adventist teenagers, also ran into difficulties in planning such articles because of clashes between the values of the buying (parent) audience and what the target (teen) audience would read and take seriously [Blake, Sligo AIDS Conference].

The *Journal of Adventist Education* eventually issued an article for teachers on answering questions concerning AIDS. This escaped the criticism that had been leveled at its earlier plan.

The third phase has included bolder challenges to action, with suggestions that attitudes and approaches within the church need to change. This was pioneered by *Spectrum*, an independent journal targeted at liberal, better educated Adventists, in 1987. This issue featured a cluster of articles which explored the reluctance of Adventist medical personnel to treat AIDS patients because of fear of contamination and revulsion towards homosexuals. At the same time, the articles set out to develop reader compassion towards PWAs and urged them to act accordingly. Another *Spectrum* article in 1990, authored anonymously by an expatriate health worker, traced the likely devastating, but previously ignored, impact of AIDS on the Adventist church in Africa: its growth rate would drop, its income would be sharply curtailed, its age distribution would change, enrollment in its schools would decline, its hospitals would be overwhelmed, it would suffer shortages of clergy and other employees and have to pay more to those it has in order to retain their services, and its compassion towards its ill, stigmatized members would be severely tested. The author then urged the church in Africa to take the epidemic much more seriously and compassionately [Zeromski, 1990].

An article written by health professionals in *Ministry* in 1989 asked "what does AIDS mean to a minister of the gospel?"

"Although sexual promiscuity and intravenous drug abuse are major factors in the spread of the AIDS virus, the church cannot merely oppose these behaviors. It must do something more. What does the church have to say about healing for the broken people who trade life for sex and drugs? ... [It must] provide healing from loneliness, ostracism, and guilt. We must realize that gays, prostitutes, and intravenous drug users are Christ's children also.

"...Black and Hispanic churches need to make commitments to their own young. Inner-city churches need to become refuges for the disadvantaged and those in despair.

"...Schools can accept students with AIDS who are physically and mentally able to benefit from school attendance.

"...What counsel are you able to give to parents of gay sons? ... Avoid judgmental comments about the choices the son has made...[and] encourage parents to maintain contact with their sons as nonjudgmentally as possible.

"What if persons with AIDS attend your church? Welcome them. Shake their hands, give them a hug. Ask them to become members. Invite them to participate in foot-washing and Communion services. Bring them home to dinner..." [Elder, et. al., 1989:23-25]

Another *Ministry* article in 1990 declared that a judgmental attitude towards PWAs was "an escape from the responsibility of caring." It urged clergy to risk criticism and the emotional drain of becoming involved with PWAs, and listed many ways in which a congregation could become engaged [Stober, 1990: 20-24].

In 1990, the *Adventist Review* featured an article by Adventist AIDS activist, Eunice Diaz, who had been appointed to the National Commission on AIDS (see below). It too emphasized compassion and involvement.

In general, Adventist periodicals proved to be followers rather than leaders. The few articles they have published have not yet done much to break down prejudice towards PWAs or result in action. For example, one pastor of a large church set in the grounds of an Adventist hospital, who was one of the few to respond to Kinship's mailing to all pastors concerning AIDS, stated that he had tried to teach his congregation about the epidemic and those infected by it:

"I am frustrated that our largely heterosexual congregation cannot seem to grasp either that AIDS is a disease that will effect them or that compassion and ministry are the appropriate responses to anyone who contracts AIDS."

The other voices of the official church have yet to be heard. AIDS has not yet been included as part of the training of students at the Adventist Seminary. A recommended curriculum was prepared for Adventist schools when a health educator at the church's Loma Linda University pushed hard for it. However, the use of the materials is not yet widespread because the textbooks are costly, many teachers are uncomfortable discussing the topic, and administrators fear that embracing such a program will provide critics with ammunition. The health educator has recently strengthened her case by collecting survey data showing that significant numbers of high school students at Adventist schools in California are involved in at-risk behaviors. Her report recommends:

"Given the presence of at-risk behaviors among youth, AIDS education in the Adventist school system should be viewed as a worthy, desirable, and needed prevention opportunity and not as a defeatist and shameful acknowledgment that the education philosophy and system might have failed" [Hopp, 1992].

Although she agrees with the recommended curriculum, which would teach sexual abstinence, not "safe sex", other lay experts have advocated that condoms be made available to students in church schools because "the kids are not listening" [Elder at the Sligo AIDS Conference]. However, school officials respond that if they were to suggest this it would cost them their jobs [interviews].

A few church members, other than those attached to Kinship, have gradually become involved in the AIDS issue. The pre-eminent example is Eunice Diaz, who became active in 1981, almost as soon as the disease was identified, while working with the Los Angeles County Health Department. Later, while employed by the Adventist White Memorial Medical Center in Los Angeles, she tried to bring people together around AIDS. However, she was told to drop the issue because the visibility she was bringing the hospital was creating a negative image. As a result of this she resigned her position in 1988 and became a health-care consultant for government and private agencies. Within months of leaving the Adventist hospital she was appointed to the National Commission on AIDS, which advises the President and Congress on all matters pertaining to HIV and AIDS. She reports sadly that she has received no significant support from church organizations, and has been scorned within her congregation as obsessed with AIDS. Moreover, her overtures to church authorities emphasizing the need to train clergy concerning the disease, especially among racial minorities, and her offers to become involved in this, have been largely ignored.

"With the minimal response of our church, I don't go around waving a flag saying I'm a Seventh-day Adventist" [Diaz, 1992:9].

A large number of other Adventists are involved professionally in different aspects of AIDS care. The church is not making use of them. They are often ashamed of the inaction of their church [Elder, ARTA meeting, 1992].

Most of the volunteer activists, frustrated with the lack of opportunities to be active within their church, have become involved with support organizations outside of it. There have been reports of this in several cities, from Vancouver, Canada, to San Bernardino, California, to Washington, D.C.. Others have been successful in organizing AIDS support groups in two congregations. For example, some members from a congregation in Bakersfield, California, were moved to help PWAs after attending a lecture. They subsequently took Red Cross training, and then began providing food for

meetings of an AIDS support group. When the latter's meeting place was closed, they arranged for it to move its meetings to their church.<sup>5</sup>

In 1991 a nucleus of concerned Adventists in the Los Angeles region formed a new organization, Adventists Responding to AIDS (ARTA). It began when an Adventist architect, who was involved professionally with the building of an AIDS hospice, became very interested with the issue. He participated in a meeting at the home of Eunice Diaz when the General Conference expressed interest in developing a "Mission Spotlight" video concerning the involvement of the church with AIDS. He was horrified when those present agreed that the church had nothing to report, for they had been informed that 186 Adventists in their Pacific Union had been willing to identify themselves as having AIDS or being HIV-positive. Those present decided that if the official church was doing nothing it was time for laypersons to take an initiative:

"ARTA exists to be a 'City of Refuge' to those infected by HIV and to their loved ones. ARTA's aim is to help provide peace by care, understanding and support, regardless of ethnicity, age, sexual orientation, nationality, or religious background."

ARTA now has a total of 29 people on its mailing list, including its officers. It has established an 800 phone number, and has persuaded the *Pacific Union Recorder* to publicize this. More calls are coming from would-be volunteers than PWAs--it has tapped a well of concern among Adventists. It has also published the names of 60 (out of 285 polled) Adventist chaplains who answered a letter asking whether they could be listed as responding to PWAs non-judgmentally. There is poetic justice in the fact that Kinship has been able to help support ARTA's phone bill--from the funds paid it by the General Conference to meet some of its legal expenses after the suit against it was decided in its favor.

A conference concerning AIDS and Adventism was held at Sligo Church in suburban Washington, D.C., early in 1990. The editor of the *Adventist Review*, Dr William Johnsson, having been greatly moved by the stories of PWAs told at a non-Adventist AIDS conference, had suggested that the Association of Adventist Editors organize a similar conference among Adventists. When he was rebuffed, he was able to arrange sponsorship by his periodical, the General Conference Health and Temperance Department, the Columbia Union,<sup>6</sup> and the AIDS Concern Group of Sligo Church. The goals of the conference were to build awareness of the impact of AIDS upon the - denomination by having Adventist PWAs tell their stories, to overcome the prevailing

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<sup>5</sup> The second congregations group, at Sligo Church in suburban Washington, D.C., is discussed below.

<sup>6</sup> The administrative unit of the church for the region around Washington, D.C.

view among Adventists that PWAs had "made their bed and now must lie on it", and to help the church begin to develop responses [Johnsson, interview]:

"I am calling for action. From our medical institutions; from our educational institutions, where curricula are needed to make the students aware; from our pastors, to help educate our people at the local church level, that they may be compassionate; from our editors, that they may take up the pen to make us aware, compassionate, that we may act" [Johnsson, AIDS Conference].

The desire of the organizers to have participation of Adventists with AIDS led them to incorporate Kinship, its memorial quilt, and praise for its singular response to the disease into the program. However, this participation was not revealed when the *Adventist Review* reported on the conference to the world church--a report that nervously catered to Adventist homophobia when it stated erroneously that the conference had urged compassion "without supporting or condoning a homosexual - lifestyle" [April 25, 1990]. Although this was the first Adventist conference addressing AIDS and the schedule of speakers included leaders in the field, attendance was poor (only 58 at the opening session), with the number of clergy, who had been urged to attend by the Columbia Union, being especially disappointing. A second conference the next year, with an even more impressive galaxy of speakers, which was sponsored by the church situated at Union College in Lincoln, Nebraska, also drew a poor attendance. Indeed, there was a much larger attendance at a college address given by Dr Lorraine Day, the daughter of an Adventist evangelist, who publicizes an extreme position reinforcing fear of HIV carriers. The vast majority of Adventists continue to regard AIDS as not their issue

The Health and Temperance Department of the General Conference formed what became known as the General Conference AIDS Committee in 1987, bringing together heterosexual laity who were already heavily involved in dealing with AIDS in other spheres, members of health-related departments in church universities, and appropriate personnel from departments of the General Conference. By choosing to focus primarily on education to prevent the spread of the disease in the developing world the Committee was able to concentrate on promoting "moral" behavior and avoid dealing with homosexuals:

"[Adventists] have a very, very difficult time separating HIV and AIDS from transmission behaviors or groups. The majority of people in this country continue to be infected by gay or bisexual behavior. Because of this, the church will have a difficult time responding to the epidemic. I think that this has given cause for our extensive involvement in Africa....where AIDS is primarily a *heterosexual* disease. It is much easier for our church to work in Africa than in our country, and

that comes from our lack of separating the person who is affected from how that individual became infected" [Diaz, 1992].

The lay members of the Committee became totally frustrated when they discovered that the structure of the church allowed no impact. When they voted a recommendation, it was usually killed from above. For example, when the Committee recommended that Adventist schools take a stand welcoming children who are HIV-positive, the head of the Education Department of the General Conference scuttled the suggestion in a department committee on the ground that children spitting on one another could pass the infection! Again, when the Committee urged that the church recommend that couples contemplating marriage take an HIV test, in an endeavor to give women in Africa dating new converts grounds for insisting, this was also defeated at higher levels.

The Committee did arrange an AIDS conference at Malamulo Adventist Hospital in Malawi, East Africa, which was aimed at government officials. The site was chosen because of the strong Adventist medical presence there and because the government at least admitted that AIDS was a problem. The funding for the conference was not funneled through the East African Division because it was feared that the medical secretary there would divert it to other purposes. Consequently, there was little follow-through to the conference, for the church administration in East Africa remained aloof.

The lay members of the AIDS Committee were especially embittered by its failure to place the AIDS issue on the agenda of the quinquennial session of the General Conference of the church in 1990. They then described the Committee as "a total waste of time." Several of them concluded that the church was using them as window dressing--to make it seem as if it was responding somehow to the plague--and ceased attending meetings. The Committee ultimately collapsed when financial exigencies after the session forced the General Conference to make cuts in departmental personnel.

However, in 1991 the Annual Council of the General Conference voted to sponsor a new AIDS initiative, to be located this time within the Adventist Development and Relief Agency (ADRA), a church related development and disaster relief agency that focuses on the developing world. This focus would ensure that its concern would continue to be heterosexual transmission of the disease. ADRA finally appointed a part-time director nine months later, in July 1992.

Since ADRA is primarily a conduit for funds provided by governments, and funding is available for AIDS-related projects in Africa, it has already become involved there. It has now run several conferences there, where the prime thrust has been to prevent infection through the control of sexual behavior. When conferences have been held within the territories of the East African Division, the latter has insisted that all speakers be church members in order to ensure that condoms are not recommended as a means of

preventing infection. However, some personnel in the division covering West and Central Africa are more flexible: one unofficially appealed to heads of state to remove the 25% luxury import tax on condoms. ADRA is also, with funding from the Swedish government, providing screening and preventive education among international truckers and bar girls in Ghana. Danish funds are being used to develop a dramatic motion picture teaching the facts about infection by AIDS for French language television in - West Africa. ADRA has also become involved recently in a prevention through education program in Thailand, which has been identified as having a major AIDS problem.

## **Conclusion**

The response of the Seventh-day Adventist church to the AIDS crisis has been extraordinarily slight. The primary reasons why "the church has turned its back on the AIDS issue is because it cannot come to grips with the issue of homosexuality. The leadership of the church is afraid of becoming identified with something it finds embarrassing" [Diaz, Sligo AIDS Conference].

In this, the Adventist church is missing an important opportunity:

"AIDS is a particular challenge for Adventists because we claim that healing and caring are part of our mission. It is a challenge too because AIDS is largely a sexually transmitted disease--a subject where we could and should say much, where the wholeness of man is most vividly experienced. The theology, the spirituality of sexuality is natural for us, but they have hardly been touched. At a time when sex has been trivialized, we should stand up and say something fundamental, revolutionary, and Christian. We talk of the Second Advent, the beginning of an eternal future, and this is surely powerfully relevant to AIDS" - [Guy, Sligo AIDS Conference, 1990].

It is, at the same time, failing a major test:

"Much of the discrimination against people with AIDS, shockingly, claims religious foundation.... We must be part of the answer--good news--and not part of the problem. Some may think that this disease provides a natural occasion for the church to judge AIDS; ironically, and in the long run, it will be AIDS that - judges the church" [Kevin Gordon, quoted by Stober, 1990:23].

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