

# **APPENDIX F**

## **POLICY STATEMENT ON AIDS/HIV**

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### **INTRODUCTION**

The committee to write the policy on AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection began research and writing in April of 1992 in response to the growing number of people affected by this virus. Institutions of higher education have had to reconsider their policies of admissions, hiring, and student health in response to the HIV virus for legal and medical reasons. Because this virus presently bears with it a negative social stigma, and because we are an institution of theological education, this committee has attempted to deal both theologically and educationally with the issue, as well as legally and medically. While the safety of our community is a vital concern, we have also considered the impact this policy will have on persons living with AIDS. Our goal is that persons living with AIDS will not encounter further suffering in their encounter with this seminary, and that the seminary *community* will be able to respond to the presence of the virus in its midst in ways informed by recent medical information and rooted in the gospel.

### **THEOLOGICAL STATEMENT**

The growing presence of the HIV virus and AIDS causes us to re-examine our understanding of physical suffering. Suffering prevails as a theme throughout the Bible and throughout the church's history. In fact, according to Charles H. Talbert, the Bible contains at least three very different approaches to understanding suffering.

In both the First and New Testaments, suffering and illnesses are regarded as punishment for wrongdoing. When we understand suffering as a punishment from God, we respond with repentance and the understanding that, like David, whose son died despite his earnest prayer of confession and penitence, we may have to suffer the entirety of the punishment anyway.

The story of Job challenges this understanding of suffering. Job was a righteous man who had done no harm. Here, suffering is viewed as a direct attack of evil or the devil. In the New Testament, also, physical ailments are commonly linked to the presence of demons or evil spirits. With this understanding of suffering comes our response of relying on the power of good to overcome the power of evil. Whether this occurs by perseverance as in the story of Job or by exorcism as in the New Testament, depends on your theological stance. Sometimes the evil remains and the suffering continues, as with Paul who repeatedly prayed for healing and never received it, or Job's children who died in the attack.

There is, however, a third understanding of suffering in the Bible. According to Genesis 3, all of creation was affected by the sin of Adam and Eve. All creation suffers from a brokenness or incompleteness introduced by human rebellion. Paul more fully develops this understanding in Romans by saying that "all creation groans" waiting for redemption at Christ's return. Until then, creation is in bondage to this inherent decay. Physical suffering results from confusion in the natural order. In this understanding, physical cure comes either when

humans make medical efforts to correct the disorder or when God intervenes to restore order. Again, physical cure does not always come.

The AIDS crisis which we now face cannot logically be regarded merely as a punishment for particular actions or lifestyles. Beyond logic, this response has repeatedly led to harassment of persons living with AIDS by the Christian *community*, whether by being ostracized from the church or by verbal and physical abuse. Similarly, understanding AIDS as demon possession perpetuates negative social stigmas about AIDS which isolate persons living with AIDS from the support systems usually available to persons living with physical suffering.

In the midst of suffering, the church stands as a witness to the love of God. In the New Testament we find that Jesus repeatedly reached out and touched those whom society had deemed untouchable. Jesus' interaction with the man who had leprosy in Mark 1:40-45 and with others suffering socially "unacceptable" diseases directly contradicted the social mores set by the religious *community*. Various diseases had been declared unclean, and contact with those who suffered them was strictly forbidden. Thus, those who lived with these diseases were isolated from the community which existed to represent the love of God. By physically touching the leprosy man, Jesus shattered the social stigma and acted out the love of God for that man. (He similarly treats a hemorrhaging woman and the dead daughter of Jairus, Mark 5:21-43.) What was to society a terrible risk was to Jesus a simple act of faith, embodying God's love, touching someone who had been living in forced isolation.

Persons living with AIDS must often live in this type of socially enforced isolation, much of which is perpetuated by the Christian community. Therefore, when we consider how we will understand suffering in terms of the gospel, it is vital that the view on which we base our actions be conducive to the kind of radical statement about God's love which Jesus demonstrates. "The Christian – the church – must not contribute to breaking the spirit of the sick and weakening their faith by harshness...The presence of the church must be a presence of hope and grace, of healing and reconciliation, of love and perseverance to the very end....[AIDS] is a human disease."<sup>1</sup> Persons living with AIDS encounter the spiritual issues of suffering which challenge faith. The Christian community can stand in solidarity, sharing the questions and suffering of its members in much the same way that Jesus willingly interacted with the suffering around him.

The particular view we take of suffering will affect our decisions and actions towards persons living with AIDS and those who love them. In the third view of suffering, which we believe is most consistent with the gospel of God's compassionate love, AIDS can be understood as one of the tragedies of the unredeemed creation. In this context, persons with AIDS are understood to suffer as a result of a common humanity and, therefore, are to be treated, not as outcasts or condemned persons, but as viable and valued members of the community. Thus, the stigma of isolation can be broken and the gospel more faithfully lived out. From this perspective, the community of Lexington Theological Seminary will approach the questions of a responsible policy about AIDS which is both well informed and true to the gospel.

## **POLICY**

With respect to those persons who are HIV positive or who have HIV infection, it is the policy of Lexington Theological Seminary:

1. Not to base enrollment or employment decisions on the existence of AIDS or HIV infection. Persons with AIDS or HIV infection will be evaluated according to the Seminary's normal educational and

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<sup>1</sup> Quinn as quoted by Shelp and Sunderland in *Aids and the Church*. (The Westminster Press: Philadelphia 1987), p. 24.

employment standards. All employment practices at the Seminary are governed by the Americans with Disabilities Act (ADA) guidelines.

2. To the extent required by law, to maintain standards of confidentiality regarding AIDS or HIV infection. No persons or institutions, including members of the faculty, other members of the community, insurers, or outside employers will be provided with any student or employee medical information, including information regarding AIDS and HIV infection, without the prior written consent of the individual affected. Students and employees may wish to inform the Seminary's administrative officers if they have AIDS or HIV infection in order that their rights and the community's safety may be protected in appropriate ways; but the Seminary, consistent with ADA guidelines, will honor the right of persons to withhold information regarding their disease from the Seminary.
3. To take reasonable steps to make available to students and employees current information regarding AIDS and HIV infection, especially through the orientation process for new students and employees. Such ongoing education will be designed to help persons in the community deal with their own concerns regarding AIDS, to increase the community's general awareness of AIDS (its prevention, transmission, manifestations, and treatment), and to promote effective ministry regarding AIDS on the part of seminary students and employees.
4. To condemn all harassment of persons with AIDS and HIV infection, including the spreading of rumors, and to respond to such harassment with appropriate action.

Implementation of these policy guidelines will rest with the Seminary's administrative officers. Decisions required by the Policy guidelines will be made by the administrative officers. The administrative officers may consult, as needed, with relevant parties during their deliberations, but all deliberations will be carried out according to the standards of confidentiality stated earlier.

### **SAFETY PRECAUTIONS**

The Seminary will follow OSHA guidelines or universal precautions for persons who may be responsible for applying first aid or other emergency medical treatment.

Special precautions to protect the health of immunologically compromised individuals may be taken during outbreaks of certain casually contagious diseases.

Safety Precautions: The Seminary will adopt safety guidelines as proposed by the United States Public Health Service for the handling of the blood and body fluids of all persons.

### **LEGAL**

1. Lexington Theological Seminary shall not deny admission, employment, or regular participation in Seminary activities to persons with AIDS or positive manifestations of the HIV infection. Those with positive manifestations of the HIV infection or with the AIDS syndrome are to be considered no different from others in terms of academic or employment-related requirements. In this respect, they are not to be dismissed from work or academic responsibility unless they are unable to perform their duties as judged according to regular standards of judgment at the Lexington Theological Seminary.

2. Seminary officials must remember that all confidential medical information is protected by statutes, and that any unauthorized disclosure of it may create legal liability.
3. Access to facilities or programs shall not be denied because of AIDS/HIV.
4. Employment considerations under ADA and EEC guidelines:
  - An interviewer cannot question applicants about the existence, nature, or severity of a disability. An interviewer can ask applicants to demonstrate or describe how they would perform job functions, with or without accommodations.
  - An interviewer cannot require applicants to disclose potentially disabling impairments on an application, nor ask disabled candidates how often they would need leave time because of their condition. However, an interviewer can state any attendance requirements and ask whether applicants can meet them. An interviewer can ask applicants if they need reasonable accommodations to take pre-employment tests, and may request verification of accommodations that are needed.
  - An interviewer can ask applicants to self-identify disabilities to comply with Section 503 of the Rehabilitation Act.
  - Pre-employment medical exams are restricted under the rules. A post-offer physical can be required before an employee starts working (making the job contingent upon results) only if all entering employees in the same job category are required to have such a physical. The results must be kept confidential and maintained separately in a medical records file. If a disability is identified, the employers may only rescind the job offer if the disability cannot be accommodated and relates to the performance of essential job functions.
  - Health insurance and other benefits for disabled employees must be equal to the benefits of other similarly situated employees without disabilities.
5. Harassment of individuals because of AIDS/HIV is condemned and shall be dealt with accordingly.