



## Long-term AIDS Ministry Offers Church Chance to Be On Mission

By Karen Campbell

Volunteers rarely have to beg to help. Most non-profits have a list of activities that could be accomplished by a fresh batch of eager-to-serve volunteers. But 13 years ago, one church group had to prove they were up for the task.

I was a member of Willow Meadows Baptist Church at the time and wanted to start some kind of hands-on ministry group. The church already had an active women's group who met monthly to discuss missions and several times a year organized to address physical needs. But after asking around, I discovered there were couples and single men and women who wanted regular ministry opportunities but didn't feel they fit in with what was then available.

We set a date to select the focus of our efforts and the choice was made – AIDS. Eventually, 20 people – a therapist, a chaplain, a teacher, a nurse, an office manager, some housewives, a couple of grandmothers and even a great-grandmother – formed the team. Finding a place to serve? That was another matter.

Our research led us to Omega House, an 8-bed hospice that offers a safe home environment where people with AIDS can live their final days. While formally welcomed, we soon realized that each time the WMBC team visited the facility we were given tasks that kept us far away from the residents. We cleaned office space – windows included. We tended the yard. We even polished furniture.

As the organizer of the group, I began to hear the complaints and the desire to move to another organization if this one didn't really want us.

We all knew. We knew that we were subject to scrutiny. We knew that our intentions were questioned. We knew that enthusiastic, well-meaning, evangelistic churches who had come before us had made our way more difficult, but we had agreed that we'd prove ourselves. After the third round of furniture polishing though, we felt it was time.

I called the coordinator. "I truly understand that you don't know us. I also understand that churches who have volunteered previously upset rather than helped the residents. All I can promise you is that we have no intention of beating anyone over the head with a bible. We simply want to serve."

I could hear the hesitancy in her sigh.

"And one more thing," I added, knowing the potential for our group was strong if only the administrators could see beyond their experience to date. "We'll offer you one-stop-shopping. Give us one volunteer slot when you need folks on site to work with the residents. We'll provide two to three people each time but you only have to treat us as though we're one volunteer. Call me if there's a problem and I'll contact the team."

We were guaranteeing them reliable volunteers every other Saturday from 9 a.m. to 1 p.m. We would handle absences or last minute fill-ins. We'd do all the contacting and calendaring. All they had to do was give Willow Meadows Baptist Church a slot.

They did and that's when "the church group" was born.

Thirteen years later, the group still serves though many of the original team have moved out of town or to other churches. While our group no longer reflects as much of the Willow Meadows

congregation as we once did, we still carry the name. And our model has become the model for other church groups that followed.

We've seen lots of residents come through those doors in those 13 years. We connect strongly with the nurses that offer us reports and with whom we work alongside during the four- hour shift. And to each of them, we're known as "the church group."

Commitments are relatively easy when working with a group as large as ours has been. During a three-month period each volunteer signs up for three days or less.

I've actually seen nurses breathe a sigh of relief and start smiling when they realized our crew would be their volunteers for the day. The smiles are because they know "the church group" mops the floors, changes the beds, washes the clothes, makes breakfast, starts lunch and usually has someone available to assist with direct care such as bed baths and showers.

Though we've sometimes faced instances that might challenge the mindset of some church-goers, we've never refused a request. During orientation we were told that we would be the hands, eyes, legs and ears of the resident when needed. We aren't their mothers, it was said, so forcing them to eat when they don't want to has never been our job. However, we have lit cigarettes, sat with the smokers to ensure they didn't burn themselves or the patio furniture, cooked with ingredients guaranteed to clog an artery or two, and more.

The "more" would contain details that are not for the squeamish. Initially, that group included me.

Though the daughter of a nurse, I didn't inherit her ability to deal with the . . . shall we say "more fluid" side of patient care. Diapers, wounds, vomit – the thought of these very natural and frequent realities in a hospice caused me to gag. And not a polite, subdued gag either. I practically convulsed.

So for the first few years, I stuck to organizing the group, calendaring the team, and cooking and cleaning. While I still maintain that some of the best prayer experiences I've ever had were on my knees at Omega House cleaning toilets and asking God for peace for the souls beneath that roof, I was missing out on an important part of the ministry and I knew it.

Then one day, help was needed and I was available. A resident's family was on their way. He needed a bed bath. The two men working with me knew that time was short and asked if I could assist. They assured me that if it got to be too much for me, I could leave the room.

The man was African-American and his skin had taken on a gray tone. He was practically comatose but moaned a great deal. As my friends worked on his right side, I took a white, wet cloth to his left arm. Suddenly, the gray, ashy skin became new again. Bright and beautiful. And the thought struck me as clearly as a voice speaking, "This is holy ground. You are standing on holy ground."

I began to tear up as I embraced what we were doing – preparing a man for a final goodbye with family, allowing him to leave this earth with dignity. As we prepared to shift him so that we could finish our task by washing his back, we learned why he was moaning. The bed sore that he had obtained prior to coming to us was at least four inches wide and maybe two inches deep.

I didn't gag. I didn't even flinch. I simply said a prayer.

I haven't gagged since. (And believe me, I've had a few opportunities!)

Silent prayers are often offered in the bedrooms as we mop. One woman used to volunteer to sing with the residents. I've had the Bible read to me. Others in our group have done the reading when asked. One man asked to be able to preach to me. I smiled and listened. We act in faith,

every time we enter that facility. But not once, in the 13 years we've been part of it, have we ever been the source of a complaint. In fact, a few years ago, we were awarded the Volunteer of the Year award.

I would never have told you that God was "calling" me to AIDS ministry. But injustice in any form is every Christian's task to address. Statistics tell us that 1.2 million people are living with HIV/AIDS in the U.S. In one year, more than 17,000 died. Texas is the fourth largest population of people living with HIV/AIDS in the entire nation. And Houston has the highest concentration in the state.

Omega House is part of Bering Omega, a service organization whose mission is to nurture the well being, and meet the physical, emotional and spiritual needs of persons affected by HIV/AIDS through compassionate health care and social services. They offer programs such as a dental clinic, adult day care center, housing assistance and the residential hospice. While they have 53 employees – 16 of whom are part-time – they depend on the 800-plus volunteers that provide more than 23,000 hours in a year.

For more information on how you can volunteer, contact 713-524-9304 or visit [www.beringomega.org](http://www.beringomega.org).