

The Faith in Prevention
Training Manual:
Tools for Your HIV/AIDS Ministry
A faith-based model of partnership to stop HIV



“My people perish for lack of knowledge”
Hosea 4:6a

Developed By Starr Smith
Adler School of Professional Psychology

Table of Contents

HIV/AIDS 101	2
History of AIDS	3
Facts	4
Symptoms of HIV and AIDS	6
Diagnosis of HIV	7
Quiz	10
Endnotes	12
Combating Stigma and Homophobia	15
What is stigma	16
Vignettes about stigma	24
Exercise	28
Endnotes	29
Developing Your AIDS Ministry	30
The Church's Role	31
Faith Declaration	33
Creating your mission/vision statement	35
Tips for HIV/AIDS ministries	38
Endnotes	39
Resources	40

Chapter 1

HIV/AIDS 101

AIDS is a chronic, life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging or destroying the cells of your immune system, HIV interferes with your body's ability to effectively fight off viruses, bacteria, and fungi that cause disease. This makes you more susceptible to certain types of cancers and to opportunistic infections your body would normally resist, such as pneumonia and meningitis. The virus and the infection itself are known as HIV. The term “acquired immunodeficiency syndrome” (AIDS) refers to the later stages of an HIV infection.



Brief History of AIDS

HIV/AIDS was first reported in the United States in 1981. Since then, the disease has spread to thousands of people across the United States and become a major worldwide epidemic. People in countries from Africa to Europe to Australia have become infected with the disease. As some countries continue to ignore the necessity of providing people with a basic understanding of the disease and how it is transmitted, more people become infected every day.

The term AIDS was not coined until 1982, the same year researchers at the Centers for Disease Control and Prevention (CDC) linked the HIV virus to blood and bodily fluids. The number of known deaths from AIDS in the United States in 1982 alone was 853, a high figure considering that people only began showing symptoms of the disease a couple years earlier. One year later, there were 2,304 known deaths from AIDS. That's a staggering increase. The year 1985 marked the first time President Ronald Reagan mentioned the word AIDS in public, during a press conference. In that year, over 5,636 deaths were reported due to AIDS.

During the next few years, the United States government finally began to acknowledge the AIDS crisis. During this time, researchers were also developing the first antibody tests to determine the presence of the virus. These tests were put to valuable use testing blood supplies and at-risk patients. Researchers also worked to develop the first anti-HIV medication, called AZT, which had a recommended dosage of one capsule every four hours around the clock.

In 1991, the World Health Organization estimated that over 10 million people were infected with HIV worldwide. Nearly one million of those people, the organization said, lived in the United States. In 1997, over 22 million people were estimated to have the virus. Medical improvements have prolonged survival and renewed hope for HIV-positive people with access to costly drug therapies. Sadly, the vast majority of people with HIV worldwide cannot afford lifesaving treatments. AIDS is still prevalent throughout the world, and it is vital to study the disease and advocate for more concerted efforts to address it.

Let's Talk About the Facts



Despite being a known illness for over 25 years, many people still do not know the truth about HIV/AIDS and have many fears. In this section you will learn what HIV is, how it is contracted and how it is transmitted to others. By the end of this section your HIV/AIDS ministry should know the basic facts regarding HIV and AIDS. As well, you may consider participating in the Red Cross Facts Course for additional training, which will help you comfortably educate your congregation about the facts on HIV/AIDS.

HIV stands for human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. **AIDS** stands for acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection. It can take years for a person living with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficulty fighting infections. When someone has one or more of these infections and a low number of T cells, he or she has AIDS.¹

HIV was first identified in the United States in 1981 after a number of gay men started getting sick with a rare type of cancer. It took several years for scientists to develop a test for the virus, to understand how HIV is transmitted between humans, and to determine what people could do to protect themselves. During the early 1980s, as many as 150,000 people became infected with HIV each year. By the early 1990s, this rate had dropped to about 40,000 each year, where it remains at the end of 2007.¹

AIDS cases began to fall dramatically in 1996, when new drugs became available. Today, more people than ever are living with

HIV/AIDS. The U.S. Centers for Disease Control and Prevention (CDC) estimates that about 1 million people in the United States are living with HIV or AIDS. About one quarter of these individuals do not know that they are infected: not knowing puts them and others at risk.¹

HIV is a virus that cannot live for very long outside the body. Therefore, the virus is not transmitted through day-to-day activities such as shaking hands, hugging, or even kissing. You cannot become infected from a toilet seat, drinking fountain, doorknob, dishes, drinking glasses, food, pets, or swimming pools. You also cannot get HIV from mosquitoes. HIV is primarily found in the blood, semen, vaginal fluid, or the breast milk of an infected person.¹

HIV is transmitted in 3 main ways:

- Having sex (anal, vaginal, or oral) with someone infected with HIV
- Sharing needles and syringes with someone infected with HIV
- During pregnancy, birth, or postpartum through breastfeeding.¹

HIV also can be transmitted through blood infected with HIV. However, since 1985, all donated blood in the United States has been tested for HIV. Therefore, the risk for HIV infection through the transfusion of blood or blood products is extremely low. The U.S. blood supply is considered among the safest in the world.¹

Things that put you at an increased risk for HIV include:

- Sharing needles
- Unprotected vaginal, anal or oral sex with multiple partners or anonymous partners
- Working as a sex worker or exchanging sex for money or drugs
- Having an STD such as syphilis, which can increase risk for HIV transmission
- If you have received a blood transfusion before 1985
- Have had unprotected sex with anyone who has any of the above risks¹

The symptoms of HIV can look similar to a variety of illnesses. It is important to be tested to be sure of your status.

What are the symptoms of HIV or AIDS?

The only way to know whether you are infected is to be tested for HIV. You cannot rely on symptoms alone because many people who are infected with HIV do not have symptoms for many years. Someone can look and feel healthy but may still be infected. In fact, out of the more than one million people in the United States living with HIV/AIDS approximately ¼ do not know that they are infected.¹ Many people do not develop any symptoms when they first become infected with HIV. Some, however, will get a flu-like illness within three to six weeks after exposure to the virus. This illness, called Acute HIV Syndrome, may include fever, headache, tiredness, nausea, diarrhea and enlarged lymph nodes (organs of the immune system that can be felt in the neck, armpits and groin). These symptoms usually disappear within a week to a month and are often mistaken for another viral infection.

More persistent or severe symptoms may not surface for several years, even a decade or more, after HIV first enters the body in adults, or within two years in children born with the virus. This period of "asymptomatic" infection varies from individual to individual. Some people may begin to have symptoms as soon as a few months, while others may be symptom-free for more 10 than years. However, during the "asymptomatic" period, the virus will be actively multiplying, infecting, and killing cells of the immune system.² Again, the only way an individual can be 100% sure of his or her HIV status is to be tested. You cannot tell whether someone is infected just by looking at him/her. People can feel perfectly fine and be unaware they are infected with HIV.

Some advanced symptoms of HIV infection include:

- Rapid weight loss
- Dry, persistent cough
- Night sweats or fever
- Fatigue
- Swollen lymph glands
- Diarrhea that lasts longer than a week
- White spots on the tongue or in the mouth (Thrush)
- Pneumonia
- Red, brown, purplish blotches on the skin
- Memory loss or depression³

How is HIV diagnosed?

Once HIV enters the body, the body starts to produce antibodies—substances the immune system creates after an infection.⁹ A blood test is used to confirm whether a person has been infected with HIV.⁸ HIV tests look for the presence of antibodies rather than the virus itself. There are many different types of HIV tests which include rapid testing and home testing kits. Rapid and home tests look for the HIV antibodies and not HIV itself.⁹ Since the only way an individual can know if he/she are infected is through testing, regular (annual is recommended by the CDC) and routine testing is essential.

Who should be tested for HIV?

The CDC recommends that all persons aged 13 to 64 get an HIV test with their annual physical each year. Individuals who engage in risky behaviors have an increased chance of acquiring HIV, and may need to be tested more often. Risky behaviors would include but are not limited to:

- Sharing needles
- Unprotected vaginal, anal or oral sex with multiple partners,
- Exchanging sex for drugs or money
- Having been diagnosed and treated for other STDs such as syphilis, gonorrhea or Chlamydia as well as tuberculosis or hepatitis (other diseases can weaken your immune system)
- Having unprotected sex with a partner/spouse who is who engaging in risk behaviors with others

It is also important for women who are or plan to become pregnant to get tested. If a woman is HIV-positive, pregnant, or becomes pregnant, she can receive the necessary medical treatment that can lower the chances of passing HIV to her baby to less than 2%!¹⁰ Anyone who has engaged in any risky behavior such as sharing needles, having unprotected sexual contact with an infected person or with someone whose HIV status is unknown - should consider being tested.⁸

So what is AIDS?

AIDS, or Acquired Immune Deficiency Syndrome, is a condition that describes an advanced stage of HIV infection. In AIDS, the virus has progressed and causes a significant loss of CD4 cells, which weakens the immune system to the extent that the body is at risk for illnesses and opportunistic infections.⁵ A positive HIV test does not mean that a person has AIDS. An HIV-infected person receives a diagnosis of AIDS after the development of one AIDS-related illness (opportunistic infection). HIV infection weakens the immune system and makes it difficult to fight off certain infections. These infections are called opportunistic infections because they take advantage of “opportunities” to invade the weakened immune system.⁶ A person is diagnosed with AIDS when their CD4 count has dropped below 200 cells per cubic millimeter of blood, the level at which the immune system can no longer protect the person from AIDS-defining illnesses or other infections.⁵

Opportunistic infections which would be considered AIDS-defining illnesses would include, but are not limited to:

- Candidiasis of the mouth, vagina, trachea, lungs or esophagus
- Invasive cervical cancer
- Kaposi’s Sarcoma
- PCP pneumonia
- Tuberculosis
- Wasting⁷

Remember, these diseases can also occur in people without HIV infection and those individuals would not be classified as having AIDS. The only sure way to know your status is to get tested.

Treatment

Currently there is no cure for HIV or AIDS. There is no conclusive treatment to eliminate HIV from the body; however, timely treatment of opportunistic infections can keep one healthy for many years.

The FDA has approved a number of drugs to treat HIV. There is a combination of drugs called “highly active antiretroviral therapy” or HAART (cocktail or combination therapy).

When taken properly, HAART treatment helps people with HIV live longer and have fewer infections or other problems related to their HIV. The drugs work by preventing HIV from replicating and improving your body’s ability to fight infections. It is important to remember these medications do not cure HIV, but they can slow down the progress and improve the quality of life.¹¹

There are medications and other drugs that can interact with HIV medications— making you sicker and the HIV medicines weaker. It is important the doctor knows about all medications, prescription, over-the-counter, herbal remedies, birth control pills and even recreational drugs.¹¹ Vitamins and minerals, along with alternative medicine, have also been used to treat symptoms, but again it is important to ask a doctor about any and every medicine, vitamin or herb being taken.

There are some side effects from HIV/AIDS medications. Some side effects include, but are not limited to: nausea, vomiting, diarrhea, weakness, dizziness, weight loss, liver problems, and decrease in bone density. Staying on HIV medications can be difficult because of the side effects. It is important to talk to a health care provider about what can be done to minimize the side effects.¹¹

Now that you have completed this section do you have all the facts? Do you know the ways in which HIV are spread? Are you able to comfortably and effectively educate your congregation about the facts? You can also receive additional information about the facts on HIV/AIDS through the American Red Cross, the CDC and your local health department.^{12, 13, 14, 15}



Test Your Knowledge

In this section you will answer True/False questions, Fill in the Blank and short answer. Answers will be located at the end of this section

1. **True or False.** HIV can be spread if someone sneezes in the room.
2. **True or False.** People who are known to have HIV or AIDS should have separate eating utensils, and probably their own bathroom to avoid further transmission.
3. Name several ways in which HIV can be transmitted.
 - A.
 - B.
 - C.
4. **True or False.** Oftentimes, people with HIV are very skinny and, therefore, you CAN tell if someone is HIV positive by looking at them.
5. HIV stands for _____ - _____
_____.
6. List several ways in which people can protect themselves from the spread of HIV.
 - A.
 - B.
 - C.
7. **True or False.** You cannot determine whether you have HIV by symptoms alone, but rather the only way to be 100% sure of what your status is to have a test that test for the presence of antibodies.
8. Invasive cervical cancer in a woman who is HIV positive, and has a CD4 level under 200 would be known as a _____ - _____
_____.
9. **True or False.** AIDS does not have an economic impact on various countries around the globe.



Answers to quiz questions

1. False, HIV cannot be spread by someone sneezing
2. False, HIV cannot be spread by sharing utensils or a restroom and isolation is not necessary
3. Possible ways of HIV transmission include unprotected sex with someone who is HIV positive, intravenous drug use, mother to child
4. False. In fact, people with HIV feel well and look just as healthy as anyone else.
5. HIV stands for Human Immunodeficiency Virus
6. People can protect themselves through abstinence, correctly using a condom each and every time, not sharing needles.
7. False. A person would not be able to know their HIV status based on symptoms alone. Symptoms may not show up for months and even years in some individuals. Symptoms of HIV also overlap the symptoms of other illness. If a person feels they are at risk for contracting HIV or have been exposed to the virus the only way to be 100% sure is to be tested.
8. AIDS-defining diagnosis.
9. False. AIDS has an economic strain on society, especially in countries that are largely impacted.

Endnotes:

1. Basic Information regarding HIV/AIDS. Available at <http://www.cdc.gov/hiv/topics/basic/index.htm>
2. What are the early symptoms of HIV infection? Available at <http://www.youandaids.org/About%20HIVAIDS/Symptoms/index.asp>
3. How can I tell if I am infected with HIV? What are the symptoms? Available at <http://www.cdc.gov/hiv/resources/qa/qa5.htm>
4. AIDS. Available at <http://en.wikipedia.org/wiki/Aids>
5. Diagnosis of AIDS/HIV-How is HIV Diagnosed. Available at <http://aids.about.com/od/hivtesting/a/hiviag.htm>
6. Glossary of Terms. Available at http://www.cdc.gov/hiv/topics/surveillance/resources/guidelines/epi-guideline/la_supp/glossary.htm
7. Case Definition of AIDS. The Body. Available at <http://www.thebody.com/content/art14002.html>
8. How is HIV Infection Diagnosed? Available at http://www.ehealthmd.com/library/aidswomen/AID_what.html
9. National HIV Testing Resources. Available at <http://www.hivtest.org/subindex.cfm?FuseAction=FAQ>
10. Deciding if and When I want to be Tested. Available at http://www.cdc.gov/hiv/topics/testing/resources/qa/be_tested.htm
11. Treatment. Available at <http://www.4woman.gov/hiv/treatment/>
12. www.redcross.org
13. www.cdc.gov.
14. www.idph.state.il.us/
15. <http://www.cookcountypublichealth.org/>

Chapter 2



Combating Stigma and Discrimination

Stigma is a powerful tool of social control. Stigma is often used to marginalize and exclude certain groups and populations. In the past 25 years, since the beginning of the AIDS pandemic, stigma and homophobia have been big hindrances to HIV prevention. In this chapter you will learn in more detail what stigma is and how to recognize it when it occurs. You will also learn ways in which your ministries can join with other churches in the mission of combating stigma and homophobia together.

Keywords: Stigma, homophobia, discrimination, exclusion, rejection

It's time for a group exercise!!!



Individually, take several moments and think about the term stigma. How do you define it or what do you think stigma looks like in action? Write your thoughts in the space below:



After several minutes of brainstorming, discuss your thoughts as a group. What thoughts did you come up with? What did others come up with? Write down those ideas in the space provided:

Stigma can appear in many forms including:

- | | | |
|-------------|--------------|-------------|
| *Blame | *Assumptions | *Isolation |
| *Shame | *Gossip | *Rejection |
| *Judgment | *Ridicule | *Harassment |
| *Insult | *Suspicion | *Abuse |
| *Rumors | *Neglect | *Violence |
| *Homophobia | *Racism | *Ageism |

Were any of the above items on your list? The items listed are just some of the ways stigma affects individuals living with HIV or AIDS but **remember**, stigma is not limited to these things.

Now that you have come up with some great ideas about stigma and what it is, is it time you change the way you think about HIV and AIDS? We are all involved in stigmatizing the people and environment around us and may not even realize it. Discrimination against people who are living with HIV or AIDS is so prevalent and is expressed in so many overt and covert fashions that people may not even realize they are contributing to the problem. Knowing what stigma is can help you fight against it and enable your HIV ministry to fight more effectively against HIV/AIDS.⁶

Is your HIV ministry ready to take steps to address stigma and eradicate it?



So what is stigma?

The idea of stigma generally refers to anything that labels someone as unacceptable or inferior.¹ Stigma can be associated with a physical condition or disfigurement, moral blemish, membership in a despised group, or simply being different from the “norm.” The afflicted person may be cast off out the community, and may be made to feel like he or she has little or no worth. As a result, people who are stigmatized often experience shame, guilt, and rejection. The stigmatized person may be held responsible for the ills of the community, and the only way to cleanse the community would be isolation. The stigmatized person’s presence becomes a threat to the survival of the whole community.²

Exclusion and victimization are fueled by the belief that those who are different are “less human” therefore they do not feel what “normal people” feel. Stigmatization may be justified by saying the person’s suffering is inevitable because they have sinned and are now a threat to others. Isolating stigmatized individuals would be giving them “the punishment they deserve.”²

HIV-related stigma refers to all unfavorable attitudes, beliefs, and policies directed at those living with HIV or AIDS. Unfavorable attitudes and beliefs may also be directed at the person’s friends, family, social groups or community. The family plays an important role in providing support to a family member living with AIDS. However, not all families offer the needed support and encouragement to a person living with AIDS. Rather, they may turn their backs on their sick loved one and contribute to stigma.⁴

Patterns of prejudice, which include discrediting, discounting, devaluing, and discriminating strengthen the already existing social inequalities.³ In many societies, people who are living with HIV or AIDS are seen as shameful. Often, HIV is associated with minority groups, men who have sex with men, or those who use drugs.⁴ HIV-related stigma is often compounded when affected individuals come from already stigmatized groups such as those who are homosexual, bisexual ,promiscuous, use drugs, those who are sex workers, the poor or the disenfranchised.¹⁰

Homophobia also increases HIV-related stigma.¹¹ Homophobia is the fear of, aversion to, or discrimination against homosexuality. The fear is often irrational. In addition, it can be seen as hatred, hostility, disapproval, or prejudice towards homosexual people, and “deviant” sexual behaviors.¹² Homophobia permeates the negative social attitudes about HIV/AIDS, sexuality and sexual behavior. Because of the association with gay and bisexual men at the beginning of the AIDS epidemic, many continue to hold the notion that AIDS is a “gay disease.” The link between societal homophobia and AIDS was established many years ago when AIDS was still known as Gay-related Immune Deficiency (GRID). It was only after the disease was being seen in other populations, including women, that the name was changed to AIDS.¹³

HIV/AIDS is a complicated and confusing social challenge faced by society. Ever since it became known as a disease in the early 1980s, it has often been associated with fear, stigmatization, discrimination and exclusion. It was suggested society would see another epidemic—the epidemic of discrimination that followed the HIV/AIDS epidemic. Despite numerous efforts to change the negative attitudes and discrimination associated with HIV/AIDS, the disease continues to carry a significant stigma that impacts many areas of society.³ Stigma related to HIV continues to be a major barrier in effectively fighting against the HIV and AIDS epidemic.⁴ HIV/AIDS-related stigma interferes with the well-being of people living with the disease. Stigma may increase new HIV infections because it can discourage people from getting tested, make people less likely to acknowledge their risk, and discourage people who are HIV-positive from discussing their status with their sexual partners or needle-sharing partners.⁵ They may choose not to protect themselves or others, and they may not seek treatment if they are infected. Stigma affects all aspects of HIV prevention, diagnosis, treatment, and care.³

Stigmatization may range from subtle actions of discrimination to extreme degradation, rejection, abandonment, and physical violence. Stigma can be acted out in various forms, including:

- Exclusion, rejection, avoidance of people with AIDS
- Discrimination that leads to loss of job, housing
- Compulsory HIV testing without prior consent or protection of confidentiality

- Violence against the person
- Quarantining the person
- Loss of friends and family¹⁴

Alonzo and Reynolds (1995)⁷ and De Bruyn (1999)⁸ identified four factors that contribute to HIV-related stigma:

1. HIV/AIDS is a life-threatening disease, perceived to be contagious and threatening to the community. The disease is not well understood which contributes to fears.
2. People living with HIV are often seen as responsible for having contracted the disease, which increases feelings of guilt.
3. HIV/AIDS is related to behaviors sanctioned by religious and moral beliefs, which results in the belief HIV is the consequence of deviant behavior and deserves punishment.
4. HIV/AIDS is associated with pre-existing social prejudices such as sexual promiscuity, homosexuality and drug use—behavior that is already considered ‘less worthy’ by many societies. HIV then adds to the existing societal judgment. HIV-related stigma is therefore born from fear and ignorance^{7,8}

In a comparison study conducted by Herek, Capitanio, and Widaman (2002), it was found that many Americans believe that those who contracted AIDS through sex or drug use deserve their illness. It was also found that many Americans still express fear and discomfort about people with AIDS, would feel uncomfortable if their children attended school with a child who is HIV-positive, and would feel uncomfortable working with a co-worker who has AIDS. There also continued to be mistaken beliefs on how AIDS is transmitted. There were beliefs that AIDS could be transmitted from using a public toilet, being coughed on by a person living with AIDS, sharing a drinking glass, or by donating blood. However, in 1999 only 12% of people polled said that people living with AIDS should be isolated from the rest of society. That number is down from the 1991 statistic where 34% of people felt that people living with AIDS should be removed from society.¹³

The belief that AIDS is easily spread and that people should be blamed for their illness is a contributing factor in the maintenance of stigma. Problems, however, can be addressed in AIDS education programs. In the earlier years of the AIDS epidemic education programs stressed that AIDS could not be spread by being in contact with someone who has sneezed or by using the same drinking glass. It is evident that education programs need to continue to remind people how AIDS is transmitted and how it is not.¹³ Your HIV ministry can be effective in educating the community about what AIDS is and how HIV is transmitted.



Take several moments and ask yourself the following questions. Write your responses down. You do not have to share your answers aloud.

- Do you know what AIDS is, and how HIV is transmitted?
- Are you angry with people who have HIV/AIDS?
- Do you contribute to the stigma that is fueling the AIDS epidemic?
- Do you believe AIDS is specific to certain groups and populations?
- Do you become angry when you see gay men or injection drug users?
- Are you afraid to be in a room with a person who has HIV/AIDS?
- Would you have separate eating utensils for a family member living with HIV/AIDS?
- If you work with an individual who has HIV/AIDS would you avoid using the restroom?
- Do you believe people at-risk for contracting HIV should be required to be tested on a regular basis?
- Do you know the facts to be able to accurately educate your church about the facts, or do you still have questions regarding the facts?
- Are you ready to address the stigma that many people living with HIV/AIDS face on a daily basis?

Not in my backyard...

Below are two vignettes about individuals plagued by Stigma.

John's story

For many years, John was a respected elder in his church on the North side of Chicago. While there were community resources regarding HIV/AIDS, when it came to HIV/AIDS education in the church, many people felt “this is not our problem.” Rather, they believed AIDS was specific to those who use drugs or among those who engage in “sinful sexual behavior.” In 1995, when John's two children were 11 and 7, his wife died. The death certificate said pneumonia, but the doctors told John it may be AIDS and that he should be tested. John said he felt like dying when he heard his test results. He was desperate and needed advice so he went to the head pastor.

“John, you are a disgrace to the Church. If you want to keep your position in this church you must not tell anyone about your illness, and if anyone asks you are to tell them you have cancer,” said the pastor. John decided to do the opposite of what he'd been instructed. He felt this was a prime time to shed light on the realities of AIDS. He didn't want to treat his illness as taboo or as something that would go away if he didn't talk about it. He felt if he shared his story, others in the church would learn that AIDS does not discriminate. He disclosed his HIV status only to find he would suffer from ridicule, blame, and stigmatization. John's children also suffered from his illness. They were teased and separated from the others at school. Without a job or money John felt hopeless. John said if it hadn't been for his children, he would have killed himself.

One day, John met a person who is an AIDS counselor/advocate. John said, “This man saved my life. He offered me education, advice and options.” Today, John has established a new ministry in his community. He has made many friends, he is accepted and his ministry is a great value to those he serves. John said he does not feel like a contagious rash, but rather someone who gives hope to others. John does not regret disclosing his status and he knows he can help change how the church views HIV/AIDS.

Keisha's story

Keisha lives in suburban Northfield. Keisha is a high school senior and spends most of her evenings participating in youth activities in her church and has a very promising future, especially within the ministry at her church. One day, while attending a community youth revival she met Xavier. They hit it off well during the revival and continued to see one another after the revival was over. They spent a lot of time together and even talked about marriage after they graduated high school. They both loved one another and knew they would spend the rest of their lives together. Keisha felt it was right to share an invaluable part of herself with Xavier. One day, shortly after the two had been sexually intimate Xavier went to Keisha's house and delivered the news that he is HIV-positive, and had known for several years.

He told her he was sorry and never meant to hurt her. He told her she should probably be tested. Keisha has not seen Xavier since. Her mother took her to a clinic over 75 miles away, where no one would know her. The test came back positive and Keisha's father has not said a word to her since that dreaded day.

Seeking support, Keisha went to her youth and senior pastors. Rather than console Keisha and offer hope and acceptance, she was condemned and then the pastor preached publicly about her sinfulness. Other parents in the church threatened to remove their children from the youth activities unless she left the church. At home, Keisha has her own dishes and bedding and the family built an extra bathroom with a shower in her room that only she would use. When people come to visit she is sent to her room. Keisha's suffers from discrimination in more ways than one. Not only is she HIV-positive but she is also part of the minority group in her community and only one of few African Americans in her school. At 17, Keisha feels her life is over.

The previous stories are familiar to anyone living with HIV or AIDS. In both examples, the church has contributed more to the problem than the solution. Reverend Canon Gideon Byamugisha, of the Namirembe Diocese of the Anglican Church of Uganda, is living openly with AIDS. He says, “It is now common knowledge that in HIV/AIDS, it is not the condition itself that hurts most—because many other diseases and conditions lead to serious suffering and death—but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV positive people have to deal with.”¹

Despite the progress society has made, those living with HIV or AIDS continue to be plagued by stigma. Often, people are judgmental because people do not know. Discrimination and stigma in the church and community may actually contribute to the spread of HIV/AIDS. Stigma is a major obstacle in effectively preventing HIV. In order to reduce the prevalence of AIDS, the stigma associated with it must be confronted.⁹ Faith-based organizations are strongly encouraged to take a stand against stigma and discrimination and confront the religious, social, cultural, and political customs and behaviors that maintain stigma.



Eight suggestions for combating stigma and homophobia

1. Stop seeing AIDS as an ‘us’ and ‘them’ issue.
AIDS IS in the church.
2. Base education on real experiences, not idealistic expectations about human behavior.
3. Encourage theological and ethical reflection of HIV/AIDS.
4. Welcome people living with AIDS as a valuable resource.
5. Build welcoming, non-stigmatizing communities.
6. Break the conspiracy of silence.
7. Pray for people living with HIV/AIDS openly in your congregation.
8. Preach and talk about HIV in a loving, non-judgmental, non-homophobia way.²

Additional tips on how your ministries can get involved

- Coordinate HIV testing at your church and, as an example, each of you could receive HIV testing.
- Develop and implement training, policies and procedures for your ministry staff.
- Coordinate educational seminars and provide HIV prevention material.
- Involve people living with AIDS in your educational seminars.
- Show the diversity of the epidemic
- Be proactive and partner with other AIDS organizations and become a community advocate for people living with HIV.
- Collaborate with other faith-based organizations and leaders from the community.
- Confront stigmatizing messages in the media.
- Speak to your congregation about compassion, love, hope, and healing that will shatter the stigma, judgment, and homophobia that is often associated with HIV/AIDS.
- **Stay committed and remember to work as a team.**



It's time for another exercise!!!



As an individual, do you or have you done things that contribute to stigma?
(You don't have to answer aloud! But write down any thoughts you have.)

Can you see how homophobia contributes to the hindrance of HIV prevention?

As a ministry, what have you done to confront stigma? Have you done everything you could? Is there more your ministry can do?

Can you talk openly about the love of God to those who seek to stigmatize based on sexual orientation?

How can you take what you have learned in this section and implement it into your ministry?

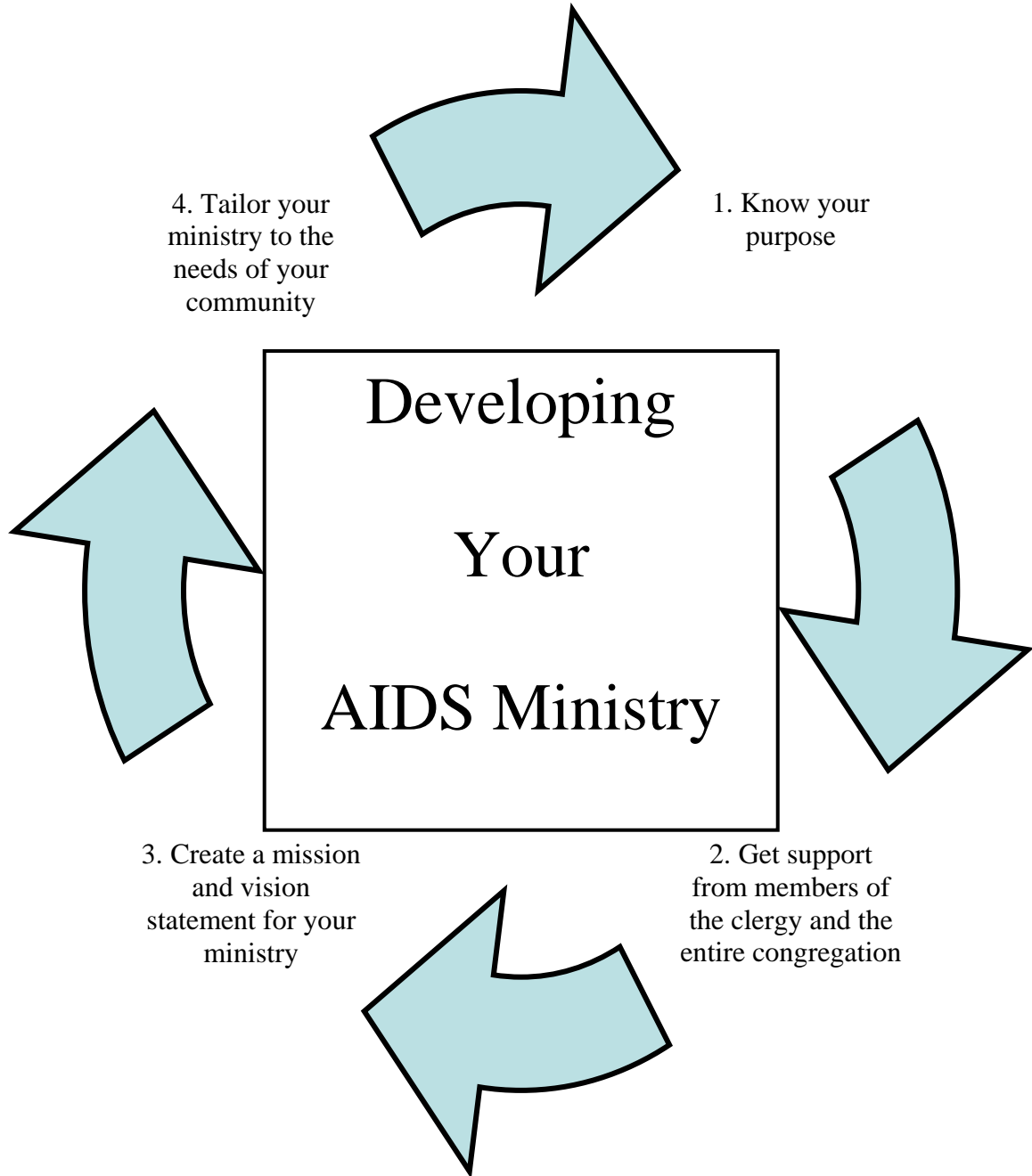
Now that you have finished this section are you ready to go out and face stigma head on? Your help is needed in the fight against HIV/AIDS and your ministry is a valuable resource. Now, go out there and be a force against stigma.

Endnotes

1. Plan of Action: The Ecumenical Response to HIV/AIDS in Africa World Council of Churches 2001. Available on <http://www.wcc-coe.org/wcc/news/press/01/hiv-aids-plan.html>.
2. The Ecumenical Advocacy Alliance: Church, AIDS & STIGMA. Available on <http://www.e-alliance.ch/media/media-3859.pdf>
3. Visser, M.J.; Makin, J.D. & Lehobye, K. (2006). Stigmatizing attitudes of the community towards people living with HIV/AIDS. *Journal of Community & Applied Social Psychology*, 16, 42-58.
4. Stigma, discrimination and attitudes to HIV & AIDS. Available on <http://www.avert.org/aidsstigma.htm>
5. Stigma & HIV/AIDS: A Review of the Literature. Available at <http://hab.hrsa.gov/publications/stigma/introduction.htm>
6. Thoughts Speak Volume: It's time to change the way we think about HIV & AIDS. Available at <http://www.endhivstigma.ca/stigma.html>
7. Alonzo, A.A. & Reynolds, N. R. (1995). Stigma, HIV and HIV: An exploration and elaboration of a stigma trajectory. *Social Sciences and Medicine*, 41(3), 305-315.
8. DeBruyn, T. (1999). HIV/AIDS and discrimination 2: Stigma and discrimination, definitions and concepts. Ottawa: Canadian HIV/AIDS Legal Network and the Canadian AIDS Society.
9. Stigma, by Jeanine Cogan and Gregory Herek (1998). Available at <http://www.thebody.com/content/art14039.html>
10. HIV stigma, treatment and prevention, by Theo Smart. Available at <http://hivinsite.ucsf.edu/InSite?page=pa-hatip-56>
11. Homophobia. Available at <http://web.missouri.edu/~umcstudentlifelgbt/resources/homophobiahurtseveryone.pdf>
12. Homophobia. Available at <http://en.wikipedia.org/wiki/Homophobia>
13. Herek, G.M., Capitanio, J.P., & Widaman, K.F. (2002). HIV-related stigma and knowledge in the United States: prevalence and trends, 1991-1999. *American Journal of Public Health*, 92(3).
14. HIV/AIDS Stigma. Available at <http://psychology.ucdavis.edu/rainbow/html/aids.html>
15. I John 4:20
16. Romans 5:8
17. Anti-Defamation League on the Westboro Baptist Church http://www.adl.org/special_reports/wbc/default.asp

Chapter 3

It starts with each of you



Still plagued by a global epidemic... but the congregation can play a powerful role

Despite being known for 25 years, **HIV** and **AIDS** still remains a largely taboo topic.

AIDS is a global epidemic that continues to plague the land we live in. Twenty-five years after its initial discovery, HIV and AIDS continue to be a very serious disease that knows no name and no face. AIDS is not specific to certain populations or groups of people. We are all affected by AIDS, equally at risk and none of us are exempt from contracting HIV.

We, the church, have a very powerful role in the fight against the AIDS pandemic. But we cannot fight against AIDS with our eyes closed or with our hands tied behind our back. We must go into the community and talk candidly about HIV and AIDS, what it is about and ways it can be prevented. Despite being known about for 25 years, many still do not fully understand the disease or believe it cannot happen to them.

HIV and AIDS often carry a large amount of stigma. The stigma that is associated with AIDS may, in fact, be due to ignorance and not being fully aware of truth about AIDS. In the church, AIDS remains a taboo topic and not until recently did churches really begin to talk about the truth about AIDS. However, there is still much growth needed as we talk about HIV and AIDS in our Faith-based organizations.

Healing cannot happen until there is a union of the mind, the body and the spirit. Health is the existence of peace and wholeness, not merely the absence of disease. The Church provides the HOPE that can provide that union.

Health—the unification of the body, mind and soul.

In 1948, in its constitution, the World Health Organization (WHO) defined health as "a state of complete physical, mental and social well-being and **not** merely the absence of disease or infirmity." ¹ Good health is a unification of mind, body and soul.

Faith communities are important for addressing the needs and the well-being of people in the community. Traditionally, all religious customs have focused on the care and the healing of the sick. Throughout the Bible we read about Jesus' healing sick people.

"But I will restore you to health and heal your wounds," declares the LORD. –Jeremiah 30:17. ²

However, when HIV and AIDS have come up in conversation, faith communities have often run in the opposite direction. The stigma that is so largely associated with HIV and AIDS has interfered with the progress in the response to HIV and AIDS. Rather than address the needs of those who are affected and address the needs of the larger community, the illness is often closeted and is a best kept secret. Members who are affected by AIDS may often say they have cancer or some other terminal illness. Cancer kills just like AIDS does, but HIV/AIDS is unique in how widely and heavily the stigma is applied to those affected.

A congregation member being stricken with AIDS is the perfect opportunity to shed light on this devastating disease and educate members about prevention, but often the illness is kept secret. Disclosing the illness is generally unheard of. As the epidemic has progressed, faith communities are beginning to recognize the need to educate its congregation and the larger community about various health issues, particularly HIV and AIDS. Faith communities must also continue to work to alleviate HIV/AIDS related stigma they have contributed to and maintained and truly educate its members about a disease that is very preventable.

An Interfaith Declaration

In an effort to develop an appropriate response to HIV/AIDS from the faith community, coalitions of faith groups worked together to develop a more faithful response consistent with their religious values. The Council of National Religious AIDS Networks, an interfaith coalition, met on this issue 1993. The following is their interfaith statement, portions of which were taken from The African-American Clergy's Declaration of War on HIV/AIDS (The Balm in Gilead Inc., 1994) and from "The Atlanta Declaration" (AIDS National Interfaith Network, 1989). Your faith communities may adapt this or use it as a model.³

We are members of different faith communities called by God to affirm a life of hope and healing in the midst of HIV/AIDS. The enormity of the pandemic itself has compelled us to join forces despite our differences of belief. Our traditions call us to embody and proclaim hope, and to celebrate life and healing in the midst of suffering. AIDS is an affliction of the whole human family, a condition in which we all participate. It is a scandal that many people suffer and grieve in secret. We seek hope amidst the moral and medical tragedies of this pandemic in order to pass on hope for generations to come.

We recognize the fact that there have been barriers among us based on religion, race, class, age, nationality, physical ability, gender and sexual orientation which have generated fear, persecution and even violence. We call upon all sectors of our society, particularly our faith communities, to adopt as highest priority the confrontation of racism, classism, ageism, sexism and homophobia. As long as one member of the human family is afflicted, we all suffer. In that spirit, we declare our response to the AIDS pandemic:

We are called to love: God does not punish with sickness or disease but is present together with us as the source of our strength, courage and hope. The God of our understanding is, in fact, greater than AIDS.

We are called to compassionate care: We must assure that all who are affected by the pandemic (regardless of religion, race, class, age, nationality, physical ability, gender or sexual orientation) will have access to compassionate, non-judgmental care, respect, support and assistance.

We are called to witness and do justice: We are committed to transform public attitudes and policies, supporting the enforcement of all local and federal laws to protect the civil liberties of all persons with AIDS and other disabilities. We further commit to speak publicly about AIDS prevention and compassion for all people.

We promote prevention: Within the context of our respective faiths, we encourage accurate and comprehensive information for the public regarding HIV transmission and means of prevention. We vow to develop comprehensive AIDS prevention programs for our youth and adults.

We acknowledge that we are a global community: While the scourge of AIDS is devastating to the United States, it is much greater in magnitude in other parts of the world community. We recognize our responsibility to encourage AIDS education and prevention policies, especially in the global religious programs we support.

We deplore the sins of intolerance and bigotry: AIDS is not a "gay" disease. It affects men, women and children of all races. We reject the intolerance and bigotry that have caused many to deflect their energy, blame those infected, and become preoccupied with issues of sexuality, worthiness, class status or chemical dependency.

We challenge our society: Because economic disparity and poverty are major contributing factors in the AIDS pandemic and barriers to prevention and treatment, we call upon all sectors of society to seek ways of eliminating poverty in a commitment to a future of hope and security.

We are committed to action: We will seek ways, individually and within our faith communities, to respond to the needs around us.³

First things First

An important first step in creating your HIV/AIDS health ministry is to express the need for a HIV ministry and why it is important your ministry cares about HIV/AIDS. It is important to understand how widely and heavily the stigma is applied to those affected but HIV or AIDS.

Leadership

It is essential that congregational leadership, lay people and clergy, understand and support their congregation's HIV/AIDS ministry. If you are not a member of clergy but an HIV/AIDS ministry is your desire, express your understanding of the need and importance of a HIV/AIDS health ministry with your pastor and other clergy members. Once you have gotten the leaders actively involved, pray about God's will for your church's ministry. Ask others to pray with you. Ask God to bless the ministry so that your ministry will be a blessing to all who are involved and all who are served.

An equally important step in the development of your ministry is creating a mission/vision statement. The mission statement will describe YOUR ministry's overall purpose.⁴ Mission statements are best developed with a committee and collaboration with the pastoral leadership, and then approved by the congregation.

Creating a Mission/Vision Statement

Each faith-based organization should create their own mission statement if they do not already have one. What is the purpose behind having a HIV/AIDS ministry? What do you envision with the work you will be doing? What are your values? What is the mission you and your congregation will set out to do? What is your commitment? Each ministries mission statement will be different as you will be tailoring your mission to the needs of your congregation and the community you serve. Having a

mission statement will give you a clear idea of what it is you want to see and what you hope to accomplish. Without a mission statement, what are you working toward? A mission statement or vision can keep you headed in the right direction rather than being here, there and everywhere without a specific agenda. Sure, your ministry will have good intentions, but without direction it will be difficult for your ministry to fulfill its purpose.

It is essentially important to remember and consider the needs of those your ministry will be serving, whether they are in your congregation or around the community. Your ministry will be most effective when you consider and address the needs of those who you will directly serve. Be sure to consult people with HIV/AIDS who are in your congregation and in your community. AIDS service organizations can also provide very useful input. Also, work to identify families who have been directly impacted by HIV and ask them to help direct your work.

The mission statement will describe your ministry's purpose. Therefore, it should be a powerful statement conveying to others what it is you do.

Example mission statement: "To promote spiritual, physical and mental health to the members of the congregation and community of Englewood."

So, how do you create a mission statement?

1. Cohesion: Ensure there is unity and consistency throughout your HIV/AIDS health ministry. Develop listening skills, negotiation and conflict resolution skills. Ask for help from experts, when needed. Work together as a collective whole rather than a divided unit. You cannot expect to be a successful ministry that serves others when you cannot work with others.⁵
2. Collaborate: Begin brainstorming with your ministry the ideas you have and what you would like your HIV/AIDS ministry to accomplish. Since you are working collectively, one person should not have the responsibility of coming up with all the ideas. Everyone involved in your HIV/AIDS ministry will have important contributions so each person should actively contribute their ideas.⁵

3. Develop a list of resources: work collectively with your ministry members and create a list of resources that your congregation has. Begin constructing multiple ideas regarding: a) what you plan to do, b) who you plan to serve, and c) how you will serve them.⁵
4. Create a list of possible mission statements: After considering the above mentioned items start working toward the development of your HIV ministry's mission statement. This, again, involves working collectively with each person in your ministry. Be open and respectful to all thought and ideas. Each person brings something that is unique. Remember the Golden Rule: "Treat others how you want to be treated."
5. Finalize and vote on your ministry's mission statement: Remove statements that do not capture the purpose of your ministry. Fine tune the wording as it should specifically speak to what you plan to do and who you plan to serve. While finalizing your statement, capture the thoughts of all and everyone can feel as if they have contributed something special. (The success of your ministry also relies on the inclusion of all those who are involved. If one person is overbearing then there will not be cohesion amongst the group and the ministry will not last).⁵
6. Enforce your mission statement: Put your mission statement to work by making sure your ministry does just what it said it would do. As times change you may also need to change your mission statement, so do not be afraid to alter your statement if there is a need to do so. It would also be a good idea to read your mission statement at each meeting you have, as it will remind you to keep the main thing the main thing.

In the resource section you will find links that will offer tips on how to create your mission/vision statements.



A vision statement, on the other hand, will vividly describe how the *mission* will be carried out, it will define where you want to be in the future.⁶

As a ministry, you may have decided your vision will be to reduce the incidence of HIV and AIDS in your community, which will then impact the greater world. In order to achieve the results your congregation is seeking, your ministry will want to create a detailed list of what will be needed to achieve the mission.



Assignment: Given the mission statement that is listed above, collaborate with your ministry to create a vision for how your mission will be carried out:

Important tips for HIV/AIDS ministries

Below are tips provided from established HIV/AIDS ministries:

- God loves all His people. Despite the consequences of risky behavior, He still loves all His people. As Christ has accepted us the way we are, we must also do that for our brothers and sisters who are living with HIV or AIDS or are at risk for HIV/AIDS.
- An HIV/AIDS ministry is no easy task. It takes hard work and determination.
- It takes responsibility and commitment to fulfill the task. You cannot start a ministry and then leave it on the line. You must continue with your purpose. Discuss with your ministry ways in which your mission statement can be maintained.
- You must have love and passion. It is also important to understand how fear and stigma fuels the AIDS epidemic and you must be fearless and take a stand against stigma.
- Leaders must be educated not only on the facts, but also educated on what it takes to keep your HIV/AIDS ministry successful.
- You must know the facts about HIV and AIDS. You cannot effectively educate others if you are unaware of the facts yourself. It is also important to know the truth from the myths. HIV cannot be spread by sharing a toilet with someone who is HIV-positive or by sharing eating utensils. Don't worry, if someone who is living with AIDS sneezes on you, you will not contract HIV.
- Everyone will have differing views and that is okay. However, it is important to remember what your mission is, and you must keep the main thing the main thing. If your mission is to decrease HIV in your community by providing condoms to your congregation and community then that is what you should focus on, not on the individuals in the church who are sexually active.
- Know who you are, and what you are capable of accomplishing. When you first begin your ministry, do not attempt to bite off more than you can chew.
- Build partnerships with other organizations and HIV/AIDS ministries that are working to fight against the HIV/AIDS epidemic. There is power in numbers.

- Your ministry must be person-centered. Your ministry exists because of the people you serve and therefore that is what should be most important, especially when those in your ministry begin to debate controversial ideas and doctrines.
- In the past, you may have displayed a stigmatizing attitude toward anyone who has HIV/AIDS or who is lesbian, gay, bisexual, transgender, or questioning (LGBTQ), but do not come down on yourself. Have mercy for yourself. Pray and ask for God's forgiveness, and also forgive yourself. This will increase your patience and willingness to work with others who are hindered by stigmatizing attitudes and fear.

ENDNOTES

1. WHO. Constitution of the World Health Organization, Geneva, 1946.
2. Jeremiah 30:17. The Holy Bible. King James Version
3. Fact Sheets: The Faith Community & HIV/AIDS and an Interfaith Declaration. Available at <http://www.thebody.com/content/art33118.html>
4. Basics of Developing Mission, Vision and Values Statements. Available at http://www.managementhelp.org/plan_dec/str_plan/stmnts.htm
5. Writing a Mission Statement: a Free how-to on creating a mission statement. Available at http://nonprofitmanagement.suite101.com/article.cfm/writing_a_mission_statement
6. Vision, mission and values. Available at http://en.wikipedia.org/wiki/Strategic_planning