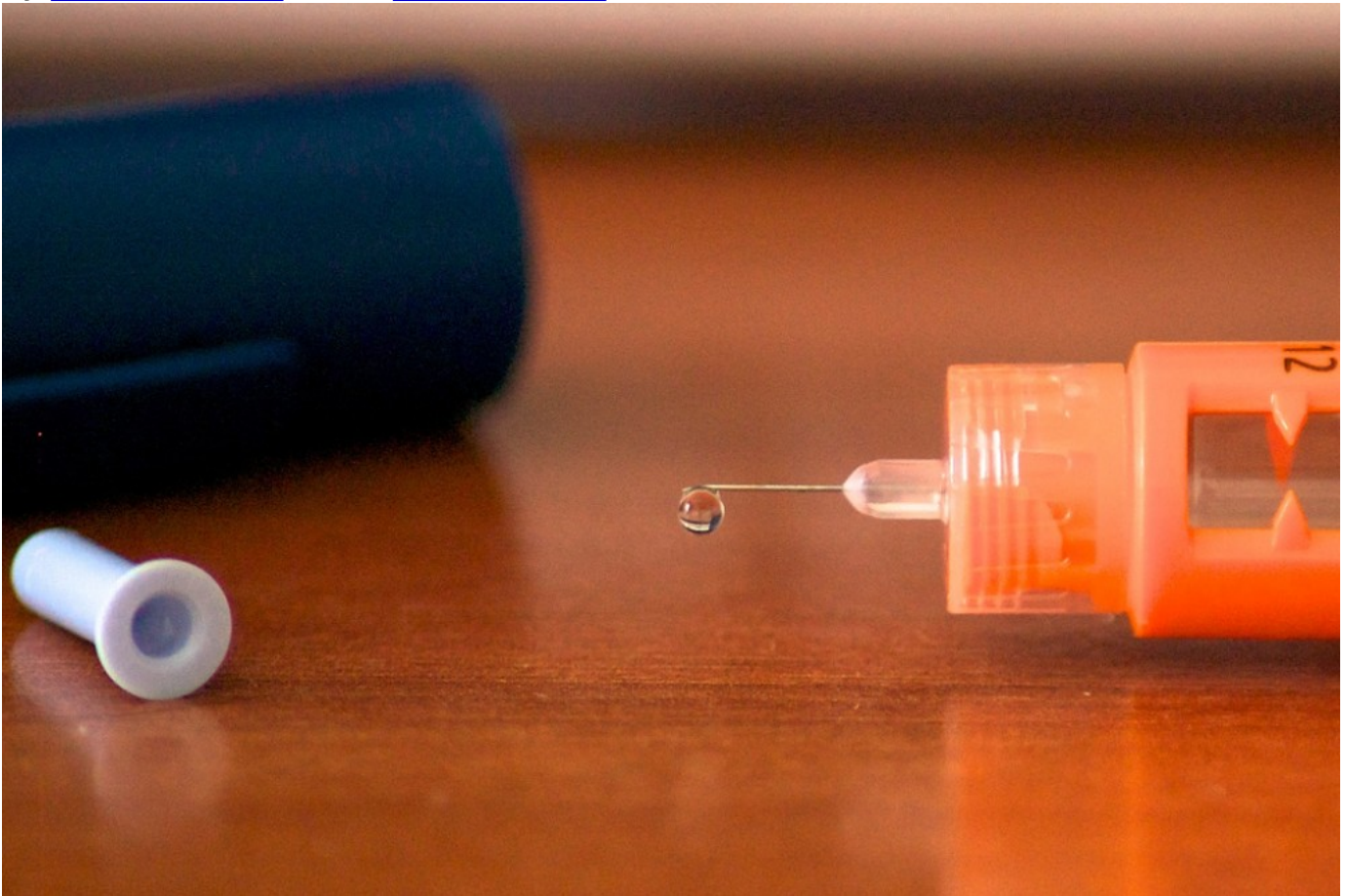


Ministry puts ministers at risk

**Our call is a close call, one that draws us close to the sharp edges of life. "While we live, we are always being given up to death for Jesus' sake."**

by [Heidi Neumark](#) in the [May 27, 2015](#) issue



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A doctor in my congregation told me that getting stuck accidentally with a needle can be deeply traumatic for first-year hospital interns. The anxiety level after these incidents is usually much higher than the likelihood of any serious infection. The doctor believes this is because it's often the first time that young residents are goaded into facing their own mortality.

While this might be expected in the day-to-day duties of the residents, it's not something you anticipate when you're setting up for Sunday school. A seminarian doing her fieldwork at our church arrived early to make sure everything was ready for the children. She was setting out Bibles and art supplies when she noticed a balled-up paper towel on one of the tables. She grabbed it to throw away and felt a sharp prick. A needle inside the crumpled paper had pricked her, and her hand was bleeding.

Ronee is a resident in our shelter who has been diabetic since childhood and has to inject herself with insulin four times a day. We have sharps containers at the shelter, but when this young woman was out during the day, she had been wrapping her used needles in paper towels and stuffing them into her backpack. At some point, when Ronee was getting ready to leave the shelter for the day, a wrapped needle fell out of her backpack onto the table next to her bed. In the morning, when the beds were rolled away, the social worker in charge scanned the room but didn't see the needle.

Our seminarian went to the ER. I carefully put the needle in my office because I wanted to show the social worker that it was a needle for insulin and not for illicit drugs. I should have just taken a photo of it with my phone and put it in the sharps container. Instead, when I brought the towel and needle into the shelter office that night, I pricked myself with the same dirty needle.

Although Ronee had tested negative for HIV, she was considered high risk. Now both the seminarian and I were on post-exposure prophylaxis for HIV, even though it was extremely unlikely that we had been exposed to anything. The incident made me aware of my vulnerability: one moment a person may be fine, but in the next moment, not so sure.

Others are not sure either. The informative paperwork that came with my pills was sealed in blue tape to ensure privacy, as though I had a dirty little secret to hide. When it comes to HIV, even taking precautions makes one suspect. The highlighted instructions affixed to the bottles refer to "your infection" as if it's a given. I'm advised not to breastfeed. Twice a day, I felt a sudden solidarity with my friends and acquaintances who take the same medications as a matter of course. Every morning and evening, I felt grateful for the existence of these meds and the improvements that have been made to lower their level of toxicity and reduce side effects. I felt grateful for the many years of rich life these pills make possible and thankful for the

courage and perseverance of those who endured years of a regimen that was far more taxing. And twice a day, as I paused to swallow, I also paused to pray for the many people around the world who can't access a life-saving medication that costs around \$2,500 a month without insurance. I thought of the stigma that still surrounds the virus.

I remember the early '80s and the many funerals I did for young mothers who died of AIDS in the South Bronx. My present congregation has a garden behind the church with roses and ferns and a fig tree where ashes of some early AIDS victims are buried. Funeral homes did not want to touch their bodies, and some cemeteries didn't want their remains. That was 30 years ago, but the taint persists. When a young man in our shelter tested positive, his first reaction was to want to kill himself. He feared being sick, but he also dreaded being a pariah among his peers.

This entire incident is not what one expects in the church fellowship hall, but that's the only space we have. We set out tables where homeless youth can relish spaghetti and meatballs at night and children can delight in Bible drama and art projects the next morning. Yet because some of the young people inject hormones (long needles) or insulin (short needles), no precautions are foolproof. We've fine-tuned our protocols to be as fail-safe as possible, but the only way to stay perfectly secure is to stay away or to close the doors to this population.

These are not options, because our call to ministry is a "close call," one that draws us close to the sharp edges of life. It is a call that exposes our vulnerabilities as we refuse to stand apart from the pain and need around us. It is a call that puts us all at risk. As Paul told the Corinthians: "For while we live, we are always being given up to death for Jesus' sake, so that the life of Jesus may be made visible in our mortal flesh. So death is at work in us, but life in you" (2 Cor. 4:11-12).

Following Jesus is always a close call. Churches and church leaders who avoid risk taking in order to feel more secure are at risk of losing what matters most. Fortunately, our risk-taking Savior does not give up on us. Jesus continues to come through our closed doors and impenetrable walls to speak a word of peace and empower us for our own close calls.

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