

Faith-based Response to HIV/AIDS

Introduction

When President Bill Clinton signed the welfare reform bill, the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 into law, it contained language that included the deliberate encouragement of states to support state cooperation with community and faith based charities in serving needy families. A key feature of the Act was its "charitable choice" provisions that supported faith-based and community organizations in the provision of social services. The goal of the charitable choice provisions: to encourage states to involve community and faith based organizations as providers of services under the new welfare reform bill while protecting the religious character of the participating religious organizations and the religious freedoms of the beneficiaries. Building upon the provisions guaranteed under the welfare reform efforts of the Clinton Administration, the Bush Administration has made support for and involvement of faith-based community and social service organizations one of its top domestic priorities. Expanding upon the work begun in the Clinton Administration by signing Executive Order 13198 on January 31, 2001, President George Bush established Centers for Faith-Based and Community Initiatives in five cabinet departments (Departments of Health and Human Services, Housing and Urban Development, Justice, Labor, and Education). Through the Executive Order President Bush is seeking to expand the number of faith-based and community organizations that apply for federal funds for the provision of a range of health, social, and human services.

Recognizing the important role played by faith-based and community social service agencies, calling these organizations members of the "armies of compassion that labor daily to strengthen families and communities," the Bush administration believes expanded involvement of faith-based and community organizations in responding to family and community challenges, including the HIV/AIDS epidemic, can be very instrumental.

Faith-based and community organizations are encouraged under Executive Order 13198 to seek federal funding to operate programs which have a proven track record in serving individuals and families in need. Faith-based and community organizations are encouraged under Executive Order 13198 to seek federal funding to operate programs that have a proven track record in serving individuals and families in need. The aim of this Executive Order is to create a "level playing field"—that is, an equal and fair opportunity—for faith-based and community

organizations to compete for federal resources to support programs they have developed in response to community needs.

However well-intentioned this initiative may be, it has proven to be controversial, especially for some nonsectarian service providers who are concerned about the separation of church and state. Further, some community based AIDS Service Organizations (ASO) worry that the delivery of HIV/AIDS care, treatment, and support services might be dictated by religious doctrines. This notwithstanding, AIDS Action sees merit in the concept of enlisting faith-based and community organizations in a renewed effort to curb the domestic epidemic. At the same time, AIDS Action is committed to ensuring that the federal responses to HIV/AIDS remain open, available, and appropriate to the needs of those individuals and families impacted by the disease.

Partnerships between the federal government and faith-based organizations are not a new idea.

The federal government's support of and partnership with faith-based and community organizations is not new. Faith-based and community organizations are already eligible for federal funding, and many of them have secured it.

America has a long history of health, human, and social service delivery by faith-based and community organizations. Today, a large share of health and human services in the United States are provided by faith-based and community organizations. Since the beginning of the U.S. response to HIV/AIDS, faith-based and community organizations have been among the first responders.

In New York City, *God's Love We Deliver (GLWD)* has been preparing and delivering nutritious, high quality meals to men, women, and children living with HIV/AIDS since 1985. In 1991, GLWD received its first funding from the Ryan White Care Act. Delivering its five-millionth meal in 2001, GLWD began its work by preparing and delivering 50 meals per day from the kitchen of West Park Presbyterian Church.

In Minneapolis, MN, *Community Fitness Today (CFT)*, a program to improve the health status of minorities through educational, fitness, nutrition, and prevention programs, began when Marie Graham and the late Dwight McWilliams approached their pastor with the idea for about a program to educate parishioners about HIV/AIDS. Using their church ties, Dwight and Marie began their program of outreach to African American churches

throughout Minnesota. With support from the American Red Cross African American HIV/AIDS program, which is funded by the Centers for Disease Control and Prevention, Dwight and Marie dedicated their “ministry” to educating the Black church family about HIV/AIDS. Their motto: If I can help somebody, my living shall not be in vain.

Faith-based organizations have a history of health and human service work in the U.S.

In the United States, faith-based and community organizations have been providing essential services such as child welfare, medical care, child care, housing, transportation, and counseling since the beginning of the new nation. In doing so, they have filled or reduced existing holes in federal, state, and local governments’ “safety net” of service programs.

The *Salvation Army USA* is well known for its multitude of community services, rehabilitation programs, and family services, but it began as a missionary organization. In keeping with its tradition of services to the poor, needy, sick, and less fortunate, the “Army” cared for more than 42 million people worldwide in 2002, providing a range of services that included emergency lodging, financial assistance, daycare services, substance abuse services, mental health care, respite care, and help locating missing persons.

Catholic Charities USA, another faith-based organization with a long history of providing social safety net services, has worked to support families and children, reduce poverty, and build communities. In 2002, Catholic Charities agencies provided help and created hope for more than seven million people. Its services included emergency assistance, health services, housing and community building services, education and training services, welfare and family support services, and immigration and refugee resettlement services. Since 1992, its HIV/AIDS Committee, in conjunction with the National Catholic AIDS Network, has promoted educational models for parish-based services and consciousness-raising about HIV/AIDS. Catholic Charities has also worked in collaboration with the University of Texas to develop a resource directory to help people living with HIV/AIDS and their care providers find needed services.

The *Jewish Board of Family and Children’s Services* (JBFCS) is one such faith-based, community organization. JBFCS has been a leader in treating social problems for more than 110 years. Today, JBFCS is one of the nation’s largest and most respected nonprofit mental health and social service agencies. Annually, JBFCS provides services to over 65,000 New Yorkers from all religious, ethnic, and economic backgrounds through a comprehensive range of 185 community-based programs, residential facilities, and day-treatment centers. JBFCS also offers a variety of volunteer-run programs and continuing-education programs.

As one of the largest national organizations for Muslims in North America, the *Islamic Society of Northern America* (ISNA) provides a range of services to achieve its vision of

contributing “to the betterment of the Muslim community and society at large.” Through its Community Development Department, ISNA strives to strengthen individuals, families, and communities by addressing “concerns in living and of raising families.” The Department plans to help Muslim social-service providers develop model clinics from an Islamic perspective to hold conferences and training workshops.

The *National Episcopal AIDS Coalition (NEAC)* works collaboratively for effective HIV/AIDS ministry by and for all levels of the Episcopal Church in the U.S. Formed in 1988, NEAC is a community of faith, hope, and action, emphasizing care for the caregivers and offering understanding, support, and spiritual comfort. NEAC’s outreach ministry is rooted in a commitment (or Covenant relationship) that is expressed through words and action. The NEAC commitment is to educating all Episcopalians about HIV/AIDS issues and empowering them to act on that information; advocating for the physical, emotional, and spiritual health of all people infected with or affected by HIV/AIDS; promoting pastoral care for all persons affected by HIV/AIDS; and furthering the development of networks and communities of support for all those engaged in HIV/AIDS ministries in the Church and the world.

Faith-based and community organizations: long-engaged in the response to HIV/AIDS

Almost since the beginning of the AIDS crisis in the United States, faith-based institutions and community-based organizations have participated in the domestic response to HIV/AIDS. In recognition of the early epidemic’s toll on individuals, families, and communities, faith-based and community organizations first responded with supportive services for death and dying, grief and loss, and pastoral and palliative care for men, women, and children who were dying from AIDS. Then, with the creation of programs to help people living with HIV/AIDS and to provide support to their caregivers, many churches, religious institutions, and faith-based organizations began AIDS ministries and community outreach programs specializing in services for HIV/AIDS prevention education. Several such organizations are highlighted below.

The *Metropolitan Community Church of San Francisco*, the second oldest congregation in the Universal Fellowship of Metropolitan Community Churches, has been responding to the domestic HIV/AIDS crisis since the 1980s. MCC San Francisco offers a continuing array of pastoral services, group support, education, and collaborative arrangements with other organizations for those with HIV/AIDS and other chronic and life threatening illnesses such as breast cancer. MCC San Francisco cosponsors a series of workshops with Kaiser Permanente entitled, “Positive Self-Management,” to address various issues related to HIV survival (e.g., financial planning, returning to work, embarking on new

careers, and dealing with psycho-social implications of health status). MCC San Francisco's "In Care Team" helps people suffering from illness to continue to participate in the life of their MCCSF faith community.

Based in Seattle, Washington, **Multifaith Works** is a non-profit, non-denominational organization representing a network of churches, provides housing and supportive services to people living with life-threatening illnesses, including AIDS. As part of its AIDS Care Team Program, Multifaith Works recruits and trains volunteers who wish to provide practical support and friendship to people living with HIV/AIDS.

Since 1989, *The Balm In Gilead*, through its Black Church Week of Prayer for the Healing of AIDS, has been the catalyst for educating and mobilizing over 10,000 churches to provide AIDS education for their congregations and communities. Today, with an estimated reach of over 2.5 million individuals, the Black Church Week of Prayer for the Healing of AIDS is the nation's largest AIDS awareness program targeting the African American community. More recently, The Balm In Gilead began an HIV/AIDS religious leadership training program in five African countries.

There are many other faith-based organizations whose missions include providing assistance to countries abroad. **World Vision** is the largest privately funded Christian relief and development organization in the world. Aiming to address the needs of orphans and vulnerable children in regions with a high prevalence of HIV, World Vision offered support and programs to more than 85 million people in 96 countries in 2002.

Samaritan's Purse provides medical support to mission hospitals and clinics in Africa, Asia, Latin American, and the Middle East. In 2002, they sent doctors, dentists, and other medical professionals on 315 assignments to 42 locations in 27 countries. In 9 countries they installed and/or repaired critically needed equipment, and shipped more than \$2 billion worth of medical supplies and equipment to facilities in 54 countries.

Celebrating its 75th anniversary this year, **Catholic Medical Mission Board** is the leading U.S.-based Catholic charity focusing exclusively on international healthcare, particularly programs that address the needs of women and children. Also included in the global response to HIV/AIDS are the efforts of churches with ministries in developing countries. Through their ministries, they have provided health and social services to people living with HIV. These churches represent a cross-section of religious denominations and include the United Church of Christ, the Lutheran Church of North America, the United Methodist Church, the Church of the Latter Day Saints, the Southern Baptist Convention, the National Baptist Church, the American Baptist Church, the Nazarene Church and the list goes on...

What the Faith-Based Initiative, as envisioned by President Bush, would do

The text of the executive order issued by President Bush on December 12, 2002, entitled *Equal Protection of the Laws for Faith-Based and Community Organizations*, provides a description of the fundamental objectives of the Faith-Based and Community Initiative. They are as follows:

- A.** Prevent organizations from being discriminated against "on the basis of religion or religious belief in the administration or distribution of federal financial assistance under social service programs."
- B.** Prevent discrimination against current or prospective program beneficiaries on the basis of "religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice."
- C.** Ensure that faith-based and community organizations are eligible to compete for federal financial assistance used to support social service programs and "to participate fully in the social service programs supported with federal financial assistance without impairing their independence, autonomy, expression, or religious character."
- D.** Require organizations that engage in "inherently religious activities, such as worship, religious instruction, and proselytization," to offer those services "separately in time or location from any programs or services supported with direct federal financial assistance and ensure that participation in any such inherently religious activities is voluntary for the beneficiaries of the social service program."

Areas for improvement in the Faith-Based Initiative

The proposal for a Faith-Based and Community Initiative raises two funding concerns. One is the funding for the initiative itself, such as the technical assistance it will offer to faith-based and community organizations as these organizations learn the mechanics of the federal funding process. It is important for this work to be funded by new money rather than money that has been shifted from other purposes. It is very important to recognize that there are not enough resources to address current needs; so, the notion of shifting existing resources to new purposes is problematic. AIDS Action supports overall increases in technical-assistance funding in order to avoid a funding shift that could result in a negative impact on service delivery.

The second issue concerns the funding levels of the wide array of federal service programs to which faith-based and community organizations might apply for funds. It is important for the funding levels of all these programs to be increased. Since the Faith-Based and Community Initiative will increase the number of organizations that are competing for federal funds, the available pool of funds should rise accordingly. This would ensure that the Faith-

Based and Community Initiative would *increase* the reach of federally funded social services and thus begin to address the currently unmet demand for services. This is particularly crucial in the area of HIV/AIDS work because the unmet demand for services continues to expand while federal and state budgets for health services in general and HIV/AIDS programs in particular are shrinking.

There is some concern that the definitions of a faith-based and community organizations will be interpreted narrowly to focus on the faith communities that have been historically dominant in the U.S., such as the Southern Baptist Convention, the Jewish Federation and the Catholic Church and ignore a full range of faith and community organizations that have been engaged in provision of community services for decades. Though these faiths should be included in the definition, it is important that the definition be interpretable broadly enough to include faith-based and community groups whose role in the American experience is more recent, such as the Metropolitan Community Church, Glide Memorial Church and countless other non-denominational religious and interfaith institutions.

There is currently no federal law that prohibits faith-based organizations from hiring their staff on the basis of religious affiliation. In fact, Title VII of the 1964 Civil Rights Act protects Americans from employment discrimination and protects the ability of faith based organizations to maintain their religious liberty and identity by hiring employees who share their religious beliefs. Just as a human rights organization has the right to hire employees who share the basic tenets of the organization. Given the concerns raised resulting the recent and program expansion actions of the Bush Administration, the courts have yet take up “again” the issue to determine whether or not religious groups can perform selective hiring when they are receiving federal money. However, in 1987 the US Supreme Court unanimously upheld this special provision. For the Bush administration’s efforts to be most effective, faith-based organizations that offer HIV/AIDS prevention, care, and treatment services must exercise non-discriminatory hiring practices, so their staffs reflect the same level of diversity as the clients they serve.

The Faith-Based and Community Initiative permits organizations to refuse to provide services that go against the tenets of their faith. For example, some faiths discourage the use of contraception, and under the Faith-Based Initiative, they would not be required to provide condoms or information on their use and preventive benefits. Although the prevention strategies of these faith-based organizations would not be comprehensive, they could certainly be effective in meeting less comprehensive objectives—provided they are required to use scientifically-evaluated and proven methods of prevention.

AIDS Action’s policies

Faith-based and community organizations are currently providing a variety of services to people living with HIV/AIDS, as discussed. With its diversity of beliefs and practices, the American faith and social services community offers a wide and far-reaching network to distribute prevention messages and care and support services to individuals and communities heavily impacted by HIV/AIDS. Properly designed, the faith-based and community initiative will help to expand the national response to HIV/AIDS.

AIDS Action supports the Faith-Based Initiative with the following provisions:

- The Faith-Based and Community Initiative itself should be funded with new money. Moreover, new money should be added to the already existing appropriations for all HIV/AIDS programs whose applicant base will be expanded by the implementation of the Faith-Based and Community Initiative.
- The official definitions of “faith-based and community organizations” must be broad enough to capture the full range of diversity within the U.S. faith and social services community. Additionally, emphasis should be placed on the smaller faith based and community organizations in order to enhance and strengthen their capacity to respond to community needs
- When assessing faith-based and community organizations as applicants for federal funding, the government should give priority consideration to those applicants who, as they develop and implement their HIV/AIDS programs, seek the counsel and collaboration of individuals living with and affected by HIV/AIDS.
- Faith-based and community organizations must use scientifically evaluated methods in their delivery of HIV/AIDS prevention, care, and support services and will exercise non-discriminatory hiring practices.

Information on the organizations mentioned in this policy brief was taken from the following Web sites:

God’s Love We Deliver, <http://www.godslovewedeliver.org/>;

Community Fitness Today, <http://gmnetwork.cc/cft.htm>;

National Episcopal AIDS Coalition, <http://www.neac.org>;

Salvation Army USA, http://www.salvationarmyusa.org/www_usn.nsf;

Catholic Charities USA,

http://www.catholiccharitiesusa.org/index_flash.cfm;

Jewish Board of Family and Children’s Services, <http://www.jbfc.org/>;

Islamic Society of North America, <http://www.isna.net>;

Metropolitan Community Church of San Francisco, <http://www.mccsf.org/>;

Multifaith Works, <http://www.multifaith.org/index.html>;

The Balm in Gilead, <http://www.balmingilead.org>;

Southern Baptist Convention, <http://www.sbc.net/>;

Catholic Medical Mission Board, <http://www.cmmmb.org/>;

and World Vision,

<http://www.wvi.org/home.shtml>.

Executive Order: Establishment of White House Office of Faith-Based and Community Initiative can be viewed by linking to

<http://www.whitehouse.gov/news/releases/2002/12/20021212-6.html>

