MY PEOPLE PERISH FOR LACK OF KNOWLEDGE

Hosea 4:6a

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

Developed by:
AIDS Foundation of Chicago
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# TABLE OF CONTENTS

## Chapter 1 HIV/AIDS 101 3

3  History of AIDS  
5  Facts  
7  Symptoms of HIV and AIDS  
8  Diagnosis of HIV  
11 Quiz  

## Chapter 2 Prevention Education  13

## Chapter 3 Combating Stigma and Homophobia  22

23 What is stigma?  
27 Vignettes about stigma  
29 Exercise  

## Chapter 4 It Starts With Each of You  30

30 The Church’s Role  
31 An Interfaith Declaration  
33 First Things First  
35 Creating your mission/vision statement  
37 Tips for HIV/AIDS ministries  
39 Health Fair  

## Chapter 5 Confidentiality  40
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 tens of thousands of people across the U.S. and is a worldwide epidemic. People in countries from Africa to Europe to Australia have become infected with the disease.
While great strides have been made in understanding and treating the disease, it remains incurable. Here's a look at how AIDS has changed our world:

**25 million:** The number of people worldwide who have died of AIDS since the start of the epidemic, according to the National Institutes of Health.

**576,000:** The number of people in the U.S. who have died of AIDS since the epidemic began.

**18,000:** The number of people with AIDS who die each year in the U.S.

**33.4 million:** How many people were living with HIV (the virus that causes AIDS) or AIDS worldwide in 2008, the most recent year for which statistics from the World Health Organization are available.

**2.1 million:** Of those 33.4 million, the number who are children under age 15.

**1 million:** How many people in the U.S. are living with HIV, according to the CDC.

**21:** The percentage of those people who are unaware of their infection.

**6:** Where AIDS ranks among the top causes of the death among 25- to 44-year-olds in the U.S. In 1995, AIDS was first on this list.

**56,300:** The estimated number of Americans becoming infected with HIV each year.

**53:** The percentage of those infections that men who have sex with men account for.

**31:** The percentage of new infections in the U.S. that people acquire through heterosexual contact. Acquiring the infection through the use of injected drugs accounts for 12 percent.

**27:** The percentage of new infections in the U.S. who are women.

**46:** The percentage of people living with AIDS in the U.S. who are black.

**96 percent:** how much less likely a person with HIV was to pass on the disease to their partner if they took antiretroviral drugs, in a recent study.
Let's Talk About the Facts

Despite being a known illness for more than 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
• 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. You may also want to consider participating in other HIV trainings, such as those offered by the American Red Cross, to assist you in educating your congregation about this disease.

The basics

**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 difficulty fighting infections. When someone has one or more of these infections or a low number of T cells, he or she has AIDS.

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. Today, this rate had dropped to about 56,000 per year.

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 1.1 million people in the United States are living with HIV or AIDS. One out of every five of these individuals do not know that they are infected – not knowing puts them and others at risk.
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, doorknobs, 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.

HIV is transmitted in 3 main ways:

- Having sex (anal or vaginal) with someone infected with HIV
- Sharing needles and syringes with someone infected with HIV
- Mother to child, during pregnancy, birth, or postpartum through breastfeeding.

HIV also can be transmitted through infected blood. 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.

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 the risk for HIV transmission
- If you have receiving a blood transfusion before 1985
- Having unprotected sex with anyone who has any of the above risks
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 1 in 5 do not know that they are infected.

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 than ten years. However, during the "asymptomatic" period, the virus will be actively multiplying, infecting, and killing cells of the immune system. 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
- Night sweats or fever
- Swollen lymph glands
- White spots on the tongue or in the mouth (Thrush)
- Red, brown, purplish blotches on the skin
- Dry, persistent cough
- Fatigue
- Diarrhea that lasts longer than a week
- Pneumonia
- Memory loss or depression

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

Once HIV enters the body, the body starts to produce antibodies—substances the immune system creates after an infection. A blood test is used to confirm whether a person has been infected with HIV.

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. 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 include but are not limited to:

- Sharing needles
- Unprotected vaginal, anal or oral sex with multiple partners
- Exchanging unprotected 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%. 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.
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. 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) or has a CD4 count of less than 200.

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. 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.

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
- Wasting

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 the 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.
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 your medications (prescriptions, over-the-counter, supplements), herbal remedies, birth control pills and even recreational drugs. 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.

**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 learn more about HIV/AIDS at the U.S. Centers for Disease and Control and Prevention at: [www.cdc.gov/hiv](http://www.cdc.gov/hiv)
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 your status is to have a test for the 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.

10. How do you think having and using the knowledge will help your congregation?

**Answers are located on the page that follows.**
Answers to the 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.

Information for this quiz was obtained from the U.S. Centers for Disease and Control and Prevention (CDC) at: www.cdc.gov/hiv
What is our Prevention challenge?

The effects of increasing numbers of new HIV infection cripple our economy, our communities, and in some area of society threaten to decimate a whole generation.

We know that contributing factors like drugs, joblessness, depression, and poor self esteem, just to name a few, have a lot to do with a person being HIV-negative and staying that way. We also know that the church is where people go to find the God of compassion, forgiveness, love and peace which always leads to a better/healthier way of life. Our prevention messages must be loving, non-judgmental, and specific to groups most affected.

In order to bring healing to our community we must continue to challenge ourselves and our brothers and sisters in Christ to look beyond their levels of comfort regardless to whether it be rooted in an intolerant and hateful theology, or in their own prejudices, bigotry, and bias.
Young people

The HIV/AIDS epidemic remains a serious health concern for young people, and unprotected sexual activity is a major culprit for HIV/AIDS and other STDs among this group. Some young people are concerned about the truth and reality of AIDS, but many still feel they are exempt, and that AIDS cannot happen to them. Many youth have the misconception that HIV and AIDS is something that is specific to intravenous drug users, gay men, homeless people, etc.

There are reports that condoms are being used more frequently. However, many young people, because of a lack of education, use condoms incorrectly. In addition, as young people begin to use other forms of contraception, such as oral contraception, condom use appears to decline.

It has also been suggested that the longer two persons are in a sexual relationship, the less likely they will continue their use of condoms. This poses a major problem, because not everyone has been tested before they engage in sexual behavior with a new partner. Just because two people have been together for a year does not mean it changes the status of the partner who may have already been HIV+ or infected with another STD.

A social factor that contributes to the risk of HIV, STDs or pregnancy among teens is the social and peer pressure to have unsafe sex. One partner may not want to use a condom, and the other partner may feel pressured to agree to their wishes. In many instances, because the male condom is used more than the female condom, it is usually the male partner who takes on the authority to choose whether or not to use a condom. Many young men use the common phrase, “A condom just doesn’t feel the same, and it doesn’t feel as good.” Young women should specifically be educated on the importance of having and using condoms to ensure their own safety, and be empowered to demand safe sex and refuse unsafe sex.

Given the prevalence of STDs among youth, young people should be adequately educated on the realities and consequences of unprotected sex. Educating these young people, especially young women, about HIV/AIDS, STDs, and unwanted pregnancies will allow teens to feel empowered to demand safe sex, and say, “No glove, no love.”
It is also important to understand that education programs even faith-based ones should be designed to meet the needs of the population being served. In other words, if you are working with a sexually-active teen, telling her that sex before marriage is deviant is not going to persuade her to listen to you. Rather, encouraging abstinence while providing information that will promote sexual health would be a better way to capture her attention and provide her with the information she needs to make her own choices regarding how she can keep herself safe and healthy.

At-risk youth should be given information that is sensitive to their experiences. At-risk youth include those who are sexually active, those who have been sexually abused, homeless or runaway youth, and gay and lesbian youth. In addition to providing relevant education and information to these individuals, it may also be necessary to provide additional information and counseling resources to help such youth recognize and take a stand against abuse.

**Abstinence Only vs. Comprehensive Sex Education**

*Abstinence only* has an approach that focuses on teaching young people to abstain from having sex until marriage. The downside to abstinence only education is that it emphasizes abstinence from sex and excludes other types of sexual and reproductive health education, especially regarding safe sex practices and the use of birth control. However, if birth control is discussed it is usually talked about in terms of its failure rate.

*Comprehensive sex education* also encourages the delay of sexual activity until people are emotionally and physically ready for sex, but it also teaches people how they can protect themselves if and when they do become sexually active. Comprehensive sex education also promotes appropriate condom use, teaches sexual communication skills and delays the onset of sexual activity. Being emotionally ready would include being able to talk to a prospective partner about any concerns (condom use, STDs, number of current or previous partners) prior to the act taking place, not during the heat of things.
So what is our challenge?

Many people of faith do not believe that sex before marriage and outside of marriage should occur, in addition to a belief that same-sex marriages and abortions are wrong. There is a struggle between the theology of abstinence and statistics that prove although abstinence is the best method of prevention, it is not most frequently used. Should people of faith then only address those who are willing to abstain and leave the rest to fend for themselves?

We must continue to struggle with our goal of trying to reach the ideal while dealing with the daily reality of what is.

Religious supporters of comprehensive sex education view matters of sex and sexuality as personal choices that many times are different than our beliefs. As people of God we are often challenged to extend beyond theology and address the human rights of all by offering comprehensive sex education that provides people with the means by which they can protect themselves against HIV/AIDS, STDs and unwanted pregnancy.
How do we face the challenge?

As a faith-based organization it may be difficult to embrace an educational program that not only promotes abstinence, but also promotes safe sex practices. Your youth will be given the tools to learn not only the importance of remaining abstinent until they are prepared to deal with the consequences of sex, but also know how to be protected when they choose to take things to the next stage. It is important to teach sex education so that youth do not grow up sexually misinformed.

The best place to teach children about sexual health would be at home, but that can be difficult especially when parents are not equipped to address this issue. Since schools are limited in what they can teach, faith-based organizations can fill the gap, offering with consent comprehensive sex education taught by trusted adults, instead of the media and/or peers. Youth will have the opportunity to receive accurate information to be applied to their own lives such as:

- Dating and other fun things they can do with their partner.
- Discussing consequences that are present with unprotected sex.
- How to talk with parents or other trusted adults regarding sex,
- Expressing their concerns regarding sexual activity, as well as discussing their “un-readiness/readiness” with their mate
- Standing up to being pressured.

Despite what your religious and spiritual beliefs are, it is important to remember times have changed. The great concern is no longer only pregnancy which is life altering in and of itself, but HIV and STD’s—all of which can be prevented. It is also important to understand that children and adolescents are being told a lot of inaccurate information by friends and the media.

The truth must ring out and what better place than the Community of Faith to discuss sex with your children, and as part of youth ministries, to prepare them for anything that may come their way?

When your child learns about the “realness” of STDs, HIV, and pregnancy they will be more encouraged to wait until their heart and mind are ready and not just their male or female anatomy.
Other prevention challenges

African Americans continue to experience higher rates of sexually transmitted diseases (STDs) than any other race/ethnicity in the US. The presence of certain STDs can significantly increase the chance of contracting HIV infection. A person who has both HIV infection and certain STDs has a greater chance of infecting others with HIV.

The socioeconomic issues associated with poverty, including limited access to quality health care, housing, and HIV prevention education, directly and indirectly increase the risk for HIV infection and affect the health of people living with HIV.

Stigma also puts too many African Americans at higher risk. Many at risk for HIV infection fear stigma more than knowing their status, choosing instead to hide their high-risk behavior rather than seek counseling and testing.

The number of persons aged 50 years and older living with HIV/AIDS has been increasing in recent years. This increase is partly due to highly active antiretroviral therapy (HAART), which has made it possible for many HIV-infected persons to live longer, and partly due to newly diagnosed infections in persons over the age of 50. As the U.S. population continues to age, it is important to be aware of specific challenges faced by older Americans and to ensure that they get information and services to help protect them from infection.

Persons over the age of 50 may have many of the same risk factors for HIV infection that younger persons have.

Many older persons are sexually active but may not be practicing safer sex to reduce their risk for HIV infection. Older women may be especially at risk because age-related vaginal thinning and dryness can cause tears in the vaginal area.

Some older persons inject drugs or smoke crack cocaine, which can put them at risk for HIV infection. HIV transmission through injection drug use accounts for more than 16% of AIDS cases among persons aged 50 and older.

Some older persons, compared with those who are younger, may be less knowledgeable about HIV/AIDS and therefore less likely to protect themselves. Many do not perceive themselves as at risk for HIV, do not use condoms, and do not get tested for HIV.

Older persons of minority races/ethnicities may face discrimination and stigma that can lead to later testing, diagnosis, and reluctance to seek services.
Health care professionals may underestimate their older patients’ risk for HIV/AIDS and thus may miss opportunities to deliver prevention messages, offer HIV testing, or make an early diagnosis that could help their patients get early care.

Physicians may miss a diagnosis of AIDS because some symptoms can mimic those of normal aging, for example, fatigue, weight loss, and mental confusion. Early diagnosis, which typically leads to the prescription of HAART and to other medical and social services, can improve a person’s chances of living a longer and healthier life.

The stigma of HIV/AIDS may be more severe among older persons, leading them to hide their diagnosis from family and friends. Failure to disclose HIV infection may limit or preclude potential emotional and practical support.

**Harm Reduction**

When discussing HIV prevention, it is important to discuss prevention in ways other than sex education. HIV is not only spread by unprotected sexual intercourse with an infected partner, but it is also spread by sharing drug needles with an infected person.

Drug use has a major impact of the global AIDS epidemic. Injecting drug users (IDU) have been among the groups most affected by AIDS since the epidemic began. Sharing syringes is a very efficient way to transmit blood-borne viruses such as HIV, which can spread rapidly through the IDU population. Recreational drug use is illegal in most parts of the world and the attitudes regarding HIV prevention for IDUs vary greatly.

A number of factors can be associated with, though will not necessarily cause, injecting drug use. These could include an individual’s involvement in crime, family breakdown, social upheaval, poor healthcare, low income, homelessness, use of other drugs, depression, alienation or other personality traits.

It is also important to recognize that injecting drug use is not the only form of drug use that puts people at increased risk for HIV transmission. Non-injecting drug users can be exposed to the virus through unsafe sexual behavior as well. Being intoxicated lowers inhibitions and lessens the chance a person will take precautions to protect themselves against HIV and other STDs while engaging in sexual acts. In addition, it is possible that an IDU engages in prostitution or a commercial sex trade in order to pay for their drug addiction.
Types of Prevention
There are three approaches to HIV prevention among IDUs: Supply reduction, demand reduction, and harm reduction.

Supply reduction focuses on reducing the supply of drugs to IDUs.

Demand reduction focuses on helping IDU's decrease their demand of the drug by promoting a healthy lifestyle that is free of drug use. For instance, a drug program in a local high school may educate students about the negative effects of drug use in order to decrease the demand of the drug. Harm reduction focuses on minimizing the harm caused through injecting drug use while neither condoning nor inhibiting the use of drugs. Supply reduction and demand reduction are the favored approaches to combating HIV amongst IDUs.

Break-out session
Divide into three groups. Your church has a member who injects drugs. What would your church do? Each group will be assigned to address the issue using one of the three prevention strategies:

1. **Supply Reduction.** This approach focuses on halting the traffic of drugs by:
   a. Seizing illegal drugs at customs/borders
   b. Arresting drug traffickers

2. **Demand Reduction.** This approach promotes a healthy lifestyle by staying free of drugs through:
   a. Education about the ill effects of drugs.
   b. Reaching out to the population through awareness campaigns.

3. **Harm Reduction.** This approach minimizes harm without judging the drug user.
   a. Harm reduction recognizes that some people have used drugs and drug use is something that some individuals are going to choose to engage in, which may increases other risky behavior such as casual unsafe sex.
For many, harm reduction is a controversial approach for reducing HIV amongst drug users. Critics of harm reduction believe that harm reduction tells the drug user it is okay to use drugs, which condones and facilitates dangerous behaviors. Advocates of harm reduction may be seen as “pro-drug” because critics believe that providing clean equipment or methadone substitutes encourages drug use. Opponents of this approach, however, may be criticized for ignoring the realities of drug addiction.

A harm reduction approach often includes the following:

- In some areas syringes are only available by prescription. Given this, IDUs may share needles or use them more than once. This risky behavior leads to increased transmission of one user's infection to other users through the reuse of syringes contaminated with infected blood. Needle exchange programs provide a safe place where IDU’s can exchange their used needles for new, clean, sterile needles; and thus, reduce the risk of HIV infection through sharing equipment with others. When the IDU goes to the pharmacy to exchange his or her needle, he or she does not need a prescription to get a new syringe nor is he or she asked any questions. Other services offered by the needle exchange program include HIV testing, referral to a rehabilitation program, counseling and condoms, further promoting healthy behavior.

- Some harm reduction programs provide “safe injection rooms” that provide services for IDUs who have been unable to change their behavior through other harm reduction treatments. This type of service aims to make the drug injection process “medicalized” by giving it the appearance of a cold, sterile image. Studies have shown this approach appears to be effective because it is unattractive to the potential injecting drug user.

- Rehabilitation clinics may provide services such as counseling and detoxification to help drug users decrease and stabilize their drug use.

- Community-based outreach programs work with IDUs to distribute clean syringes, promote condom use, and provide information about HIV prevention and drug rehabilitation.

The Effectiveness of Harm Reduction

Research has provided strong evidence of needle exchange programs (NEP) effectively reducing the rate of HIV transmission. In a 1997 study focusing on 81 cities worldwide, it was found that HIV infection rates increased by approximately 6% in cities that did not have a NEP, and decreased by approximately 6% in the 29 cities that did have a NEP. The World Health Organization (WHO) released a report in 2004 reviewing the effectiveness of NEPs and whether or not they promoted drug use. The WHO concluded that there is evidence that NEPs significantly reduce HIV transmission and there is no evidence that NEPs promote drug use.
Stigma is a powerful tool of social control. Stigma is often used to marginalize and exclude certain groups and populations. In the past 30 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 your thoughts.
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.

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. 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 out of 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 is isolation. The stigmatized person’s presence becomes a threat to the survival of the whole community.

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 is giving them “the punishment they deserve.”
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.

Patterns of prejudice, which include discrediting, discounting, devaluing, and discriminating strengthen the already existing social inequalities. 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. 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.

**Homophobia also increases HIV-related stigma and hinders the effectiveness of prevention education.**

Homophobia is the irrational fear of, aversion to, or discrimination against those who are Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ). It can also mean hatred, hostility, disapproval of, or prejudice towards the LGBTQ community. It may even include acts of violence. HIV-related discrimination and homophobia impede community based efforts to combat HIV disease among Latino and African Americans gay and bisexual men. Why is this important? Because as many as 46 percent of Black gay men in some major cities are HIV-positive. This is a group that we must reach if we are to reduce the rate of new infections in our community. What is the basis of stigma and homophobia: SIN!! Sin is a part of the human condition and generates the behavior that separates human beings from God and each other. Sin is much more than lying, stealing, and who’s sleeping with whom. Sin is also that thing which causes us to mistreat each other. Prejudice, bigotry, racism, sexism, and homophobia are not black/white, men/women, rich/poor, or gay/straight issues. They are issues of sin.

Prejudice, bigotry, racism, sexism, and homophobia have also kept us from doing what God has called us as Christians to do in Jesus’ name; and that is to love each other as He has loved us. We all know why, as people of God, we battle sin. Sin keeps us from achieving our holy state of fellowship with God. Not only does sin keep us from being in fellowship with God, it often keeps us from being in the right relationships with one another. It is sin that causes us to stop speaking to each other for years over things that should not have mattered in the first place. When we are in fellowship with God, all is well with our souls. We have a sense that all is right with the world. Even if all is not right with the world, through prayer and supplication we feel alright.
When we organize as an HIV ministry, we are not just responding to a public health crisis, we are responding to the world’s need for love and compassion, the way Jesus instructed us to love and show compassion. We cannot have an effective HIV ministry with one hand tied behind our backs. To simply say “love the sinner but hate the sin” is working with one hand tied behind our backs. To love the sinner but hate the sin is disingenuous and says to the subject of the statement that there is something wrong with him or her that is not wrong with the rest of us. Jesus did not love with one hand behind his back; He did not lead this kind of example for us to follow.

Jesus extended both His hands, even to the point of giving them over to the nails on the cross. Now that’s love! As His people, who are called by His name, we must also show that kind of unconditional love when we engage in ministry to the world! I John 4:20 says “If anyone says, ‘I love God,’ yet hates his brother, he is a liar. For anyone who does not love his brother, whom he has seen, cannot love God, whom he has not seen.” If then, stigma and discrimination remain among the greatest impediments to local efforts to combat HIV disease in our churches and community, we the body of Christ must put our love into action to fight this behavior. Love must be put into action the way God demonstrates His loves for us. Romans 5:8 “The way God demonstrates his love for us this way, while we were still sinners Christ died for us.” He does not look at who we are, but His love is placed into action based on what we need. Our ministry to others cannot be based on gender, class, sexual orientation, or any of the things that makes us human. It must be based on what makes us divine, and that is the love of God that is within us.

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 or housing
- Compulsory HIV testing without prior consent or protection of confidentiality
- Violence against the person
- Quarantining the person
- Loss of friends and family
Researchers have 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.

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. 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?
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 can 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 a 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.”

Despite the progress society has made, those living with HIV or AIDS continue to be plagued by stigma. Often, people are judgmental because people don’t 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. 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.
8. Preach and talk about HIV in a loving, non-judgmental, non-homophobia way.
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.
AIDS is a global pandemic that continues to plague the land we live in. Many 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 backs. 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 30 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.

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

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 the 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. They said:

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.
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.

This is a template for starting an HIV Ministry in an African American church that has been useful for others members of Faith Responds To AIDS.

In 2006, more than 1 million persons are living with HIV/AIDS in the United States, and we expect an estimated 40,000 new HIV infections to occur in one year’s time.

In Chicago in 2006 African-Americans accounted for 65% of recently diagnosed adult AIDS cases and 61% of recently diagnosed adult HIV cases.

The African American community is in a state of emergency. Addiction and crime are the norm in many of our neighborhoods. Correctional institutions are filled beyond capacity with our sons and daughters. Our schools resemble penitentiaries. And while we make up only about 13 percent of this nation’s population, for the past several years, we have accounted for more than half of new HIV infections among men, women and youth.

While there are several factors that we could explore in search of a cause for our current condition, none is more alarming than the absence of the Black church as it relates to solutions for addressing the issue of HIV.

In fact, instead of running towards this Goliath sized issue with our satchel of stones, we have, like Jonah, decided that “those people” didn’t deserve the grace of God. They are the gays, the drug addicted, and the unmarried who engage in sex. The church can’t reach out and embrace and support them. So, we have refused to take the healing power of God to those in our community infected with HIV. In behaving this way we have not provided education, prevention, or advocacy for persons in our churches that are infected and dying of HIV disease. Nor have we extended God’s message of hope, love and restoration to our community at large. And, most importantly, we have also not followed the two commandments that Jesus himself left with us -- “love the Lord God with all your heart, mind, soul, and strength, and your neighbor as yourself.” In fact love must be at the center of all that we do, because it is only by our love that the world will even know that we are Christians. (John 13:34-35)
• The Ministry Team (MT) will need a chair to recruit other team members.

• The ministry team will need to contract with the City Department of Public Health for HIV training. The training should take place first for the MT then for the church at a date later in the year.

• The MT should partner with other church-based HIV ministries as well as local HIV organizations for support, guidance, and resources.

• After the Health Department church-wide training the MT will need to contact each ministry head to have a follow-up meeting with their groups individually, to discuss a more specific Christian response to HIV within the church family.

• The MT will distribute Christian and science base HIV educational material to the church family on a weekly basis.

• The MT will actively seek to educate sister congregations as the opportunity presents.

• The MT will take its oversight from the pastor and keep him informed of its progress.

Certain fears have limited our response to the needs of people with HIV disease. In Jesus’ time lepers and others who were ill or disabled were also treated as outcasts because of these same fears. But Jesus’ response to the ill and disabled was full of compassion, healing and acceptance not condemnation, fear, or rejection. Jesus set the example for us to follow. All who were sick with various kinds of diseases were brought to him and he laid hands on them and they were cured.

“Our love for ourselves and our neighbors is a direct reflection of our love for God.”

Matthew 4:23-25
The goal of the ministry is to reduce the rate of new HIV infection in our congregation, neighborhood and in the Greater Chicago area. We also want to identify HIV positive members of this church and/or their families, to provide non-judgmental, loving support for them.

We believe in providing this HIV education ministry here at Rock of Ages we will add to the vision of our pastor to be a church at work in our community, and fulfill our commitment to Christ who calls us to bring love, healing, and compassion to all who are in need.

We believe in doing this work we will create one more way that our church shows that it is a church that is “Ministering to the Misery of the Masses with the Mercy of the Master.”

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. 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
It would be helpful for your HIV/AIDS ministry to have a mission/vision statement even if your church already has 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 ministry’s 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. 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 stay focused and tell others what you are hoping to achieve.
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.

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.

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.

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 thoughts 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).

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.
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.

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 love 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.

Doing ministry work

Having an HIV or health ministry can be a very overwhelming responsibility. You may find yourself wondering, “How will this work?” “No one is interested about health or HIV for that matter,” “How will this ministry be funded? These are questions that may come up at some point or another. You may even find yourself questioning the purpose of your ministry. When these concerns arise, it is important to revisit your initial mission statement, and ask yourself: What were the original intentions of creating this ministry? What purpose did we have in mind? What were our goals and objectives then? Going back to the reason you created your ministry in the first place will remind you of the desires God planted in your heart and will remind you of your purpose. It is important to remember the black Church has been very slow to address issues surrounding HIV and AIDS. Do you want to be another ministry that ignores the real issues, or do you want to be a ministry that takes a stand?

You will also find your ministry can be sponsored, in large part, by other resources such as local vendors or community funding. Planning ahead will allow sponsors to fund basic needs such as informational pamphlets and brochures. Remember that where there is a will there is a way. If God purposed for your ministry to exist He will ensure your ministry is able to thrive, just as long as you actively do the work too. “And we know that all things work together for good to them that love God, to them who are the called according to his purpose” (Rom 8:28).
Health Fair

A health fair is an event where several organizations have an opportunity to provide health information to the public, as well as free or low cost health screenings or risk assessments for a variety of conditions. A health fair provides services to members of the community who are underserved or uninsured.

Health fairs are often co-sponsored by health providers, faith-based organizations, and community organizations. Hosting a health fair will provide valuable information to those living in your community. They are designed to be informative and should not replace the care of a primary care physician. Before planning your event it is important you know some basics about a health fair:

1. They are intended to get people thinking about their health so that they can make informed and appropriate lifestyle changes.

2. Diagnosis and the treatment of disease are not the purpose of your health fair.

3. To the goal is to provide information to your community and to connect people to medical professionals.

Your health fair should provide information on an array of illnesses, not just HIV/AIDS. It is suggested that you include a speaker on mental health. If you work or live in a community that has less access to resources a health fair may be one of the few opportunities people in the area have to learn about various diseases and ways that they can take charge of their health.

While many people may feel that only a doctor should provide information on medical conditions, millions of people do not have health insurance and therefore may not have access to a doctor. Not to mention that the average time spent with a doctor during a visit is approximately 5 minutes, which is not enough time to get important medical information or ask all the questions one may have.

But again, remember that your health fair should not take the place of routine medical care – it should just be a means for connecting people with available resources and empowering individual’s in your community to take charge of their health.
Confidentiality

Your HIV/AIDS ministry can be a very rewarding experience for the entire group. You are able to provide God's undying love for anyone who is impacted by the illness that has been so devastating around the globe. In addition to providing health fairs, education and other resources for your communities, you may also work firsthand with those who are directly impacted by the AIDS virus. As a ministry, confidentiality is something you must fully understand when working with people in any capacity.

As a ministry, individuals who are seeking services do so with the understanding that you will not disclose this information to friends, family members, or anyone else you may know. Given the stigma associated with AIDS and HIV many will have a difficult time even asking questions about the topic because they may fear that others will assume they are engaging in behaviors that put them at risk.

When conducting an AIDS ministry, or any other ministry, it is important to work toward and maintain the confidence of those you serve. Imagine if you told a trusted friend about something you expected to remain a private matter between the two of you and he or she told others, you would most likely feel betrayed. The same is true for those you will serve. Sure, other members of the ministry may know about your client’s information, but that does not give you the right to share or discuss the information they have shared with you. Your client may feel comfortable discussing these private matters with you,
but may not feel comfortable with them being discussed among other members of your ministry. If you feel that disclosing information to another member of your ministry would benefit the client then first ask the individual if they are comfortable with you seeking assistance from another person in your ministry.

Your ministry should operate on the same premise that healthcare systems operate on… CONFIDENTIALITY! Since you are an AIDS ministry, anyone in your ministry who violates the confidentiality of a person being served should be sanctioned. The purpose of your ministry should be to serve a community in need, not further the epidemic by gossiping and “spreading the word.” This will also deter people from seeking valuable services and information. Talking about HIV, AIDS, STDs and sexual health is necessary, but there is no need to talk about an individual whom is directly impacted but the disease. Breaking confidentiality may result in the ministry loosing the individuals they serve and others who have considered seeking their assistance based on the fear that their information will not be kept private.

In addition to keeping your client’s information private, you can also provide information regarding confidentiality and how they can protect their information. Not only is your ministry able to practice confidentiality, but your ministry is also able to educate clients about their confidentiality rights.

One of your goals will be to encourage people to know their HIV/AIDS status. During health fairs and other educational seminars you will have an opportunity to educate people about the importance of being tested and knowing their status. People have many reservations about being tested, some may feel that “what they do not know will not hurt them.”

While others may be skeptical about being tested, fearing that others will learn of their status, or assume that they have engaged in activities that put them at risk. Your job may also be to educate your communities on the types of testing that are available in the area.

Confidential and anonymous tests are available to those who are seeking to be tested. Confidential tests will have the person’s name on it, and depending who performed the test (primary care physician) the results will be placed in the person’s medical records. Anonymous tests do not have the person’s name associated with the test. A person may be given a code that will be used to identify them when they go back to find out the results but no other identifying information will be recorded on the test and there is no way to prove the test results belong to anyone in particular. Some people may be more comfortable with having an anonymous test as opposed to a confidential test because they may fear their information will be leaked. As an AIDS or health ministry, your knowledge of this information is valuable to those you serve. Not only do you have the opportunity to care for your community but you also have the opportunity to educate your community.
It is also important to know who provides what kind of tests. County health departments may provide both confidential and anonymous testing, but unless specifically asked, they may offer the confidential test as their primary choice. Various private settings may also provide both anonymous testing and confidential testing. If a clinic provides both confidential and anonymous testing it is important that clients are educated to state which type of test they would like to take. Clients should ask beforehand what types of tests are offered, and then state which test they would like to have done.

If a client takes an anonymous test his or her name is not written on the test so the only person who will know the results is the person who gives that individual the results. Otherwise, there are no other records of the HIV test and no one else will have access to that information. If a person takes a confidential test their name is written on the test results. There will also be a permanent record of the person’s HIV status. In this case, the doctor may have to disclose a person’s HIV status to the Department of Health, or the principal of a school if the person is a student.

If a client tests negative, they should be educated how they can protect themselves and keep their status negative. If a client tests positive they may request counseling from the clinic that provided the test. They may also seek the assistance from your ministry. Your goal should be to maintain the strictest confidence with those you serve regarding their status.

As a ministry the following may be helpful guidelines to follow:

• “I must keep confidential all information that I obtain about my clients, unless it is necessary to reveal that information for the safety of my client.”

• “I must inform my clients of any legal limits to confidentiality before getting any personal information from the client, or providing any services.”
Disclosure

So who has the right to know a client’s personal information, in particular…a person’s HIV status? When a person tests positive for HIV they may be falsely told they have to report their status to various people including their boss, dentist, or family members. Some states may require the principal of a school to be told about a student’s HIV status, but this is not true for every state so it is important for clients to be informed about the laws that are in effect in their particular state. Your ministry can assist those you serve by providing resources for this information.

Illinois require that doctors report the names of their patients who test positive for HIV to the Department of Health.

Also, in Illinois under the current public health code, the public health department must inform the principal of a school if the student is enrolled in elementary, middle, or high school; and is between the ages of 3 and 21. If the student is enrolled in public school the principal may also have to inform the district’s superintendent. The principal may also disclose the student’s identity to the school nurse or classroom teachers (those who work directly with the student), but the principal should only tell these individuals if it is for the benefit of the student. The principal may also inform school staff that there is an HIV positive student in the school but may not reveal the identity of the student. Principals must absolutely not reveal a student’s status to other students or parents.

Knowing this information is useful for your HIV/AIDS ministry because it may help you when working with children who are affected by AIDS. The child and his or her parents may not know what their legal rights are and they should be aware of these limitations to confidentiality.

In Illinois there are also laws that require individuals who tests positive for HIV to inform his or her sexual or needle sharing partners. Knowing their status and not informing others who are at risk for directly acquiring the disease is considered “criminal transmission of HIV.” It is important to know that one does not have to infect someone else to break this law.

However, knowingly putting someone else at risk would be considered criminal transmission in Illinois. To protect oneself legally, one who is HIV positive should always choose to disclose his or her HIV status before engaging in any activities that are associated with high risk such as sexual activity or needle-sharing behaviors. Even if a man who is HIV positive wears a condom, not telling his sexual partners of his status may still be considered a criminal act. Allowing the person at risk to take legal action is their right, if they choose to do so.
Many people have difficulty telling their sexual partners that they are HIV positive and may have put the other at risk. If a person tests positive it is highly suggested by doctors that all other partners be tested as well. The doctor cannot tell any partner that they have been put at risk for HIV infection. They are however, allowed, but not legally required to tell a person’s legal husband or wife that they have been put at risk for HIV infection and should be tested. The doctor should give the infected individual the opportunity to the first to inform their significant other. Doctors do not have any legal rights to tell a patient’s family, friends, employer, or even your HIV ministry, doing so would be a violation of the person’s rights and the doctor could be sued.

If a patient is having a hard time disclosing their status to those they have put at risk, local health departments can assist with informing any sexual or needle-sharing partners that may have been put at risk for HIV and should be tested. If one is afraid to reveal their status on their own they can ask to cooperate with the health department’s voluntary partner notification assistance program. The health department will contact and notify any partners that have been put at risk, but they will not disclose the name of who may have put them at risk. When people are unaware of services like this they may continue to put others at risk because of their own fear to disclose. Being able to inform individuals without providing any other identifying information will allow people who have been placed at risk to be informed, tested and hopefully they will continue to take precautionary measures to stop the further spread of AIDS.

When working with clients who are HIV positive, or just seeking education, your ministry will have the unique opportunity to practice confidentially by keeping your clients privileged information private, but also educating those you serve on their legal rights and how to best keep them free of discrimination.

When a person is living with HIV or AIDS they may be subjected to a host of fear, stigma, and discrimination from others. However, it is also important for people living with AIDS to have a strong support system. Your ministry has an opportunity to help the clients you work with address fears they may be experiencing regarding their status, and also assist them in identifying social supports. It will be beneficial for the client to be surrounded by friends and family as the person goes through the trying times of living with HIV/AIDS. It is also important for a person’s doctor to be informed of their status. Doctors are required to uphold confidentiality based on state laws and if they disclose a person’s medical information legal actions can be taken against them, even if the person is no longer a patient of the doctor. It is important for an individual’s doctor to know their status so that they can help the patient stay healthy and provide the best care.
There are, of course, certain people a person living with AIDS would not want to disclose their status. The person may want to avoid disclosing his or her status to co-workers, certain family members or friends, and any other people who may react badly to the information and discriminate against the person living with AIDS. The Americans with Disabilities Act makes discrimination against people with a disability (such as HIV) illegal. Not only does the ADA provide guidelines that must be followed, they also require people with disabilities are given reasonable accommodations to do their job or work.

For example, a person cannot be kicked out of their housing, a student cannot be kicked out of school because they tested positive, an employer cannot fire an employee who has tested positive for HIV, nor can an employer refuse to hire a person unless there would be a direct threat to others carrying out routine duties of the job. People living with HIV or AIDS who come to you for assistance do not have to tell you about any of their personal information. Your ministry should view that information as privileged information and your ministry should strive to ensure that the strictest confidence will be held when working with any client you serve, not just those living with HIV or AIDS.