

Project FAITHH Trainer Manual

Project
F.A.I.T.*H*.

Faith-based Anti-stigma Initiative Towards Healing HIV/AIDS



"He sent His Word, and healed them"
Psalm 107:20a KJV

Table of Contents

Module 1: Welcome! Basic facts about HIV, HIV testing, and HIV in the African American community	1
Exercise 1.1- Welcome	1
Exercise 1.2- Basic Facts About HIV, HIV Testing, And Alabama	2
Exercise 1.3- Driving Home The Facts & Issues About HIV In The African American Community	2
Exercise 1.4- Stats Regarding HIV Among African Americans	3
Exercise 1.5- Social Drivers Of HIV In The African American Community.....	3
Appendix 1.1a- Project FAITHH Brochure.....	4
Appendix 1.1b- Impact Of HIV In Alabama	6
Appendix 1.2- NAACP Handout Regarding HIV Testing.....	9
Appendix 1.3- Myth Buster Handout.....	10
Appendix 1.4- HIV Among African Americans	11
Appendix 1.5- Social Drivers Behind HIV In The African American Community.....	14
 Module 2: Naming the problem	 17
Exercise 2.1- Naming Stigma Through Pictures	17
Exercise 2.2- Reflection On Our Experience Of Being Stigmatized	18
Exercise 2.3- Defining Stigma: Causes And Effects	18
Appendix 2.1- Naming Stigma Through Pictures And Discussion	19
Appendix 2.2- Reflections On Being Stigmatized.....	21
Appendix 2.3 Defining Stigma	22
 Module 3: More understanding, less fear	 27
Exercise 3.1- Fears About HIV	27
Exercise 3.2- Assessing risk Of HIV Infection	28
Exercise 3.3- HIV Transmission Game	30
Exercise 3.4- Web Of Risks	31
Appendix 3.1- QQR Concept.....	32
Risk Handout.....	36
Appendix 3.4- Eleven Social Drivers Of HIV	37
 Module 4: Impact of HIV infection on families	 38
Exercise 4.1- HIV And The Family	38
Exercise 4.2- The Supportive Network.....	39
Exercise 4.3- Exercise The Focuses On The Pros And Cons Of HIV Disclosure.....	40
Appendix 4.1- Role-Play Discussion Question Examples.....	41
Appendix 4.2a- Support Network Discussion Examples	42
Appendix 4.2b- Five Ways To Help An HIV-Positive Relative Or Friend.....	43

Module 5: Sex, morality, shame and blame	44
Exercise 5.1- Things Some People Say About Some Groups Of People	44
Appendix 5.1a- Name Calling Discussion Examples.....	45
Appendix 5.1b- Michael Jackson lyrics	47
Module 6: Stigma and religion	50
Exercise 6.1- Mock teachings	50
Appendix 6.1a- NAACP sermon ideas	52
Appendix 6.1b- POZ article	59
Module 7: Coping with stigma	65
Exercise 7.1- The importance of feeling good	65
Exercise 7.2- Stigma, self-stigma and self-esteem.....	66
Appendix 7.1- Coping Discussion Examples.....	67
Appendix 7.2a- Modern Day Parable.....	68
Appendix 7.2b- Stigma Discussion Guiding Questions	70
Module 8: Using Advocacy To Challenge Stigma And Promote Social Justice	71
Exercise 8.1- Define advocacy and the stages of advocacy	71
Exercise 8.2- Overcoming challenges to social justice/activism	72
Exercise 8.3- Advocacy in action.....	72
Appendix 8.1- Advocacy	74
Appendix 8.2- Challenges to social justice/activism	76
Appendix 8.3a- Rights of PLHIV that are violated	80
Appendix 8.3b- NAACP participation list	81
Appendix 8.3c- Six Steps To Developing An Advocacy Strategy	82

Acknowledgements

The content of this packet was adapted primarily from the HIV and AIDS Anti Stigma Training Guide developed by the Christian Council of Ghana and the Black Church & HIV: A Social Justice Imperative Activity Manual developed by the NAACP. Additional sources include: AIDSvu.org, POZ magazine, the Black Church & HIV: A Social Justice Imperative Pastoral Brief, naacp.3cdn.net, imgkid.com, familyshare.com, and metrolyrics.com.

This work has been supported by the National Center for HIV, STD and TB Prevention at the U.S. Centers for Disease Control and Prevention under Grant No. 1201 PS00332-O1.

Project FAITHH – Anti-Stigma Intervention Framework Summary

Session	Intervention Activity	Source	Information Content	Objectives/Purpose	Materials	Time Allotted	Facilitated By:
CONTEXT							
HIV FACTS, STATS & SOCIAL							
1	Welcome	FAITH	Present overview of session	1 – Provide motivation for why people should get involved in HIV; 2 – Increase participants' comfort level with topic and in group	Meeting Day Agenda	20 minutes	
			Create agreements for a safe learning environment:		Group Agreements <ul style="list-style-type: none"> • Flip chart paper for Group Agreements • Markers 		
			Conduct icebreaker:		Icebreaker <ul style="list-style-type: none"> • Index cards for 2 minute ice breaker question • Pens/Pencils 		
			Distribute and discuss Project FAITHH brochure		<ul style="list-style-type: none"> • Project FAITHH Brochure 		
			Outline how HIV is affecting Alabama		HIV – National, State & County Comparisons PPT Slides		
	Basic Facts about HIV and HIV Testing	FAITH	Show video about HIV and HIV testing	1 – Emphasize the importance of routine HIV testing to prevent transmission and facilitate treatment	Exercise 1.2 - Basic Facts about HIV and HIV Testing <ul style="list-style-type: none"> • Video Clip http://biomed.brown.edu/hiv-testing-video/information • NAACP handout regarding HIV testing 	20 minutes	
	Driving Home the FACTS & Issues about HIV in the AA community	NAACP	Reiterate facts addressed in the video using NAACP materials (see pp. 7-8 in the Activity Manual)	1 – Recall facts & basic concepts addressed in the video 2 – Increase participants awareness important HIV statistics 3 – Explain how social issues impact HIV	Exercise 1.3 - Driving Home the FACTS <ul style="list-style-type: none"> • Myth buster handout 	10 minutes	
			Share important stats regarding HIV among AA		Exercise 1.4 - Stats regarding HIV among AA <ul style="list-style-type: none"> • PPT slides and/or NAACP Infographic 	5 minutes	
			Discuss the social drivers of HIV in the AA community		Exercise 1.5 - Social drivers of HIV in the AA community <ul style="list-style-type: none"> • PPT slides 	10 minutes	

ANTI-STIGMA							
Session	Intervention Activity	Source	Information Content	Objectives/Purpose	Materials	Time Allotted	Facilitated By:
2	Naming the Problem	CCOG	Participants begin to name the problem and acknowledge that stigma exists Exercise 2.1 – Naming Stigma through Pictures	1 – Help participants identify stigma as a problem 2- Help participants connect to stigma on a personal, emotional level 3- Help people describe their own experiences of stigma 4 – Define different types or forms of stigma, causes and effects	Exercise 2.1 – Naming Stigma through Pictures <ul style="list-style-type: none"> Refer to Google Images Suggested images: a homeless family; person being isolated; a waiting room; person asking for help (i.e. food, money) Facilitation questions – p. 86 CCOG 	30 minutes	
			Exercise 2.2 – Reflection on Our Experience of Being Stigmatized		Exercise 2.2 – Reflection on Our Experience of Being Stigmatized <ul style="list-style-type: none"> Refer to p. 87 CCOG Facilitation questions 	30 minutes	
			Exercise 2.3 – Defining Stigma: Causes & Effects		Exercise 2.3 – Defining Stigma: Causes & Effects <ul style="list-style-type: none"> PPT slides 	30 minutes	

Session	Intervention Activity	Source	Information Content	Objectives/Purpose	Materials	Time Allotted	Facilitated By:
3	More Understanding, Less Fear	CCOG	Participants learn to distinguish between real risk and imagined risk Exercise 3.1 – Fears about HIV	1 – Help participants articulate their fears about HIV and AIDS 2- Establish the key cause of stigma is fear 3- Enable participants to relate their fears to their response to PLWHA 4 – Clarify how HIV is spread/not spread 5-Assist participants to reduce the perceived distance from PLWHA 6 – Reiterate the importance of HIV testing	Exercise 3.1 – Fears about HIV <ul style="list-style-type: none"> Sticky notes Flip chart paper Markers Pens/pencils PPT slide for the Quality, Quantity & Route (QQR) of Transmission discussion 	15-20 minutes	
			Exercise 3.2 – Assessing Risk of HIV Infection		Exercise 3.2 – Assessing Risk of HIV Infection <ul style="list-style-type: none"> Flip chart paper Markers Index Cards Tape Handout with all the risks in the correct category 	15-20 minutes	
			Exercise 3.3 – HIV Transmission Game		Exercise 3.3. HIV Transmission Game <ul style="list-style-type: none"> Slips of paper with “+” and “?” Index cards Pens 	15 minutes	
			Exercise 3.4 – Web of Risks		Exercise 3.4 – Web of Risks <ul style="list-style-type: none"> Social driver lanyards Yarn 	15 minutes	

Session	Intervention Activity	Source	Information Content	Objectives/Purpose	Materials	Time Allotted	Facilitated By:
4	Impact of HIV Infection on Families	CCOG	Discuss how the family unit can be source of support or stigma to PLWHA Exercise 4.1 – HIV and The Family	1 – Enable participant to discuss more openly how HIV and AIDS affect families 2 – Identify critical issues related to living with, caring for and not stigmatizing PLWHA	Exercise 4.1 – HIV and The Family <ul style="list-style-type: none"> Create vignettes Facilitation questions 	20 minutes	
			Assist participants to assess the impact of a supportive network and help minimize stigma Exercise 4.2 – The Supportive Network		Exercise 4.2 – The Supportive Network <ul style="list-style-type: none"> Video clip of HIV-positive woman supported by best friend (clip 2:57 minutes): http://www.youtube.com/embed/ILxTg6aZ_dg Video clip of HIV-positive woman supported by her sister (clip 2:37 minutes): http://www.youtube.com/embed/RaqlEqSQqGE Video clip of HIV-positive young man supported by his mother (clip 2:27 minutes): http://www.youtube.com/embed/R5Uh3Vp55rA Video clip of HIV-positive man supported by his brother (clip 2:17 minutes): http://www.youtube.com/embed/ct3XJh6-WRQ Discussion questions 	20 minutes	
			Discuss HIV risk in the context of family Exercise 4.3 – Pros & Cons of HIV Disclosure		Exercise 4.3 – Hot Seat Activity <ul style="list-style-type: none"> Flip chart paper Markers Discussion questions 	20 minutes	

Session	Intervention Activity	Source	Information Content	Objectives/Purpose	Materials	Time Allotted	Facilitated By:
5	Sex, Morality, Shame and Blame	CCOG	<p>Address the terms people use and perceptions people have towards various groups living with HIV</p> <p>Exercise 5.1 – Things people say about some groups of people...</p>	<p>1 – Help participants understand the power of their words</p> <p>2 – Help participants empathize with PLWHA instead of stigmatizing them</p>	<p>Exercise 5.1 – Things people say about some groups of people...</p> <ul style="list-style-type: none"> • Matching Cards (depending on the size of the group, a count off may work too) • Flip chart paper • Markers • Facilitation questions • Suggested music: Michael Jackson – They Don't Care About Us ; Scream 	60 minutes	

Session	Intervention Activity	Source	Information Content	Objectives/Purpose	Materials	Time Allotted	Facilitated By:
6	Stigma and Religion	CCOG NAACP	<p>Openly discuss participants judgmental attitudes and religious beliefs about PLWHA</p> <p>Exercise 6.1 – Mock Teaching Sessions</p>	<p>1 – Enable participant to explore some religious beliefs that fuel stigma</p> <p>2 – Establish that religion is one of the sources of stigma</p> <p>3 – Identify biblical text that demonstrates compassion towards PLWHA</p> <p>4 – Encourage and promote HIV testing</p>	<p>Exercise 6.1 – Mock Teaching Sessions</p> <ul style="list-style-type: none"> • Role play prompt cards • Bibles (NIV or NLT) • NAACP Sermon Ideas Handout 	90 minutes	

Session	Intervention Activity	Source	Information Content	Objectives/Purpose	Materials	Time Allotted	Facilitated By:
7	Coping with Stigma	CCOG NAACP	Identify strategies for supporting PLWHA Exercise 7.1 – Importance of Feeling Good	1 – Assist participants to recognize the importance of emotional well-being of PLWHA to live long and productive lives 2 – Identify ways to help PLWHA to stay emotionally healthy 3 – Identify ways to challenge stigma and assist PLWHA to cope with the effects of stigma	Exercise 7.1 – Importance of Feeling Good <ul style="list-style-type: none"> • Flip chart paper • Markers • Magazines • Glue sticks • Construction paper • Scratch paper • Pens/Pencils • Discussion questions 	30 minutes	
			Discuss ways of coping with and challenging stigma Exercise 7.2 – Stigma, Self-Stigma and Self-Esteem		Exercise 7.2 – Stigma, Self-Stigma and Self-Esteem <ul style="list-style-type: none"> • Refer to NAACP Pastoral Brief (pp. 10-12 – A Modern Day Parable) • Discussion questions 	30 minutes	

Session	Intervention Activity	Source	Information Content	Objectives/Purpose	Materials	Time Allotted	Facilitated By:
8	Using Advocacy to Challenge Stigma and Promote Social Justice	CCOG NAACP	Define advocacy List and define the stages of advocacy Exercise 8.1 – Define Advocacy and the Stages of Advocacy	1 – Identify constructive ways to counter challenges to HIV activism and social justice 2 – Help participants understand how they can get involved in advocacy	Exercise 8.1 – Define Advocacy and the Stages of Advocacy <ul style="list-style-type: none"> PPT defining advocacy and stages of advocacy Discussion Questions 	15-20 minutes	
			Discuss challenges that congregants or faith leaders may encounter when advocating for PLWHA Exercise 8.2 – Overcoming Challenges to Social Justice/Activism		Exercise 8.2 – Overcoming Challenges to Social Justice/Activism <ul style="list-style-type: none"> PPT of challenges to social justice and ways to counter Discussion Questions 	20-30 minutes	
			Identify ways to advocate for anti-stigma and encourage social justice Exercise 8.3 – Advocacy in Action		Exercise 3 – Advocacy in Action <ul style="list-style-type: none"> Flip chart paper Markers Papers List of Rights p. 104 CCOG See NAACP Participation List of Ideas 	45 minutes	

Approximately 9.5 hours

CCOG – Christian Council of Ghana

FAITH – The LA Faith & Stigma Study

NAACP –The Black Church & HIV: The Social Justice Imperative

Important Considerations

- Project HEAL – HIV Education & Anti-Stigma Lessons
- Depending on how the intervention is implemented (i.e. # of sessions per meeting), consider starting each meeting with an icebreaker that sets the stage for the sessions that will be addressed OR Points to Ponder (i.e. HEALING Points) to summarize the main ideas discussed from the previous sessions/meeting.

Module 1: Welcome! Basic facts about HIV, HIV testing, and HIV in the African American community

Exercise 1.1- Welcome

Topic:

- Present overview of session
- Create agreements for a safe learning environment (ground rules)
- Conduct icebreaker
- Distribute and discuss Project FAITHH brochure
- Outline how HIV is affecting Alabama

Objectives:

- To provide motivation for why people should get involved in HIV
- To increase participants' comfort level with topic and in group

Duration: 20 minutes

Activities:

- Review meeting day agenda
- Engage in group discussion with participants to create ground rules for the group (i.e. confidentiality)
- Hand out index cards and ask participants the following question as an icebreaker: "What has been your interest/experience with HIV/AIDS? Discuss Project FAITHH Brochure (**Appendix 1.1a, page 1 Participant packet**)
- Review PowerPoint slides on the Impact Of HIV In Alabama (**Appendix 1.1b, page 3 Participant packet**)

Materials:

- Written agenda/ground rules
- Flip chart
- Markers
- Index cards
- Pens
- Appendix 1.1a Project FAITHH brochure
- Appendix 1.1b hard copy or electronic PowerPoint slides
- Computer
- LCD Projector
- Extension Cord

Exercise 1.2- Basic Facts about HIV, HIV testing, and Alabama

Topic:

- Give a basic overview of HIV/AIDS and show a video about HIV and HIV testing
- Share the HIV Testing handout from the NAACP (or something more localized) after the video

Objectives:

- Explain what HIV/AIDS is
- Discuss how it is transmitted and how it affects the body
- Discuss common myths and emphasize the importance of routine HIV testing to prevent transmission and facilitate treatment
- Focus the discussion on HIV/AIDS in Alabama, with special attention given to HIV rates of counties that are participating in project FAITHH
- Address concerns with taking medications and the common side effects

Duration: 20 minutes

Activities:

1. Have participants view video clip <http://biomed.brown.edu/hiv-testing-video/information>
2. Pass out and review the NAACP Handout Regarding HIV Testing (**Appendix 1.2, page 6 participant packet**)

Materials:

- Computer
- LCD Projector
- Extension Cord
- Appendix 1.2 NAACP Testing Handout

Exercise 1.3- Driving Home the Facts & Issues about HIV in the African American community

Topic:

- Reiterate facts addressed in the video using NAACP materials

Objectives:

- To recall facts & basic concepts addressed in the video
- To increase participants awareness about important HIV statistics
- Explain how social issues impact HIV

Duration: 10 minutes

Activities:

1. Pass out and discuss the “Myth Buster” Handout (**Appendix 1.3, page 7 participant packet**)

Materials:

- Appendix 1.3 Myth Buster Handout

Exercise 1.4- Stats regarding HIV among African Americans

Topic:

- Share important stats regarding HIV among African Americans

Objectives:

- To increase participants awareness about important HIV statistics

Duration: 5 minutes

Activities:

- Discuss statistics related to HIV Among African Americans (**Appendix 1.4, page 8 participant packet**)
 - a. Use questions to facilitate discussion:
 - i. Where is HIV increasing the fastest? (Urban vs. Rural)
 - ii. Which group within the African American community has higher prevalence of HIV/AIDS, men or women? Which group is increasing the fastest?

Materials:

- Appendix 1.4 HIV Among African Americans

Exercise 1.5- Social drivers of HIV in the African American Community

Topic:

- Discuss the social drivers of HIV in the African American community

Objectives:

- Explain how social issues impact HIV

Duration: 10 minutes

Activities:

1. Discuss the social drivers behind HIV in the African American community (**Appendix 1.5, pg. 11 Participant packet**)
 - a. Use questions to facilitate discussion:
 - i. How does socioeconomic status drive and influence HIV transmission in the African American community?
 - ii. How does access to care and treatment drive and influence HIV transmission in the African American community?

Materials:

- Appendix 1.5 Social Drivers Behind HIV In The African American Community

Appendix 1.1a Project FAITHH Brochure

(Adapted from Mississippi Faith in Action)
Mississippi Faith in Action)



TAKE ACTION

Do your part to prevent the spread of HIV:

- Get tested for HIV. Ask your doctor or healthcare provider for an HIV test. If you test positive, get linked to treatment and care.
- Encourage your loved ones and your community to get tested and practice prevention.
- Get involved! Seek or initiate activities within your local church and community to eliminate the spread of HIV.
- If you are not abstaining from sex, be faithful to one partner in a mutually monogamous relationship, and practice consistent and correct use of condoms to decrease risk of infection.

LET YOUR LIGHT SO
SHINE BEFORE MEN,
THAT THEY MAY SEE
YOUR GOOD WORKS,
AND GLORIFY YOUR
FATHER IN HEAVEN.

MATTHEW 5:16

THEN JESUS SAID, "COME
TO ME, ALL OF YOU WHO
ARE WEARY AND CARRY
HEAVY BURDENS, AND I
WILL GIVE YOU REST."

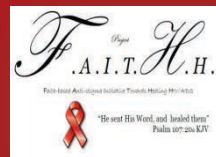
MATTHEW 11:28

The contents from this brochure were primarily adapted from Philly Faith in Actions faith-based HIV prevention materials, Alabama Department of Public Health, and the Centers for Disease Control and Prevention.

For more information about
HIV/AIDS contact:

Division of HIV/AIDS Prevention & Control
Alabama Department of Public Health
The RSA Tower, Suite 1400
201 Monroe Street.
Montgomery, AL 36130

ALABAMA HIV/AIDS HOTLINE
1-800-228-0469



Faith-based Anti-stigma Initiative Towards Healing
HIV/AIDS

For more information about Project FAITHH contact:
Dr. Pamela Payne-Foster
205-348-5148



IN THE SAME WAY,
FAITH BY ITSELF,
IF IT IS NOT
ACCOMPANIED
BY ACTION,
IS DEAD.

JAMES 2:17

FACTS ABOUT HIV/AIDS

- HIV is the human immunodeficiency virus that can lead to acquired immune deficiency syndrome, or AIDS.
- AIDS is used to describe late stages in HIV infection, when a person's immune system is severely compromised.
- An estimated 1.1 million people live with HIV in the United States.
- HIV can be transmitted through sex without condoms, from a mother to a child during childbirth and breastfeeding, and through blood contact such as intravenous drug use (IDU) or sharing needles.
- The use of substances such as alcohol or other drugs impairs judgment and increases risk of transmission.
- Many people think they are not at risk for HIV, but with approximately 1 in 6 people (16%) do not know they are infected with the virus.
- HIV/AIDS is now a manageable chronic illness; people infected with HIV/AIDS who are linked to treatment can live long, normal lives.
- People living with HIV/AIDS have a higher rates of other chronic illnesses like diabetes, heart disease and cancer.
- Affordable treatment is available for individuals who test positive for HIV. Please contact the local health department or AIDS Service Organization in your area for more information about where to go for linkage to care.

FACTS ABOUT THE HIV/AIDS EPIDEMIC IN ALABAMA

- In 2013, 18,416 individuals have been diagnosed with HIV in Alabama plus almost 3000 more who are living with HIV yet unaware.
- African Americans represent 26% of the state's population, yet over 70% of newly diagnosed cases of HIV.
- Youth and young adults aged 13 to 34 account for the largest number (59%) of newly diagnosed HIV infections. among individuals 50 and over.

“BUT I WILL RESTORE YOU TO HEALTH
AND HEAL YOUR WOUNDS.” DECLARES THE
LORD.

Jeremiah 30:17A

- Women of all ages are increasingly infected and affected, including the very young and the aging, especially among Black women.
- The transmission categories for newly diagnosed are greatest among Men who have sex with Men (MSM) (51%) and Heterosexual contact (24%).
- Rural counties account for 25% of the cumulative HIV cases across the state.
- The number of HIV related deaths are decreasing and the number of people living longer with HIV is on the rise.

BE AWARE

- Know the facts. Understand how HIV is transmitted.
- HIV/AIDS is not exclusively a gay disease! The epidemic affects everyone because it is not who you are, but what you do that puts you at risk for HIV.
- In Alabama, where you live can put you at greater risk for contracting HIV. If there is more virus in your community, then you are more likely to come in contact with the virus, even if you do not engage in high-risk behavior.
- Almost half of HIV infections are transmitted by people who do not know their HIV status, often because they do not think they are at risk.
- You cannot tell by looking at someone if they are infected with HIV; therefore, it's important to know your status.

FIGHT STIGMA

- Silence around HIV/AIDS in our community contributes to high infection rates.
- Fight stereotypes! Members of the faith community can inspire hope by breaking the silence.
- Many of us may know someone who has been affected or infected with HIV. Show love, compassion, and support for those who have been affected.
- Speak out against prejudice and intolerance.
- Through your words and actions, show people with HIV that they are welcome in your community of faith.

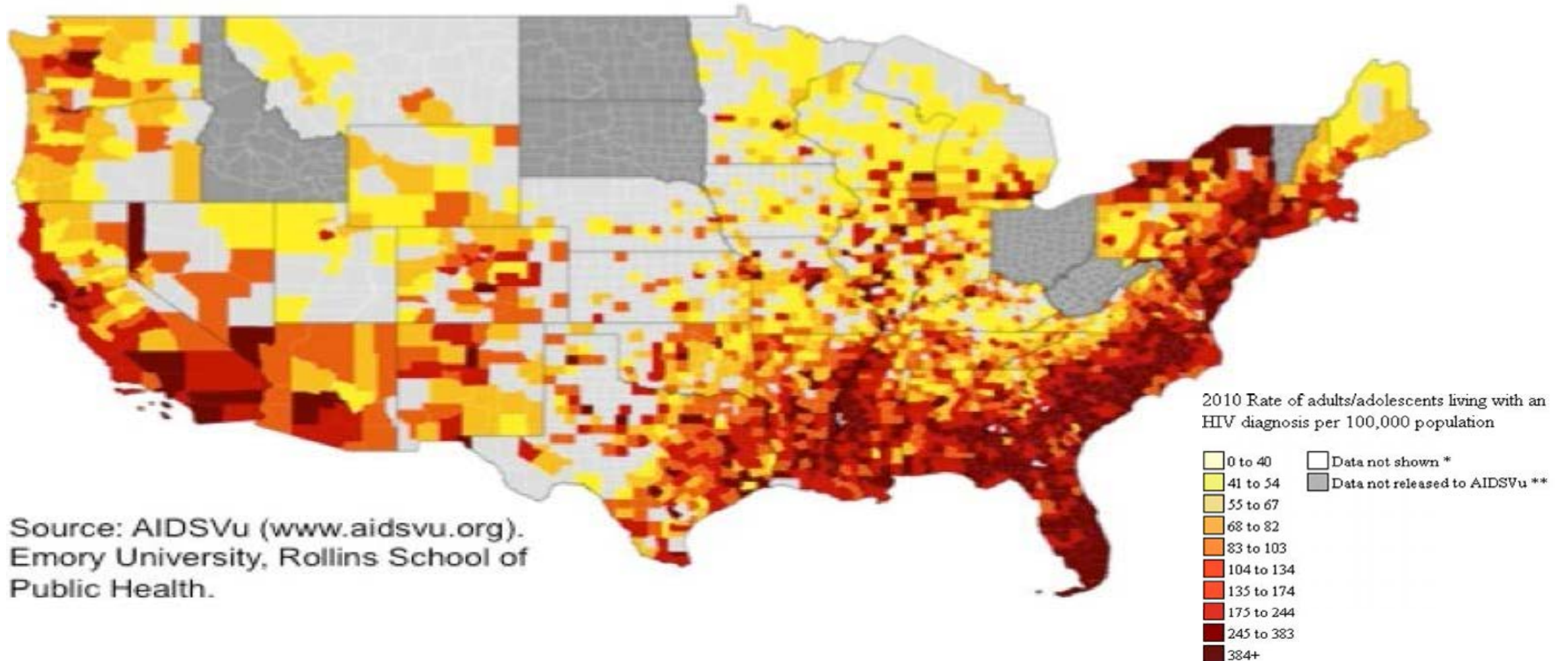
MY PEOPLE PERISH FOR
LACK OF KNOWLEDGE

HOSEA 4:6A

DO NOT JUDGE, AND YOU
WILL NOT BE JUDGED. DO NOT
CONDEMN, AND YOU WILL
NOT BE CONDEMNED. FORGIVE,
AND YOU WILL BE FORGIVEN.
GIVE, AND IT WILL BE GIVEN
TO YOU.

LUKE 6:37

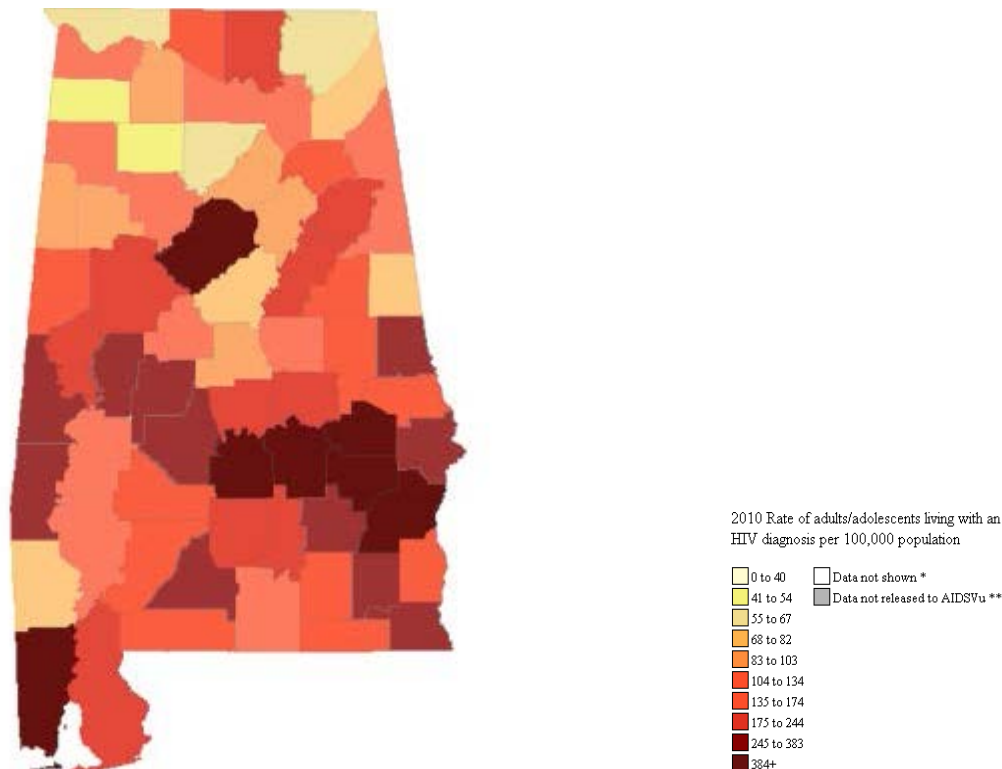
HOTSPOTS



Source: AIDSVu (www.aidsvu.org).
Emory University, Rollins School of
Public Health.



RATES OF PERSONS LIVING WITH AN HIV DIAGNOSIS, BY COUNTY, ALABAMA, 2010



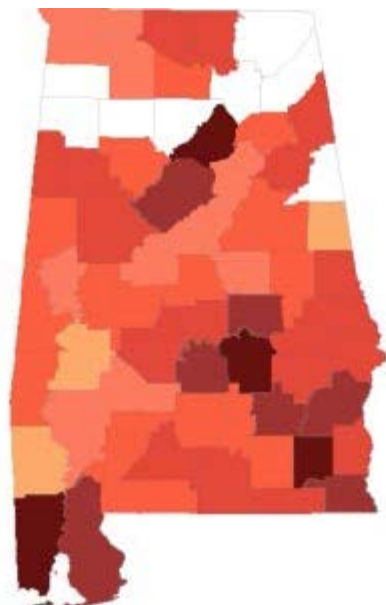
* Data are not shown to protect privacy. ** State health department requested not to release data.

Note. Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

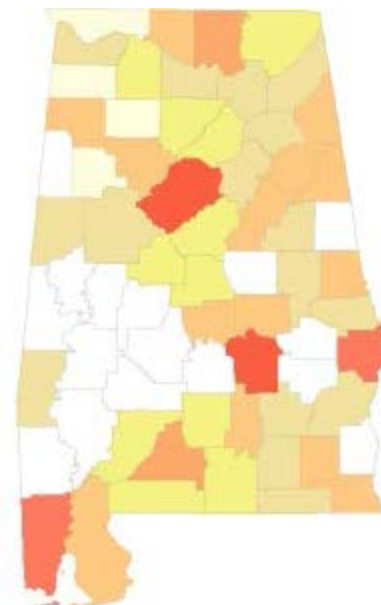
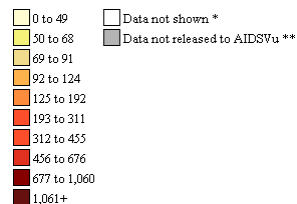
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.



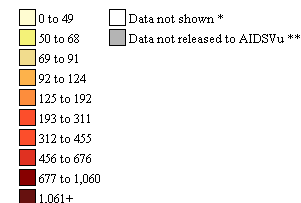
RATES OF BLACK & WHITE PERSONS LIVING WITH AN HIV DIAGNOSIS, BY COUNTY, ALABAMA, 2010



2010 Rate of adults/adolescents living with an HIV diagnosis per 100,000 population



2010 Rate of adults/adolescents living with an HIV diagnosis per 100,000 population



Note. Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

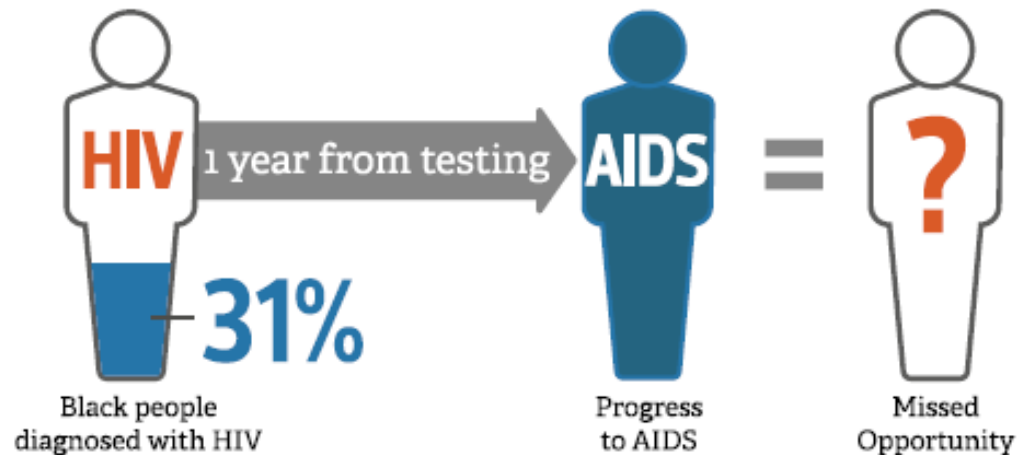
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.

Appendix 1.2 NAACP Handout Regarding HIV Testing

9

[FIG 3] LACK OF ROUTINE HIV TESTING RESULTS IN MISSED OPPORTUNITIES FOR TREATMENT AND CARE

Thirty-one percent of Black people diagnosed with HIV progress to AIDS within one year of getting tested. This suggests that many people are learning their status late in the disease and missing early opportunities to connect to treatment and care.



Taken from "The Black Church & HIV: The Social Justice Imperative" Activity Manual. NAACP, p.9.

Appendix 1.3 Myth Buster Handout

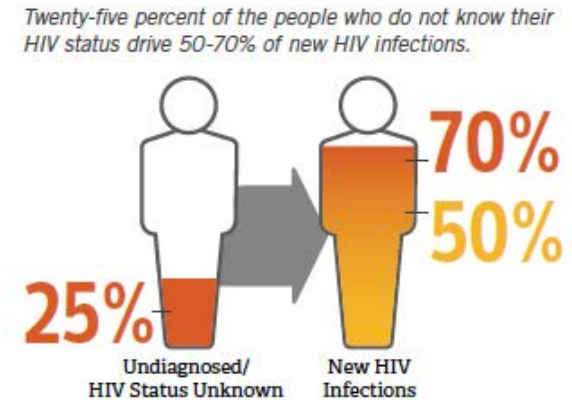
MYTH	TRUTH
HIV primarily affects White gay men.	Black people are the racial/ethnic group most affected by HIV. Compared with members of other races and ethnicities, Black people account for a higher proportion of HIV infections at all stages of disease—from new infections to deaths. At some point in their lifetimes, an estimated 1 in 16 Black men and 1 in 32 Black women will be diagnosed with HIV infection (CDC, 2012).
HIV is only a homosexual disease.	Heterosexuals accounted for 28% of people living with HIV infection in 2008. According to CDC, in 2009, Black women accounted for 30% of the estimated new HIV infections among all Blacks. Most (85%) Black women with HIV acquired it through heterosexual sex.
Providing education about safer sex and sexual health makes people engage in sex.	Whether or not we talk about it, people in our community are having sex. In order for our community to understand the opportunities for HIV prevention, we must be comfortable talking about sex and sexual health. There are age appropriate ways to talk about sex and to address the questions that young people may have.
HIV is no longer a big deal.	HIV is very significant for many populations, particularly Black Americans. It is one of the five leading causes of death among Black Americans ages 25-44 (CDC, 2012). Today, of the approximately 1.2 million people living with HIV/AIDS in the U.S., almost half (500,000) are Black (AIDS.gov, 2012).
We are powerless to combat the spread of HIV.	We can do more in the fight against HIV in our communities. HIV is a preventable disease. With the correct information, regular testing, and the tools to protect ourselves, the transmission of HIV can be prevented. For persons living with HIV, access to care and managed treatment can prolong healthy lives and prevent transmission of HIV to others. New research shows that with early access to HIV treatment people are 96% less likely to transmit HIV to their partners (Cohen, 2012).
You can contract HIV as a result of being tested for HIV.	There is no risk for the transmission of HIV during testing (CDC, 2012). Knowing your HIV status, whether you are HIV positive or HIV negative , is essential in the fight to prevent the spread of HIV in our communities. If you have questions about HIV testing, you could talk to a health care provider in your community. Information on testing locations in many major U.S. cities is included in the Resources section of this manual.
Persons who are active members in the church are not at risk of contracting HIV.	The greater number of people living with HIV in Black communities, combined with the tendency of Black people to have sex with partners of the same race/ethnicity, means that we face a greater risk of HIV infection with each new sexual encounter (CDC, 2012). Regardless of our church activity or engagement, as long as we are having unprotected sex or sharing needles in our communities, we are at risk for contracting HIV.
I'm in a monogamous, heterosexual relationship, so I'm not at risk.	While a long-term monogamous relationship with one sexual partner is supported and encouraged, HIV testing in order to know your partner's and your HIV status is recommended. The CDC recommends that all Americans between the ages of 13 and 64 should be tested for HIV at least once a year (CDC, 2012).
I've been married for years, so I'm not at risk.	A person can have HIV for many years and not demonstrate any symptoms (CDC, 2012). If you have not been tested, the CDC recommends that everyone get tested as a part of his or her annual health care routine.
HIV is a punishment for sinful behavior.	HIV is transmitted through contact with specific bodily fluids—i.e., blood, semen, vaginal secretions, and breast milk—of a person with HIV (CDC, 2012). HIV does not discriminate between those who sin and those who claim to be free of sin.
The statistics given about HIV are a ploy from the government to make us look bad and aren't true facts.	If you speak with anyone who has worked in HIV in the Black community, they will tell you that these numbers are not fabricated. The proof is in the number of Black family members and friends we have lost to this disease since the 1980s. The evidence of HIV/AIDS and its burden on the Black community is real, but our lack of knowledge, silence, and stigma can lead some people to believe that HIV is not serious in the Black community.

HIV AND AFRICAN AMERICANS

Appendix 1.4 HIV Among African Americans

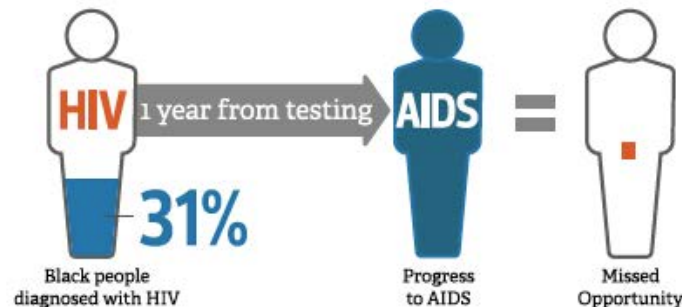
The National Institute of Health (NIH) data shows that African Americans are:

- a **More likely to progress from HIV to AIDS within 1 year of receiving an HIV diagnosis**
- b **Less likely to know that they have the virus**
- c **Less likely to get treatment**
- d **More likely to die of complications of AIDS than any other race**



Taken from "The Black Church & HIV: The Social Justice Imperative" Activity Manual. NAACP, p.6..

Thirty-one percent of Black people diagnosed with HIV progress to AIDS within one year of getting tested. This suggests that many people are learning their status late in the disease and missing early opportunities to connect to treatment and care.



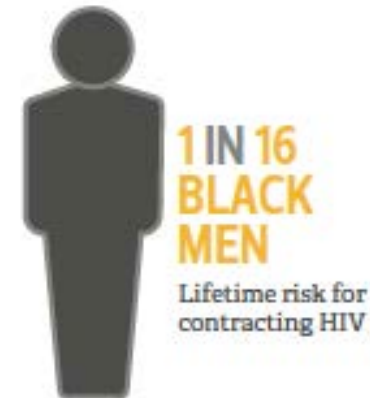
SOCIAL FACTORS INFLUENCING HIV TRANSMISSION

12

In the African American community there are unique factors that adversely affect health

- Racism
- Socioeconomic status
- Mass incarceration
- Trauma
- Social location or Place
- Attitudes towards homosexuality

Approximately one in 16 Black men will be diagnosed with HIV during their lifetime.

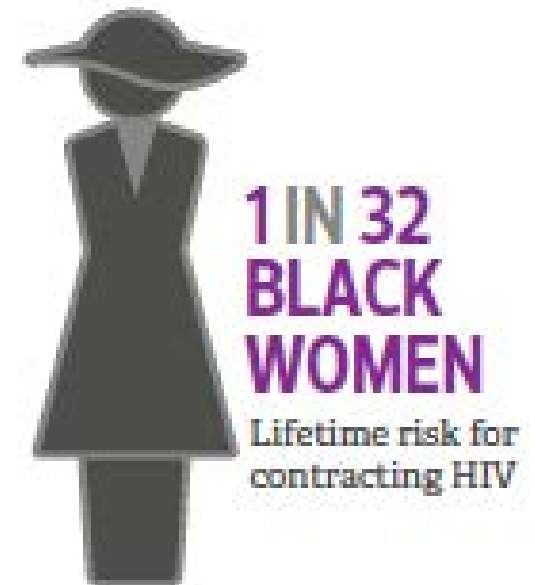


Taken from "The Black Church & HIV: The Social Justice Imperative" Activity Manual. NAACP, p. 12.

UNIQUE FACTORS CONTINUED

- Stigma
- UNKNOWN HIV STATUS
- Underestimation of Personal Risk
- Access to care and treatment
- Media Influencers

Approximately one in 32 Black women will be diagnosed with HIV during their lifetime.



Taken from "The Black Church & HIV: The Social Justice Imperative" Activity Manual. NAACP, p. 11.

So this once again begs the question: **WHY are Black people more affected by HIV than any other racial/ethnic group?** The answer can be summarized in two words: racial disparities.

The next question will undoubtedly be: **How do racial disparities affect health?**

The CDC states that **racial disparities are not just related to race, but rather to barriers faced by many Black Americans.** These barriers include socioeconomic status, access to health care, and the social stigma associated with HIV/AIDS.

SOCIAL FACTORS INFLUENCING HIV TRANSMISSION IN THE BLACK COMMUNITY

Although behaviors that put people at a high risk for contracting HIV, such as unsafe, unprotected sex (sex without a condom) and intravenous drug use with an infected needle, are individual decisions, it is important for us to also consider and address the issues that drive and influence these choices. In other words, **what are the unique factors that adversely impact the health of the Black community?** These factors include the following:

- **Racism:** The truth is we do not live in “post-racial America.” Racism contributes to poverty, incarceration, and other social challenges, all of which are factors that influence and increase **health disparities** in our communities. It impacts the lack of access to the prevention, care, and treatment of HIV, as well as quality overall health care. It also influences the minimal attention given to our risks and losses related to HIV, both in the media and by health professionals.
- **Socioeconomic Status:** Black people are more likely to live with persistent and intergenerational poverty than White people (Beale), and consequently they face a number of challenges that contribute to increased HIV rates, including poor quality health care, unsafe neighborhoods, and an overall need to engage in behavior (that is sometimes risky) just to survive. Poverty and homelessness are also
- **Mass Incarceration:** Approximately one in 15 Black adults age 18 and older is currently incarcerated, as is one in nine black men between the ages of 20 and 34 (Liptak, 2008), and data shows that Black men are disproportionately incarcerated compared to their White counterparts. The CDC has found that most Black men actually have contracted HIV prior to incarceration. They propose that the social and economic challenges these men face upon release can compromise their health and increase the likelihood of transmission. Women who have an incarcerated partner are more likely to become sexually active with other men during their primary partner’s incarceration (Radcliff, 2012). As a result of the lowered ratio of available men, Black women are more likely to accept partners who are sexually active with other persons, further increasing their risk of HIV.





- **Social Location or “Place”:** The social environment within which a person lives has a considerable impact on their behavior. For example, a person who has one sexual partner in a community with high HIV prevalence will be more likely to contract HIV than a person who lives in an area with low HIV prevalence. Black people often live in concentrated areas with numerous individuals who are living with untreated HIV and other STDs. This means that there is a higher likelihood or risk of contracting HIV, regardless of behavior.
- **Attitudes about Homosexuality:** As we listened to stories shared by ministers across the country, it was clear that many people who identify as gay, lesbian, bisexual, or transgender have been condemned, rejected, humiliated, isolated, or ostracized from some places of worship. When communities display fear, anger, or stigma toward the LGBTQ community, this may lead these individuals to feel rejected and surround their lives in secrecy. This often leads them to feelings of shame and guilt about their lifestyle and subsequently they may engage in high-risk behaviors.
- **Stigma:** There is still significant misunderstanding about HIV as well as negative perceptions, assumptions, and judgment about people who have HIV/AIDS. The fear

of judgment creates an environment that discourages people from getting tested for HIV and discussing their status with family, intimate partners, and their spiritual leaders. Our silence about HIV has contributed to a lack of awareness in Black America.

- **Trauma:** Intimate partner violence, sexual assault, and community-related violence all increase the risk for HIV transmission (Sexual Violence Research Institute, 2012). Additionally, the mental health consequences of trauma, such as depression, and post-traumatic stress symptoms/disorder can make it challenging to engage in self-care or self-protective strategies. Trauma diminishes the sense of self-worth, increases depression, and contributes to decisions to engage in drug use, as well as other behaviors that place us at risk for contracting HIV.
- **Unknown HIV Status:** Many people within our community have never been tested for HIV and, as a result, they do not know their status. People who are informed of their status are more likely to use protection and protect themselves and their partners (CDC, 2009). If individuals test positive for HIV, they can consult their health care providers to plan treatment, thus improving their chances of slowing down the progression of HIV (San Francisco AIDS Foundation, 2009).



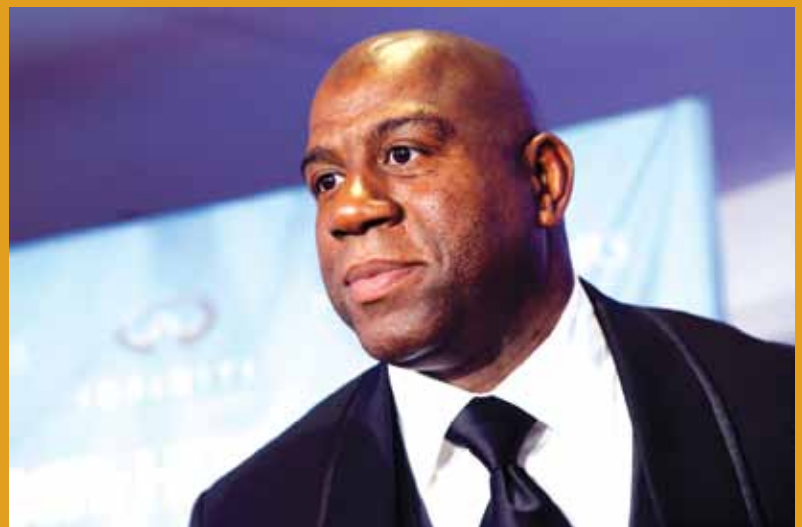
- **Underestimation of Personal Risk:** Just like the young man portrayed in the Modern Day Parable, there are many people in the church and our communities who believe that they are not at risk for HIV. This is due to a lack of knowledge about HIV and is also driven by the myths and misconceptions about HIV. When we conducted our focus groups with Black ministers across the nation, many did not know that the number of Black people living with HIV is so much higher than other races/ethnicities. Misunderstanding about our individual risk can lead us to engage in unprotected acts that place us at higher risk for contracting HIV (See Magic Johnson Effect).
- **Access to Care and Treatment:** Successful treatment of HIV can prevent the transmission of HIV in our communities. For HIV treatment to succeed, patients require care from a health care provider and uninterrupted access to antiretroviral medications. Data shows that Blacks are less likely to be insured and less likely to receive preventative care (Centers for Disease Control and Prevention 2011). Black Americans are less likely to be able to afford or access the proper care and treatment they need to maintain their health.
- **Media Influencers:** While it is not specifically a social justice factor, it is important to note the influence and impact of the media on the Black community. Media outlets—whether news, entertainment, or social media—often portray and promote a culture that glorifies **hypermasculinity**, pimping, infidelity, gender warfare, and the devaluing of community, which may also be linked to increased unprotected sexual behaviors that put us at risk for HIV, especially among youth.

These social factors should be considered when examining why individuals within the Black community have higher rates of infection. Clearly, we need to understand the influence and impact of these issues in order to address them as we support our communities.

The Magic Effect

In 1991 when Earvin “Magic” Johnson announced that he contracted HIV, it was eye-opening for the Black community. Many people’s assumptions about HIV – e.g., HIV is a white gay man’s disease – were shattered. Here was a heterosexual male, an iconic and highly successful sports superstar, who was financially secure and attractive, and he was HIV-positive. Magic’s testimony moved many to become more vigilant about getting tested and protecting themselves from infection. However, as the years passed and he continued to live and look well, there was less concern with the consequences of HIV.

In fact, because of Magic’s perceived good health, many people now have the impression that HIV is not very serious, or even curable. These beliefs are manifestations of ignorance about HIV in our community, tied to the fact that people still think that you can tell whether someone has HIV by their appearance. While Magic’s testimony was a powerful and important one, we must not forget that there are many others whose lives were cut short due to the disease, including people like Arthur Ashe and Easy E. In our community there is a lack of knowledge about the life-prolonging treatments that are currently available for people living with HIV, who now live longer but only when they are consistently medically compliant ... like Magic.



WASHINGTON - JANUARY 17: Earvin “Magic” Johnson arrives for the BET Honors on January 17, 2009 in Washington, DC. Johnson was honored with a corporate citizen award for his achievements in business. (Photo by Brendan Hoffman)

Module 2: Naming the Problem

Exercise 2.1-Naming Stigma through Pictures

Topic:

- Participants begin to name the problem and acknowledge that stigma exists

Objectives:

- Help people identify stigma as a problem (**HIV is not the focus yet**)

Duration: 30 minutes

Activities:

1. Put participants into two groups
2. Have participants in each group spend some time looking at two pictures placed on the wall. These pictures represent images which are often stereotyped and stigmatized
3. Have participants discuss what they think is going on in the pictures as it relates to stigma in their own groups and with the group as a whole. Questions to help guide the discussion:
 - a. What is happening in the picture in relation to stigma?
 - b. Why is it happening?
 - c. Does this happen in your community?

Please refer to Appendix 2.1 for topics to help facilitator guide the discussion as well as pictures

Materials:

- Appendix 2.1 Naming Stigma Through Pictures And Discussion (**page 15 Participant packet**)

Exercise 2.2-Reflection on our Experience of Being Stigmatized

Topic:

- Participants begin to name the problem and acknowledge that stigma exists

Objectives:

- Help people connect to stigma on a personal, emotional level and describe their own experiences of stigma

Duration: 30 minutes

Activities:

1. Step 1. Participants are asked to find a quiet space alone and think back to a time in their life when they felt lonely or isolated
2. Step 2. Facilitator will read aloud one of the examples from Appendix 2.2 and share feelings on how the example can lead to feelings of stigmatization
3. Step 3. After a few minutes, they share their experiences in pairs and then to the large group for sharing and processing.
4. Step 4. Have group engage in discussion questions as a wrap up:
 - How was the exercise?
 - What do we learn from it?

See Appendix 2.2 for examples that can be used to stimulate some possible lessons learned

Materials:

- Appendix 2.2 Reflections On Being Stigmatized (**page 17 Participant packet**)

Exercise 2.3-Defining Stigma: Causes & Effects

Topic:

- Participants begin to name the problem and acknowledge that stigma exists

Objectives:

- Define different types of stigma, causes and effects

Duration: 30 minutes

Activities:

1. Review the PowerPoint slide presentation on defining stigma and its causes and effects and discuss with group

See Appendix 2.3 for the PowerPoint presentation (**Page 18 Participant packet**)

Materials:

- Appendix 2.3 Defining Stigma

Appendix 2.1 Naming Stigma Through Pictures And Discussion



Taken from <http://imgkid.com/help-the-homeless-signs.shtml>

Picture #1: Discussion Points

- Homeless
- Unemployed/No money
- No insurance/No access to health care
- Substance abuser/addiction
- Faceless/nameless/ashamed/Embarrassed
- Voiceless/asking for help with a written sign
- Black male
- Probably put himself in position, self-imposed behavior
- Immoral
- Lazy/Not motivated



Taken from "The Black Church & HIV: The Social Justice Imperative" Activity Manual. NAACP, p.13.

Picture #2: Discussion points

- Prisoner- mass incarceration of people of color
- Criminal
- Uneducated
- Waste of taxpayers' money
- Not worthy
- Bad parent/individual
- Unworthy of second chance/any benefits

Appendix 2.2 Reflections On Being Stigmatized

Examples

I come from a poor family. My father is a construction worker and he works hard to provide for me and my family. Sometimes I don't always have nice clothes to wear for Sunday church service, and I feel like people in church are judging me because of my clothes and shoes. I feel **ashamed**.

I'm an African American female, and during my freshman year of college I placed bids with several predominately White sororities. I did not receive one invitation. I was told by members of these groups "you would not fit in with us". I felt humiliated.

I tested HIV positive and everyone was shocked, especially my family. They blamed me and questioned me – how could it be you?

Step 3: Based on the reflections, the participants are asked the following questions.

How was the exercise? What do we learn from it?

Examples

- The old memories came back strong and fresh
- It was not easy to forget because I was hurt
- It is difficult trying to share that experience
- It is traumatizing
- Discrimination and stigma are all around us
- There is prejudice everywhere
- Some strong feelings make you an advocate to help others
- It makes me understand what others go through and makes me strong
- It makes one adjust to situations and helps others in similar positions
- It makes me more accommodating
- It makes me recognize problems and deal with them when they arrive
- We learn best when we experience it ourselves
- We need to work on negative attitudes to make a positive impact

Summary by Facilitator

The facilitator summarizes the effects of stigma as portrayed by the participants. The exercise is purported at making participants feel stigmatized and reveal how bad it is to stigmatize people no matter what the situation would be.

Appendix 2.3 Defining Stigma

Module 2. Project FAITHH Anti-Stigma Curriculum

Definition- Stigma- Goffman

Stigma is an attribute, behavior, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one.

Definition- HIV/AIDS (H/A) Related Stigma- Herek et. al.

HIV stigma = negative feelings and behaviors towards HIV infected persons as well as groups and communities characterized by high rates of HIV-infection

HIV/AIDS Stigma

- Perceptions that may further contribute to H/A stigma, include:
 - a) transmission occurs because of voluntary and behaviors considered to be immoral
 - b) the disease is perceived to be fatal
 - c) transmission is infectious and non-preventable
 - d) the disease is sometimes physically apparent to others

Stigma in 1981.....



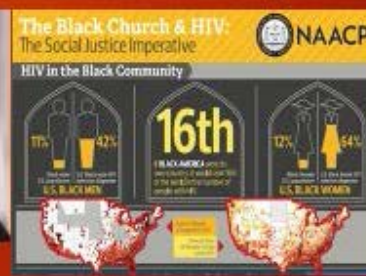
**RARE CANCER SEEN
IN 41 HOMOSEXUALS**
Outbreak Occurs Among Men
**A Pneumonia
That Strikes
Gay Males**
A mysterious outbreak of a rare pneumonia that has occurred in San Francisco and around other major cities, it was revealed yesterday.



**Fight the fear with the facts.
Call 1 (800) 922-AIDS.**



Looks different in 2014, but the struggle to erase continues.....



HIV/AIDS Stigma

- Stigmatization may lead to feelings of shame, guilt, self-loathing and depression, which can result in low self-esteem and decreased social interactions.
- PLWHA have reported rejection by family and friends as well as losing their jobs or housing.

HIV/AIDS Stigma

- Stigma is also a barrier to testing which is the gateway to treatment and prevention
- Has been identified as a contributing factor to the expansion of the epidemic.

Levels of Intervention

- Five levels of intervention to reduce stigma:
 - 1) intrapersonal or internalized
 - 2) interpersonal
 - 3) organizational/institutional
 - 4) community
 - 5) governmental/structural

1. E. Goffman, *Stigma: Notes on the Management of Spoiled Identity*, 1963
2. Herek G.M., Capitanio J.P., & Widaman .F. (2002). HIV-related stigma and knowledge in the United States: prevalence and trends, 1991-1999. *American Journal of Public Health*, 92 (3), 371-7.
3. Heijnders M, Van Der Meij S (2006). The fight against stigma: an overview of stigma reduction strategies and interventions. *Psych. Health Med.* 11: 353-363.

Module 3: More Understanding, Less Fear

Exercise 3.1-Fears about HIV

Topic:

- Participants learn to distinguish between real and imagined risk

Objectives:

- Help participants articulate their fears about H/A, establish that the key cause of stigma is fear and enable participants to relate their fears to their response to PLWHA

Duration: 20 minutes

Activities:

1. At the top of a flip chart write, FEARS about HIV. Have participants pair up
2. Give each pair 3-5 sticky notes to anonymously write down different fears in the community people have about contracting HIV through non-sexual contact
3. Have each pair place the sticky notes on the flip chart paper in any order. After all sticky notes have been posted, the facilitator(s) will cluster the common points together on the flip chart paper. About half way down the page, have the facilitator write, NO NEED TO FEAR
4. The facilitator will name each of the fears noted (avoid repeating the same fears) and engage the participants in a discussion to determine which fears they believe DO NOT contribute to HIV transmission
5. Facilitator should place the sticky notes of fears that participants believe DO NOT contribute to HIV transmission under NO NEED TO FEAR
6. The remaining fears that participants believe contribute to HIV transmission will remain at the top under FEARS ABOUT HIV
7. The facilitator can add any others that participants have not listed from the examples list from Appendix 3.1 and place in either column
8. Using a ppt slide, facilitator will introduce the QQR Concept (**see Appendix 3.1, pg. 23 Participant packet**)
9. After the QQR concept has been introduced, facilitator should briefly explain all misplaced sticky notes and place in the proper order

Summary by Facilitator: The facilitator reemphasizes that HIV related stigma is rooted in both fear and ignorance. It will be noted from the discussion that everyone has some information about HIV and AIDS but not all of us have enough information to overcome irrational fears associated with HIV and its transmission. Every participant knows that HIV can be transmitted through sex, but not all are convinced that they are not at risk through non-sexual “casual

contact.” As a result many people fail to distinguish real risks from imagined ones. This fear of casual contact will often lead to isolation and segregation of PLHIV – isolating them from others, giving them separate plates and cups and a separate room among other discriminatory acts

Materials:

- Flip chart
- Sticky notes
- Markers
- Pens
- Appendix 3.1 QQR Concept
- Computer
- LCD projector
- Extension Cord

Exercise 3.2-Assessing Risk of HIV Infection

Topic:

- Address gaps in knowledge about how HIV transmitted

Objectives:

- Clarify how HIV is spread/not spread

Duration: 20 minutes

Activities:

1. On separate full sheet of flipchart paper, write in big letters “HIGH RIS ,” “LOW” RIS ,” and “NO RIS .”
2. Write each of the following points on index cards before starting the exercise and then mix them up:

HIGH RISK

- Vaginal sex without a condom
- Having sex with a sex worker without a condom
- Anal sex without a condom
- Many sexual partners without using condom
- Having sex when infected with an STI without a condom
- Having sex with a person infected with an STI without a Condom
- Having sex while drunk without a condom
- HIV infected person wanting to have a child
- Using Vaseline or hair oil to lubricate a condom
- Sharing needles with intravenous drug users
- Breastfeeding from a mother with HIV

LOW RISK

- Oral sex without a condom
- Sex with a condom
- Sex for money with a condom
- Touching the blood of an injured person if universal precautions are used
- A blood transfusion or donated organ tests negative and is past the window period/the risk increases if testing done within window period
- Sharing a toothbrush with a person with HIV if blood on it

NO RISK

- Abstinence
- Kissing, hugging, massaging and mutual masturbation
- Sex between mutually faithful, uninfected partners
- Sharing eating, drinking and cooking utensils with a person with HIV
- Donating blood
- Deep kissing with tongues
- Sharing a hairbrush with a person with HIV
- Being bitten by mosquitoes
- Touching a person with HIV
- Sharing a bathroom or latrine with a person with HIV
- Feeding a person with HIV
- Hugging a person with HIV

Tape the flipchart papers of “HIGH RISK,” “LOW” RISK,” and “NO RISK” on separate places on the wall and ask the participants to pick up the mixed cards made at the Step 2 and stick under any category of “HIGH RISK,” “LOW” RISK,” or “NO RISK” with explanation of reasons why the card should go into the selected category

Notes for Facilitator

Make sure that all the cards are in the right category and offer explanations for misplacements of the cards

Materials:

- Flip chart
- Index cards
- Markers
- Tape
- Handout with all the risks in the correct category (**Risk Handout, page 26 Participant packet**)

Exercise 3.3-HIV Transmission Game

Topic:

- Participants gain a better understanding of how HIV is spread at the individual level

Objectives:

- Assist participants to reduce the perceived distance from PLWHA

Duration: 15 minutes

Activities:

1. Mark slips of paper with “+” and “-” signs. Make sure 25% of “+” and 75% of “-” and fold them no matter what the size of group
2. Ask each participant to choose one of the folded pieces of paper. Emphasize that no one should look at their slips of paper until the end of the exercise. In addition to the folded piece of paper, give each participant an index card
3. With music playing in the background, instruct participants to introduce themselves to 2-3 people (depending on group size) and write their names on their index card within 5 minutes
4. After 5 minutes, stop the music and ask everyone to sit down. The facilitator will inform everyone **in this game** that they just left a party and **pretend** that some of the partygoers engaged in some high-risk behaviors
5. Ask everyone to look at the folded piece of paper
6. Inform everyone that **in this game**, all persons with a “+” on their paper are **pretending** to have been exposed to HIV prior to attending the party, yet unaware of their status. Ask them to stand
7. The facilitator will inform the group that all persons sitting down with a “-” on their slip were unaware of their HIV status when they attended the party; however if they have the name of anyone standing on their index card, they may have been exposed to HIV and therefore should stand up as well
8. Ideally, everyone should be standing at some point
9. The facilitator will ask everyone to sit and begin to process this exercise with the following facilitation questions:

How many people were unaware of their HIV status?

How many people were originally exposed to HIV prior to the party?

How many others are at risk of being exposed to HIV?

What does this tell us about the spread of HIV in our community?

What is necessary for people to know their HIV status?

Materials:

- Paper
- Pens

Exercise 3.4-Web of Risks

Topic:

- Participants review the complex nature of HIV at the social and structural level

Objectives:

- Reiterate the importance of HIV testing

Duration: 15 minutes

Activities: note: steps 2 and 3 should be completed prior to session

1. Facilitator should refer to Appendix 3.4 for the Eleven Social Drivers
2. Using cardstock and a marker, facilitator should create a ¼ page labels for each social marker
3. Facilitator should place two holes at the top of each card and use yarn to create a lanyard to hang one driver on each participant's neck
4. Have the participants form a large circle, each with a social driver lanyard visible to others. The facilitator will hold a piece of yarn, call out the name of the social driver and toss the yarn **across** to the person with that driver
5. The next person will follow the same pattern- call out the driver and toss the person with that driver-until the yarn has reached every person/social driver within the circle. Ideally, the yarn will create a web-like depiction of the various factors that heighten the risk of contracting HIV among AA and in the rural AL context

Some points the facilitator could use to wrap the session up:

- a) Stigma is often rooted in fear and ignorance
- b) HIV transmission and HIV-related stigma can be reduced by knowing the facts about behaviors that place people at risk
- c) Empathy comes with understanding. It is important to know individual risk behaviors as well as understand the social and environmental factors that may lead to such risks
- d) HIV testing is the only way to know your HIV status

Materials:

- Cardstock
- Markers
- Hole punch
- Yarn
- Appendix 3.4 Eleven Social Drivers Of HIV

Appendix 3.1 QQR Concept

Examples

- Sharing office equipment
- Sharing the same office
- Sharing toilet facilities
- Blood transfusion
- Touching HIV positive person
- Eating with an infected person
- Eating food of an infected person
- Kissing
- Sharing hairdressing equipment (saloon and barbering)
- Shaking hands with an infected person
- Touching fluids of infected person e.g. tears, saliva and urine

Module 3. AST Curriculum

QQR Transmission Tool

- Quality
- Quantity
- Route of Transmission

Quality

- The virus must be strong
- HIV cannot survive outside the human body
- It starts to die as soon as exposed to air
- It does not live on the surface of the skin
- The virus can only survive outside the body in a vacuum



Quantity

- There must be enough quantity of the virus to pose any threat
- Enough quantity is only found in the blood, semen, vaginal fluid and breast milk

Routes of Transmission

- The virus must get into your blood stream (sexual contact, IV drug use, breastfeeding, mother to child)
- Route of transmission determines prevention strategy



Application

- An HIV+ person has joined your church and has requested to be on the Food and Hospitality Committee, however some of the members of the committee are against it. You are the Chair of the Food and Hospitality Committee. Use the QQR transmission tool as your guide to make a decision about whether the new member should be a part of the committee.

Risk Handout

HIGH RISK

- Vaginal sex without a condom
- Having sex with a sex worker without a condom
- Anal sex without a condom
- Many sexual partners without using condom
- Having sex when infected with an STI without a condom
- Having sex with a person infected with an STI without a Condom
- Having sex while drunk without a condom
- HIV infected person wanting to have a child
- Using Vaseline or hair oil to lubricate a condom
- Sharing needles with intravenous drug users
- Breastfeeding from a mother with HIV

LOW RISK

- Oral sex without a condom
- Sex with a condom
- Sex for money with a condom
- Touching the blood of an injured person if universal precautions are used
- A blood transfusion or donated organ tests negative and is past the window period/the risk increases if testing done within window period
- Sharing a toothbrush with a person with HIV if blood on it

NO RISK

- Abstinence
- Kissing, hugging, massaging and mutual masturbation
- Sex between mutually faithful, uninfected partners
- Sharing eating, drinking and cooking utensils with a person with HIV
- Donating blood
- Deep kissing with tongues
- Sharing a hairbrush with a person with HIV
- Being bitten by mosquitoes
- Touching a person with HIV
- Sharing a bathroom or latrine with a person with HIV
- Feeding a person with HIV
- Hugging a person with HIV

Appendix 3.4 Eleven social drivers of HIV

1. Racism
2. SES
3. Mass Incarceration
4. Place
5. Trauma
6. Attitudes against homosexuality
7. Unknown HIV status
8. Stigma
9. Underestimation of personal risk
10. Media Influence
11. Lack of access to care and treatment

Taken from "The Black Church & HIV: The Social Justice Imperative" Activity Manual. NAACP, p. 13-16

Module 4: Impact of HIV infection on families

Exercise 4.1- HIV and the Family

Topic:

- Discuss how the family unit can be source of support or stigma to PLWHA

Objectives:

- To enable participants to discuss more openly how HIV and AIDS affect families
- To identify critical issues related to living with, caring for and not stigmatizing PLWHA

Duration: 20 minutes

Activities:

1. Vignettes: Have group present as a role-play
 - a. Backdrop: A young adult is visiting his/her medical professional to get the results of an HIV test. The young person is given the news that he/she is HIV-positive. The individual becomes upset and afraid, thinking that they have been given a death sentence. The mother is contacted and comes to the medical office to provide support. The young person and the adult begin to have a conversation about what it means to be HIV- positive (mother discusses that medication has made HIV a chronic condition when treated properly, not a death sentence). The young adult is relieved and reassured that there is hope for the future

Taken from: (caps.ucsf.edu/uploads/pubs/presentations/ppt/FamilyMPDetroit.ppt) The Center for AIDS Prevention Studies Mpowerment Detroit, Michigan AIDS Fund

Group discussion questions (As the facilitator goes through the discussion questions they may want to refer to some of the examples in Appendix 4.1):

- i. What is happening in this role play?
- ii. What happens when the family finds that a family member has HIV?
- iii. What are the immediate effects?
- iv. What are the longer-term effects?
- v. What are the effects on the person living with HIV/AIDS?

Materials:

- Written copy of vignette
- Appendix 4.1 Role-Play Discussion Question Examples

Exercise 4.2- The Supportive Network

39

Topic:

- Assist participants to assess the impact of a supportive network and help minimize stigma

Objectives:

- To enable participants to discuss more openly how HIV and AIDS affect families
- To identify critical issues related to living with, caring for and not stigmatizing PLWHA

Duration: 20 minutes

Activities:

1. Show video clips from persons living with HIV as they discuss the importance of a support system
 - Video clip of HIV-positive woman supported by best friend (clip lasts 2:57 minutes):
http://www.youtube.com/embed/ILxTg6aZ_dg
 - Video clip of HIV-positive woman supported by her sister (clip lasts 2:37 minutes):
<http://www.youtube.com/embed/RaqlEqSQqGE>
 - Video clip of HIV-positive young man supported by his mother (clip lasts 2:27 minutes):
<http://www.youtube.com/embed/R5Uh3Vp55rA>
 - Video clip of HIV-positive man supported by his brother (clip lasts 2:17 minutes):
<http://www.youtube.com/embed/ct3XJh6-WRQ>
2. Engage participants in discussion questions (As the facilitator goes through the discussion questions they may want to refer to some of the examples in Appendix 4.2a):
 - What are families already doing to provide care and support for PLWHA?
 - What may block families from helping PLWHA?
 - What practical things can we do as families/friends to support PLWHA?
3. Review “Five Ways To Help An HIV-Positive Relative Or Friend” handout (**Appendix 4.2b, page 28 Participant packet**); read and discuss with group participants

Materials:

- Computer
- LCD projector
- Extension cord
- Appendix 4.2a Support network discussion examples
- Appendix 4.2b “Five ways to help an HIV-positive relative or friend” handout

Exercise 4.3- Exercise that focuses on the Pros and Cons of HIV disclosure

Topic:

- Discuss HIV risk in the context of family

Objectives:

- To enable participants to discuss more openly how HIV and AIDS affect families
- To identify critical issues related to living with, caring for and not stigmatizing PLWHA

Duration: 20 minutes

Activities:

1. Hot Seat! Activity: This activity will be used to discuss the pros and cons of HIV disclosure. (Questions are related to http://www.aidsmeds.com/articles/Disclosure_7568.shtml.)
 - Set up two chairs on the pro side and two chairs on the con side. Four people are initially selected and placed into the two groups
 - The moderator will read a question and one person on each side is asked to give a pro/con response based on which group they are in
 - Once a statement has been made the individual tags another participant in the group to take his/her place. Participants may have to take the side of an issue that is in conflict to their own interests
 - A flipchart can be used to list responses

Discussion may follow to tease out any relevant information missed by group affiliation

Questions:

- 1.) What are some potential pros/cons of disclosing a positive HIV diagnosis to a spouse or significant other?
- 2.) What are some potential pros/cons of someone disclosing a positive HIV diagnosis for someone who is dating or involved in casual sex?
- 3.) What are some potential pros/cons of disclosing a positive HIV diagnosis to family members?
- 4.) What are some potential pros/cons of parents disclosing a positive HIV diagnosis to children?
- 5.) What are some potential pros/cons of disclosing a positive HIV diagnosis to friends?
- 6.) What are some potential pros/cons of disclosing a positive HIV diagnosis to church members?
- 7.) What are some potential pros/cons of disclosing a positive HIV diagnosis to employers?

Materials:

- Flipchart
- Markers

Appendix 4.1- Role-Play Discussion Question Examples

Examples

Immediate effects on the family

- Shock
- Anger
- Disappointment
- Worry
- Grief
- Sorrow
- Fear of caring for PLHIV
- Fear of neighbors finding out and being stigmatized
- Denial to accept results
- Family inaction – don't know what to do
- Hatred within family
- Blaming

Longer term effects on the family

- Conflicts within the family
- Divorce or separation
- Heavy burden on the caregivers leading to burnout
- Loss of income and money problems
- Children drop out of school and may become orphans
- Widows
- Sexual cleansing
- Property grabbing

Effects on PLHIV

- Loss of job, friends and self-confidence
- Become withdrawn and depressed – may resort to drinking
- Lots of worry
- Isolation and self-isolation

Taken from the HIV and AIDS Anti Stigma Training Guide for Traditional and Opinion Leaders by the Christian Council of Ghana

Appendix 4.2a Support Network Discussion Examples

Examples

What are the families doing already to provide care and support for people living with HIV/AIDS?

- Taking people living with HIV/AIDS for medical treatment
- Raising funds for medical treatment
- Getting help from faith groups
- Trying to provide nutritious food and informal counseling

What may block families from helping people living with HIV/AIDS?

- Lack of knowledge on how to care for people living with HIV/AIDS
- Fear of infection due to lack of knowledge about HIV transmission
- Blaming and judging attitudes
- Poverty
- Fatigue, burnout

What practical things can we do as families/friends to support people living with HIV/AIDS?

- Encourage people living with HIV/AIDS to talk openly about their feelings and listen
- Do not decrease interactions – treat them as you treat other family members
- Chat and spend time with them
- Make them feel wanted
- Encourage them to identify and get treated for opportunistic infections
- Connect them with other people living with HIV/AIDS for sharing experiences and feelings
- Encourage people living with HIV/AIDS to practice safe sex to avoid getting re-infected

Taken from the HIV and AIDS Anti Stigma Training Guide for
Traditional and Opinion Leaders by the Christian Council of Ghana

Appendix 4.2b Five Ways To Help An HIV-Positive Relative Or Friend

- **Become educated.**
 - The more you know, the better support you may be able to provide.
- **Be compassionate.**
 - Be as kind and understanding as possible.
- **Demonstrate love.**
 - Give hugs and help the person laugh.
- **Be helpful and attentive.**
 - Check in with them to see if they need help with medical or social support visits.
- **Make plans.**
 - Involve your loved ones in future functions and activities; most persons with HIV who are in care live long, healthy lives.

Taken from <http://www.familyshare.com/5-ways-to-help-a-relative-with-hiv-aids>

Module 5: Sex, Morality, Shame and Blame

Exercise 5.1---Things people say about some groups of people.....

Topic:

- Address the terms people use and perceptions people have towards various groups living with HIV

Objectives:

- Help participants understand the power of their words and help participants empathize with PLWHA instead of stigmatizing them

Duration: 60 minutes

Activities:

1. Rotational brainstorming is used to carry out this exercise that is linking name calling (stereotyping, assumptions and judgments) to stigma

Step 1: Participants are put into groups by the use of the “puzzle technique” where they are to find the other parts of the puzzle to form a group

Step 2: Everyone is given a group that they belong to:

- Men who have sex with men/Bisexual persons
- Single women living with HIV
- Married persons living with HIV
- Youth/Young Adults living with HIV
- Older persons living with HIV (50 and older)
- Heterosexual men living with HIV

Participants stay in the same groups to start the rotational brainstorm

Step 3: On each flip chart they write down all the things people say about that group – names, expressions, beliefs, etc.

Step 4: As the song “They don’t really care about us” starts,
<https://www.youtube.com/watch?v=OY2---OYqzFbE>

The groups switch flipcharts until all groups have written on all flipcharts.

Step 5: A member from each group reads out the names – saying: “This is what you say about us....” After all the groups have read out the names tagged on them they are asked how they felt listening to the words used to describe them.

See Appendix 5.1a for examples of responses

Step 6: At the end of the session, use the question: **How did you feel in your group after listening to the names?** to debrief. Emphasize that these groups of people are vulnerable and need help instead of rebuking them, which reinforces the stigma against them. Comment on the power of the words and the level of hurt behind them. State that these names give people a justification for stigmatizing some groups of people

Also, refer to Appendix 5.1b (**page 29 Participant packet**) to talk about the lyrics of the song, “They don’t care about us” and how it might relate to the transmission of HIV and stigma of HIV

Materials:

- A/V equipment to play song
- Flip chart
- Pens
- Appendix 5.1a Name Calling Discussion Examples
- Appendix 5.1b Michael Jackson Lyrics

Appendix 5.1a Name Calling Discussion Examples

Examples

How did you feel in your group after listening to the names?

- Felt uncomfortable
- Disgraced
- Self pity
- Committing suicide
- So ashamed

Things people say about single women with HIV

- She sleeps around
- Not going to live long
- Never be a mother
- Disgraceful
- Transmitter of HIV
- Sinners
- Should be been in the church instead of sleeping around
- Going to hell
- Shameless

Things people say about married persons living with HIV

- One of them is a cheater
- Untrustworthy
- Unfortunate
- Their marriage is not going to last
- Ruining the sanctity of marriage
- Shameless
- Disgrace to the marriage

Things people say about youth/young adults living with HIV

- Sleeps around
- Not raised right
- Its their parents fault
- Sinners
- This generation is immoral
- The music is to blame
- Life is over
- Cursed
- Hopeless

Things people say about older persons living with HIV (50 and older)

- They're old, they're going to die soon anyways
- Need help
- Disgraceful
- A Burden
- Crazy
- Useless

Things people say about heterosexual men living with HIV

- Must be on the down-low
- The reason HIV is spreading
- Immoral
- Disgrace to families
- Fornicators
- Sinners

Things people say about men having sex with men

- Taboo
- Shameless
- Abomination
- Evil
- Ill-mannered
- Crazy
- Disgrace to human race
- Useless
- Going to hell
- Outcast

Appendix 5.1b Michael Jackson Lyrics

Michael Jackson

"They Don't Care About Us" Lyrics

"Skin head, dead head
Everybody gone bad
Situation, aggravation
Everybody allegation
In the suite, on the news
Everybody dog food
Bang bang, shot dead
Everybody's gone mad

All I wanna say is that
They don't really care about us
All I wanna say is that
They don't really care about us

Beat me, hate me
You can never break me
Will me, thrill me
You can never kill me
Jew me, Sue me
Everybody do me
Kick me, kike me
Don't you black or white me

All I wanna say is that
They don't really care about us
All I wanna say is that
They don't really care about us

Tell me what has become of my life
I have a wife and two children who love me
I am the victim of police brutality, now
I'm tired of bein' the victim of hate
You're rapin' me of my pride
Oh, for God's sake
I look to heaven to fulfill its prophecy...
Set me free

Skin head, dead head
Everybody gone bad
trepidation, speculation
Everybody allegation

In the suite, on the news
 Everybody dog food
 black man, black mail
 Throw your brother in jail

All I wanna say is that
 They don't really care about us
 All I wanna say is that
 They don't really care about us

Tell me what has become of my rights
 Am I invisible because you ignore me?
 Your proclamation promised me free liberty, now
 I'm tired of bein' the victim of shame
 They're throwing me in a class with a bad name
 I can't believe this is the land from which I came
 You know I do really hate to say it
 The government don't wanna see
 But if Roosevelt was livin'
 He wouldn't let this be, no, no

Skin head, dead head
 Everybody gone bad
 Situation, speculation
 Everybody litigation
 Beat me, bash me
 You can never trash me
 Hit me, kick me
 You can never get me

All I wanna say is that
 They don't really care about us
 All I wanna say is that
 They don't really care about us

Some things in life they just don't wanna see
 But if Martin Luther was livin'
 He wouldn't let this be

Skin head, dead head
 Everybody gone bad
 Situation, segregation
 Everybody allegation
 In the suite, on the news
 Everybody dog food
 Kick me, strike me
 Don't you wrong or right me

All I wanna say is that
They don't really care about us
All I wanna say is that
They don't really care about us

All I wanna say is that
They don't really care about us
All I wanna say is that
They don't really care about us

All I wanna say is that
They don't really care about us
All I wanna say is that
They don't really care about us"

Taken from <http://www.metrolyrics.com/they-dont-care-about-us-lyrics-michael-jackson.html>

Module 6: Stigma and Religion

Exercise 6.1: Mock Teachings

Topic:

- Openly discuss participant's judgmental attitudes and religious beliefs about PLWHA

Objectives:

- Enable participants to explore some religious beliefs that fuel stigma
- Establish that religion is one of the sources of stigma
- Identify biblical text that demonstrates compassion towards PLWHA
- Encourage and promote HIV testing

Duration: 90 minutes

Activities:

1. Divide participants into three groups using the count off method
2. Give each group one of three role-play prompt cards (do not share prompts with the entire group). Instruct each group to take 10 minutes and come up with a teaching based on the topic on the card
 - a. Judgmental Teaching: biblical reference- Romans 1:18-32
 - b. Compassionate Teaching: biblical reference- Luke 15:11-24
 - c. Encourage congregation or member to get an HIV test: biblical reference- Romans 12:17-19
3. After the role-plays have been performed move to discussion questions:
 - a. What kind of messages came from each Teaching?
 - b. What are some forms of stigma that we see in some churches or other faith institutions?
 - c. What role can the church play in reducing stigma among people living with HIV/AIDS?
 - d. What are some positive messages from the bible that can help in fighting stigma? Ex: John 4:1-26, John 8:7, Matthew 7: 1-2, Matthew 22: 39, Luke 6:37
4. After completion of role plays and group discussion, pass out and review the NAACP Sermon ideas to give additional examples of positive, biblical ways to counter stigma **(Appendix 6.1a, page 32 Participant packet)**
5. Hand out POZ article **(Appendix 6.1b, page 39 participant packet)**

Materials:

- Bibles (NIV or NLT)
- Index cards
- Pens
- Appendix 6.1a NAACP sermon ideas
- Appendix 6.1b POZ article

[SELECTED PASTORAL RESOURCES]

These resources have been developed and compiled to support faith leaders, church leadership, and congregations in their efforts to engage in HIV social justice work. This listing is not meant to be comprehensive, but simply an introduction to a few of the many resources that exist. Faith leaders and their churches are encouraged to use the Internet to keep abreast of additional information that will emerge, and to continue to improve and enhance their efforts.

Pastoral Resources

- Sample Prayers, Scripture, Sermons, and Altar Calls
- Suggested Sermon Topics from the 11-City Tour
- A Framework for Preaching Social Justice Sermons: Responding to HIV/AIDS
- Resources on Social Justice-Informed Ministry (General)
- Modeling HIV/AIDS Ministry Around the Gospel
- Pastoral Counseling

Sermon Ideas for NAACP's National Day of Unity

- Potential Themes
- Additional Scripture Inspirations

General HIV Resources

- Faith and HIV
- Videos
- Funding Sources
- Local Resources by City
- HIV 101

PASTORAL RESOURCES

SAMPLE PRAYERS, SCRIPTURE, SERMONS, AND ALTAR CALLS

- **The Faith in Prevention Training Manual:**
Tools for Your HIV/AIDS Ministry
www.thebody.com/content/art46215.html
- **The African American Lectionary:**
December's Big Idea
www.theafricanamericanlectionary.org/staging/bigideaDecember09.asp

SUGGESTED SERMON TOPICS FROM THE 11-CITY TOUR

Over the past two years the NAACP has interviewed and hosted focus groups with faith leaders around the country in 11 different cities to discuss how they can become more involved in stemming the tide of the HIV epidemic. HIV is no longer just a health issue for the Black community, because as we look at the racially disproportionate impact of the disease, it is clear this is truly a social justice issue. That said, the NAACP and the Black Church have tackled education, poverty, and racism together in the past, and we must now partner together to address the effects of HIV on our brothers and sisters.

This collaboration can be achieved simply by using resources that are readily available to you, our faith leaders: **the social justice message of the Gospel and the pulpit**. The sermon is one of the most important moments during the worship service. It is the time when the Word of God directly connects to the circumstances of His people. Sermons about salvation, forgiveness, miracles, and love have saved, and continue to save, many of us in the Black community. The more these message are repeated, the better their impact.

Given the significant influence of the Black Church in our community, it is important for you, our faith leaders, to incorporate HIV social justice messages into your sermons as part of the efforts to raise awareness and address the spread of the virus. At the NAACP, we strongly believe that HIV as a social justice issue should be the message, and the sermon the means for delivery.

Throughout the 11-city Research Tour, ministers from across the country had numerous inspiring and thought-provoking examples of texts that could frame the Christian response to HIV. We share some of their thoughts below with a hope that they will inspire you as God continues to lead you in teaching, preaching, and ministering to the children of God.

A FRAMEWORK FOR PREACHING SOCIAL JUSTICE SERMONS: RESPONDING TO HIV/AIDS

1. Effective social justice preaching requires a commitment from us to not only become proclaimers of the Word but also doers. The words on social justice should be integrated in consistent action that promotes justice within and outside the church walls.
2. Effective social justice preaching is not a one-time event. For it to be effective, it needs to be a consistent theme in ministry.
3. Social justice preaching should be grounded in Scriptures and theologically sound.
4. Be consistent with the Good News; the priority is not condemnation. The priority is empowerment and hope to transform lives, systems, and society as a whole.
5. Social justice is relevant and courageous in its focus on the contemporary challenges such as HIV/AIDS that people are facing.

RESOURCES ON SOCIAL JUSTICE-INFORMED MINISTRY (GENERAL)

- Burghardt, W. J., (1996). *Preaching the Just Word*. Yale University Press.
- Campbell, C. L. (2002). *The Word Before the Powers: An Ethic of Preaching*. Westminster John Knox Press.
- Childs, Jr., J. M. (2000). *Preaching Justice: The*

Ethical Vocation of Word and Sacrament Ministry. Trinity Press International.

- Cone, J. (2010). *A Black Theology of Liberation*.
- Crawford, J. W. (1991). *Worthy to Raise Issues: Preaching and Public Responsibility*. Pilgrim Press.
- Gonzalez, J. L. & Gonzalez, C. G. (1994). *The Liberating Pulpit*. Abingdon Press.
- Harris, J. H. (1995). *Preaching Liberation*. Fortress Press.
- Hessel, D. T. (1985). *For Creation's Sake: Preaching Ecology and Justice*. Presbyterian Pub. Corp., 1985.
- McClure, J. S. & Ramsay, N. J. eds. (1998). *Telling the Truth: Preaching About Sexual and Domestic Violence*. United Church Press.
- Resner, Jr., A., ed. (2003). *Just Preaching: Prophetic Voices for Economic Justice*. Chalice Press.
- Smith, C. ed. (1998). *Preaching Justice: Ethnic and Cultural Perspectives*. United Church Press.
- Smith, C. M. (1992). *Preaching as Weeping, Confession, and Resistance: Radical Responses to Radical Evil*. Westminster John Knox Press.
- Thurman, H. (1996). *Jesus and the Disinherited*.
- Van Seters, A., ed., (1988). *Preaching as a Social Act: Theology and Practice*. Abingdon.
- Williams, C. D. (2010). *An Ecclesiastical Model for HIV/AIDS Ministry*. AuthorHouse 2010.
- Williams, D. (1995). *Sisters in the Wilderness*.
- Wogaman, J. P. (1998). *Speaking the Truth in Love: Prophetic Preaching to a Broken World*. Westminster John Knox Press.

MODELING HIV/AIDS MINISTRY AROUND THE GOSPEL

Any effective response to a crisis in the Black community has involved the church. This single most important institution, by its inherent nature, exists under the mandate of having a biblical framework for its response. That which is most important to be addressed by the church must ultimately rise to the level of being included in the preaching moment of worship. Thus, we look to Mark 2:1-12 to frame this approach.

A COMMUNITY CRISIS (V. 1)

“When he returned to Capernaum after some days, it was reported that he was at home.”

The foreboding impact of oppression was felt everywhere

Jesus’ everyday life was framed by the haunting reality of the systematic and institutional Roman oppression. He was a part of a community where the power disparity between the haves and the have nots translated into a sinister spirit of perpetual indifference. Lack of access to the basic necessities of life made his people particularly susceptible to all of the socioeconomic problems of the times. Life in “the shadow of the empire” created an environment of general disease. Similarly, two thousand years later the disenfranchised ancestors of African slaves in America are grappling with the lingering effects of historic discriminatory practices. We are a community in crisis, desperately in need of salvation from the ills that beset us physically, mentally and spiritually.

A COLLECTIVE ACTION (V.3)

“Then some people came, bringing to him a paralyzed man, carried by four of them.”

Consensus building is required for effective community mobilization.

The faithful few who brought the paralyzed man to Jesus represent those who decided to stand on faith and act collectively to address the matter at hand. In-depth conversations about the complex issues impacting our people are essential to enhancing consciousness and understanding. When this occurs, consensus can be established with regard to actions required to address our problems. This approach is necessary for us to respond effectively to the HIV epidemic, which confronts the Black Community today.

A COMMON GOAL (V. 4A)

“And when they could not bring him to Jesus...”

Our people have always turned to God in times of trouble.

The paralyzing forces at work amongst our people manifest themselves in many ways. Whether the issue is health care, civil rights, economic

opportunity, quality education, housing, gun violence, drug addiction, mass incarceration or any other challenge we face, we look to God for guidance. The struggles we have faced and overcome in the past have always incorporated the power of liberation theology at the heart of our “strides toward freedom.” HIV/AIDS will require no less. Faith is a fundamental part of who we are as a people.

A CROWDED CONGREGATION (V.4B)

“...because of the crowd...”

It is important not to drown out or crowd out any of those who are in need.

Although our churches are often filled to capacity, it is not always the case that those in attendance are in a sanctuary (a safe and loving place) that is filled with the spirit of the teachings of Jesus. Our personal desires for material gain and self-centered advancement are sometimes more prominent than our concern for the suffering masses in our midst. The church must make sure it does not get in the way of effective HIV/AIDS responses. We need to be a part of the solution and not a part of the problem.

A COMMITTED FEW (V.4C)

“...they removed the roof above him; ...having dug through it.”

Addressing HIV/AIDS requires digging through a lot of “isms” and phobias.

Leadership around social justice issues is very much dependent upon a nucleus of persons focused on looking critically at what it takes to bring about change. Central to this process is a willingness to embark upon an honest self-assessment of the biases, prejudices, fears, myths and misunderstandings that represent the barriers to our thinking. With regard to HIV/AIDS, we as Christian people have to be willing to reexamine biblically our thoughts about the judgment of others. The concentrated effort of a few dedicated disciples is needed to wrestle with defining the course for the larger body. The road to freedom has always been led by a minority, not a majority.

A CREATIVE RESPONSE (V. 4D)

"...they let down the mat on which the paralytic lay."

Our "sanctified imaginations" must be employed in our words and deeds.

The answer they were looking for regarding how to get the paralyzed man into Jesus' presence came when they were able to envision tearing a hole through the established structure. Clearing the way to Jesus will sometimes requires "thinking outside of the box." Throughout our 400 plus years of experience in America we have had to be radically creative in responding to the dehumanizing evils we have had to endure. With Christ, we have the power to do all things, including changing the impact of HIV/AIDS in our community. Radical actions have to be driven by a positive purpose and not frustration.

A CHRIST-CENTERED MISSION (V. 5A)

"When Jesus saw their faith..."

God always honors the heart's desire of those who seek to do the right thing.

Jesus recognized and rewarded the faith of those who took action on behalf of the paralyzed man. Everything about the response of the individuals who carried him in the midst of his crisis reflects their God centeredness. Clearly, their determination was fueled by the belief that Jesus' power was greater than their problem. With respect to HIV/AIDS, the church has to assume the same posture. We know what we need to do, but our fears continue to prevent us from action.

In spite of the historical belief that sickness and disability were generally thought to be the result of sin, the men who intervened on behalf of the paralyzed man rose above any reluctance they might have had. Doing the right thing requires moving beyond self-centeredness. They touched him, they carried him, and they did not let anything stop them from getting him to Jesus. Jesus saw all of them, the one hurting and the ones helping, with faultless and forgiving eyes.

COMPASSIONATE SAVIOR (V. 5B)

"...he said to the paralytic, 'Son, your sins are forgiven.'"

Jesus' words are affirming, reconciling and inclusive, not judgmental.

Forgiveness is at the heart of everything Jesus does in ministry. The Good News desperately needs to be heard by all of us today, just as it was two thousand years ago. His mandate for us to practice God's unconditional love is greater than the divisiveness of the world. As the apostle Paul states in his letter to the church in Rome, "nothing can separate us from God's love." HIV/AIDS does not discriminate in terms of who it infects, but neither does God discriminate regarding who is loved.

A CONFLICTED CHURCH (V. 6)

"Some of the scribes were sitting there, questioning in their hearts."

When we are not open-minded, we set ourselves up for misunderstanding.

In too many instances, the church has been guilty of not being able to move beyond thinking and traditions that have alienated many of those persons most disproportionately impacted by HIV/AIDS. Jesus was always willing to open his arms, his mind and his heart to all of those who sought his healing and transforming presence. Unlike many churches where issues of gender, race, class, nationality, culture or other characteristics of personhood are considered a legitimate basis for exclusion, Jesus embraced all people. This narrow definition of who is or isn't within the circle of God's love was often the thing which created conflict between Jesus and other religious leaders in his own Jewish community.

A CLARIFYING MESSAGE (V. 9)

Which is easier, to say to the paralytic, 'Your sins are forgiven,' or to say, 'Stand up and take your mat and walk'?

Jesus makes it clear that his emphasis is on the quality of the man's life.

The spirit of Jesus' words challenges us to not let any superficial aspect of a person's life get in the way of our love for each other. When there is clear evidence that positive change has occurred in any

individual, we need to celebrate what has transpired and give God the glory. As is the case with the paralyzed man, an HIV/AIDS sermon should be empowering and uplifting with no hint of guilt or shame.

A CHANGED LIFE (V. 11)

"I say to you, stand up, take your mat and go to your home."

The testimonies of people living with HIV/AIDS need be heard.

The church needs to create an environment where those who are infected with HIV/AIDS can come home to a safe place where they can tell their stories of God's transforming power. We are all affected by HIV/AIDS.

PASTORAL COUNSELING

The Mind: The Need for Psychological Healing
Unprotected sex, infidelity and IV drug use all increase the risk for HIV infection. If we are not careful, we can respond to those of us who engage in high-risk behaviors with judgment, anger or blame. To respond with compassion is to recognize what some of the emotional and psychological reasons are for people engaging in risky or self-harming behaviors.

1. Some people are trauma survivors and have dealt with severe experiences of abuse, violence and neglect. For those persons drugs or sexual intimacy can be a way of coping with or escaping painful memories.
2. Some people are in difficult situations and have never been given effective ways to cope. Prayer and bible study are important. People may also need help from a counselor to develop healthy ways of dealing with their challenges.
3. Drug use can lead to an addiction that requires intervention. It is only when we recognize that someone is in physical, emotional and spiritual pain that we can truly respond with compassion.
4. Risky behaviors can also be a form of passive (indirect) suicide.
5. Young people are also more likely to engage in risky behavior. When violence and danger are a common reality, the idea of a behavior being called risky can seem insignificant.
6. Within the Black community, there has been a decline in long-term relationships. Sometimes the stress of wanting to have a partner or the reality of having a partner who is abusive can result in individuals compromising their safety and entering into relationships where their sexual health is compromised.
7. We are living in a time and culture where there is a focus on the moment, while ignoring long-term consequences. We have to encourage our community to dream again and to envision a future beyond today.

SERMON IDEAS FOR NAACP'S NATIONAL DAY OF UNITY

With more than 21,000 churches in the U.S., the Black Church has the power to make a significant impact in the battle against HIV in the Black community. One way clergy are demonstrating their work in this social justice and health equity movement is by partnering with the NAACP Health Programs Department for our annual **NAACP National Day of Unity**.

The Day of Unity originated on Sunday, July 8, 2012, prior to the official launch of *The Black Church and HIV: The Social Justice Imperative*. The NAACP National Day of Unity will now be celebrated on the second Sunday in July. We encourage faith leaders to commemorate this day by preaching their sermons about HIV's effect on the Black community, using a social justice framework. Pastors can also choose to include other HIV-related activities when celebrating this day of unity, such as:

- Collaborate/partner with other churches in their city that may be willing to take an active role in HIV/AIDS prevention activism.
- Provide free HIV screening opportunities for the congregation and the surrounding community.
- Develop a Health ministry that includes HIV or include HIV in a current Health ministry or add HIV to an existing ministry.
- Promote the Day of Unity using social media channels (e.g., Facebook, Twitter, and YouTube).

Below we have provided some sermon ideas for addressing HIV/AIDS that were generated from our discussions with faith leaders. The themes and scriptures are meant to help inspire your thinking around content for sermons, particularly on our National Day of Unity, but also all year round.

POTENTIAL THEMES

- Am I my brother's keeper? [Genesis 4:8-13]
- Jesus lifted up the "other." We have to lift each other up. [1 Thessalonians 5:10-12]
- Jesus told the disciples to meet him in the area of Galilee where no one wanted to go and that is what we have to do – go and address the issues where others will not go. [Matthew 28]

- Jesus' command for us to love one another. [John 13:34]
- Jesus' response to the demon-possessed man while others ran from him, Jesus asked him his name. We have to humanize each other and connect. [Mark 5:1-20]
- Sermon on Jesus' response to lepers – he healed them, loved them and risked his comfort to be with them. [Matthew 8:1-3]
- The Good Samaritan. Who is our neighbor? We have a responsibility to the marginalized. [Luke 10:25-37]
- The man who brought his son for Jesus to heal. We have to bring those who are hurting to Jesus. [John 4:43-54]

ADDITIONAL SCRIPTURE INSPIRATIONS

- Amos 5:24 (MSG), "Do you know what I want? I want justice—oceans of it. I want fairness—rivers of it. That's what I want. That's all I want."
- Isaiah 41:6, "They helped every one his neighbor; and every one said to his brother, Be of good courage."
- Jeremiah 22:3 (MSG), "This is God's Message: Attend to matters of justice. Set things right between people. Rescue victims from their exploiters. Don't take advantage of the homeless, the orphans, the widows. Stop the murdering!"
- John 14:12-14 (NIV), "Very truly I tell you, whoever believes in me will do the works that I have been doing, and they will do even greater things than these, because I am going to the Father. And I will do whatever you ask in my name, so that the Father may be glorified in the Son. You may ask for anything in my name, and I will do it."
- John 9:1-7 (NIV), "As he went along, he saw a man blind from birth. His disciples asked him, 'Rabbi, who sinned, this man or his parents, that he was born blind?' 'Neither this man nor his parents sinned,' said Jesus, 'but this happened so that the works of God might be displayed in him. As long as it is day, we must do the works of him who sent me. Night is coming, when no one can work. While I am in the world, I am the light of the world.' After saying this, he spit on the ground, made some

mud with the saliva, and put it on the man's eyes. 'Go,' he told him, 'wash in the Pool of Siloam' (this word means "Sent"). So the man went and washed, and came home seeing."

- Like 6:37-38, "Do not judge, and you will not be judged. Do not condemn, and you will not be condemned. Forgive, and you will be forgiven. Give, and it will be given to you. A good measure, pressed down, shaken together and running over, will be poured into your lap. For with the measure you use, it will be measured to you."
- Luke 4:18 (NIV), "The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free."
- Mark 2:1-9 (NIV), "A few days later, when Jesus again entered Capernaum, the people heard that he had come home. They gathered in such large numbers that there was no room left, not even outside the door, and he preached the word to them. Some men came, bringing to him a paralyzed man, carried by four of them. Since they could not get him to Jesus because of the crowd, they made an opening in the roof above Jesus by digging through it and then lowered the mat the man was lying on. When Jesus saw their faith, he said to the paralyzed man, 'Son, your sins are forgiven.' Now some teachers of the law were sitting there, thinking to themselves, 'Why does this fellow talk like that? He's blaspheming! Who can forgive sins but God alone?' Immediately Jesus knew in his spirit that this was what they were thinking in their hearts, and he said to them, 'Why are you thinking these things? Which is easier: to say to this paralyzed man, 'Your sins are forgiven,' or to say, 'Get up, take your mat and walk?'"
- Matthew 23:23 (NIV), "Woe to you, teachers of the law and Pharisees, you hypocrites! You give a tenth of your spices—mint, dill and cumin. But you have neglected the more important matters of the law—justice, mercy and faithfulness. You should have practiced the latter, without neglecting the former."
- Matthew 25:45 (KJV), "... Inasmuch as ye did it not to one of the least of these, ye did it not to me."
- Micah 6:8 (MSG), "But he's already made it plain how to live, what to do, what God is looking for in men and women. It's quite simple: Do what is fair and just to your neighbor, be compassionate and loyal in your love, And don't take yourself too seriously — take God seriously."
- Psalm 27:14, "Wait on the LORD: be of good courage, and he shall strengthen thine heart: wait, I say, on the LORD."

Appendix 6.1b POZ Article

59

Taken from POZ magazine, December 2009. p. 44-49.



“I was in an automobile accident in 1989 and lost one of my legs. Because of fear and stigma [around HIV], losing a limb was easier than revealing my HIV status to others.”

Anthony Bolden
Irving, Texas

**People don't want us to:
Cut their hair,
Serve them food,
Babysit their children,
Marry them
Or be their friend.***

Why AIDS stigma is as deadly as the virus itself.

BY REGAN HOFMANN

PHOTOGRAPHY BY JOAN L. BROWN

DEFINED AS “A MARK OF SHAME, disgrace or discredit,” stigma has long plagued HIV/AIDS. It is one of the defining characteristics of the disease, differentiating it from its biologically-parallel-but-socially-altogether-different retroviral kin: hepatitis, herpes and human papillomavirus (HPV). While we can chirpily discuss vaccinating our children against HPV as we choke down our Cheerios, and we can sit comfortably in front of commercials for herpes drugs, the mere whisper of the word “AIDS” often causes all polite conversation to cease.

We're not imagining this. In 2007, amfAR, the Foundation for AIDS Research, commissioned Harris Interactive to conduct

a study among the general American public seeking their attitudes about women living with HIV/AIDS. The survey showed that the majority of Americans are uncomfortable around people living with the virus. More specifically, the study revealed that 59 percent of Americans are somewhat or not at all comfortable with having an HIV-positive woman providing them with child care; 47 percent of Americans are somewhat or not at all comfortable with having an HIV-positive woman serve them food at a restaurant, and 35 percent of Americans are somewhat or not at all comfortable with having an HIV-positive woman as their hairdresser. This study, which mined attitudes about HIV-positive women, flushes out that it is indeed the virus itself that makes people squirm. In other words, people don't fear HIV because (as some suggest) they misperceive it to be a gay or a black disease;

*From a 2007 study of the general American public conducted by Harris Interactive, supported by amfAR, the Foundation for AIDS Research.

they fear HIV and the people living with it, period.

The study also revealed that the vast majority of Americans are not comfortable with the idea of having a romantic relationship with an HIV-positive partner. Eighty-seven percent of Americans are somewhat or not at all comfortable dating someone who is HIV positive, and 89 percent of Americans are somewhat or not at all comfortable marrying someone who is HIV positive. One in five Americans said they would not be comfortable with having an HIV-positive woman as a close friend. Ouch.

The results of a recent survey on *poz.com* about stigma showed that our readers' perceptions of the general public's attitude toward people living with HIV are spot-on. Eighty-eight percent of you said that your fear of being stigmatized has made dating/relationships more difficult (remember, 87 percent of the general public said they're uncomfortable dating you), and 91 percent of you believe AIDS stigma prevents people from getting romantically serious with/getting married to you (89 percent of the general public agreed with you). That's very close statistical mirroring.

Given that HIV-related stigma is as bad as we perceive it to be, it's no wonder then that 65 percent of you said that HIV-related stigma has prevented you from disclosing to family members; 71 percent of you said it keeps you from telling coworkers; and 60 percent of you said you don't tell friends because of fear of being stigmatized.

One statistic we found particularly disturbing in the Harris study was that very few Americans believe that HIV-positive women should have children. In response to the question, Should a woman with any of the following conditions have children?, fifty-nine percent said women with cancer should have a child; 47 percent of people said women with depression should; 37 percent said women with multiple sclerosis should; 20 percent said women with hepatitis C should; 19 percent said women with Down syndrome should; and 17 percent said women with schizophrenia should. Yet, only 14 percent of Americans said they thought women with HIV should have a child.

This points to a root cause of AIDS stigma: lack of education. Too many people still don't have the correct facts about the disease. For example, women with HIV under proper medical care can usually have a child without passing the virus on and are likely to live long enough to parent the child. Since lack of information breeds fear and fear breeds stigma, one clear prescription for fighting stigma is renewed awareness and better education around the disease.

It would be one thing if stigma stopped with an attitude. If all it meant to be stigmatized was that some people didn't like us, it would perhaps be manageable, albeit uncomfortable. But when stigma gets in the way of our survival, that's another thing entirely. Thirty-four percent of you said that fear of stigma has prevented you from seeking care, treatment and support. And 19 percent of you said you don't disclose to health care professionals because of HIV-related stigma, a fact that

certainly compromises the level of care you are receiving. Imagine how many people don't get tested for HIV because of stigma. It's estimated that one in five Americans living with the disease is unaware of his or her status. And according to the CDC, it's estimated that HIV-positive people who are unaware of their infection may account for 54 to 70 percent of all new sexually transmitted HIV infections in the United States. Seems clear to us that stigma is a barrier to individual—and public—health. Not to mention that 48 percent of you said fear of stigma has adversely affected your career. It's harder to keep a good job and afford medical insurance and prescription drugs if you're not performing at optimal levels at work.

But while much of the impact of HIV-related stigma is quantifiable, it is, arguably, those aspects of stigma not captured by statistics that prove the most devastating. As we went to press, more than 1,000 of you told us chilling stories of how stigma negatively affects your lives—breaking down your spirit and your will to live.

Only a small group of you spoke of how you fight stigma, standing proud and strong despite society's desire to keep you down. Some of you have found the inner strength and resolve to rise up in spite of people's fear and ignorance.

As a community of people living with HIV and as a society in general, we need to do a better job fighting stigma by reopening the dialogue about this disease and dragging the unseen facts and faces into the light. Because it is much easier to fear what we don't know. (Interestingly, while 85 percent of you said that President Obama and his administration are not doing enough to combat stigma around HIV/AIDS, 78 percent of you said that the HIV/AIDS community itself is not doing enough to combat stigma.)

It's a chicken-and-egg conundrum. Stigma around AIDS will only dissipate when the world is safe enough for people with HIV to no longer fear disclosing. Individually, many of us living with HIV who have disclosed in *POZ* or in our lives have seen that people can be supportive and kind once they understand the facts around the disease. (Sixty-seven percent of you said that people treated you the same, post disclosure.) But 87 percent of you said that the current anti-discrimination laws do not sufficiently protect HIV-positive people from being stigmatized, which means that things must change before we can afford to show our faces and change the way the world sees people living with HIV—for the better.

Forty-nine percent of you said that HIV-positive people's fear of being stigmatized is worse than the actual stigma. At *POZ*, we see repeatedly that this is true. For those who feel they are ready, and can safely come forward, speaking about having HIV can do much to erode the corrosive stigma that keeps us from good health. It bashes stigma when we show the world we have nothing to hide—and are nothing to fear.

The following pages contain excerpts from some of the responses from readers to our anonymous survey about HIV-related stigma. Many more are available online at *poz.com*. We encourage you to post your stigma experiences as well. ➡

"I feel doubly stigmatized and discriminated against because I am HIV positive and gay. I am tired of educating and confronting people's ignorance on both these issues."

Ted Gaudet
Fredericton,
New Brunswick,
Canada



“Stories of Stigma

I told a friend about my status while we were drinking coffee, and when I was done with the cup, he threw it out saying, “I will never drink out of that cup again.”

When I was first going on disability, I had a doctor who was doing the intake come in the room in full hazmat suit and mask and gloves. His nurse wouldn’t even let me face her. I had to sit at the opposite end of the exam table to talk to her—and face away.

I told [one] employer [about my HIV status] because I was out sick for four weeks. I will never tell another employer because I work total white collar and there’s no threat of blood [exposure]. I don’t volunteer for CPR training or participate in blood drives at work.

When I told a very good friend of mine (we used to camp beside each other every weekend), he cried and said he would stand with me, support me, be there for me. I have never heard from him again, not a call, not even a note or e-mail.

A friend in whom I was not interested romantically blurted out in front of a group of people that he could never become romantically involved with someone like me with HIV. My response was not to worry. I wasn’t interested in anyone with chronic bad breath like him, either.

A friend of a friend who knew I had HIV disinfected the entire house after I came to pick my friend up to go out. When I walked back in a few hours later to drop her off, I noticed the whole house smelled of cleaning products.

I feel the stigma is HUGE, and out of the fear that my children would face repercussions from teachers, friends [and] other parents, we have decided to not tell anyone.

I am a nurse by profession for 20 years. I told HR the day I found out my HIV status [and] was put on administrative leave immediately and not called back or offered another job. [I had] impeccable credentials.

Having hemophilia, I was hospitalized last year for problems not related to HIV. A couple of nurses’ bedside manner dramatically changed after they learned of my status. One actually never returned to my room. I was not spewing body fluids, so she was in no danger. She despised me for being positive.

A lot less of my phone calls are answered. People [who] I thought were [my] friends are too cowardly to stare something serious and life-threatening in the face—even if that means discarding me.

As a husband and father, I have not disclosed my status to anyone other than my wife and of course [my] health care provider.

All my Catholic friends whom I’ve know for 20 years all turned their backs on me, started making up lies in my community [and] attacking my character. I can’t show up in public any longer. No one will hire me. I can’t even volunteer. It feels more like they are carrying out some type of top-down orders to stigmatize people with AIDS. Probably from the Pope.

As someone living with HIV, I had people who never cared about my illness and worsen[ed] it. That traumatized me and [made me feel] as if I’m nothing. The more I became educated from health

workers and support groups, the more I met others who comforted, understood and supported me.

I am basically unable to enter into any sort of romantic relationship. [I experience] quite a bit of social isolation—and it’s just so tiresome.

First, I’m black; and second, I’m gay. The worst stigma comes from my own community. Black people sometimes make me feel dirty. I just don’t understand, [since] this is killing our people. I could say more, but I’m getting very upset just saying what I have said already.

“I try to educate people that HIV is a virus, not a moral judgment, and that discrimination and stigma are wrong.”

**Annmarie Byrne
London**



As a sexually active gay man in New York City, [I know] there's still a lot of stigma against positive men. It's tiring and depressing and makes me less willing to disclose my status. [I] even lie about it sometimes.

*

HIV stigma has ruined my life, my career, my family, my finances, my self-respect and my credit.

*

Formerly close friends suddenly lose touch; people don't want to know you. I usually say, "It's them, not me," but it's me who has to deal with it.

*

Doctors won't accept me as a patient if I tell them up front that I'm HIV positive. Sometimes if I do get in with new doctors and they realize I'm HIV positive, they get mean or mad at me. People have made me wipe down everything I've used or touched with bleach. Living in a very rural redneck area of Florida, I take extra precautions to hide my status. Having gone to the local hospital ER [or to laboratories] for tests, I've had nurses drag other nurses or techs in to show me off like a sideshow at a circus. I see so much stigma here from the medical community it's appalling. Dental care is nonexistent for anyone HIV positive in my county due to stigma.

*

I must either turn a blind eye or tune people out, because I can honestly say in the 20-plus years of being positive, I have never had a bad experience. And I am very open about my status. I have received kindness and support. And I have been able to educate others as a straight, white female (after they get over the shock first—folks don't think people like "me" get HIV/AIDS).

*

For me it just feels like a very heavy weight I carry all the time. The variety of stigmas still attached to HIV makes the necessity to keep it hidden a burden that's carried every day. Sometimes it gets very heavy. Rather than jeopardize [your] career, family, friendships and security, you keep it secret. That's hard to do when you've lived an honest and truthful life.

*

I think some of the root cause of HIV stigma is criminalization of HIV transmission. We need more public awareness that HIV-positive people have sex too. I am an openly positive individual, and it saddens me that people living with HIV are so in the closet about it.

*

I had a job working for a well-known law firm in Chicago. When I disclosed my HIV status and my mental illness, they fired me. They said people would be scared to work with me. They said if I sued they would make my life miserable.

*

I got fired from my job as an administrative assistant at my church by my pastor. I lost my best friend of 20 years. I no longer trust anybody. I am in therapy. I cannot date. I sit in my house every day unless I have to go somewhere. My life is HELL.

*

I had a cousin tell everyone I went to high school with that I was positive. I did not go to my reunion.

Anonymous phone calls were made to my job [by clients], stating that they were no longer coming to the hair salon I worked in because I had AIDS. I continually struggle in the dating arena [because of] too much rejection. I know that I cannot get involved with a man with any sort of social status due to my HIV; they do not want to be associated with HIV.

*

Most, if not all, of my negative experiences have been with, by or in the presence of medical or dental personnel. After the disclosure, everything changes. They look at me like I'm from outer space, and the quality of their care reflects it!

*

I found out when I was five months pregnant. I went through a custody battle, and [my child's] father tried to use my [HIV] status against me, but the judge would not allow it.

*

I dated a man once, several years ago. I kissed him. The next day I decided to share my HIV-positive status with him. He freaked out and said, "They should mark people like you, so the rest of us can tell."

*

I think one of the main problems I've had with stigma comes from myself, being a heterosexual HIV-positive man. It's hard for me to disclose my status for fear that I will be labeled gay. There still remains so much ignorance toward HIV.

*

I had to sue a former employer for discrimination because of stigma and fear of public disclosure of my positive status. I was removed from direct patient care and placed behind a desk with a "made up" job to keep me busy and away from what I loved doing.

*

I have been asked not to share my water bottle with my 3-year-old nephew.

*

I have been fortunate in the last 10 years to have not received a negative response from anyone I had to disclose to. However, I am extremely selective about whom I share this info with.

*

I think I must be an unusual case, the exception to the rule, but in 15 years of living with HIV, I can think of only one time when I was "rejected" by a potential date because I revealed my status; otherwise, I have never experienced an obvious negative reaction to my disclosing.

*

I've been blessed in that I have not experienced any stigma. However, it might be that I was stigmatized and didn't know it.

”

The photographs featured here are from *Infected & Affected: Portraits of a Community Combating Stigma*. The project is a visual study of the HIV/AIDS global community on a mission, expressing its emotions—individually and collectively—in reaction to HIV/AIDS stigma. Joan L. Brown has photographed more than 900 people from 81 countries for the project. For more information, visit infectedandaffected.com.

Module 7: Coping with Stigma

Exercise 7.1-The Importance of Feeling Good

Topic:

- Identify strategies for supporting PLWHA

Objectives:

- Assist participants to recognize the importance of emotional well-being of PLWHA to live long and productive lives
- Identify ways to help PLWHA to stay emotionally healthy

Duration: 30 minutes

Activities:

1. Step 1: Ask participants to make a collage to express what makes them feel good
2. Step 2: Ask them to share their works in pairs
3. Step 3: The same pairs are asked to discuss the following questions
 1. What do people living with HIV need, to feel good about themselves?
 2. Why is “feeling good” (emotional well-being) important for people living with HIV to lead long lives? What might prevent people living with HIV from feeling good?

See Appendix 7.1 for examples

Materials:

- Appendix 7.1 Coping Discussion Examples

Exercise 7.2-Stigma, Self-Stigma and Self Esteem

Topic:

- Discuss ways of coping with and challenging stigma

Objectives:

- Identify ways to challenge stigma and assist PLWHA to cope with the effects of stigma

Duration: 30 minutes

Activities:

1. Refer to Appendix 7.2a to the NAACP Pastoral Brief (A Modern Day Parable). Handout to participants (**pg. 45 Participant handout**). Read and review as a group.
2. See Appendix 7.2b for questions to help guide the discussion

Materials:

- Appendix 7.2a NAACP Pastoral Brief
- Appendix 7.2b Stigma Discussion Guiding Questions

Appendix 7.1 Coping Discussion Examples

Examples

What do PLHIV need, to feel good about themselves?

- To be loved
 - Cared for
 - Listened to
 - Given information about HIV and AIDS
 - Nutritious food
 - Involved in family decision making
 - Access to proper medical services
 - Legal protection to stop them from being fired from jobs
 - Prayer and encouragement from spiritual leaders
- Considered to be productive, contributing to family like others

- Cared for
 - Listened to
 - Given information about HIV and AIDS
 - Nutritious food
 - Involved in family decision making
 - Access to proper medical services
 - Legal protection to stop them from being fired from jobs
 - Prayer and encouragement from spiritual leaders
- Considered to be productive, contributing to family like others

Why is “feeling good” important for PLHAs to a long life?

- If our mind feels good, so does our body
 - Less likely to fall sick
 - More likely to share problems

What might prevent PLHAs from feeling good? Stigma – lack of attention, isolation, lack of care and support
 Self-stigma – feeling guilty, Loss of friends, stigma by neighbors

Appendix 7.2a

Modern Day Parable: One Man's Journey With HIV, Faith, And The Church

A man, who loved and worshipped God with all his heart, was offered a wonderful opportunity that would benefit him professionally. Preparing for this meant undergoing a full medical examination, including an HIV test, which he was sure he would pass with flying colors. When his examination went as planned, he had no reservations about waiting and returning for his test results later. A short time passed and the gentleman later returned to his doctor's office, and the nurse called him back to share his test results. She told him that the test was positive and gave him some brochures. The young man thanked her and left the office thinking, "Great! I passed!"

And then it hit him. Positive? For HIV? He re-read the papers he received from the clinic. He was HIV positive. Confused and in shock, he returned to the clinic and asked the nurse to explain everything to him once again. This was just not possible! He had only been with two people in his life, and he was married. How could this be?

Devastated, confused, angry and completely grief-stricken, the young man decided to go to the one place where he knew he would be comforted: his church. As he entered the house of worship, one of the church mothers greeted him cheerily and asked him how he was doing. The pain in his heart was too much to bear, and he broke down in tears, sobbing inconsolably on the ground. It took several minutes of coaxing from the church mother, head pastor, and associate pastor before he told them the news that he was HIV positive.

Seeking to comfort him, the associate pastor stretched his hand over his head and told him that he was just given a prophecy to "pray the gay" out of him. The young man was stunned; he was not gay. He left that church feeling even more desolate and spent the next month and a half agonizing about how he was going to deal with his HIV diagnosis.



He decided to attend support group meetings in the community. Here, he felt welcomed and the friends he made helped him face his new life with hope. To his joy, he found a place of worship whose church community and leadership was welcoming to him, a man living openly with HIV. He joined the church, began to grow the church's HIV ministry and started his own organization that focused on HIV/AIDS education.

After several months of pursuing this new calling, one Sunday, the young man was invited to speak about HIV at a church that was celebrating a Week of Prayer focused on healing. During the prayer meeting, a woman in the last stages of cancer came up to the pulpit to ask for special prayer. The pastor laid his hands on her head, anointed her with oil and hugged her while he prayed. Feeling inspired, the pastor then asked the young man to stand and represent all of those who are infected with HIV. As the pastor began praying, instead of hugging him like he did with the cancer patient, he stretched his hand over the young man's head. This brought back memories of the painful experience with his former pastor. Why wasn't he anointed with oil or hugged for comfort as the woman who went before him? Was the pastor afraid to touch him? However, this time, the young man smiled to himself and vowed that he would continue his work to educate everyone, especially those in the church, about the true nature of HIV.

Appendix 7.2b Stigma Discussion Guiding Questions

1. What things prevent us from interacting effectively and efficiently with our health care providers or the health care system (i.e., fear, ignorance, pride)

2. Acceptance of a HIV/AIDS diagnosis or testimony by church leaders and members is optimal for those living with HIV/AIDS. What things can a church do to support PLWHA? How was the reaction of leadership from the different churches affirming or not affirming? (i.e., those who are not judgmental and loving and caring vs. those who are judgmental and discriminate between those with HIV and those who do not have HIV but who might have another illness)

3. How can the church help PLWHA? (i.e., do they have ministry programs, do they have leadership who can address their needs, are they willing to get training or learn more about the disease, do they have programs to educate and test the congregation)

Module 8: Using Advocacy to Challenge Stigma and Promote Social Justice

Exercise 8.1- Define Advocacy and the Stages of Advocacy

Topic:

- Define advocacy
- List and define the stages of advocacy

Objectives:

- To identify constructive ways to counter challenges to HIV activism and social justice
- To help participants understand how they can get involved in advocacy

Duration: 15-20 minutes

Activities:

1. Review PowerPoint defining advocacy and stages of advocacy (**Appendix 8.1, page 47 Participant handout**)
2. Facilitate the following discussion questions:
 - What are ways that you can increase HIV awareness in your church?
 - How can you engage the congregation in discussing HIV prevention?
 - What are possible ways to mobilize the congregation to act on behalf of persons living with HIV/AIDS?
 - Brainstorm ways to create a sustainable change in the church, related to HIV/AIDS

Materials:

- Appendix 8.1 Advocacy
- Computer
- LCD projector
- Extension cord

Exercise 8.2- Overcoming Challenges to Social Justice/Activism

Topic:

- Discuss challenges that congregants or faith leaders may encounter when advocating for PLWHA

Objectives:

- To identify constructive ways to counter challenges to HIV activism and social justice
- To help participants understand how they can get involved in advocacy

Duration: 15-20 minutes

Activities:

1. Review PowerPoint slides discussing challenges raised in the NACCP manual (Appendix 8.2)
2. Facilitate discussion:
 - Discuss HIV/AIDS activity for your congregation that focuses on:
 - Age groups
 - Gender
 - Sexual Orientation
 - Identify ways to advocate for anti-stigma and encourage social justice

Materials:

- Appendix 8.2 Challenges to social justice/activism (**page 49 participant handout**)
- Computer
- LCD projector
- Extension cord

Exercise 8.3- Advocacy in Action

Topic:

- Identify ways to advocate for anti-stigma and encourage social justice

Objective:

- To identify constructive ways to counter challenges to HIV activism and social justice.
- To help participants understand how they can get involved in advocacy

Duration: 45 minutes

Activities:

1. As a group, ask to participants to list the rights that are often violated for people living with HIV (refer to Appendix 8.3a)
2. Divide participants into small groups and have them brainstorm how to carry out effective advocacy based on one of the rights discussed
3. See NAACP Participation List (**Appendix 8.3b, page 53 Participant packet**) for ideas.
4. The facilitator should assist the participants to develop an advocacy strategy. For this, six steps should be involved (**Appendix 8.3c, page 54 Participant packet**)
 - Identifying and clarifying the issues

- Establishing goals and objectives
- Agreeing on targets, audiences, and messages
- Agreeing on tactics and tools
- Gender proof your campaign
- Monitoring and evaluation

Allow time for groups to share their strategy

Materials

- Appendix 8.3a Rights Of PLHIV That Are Violated
- Appendix 8.3b NAACP Participation List
- Notebook paper
- Flipchart
- Pens

ADVOCACY

An action directed at changing the policies, positions, and programs of any type of institution. It is the process to bring about change in the policies, law, and practices of influential individuals, groups, and institutions

- Trying to identify a problem
- Pushing the problem for people to understand
- Designing deliberate action for policy change
- Speaking and taking actions to achieve an objective
- Lobbying people to understand your views
- Processing to bring about change
- Identifying issues you want to address
- Speaking out to people on issues

STAGES OF ADVOCACY

1. **Awareness-** Awareness is the foundation of activism. Hosea 4:6 says “... my people perish from a lack of knowledge.”
2. **Engagement-** Engagement can help make the direct connection between HIV activism and serving others through ministry.
3. **Mobilization-** Here is where the faith leader actively involves his congregants in activities that advocate on behalf of those at risk for, affected and/or infected by HIV.
4. **Sustainable change-** Sustaining healthy communities is crucial in HIV activism: creating sustainable change that will help eliminate HIV/AIDS and its disproportionate impact.

CHALLENGES TO ADVOCATING FOR PLWHA

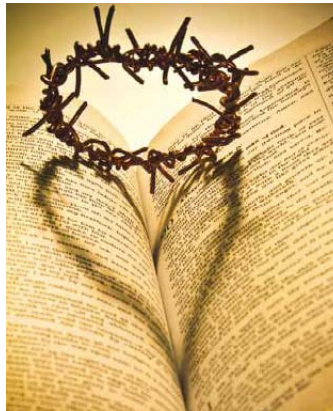
Taken from "The Black Church & HIV: The Social Justice Imperative" Activity Manual. NAACP, p. 18-22.

HIV is not an issue for the church, as church doctrine opposes in HIV prevention

- Jesus focused on the individual and not the condition
- Do not concentrate on how HIV was transmitted or contracted, rather identify ways that the ministry can support the congregants

“We have an HIV/AIDS ministry at our church. It's a part of the health ministry: 'Your Body is a Temple'. We have a wonderful young lady who leads it; she has her Masters of Social Work from Columbia.”

- Baltimore Faith Leader



“My approach was to ask what Jesus did. No place in any Bible, and I got several different versions, have I found where Jesus asked anybody, how did you get sick? The question was, will you be made whole? Period. That's the whole thing of my discussion because we're about serving, right? It was so traumatic to them [those infected by the disease] for a minister to say, well what did you do? ... And that's not the question that Jesus asked. Scripture-wise, I like the story of the Good Samaritan because in spite of the differences, he still helped.”

- Reverend Dr. Dorothy Lucas, Chicago

CHALLENGES

If I help someone who has engaged in “risky” behaviors, my church leadership and congregation may condemn me for condoning sinful behaviors.

- Engaging in ministry that includes HIV can come with a cost
- Speaking out for righteousness is a part of our calling, and we should not be stopped by people’s often negative assumptions or criticisms

“*Sometimes when we talk about the stigma and the silence of the church, we fail to recognize that our greatest weapon is the proclamation. That’s the first step right there is to talk about it.*”

- Reverend Johnson, Los Angeles

The high rates of HIV in our community create an environment in which all of us are stigmatized and silenced.



“*We still forget that there is fear within people about letting everybody else know that they have AIDS because of the stigma that has gone with this disease. There’s fear, and the Word says that God has not been given the spirit of fear. Fear is a spirit that goes all around, that hinders any of us from doing exactly what we need to do in the community.*”

- Philadelphia Faith Leader

CHALLENGES

HIV is too difficult to discuss, so it is better to remain silent. And besides, it's not really a problem for my community or church

- Despite the difficulty of the topic, we must discuss HIV.
- We have to be courageous, start the dialogue, and show our members through our leadership that God can handle the realities of their lives

“There are four types of churches. The Entertainment Church does a lot of celebrating on Sunday but doesn't provide any transformation Tuesday through Saturday. The Containment Church ... is where the educated gather but do not reach out to the community. The Prosperity Church is where people ride in the community and after church they ride back out without helping anyone. What we need for liberation is what I call a Martin Luther King Church. When Dr. King was alive, he took the church out of the church and into the community. When Dr. King got assassinated, the church left the community and came back to church. Our problem is, we're not at the liberation point where we come out[side] the church into the community. It's all in disarray.”

- Reverend Dr. Al Sampson, Chicago

CHALLENGES

My church cannot afford to engage in HIV activism now, as we do not have the funds to develop all these programs.

- Commitment to making HIV a priority in your church does not have to cost any money.
- Through commitment, we can build partnerships and identify the resources. There are many free resources available to help you do this work.

“I think that it is irresponsible for us to just say I'm not going to do it because of funds. It really doesn't require a whole lot of resources because the information is certainly there, and if you have any health care professionals or those who are knowledgeable, they can facilitate it. I think it should definitely be addressed.”

- Reverend Elaine Flake, New York

“I know within my community of faith our Bishops have publicly tested for AIDS and encouraged our congregations to lift up the importance of testing through partnerships with some other agencies here in the Los Angeles area. So, those kinds of initiatives have taken place in some congregations. We know that we are not doing enough, but I think we also need to be aware of some of the strides that have been made, and we can celebrate and build on them as well.”

- Reverend John Johnson, Los Angeles

Appendix 8.3a Rights Of PLHIV That Are Violated

What are some of the rights that can get disregarded if we are living with HIV?

- Freedom of association Right to privacy
- Right to health care
- Right to family-belonging Right to education
- Right to earn a living/employment Right to good information
- Right to human dignity Right to shelter
- Right to parenthood (having children) Right to sex
- Right to marry

Taken from the HIV and AIDS Anti Stigma Training Guide for Traditional and Opinion Leaders by the Christian Council of Ghana

NAACP PARTICIPATION LIST OF IDEAS

Appendix 8.3b NAACP Participation List

- **Preach a sermon about HIV as a social justice issue or the disproportionate way it impacts the Black community**
- **Film sermon and upload it to YouTube to share with others**
- **Provide HIV screenings at your church in partnership with local health agencies**
- **Incorporate HIV into your health ministry**
- **Host an educational workshop for your congregation**

Appendix 8.3c Six Steps To Developing An Advocacy Strategy

1. Identifying and clarifying the issues
2. Establishing goals and objectives
3. Agreeing on targets, audiences, and messages
4. Agreeing on tactics and tools
5. Gender proof your campaign
6. Monitoring and evaluation

Taken from the HIV and AIDS Anti Stigma Training Guide for Traditional and Opinion Leaders by the Christian Council of Ghana