

'PLEASE COME TO US WITHOUT DELAY' MEDICAL CARE FOR HIV/AIDS PATIENTS

FOURTH SUNDAY IN EASTER, YEAR C

Lectionary Texts: Acts 9:36-43 Psalm 23 Revelation 7:9-17 John 10:22-30

Focus Text: Acts 9:36-43

³⁶Now in Joppa there was a disciple whose name was Tabitha, which in Greek is Dorcas. She was devoted to good works and acts of charity. ³⁷At that time she became ill and died. When they had washed her, they laid her in a room upstairs. ³⁸Since Lydda was near Joppa, the disciples, who heard that Peter was there, sent two men to him with the request, "Please come to us without delay." ³⁹So Peter got up and went with them; and when he arrived, they took him to the room upstairs. All the widows stood beside him, weeping and showing tunics and other clothing that Dorcas had made while she was with them. ⁴⁰Peter put all of them outside, and then he knelt down and prayed. He turned to the body and said, "Tabitha, get up." Then she opened her eyes, and seeing Peter, she sat up. ⁴¹He gave her his hand and helped her up. Then calling the saints and widows, he showed her to be alive. ⁴²This became known throughout Joppa, and many believed in the Lord. ⁴³Meanwhile he stayed in Joppa for some time with a certain Simon, a tanner.

NRSV

ADDITIONAL TEXTS

I am utterly spent and crushed; I groan because of the tumult of my heart. O LORD, all my longing is known to you; my sighing is not hidden from you. My heart throbs, my strength fails me; as for the light of my eyes -- it also has gone from me. My friends and companions stand aloof from my affliction, and my neighbors stand far off. Those who seek my life lay their snares; those who seek to hurt me speak of ruin, and meditate treachery all day long. But I am like the deaf, I do not hear; like the mute, who cannot speak. Truly, I am like one who does not hear, and in whose mouth is no retort. But it is for you, O LORD, that I wait; it is you, O LORD my God, who will answer.

Psalm 38:8-15

For he grew up before him like a young plant, and like a root out of dry ground; he had no form or majesty that we should look at him, nothing in his appearance that we should desire him. He was despised and rejected by others; a man of suffering and acquainted with infirmity; and as one from whom others hide their faces he was despised, and we held him of no account. Surely he has borne our infirmities and carried our diseases; yet we accounted him stricken, struck down by God, and afflicted. But he was wounded for our transgressions, crushed for our iniquities.

Isaiah 53:2-5a

Then Jesus called the twelve together and gave them power and authority over all demons and to cure diseases, and he sent them out to proclaim the kingdom of God and to heal. He said to them, "Take nothing for your journey, no staff, nor bag, nor bread, nor money -- not even an extra tunic. Whatever house you enter, stay there, and leave from there. Wherever they do not welcome you, as you are leaving that town shake the dust off your feet as a testimony against them." They departed and went through the villages, bringing the good news and curing diseases everywhere.

Luke 9:1-6

SCRIPTURE COMMENTARY

BY REV. CAROLYN MCCLENDON
DIRECTOR, ALLIANCE OF AIDS SERVICES,
RALEIGH

The focus of the text for this Sunday follows the preceding text of Peter healing Aeneas (9:32-34) and serves as a reminder of the continuing ministry of Christ, as demonstrated by the apostle. Likewise, this story reminds us of Jesus raising the daughter of Jarius in Luke 8:41-56 and the healing of the paralytic in Luke 5:18-26.

In this passage, Tabitha, a charitable widow and one of the disciples known throughout the area for her understanding, compassion and care for other widows, has died. Peter is summoned by members of the grieving community with the request to “please come to us without delay.” The purpose of summoning Peter is not identified: whether he is called to bring Tabitha back to life or to be visibly present for those left hurting and grieving is unknown. Yet, regardless of the reason why Peter is summoned, scripture tells us that Peter was summoned: “Please come to us without delay” (NRSV); “do not delay to come to us” (NAS), and “please don’t waste a second getting over here” (The Cotton Patch Version of Luke and Acts), all indicate the seriousness of the situation. In response, “Peter arose and went with them” (NAS); and, “immediately, Peter went off with them.” (The New English Bible). Without question or apparent concern, Peter seems to show no hesitation in going when Tabitha’s friends approach him with the request. The depth of the crisis is immediately apparent and Peter cares and responds. As such, he demonstrates that the church also cares and more importantly, that God cares. Time is of the essence.

In the story of Tabitha, we are given a model of Christian charity to the marginalized in society. We know from scripture (Luke 20:47) that orphans and widows were the economically vulnerable at the time. There was no government safety net to ‘catch them’ or to respond to their need. The immediate response of Peter to this hurting community – to ‘come quickly’ – demonstrates the care and compassion of a loving God toward the plight of the weak and vulnerable. Tabitha is restored to life and to the work of the community which depended on her.

Today, North Carolinians living with HIV/AIDS represent some of the most economically vulnerable in our community. Many of these individuals, because of their economic status, struggle daily to secure the medications needed to help them continue to live with the virus that was once considered a death sentence. Modern-day drug therapies available for persons who are sick can assist persons back into life and better health. However, state laws, such as many here in North Carolina, limit the amount of medical reimbursements that patients can receive; as a result, hundreds of individuals living with HIV/AIDS do not have access to the drugs that would extend and enhance their lives. For many persons whose annual income exceeds 125% of the federal poverty level, access to a healthier life is denied, and death is certain.

The story of Tabitha and the action of Peter remind us that God is shepherd of the world, the protector of the vulnerable, the advocate for the oppressed and the ever-present help in times of sorrow and joy. Like Peter, we are called to ‘come quickly without delay’, to respond to the needs of persons in our communities living without adequate health care, to be prophetic in denouncing North Carolina laws that limit a better life for those infected with HIV/AIDS, and to offer new life and health to all of God’s children. In this way, we all have the power to raise people from the dead.

PASTORAL REFLECTION

BY REV. CAROLYN MCCLENDON

In the past twenty-five years, the face of the AIDS epidemic in this country has shifted dramatically. Initially, gay white men were most identified with the epidemic. Today, the reality is that HIV looks like all of us – regardless of race, gender, age, sexual orientation, or faith tradition. The epidemic is growing most rapidly, however, among minorities who have historically experienced a higher risk for poverty, lack of health insurance, co-morbidity, and disenfranchisement from the health care system. The result is a growing number of individuals living with HIV disease who are living at or below the federal poverty level and who have limited or no access to life-saving, life-extending medications.

In a state where monies for medications and other drug therapies are limited, many of the more than 28,000 North Carolinians living with HIV/AIDS are summoning the church to “please come to us without delay;” i.e., “our very lives depend upon it!” People are dying for the opportunity to live better lives afforded by access and use of medications, yet because of state government legislation, many are often denied access because they make too much money and are over the designated income limit.

Acts tells us how God’s community, the church, reached out with compassion to the world around it, to the life that God created among its members. As people of faith, as the church, all of us are called to convey hope and transformative love to all persons who are infected with and affected by HIV/AIDS.

For many HIV+ persons, however, hope is in short supply. The limitation of life-saving and life-transforming health care places individuals at risk for other health concerns, as well as impacting other areas of their lives. God requires God's people to be a reflection of God's love, mercy, justice and hope. As such, the church must be a radical community, acting out on behalf of the God of love and justice for all of God's people. The stakes are much too high for the church to be anything less.

Throughout scripture, both through direction and by the example of Christ, emphasis has been given to caring for and responding to the needs of the poor and excluded ones amongst us. In the story of Tabitha, Luke offers a model of Christian charity to the marginalized in society. Additionally, Peter's immediate response to the request of Tabitha's friends to not "waste a second getting over here" (The Cotton Patch Version of Luke and Acts) represents the swiftness of God to hear and respond out of love and compassion to the needs of God's children. Peter's actions show his total dependence on God, while reminding us that we are not alone in responding to the needs of people or to the injustices and wrongs in society.

In the early days of HIV/AIDS, the cry of persons living with this disease was for presence and compassion in their living and for peace and comfort in dying. Life-saving, life-enhancing medications were practically non-existent, fear and judgment ran rampant and horrific, devastating death was inevitable and came too quickly for too many.

As a denominational employee in Louisiana during those days, I witnessed the rapid loss of life and the sudden impact this disease had on families, friends and neighbors in the inner-city community where I ministered. With sadness, anger and disbelief, I listened as people of faith, including denominational leadership, debated and discussed, sanctioned and sentenced, and directed and relegated persons living with HIV/AIDS to places of right and wrong and good and bad – all in the name of God! As a result of responding to the needs of persons living with and affected by this deadly, life-altering disease, ministry positions were ended. A beacon of hope and help to the hurting in the inner city was eliminated.

As people of faith, it is imperative to respond to the injustices many of God's children experience. We must be certain that as we respond and advocate for improved health care access for persons living with HIV/AIDS, that resources for other needs are not lessened or eliminated. In essence, we must be certain that holistic care is available for all. Increased access for medical care for HIV+ persons should not lessen or eliminate current existing resources available to provide food for the hungry, housing for the homeless, mental health services and other programs to the hurting.

God requires God's people to be a reflection of God's love, mercy, justice and hope. Likewise, as people of faith, we are called into community with other believers who serve one another and serve their neighbors. The direction and example of Jesus is simply put: as people of God, we are to "love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself." (Luke 10:27 NAS). God requires us to be faithful and to be loving and caring to our neighbors as well. The question then becomes, "Who is our neighbor?" Jesus answers that question in the parable of the Good Samaritan. Our neighbor is anyone that we find in need of spiritual, physical or emotional help. This was evident in Jesus' ministry here on earth. Jesus spent most of his life and ministry in the worst parts of the cities, associating with the marginalized, the weak and the outcast of the society. He ministered to those who had been condemned by society, and he cared for those who had been ostracized and otherwise forgotten. Jesus was a refuge for the alien, hope for the afflicted, and a source of comfort for the hurting. He was the reflection of God's love, mercy, justice and hope. As people of faith, as The Church, we can do no less than follow the example of a loving, caring and compassionate God.

God's infected and affected children continue to plead for people of faith to "come without delay" – to be the hand, the face, the heart and the touch of God to the lonely, the stigmatized and the discriminated. Whether for presence and compassion or for advocacy for medical access, the cry to the church is the same, "Please come to us without delay." May it be so!

WORSHIP AID – 'PLEASE COME TO US WITHOUT DELAY'

RESPONSIVE READING

God of health and wholeness, we thank you that you care about each of us— children, youth, young adults, those of us who are older. We thank you that you desire abundant life for all of Creation.

Lord, from the midst of our perceived abundance, plunge us deep into a sense of sadness at the pain of our sisters and brothers inflicted by war, prejudice, injustice, and indifference. Help us to learn again to cry as children until our tears baptize us into people who touch with care those we now touch in prayer. Today we especially remember in prayer the millions who have been robbed of health and wholeness because of HIV/AIDS.

God, we pray for those in Africa, Asia and the Caribbean. We pray for those in the U.S., North Carolina, and around the world. We pray that all those who endure the physical effects and stigma of HIV/AIDS may feel your loving and welcoming arms and sense our compassion, concern and solidarity as well.

We pray for those who are ill;

We pray for those who are dying;

In Your mercy forgive our condemnation of people living with HIV/AIDS.
Forgive us when we deal lightly with the wounds of Your people.
Forgive the times when we have offered artificial solutions. Empower us to tackle corrupt systems.
Make us instruments of Your peace. Make us agents of Your transformation.
In the strong name of Christ we pray,
Amen.

(From Church World Service, "Offering of Prayers," www.nccusa.org/misioneducation/aids/document/HIV_GeneralPrayers.pdf)

AIDS and the Power of God's Goodness and Grace: A Responsive Reading

We gather in the name of the crucified and risen Christ,
Over whom death had no power and through whom there is life eternal.
We gather as a remembering and a caring community,
A community of faith and hope united by God's love.
We come to give thanks for those we love,
Those who have cared for us. Those who have brought joy to our lives.
Those we love and pray to be reunited with when the time is right.

God calls to us:

To care for one another, to be compassionate and merciful.
We celebrate God's goodness and grace,
In the love we give, receive and remember.
We experience God's goodness and grace
Through arms that embrace us when we are filled with fear.
We are the creation of one Creator God.
The child who cries is every child. The woman weakened and tired is every mother, wife, sister, daughter.
The man is every father, husband, son and brother.
AIDS leaves gaping wounds in the lives of those who have lost the ones they love the most.
God, give us the strength and courage to be present in the midst of loss.
Across the infinity of space and time a common heart beats in every breast,
Forbearing pain and clinging to hope we are brought to a deeper understanding of our common humanity.
We are a family of nations united by our common priceless humanity.
AIDS is a worldwide crisis in the midst of which there is no "we" and "they."
We confess that we are all affected,
When one of God's creation suffers we all suffer.
We know Jesus identifies with all who suffer;
Through our faith in Him, healing and wholeness take place.
In AIDS ministry there is giving and receiving;
Like a chalice filled and drained and filled again, we receive Christ and have Christ to give.
When we care for a person who has AIDS we show that we love Christ;
To touch, to bathe, to feed, to clothe the one who is ill is to do this unto Christ Jesus.
Today we are called to be a joyful, thankful people,
Upheld by God's goodness and grace which has the power to disarm AIDS.

In thankfulness we commit ourselves to being a caring, justice-seeking, nurturing community.
We covenant together in commitment to God and to one another.
We will be a caring community;
We welcome into our community and our church all persons whose lives have been touched by HIV and AIDS.
We say to all: "You are welcome here."
We will be a justice-seeking community;
We will oppose all forms of discrimination against persons with HIV and AIDS. We support the right of all persons with HIV and AIDS to housing, employment, services, transportation, accommodations and health care.
We will be a nurturing community;
We will care for one another and love one another. We will pray for God's creation.
We will be Christ's presence in each other's lives. We will be witnesses to God's unconditional love.
Through Christ's example we are made finer, gentler, stronger;
Through Christ, the Savior, and the power of God's goodness and grace we are set free to love, to seek justice, to become all God intends us to be. Amen.

(edited, by Cathie Lyons, from <http://gbgm-umc.org/cam/memorials/goodness.html>)

ADDITIONAL HELPS

• QUOTES •

I have learned more about love, selflessness and human understanding from the people I have met in this great adventure in the world of AIDS than I ever did in the cutthroat, competitive world in which I spent my life.

Anthony Perkins

From the point of view of the pharmaceutical industry, the AIDS problem has already been solved. After all, we already have a drug which can be sold at the incredible price of \$8,000 an annual dose, and which has the added virtue of not diminishing the market by actually curing anyone.

Barbara Ehrenreich

Those who suffer from AIDS deserve better than to be branded as sinners outside our concern and to be forced to become some kind of latter-day lepers.

Theodore Bikel

AIDS and malaria and TB are national security issues. A worldwide program to get a start on dealing with these issues would cost about \$25 billion.

Jared Diamond

Following Christ's example closely, the Church has always considered the care of infirm people to be an integral part of its mission. I therefore encourage the many initiatives underway to overcome this sickness, especially by church communities, and I feel close to people with AIDS and their families, invoking upon them the Lord's help and comfort.

Pope Benedict XVI

• PERSONAL VIGNETTE •

TWENTY-FIVE YEARS AND COUNTING...

BY JOHN PAUL WOMBLE

June 5, 2006 marked the 25th anniversary of the first reported cases of AIDS.

My father, John Sidney Womble was a Baptist minister, a loving and good father as well as a gay man. After he and my mother divorced he moved to San Diego, California. I stayed in North Carolina and continued to be raised a Southern boy. When I was 18 years old, I learned that my father was HIV positive. This man who was my hero, close friend and mentor was very, very sick. This man who believed his limits – and mine – were only confined by our ability to persevere, encountered the first thing in his life that he could not master or overcome – AIDS. He developed PML, a rare and horrific opportunistic infection that subsequently caused him to go partially blind and lose his ability to “appear” well. His worst fears were being realized – all of them: he was alone, sick, “weak” and dying. And the world around him thought by being gay he was perverted and “deserved” what he got. So, rather than live in pain with judgment abounding, he checked in to a hotel in Southern California, drank a bottle of Jack Daniels, took an overdose of sleeping pills and left a note that said, “Son – Let the official story be heart attack, sweet peace and goodnight!” He was 43 and I was 22.

Now you might think the story ends there, but that would be just to dad blamed easy....

I came out of the closet to my dad and my family years before his death, when I was sixteen years old. And my plight, as it were, was made exponentially easier by the path my father had blazed. I was not petrified of being gay nor hindered by a fear of touching or loving someone with AIDS. I was in fact probably overconfident – in some ways – and not afraid enough in others.

Now, don't get me wrong...losing my father and mentor also meant losing someone who might instill reasonable confidence and a steady hand in my development as a young man. Unfortunately somewhere between the ripe old age of 23 and 25, I managed to follow a little too closely in my dad's footsteps and I myself became infected with HIV. Like father like son, huh.

I had some great teachers and learned from the best, but my dad was in a class by himself! What did I learn?

Speak the facts;

Speak the truth;

And stand up in the arena – we are in the battle for our lives!

So, today in this arena let me say: I am 38 years old and have been HIV positive thirteen years. I have worked in the field of HIV/AIDS for many years and am now the Director of Development and Public Affairs for the largest AIDS service organization in North Carolina. And I am still in the fight of my life, for your life and the world as a whole...

25 years later, I find myself asking two questions: how can we endure in the face of this much loss, this much disease, this much pure grief? And what kind of future am I really trying to create?

In some ways the question of endurance is the easy part. I don't have a choice; we don't have a choice. We know that AIDS won't go away if we ignore it—we've already tried that, and the resulting death and destruction is the likes of which we never could have imagined. We cannot, we must not, be silent about AIDS. 25 years ago a small and frankly disliked group of young men in the US began to sicken and then to die, very quickly. But silence and lack of concern didn't make AIDS go away; silence has cost us the lives of 30 million unique souls. We must not stay silent. I will look to a future where AIDS does not exist. Until that day – until the cure – may we remember those lost, those living and those we must protect – and may God bless you AND be with us always.

· CONTACTS AND OTHER RESOURCES ·

- W <http://aas-c.org/aasc/organization.html>—Alliance of AIDS Services Carolina serves the needs of HIV/AIDS patients in the Triangle area through compassionate and non-judgmental care, prevention, education and advocacy. In partnership with supporting and partnering faith communities, the Faith Ministries Program of AASC supports the Alliance mission in three ways: (1) by developing, training, and coordinating faith-based Care Teams, (2) by providing spiritual care and counseling to persons living with HIV/AIDS, their families, Care Teams and other care givers; and (3) by providing faith-based HIV/STD education to faith communities throughout the Triangle. This Alliance was formed by the merger of three groups, one of which was TRAIN (Triangle AIDS Interfaith Network), a one-time affiliate of the NC Council of Churches.
- W www.metrolinaaidsproject.org—Metrolina AIDS Project actively serves the Charlotte area by to improving the lives of individuals and families affected by HIV/AIDS and through services, education, and client advocacy, strives to prevent further spread of this disease. Founded in 1985, MAP is the Charlotte region's leading provider of comprehensive case management, support services, prevention education and direct financial assistance to people living with HIV/AIDS.
- W www.unaids.org/en—The Joint United Nations Program on HIV/AIDS offers comprehensive worldwide data on the HIV/AIDS pandemic. This multinational body brings together the efforts and resources of ten other UN organizations, including UNICEF and the World Health Organization, to the global response to AIDS.
- W www.cdc.gov/hiv—The Center for Disease Control (CDC), a national health organization, seeks to prevent HIV infection and reduce the incidence of HIV-related illness and death, in collaboration with community, state, national, and international partners. The CDC's programs work to improve treatment, care, and support for persons living with HIV and to help build capacity and infrastructure to address the HIV/AIDS pandemic. They offer detailed and comprehensive statistics and resources on HIV/AIDS both nationally and locally.
- W www.unctv.org/aids/index.html — “The New Age of HIV/AIDS” is a recent program series produced by UNC-TV focusing on the state of the disease in North Carolina. The website includes transcripts, interviews, video playlists and other resources for learning about HIV/AIDS.
- W www.projectinform.org—Project Inform is a national, nonprofit, community-based organization working to end the AIDS epidemic. Its mission is to: Inform people living with HIV, their caregivers, and their healthcare and service providers about the treatment and monitoring of HIV disease; advocate to facilitate research towards a cure and appropriate policies, legislation and funding for HIV research, treatment and care; and inspire people to make informed choices, take effective action in the fight against HIV, and choose hope over despair.

KEY FACTS

DID YOU KNOW?

- q In North Carolina, over 26,000 people are currently living with HIV/AIDS.¹
- q The infection rate is growing in many parts of the state, particularly among African-Americans. African-Americans are 22 percent of the state's population, but 71 percent of the state's HIV/AIDS cases.²
- q The annual death rate for African-Americans is 21.4 percent, compared with only 4.4 percent for Hispanics/Latinos, 4.0 percent for Native Americans and just 1.5 percent for whites. In other words, an African-American with HIV/AIDS is 14 times more likely than a white person to die from the disease this year.³
- q Worldwide, around 40 million people were living with HIV/AIDS in 2005. For that year, an estimated 4 million people became newly infected and about 3 million died from the disease. In the U.S., over 1 million people are currently living with HIV/AIDS, with about 40,000 people being newly infected each year.⁴
- q Highly active antiretroviral therapy (HAART), first introduced in 1996 and comprised of various drug "cocktails," has proven effective at both increasing the quality of life and prolonging the lives of those diagnosed with HIV/AIDS. HAART, however, remains very expensive, with average yearly costs ranging from \$8,000 to \$10,000 or more. Access to drugs is the most important health variable once an individual has been diagnosed with HIV/AIDS.⁵
- q Prior to July 2006, North Carolina had the most restrictive policy for the AIDS Drug Assistance Program (ADAP) in the nation. North Carolina provided assistance for life-saving AIDS drugs only to those who lived within 125 percent of the federal poverty guidelines (\$20,000 for a family of four, \$13,200 for a family of two). This means, for example, that a single mother with one child who earned \$16,600 per year (about \$8/hour) was ineligible to receive ADAP at the same time that those life-giving drugs cost more than her entire annual income. Hundreds were placed on waiting lists to receive medication, and many North Carolinians became ill and died as the state refused to provide access to life-saving drugs to those in poverty.⁶
- q Due to the extensive advocacy efforts of grassroots organizations on behalf of North Carolina's HIV/AIDS population, however, the 2006-2007 fiscal year budget includes language which allows the state to raise the guidelines and provide ADAP to those living within 250 percent of the federal poverty guidelines. While this is an important step, there is still no guarantee that everyone who falls in this income range will receive ADAP, since the state has clearly indicated that only those living within 125 percent will receive priority status. The North Carolina General Assembly explicitly did not add any more state money. Limited federal funding means that there is often a waiting list to receive ADAP, and people on the waiting list are forced to choose between spending on medications or other necessities.⁷
- q Every state that borders North Carolina continues to provide access to HAART medication to people who live within 300 percent of federal poverty guidelines.⁸

1. NC Policy Watch, "The Raging, but Ignored Epidemic," www.ncpolicywatch.com/cms/?p=4020.

2. State Center for Health Statistics and the Office of Minority Health and Health Disparities, "Racial and Ethnic Differences in Health in North Carolina: 2004 Update," www.schs.state.nc.us/SCHS/pdf/RaceEthnicRpt.pdf.

3. Ibid.

4. UNAIDS, "Report on the Global AIDS Epidemic, 2006," http://data.unaids.org/pub/GlobalReport/2006/2006_GR-ExecutiveSummary_en.pdf.

5. See "Ten Years of HAART HIV/AIDS Treatment" by Matt Pueschel in US Medicine: The Voice of Federal Medicine, <http://www.usmedicine.com/dailyNews.cfm?dailyID=285>. See also "Study Shows AIDS Drugs Cost Effective, Care Underfunded," www.biologynews.net/archives/2006/02/28/study_shows_aids_drugs_costeffective_care_underfunded.html.

6. The Access Project, "North Carolina ADAP Contact and Eligibility," www.atdn.org/access/states/nc/nc.html. See also NC Policy Watch, "State Lawmakers Need to Face Up to the Shame," www.ncpolicywatch.com/cms/?p=4020.

7. North Carolina General Assembly, "Budget Fiscal Year 2006-2007," www.ncleg.net/Sessions/2005/Bills/Senate/PDF/S1741v8.pdf.

8. NC Policy Watch, "State Lawmakers Need to Face Up to the Shame," www.ncpolicywatch.com/cms/?p=4020.