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Churches' response to AIDS mixed, conference speakers say

By Kenny Byrd

ATLANTA (ABP) -- While many victims of the AIDS epidemic feel shunned and stigmatized by faith groups, others have found the strength to carry on through church ministries that rank compassion for the sick ahead of concern over issues such as homosexuality and drug use, said speakers at a recent conference.

The AIDS and Religion in America Convocation, held Nov. 8-11 at the Carter Presidential Center in Atlanta, brought together nearly 200 religious leaders, theologians and representatives from the religion and secular media to discuss the HIV/AIDS epidemic. Participants included leaders from Christian, Jewish, Muslim, Buddhist, Hindu and other faiths.

The Centers for Disease Control and Prevention estimate that between 650,000 and 900,000 Americans are living with the human immunodeficiency virus (HIV) -- the virus that precedes and causes acquired immune deficiency syndrome (AIDS). More than 40 million people around the world have been infected with HIV. That number is expected to reach 60 million by 2000.

One speaker at the convocation, Emilie Townes of the St. Paul School of Theology in Kansas City, Mo., harshly criticized churches' silence on AIDS, terming it "hatred and fear masquerading as faithfulness."

The ordained American Baptist clergywoman said that shortly before her favorite uncle died from AIDS, her aunt asked her to speak at the funeral because they did not trust their pastor to "put him away right."

"What has it come to when a black church that has raised a man, loved him through thick and thin ... would not or could not be there in his death?" Townes asked.

"There are far too many churches that live, breath and spew hatred and condemnation when it comes to those who have HIV and AIDS," Townes told conference participants. They use phrases such as "'God's judgment,' 'hate the sin, love the sinner,' ... as testimony to their vile theologies of loathing."

"And these phrases are not just confined to talking about gay men who contract AIDS," she added, "but they mark children, substance abusers, hemophiliacs, heterosexual women, male and female prostitutes, those who received tainted blood through IV transfusions with this summary judgment."

Sponsoring the four-day event was the AIDS National Interfaith Network, which works with 2,000 faith-based ministries across the country, providing care and support for victims of the disease. The network, established in 1988, supports community-based AIDS ministries; educates AIDS service organizations, the religious community and the public; and serves as public policy advocates.

Kenneth South, ANIN executive director, said, "One of the difficulties about the AIDS epidemic is that the core issues of what drives the epidemic are some of the most sensitive issues for religion in general -- sex, death, drugs and, especially in this country, homosexuality."

"Many religious groups have had to struggle with these issues, but those that have come out on the side of justice and compassion have realized this is about a virus just like every other medical tragedy, and they have been able to put that first and deal with the other issues in due course," he said.

Contrary to popular perception that churches are doing little about AIDS, South said, the response of American faith communities to HIV/AIDS is the single largest non-governmental response in the history of the epidemic. Of the thousands of AIDS organizations operating in the country, 5,000 are believed to be direct efforts of people of faith and faith groups, according to a report compiled by ANIN and Public Media Center earlier this year.

While liberal and mainline religious groups were most heavily represented at the Carter Center meeting, participants also included conservatives from The Salvation Army, the Lutheran Church -- Missouri Synod and Love in Action, an evangelical Christian group. South said leaders of several other conservative denominations and groups were invited, but most declined to come.

The HIV virus, however, does not discriminate between liberal and conservative. CDC figures show AIDS is spreading most rapidly in the Southeast, a politically and religiously conservative region of the United States.

Participants at the Carter Center gathering said a major obstacle to combatting the epidemic is recent misleading media hype about new drugs that are enabling people to live longer with the virus. The media gives the impression that the epidemic is coming to an end, the religious leaders said.

"There is a major paradox in the AIDS epidemic," said South. "While it is true that there is a declining death rate in certain populations that have been devastated by the disease -- particularly the gay-male community -- this decline gives the wrong impression to the American public that the number of AIDS cases is decreasing."

The CDC estimates that at least 40,000 new HIV infections occur each year in the United States. In 1996, estimated AIDS incidence dropped for the first time, declining 6 percent. And deaths among people with AIDS also declined for the first time in 1996, dropping 25 percent.

Michael Johnson, chief medical officer of the HIV/AIDS Bureau at the Health Resources and Services Administration, said only half of the Americans who are HIV positive are receiving care. "Half of this population has a household income of less than \$10,000 or is unemployed," he said, and women and minorities are less likely to receive new treatment protocols.

The CDC found that while AIDS incidence "remained highest among men who have sex with men, AIDS incidence increased most dramatically among women, African-Americans and people infected heterosexually and through injection drug use."

Latino individuals make up 18 percent of all AIDS cases, while they represent only 12 percent of the U.S. population, according to the CDC. African-Americans, who represent 13 percent of the U.S. population, accounted for 36 percent of cumulative AIDS cases reported through the end of 1997.

One conference session highlighted racism and sexism as obstacles to certain populations having access to health care. Joseph Barndt, director of CROSSROADS in Chicago, said as the death rate of AIDS patients in the white community drops, whites will lessen their efforts to combat the virus by wrongly dismissing the disease.

The "big secret" about racism, Barndt said, is that "hurting people of color is not the end goal but is rather a consequence of racism."

The first-ever drop in HIV infection was seen in 1995 among men who have sex with men, dropping 2 percent. It fell more significantly in 1996, dropping 11 percent. However, AIDS incidence among heterosexuals increased by about 15 percent each year before 1996 and slowed to 7 percent in 1996.

The CDC says, "Prevention efforts have helped slow the epidemic from a period of rapid growth to an overall stabilization." New drug treatments have aided in slowing the progression of HIV to AIDS, but the CDC says, "If decline in AIDS cases continues, there will also be an increase in HIV prevalence."

In a startling presentation, Michael Merson of Yale University School of Medicine, reported that the epidemic is just beginning in the most populated countries on the globe. In Russia, China and India, the virus is in its early stages, he said. He predicted that by the year 2005, India will have 38 million people infected with the virus -- more than all the HIV cases in southern Africa.

Merson called on religious groups to include prevention in their AIDS ministries. "In some circumstances, this will require that religious communities confront their own fears and prejudices about those populations that are most vulnerable to HIV infection."

He outlined some "myths" about HIV prevention. He said that school programs that make condoms available through health educators "have been successful in increasing condom use and reducing pregnancy rates and rates of new sexually transmitted diseases without increasing sexual activity." He also said that the most effective sex education programs in schools "have emphasized abstinence from sex for those who have not been sexually active and prefer to remain so and use of condoms for those who are sexually active."

Merson also said it is a myth that syringe-exchange programs for drug users increase drug use. "Their effectiveness in reducing HIV transmission without increasing drug use has been clearly demonstrated," he said.

Alongside the issue of homosexuality, it is the issues of sex education, needle exchange and condom distribution that have divided people of faith on how to respond to the epidemic.

Conference participants acknowledged that many groups aligned with the Religious Right are outspoken critics of needle exchange and sex education programs.

Some participants were angry at the constant opposition to prevention programs coming from the Religious Right. "The Christian right is very wrong," one said during a breakout session.

But others said all religious groups need to join the effort despite theological differences. One participant said: "I don't want to argue with a true believer. I want to engage them in being a compassionate caretaker."

Tom Orians, chair of Dignity/USA -- National AIDS Project, said the conservative element "needs to take off the lens of morality and ethics and put on the lens of dealing with an epidemic."

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Former SBC leader urges cooperation in AIDS fight

By Kenny Byrd

ATLANTA (ABP) -- Former Southern Baptist Convention president Jimmy Allen urged people active in the fight against AIDS to embrace people of different theological views.

"They won't always agree with you, but there's a lot of new recruits out there," Allen said at a Nov. 8-11 convocation on AIDS and Religion in America at the Carter Presidential Center in Atlanta

Allen, whose story of losing two grandchildren and a daughter-in-law to AIDS was detailed in a 1995 book titled *Burden of a Secret*, called on the predominantly liberal conference crowd to encourage more conservative faith groups to join the fight against AIDS. "They need some patience, but they need persistence," he said.

In an emotional address, Allen said his grandson Matt did not find acceptance in churches but found it at places like McDonalds and the public school system. "The church didn't turn us down," he said. "It was the gatekeepers of the church that turned us down." Allen said people hiding behind the institution of a church will do cruel things they would never do as an individual.

He also urged the crowd not to resent latecomers to the battle against AIDS. "Many will ask where they were," he said. "Where they were was moving toward a time and place where they need to be and that time is now."

Allen praised the church ministries across the country that are caring for HIV/AIDS victims. "It's not a problem of statistics, it's a problem of pain. It's an attitude problem and that's where faith comes in."

Faith-based ministries across the country are providing a spiritual element to treating the disease that even the government has acknowledged.

The Balm in Gilead, a New York-based group which mobilizes African-American churches to respond to AIDS, won a \$600,000 three-year grant from the CDC to establish a black-church HIV/AIDS assistance center. The group is supported by numerous black denominations, including the National Baptist Convention, U.S.A., the National Baptist Convention of America and the Progressive National Baptist Convention.

Other groups can be found within churches, synagogues or other houses of worship and some combine their efforts into an interfaith approach and coordinate with AIDS National Interfaith Network, sponsor of the Atlanta convocation.

Jeff Peterson-Davis, an ordained Presbyterian minister who is executive director of the Atlanta Interfaith AIDS Network, said he has a mixed view on the response to AIDS from the faith community. "On one hand, I'm disappointed, but on the other hand there are some great shining lights of how the churches have responded."

Peterson-Davis' group provides a variety of services to the victims of HIV/AIDS. Since its creation in 1989, the group has served over 1,800 people through a service called "Common Ground," providing lunch and activities such as pottery, painting and spiritual therapy five days a week. The interfaith group counts on volunteers throughout the Atlanta faith community to provide the service.

The Atlanta group also serves home-bound patients through care teams of six to 50 volunteers who commit to the daily support of an AIDS patient. Peterson-Davis said about 50 patients currently receive care through the program which has served more than 320 people since it began in 1995. He said many of those have died.

"For me this is an opportunity to engage in a ministry where I think Christ would be found in 1998," Peterson-Davis said. "When I look at the life of Jesus and the life he kept, I think one of the places he would hang out is with people who are living and dying with HIV/AIDS."

"For us, how someone got the disease is not important," he said. He would advise religious groups that let theological views stand in the way of a meaningful AIDS ministry to "follow the example of Christ to provide nonjudgmental compassion and care."

Although Peterson-Davis' group does not engage in needle-exchange or condom-distribution programs, they refer individuals to those types of programs. "We feel that condom distribution can save lives," he said.

The recipients of the care provided by the Atlanta group said it has changed their outlook on life.

"Common Ground loved me back to life," said one patient identified as Tall Paul in material distributed by the Atlanta group. "When I moved to Atlanta I was in a really bad place," he said. "I no longer wanted to live. Somehow, I found Common Ground, or maybe it found me. The love and support I found changed my life. There is a warmth and acceptance in the house that I've never experienced anywhere else."

Hundreds of other faith-based groups are emerging around the country and providing what one HIV-positive participant called "a new outlook on life."

Still, the majority of churches across the country are silent as the disease spreads, according to individuals at the conference.

At an interfaith service at the opening of the Carter Center conference, Mike Cordle, pastor of St. Mark

United Methodist Church in Atlanta, said it is "time for us to stand up and not worry what everyone is going to say. We have to stand up and give a new definition to the term moral majority."

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Opposition to homosexuality quiets church on AIDS, gay Baptist says

By Kenny Byrd

ATLANTA (ABP) -- Growing up in Alexander City, Ala., Jerry Tapley always seemed to have the questions that no one wanted to talk about.

Tapley, now executive director of The Other Side, a Christian magazine devoted to peace and justice issues, grew up a Southern Baptist. "I was at church every time there was something at church," he said.

Tapley, a graduate of Samford University, said he was struggling with his sexuality when he decided to enter the ministry and attend Southern Baptist Theological Seminary in the mid-1980s. He stayed for a year and a half before ultimately becoming the associate pastor of a Baptist church in Alabama.

He said others would have had to be blind to not know he was gay. But Tapley said it was not until he began a children's program in the area of peace and justice that some members in the church decided to use the fact that he was gay to push him out.

"It probably ended up being the best thing for me and the church," Tapley said. He said the level of support from some individuals in the church "was absolutely amazing." Once, after days of not answering several knocks at the door following his resignation, he found only letters of support waiting for him outside. "But of course, you can't help but feel rejected," he said. "When you get a call to do something, you want to know that others validate that call."

Tapley said the issue of homosexuality is the main reason Baptists and other conservative religious groups remain silent about AIDS. He has lost three close friends to the disease, and says that attitude must change. "This is a give and take," Tapley said. "We've got to find some common ground. This issue is too real and important for us to get lost in the issue of homosexuality."

A Nov. 8-11 AIDS and religion conference at the Carter Presidential Center in Atlanta brought theologians from a variety of faith backgrounds to discuss AIDS and issues surrounding it.

Jimmy Allen, former president of the Southern Baptist Convention, has a son who is gay and is HIV-positive. Allen has already lost the wife of another one of his sons and two grandchildren to AIDS after they contracted HIV through blood transfusions.

Allen told the Carter Center conference that he and Skip, his gay son, have agreed to disagree on the morality of homosexuality. "He's allowed me to be wrong on the issue and I have allowed him the same privilege. Skip has agreed to respond to my accepting him rather than us approving each other. And the bridge of that is love."

Allen, former president of the Southern Baptist Radio and Television Commission who served as SBC president in 1978-79, told conference participants at a Nov. 10 banquet that many people of faith concentrate on the sin of homosexuality while ignoring sins such as greed and racism.

Other religious leaders submitted papers on theological issues surrounding AIDS and led panel discussions at the conference.

Randall Bailey, the Andrew W. Mellon associate professor of Old Testament and Hebrew at International Theological Center, said different ways of analyzing Scripture lead to opposing views on issues of morality. "Do we see it as a measuring rod for the formulation of theological and ethical discussions? Do we take this as an endless, eternal word from God? ... Or do we throw it out all together? Or do we pick and choose?"

Bailey outlined several theologies he said lead to a narrow view of religion. The "theology by genitalia," he said, "functions such that when one gets to the Pearly Gates, God will be there asking to see one's genitals and receive a report on what one has done with them. And on that report will rest our salvation."

Bailey also discussed what he called the "theology of otherness," in which "one is depicted as part of the out-group, and therefore, hateable. ... Once one is able to place another in this outside category, oppression of them becomes not only normative, but theologically sanctioned."

He described a third theology in which God lives with us "in the midst of our pain and suffering, a God who identifies with us in the shortness of time to live, a God who does not abandon us, even if our loved ones do. ... We experience this God and say, 'Amen.'"

Some religious leaders at the conference proposed a view that homosexuality is wrong but that AIDS patients should be cared for out of the same compassion that Jesus cared for lepers.

Stanley Grenz, professor of theology and ethics at Regent College in Vancouver, British Columbia, said, "Like the lepers in the first century, persons with AIDS are often relegated to the fringes of society and shunned as 'unclean.' He added, "If Jesus were to walk through the streets of New York, Atlanta or Vancouver today, he would respond to HIV-positive persons."

Grenz said the possibility of a causal link between personal choices and AIDS must be acknowledged. But he noted that not all who are immoral contract the virus and many become infected through no immoral action of their own. That should "caution us against any simple equating of AIDS and personal sin," Grenz said.

Tapley said it took nearly seven years after he left the Alabama church before he felt comfortable in a Baptist church again. He found Dolores Street Baptist Church in San Francisco listed in a gay magazine. "I never thought I would see a Baptist church in a gay publication as being welcoming," he said.

Tapley said God must have had a hand in the opportunity that arose for him to work at The Other Side. The magazine was looking for a director who was familiar with peace and justice issues and had a theological background. It also gave preference to minorities, including gays. "Now, stuff made sense -- my history with the seminary and peace and justice issues," Tapley said.

Homosexuality is something "that the church has to begin to grapple with," Tapley said. "There was tremendous spiritual turmoil when I was trying to be different than who I really was. Before you can be true to your calling, you have to be true to who you are. That was the point where I felt a real peace with God. I'm very much at peace with my God."

Tapley said his mother, who died of cancer several years ago, had been the tempering factor in his family. After going public about his homosexuality, his relationship with his father soured and involved heated discussions.

"One time I let him know that some of those fundamentalist pastors that used to attend the Southern Baptist Convention had propositioned me before," Tapley said. "He was amazed."

Following a period of alienation, Tapley said he and his father are beginning to talk and "test the waters" toward reconciliation. "We're still not there yet," he said.

At the Carter Center conference, Tapley said he knew some religious leaders there would disagree with him over the issue of homosexuality, but he said both sides must begin to sit down with each other to deal with the HIV/AIDS epidemic. "It's going to be tough for me," confessed Tapley. "My worst problem I think would be sitting down with my own Baptist tradition. It brings back a lot of the pain."

Religious groups divided over public policy issues about AIDS

By Kenny Byrd

ATLANTA (ABP) -- Debates over needle-exchange programs, sex education in schools and condom distribution can quickly turn a discussion over health and safety into a heated debate.

Religious Right groups and others argue that the government should not fund such programs, because they send a wrong signal to children and encourage immoral and dangerous behavior.

But others, including many at a recent Carter Center conference sponsored by AIDS National Interfaith Network, said those programs are necessary to HIV prevention.

Major Herbert Rader, medical adviser of The Salvation Army, said his group has learned to be "both a lighthouse and a lifeboat organization" in its approach to ministry. "We cannot change the 'manufacturer's instructions,' with respect to the immutable rules for healthy living, nor can we move the lighthouse to accommodate someone's desire to sail near the rocks," he said. "But we understand that our role is not to shout from the shore, but to push out into the dangerous waters, to come alongside and help, and to rescue those who are foundering by all available means."

Rader said later in an interview that now is not "a time to shout over the waves" in view of the AIDS epidemic. "It's time to throw them a lifeline, and sometimes that's a needle," he said.

Sandra Thurman, director of the White House Office of National AIDS Policy, told the AIDS and religion conference Nov. 10 she recently lost a debate with President Clinton over needle exchange.

After recent budget battles with Congress, appropriations bills included no federal funds for needle-exchange programs.

"The president and I have not always agreed on issues like needle exchange," said Thurman, an Episcopalian who grew up as a Baptist. She said she supports needle exchange, because it saves lives, "even though it's counter-intuitive that by giving someone a needle to inject drugs will do any good."

In an interview with Associated Baptist Press, Thurman said the administration was concerned that pushing for federal funds would cause a "backlash" from Congress that would lead the conservative leadership to establish an outright ban that would eliminate federal funds for needle-exchange programs altogether.

Congress did just that in the District of Columbia appropriations bill. In other areas of the government, however, the secretary of the Health and Human Services Department still has the discretion to use certain federal funds for the programs. However, Clinton has refused to ask HHS Secretary Donna Shalala to use funds for needle-exchange programs.

"We won half the battle by getting the government to certify that these programs do work," Thurman said.

She said opposition to needle-exchange programs has "been a fight taken on by the Religious Right."

"I hold the nation as a whole responsible," she said. "Certainly some of our more conservative organizations can be held responsible because they want to go back to a different time and place instead of dealing with the reality of today."

Thurman told the conference participants she is concerned that the needle-exchange issue will hold up the renewal of the Ryan White Care Act, a bill that provides funds to AIDS programs.

Thurman said she is a "big fan of teaching abstinence," but it is not enough. The United States does worse at HIV prevention than any other industrialized country, she said. "We're far too timid in prevention -- talking to young people. ... Regardless of what we tell our children, some of them are going to make choices that put them at risk."

"We must pray for the dead and fight like hell for the living," she said.

Another conference participant addressed the effectiveness of prevention programs such as needle exchange and condom distribution.

Michael Merson, dean of public health at Yale School of Medicine in New Haven, Conn., said countries that have had success in prevention have combatted "the myth that condoms are not effective; that sex education in schools leads to youth having more sex; that syringe-exchange programs increase drug use, that sexual behavior cannot be changed and that we need to wait for a vaccine before HIV will be prevented."

Merson said condom-distribution programs in schools "have been successful in increasing condom use and reducing pregnancy rates and rates of new sexually transmitted diseases without increasing sexual activity." He also said the effectiveness of needle-exchange programs "in reducing HIV transmission without increasing drug use has been clearly demonstrated."

Countries like Thailand, Uganda, Tanzania, Zambia, Senegal and Switzerland have implemented programs that have decreased sexual transmission.

A study in Tanzania demonstrated a 42 percent drop in the number of HIV infections through proper clinical management of sexually transmitted infections, he said. In Thailand, increasing the use of condoms in commercial sex establishments led to a decrease of HIV prevalence from 3.6 percent in 1993 to 2.5 percent in 1995. In Uganda, HIV prevalence has been reduced by 35 percent in young women aged 15-24 by delaying the onset of sexual activity and safer sex practices.

Merson said that "in almost all settings, heterosexual transmission is the predominant mode of sexual spread. ... When properly stored and used, condoms are virtually 100-percent effective in preventing HIV transmission."

In a CDC study of 124 discordant couples -- in which only one member of a couple is HIV positive -- which properly and consistently used condoms during sexual activities, the negative member never contracted the virus, he said.

Merson told conference participants that it is "counter-cultural in that it requires that we discuss sexuality openly, admit that adolescents have sex, recognize sexual diversity and de-link condom use to distrust of one's partner."

"Experience has shown beyond doubt that successful prevention requires acknowledgment that these behaviors exist," he said. "Churches should help to educate these populations as to how to prevent HIV infection and to develop locally relevant responses."

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Government gives funds to minority communities for AIDS programs

By Kenny Byrd

WASHINGTON (ABP) -- Two weeks before a national conference on AIDS and religion took place at the Carter Presidential Center in Atlanta, President Clinton announced the release of \$156 million to fund initiatives addressing the HIV/AIDS epidemic in racial and ethnic minority communities.

Clinton said the HIV/AIDS epidemic is a "severe and ongoing health-care crisis" in minority communities, where health care is not as readily available as in other places. He said AIDS remains the leading killer of African-American men age 25-44 and is the second-leading killer of African-American women of the same age group.

The funds will be used for a variety of health-care programs and prevention efforts, including both secular and faith-based community-based groups. Constitutional safeguards are in place to assure that the funds do not go directly to churches to advance religious doctrine but instead to religiously affiliated groups that are primarily concerned with caring for the needs of HIV/AIDS patients.

Some faith-based programs that are merely affiliated with religious groups are already funded through government programs.

For example, The Balm in Gilead, a New York-based group that mobilizes African-American churches to respond to AIDS, just won a \$600,000 three-year grant from the Centers for Disease Control and Prevention to establish a black-church HIV/AIDS assistance center.

Religious groups have been at odds, however, over recent congressional proposals such as "charitable choice" to fund pervasively religious organizations such as churches without requiring the church to set up a separate nonprofit entity to guard against church-state entanglement.

At the AIDS and religion conference at the Carter Presidential Center Nov. 8-11, Sandra Thurman, director of the White House Office of National AIDS Policy, said the funds appropriated by the Clinton administration do not entangle church and state.

Conference participants also heard from a Baptist church-state specialist on the necessity to keep government funds from flowing to churches.

James Dunn, executive director of the Baptist Joint Committee, said: "There is a wrong way to do right. We dare not destroy America's distinctive contribution to the science of government in our desire to meet a crisis. Separation of church and state has been good for the state, good for the church, good for freedom and good for folks."

Dunn also told the AIDS activists: "It is true that timidity and tepidity have too long blanketed the religious community. One of my encouragements from this meeting is that you raise real hopes for a kick in the pants of the body religious. ... Churches and church people cannot remain silent on the need for universal health care, HMO reform, a patient's bill of rights, focus on the increasing plight of ethnic minorities -- issues that church types have avoided as too political, too technical or too complex for church engagement -- must be spoken to courageously."

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Centers for Disease Control offer facts and myths about AIDS

ATLANTA (ABP) -- The Centers for Disease Control and Prevention provide the following information about HIV.

-- Transmission: HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes with someone who is infected, or, less commonly, through transfusions of infected blood or blood-clotting factors. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments.

-- Kissing: Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during open-mouth kissing, CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during such kissing is believed to be very low.

-- Saliva, sweat and tears: HIV has been found in saliva and tears in very low quantities in some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be transmitted by that body fluid. Contact with saliva, tears or sweat has never been shown to result in transmission of HIV.

-- Insects: There has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects.

-- Effectiveness of condoms: The proper and consistent use of latex condoms when engaging in sexual intercourse can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases, including

HIV infection. In order for condoms to provide maximum protection, they must be used consistently (every time) and correctly.

The CDC says abstaining from sexual intercourse is the most effective strategy for prevention of HIV transmission.

For individuals who are sexually active, the CDC says the following are highly effective:

- Engaging in sexual activities that do not involve vaginal, anal, or oral intercourse.
- Having intercourse only with one uninfected partner.
- Using latex condoms correctly from start to finish with each act of intercourse.

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-- This Information was compiled by James Bennett, an intern for Baptist News Service, a division of the Baptist Joint Committee.

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