

CHAPTER 6

The Clergy's Continuing Involvement with People with AIDS/HIV between 1993 and 1999: The Follow-Up Interviews

As we stated in Chapter 5, The early-to-mid 1990s marked a turning point in the level and intensity that the media gave to AIDS and HIV. Consequently, by 1996, not only were news organizations providing less coverage of people with AIDS/HIV, but the new medications were transforming AIDS from an acute to a chronic disease.

All the while, denominational pronouncements, advocacy statements, and resolutions continued in the United States between 1994 and 1998. Those publications and statements were less frequent than they had been. However, they began to include statements about AIDS and HIV among IV drug users and among people in Africa more than statements before 1994 had included.

In the United Kingdom, a similar rise and fall in new AIDS cases and deaths occurred. AIDS cases reported each year increased from three cases in 1982 to 1,773 new cases reported in 1994. New cases continued to increase through 1996 when 1,854 were officially known to governmental health officials. Then, in 1997, the new cases began to decline and continued downward through 1999. Men accounted for 87.6 percent of all AIDS cases reported in Great Britain. Of these, 75 percent were either gay or bisexual. IV drug users accounted for 8.1 percent of those AIDS cases between 1982 and 1999 (United Nations World Health Organization, 2000a). In the United Kingdom, given its relatively low minority population, a majority of AIDS cases have occurred among white individuals, though a small percentage of people who immigrated from countries in Africa and from the Caribbean Islands also contracted HIV or AIDS.

In addition, follow-up interviews were conducted with as many of the original U.S. interviewees as were possible between 1993 and 1997. Between 1995 and 1999, we conducted follow-up interviews with U.K. clergy. Our purpose at that time was to measure continued involvement, new involvement, or lack of involvement with people with AIDS/HIV and their families and friends. In addition, we wanted to measure their perceptions of AIDS and HIV in their

respective communities and societies.

THE SECOND PHASE OF INTERVIEWS IN THE UNITED STATES: 1993-1997

After the completion of the first phase of interviews and the first questionnaire study with ministers within the Presbyterian Church (U.S.A.), we conducted second interviews with as many of clergy whom we interviewed in the original phase of our study. These interviews overlapped with the second-phase questionnaire part of our study. Our goal was to conduct second interviews with as many of those pastors, priests, and rabbis who were a part of the original interview sample as possible. It became clear that "as many as possible" would be less than 100 percent.

We were able to reinterview sixty-five pastors, priests, and rabbis from the first phase sample of 102 clergy. Several reasons prevented our conducting second interviews with thirty-seven of the original sample. Nine of those clergy had retired, and seven had moved into nonreligious vocations or positions in denominations in which they did not deal with PWAs or their families. Two of the pastors had died, and four clergy refused our requests for second interviews. All four were Southern Baptist pastors. Scheduling problems that were never resolved were responsible for the lack of interviews with fifteen others from the original sample.

Several who did participate in the follow-up interviews had moved or had been transferred to other parishes and congregations. In twelve of those cases, the follow-up interviews were conducted by telephone. The remaining second interviews were conducted in person. These interviews began in 1993. Most were completed by 1996 but a few took place in early 1997.

We were interested in whether or not Protestant, Roman Catholic, and Jewish clergy were still involved in AIDS ministry and counseling; or whether or not those clergy had less involvement, as AIDS and HIV had become a less sensational news story/media event. As the proportion of IV drug users and heterosexual women increased among the AIDS/HIV risk categories, we wanted to know the level of involvement that clergy had with them.

To explore these issues, we asked the following questions¹ in the follow-up interviews that provided data concerning continued involvement with people with AIDS/HIV and their families. We questioned clergy concerning strategies for pastoral care and counseling. In addition, we asked questions that measured their congregation's level of acceptance of PWAs and their denominations' level of acceptance. Finally we asked which denomination they thought had made the most "correct" pronouncements and advocacy statements concerning AIDS and HIV, and which had done the most to encourage its clergy to minister to people with AIDS/HIV and their families.

Responses from the Follow-Up Interviews

The proportion of pastors, priests, and rabbis from each denomination that were a part of the sample for the follow-up interviews were quite similar to their proportion in the sample for the original interviews. Table 6.1 shows the percentage and number of clergy within each denomination in both sets of interviews. It also shows the follow-up response rate for each denomination.

In the follow-up sample, clergy within the Presbyterian Church (U.S.A.) were slightly overrepresented, and ministers within Disciples of Christ congregations were slightly underrepresented when compared to the original sample. There were some differences between denominational groups in terms of their continued involvement. The four Southern Baptist pastors who refused to be reinterviewed provided the greatest contrast among clergy of different denominations. Those four pastors gave several different reasons for their refusal. One pastor said that did not want to talk about his dislike of homosexuals. Another said that AIDS was such a private matter that he should not talk with anyone about his experience with members who were infected. A third minister said he would be wasting our time since he refused to deal with PWAs, and a fourth pastor said that he did not appreciate the kinds of questions that were asked in the initial interview. Other denominational differences included the types of individuals with AIDS or HIV that clergy had dealt with since the initial interviews and the strategies and resources that they had used with people with AIDS/HIV and their families.

Levels of Involvement with AIDS and HIV Since the Initial Interviews

Table 6.2 presents the reported increase, decrease, or similarity in involvement with PWAs and their families since we had last interviewed them. This included those PWAs and their families who were in their parishes and congregations as well as others with whom they had been involved. Overall, 12 percent of the sample of pastors, priests, and rabbis said that their level of involvement had increased. Another 42 percent reported a decrease in their level of involvement, and an additional 40 percent responded that their level of involvement was about the same as it had been. Only 6 percent reported that they were no longer involved with PWAs or their families. Two of those four pastors were Southern Baptists. One Baptist pastor said that he came "under a little fire" for being open about counseling some PWAs, so he backed away from further involvement.

The one Presbyterian pastor who reported no further involvement with PWAs attributed this to his recent move to another parish. His new congregation was in the suburbs of a medium-sized city where fewer people in the high-risk groups for HIV resided. His plans were to offer his pastoral services to a rather new AIDS coalition of churches, social service agencies, and health organizations that was in that city. The Disciples of Christ minister also cited a change in pastorates that occurred two years before for his noninvolvement.

Table 6.1**Follow-Up Interviews: Denominational Affiliation Compared to Original Interviews (Percentage and Number)**

Religious Group	Follow-Up Interviews (Percentage and Number)	Original Interviews (Percentage and Number)	Follow-Up Response Rate (Percentage of Original Interviews)
Presbyterian Church (U.S.A.)	37 % (n = 24)	31 % (n = 33)	73 %
Southern Baptist Convention	25 % (n = 16)	24 % (n = 24)	67 %
United Methodist Church	20 % (n = 13)	21 % (n = 21)	61 %
Episcopal Church	6 % (n = 4)	7 % (n = 7)	57 %
Roman Catholic Church	5 % (n = 3)	6 % (n = 6)	50 %
Disciples of Christ	3 % (n = 2)	5 % (n = 5)	40 %
United American Hebrew Congregations	3 % (n = 2)	4 % (n = 4)	50 %
Evangelical Lutheran Church in America	2 % (n = 1)	2 % (n = 2)	50 %
Total	100 % ² (n = 65)	100 % ² (n = 102)	64 %

Further Experiences with People with AIDS and HIV-Positive Individuals

Sixty-one of the sixty-five clergy that we interviewed during the follow-up phase did state that they had still maintained some level of involvement with AIDS and HIV and people affected by the virus. Table 6.3 presents the nature of that involvement by showing which category of AIDS/HIV infection the individuals to whom they minister, counsel, and help were from. Table 6.3 also indicates the percentage of clergy in each denomination and the overall percentage of clergy who were engaged with people from each category.

As the table illustrates, 100 percent of clergy within the Episcopal Church, the Roman Catholic Church, the Disciples of Christ, the United American Hebrew

Table 6.2

Follow-Up Interviews: Increase or Decrease in PWAs and/or Their Family Members within Parish or Others with Whom Clergy Have Dealt, by Percentage and Number

Religious Group	Increase in Number of PWAs or Their Families	in Number of PWAs or Their Families	About the Same Number of PWAs or Their Families	No Involvement with PWAs or Their Families
Presbyterian Church (U.S.A.)	17 % (n = 4)	33 % (n = 8)	46 % (n = 11)	4 % (n = 1)
Southern Baptist Convention	6 % (n = 1)	63 % (n = 10)	19 % (n = 3)	12 % (n = 2)
United Methodist Church	15 % (n = 2)	54 % (n = 7)	31 % (n = 4)	0 %
Episcopal Church	25 % (n = 1)	0 %	75 % (n = 3)	0 %
Roman Catholic Church	0 %	33 % (n = 1)	67 % (n = 2)	0 %
Disciples of Christ	0 %	0 %	100 % (n = 1)	50 % (n = 1)
United American Hebrew Congregation	0 %	0 %	100 % (n = 2)	0 %
Evangelical Lutheran Church in America	0 %	100 % (n = 1)	0 %	0 %
Total	12 % (n = 8)	42 % (n = 27)	40 % (n = 26)	6 % (n = 4)

Congregations, and the Evangelical Lutheran Church in America continued to offer pastoral care to PWAs who were gay and bisexual men. However, all but the Disciples of Christ minister and the two rabbis reported some decrease in their level of involvement. Among Presbyterian pastors, 96 percent reported that they

Table 6.3
Follow-Up Interviews: Experience with PWAs and Families of PWAs: New Cases in AIDS/HIV Categories of Infection

Religious Group	Gay and Bisexual Men ¹	Heterosexual Women /Men ²	IV Drug Users ²	People Infected from Blood ²	Families of PWAs ²
Presbyterian Church (U.S.A.)	96 % (n = 22)	9 % (n = 2)	0 %	9 % (n = 2)	100 % (n = 23)
Southern Baptist Convention	79 % (n = 11)	0 %	0 %	21 % (n = 3)	86 % (n = 12)
United Methodist Church	92 % (n = 12)	15 % (n = 2)	8 % (n = 1)	8 % (n = 1)	92 % (n = 12)
Episcopal Church	100 % (n = 4)	25 % (n = 1)	0 %	25 % (n = 1)	100 % (n = 4)
Roman Catholic Church	100 % (n = 3)	33 % (n = 1)	33 % (n = 1)	33 % (n = 1)	100 % (n = 3)
Disciples of Christ	100 % (n = 1)	100 % (n = 1)	0 %	100 % (n = 1)	100 % (n = 1)
United American Hebrew	100 % (n = 2)	0 %	0 %	50 % (n = 1)	100 % (n = 2)
Evangelical Lutheran Church	100 % (n = 1)	0 %	0 %	100 % (n = 1)	100 % (n = 1)
Total ²	92 % (n = 56)	11 % (n = 7)	3 % (n = 2)	18 % (n = 11)	95 % (n = 58)

1. Percentages and numbers within each row cell refer the percentage of clergy in that group who had seen new cases of AIDS/HIV in the categories.

2. Percentages and numbers in the "total" cells refer to the percentage of all clergy who had seen new cases of AIDS/HIV in those categories.

counseled and provided other means of pastoral care to that same group. Ninety-two percent of United Methodist ministers stated that this was their experience as well. Only 79 percent of Southern Baptist pastors stated that they ministered to that group of PWAs. However, all of the ministers said there were decreases in the number of individuals with whom they dealt.

One United Methodist pastor spoke of his continuing involvement. He had been assigned to a different parish since the original interview:

Since my first days as a Methodist pastor, I've always spoken out against whatever injustice was present. I was involved with civil rights and equality. I've spoken out against what I see as a narrow and selfish campaign by Asbury seminary graduates to purge our denomination of its liberal spokesmen. You remember that I was a lone voice speaking out about helping people with AIDS five or so years ago. Well, I'm still speaking, and my present parish is more involved. We've let it be known that we welcome gays and lesbians, and that we're here for gay men if they are HIV-positive and are ill.

Another pastor, a Southern Baptist, spoke of his continued and increased involvement with HIV-positive gay and bisexual men:

I think that we're still the only Baptist congregation in this city that shows a willingness to reach out to gay men and others who have AIDS. When we first started doing this, other pastors, particularly the conservative ones, referred to us as the "gay Baptist church." I think told I you that before, didn't I? Well, I don't hear that as much today, probably because some of the other Baptist congregations have people who are HIV-positive among their members. But it's still important for us, a downtown congregation, to create that kind of niche.

Seven pastors and priests of the sixty-one clergy also spoke of increased pastoral experience with heterosexuals who were HIV positive. All but one stated that those individuals were women. The other minister said that the PWA who was male claimed to be a non-drug-using heterosexual who engaged in anal intercourse while in jail.

An Episcopal priest spoke of the special needs of an HIV-positive female:

I was glad to offer counseling and other pastoral care to a woman whose husband had used IV drugs. He was infected and, in turn, infected her. She's told me that when she found the results of the test, she wanted to go stand in the shower with the water running for days. That's how unclean she felt. Doctors, even those who have expertise with HIV, still don't yet know the proper combination of medications for women. Although she doesn't feel as stigmatized as some gays are made to feel, she does feel excluded from her family and some of her friends. I feel that this parish has to help her, even though she's not a communicant.

Two clergy in the follow-up interviews reported new experiences with IV drug users. One was a United Methodist pastor, and the other was a Roman Catholic priest. The priest had dealt with three men who had been or were IV drug users. Previously, his experience in AIDS ministry had been exclusively with gay and bisexual men. His comments were insightful about differences between risk

groups:

Drug users are not ashamed of being users. So in that aspect, they're similar to gays who are proud of their sexuality. But, drug users are harder to reach out to. The three that I've known and ministered to, including the one I still help, are more in denial about the disease. They continue to use drugs, although all of them claim to use clean needles now, as if that's going to make the virus disappear. By the way, two of the three are Hispanic men. I just try to convince them over and over again that the Catholic Church has a place for them, regardless of drug use and HIV.

Eleven clergy indicated that their experience with people with AIDS/HIV who were infected through tainted blood transfusions or blood products had also increased. One of the rabbis spoke of involvement with someone who was HIV-positive because of a blood transfusion:

One female member of the temple, very active in our community, found out about nine months ago that she has HIV. It's the result of a blood transfusion during a surgical procedure in 1989. I've talked with her and helped her find a comfortable AIDS support group, a Jewish group that came out of the interfaith AIDS coalition. She's deeply depressed on and off, worried that she won't see her son and daughter grow up. Before her case, I dealt with two or three gay men who were in the temple who had AIDS. One recently died. I still am involved with AIDS patients who are gay, though.

Five percent of all of the clergy in the follow-up interview sample reported continuing experiences with families of people with AIDS/HIV. One hundred percent of pastors, priests, and rabbis in six of the eight denominations reported involvement and experience with these families since the original interviews. For Southern Baptist pastors, 86 percent reported this as one of their continuing experiences. Twelve United Methodist clergy said that they still had involvement and experience with that group.

Among the 42 percent of ministers, priests, and rabbis who stated that their involvement with PWAs and their families had decreased, 65 percent attributed this to either the effects of new medications that prolonged a PWA's life or to behavioral changes that were slowing down the rate of new infections. Twenty-five percent believed that gay men and IV drug users were less likely than other people with HIV to seek help from a member of the clergy. The remaining 10 percent said that AIDS support groups and AIDS interfaith networks were providing more AIDS-specific care and counseling.

Strategies and Resources Utilized for People with AIDS, HIV-Positive Individuals, and Families of People with AIDS

We also asked those clergy who were a part of the sample for the follow-up interviews about the strategies and resources they were using with people with AIDS/HIV and their families. Table 6.4 shows those strategies and resources that those pastors, priests, and rabbis gave. A majority of clergy within six of the eight denominations indicated that pastoral counseling or spiritual guidance was a

Table 6.4
Follow-Up Interviews: Strategies and Resources Used by Clergy with PWAs and Their Families

Religious Group	Counseling and/or Spiritual Guidance ¹	AIDS Interfaith Network ¹	Faith-Based Counseling Center ¹	AIDS Support Group or Organization ¹	AIDS Hospice/ AIDS Medical Organization ¹
Presbyterian Church (U.S.A.)	100 % (n = 23)	78 % (n = 18)	26 % (n = 6)	83 % (n = 19)	26 % (n = 6)
Southern Baptist Convention	100 % (n = 14)	29 % (n = 4)	7 % (n = 1)	21 % (n = 3)	7 % (n = 1)
United Methodist Church	100 % (n = 13)	69 % (n = 9)	38 % (n = 5)	69 % (n = 9)	15 % (n = 2)
Episcopal Church	75 % (n = 3)	75 % (n = 3)	33 % (n = 1)	100 % (n = 4)	50 % (n = 2)
Roman Catholic Church	33 % (n = 1)	33 % (n = 1)	0 %	100 % (n = 3)	67 % (n = 2)
Disciples of Christ	100 % (n = 1)	0 %	100 % (n = 1)	0 %	0 %
United American Hebrew Congregations	0 %	50 % (n = 1)	0 %	100 % (n = 1)	100 % (n = 2)
Evangelical Lutheran Church	100 % (n = 1)	0 %	100 % (n = 1)	100 % (n = 1)	0 %
Total ²	92 %	59 %	25 %	67 %	25 %

1. Percentages and numbers within each row cell refer to the percentage of clergy in that denomination had used that strategy for PWAs and their families.

2. Percentages and numbers in the "total" cells refer to the percentage of all clergy who had used that strategy with PWAs and their families.

strategy they had used with PWAs and their families. Only Roman Catholic priests and Jewish rabbis said that those were strategies they used for less than 50 percent of the new PWAs and their families. Those for whom this was a widely used strategy were all of the mainline Protestant and Southern Baptist clergy.

A majority of all clergy who participated in the follow-up interviews named AIDS interfaith networks as one of the resources that they were using for PWAs and, occasionally, their families. Less than 50 percent of Roman Catholic priests, Disciples of Christ ministers, and Lutheran pastors indicated that this was either not a resource they used or one they used less often than other resources or strategies.

One of the Presbyterian pastors who was interviewed a second time spoke of the value of the interfaith network in his city:

Mostly, it's a group that allows the pastors to talk about AIDS and what we ought to be doing. It allows us to speak with one voice. But it also sponsors several programs for people who have AIDS and who find out they are HIV-positive. Those, I've learned, speak the language of gay men, but a new group is reaching out to drug users as well.

Only pastors within the Disciples of Christ and the Evangelical Lutheran Church indicated that one of their favored resources was an interdenominational or denominationally related counseling center. However, in each case there was only one pastor from each of those denominations. There were Presbyterian, United Methodist, and Episcopal clergy who said that, in a plurality of cases, this was a strategy they used. However, only 7 percent of Baptist pastors said they used such counseling centers.

AIDS support groups were more plentiful in most cities during the follow-up phase of interviews than during the first phase. Sixty-seven percent of the clergy named this as one of the resources that they used as they saw new PWAs, HIV-positive individuals, and their families.

Participation in AIDS-Related Training Sessions, Workshops, and, Interfaith Networks

In spite of a plurality of clergy who reported a decrease in their involvement and a 40 percent plurality who reported a level of similar involvement with PWAs and their families, a majority said that their participation in AIDS-related training sessions, workshops, and the activities of AIDS interfaith networks had increased.

One Presbyterian minister's comments explained the importance he gave to two of those entities:

After you interviewed me the first time, you raised the level of my interest in being of help to people who had AIDS. I attended two workshops and arranged for an AIDS information session here. When the AIDS interfaith network was organized, I got involved promoting their activities. On the other hand, I know that the rates for new HIV infections are down for gay men, but the number of AIDS deaths hasn't dropped as fast. So I think my involvement will continue for a while.

One of the three Roman Catholic priests who participated in the follow-up interviews gave his reason for not being involved with the local AIDS interfaith network:

This parish has a number of programs for people who have AIDS or who are HIV-positive. We've got care teams, a spiritual retreat group, some lawyers who donate their legal services when some of those with AIDS need help. We speak the language of the church and this gives us a specific mission to Catholics with AIDS. I think we do a better job than some of the programs under the network. After all, they've only been around for eighteen or so months.

This sentiment of cooperation and reaching across denominational, racial, and ethnic lines was shared by several other mainline Protestant clergy, two of the Roman Catholic priests, and both rabbis.

Increase or Decrease in the Acceptance of People with AIDS/HIV by Different Denominations

By 1993, all of the major Protestant denominations, the United States Conference of Catholic Bishops, and two of the three branches of Judaism had issued pronouncements and passed resolutions concerning AIDS and HIV. We asked those who participated in the follow-up interviews about their perceptions concerning their own denominations' level of acceptance of individuals who had AIDS or were HIV-positive.

A plurality (46 percent) of clergy believed that their respective denominations were "about the same" in their levels of acceptance of people with AIDS/HIV. One-fourth believed that their denominations demonstrated less acceptance at the time of the follow-up interviews than in the past. Only in the Episcopal Church did a majority of clergy (75 percent) state that their own denomination was more accepting of PWAs at the time of the second phase of interviews than earlier. A majority of Presbyterian, Roman Catholic, and United Methodist clergy believed that their denominations were "about the same" in acceptance of people with AIDS/HIV. Both rabbis, the Lutheran minister, and the Disciples of Christ minister also believed that their religious organizations were "about the same" in their levels of acceptance.

Eighty-one percent of the Southern Baptist pastors stated that their denomination was less accepting at the time of this second phase of interviews than at the time they were first interviewed. Two other Baptist ministers said that the Southern Baptist Convention was "about the same," and only one Baptist pastor said that the denomination was more accepting than in the past.

The pastor of a large United Methodist downtown congregation praised his denomination for its early and continuing involvement with the AIDS crisis:

Methodists spoke out about compassion and care early. First, our bishops issued a statement. Then the General Conference did. But I think that we're about where we were in 1989. Some pastors and congregations are more involved than others. No, I think we're about the

same in our acceptance level, no better and no worse. Some suburban and sn churches have no members with AIDS and don't think they need to be concerned. but I think that's true.

Sixteen clergy believed that their denominations were less accepting of people with AIDS/HIV than they had been at the time of the first interview. Thirteen of those were Southern Baptist pastors. The response of one pastor representative of what many said:

I think that the Southern Baptist Convention, while never friendly to homosexuals, has gotten worse about the issues. Our state convention is a little less vocal, among our less conservative pastors, there's a belief that AIDS and homosexuality are somehow fused. Oh, occasionally I'll see compassion for children with AIDS who received AIDS-tainted blood transfusions. No, I think we're less tolerant than several years ago. At that time, AIDS was a medical crisis that we thought would be limited to non-homosexuals. That doesn't seem to be happening, so we can look the other way.

One Presbyterian pastor spoke to the issue of homosexuality and its relationship to AIDS and HIV:

You know, homophobia is the last "respectable prejudice" that we can openly display. One openly tells racist jokes or dumb blonde jokes. But people can get up in public and make a joke about homosexuals and use the terms "queer" and "faggot." Even ministers in the most respectable denominations do this. That's why the debates concerning homosexuals and their place in the church go on and on. So since most of the first AIDS cases and deaths were gay, we've linked the two together. I think that our denomination's compassionate statements at General Assembly, as a whole is less sympathetic than in 1988.

The largest plurality of pastors, priests, and rabbis stated that their denominations' level of acceptance of people with AIDS/HIV was "about the same" as it was when they were first interviewed. Most who held this view condemned their respective religious organizations, but believed that as AIDS became a more permanent part of debilitating and fatal diseases, the responses of religious communities would also level off to a more "routine" pastoral care.

A United Methodist pastor spoke of his denomination's AIDS network and its continuing admonitions about AIDS:

Even as the number of new cases seem to be dropping and certainly as the yearly deaths from AIDS is declining, I'm glad that the network keeps the issue of concern and involvement alive. We've been unable to enlist many black churches to start congregational care programs, and yet that's where most of the new cases are among blacks who are intravenous drug users who use drugs. So the same level of involvement by the United Methodist Church is positive, not negative.

Increase or Decrease in the Acceptance of People with AIDS/HIV by Parish or Congregation

In contrast to the clergy's beliefs about their denomination's concern and involvement with people with AIDS/HIV, 89 percent believed that their own congregations and parishes demonstrated more acceptance or "about the same" level of acceptance than those congregations had at the time of the first interviews.

The response of one Roman Catholic priest contained praise for his parish:

Our parish is more involved with AIDS than before. As a result, I think that we're more accepting of people with AIDS. We've organized some care teams for those who are homebound. We've had a couple of AIDS awareness dinners in the parish hall. Even some of older people in the parish have been loving and compassionate.

Among the 55 percent who responded that their congregations' level of acceptance of people with AIDS/HIV was "about the same" were majorities of Presbyterian ministers and Southern Baptist pastors who were in the second-phase sample. Clergy responses were similar to those they gave concerning the same level of acceptance of PWAs by their denominations. One Presbyterian pastor spoke positively about this:

Our congregation has continued its involvement in spite of what I see as less concern by the Presbyterian Church in general. We see the treatment of AIDS victims as discrimination and an example of injustice. We're for social justice, which makes the congregation committed to continuing involvement. We're no more nor no less accepting than when we first started reaching out to people who were dying from AIDS and those who had the virus.

THE SECOND PHASE OF INTERVIEWS IN THE UNITED KINGDOM, 1995-1999

As we did with clergy who were in the first-phase interview sample in the United States, we conducted follow-up interviews with as many of the original interviewees in the United Kingdom as were possible between 1996 and 1999. Our purpose at that time was to measure continued involvement, new involvement, or lack of involvement with people with AIDS/HIV and their families and friends. We wanted to measure their perceptions of AIDS and HIV in their respective communities. In addition, we were interested in similarities and differences between clergy in the two societies.

After the completion of the first phase of interviews with clergy in seven denominations in Great Britain, we conducted follow-up interviews with as many of those priests, pastors, and rabbis as possible. We were able to interview twenty-five of the thirty-three original clergy. We found obstacles similar to those that prevented conducting second interviews with all of the clergy we had interviewed in the United States. Two of the clergy had died: one from AIDS and one from a heart attack. Three priests and two pastors had retired. Another clergyman was incapacitated from a chronic neurological disorder. The remaining twenty-five agreed to participate in follow-up interviews.

Our research interest was the same in the United Kingdom as in the United States. We were interested in whether or not those in the British sample were still involved in AIDS ministry and pastoral care and counseling, or whether or not those pastors, priests, and rabbis were less involved. Although the rates for new cases of AIDS and HIV remained higher in Great Britain for a longer time than in the United States, media coverage of AIDS in the United Kingdom became less intense, as in the United States.

In our follow-up interviews, we asked some of the same questions of the British clergy that we asked of American clergy. The interview protocol included the questions concerning their involvement with people with AIDS/HIV and their families. We also asked about the changing nature of people with AIDS/HIV

Responses from the Follow-Up Interviews

The proportion of pastors, priests, and rabbis from each of the religious denominations in the United Kingdom in the second phase sample were quite similar to their proportion in the original sample. Table 6.5 shows the percentage and number of clergy within each denomination in both interview samples. It also gives the follow-up response for each denomination and the overall response rate compared to the first-phase interviews.

In the second phase of interviews, the same number of Baptist, United Reformed, Roman Catholic, and Reform Synagogues of Great Britain clergy responded. Only eleven of the original sixteen priests within the Church of England, three of five of the pastors within the Church of Scotland, and four of five pastors of the Methodist Church participated in the second phase of interviews. A Table 6.5 indicates, priests within the Church of England and pastors of the Church of Scotland made up a smaller proportion and other clergy made up a large proportion of the follow-up sample than they did in the original interview sample. However, those percentage differences were slight.

Levels of Involvement with AIDS and HIV since the Initial Interviews

Table 6.6 shows increases, decreases, and similarities in involvement with PWAs and their families reported by British clergy since we first interviewed them. Those included individuals in their parishes as well as others to whom they had provided ministry and other aspects of pastoral care. Only three clergy of the overall sample said they had experienced an increase in the number of PWAs in their families. Five clergy reported a decrease in people with AIDS/HIV. On the other hand, seventeen of the twenty-five clergy whom we re-interviewed said that their level of involvement with PWAs and their families was about the same as was during the first-phase interviews.

At least 50 percent of clergy within all of the denominations stated that the involvement was about the same. All of the clergy within the Church of Scotland, the United Reformed Church, and the Reform Synagogues of Great Britain reported that their involvement was "about the same." Only three reported a

Table 6.5
Follow-Up Interviews: Denominational Affiliation Compared to Original Interviews (Percentage and Number)

Religious Group	Follow-Up Interviews (Percentage and Number)	Original Interviews (Percentage and Number)	Follow-Up Response Rate (Percentage of Original Interviews)
Church of England	44 % (n = 11)	48 % (n = 16)	69 %
Church of Scotland	12 % (n = 3)	15 % (n = 5)	60 %
Methodist Church	16 % (n = 4)	15 % (n = 5)	80 %
Baptist Union	8 % (n = 2)	6 % (n = 2)	100 %
United Reformed Church	8 % (n = 2)	6 % (n = 2)	100 %
Roman Catholic Church	8 % (n = 2)	6 % (n = 2)	100 %
Reform Synagogues of Great Britain	4 % (n = 1)	3 % (n = 1)	100 %
Total	100 % (n = 25)	100 % (n = 33)	76 %

N = 61

an increase in further involvement with people with AIDS/HIV.

Further Involvement with People with AIDS/HIV

All twenty-five of the clergy said that they had maintained some level of involvement and ministry to those suffering from AIDS and HIV. Table 6.7 presents the nature of their involvement with new cases by showing the percentage of clergy who reported new cases in categories of AIDS/HIV infection. The table gives the percentage of clergy who were engaged in pastoral care, counseling, and for individuals in each category.

All of the clergy within the Baptist Union, the United Reform Church, the Roman Catholic Church, and the Reform Synagogues of Great Britain reported dealing with new cases of HIV or AIDS-related illnesses among gay and bisexual

Table 6.6

Follow-Up Interviews: Increase or Decrease in PWAs and/or Family Members of PWAs within Parish or Others with Whom Clergy Have Dealt, by Percentage and Number

Religious Group	Increase in Number of PWAs or Their Families	Decrease in Number of PWAs or Their Families	About the Same Number of PWAs or Their Families	No Involvement with PWAs or Their Families
Church of England	18 % (n = 2)	18 % (n = 2)	65 % (n = 2)	0 %
Church of Scotland	0 %	0 %	100 % (n = 3)	0 %
Methodist Church	0 %	50 % (n = 2)	50 % (n = 2)	0 %
Baptist Union	0 %	50 % (n = 1)	50 % (n = 1)	0 %
United Reformed Church	0 %	0 %	100 % (n = 2)	0 %
Roman Catholic Church	50 % (n = 1)	0 %	50 % (n = 1)	0 %
Reform Synagogues of Great Britain	0 %	0 %	100 % (n = 1)	0 %
Total	12 % (n = 3)	20 % (n = 5)	68 % (n = 17)	0 %

men. All of the clergy within the Baptist Union, the United Reformed Church, and the Roman Catholic Church said that they had dealt with new cases among heterosexual women. Also, all of the Baptist, Church of Scotland, and Roman Catholic pastors and priests said their experiences included new cases involving IV drug users. Only in the Church of England, the Methodist Church, and the Reform Synagogues of Great Britain did fewer than 50 percent of clergy report a lesser involvement or no involvement with AIDS/HIV individuals who were IV drug users or heterosexual women. One Baptist pastor, one Church of Scotland minister, and one Anglican priest reported new cases among people who became infected because of tainted blood transfusions or blood products. However, at least

Table 6.7

Follow-Up Interviews: Experience with PWAs and Their Families: New Cases in AIDS/HIV Categories of Infection

Religious Group	Gay and Bisexual Men ¹	Heterosexual Women/ Men ¹	IV Drug Users ¹	People Infected from Blood ¹	Families of PWAs ¹
Church of England	91 % (n = 10)	27 % (n = 3)	27 % (n = 2)	9 % (n = 1)	45 % (n = 5)
Church of Scotland	67 % (n = 2)	67 % (n = 2)	100 % (n = 3)	33 % (n = 1)	100 % (n = 3)
Methodist Church	50 % (n = 1)	50 % (n = 2)	25 % (n = 1)	0 %	50 % (n = 2)
Baptist Union	100 % (n = 2)	100 % (n = 2)	100 % (n = 2)	50 % (n = 1)	100 % (n = 2)
United Reformed Church	100 % (n = 2)	100 % (n = 2)	50 % (n = 1)	0 %	50 % (n = 1)
Roman Catholic Church	100 % (n = 2)	100 % (n = 2)	100 % (n = 2)	0 %	50 % (N = 1)
Reform Synagogues of Great Britain	100 % (n = 1)	0 %	0 %	0 %	100 % (n = 1)
Total ²	80 % (n = 20)	44 % (n = 11)	48 % (n = 12)	12 % (n = 3)	60 % (n = 15)

N = 25

1. Percentages and numbers within each row cell refer to the percentage of clergy in that denomination who had seen cases of AIDS and HIV in those categories of infection.
2. Percentages and numbers in the "total" cells refer to the percentage of all clergy who had seen cases of AIDS and HIV in those categories of infection.

50 percent of all clergy except those within the Church of England indicated increases in ministry, pastoral care, and counseling with families of PWAs.

One of the chaplains, also a priest within the Church of England, talked about fewer new cases among gay men and a slight increase among women and drug users:

On the AIDS ward, there have been more IV drug users and fewer gay men. That's not to say that we don't see new cases within the gay population. I do think, though, that the safe-sex campaign has helped. We have noticed an increase in the number of immigrants from Africa and from Indonesia. Those are women, who are ambiguous about drugs or male partners.

One of the two Baptist pastors reported an increase in IV drug users in his pastoral care and counseling made the following comment:

The predictions in my country and your country were partially correct and partially wrong. We haven't seen an increase in the general population, but we have observed new cases resulting from drug injecting. Drug use as a cause of infection could be slowed down with needle exchange schemes, but the government, even this new government, is reluctant to push that. I think that gay men who are infected are suffering less because of the new medications.

A Methodist minister outside of London spoke of having seen new AIDS sufferers who were IV drug users:

Mostly, the IV drug users who are HIV-positive are a mixture of English and immigrants. Neither group is very interested in organized religion, but they are interested in pastoral concern and care. That's what I try to do, somehow to put a face on the power of the gospel so that they can be assured that they're loved in spite of behavior.

Fifteen clergy in the follow-up sample reported an increase in providing counseling and pastoral care for families of PWAs. One of the five priests in the Church of England spoke of an increase in his involvement with families of PWAs:

I've always been willing to help parents and others whose sons or brothers had AIDS, but I think I see more spouses as well as parents now. That means that I'm dealing with relatives of someone who is not gay. I can help them put illness and death into perspective, to help them face what is now an uncertain future for the person who is HIV-positive and for them as well. I'm not sure I would call it pastoral counseling, but it's definitely pastoral care.

Every priest, pastor, and rabbi in the second phase of interviews within the United Kingdom spoke of the change in AIDS-related illnesses from acute to chronic. Although the rates of infections in gay and bisexual men were still higher than rates for other categories of infection, gay and bisexual men had benefited from the medications. Those in other risk categories were less likely to seek medical help at an early stage of HIV. The stigma that gay men with AIDS had felt a few years earlier was felt by those more recently infected who were not gay or

bisexual.

Clergy Experience with PWAs and Their Families

In our follow-up interviews, we also asked priests, pastors, and rabbis in the United Kingdom about their experience with PWAs and their families. Table 6.8 compares those experiences reported in the follow-up interviews with those given in the initial interviews. As Table 6.8 indicates, some of the clergy in Great Britain reported an increase in some types of experience and a decrease in other types. A plurality said that their experience was in counseling gay and bisexual men who had AIDS and their families. Clergy who said that their experience was in chaplaincy work and counseling with gay men who were PWAs and their families also decreased slightly. Those clergy engaged in denominational AIDS-related work also reported a decline.

However, the percentage who said that they counseled and provided pastoral care to IV drug users increased. Those whose experience with PWAs was through chaplaincy work and counseling of IV drug users and their families also increased slightly. Another increase in type of experience by those who participated in the initial interviews was in counseling partners, friends, and family members of PWAs.

One of the three clergy who named chaplaincy work and counseling with gay PWAs and their families spoke of experience with those families:

Even if the person with HIV is not near death, his family is still worried about his future, whether or not he'll live; and if so, for how long. That's where counseling can help. I still have to deal with their guilt and, often, shame about their son's homosexuality. We sometimes believe that society is more tolerant about homosexuality than in the past, but often for the parents whose sons are here, there is little tolerance.

Three clergy said that their primary experience was in providing ministry and counseling for IV drug users who were HIV-positive. One of the Church of Scotland pastors talked about that type of experience:

As in the beginning of dealing with AIDS as a Christian community, we still work primarily with drug users whose unclean needles are responsible for HIV. Although they may have had a connection with the church as children, there connection is mostly non-existent except for our program. Still, we need to demonstrate the power of God's love even for those whose lifestyles are deviant. Two years ago, I provided pastoral care for a woman drug user who had tested positive. The new medications are helping her less than they're helping others. Occasionally, she will attend services, but not regularly.

Overall, some of the clergy in the follow-up sample were involved in the same types of experiences as were priests, pastors, and rabbis in the initial interview sample. The changes in the percentage of clergy involved in those types of experiences, however, seemed to reflect changes in the different categories of infection for HIV.

Table 6.8
Follow-Up Interviews: Clergy Experience with PWAs and Their Families

Type of Experience	Follow-Up Interviews	Original Interviews
Counseling gay and bisexual men who have AIDS and/or their partners, friends, and families	48 % (n = 120)	52 % (n = 17)
Counseling IV drug users who have AIDS and/or their partners, friends, and families	12 % (n = 3)	6 % (n = 2)
Chaplaincy work and counseling in hospitals with gay and bisexual men who have AIDS and/or their partners, friends, and families	12 % (n = 3)	15 % (n = 5)
Chaplaincy work and counseling in hospitals with IV drug users and/or their partners, friends, and families	8 % (n = 2)	6 % (n = 2)
Denominational AIDS-related work (religion and social responsibility or social concerns)	8 % (n = 2)	15 % (n = 5)
Counseling partners, friends, and family members of PWAs	12 % (n = 3)	6 % (n = 2)
Total	100 %	33

Strategies and Resources Utilized for People with AIDS/HIV and Their Families

In addition to asking questions concerning types of experience, we queried clergy in the follow-up sample about their counseling strategies and AIDS-related resources that they utilized. Table 6.9 illustrates those and allows for

Table 6.9
Follow-Up Interviews: Counseling Strategies and AIDS-Related
Resources That Clergy Would Use for PWAs*

Strategy or Resource*	Follow-Up Interviews	Modal Rank Order	Original Interviews	Modal Rank Order
Individual counseling and referral to AIDS support organization	88 % (n = 22)	1	88 % (n = 29)	1
Individual counseling and/or spiritual guidance	64 % (n = 16)	3	73 % (n = 24)	2
Referral to AIDS support organization	80 % (n = 20)	2	61 % (n = 20)	3
Referral to another counselor: religious or secular	16 % (n = 4)	5	21 % (n = 7)	4
Referral to drug rehabilitation program	48 % (n = 12)	4	12 % (n = 4)	5

* Pastors, priests, and rabbis could name more than one strategy.

comparison with those reported in the first phase of interviews in Great Britain.

The largest proportion of United Kingdom priests, pastors, and rabbis used individual counseling and referral of those with AIDS/HIV to AIDS support organizations. The percentage was the same for the follow-up interviews and the initial interviews. However, the percentage who would simply refer the person affected by AIDS and HIV to a support organization increased. By the time of the follow-up interviews, more AIDS support organizations were available—not only in London, but in other cities in the United Kingdom.

In contrast, a lesser percentage said that they would provide individual counseling and/or spiritual guidance. Fewer clergy also said they would refer a

PWA or a family member of a PWA to another religious or secular counselor than did those in the first-phase sample.

The largest percentage increase in utilization of strategies and resources involved referrals to drug rehabilitation programs designated for PWAs. Forty-eight percent of those in the follow-up sample reported using that resource compared to 12 percent of those in the original sample.

Twenty-two clergy said that they utilized individual counseling combined with referral to an AIDS support organization. One comment concerning reasons for this came from an Anglican priest:

I still think that spiritual guidance and counseling and participation in one of the AIDS support groups is the best strategy. As I said to you before, those groups have leaders who are either HIV-positive or have experience with AIDS and HIV. I can offer pastoral care, but the groups can provide practical ways of coping daily with the disease.

One of the sixteen clergy who cited individual counseling and/or spiritual guidance as a strategy gave his reasons for that choice:

Spiritual guidance or counseling is what helps some, but not all of those who are suffering from what is still a terminal illness. Since we as a society have stigmatized HIV, then the need for counseling is even greater. The illness is more complex. What I mean is that some people refuse to extend the normal courtesies that most people who are ill receive. The power of the church as the instrument of God's love is important and counseling can convey the message of God's love.

Four ministers reported that they continued to refer some AIDS sufferers to religious or secular counselors and therapists. One Anglican priest gave his rationale for using that resource:

The counseling service that I still use has skills that most of us in the parish are lacking. For almost three decades, they have specialized in problems related to gays and lesbians. When AIDS made its deadly appearance, they were equipped to offer therapy to many who were infected, as I mentioned in our previous meeting. I use them more than I did, because AIDS sufferers are living longer and need help in adjusting to recurring illnesses and infections. Because the church endorses this service, it gives it a certain legitimacy for some people with AIDS who are religious.

Twelve clergy who were interviewed in the second phase said they referred PWAs to drug rehabilitation programs that dealt with AIDS and HIV. A Roman Catholic priest spoke of a relatively new drug program that specialized in helping IV drug users who were HIV-positive:

I recently discovered a small program that combines rehabilitation techniques with spiritual guidance in the setting of a retreat. During the last twelve or so months, I've sent about three people to them. It's not connected to any church, but it is religious in nature.

All in all, clergy in the United Kingdom who were a part of the follow-up

Likewise, that increase also accounted for a greater participation by clergy in AIDS information sessions, training sessions, and interfaith networks. There were simply more opportunities for these between 1993 and 1997 than in earlier years.

A plurality of pastors, priests, and rabbis said that their denominations' acceptance of PWAs was "about the same" as it was during the first interview. One fourth of all clergy indicated that their denominations were less accepting of PWAs than earlier. One explanation could be one that we gave concerning the follow-up questionnaire study: Three denominations—the Presbyterian Church (U.S.A.), the United Methodist Church, and the Evangelical Lutheran Church in America—all became embroiled in debates concerning gay ordination. United Methodists also debated the blessing of same-sex unions. Perhaps, the antipathy toward those gay issues influenced denominational acceptance of PWA, most of whom were perceived by many in those denominations to be gay and bisexual men.

Idiosyncratic events (such as a dramatic AIDS-related event), local community factors (such as an increase in PWAs within the parish), and qualities of clergy leadership and influence in local parishes and congregations probably accounted for clergy perceptions that their own congregations were at least "about the same" in acceptance of PWAs or were more accepting of PWAs than during the first phase of interviews.

Findings from the follow-up interviews in the United Kingdom demonstrated that all of the priests, pastors, and rabbis remained involved with people with AIDS/HIV and their families between 1995 and 1999. Only a small percentage of those in the follow-up sample said that they had seen an increase in the number of PWAs or their families since the time of the initial interviews. One-fifth reported they had experienced a decrease in the number of PWAs and their families with whom they were involved in AIDS-related counseling and pastoral care. However, more than two-thirds stated that they were involved with about the same number of PWAs or their families. One explanation for the small proportion of clergy who reported an increase in the number of PWAs may be the effectiveness of AZT and protease inhibitors, which changed AIDS and HIV from an acute to a chronic disease. Those medications were available in the United Kingdom and the United States. Although the rates of new HIV cases did not begin to decline until 1997, deaths related to AIDS and HIV began a downward trend in 1995. That is probably another reason for the lack of increase in the number of PWAs for whom British clergy provided counseling, pastoral care, and AIDS ministry.

Even though the level of involvement was about the same for more than two-thirds of those priests, pastors, and rabbis, all of those who were in the second-phase interview sample continued to provide services to PWAs and their families. The largest proportion of clergy (80 percent) said that their experience with new AIDS cases involved gay and bisexual men or their families from that infection category. However, 48 percent reported an increase in involvement with IV drug users who infected with HIV or who had AIDS-related diseases. Forty-four percent also said they had provided pastoral care for heterosexual women, and 60 percent cited new involvement with families of PWAs. Only 12 percent revealed involvement with new AIDS cases brought about by tainted blood transfusions or

blood products.

An explanation for the increased involvement with new cases among gay and bisexual rates can again be attributed to the infection rates for that infection category. Gay and bisexual men accounted for 75 percent of the AIDS cases in the United Kingdom. That proportion continued even after the rates of new cases began to decline. IV drug users accounted for 8 percent of AIDS/HIV cases between 1982 and 2000. Most of the increase in the British clergy's newer experiences with IV drug users came after 1997. In addition, most of the heterosexual women for whom priests and pastors provided pastoral care were IV drug users or their partners.

Sixty percent of the clergy in the follow-up interview sample reported an increase in their experiences with families of PWAs. However, there were different levels of involvement with new cases by clergy from different denominations. A smaller proportion of Anglican clergy reported an increase in their involvement with families of PWAs, than did clergy in the Church of Scotland, the Methodist Church, the Baptist Union, the United Reformed Church, and the Roman Catholic Church. So also did the Jewish rabbi. Although clergy within the United Kingdom dealt primarily with grief counseling, those in hospital settings did provide counseling and pastoral care for the families of PWAs who were both acutely and chronically ill.

The types of experiences that British clergy reported differed from those at the time of the initial interviews. Fewer clergy in the follow-up interview sample reported experience with gay and bisexual PWAs, but more indicated experiences with PWAs who were IV drug users and their families. More priests and pastors had experiences with IV drug users than they had during the time of the initial interviews.

The same proportion of clergy in the follow-up interview sample and the initial interview sample said they utilized individual counseling and referral to an AIDS support organization as a strategy and resource for PWAs and their families. A larger proportion of those who responded in the follow-up interviews reported that referral to an AIDS support group without pastoral counseling or spiritual guidance was their strategy.

In ways similar to clergy from the United States who participated in the follow-up interviews, the clergy from the United Kingdom demonstrated continuing knowledge about the changing face of AIDS in that country. They also exhibited a continuing commitment to pastoral care and ministry to people with AIDS/HIV and their families.

In Chapter 7, the concluding chapter, we examine more recent findings that explain why some clergy and their congregations and parishes are less involved while others remain involved with PWAs. We look at this within the context of sociological theoretical perspectives, particularly those concerned with social movements, social and cultural capital, free social space, religion and marginalized individuals, and religion and homosexuality. Chapter 7 also addresses the changing *face of AIDS* in the United States and the United Kingdom as compared to the *face of AIDS* in other parts of the world. We also examine current data concerning

AIDS and HIV, predictions about trends of the worldwide pandemic, and changing social context of people with AIDS/HIV.

NOTE

1. A copy of the interview protocol for the second phase of interviews is four Appendix B.