



THE AGE OF AIDS

A Guide for Faith Based Communities

Religious Institute on Sexual Morality, Justice, and Healing
in conjunction with



FRONTLINE[®]



AN INTERFAITH DECLARATION

In an effort to develop an appropriate response to HIV/AIDS from the faith community, the Council of National Religious AIDS Networks, an interfaith coalition, came together in 1993. They developed the following statement, portions of which were taken from The African-American Clergy's Declaration of War on HIV/AIDS (The Balm in Gilead Inc., 1994) and from "The Atlanta Declaration" (AIDS National Interfaith Network, 1989). Communities are welcome to adapt this or use it as a model.

We are members of different faith communities called by God to affirm a life of hope and healing in the midst of HIV/AIDS.

The enormity of the pandemic itself has compelled us to join forces despite our differences of belief. Our traditions call us to embody and proclaim hope, and to celebrate life and healing in the midst of suffering.

AIDS is an affliction of the whole human family, a condition in which we all participate. It is a scandal that many people suffer and grieve in secret. We seek hope amidst the moral and medical tragedies of this pandemic in order to pass on hope for generations to come.

We recognize the fact that there have been barriers among us based on religion, race, class, age, nationality, physical ability, gender and sexual orientation which have generated fear, persecution and even violence. We call upon all sectors of our society, particularly our faith communities, to adopt as highest priority the confrontation of racism, classism, ageism, sexism and homophobia.

As long as one member of the human family is afflicted, we all suffer. In that spirit, we declare our response to the AIDS pandemic:

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

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

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

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

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

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

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

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

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INTRODUCTION

AIDS is one of the most pressing issues facing us today. Faith communities have a critical role to play in fighting the spread of the disease, in offering care and treatment for those already infected, and in supporting families, communities, and nations affected by HIV/AIDS. The Religious Institute on Sexual Morality, Justice, and Healing is pleased to bring you this guide and video in collaboration with PBS's FRONTLINE to help your congregation better understand and address the HIV/AIDS pandemic. This guide is written for clergy, religious educators, and lay leaders in faith communities.

2006 marked the 25th anniversary of the diagnosis of the first case of AIDS. In 1981, AIDS was a medical mystery. Today it is a global pandemic. More than 70 million people around the world have been infected with HIV, the virus that causes AIDS and more than 22 million have died. Unlike many current tragedies, AIDS is entirely preventable through education and awareness. The central question *The Age of AIDS* asks is "Why has humanity failed to stop the spread of HIV?" This guide will help congregations ask "How are we called to respond to the AIDS epidemic? What has our faith community done and what can we do to stop the spread of HIV?"

Faith communities are uniquely suited to address moral and ethical issues, and can advocate for a faith-based commitment to HIV prevention and treatment. Such commitment is grounded in a shared tradition of reaching out to the disadvantaged, helping the sick, and promoting physical and spiritual health among members and throughout their outreach ministries. In response to HIV/AIDS, faith communities can offer accurate and appropriate information about *prevention*. They can provide *care* for those who are HIV positive or have developed AIDS and those who love them. They can offer compassionate *service* modeling acceptance, justice, and love to combat stigma and discrimination faced by those living with HIV/AIDS.

Prevention

Faith communities have the opportunity to provide age-appropriate education about HIV/AIDS and its prevention. Faith communities can integrate HIV/AIDS education into formal youth religious education programs and adult education forums; some may already have specific sexuality education programs that are the ideal place to address HIV/AIDS prevention. Prevention efforts should include making resources available and accessible. For example, congregations can dedicate a bulletin board to sexuality-related issues including local HIV testing and counseling information, HIV/AIDS pamphlets, contact information for local HIV/AIDS-related public health and social service agencies, and denominational statements relating to HIV/AIDS.

Care

Faith communities in the U.S. and globally can serve as social and spiritual support for people living with HIV/AIDS and their families. The value of caring for the sick extends to families, health care providers, and communities struggling to deal with the day-to-day needs and concerns of loved ones with HIV/AIDS. Congregations can offer specific worship services for those touched by the epidemic and encourage prayer rituals and blessings for people living with HIV/AIDS, such as prayer chains, prayer circles, a Mishebeirach blessing, or candle lightings. People living with HIV/AIDS who are seeking pastoral care and membership in a congregation will hear their own concerns reflected in the larger prayer and worship life of the congregation. Faith communities can offer counseling, support groups, and substance abuse ministries in an affirming faith-based, pastoral environment. If clergy or lay members do not have training in HIV-related ministries, the congregation can invite trained clergy, public health providers, or local community leaders to educate them on how their congregations can begin addressing HIV/AIDS locally and globally.

To begin a specific AIDS ministry, congregations can host a local multifaith pastoral care training session for lay and clergy providers who work in hospitals or hospices in the community.

Service

Faith communities are called to advocate for justice on behalf of those who cannot do so or are not heard. Compassionate service challenges attitudes that promote stigma and the denial of HIV/AIDS that persist to this day. As an initial step, congregations may develop a congregational policy, become familiar with their denomination's statement about AIDS (see page 25 for a partial list of denominational statements) or adapt the Council of National Religious AIDS Networks Interfaith Declaration to fit their specific faith tradition (see inside cover). A policy or declaration draws a link between a congregation's moral values and its role in the HIV/AIDS pandemic by breaking the silence around HIV/AIDS-related issues. Congregations might partner with local public health or non-profit organizations already engaged in HIV/AIDS work to strengthen relationships and increase the level and variety of services offered. Possible ministries include food and meal services,

food banks, assisting with shelters for homeless HIV-positive women and their children, and coordinating volunteers for drop-in centers, hospitals, or hospices.

Faith-based organizations have a crucial role to play in helping educate congregants to prevent the further spread of the virus, providing support for those directly affected, and raising awareness about HIV and AIDS. We hope this publication and the accompanying *Age of AIDS* documentary will inspire congregations to begin taking steps to address the HIV/AIDS epidemic. As you and your congregation use this *Guide* to plan an event, use the materials in a study group, or organize an outreach ministry, the Religious Institute and FRONTLINE invite you to share your thoughts on the web at <http://www.pbs.org/frontline/aids/talk/>. We know that others will benefit from your experience and suggestions on how to use *The Age of AIDS*. We hope you will also utilize the Religious Institute website, where a full pdf version of the *Guide* and supplementary materials can be downloaded at http://www.religioustheology.org/Age_of_AIDS.pdf as well as the materials available through FRONTLINE at <http://www.pbs.org/frontline/aids/outreach>.

THE AGE OF AIDS DVD

Series Description*

On the 25th anniversary of the first diagnosed case of AIDS, FRONTLINE examined one of the worst pandemics the world has ever known in *The Age of AIDS*. After a quarter century of political denial and social stigma, of stunning scientific breakthroughs, bitter policy battles and inadequate prevention campaigns, HIV/AIDS continues to spread rapidly throughout much of the world, particularly in developing nations. Over 25 years, roughly 70 million people have been infected with the virus, and 22 million have already died of AIDS. *The Age of AIDS* series examines one of the most important scientific and political stories of our time: the story of a mysterious agent that invaded the human species and exploited its frailties and compulsions—sexual desire and drug addiction, bigotry and greed, political indifference, and bureaucratic inertia—to spread itself across the globe.

Filmed around the world in 16 countries, *The Age of AIDS* features interviews with major players in the battle against HIV/AIDS. *The Age of AIDS* begins with the medical and scientific mystery that emerged in 1981 when five gay men in Los Angeles were diagnosed with a new disease. The film documents the frantic search by American and European scientists and epidemiologists to find the source of the deadly infection as they tracked its spread among gay men, intravenous drug users, and hemophiliacs, and then into the general population. The trail led them back in time, from major American and European cities to Haiti and finally to the Congo.

The story then moves from the mysterious virus to the fear, stigma and political controversies of the Reagan administration. Attempts to prevent the spread of the disease, most prevalent among gay men and intravenous drug users at the time,

sparked furious public debate. As the film tracks the devastating spread of HIV around the world, it documents how some countries—in Europe, Africa, and Asia—found tools to slow its progress, including needle exchange programs and massive condom distribution campaigns.

The second half of *The Age of AIDS* begins by exploring the chasm that emerged between rich and poor following the development of the miraculous triple cocktail HIV treatment. In the mid-1990's, when doctors discovered the cocktail, it seemed to signal a new era in which AIDS was no longer a fatal disease. But the high price of the medications meant they were unaffordable to patients in developing nations. *The Age of AIDS* tracks the political struggle to lower those prices, in countries like Brazil, and documents the South African government's tragic failure to battle the epidemic that was overwhelming its country.

The film also examines the next wave of the AIDS epidemic in some of the most populous and strategically important nations in the world, including Russia, India and China, and tracks the same pattern of official denial and political indifference that characterized the epidemic in so many other countries. Globally, pressure was building around the political struggle to finance AIDS prevention and treatment in the developing world, between the UN-backed Global Fund and the Bush administration's AIDS initiative.

Twenty-five years after the first cases were diagnosed, a scientific solution to the AIDS pandemic remains elusive. Despite billions of dollars being poured into research, most scientists believe a breakthrough on an effective vaccine against HIV is years, perhaps decades away.

*Adapted from Series Description, www.pbs.org/frontline/aids/outreach

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DEFINITIONS

We have provided basic definitions to understand the medical terminology of HIV and AIDS. All definitions provided here are adapted from the *Glossary of HIV/AIDS—Related Terms*, 2005 found at AIDSInfo, an organization of the National Institutes of Health, http://aidsinfo.nih.gov/ContentFiles/GlossaryHIVrelatedTerms_FifthEdition_en.pdf. Further definitions and references for acronyms can be found on this site.

Acquired Immunodeficiency Syndrome (AIDS)

A disease of the body's immune system caused by the human immunodeficiency virus (HIV). AIDS is characterized by the death of CD4 cells (an important part of the body's immune system), which leaves the body vulnerable to life-threatening conditions such as infections and cancers.

Acute HIV Infection

Also known as primary HIV infection or acute retroviral syndrome (ARS). The period of rapid HIV replication that occurs 2 to 4 weeks after infection by HIV. Acute HIV infection is characterized by a drop in CD4 cell counts and an increase in HIV levels in the blood. Some, but not all, individuals experience flu-like symptoms during this period of infection. These symptoms can include fever, inflamed lymph nodes, sore throat, and rash. These symptoms may last from a few days to 4 weeks and then go away.

Diagnosis and Testing

Diagnosis is done by testing blood for the presence of antibodies (disease-fighting proteins) to HIV. HIV antibodies generally do not reach noticeable levels in the blood for 1 to 3 months following infection. It may take the antibodies as long as 6 months to be produced in quantities large enough to show up in standard blood tests. Hence, to determine acute infection, health care providers can screen for the presence of HIV genetic material. Most health care providers offer

HIV testing and will usually offer counseling at the same time. Testing can be done anonymously as well. Health care providers diagnose HIV infection by using two different types of antibody tests: ELISA and Western Blot.

Human Immunodeficiency Virus (HIV)

The virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is in the retrovirus family, and two types have been identified: HIV-1 and HIV-2. HIV-1 is responsible for most HIV infections throughout the world, while HIV-2 is found primarily in West Africa. Initial symptoms of infection usually disappear within a week to a month and are often mistaken for those of another viral infection. More persistent or severe symptoms may not appear for 10 years or more after HIV first enters the body in adults, or within 2 years in children born with HIV infection. This period of "asymptomatic" infection varies greatly in each individual. Some people may begin to have symptoms within a few months, while others may be symptom-free for more than 10 years. Even during the asymptomatic period, the virus is actively multiplying, infecting, and killing cells of the immune system. The virus can also hide within infected cells and lay dormant. The most obvious effect of HIV infection is a decline in the number of CD4 positive T (CD4+) cells found in the blood—the immune system's key infection fighters. The virus slowly disables or destroys these cells without causing symptoms. As the immune system worsens, a variety of complications start to take over.

Transmission

Horizontal transmission is a term used to describe transmission of a disease from one individual to another. For example, HIV can be spread horizontally through sexual contact or exposure to infected blood. HIV is spread most commonly by having unprotected sexual intercourse with an infected partner. The virus can enter the body

through the lining of the vagina, vulva, penis, rectum, or mouth during sex. Condoms are highly effective in preventing the spread of HIV transmission during all forms of sexual intercourse.

HIV also is spread through contact with infected blood. Today, because of blood screening and heat treatment, the risk of getting HIV from blood transfusions is extremely small. HIV is frequently spread among injection drug users by the sharing of needles or syringes contaminated with very small quantities of blood from someone infected with the virus. It is rare, however, for a patient to give HIV to a health care worker or vice-versa by accidental sticks with contaminated needles or other medical instruments.

In contrast, spread of disease from parent to offspring is called vertical transmission. Mother-to-child transmission is the passage of HIV from an HIV-infected mother to her infant. The infant may become infected while in the uterus, during labor and delivery, or through breastfeeding. If the mother takes certain medications during pregnancy, she can significantly reduce the chances that her baby will get infected with HIV. If health care providers treat HIV-infected pregnant women

and deliver their babies by cesarean section, the chances of the baby being infected can be reduced to a rate of 1 percent. HIV infection of newborns has been almost eradicated in the United States due to appropriate treatment.

Dispelling Myths about Transmission

- Scientists have found no evidence that HIV is spread through saliva, sweat, tears, urine, or feces.
- Studies of families of HIV-infected people demonstrate that HIV is not spread through casual contact such as the sharing of food utensils, towels and bedding, swimming pools, telephones, or toilet seats.
- HIV is not spread by insects such as mosquitoes or bedbugs.
- Heterosexuals and homosexuals can become infected with HIV. Men and women can become infected with HIV. Teenagers and senior citizens can become infected with HIV. Anyone who engages in unprotected sexual and drug behaviors with an infected partner can become infected.
- HIV/AIDS is not a punishment from God.

This resource can be duplicated for hand-out purposes.

HIV/AIDS STATISTICS

We have provided two reproducible hand-outs for your use. For up-to-date statistical information please see <http://www.cdc.gov/hiv> or http://www.unaids.org/en/hiv_data. These data are for 2005, and are the most current data available as of February 2007.

United States Statistics*

Reports of U.S. HIV Cases

- Through 2005, a total of 249,950 persons were reported as having HIV infection (not AIDS) in the United States.
- In 2005, 70% of the 35,107 reported cases of HIV infection among adults and adolescents were in males, and 30% were in females.
- In 2005, 430 cases of new HIV infection in children were reported.
- Of the estimated 342,148 male adults and adolescents living with HIV/AIDS:
 - 61% had been exposed through male-to-male sexual contact
 - 18% had been exposed through injection drug use.
 - 13% had been exposed through high-risk heterosexual contact.
 - 7% had been exposed through both male-to-male sexual contact and injection drug use.
- Of the estimated 127,150 female adults and adolescents living with HIV/AIDS:
 - 72% had been exposed through high-risk heterosexual contact, and
 - 26% had been exposed through injection drug use.
- Of the estimated 6,792 children living with HIV/AIDS:
 - 90% had been exposed perinatally.

Reports of U.S. AIDS Cases

- Through 2005, a total of 956,019 persons in the United States had been reported as having AIDS.
- In 2005, males accounted for 74% and females for 26% of 41,900 reported AIDS cases among adults and adolescents.
- In 2005, 93 new AIDS cases in children were reported.
- Of the estimated 325,165 male adults and adolescents living with AIDS:
 - 59% had been exposed through male-to-male sexual contact
 - 20% had been exposed through injection drug use
 - 11% had been exposed through high-risk heterosexual contact
 - 8% had been exposed through both male-to-male sexual contact and injection drug use
- Of the estimated 96,978 female adults and adolescents living with AIDS:
 - 65% had been exposed through high-risk heterosexual contact
 - 33% had been exposed through injection drug use.

*Statistics from *HIV/AIDS Surveillance Report, 2005. Vol. 17. Centers for Disease Control and Prevention. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2006. Also available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>.*

Global Statistics for 2005*

REGION	Adults (15+) and children living with HIV	Adults (15+) and children newly infected with HIV	Adult (15–49) HIV prevalence (%)	Adult (15+) and child deaths due to AIDS
Sub-Saharan Africa	25.4 Million [21.6–27.4 million]	2.7 million [2.3–3.1 million]	6.1 [5.4–6.8]	2.0 million [1.7–2.3 million]
North Africa and Middle East	440,000 [250,000–720,000]	64,000 [38,000–210,000]	0.2 [0.1–0.4]	37,000 [20,000–62,000]
Asia	8.3 million [5.7–12.5 million]	930,000 [620,000–2.4 million]	0.4 [0.3–0.6]	600,000 [400,000–850,000]
Oceania	78,000 [48,000–170,000]	7200 [3,500–55,000]	0.3 [0.2 – 0.8]	3,400 [1,900 – 5,500]
Latin America	1.6 million [1.2–2.4 million]	140,000 [100,000 – 420,000]	0.5 [0.4 – 1.2]	59,000 [47,000–76,000]
Caribbean	330,000 [240,000 – 420,000]	37,000 [26,000 – 54,000]	1.6 [1.1 – 2.2]	27,000 [19,000 – 36,000]
Eastern Europe and Central Asia	1.5 million [1.0 – 2.3 million]	220,000 [150,000 – 650,000]	0.8 [0.6 – 1.4]	53,000 [36,000 – 75,000]
North America, Western & Central Europe	2.0 million [1.4 – 2.9 million]	65,000 [52,000 – 98,000]	0.5 [0.4 – 0.7]	30,000 [24,000 – 45,000]
Total	38.6 million [33.4 – 46.0 million]	4.1 million [3.4 – 6.2 million]	1.0 [0.9 – 1.2]	2.8 million [2.4 – 3.3 million]

*Statistics taken from UNAIDS 2006 Report on the Global AIDS Epidemic. Statistics represent estimates. Numbers in brackets represent the range of the estimate. Full report available at http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp.

HOW TO USE THE DVD

This guide includes a variety of resources to assist your congregation in using the DVD *The Age of AIDS* effectively in your ministry. These materials are relevant for worship settings, prayer groups and outreach events, and they are age-appropriate for small groups. When available, references to further electronic resources are provided. Print references that deal with the theological foundations of issues related to HIV/AIDS and pastoral care concerns, as well as other curricula for further study are listed in the resource section (page 26).

FRONTLINE has developed a number of resources for secular community events that may be helpful in a congregational setting. The Community Tool Kit offers advice on planning an event from contacting speakers to preparing contact information for take-away vendors. It includes an event timeline and samples of press releases, a budget, and letters to request community support. The website, <http://www.pbs.org/frontline/aids>, also offers a variety of resources such as medical information on HIV/AIDS, global maps and updated data on infection, a timeline of the 25 years of AIDS, interview, a quiz, links to secular websites in the U.S. and globally, current news and public policy on HIV/AIDS. *The Age of AIDS* may be viewed online in its entirety at <http://www.pbs.org/wgbh/pages/frontline/aids/view/>.

Cueing the DVD

1. From the main menu of the DVD, select “Play.”
2. Select, using the DVD player controls, specific chapters. If the DVD player does not display chapter breaks, fast forward using the timeline notes. For example, disc 1, chapter 4 begins at 0:15:00 and ends at 0:20:00.
3. Stop the DVD at the end of the section identified in the group sessions. Please note: Until you press “Stop” or “Pause” the DVD will continue to play to the end of the disc.

General Tips for the Group Facilitator

- Watch the entire documentary first to familiarize yourself with the issues and the scope of the materials.
- As the group participants may be unfamiliar with the documentary, try to put the segments screened into context for them.
- Go over the definitions provided on page 5, especially the sections on transmission and the myths of transmission.
- Consider opening and closing each session with prayer or a Scripture reading if that is consistent with your faith tradition. A list of possible Scripture readings is on page 12.
- One effective way of opening the conversation is to invite participants to tell how they first encountered HIV/AIDS.
- Because HIV/AIDS is a sensitive and often controversial topic, be prepared to respond calmly if participants react strongly. Develop guidelines for group interaction to build trust and model respect as an initial exercise before the group begins.
- Use the Resource List on page 25 to review your faith tradition’s teachings on HIV/AIDS. You can share the teaching as context or background information for the group.
- See the Facilitator’s notes in the study group materials on suggestions for leading different kinds of groups.
- You may decide to open the discussion with the questions provided or reproduce the questions for self-led group discussion.
- For further exploration of the many social issues raised by the HIV/AIDS epidemic (poverty, sexual health, healthcare access, drug use, etc.), the FRONTLINE website resources are helpful.
- Ask your clergy persons in advance about the availability of pastoral counseling should the need arise during or after the group sessions.

DVD CHAPTERS

The DVD comes as a two disc set, running a total of four hours. Each disc contains two one-hour blocks with 24 chapters per disc.

The chapters are as follows:

Disc One, Hours One and Two

CHAPTER 1 Introduction to the documentary and the U.S. as first cases of AIDS appear in 1981.

CHAPTER 2 Discussion of the spread of AIDS and the stigma associated with the disease.

CHAPTER 3 HIV is detected in communities such as IV Drug Users and Haitian immigrants.

CHAPTER 4 Stigma and discrimination fuel myths about transmission.

CHAPTER 5 HIV is spreading to other populations such as children and hemophiliacs.

CHAPTER 6 Political response and support hinder the ability to stem the spread of HIV. There is confirmation that HIV can be heterosexually transmitted.

CHAPTER 7 Scientists find AIDS in the general population of the Congo and discover how it reached Haiti.

CHAPTER 8 Interventions like closing bathhouses fuels discrimination by singling out populations.

CHAPTER 9 Scientists try to isolate the virus. French scientists make strides.

CHAPTER 10 Scientists discover when HIV first crossed the species barrier from chimpanzee to human.

CHAPTER 11 Robert Gallo in the U.S. claims to have discovered the virus and develops a blood test.

CHAPTER 12 While many nameless people are suffering, the death of Rock Hudson gives a public face to AIDS.

CHAPTER 13 A backlash of fear and discrimination results in denial of health care and loss of jobs and housing for those who are positive.

CHAPTER 14 Schoolchildren with the disease are forced to withdraw. The Reagan administration does not refute the myths of transmission.

CHAPTER 15 Two million people have HIV by 1985, mostly in Africa. Dr. Jonathan Mann of the World Health Organization assumes leadership of the issue.

CHAPTER 16 Uganda shows that prevention campaigns can work.

CHAPTER 17 In Thailand, Mechai Viravaidya almost single-handedly makes a difference by pressing for condom education and accessibility.

CHAPTER 18 Examples show progress can be made with a combination of political commitment and common sense.

CHAPTER 19 Politics and cultural taboos derail needle exchange and sex education programs in the U.S.

CHAPTER 20 AZT is the first effective AIDS drug. It is not a cure and the cost is beyond the means of most.

CHAPTER 21 The display of the AIDS quilt by the Naming Project questions the way care is provided across the population.

CHAPTER 22 President Reagan's one and only speech on AIDS begins positively, and ends by promoting universal testing. The Ryan White Care Act is passed, legislating against discrimination.

CHAPTER 23 Worry grows about a global pandemic. With the loss of Dr. Jonathan Mann from W.H.O., efforts to prevent the global spread of HIV are severely curtailed.

CHAPTER 24 Conclusion of this disc. Scenes introduce the next disc.

Disc Two, Hours Three and Four

CHAPTER 1 Introduction to the documentary and factors affecting the spread of HIV in South Africa.

CHAPTER 2 In South Africa, HIV infection accelerates, but President Mandela barely mentions AIDS.

CHAPTER 3 Uganda's approach to prevention is compared to those of South Africa and the U.S.

CHAPTER 4 President Clinton names an AIDS czar and increases funding and research.

CHAPTER 5 In 1996, Dr. David Ho develops the "triple cocktail" of antiretroviral medications. HIV is no longer a death sentence.

CHAPTER 6 Twenty million Africans who need AIDS medications, as well as the poor in the U.S. cannot pay for them.

CHAPTER 7 Brazil decides to provide medication for all citizens as a human right and begins to manufacture its own medications.

CHAPTER 8 South African leadership continues to deny the existence of HIV/AIDS.

CHAPTER 9 Maternal to fetal transmission becomes widespread in South Africa, but the government bans the use of medication (AZT) that decreases transmission rates.

CHAPTER 10 The Black church responds negatively to the spread of HIV/AIDS as race and class become major risk factors.

CHAPTER 11 HIV/AIDS spreads through Russia and China fueled by economic changes, sex work, and silence about sexuality issues.

CHAPTER 12 The Global Conference on HIV/AIDS is held in South Africa to bring awareness to the issue. President Mbeki continues to deny the connection between HIV and AIDS.

CHAPTER 13 Pharmaceutical companies overprice the medications. Activists win the battle to

reduce the cost of medications. Global distribution of medications is constrained by inadequate resources and living conditions.

CHAPTER 14 Frank and straightforward prevention efforts are dismissed by conservative politicians. An exception is the conservative Christian minister, the Rev. Franklin Graham.

CHAPTER 15 Bono becomes an international advocate for HIV funding. The U.S. government begins to address the need for global measures.

CHAPTER 16 President Bush creates a \$15 billion fund to fight AIDS, primarily in Africa and the Caribbean. Russia, India, and China face a growing AIDS problem.

CHAPTER 17 China begins to work on HIV/AIDS using its strong social systems.

CHAPTER 18 Access to medications is limited around the world as is the ability of patients to comply with treatment regimens. Prevention becomes ever more crucial.

CHAPTER 19 The U.S. directs only 20% of its global effort to prevention with abstinence the main technique advocated.

CHAPTER 20 The struggle to provide medications where they are most needed faces political, monetary, and practical obstacles.

CHAPTERS 21 95% of new infections occur in developing countries. Prevention efforts that address unsafe sexual behaviors are critically needed.

CHAPTER 22 Researchers work on new prevention tools, but a vaccine remains elusive.

CHAPTER 23 Research developments around microbicides are promising tools for women who are at high-risk.

CHAPTER 24 Conclusion to this disc. Introduction of resources available on the FRONTLINE website.

EDUCATION PROGRAMS

The education sessions have been developed for large and small group reflection on issues specific to faith communities raised by *The Age of AIDS*. We first present a plan for showing the DVD in its entirety over four sessions for an intergenerational or adult group. We then present the core plan for an approximately 90 minute small group session that includes only segments from *The Age of AIDS* that focus on prevention and faith-based responses. This core plan forms the foundation for working in more depth with a high school youth group, women's group, senior's group, or social action committee. We then present additional sections and questions for each of these congregation groups based on their particular needs or interests. These sections could possibly comprise a syllabus for a second session or a group leader might integrate group-specific information into a single, two-hour session. Of course, each congregation and each leader will want to adapt the information and segments for their particular needs. We encourage you to be creative and seek out additional information and resources.

The guide includes programs for the following audiences:

Intergenerational Program

The congregation can view the full documentary together over four two-hour sessions gaining perspective on HIV/AIDS, raising awareness, and building fellowship.

High School Youth Group

HIV/AIDS raises many issues relevant to teens and offers a chance to discuss larger sexuality issues such as relationships-building, sexual decision-making, and sexual orientation and gender dynamics.

Women's Group

Heterosexual women are becoming the new face of HIV in many parts of the U.S. and the world. Women face specific issues such as negotiating sexual relationships, pregnancy, and childbearing.

Older Adult Group

Seniors are at growing risk for HIV infection and need to begin open discussion about prevention, as well as addressing some of the myths and stereotypes with regard to HIV/AIDS. Seniors are also in a unique position to offer leadership on HIV/AIDS ministries and education.

Social Action Committee

HIV/AIDS is a global pandemic that affects the infrastructures of entire countries and further stigmatizes the currently oppressed. HIV/AIDS ministries can be developed on a local level or a committee can network with a national or global group. Education and awareness are key to building such ministries.

SUGGESTED SCRIPTURE PASSAGES

Miriam's story (Num 12: 10-16)
Healing of Naaman by Elisha (II Kings 5)
Isaiah 53: 4, 5
Hebrews 13: 3
Psalm 23
Psalm 139
Caring for the Stranger (Matthew 25: 31-46)

Hemorrhaging Woman (Mark 5: 23- 34)
Raising of Jairus' Daughter (Mark 5: 35-43)
Good Samaritan (Luke 10: 25-37)
Healing of the Blind Man (John 9)
Healing of Lazarus (John 11)
Carrying Other's Burdens (Galatians 6: 2)

SHOWING THE ENTIRE DVD: An Intergenerational or Adult Education Program Four Session Program

*E*ach of the four sessions is a two-hour gathering: one hour to watch the video and one hour for discussion. Consider including a potluck meal or desserts as part of the session to develop fellowship and provide nourishment during the two hours.



Part 1: Opening

Gives the participants a chance to introduce themselves in small groups and move from their busy lives into the session. You may want to light a candle as a symbol of learning and knowledge, or offer a prayer or Scripture reading if appropriate for your faith tradition.

Read the description of the documentary to set the context of the study and provide the background statistics and definitions as hand-outs for participants.



Part 2: Watching parts of the film

The DVD is in four one-hour sections. Each hour raises different historical and current issues related to HIV/AIDS. Chapter descriptions are on page 10 and 11. The leader should screen the video in its entirety before the session.



Part 3: Discussion

Participants will be invited to share their thoughts and insights on the discussion questions. If the group is too large for a single discussion, break into small groups and select a group facilitator to read the questions and invite participation. (See page 14 for discussion question hand-outs.)




Part 4: Further Investigation

After each session or after completing all four sessions, the congregation may choose to discuss action steps. Consider inviting representatives from local community organizations who work with people with HIV/AIDS, a representative of your religious tradition's social justice ministry branch, or the representative of your congregation's social action committee to discuss possible avenues of response to the HIV/AIDS pandemic. Consider adding a panel of people living with HIV/AIDS or family members who have cared for a person with AIDS to educate congregants further about the challenges of the disease.

INTERGENERATIONAL AND ADULT EDUCATION PROGRAM

The Age of AIDS: Two Hour Sample Program

Video Segments and Discussion Questions



INTRODUCING HIV/AIDS • Segment One (Disc 1, Chapters 1–12)


When did you first learn about HIV/AIDS?

How is HIV transmitted and what myths have you heard about how it is transmitted? Do you still hear them?

Were people stigmatized in your local area in the early years of the epidemic? Are they still?

How did our faith community respond to HIV/AIDS in the early years of the epidemic? Are we satisfied with our response?

What are the consequences of denying the existence of HIV/AIDS or remaining silent on the modes of transmission? What resources do we have in our faith tradition to work against denial and stigma?



RESPONDING TO HIV/AIDS • Segment Two (Disc 1, Chapters 13–24)

What are your thoughts about the different leadership approaches in this section of the film?


During the 1980's, what was happening in your local area? How did leaders, especially religious leaders, respond to the epidemic?

In the film, Nobel Prize-winner Dr. David Baltimore talks about the scientific challenges of battling HIV. Why is it such a difficult enemy?

If science cannot provide the answers, what can we do in response? What do faith communities have to offer to prevention efforts? What are obstacles for faith communities in supporting prevention?

What messages in Scripture and in our faith tradition call us to become involved with the HIV/AIDS epidemic? What more can we do?

**Provide participants with copies of the official statements of your faith community and the event facilitator can offer a brief overview before discussion begins.*



THE SOCIAL STRATIFICATION OF HIV/AIDS • Segment Three (Disc 2, Chapters 1-12)


Who is infected with HIV/AIDS in our community? Who is at risk?

What are the social barriers to prevention and how have faith communities contributed to this stigma?

This segment further reveals the two worlds of AIDS treatment—those who do have access and those who do not. Why is treatment not available to all?

How did our denomination respond to AIDS? What does it mean that “we did bad Bible?” How did some community’s understandings of homosexuality limit their involvement?

What is the role of faith communities in the fight against HIV/AIDS?



AWARENESS, PREVENTION AND CHANGE IN THE NEXT CENTURY • Segment Four (Disc 2, Chapters 13-24)

Where does the funding come from for tackling HIV/AIDS in our community?

As a cure remains elusive, what do you think is the most effective and just response?

How do we respond to Rev. Graham’s statement and commitment? How have our leaders responded to HIV/AIDS? What other national religious leaders have played a role in HIV prevention?

Why is prevention still a politically difficult issue? Is it difficult to address HIV/AIDS prevention messages in our faith community?

What are some prevention and advocacy measures that have been implemented in our community? What could we in our congregation do to advocate for people living with HIV/AIDS? Do we provide adequate sexuality education and prevention information to young people in our congregation? How can we address prevention, service, and care for people with HIV/AIDS in our community?

OUTLINE FOR ALL SMALL GROUPS

The Age of AIDS: Two Hour Targeted Programs

Video Segments and Discussion Questions

This is a suggested outline that can be used with any group in the church for an AIDS education program that features the DVD *The Age of AIDS*. It provides sufficient information for a 90-minute session. Additional supplementary material for specific groups follows. Leaders can choose to extend sessions to two or three hours (with a break) or hold two separate sessions. Following the introductory material, we suggest showing the video in two segments with discussion between the segments.



HIV/AIDS DISCOVERY AND HISTORICAL SHIFTS

• Segment One

View: Disc 1, Chap 4 (0:15:00 to 0:20:00),
Chap 13 and part of 14 (1:00:00 to 1:07:00)

In the first segment, we see reactions to people living with HIV/AIDS in early stages of the epidemic along with public reaction. Stigma and discrimination were growing as scientists and doctors were struggling to fit the puzzle pieces together. In chapters 13 and 14, Rock Hudson's death from AIDS brings the issue to the mainstream in a new way. However, many in the U.S. and globally did not accept scientific information on how transmission occurred and were skeptical about "catching" HIV. This skepticism was given a public face by President Reagan and others. Stigma of losing jobs, housing, and healthcare faced adults, while children were banned from school.

1. How is HIV transmitted? What myths have you heard about HIV transmission? Do these myths continue?
2. What myths kept scientists, politicians, and public health providers from identifying AIDS and preventing the spread of HIV earlier?



RELIGIOUS RESPONSES TO HIV/AIDS

• Segment Two

View: Disc 1, Chap 17, 18, 19 (1:20:00 to 1:35:00) and Disc 2, Chapter 7 (0:30:00 to 0:35:00), 10 (0:45:00 to 0:50:00), 14 to 15 (1:05:00 to 1:15:00)

In these segments, we look at how people from different religious traditions responded to the HIV/AIDS

pandemic. Questions of racism, classism, and heterosexism in light of sexual behaviors, drug use, and sex work raise issues of how to engage in outreach. Many faith communities struggle to respond. The figures we encounter are Abbot Alongot Dikkapayno, a Thai Buddhist Monk; Jesse Helms an avid anti-gay and anti-HIV prevention spokesman; members of the Black church community; a Catholic Priest in Brazil; Franklin Graham, who founded Samaritan's Purse; and Bono, the lead singer of U2 and a human rights advocate. Each of these segments demonstrates different ways of responding to HIV/AIDS, yet all are examples of how people look to their faith tradition for guidance.

Read the official statements of the faith community or the facilitator can offer a brief overview .

*[NOTE: Bono's quote of the Gospel of Matthew is not Mt 23. The correct reference is Mt 25:31-46.]

1. How did faith communities contribute to discrimination faced by people living with AIDS e.g. stereotypes, official teachings about morality, sexual expression and drug use? Do religious or faith communities still discriminate against people living with HIV/AIDS?
2. What teachings in our faith tradition guide a response to the HIV/AIDS pandemic? How do you see these faith teachings in practice? How has our faith community responded?
3. While we may not boast the same celebrity status, physical ability, finances or spiritual fortitude as the persons featured in these segments, their message is simple. Their faith led them to action. What does our faith call us to do in response to the HIV/AIDS pandemic?

HIGH SCHOOL/YOUTH GROUP

The Age of AIDS



Leading an Adolescent Group

- HIV/AIDS discussions offer an opportunity for a youth leader, parent, or clergy member to provide complete and factual information about HIV transmission and prevention, as well as to affirm abstinence, and discuss the value of intimacy within a framework of healthy, respectful and age-appropriate relationships.
- For more on adolescent sexuality see the Open Letter to Religious Leaders on Adolescent Sexuality (http://www.religiousinstitute.org/AdolSex_OpenLetter.pdf).
- As an opening activity, consider playing the HIV transmission game to physically demonstrate how HIV transmission works, address the choices of abstinence and monogamy, and get the youth participating! For lesson plan, see <http://www.advocatesforyouth.org/lessonplans/hivtransmission.htm>.



Prevention and Awareness: Points to Cover

- Half of the 40,000 Americans newly infected with HIV each year are under the age of 25.
- A person who has HIV carries the virus in certain body fluids, including blood, semen, vaginal secretions, and breast milk.
- Abstinence—not having oral, penile-vaginal, or anal sex—is the only 100% way to prevent the spread of HIV and other sexually-transmitted diseases. There are sexually pleasurable behaviors that do not include penetration of any kind and that do not pose risks for transmission. See page 5 and 6 for more on transmission.
- If you are having oral, penile-vaginal, or anal sex, you must use a latex condom or “dental dam” (a square of latex recommended for use during oral-sex). Condoms are extremely effective when used properly. *Leaders should discuss with the clergy person and the director of religious education if it is appropriate in the faith community to provide additional information about condom use.*

According to the Centers for Disease Control, by the 12th grade, about 60 percent of American youth are sexually active, and two-thirds of Sexually Transmitted Infections affect people under age 25.



Additional Discussion

View: Disc 2, Chap 22 and 23 (1:45:00 to 1:55:00)

This segment stresses that risk of HIV infection is affected by a partner's behavior as well as one's own economic situation. In response, many researchers support prevention as an AIDS vaccine remains elusive. This segment reminds us that HIV is a human virus, a human epidemic. In other words, how we behave will determine how it spreads.

1. Many interviewees in the video suggest that education is the most important form of prevention. Besides prevention of HIV through abstinence and condom use what characteristics need to be part of a healthy relationship?
2. What is our faith community's position on pre-marital sex? Contraception? Condoms?
3. Who could you talk to about your romantic relationships and sexual decision-making? Your parents? People in your faith community? How might this be different for straight or gay and lesbian teenagers?
4. How would you bring up HIV and STD prevention with a partner?
5. If you thought you might be pregnant or have an STD, or if you had a question about your sexuality, who would you turn to? What resources are available in our congregation and in our community to help teenagers?



Next Steps

- Research HIV/AIDS and create a bulletin board to post the findings and information about community resources.
- Develop a service project at a local hospice or agency that supports people living with HIV/AIDS and their families.
- Get involved in the issues as they affect youth, e.g. advocate for sexuality education and condom availability. See Advocates for Youth, <http://www.advocatesforyouth.org>

WOMEN'S GROUP

The Age of AIDS



Prevention and Awareness: Points to Cover

- Women are at least twice as likely to contract HIV through vaginal sex with infected males as vice versa.
- Male and female condoms are effective in reducing the risk of HIV infection.
- Researchers are working on developing microbicides—a clear, odorless vaginal gel – for women to reduce HIV infection.
- Social and cultural factors complicate women's ability to avoid sex with partners who are HIV-infected or to insist on condom use.
- According to the Centers for Disease Control, African-American and Hispanic women, who represent less than one-quarter of U.S. women, account for 80% of new HIV infections each year.



Additional Discussion—

A Different Risk: Women and HIV

View: Disc 1, Chap 3 (0:10:00 to 0:15:00) and Disc 2, Chap 9 (0:40:00 to 0:45:00)

During the initial discovery of HIV/AIDS, many public health officials, doctors, and politicians in the U.S. were reluctant to believe that women could contract and transmit HIV. Often, stigma and discrimination blinded those studying the spread of HIV, restricting their outreach and prevention efforts. Discrimination and false assumptions also affect myths around mother-to-child (maternal-fetal) transmission. The segment focuses on HIV-infected mothers in South Africa, but those in the U.S. struggle with similar problems of access to healthcare and medication as well as medically accurate information.

1. Why is HIV/AIDS a woman's issue?
2. Does marriage protect a woman against HIV infection?
3. One myth about pregnant women with HIV is that they will automatically have HIV-positive babies. How can mother-to-child (maternal-fetal) transmission be reduced?

According to the Centers for Disease Control, in the U.S. the proportion of HIV/AIDS cases among women more than tripled from 8 percent in 1985 to 27% in 2004.

View: Disc 2, Chap 22, 23 (1:45:00 to 1:55:00)

These segments repeat factors of social and economic barriers we have seen in other clips. However, as the epidemic grows into the 21st century, it is evident that treatment programs cannot keep pace with infection rates. A renewed call for prevention efforts is made. Such efforts require frank conversation, education, and behavioral change. Many of these programs start to tailor their efforts towards the specific needs of women.

1. When did you first learn about HIV/AIDS? Have you been tested?
2. What are the benefits of microbicides or the female condom? What makes it difficult for women to negotiate safe sex with their partners? What would make it difficult for you?
3. In what way have faith communities hindered or helped people, especially women living with HIV and AIDS?
4. What does our faith community's official statements say about HIV/AIDS? Do they address the unique issues that women face?



Next Steps

- Develop a support network for women in your community who are living with HIV/AIDS.
- Disseminate prevention information to all women in the congregation.
- Organize a sexuality education class for adults in your faith community.
- Consider developing a a shawl ministry for people with AIDS, coordinating a meals delivery program or making a quilt. See the Names Project, <http://www.aidsquilt.org/>.

OLDER ADULT GROUP


The Age of AIDS

According to AIDS Info Net,
about 10–15% of all people with AIDS
in the U.S. are over the age of 50.



Prevention and Awareness: Points to Cover

- In some cities, 15-25% of people with AIDS are 50 or over. The number of older people diagnosed with AIDS is increasing. About half of the older people with AIDS have been infected for one year or less, according to AIDS Info Net, <http://www.aidsinfo.net>.
- HIV does not discriminate by age and no one is immune.
- The myth that older adults are not sexually active and do not use drugs results in health professionals failing to ask older patients/clients about their sex lives, sexual history or drug usage.
- Older adults who are sexually active must practice safer sex. That means using condoms, talking with partners about their sexual history, talking with health care providers, and getting tested.
- As HIV symptoms may be similar to factors attributed to the aging process (fatigue, dementia, hair loss, nausea, night sweats, depression, pneumonia, weight loss, diarrhea, skin rashes, swollen lymph nodes), missed symptoms or misdiagnosis is not uncommon in older people.



Additional Discussion: Revisiting the “Face” of HIV/AIDS

View: Disc 1, Chap 21 (1:40:00 to 1:45:00)

The segment shows the first display of the AIDS quilt of the Naming Project. The display of the quilt made the visibility of “shamed” people possible and questioned how the U.S. saw HIV-positive people. It also shows the Reagan administration beginning to change its public face. As the chapter ends, President Reagan says, “It calls for compassion, not blame. It calls for understanding, not blame.”

1. In naming those with HIV, the video did not show one older adult infected with HIV/AIDS through sexual intercourse. How do negative images of older adult sexuality hinder openness about HIV/AIDS in senior populations?
2. How did you first learn about HIV/AIDS? What has changed about your understanding of the disease since then?
3. In the initial group discussion, we saw ways faith communities have been harmful to people struggling to live with HIV/AIDS. How do you reconcile strong moral convictions about personal behavior with reaching out to communities most harmed by HIV/AIDS? In what ways does our society and world still face problems of discrimination toward people with HIV?
4. As a senior member of a faith community who has observed the development of AIDS in our society, what do you believe is our faith community’s place in discussing serious social and health issues facing the world? What religious values and teachings should be applied to such discussions? Do some beliefs need to be re-thought?



Next Steps

- View *It Can Happen to Me: Older Adults and HIV/AIDS*, initially produced as a video by the AARP and given to National Health Ministries of the Presbyterian Church (U.S.A.) for use as an educational tool. To order: <http://www.pcusa.org/marketplace/>.
- Present HIV/AIDS education sessions at the church, senior residences and community centers.
- Read and post information specific to older adults about HIV at the National Institute on Aging, <http://www.niapublications.org/agepages/aids.asp>.

SOCIAL ACTION COMMITTEE

The Age of AIDS

How HIV/AIDS Fits into Your Ministry

Ask each member of the group, to the extent they are comfortable, to share their experience or connection to this topic. A discussion of how this issue fits in with the history and overall work of the Social Action Committee may be another helpful starting point. How is attention to HIV/AIDS as a social justice concern similar or different from other concerns with which the committee or group has been engaged?



Understanding the Pandemic

The group may choose to respond to only one issue in its ministry. However, it is important to recognize the interconnection of factors such as stigma, economic access, healthcare, and discrimination, to understand the many facets of the HIV/AIDS pandemic. Segment two promotes discussion of the realistic scope of the group's efforts. In the following segments, you will address the central moral questions raised by the HIV/AIDS pandemic.



Stigma and Discrimination

View: Disc 1, Chap 4 (0:20:00 to 0:25:00) and Disc 2, Chap 22, 23 (1:45:00 to 1:55:00)

Questions of sexuality and equality between women and men are seen from the start of the HIV/AIDS epidemic. It was first discovered in gay men but today women around the world face the greatest risk as the fastest growing population of those infected with HIV.

View: Disc 1, Chap 19 (1:30:00 to 1:35:00) and Disc 2, Chap 10 (0:45:00 to 0:50:00)

When HIV/AIDS affects those who are already most vulnerable in our societies, personal blame has often outweighed sound public health efforts and care for those infected. This is true of the IV drug community in the U.S.

Economics and Access

View: Disc 1, Chap 20 (1:35:00 to 1:40:00) and Disc 2, Chap 5 (0:25:00 to 0:30:00)

Issues of economic access to resources such as healthcare and medication have been addressed differently by governments around the world. The first medications—AZT followed by the discovery of the triple cocktail—are expensive and not readily available to the growing numbers of people with HIV.

View: Disc 2, Chap 7 (0:35:00 to 0:40:00) and Disc 2, Chap 13 (1:00:00 to 1:05:00)

As successful as these medications were in halting the progress of HIV and AIDS in infected patients, the cost was prohibitive to many people living with HIV. For example, Brazil provides access to medication and healthcare, as a human right, to all its citizens. But other countries including the U.S. do not.

SOCIAL ACTION COMMITTEE

The Age of AIDS

Discussion Questions

1. How are prevention efforts impeded by discrimination?
2. How are the issues raised in these clips (sexism, sexual orientation, drug use, healthcare access, etc.) a concern of social justice movements?
3. What do your beliefs call you to do in response to the HIV/AIDS pandemic? Here it might be helpful to think about biblical stories of David and Goliath, caring/curing of the sick and dying, and examples of prophets not willing to be silent in the face of circumstances they found oppressive.
4. What specific efforts could you make locally, nationally, or globally? See *Other Ways Faith-based Communities Can Be Involved* on page 21 for helpful examples.
5. Many people believe the AIDS epidemic is over, and some suffer from "AIDS burnout." What can the Social Action Committee do to motivate our fellow congregants to become involved in AIDS now?

Next Steps

- Research services, testing and counseling at the local level to provide information to the congregation, and possibly advocate for increased services in your community.
- Raise money for local programs that help people living with HIV/AIDS or contribute to a denominational or national fundraiser that has broader scope.
- Keep up-to-date on national legislation and participate in letter-writing, email and calling campaigns. See the Kaiser Family Foundation's Action Center for more information: <http://www.kff.org/hiv/aids/spending.cfm>.
- Work with the local media to assure coverage of HIV/AIDS in the press. Write op eds articles, letters to the editor, and pitch feature stories. Encourage your clergyperson to speak out publicly about AIDS.
- Serve as a prophetic voice in your community for the human rights of those living with HIV/AIDS and their families as well as for prevention efforts such as comprehensive sexuality education and condom access.

OTHER WAYS FAITH-BASED COMMUNITIES CAN BE INVOLVED

Faith communities can choose from many kinds of intergenerational programs to raise awareness and provide education to congregational and community members on HIV/AIDS. Examples include holding a public forum, starting a community service program or a social justice ministry, or celebrating World AIDS Day. Below are ideas for your faith community to consider:



Host a public forum using *The Age of AIDS* DVD along with a panel discussion.

- Invite guests from the community including medical and public health officials, active clergy leaders, and people living with HIV/AIDS.
- The community tool kit designed by FRONTLINE can help frame the discussion <http://www.pbs.org/wgbh/pages/frontline/aids/outreach/>.
- Serve a meal to allow for fellowship time.
- Invite community members to join the event.



Start a partnership with a residence for people living with HIV/AIDS, an AIDS Hospice, or AIDS community program.

- Preparing meals or treats associated with a holiday can be done by one group in the congregation and delivered by another.
- Cards and pictures can be contributed by children in the congregation that they prepare in conjunction with a discussion on reaching out to those who are sick and less fortunate.

- Congregational hospital ministries can make blankets or quilts, provide potted plants, create a shawl ministry and provide seasonal or holiday decorations.
- Other groups such as choirs could be invited to join the “delivery” team to sing requested songs.
- A service or outreach program might offer resources, be present for conversation, and offer care. It should not promote or require religious participation or acceptance of the group’s religious beliefs.



Initiate an HIV/AIDS social justice ministry for advocacy related to access to healthcare treatment and medication, testing and counseling, discrimination in the workplace/school, or global concerns of resource allocation.

- Many of these areas require educational work within a congregation and the community. *The Age of AIDS* DVD is a helpful starting point for such a discussion (See additional materials for Social Action Committee, page 19).
- A congregational team may chose to show the video in secular community settings or at other religious congregations as a way to continue to raise awareness. A multi-generational team offers a variety of perspectives and helps build membership commitment across generational lines within one’s own congregation.
- An outreach team focused broadly on social justice concerns and HIV/AIDS will find the web resources at the end of the *Guide* helpful in outlining larger projects and global initiatives with which to connect.

- Raise awareness of local and State issues, track federal legislation and communicate with Representatives through letter-writing, email and calling campaigns. The AIDS Action Council web site (<http://www.aidsaction.org/>) will be of help.
- Connect to local AIDS action organizations. Check out the Council of Religious AIDS Networks' (C.R.A.N.) "AIDS ministries in the U.S. Map" for some helpful ideas, <http://www.aidsfaith.com/ministry/ministry.asp>.



Celebrate World AIDS Day in the congregation (December 1). By celebrating this day through worship, music, prayers, and word and testimony, congregations can break down barriers of fear, stigma, and complacency which hinder open discussion about and practical action against AIDS.

- The World AIDS Campaign and the Ecumenical Advocacy Alliance have chosen "Keep the Promise" as the theme for World AIDS day through 2008. For worship resources visit http://www.e-alliance.ch/hiv_resources.jsp.
- Consider inviting people living with HIV/AIDS to be present at or participate in the worship service.
- Include photos of persons with HIV/AIDS in the worship space to provide a human face to the epidemic.
- During the worship service use a candle-lighting ceremony – take light around the worship space by passing a flame to hand-held candles—as a symbol of "igniting" a commitment to fight HIV/AIDS.
- Place small pieces of paper all around the worship space floor or altar to signify the number of persons who have died of AIDS or are currently infected with HIV—locally, nationally, or globally.
- Include a Mourner's Kaddish, All Soul's Day prayer, or hold a candlelight vigil and invite people in the congregation who have lost someone to AIDS to name them.

- Preach a sermon about HIV/AIDS and your tradition's theology of caring for the sick, justice in the face of discrimination, or invite a member of the congregation with first-hand experience of HIV/AIDS to discuss the role her or his faith played in that experience. For more on developing sermons on HIV/AIDS check out http://www.e-alliance.ch/posterced/resource/developsermons_english.doc.
- Contact the NAMES Project Foundation to host a display of the National Memorial AIDS Quilt in your congregation or to create a square. See <http://www.aidsquilt.org/displayhost.htm>.



Connect with local HIV/AIDS organizations.

- Request copies of brochures and contact information to display with other community resources in your congregation.
- Post the statistics of HIV/AIDS infection and facts about prevention on a bulletin board in a common room used for congregational gatherings.
- Invite representatives from local AIDS community-based organizations for an adult forum after a worship service or to lead a prevention/education talk on an evening when childcare can be provided.



Conduct an interfaith service with local clergy to raise awareness for HIV/AIDS.

- Incorporate a variety of healing rituals for those living with and commemorations for those who have died from AIDS.
- Preach on common themes of caring for the sick and helping the stranger.
- Speak prophetically and collectively on issues of discrimination and stigma surrounding sexuality, women's equality, and economic access.
- Worship activities listed in the World AIDS Day section above can be used here as well.

NEWSLETTER AND BULLETIN SAMPLES

Newsletter Article Sample



[Event Title]

[Date, Time, Location]

The year 2006 marked the 25th anniversary of the diagnosis of the first case of AIDS. In 1981, AIDS was a medical mystery. Today it is a global pandemic. More than 70 million people around the world have been infected with the virus that causes AIDS and more than 22 million have died. However, unlike many current tragedies, AIDS is entirely preventable through education and awareness.

We at [_____] are not immune to AIDS. With [_____] of cases in
your faith community's name *XXX number*
[_____] nearly everyone in our community knows someone who has been affected by AIDS in some
city
way—at home, work, school, or in our congregation. Our faith traditions speak to the need of all of us to be aware and active in combating the HIV/AIDS epidemic. [_____] *In a newsletter article, you could include information from your denomination or faith tradition here, such as a denominational statement or policy.*

At [_____] we are dedicated to values that call us to care for the sick and disadvantaged in our midst and around the world. We are called to aid in prevention efforts, to extend care for people living with HIV and AIDS, and act on our convictions through outreach ministries. As part of our efforts, we are hosting an AIDS awareness educational program, [_____] *title of event, time, place*. The discussion will draw inspiration and information from a special screening of segments of the acclaimed documentary series from PBS's FRONTLINE, *The Age of AIDS*.

[Include a more detailed description of the event or study group]

Bulletin Insert Sample



The year 2006 marked the 25th anniversary of the diagnosis of the first case of AIDS. In 1981, AIDS was a medical mystery. Today it is a global pandemic. More than 70 million people around the world have been infected with the virus that causes AIDS and more than 22 million have died. However, unlike many current tragedies, AIDS is entirely preventable through education and awareness.

We are not immune to AIDS. With [_____] of cases in [_____] , nearly everyone in our community knows someone who has been affected by AIDS in some way—at home, work, school, or in our congregation. At [_____] we are dedicated to values that call us to care for the sick and disadvantaged in our midst and around the world. We are called to aid in prevention efforts, to extend care for people living with HIV and AIDS, and act on our convictions through outreach ministries.

As part of our efforts, we are hosting an AIDS awareness educational program, [_____]. The discussion will draw inspiration and information from a title of event special screening of segments of the acclaimed documentary series from PBS's FRONTLINE, *The Age of AIDS*.

[Date, Time, Location]

RESOURCES

Denominational Statements

Many religious denominations have passed resolutions and policies on HIV/AIDS. The following policies can be downloaded and distributed to program participants. If your denomination is not listed, you may wish to visit your denomination website. The Religious Institute would be pleased to learn about additional resources; please contact us at info@religiousinstitute.org.

AMERICAN BAPTIST CHURCHES IN THE U.S.A.

Resolution on the AIDS Crisis

<http://www.abc-usa.org/resources/resol/aids.pdf>

CENTRAL CONFERENCE OF AMERICAN RABBIS

Responsa on AIDS and HIV

<http://data.ccarnet.org/resp/tindex.html>

CHRISTIAN CHURCH OF CHRIST

(DISCIPLES OF CHRIST)

General Assembly Resolution Responding to the Pandemic of HIV/AIDS

<http://www.djan.net/resolutions/0127.pdf>

CHURCH OF THE BRETHREN

Statement on AIDS

http://www.brethren.org/ac/ac_statements/87Aids.htm

EPISCOPAL CHURCH

Standing Committee on HIV/AIDS Report and General Convention Resolutions

<http://www.episcopalarchives.org/e-archives/bluebook/33.html>

MENNONITE CENTRAL COMMITTEE

Generations at Risk: Join Hands, Stop AIDS

<http://mcc.org/aids/faq/>

PRESBYTERIAN CHURCH

USA General Assembly Action on HIV/AIDS and related issues—listed with resources

<http://www.pcusa.org/health/international/aids/aids.htm>

ROMAN CATHOLIC

Statements from the Vatican

http://www.vatican.va/roman_curia/secretariat_state/documents/rc_seg-st_doc_20010627_declaration-aids_en.html

Statements from the U.S. Catholic Bishops

<http://www.usccb.org/sdwp/international/ctoresp.htm>

UNION OF REFORM JUDAISM

Position Statement

<http://rac.org/advocacy/issues/issuehiv/>

UNITARIAN UNIVERSALIST ASSOCIATION

Social Justice Statements on Health Issues including Opposing AIDS Discrimination, AIDS/HIV Crisis, and Global HIV/AIDS

<http://www.uua.org/actions/health/>

UNITED CHURCH OF CHRIST

Social Policy Statements Related to HIV/AIDS

<http://www.ucc.org/hivaids/policy.htm>

UNITED METHODIST CHURCH

Social Principles on HIV/AIDS

http://www.umc.org/site/c.lwL4KnN1LtH/b.1625675/k.901E/AIDS_Overview.htm

THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM

Resolutions on HIV/AIDS

<http://www.uscj.org/HIVAIDS5338.html>

Faith-Based Manuals and Curricula

AFFIRMING PERSONS-SAVING LIVES: AIDS PREVENTION CURRICULUM published for adults, teenagers and children, United Church Board for Homeland Ministries, United Church of Christ, <http://www.ucc.org/hivaids/ap.htm>.

AIDS AND YOUR RELIGIOUS COMMUNITY: A HANDS-ON GUIDE FOR LOCAL PROGRAMS. Blumenfeld, Warren and Scott Alexander. Unitarian Universalist Association (UUA) Bookstore, Boston, MA.

DEVELOPING HIV/AIDS POLICY STATEMENTS IN COMMUNITIES OF FAITH, THE CHILDREN'S AIDS FUND. Also available are *HIV/AIDS in the Faith Community: Sample Policy Packet*, a packet of 8 sample policies and *The Church's Response to the Challenge of AIDS/HIV: A Guideline for Education and Policy Development* to use as a resource for churches creating HIV/AIDS programs and policy. See <http://www.childrensaidsfund.org> and search by title.

FAITH-BASED HIV PREVENTION INTERVENTIONS, A TECHNICAL GUIDE FOR WORKING WITH COMMUNITIES OF FAITH, by Robin Orsborn. February 2003. http://www.mihivnews.com/pdf/files/faith-b_manual.pdf

FAITH COMMUNITY RESPONSES TO HIV/AIDS, The Center for Development and Population Activities, Training Manual, June 2003. <http://www.cedpa.org/content/publication/detail/697>

HEALING BEGINS HERE: A PASTOR'S GUIDEBOOK FOR HIV/AIDS MINISTRY THROUGH THE CHURCH, HIV/AIDS Church Outreach Program and Ark of Refuge, California, 2004. <http://www.arkofrefuge.org/guidebook.html>

HIV/ AIDS: A MANUAL FOR FAITH COMMUNITIES, National Coalition of Pastors' Spouses (NCPS), 2005. <http://www.pastor-spouses.com/home/>

HIV/AIDS PREVENTION, CARE AND SUPPORT ACROSS FAITH-BASED COMMUNITIES: AN ANNOTATED BIBLIOGRAPHY OF RESOURCES (Africa), Family Health International, 2006. <http://www.fhi.org/en/HIVAIDS/pub/guide/abofaithbased.htm>

MANY THREADS, ONE WEAVE: AN HIV/AIDS TRAINING AND RESOURCE MANUAL FOR THE PARISH. National Catholic AIDS Network, 1999, updated 2002.

WHAT PEOPLE OF FAITH SHOULD KNOW ABOUT HIV. Channing Bette Company, Inc, 2002. <http://store.channing-bete.com>

WHAT RELIGIOUS LEADERS CAN DO ABOUT HIV/AIDS: ACTION FOR CHILDREN AND YOUNG PEOPLE, UNICEF and UNAIDS, 2003. (Available in English and French) http://www.unicef.org/publications/index_19024.html

For a complete listing of sexuality education curricula for faith communities, see <http://www.religiousinstitute.org/curricula.html>.

To Read More about Faith and AIDS: Bibliography

- Ackermann, Denise. "From Mere Existence to Tenacious Endurance: Stigma, HIV/AIDS and a Feminist Theology of Praxis." In *African Women, Religion, and Health*, 221-42: Maryknoll, NY : Orbis, 2006.
- Al-Islam, Amir. "The AIDS Crisis in America and the Response of the Religious Community: The Challenge and the Charge - An African American Muslim Perspective," *AIDS & Religion in America*, 2001. <http://www.aids-faith.com/convocation/paperidx.asp>
- Bailey, Randall C. "HIV/AIDS and 'Holy Hatred'." *Witness* 82 (1999): 20-21.
- Berner, Lelia Gal, Rabbi PhD. "From Moral Judgment to Empathic Support: The Religious Jewish Community's Response to AIDS." *AIDS & Religion in America*, 2001. <http://www.aidsfaith.com/convocation/paperidx.asp>
- Breitowitz, Rabbi Yitzchok. "AIDS: A Jewish Perspective." *Jewish Law Articles*, <http://www.jlaw.com/Articles/aids.html>
- Breck, John. "Bioethical Challenges in the New Millennium: An Orthodox Response." *St Vladimir's Theological Quarterly* 48, no. 4 (2004): 339-53.
- Colson, Charles W., and Anne Morse. "Beyond Condoms: To Alleviate AIDS, We Must Sharpen Our Moral Vision." *Christianity Today* 47, no. 6 (2003): 64-64.
- Couture, Pamela D., and Bonnie J. Miller-McLemore. *Poverty, Suffering and HIV-AIDS: International Practical Theological Perspectives*. Cardiff: Cardiff Academic Press, 2003.
- Dube, Musa W. "Theological Challenges: Proclaiming the Fullness of Life in the HIV/AIDS & Global Economic Era." *International Review of Mission* 91, no. 363 (2002): 535-49.
- Farley, Margaret A. "Partnership in Hope: Gender, Faith, and Responses to HIV/AIDS in Africa." *Journal of Feminist Studies in Religion* 20, no. 1 (2004): 133-48.
- Haddad, Beverley. "Reflections on the Church and HIV/AIDS." *Theology Today* 62, no. 1 (2005): 29-37.
- Kurian, Manoj. "The HIV and AIDS Pandemic: Changing Perceptions on Sexuality in Faith Communities." *Ecumenical Review* 56, no. 4 (2004): 432-36.
- Mageto, Peter. "A Silent Church = Death: A Critical Look at the Church's Response to HIV/AIDS." *Currents in Theology and Mission* 32, no. 4 (2005): 291-98.
- McCourt, Sue and Al Miles. "The Struggle to Live with HIV: How Clergy Can Get Past Fear to Helpful Ministry." *Christian Ministry* 28 (1997): 32-35.
- Okaalet, Peter. "The Role of Faith Based Organizations in the Fight against HIV and AIDS in Africa." *Transformation* 19, no. 4 (2002): 274-78.
- Russell, Letty M., ed. *The Church with AIDS: Renewal in the Midst of Crisis*. Louisville: Westminster/John Knox Press, 1990.
- Sensei Pat Enkyo O'Hara, PhD, "The Buddhist Tradition of Compassion and our Response to AIDS," *AIDS & Religion in America*, 2001. <http://www.aidsfaith.com/convocation/paperidx.asp>
- Swartz, Aimee. "Breaking the Silence: The Black Church Addresses HIV," *HIV Impact*, September/October 2002. http://permanent.access.gpo.gov/lps13342/2002/HIV_Sept2002.pdf
- Zimmermann, Armin. "Towards a New Christian Sexual Ethics in the Light of HIV/AIDS." *International Review of Mission* 93, no. 369 (2004): 255-69.

Web Resources

Faith-based organizations supporting HIV/AIDS initiatives

Arab Religious Network Responding to AIDS

<http://www.harpas.org/ReligiousLeaders.asp>

The Balm in Gilead

<http://www.balmingilead.org/>

Caritas Internationalis

<http://www.caritas.org/>

Council of Religious AIDS Network

<http://www.aidsfaith.com/about.asp>

Christian HIV/AIDS Alliance

<http://www.chaa.info/>

Disciples of Christ AIDS Ministry

<http://www.homeland.org/education/children/aids.shtml>

Ecumenical Advocacy Alliance

<http://www.e-alliance.ch/hiv aids.jsp>

Jewish AIDS Network

<http://www.shalom6000.com/janc.htm>

LANET—Lutheran AIDS Network

<http://www.lutheranaids.net>

National Catholic AIDS Network (USA)

<http://www.ncan.org/>

National Episcopal AIDS Coalition (NEAC)

<http://www.NEAC.org>

National Native American AIDS

Prevention Center (NNAAPC)

<http://www.nnaapc.org>

Religion & AIDS Resources from The Body

<http://www.thebody.com/religion.html>

United Church of Christ

<http://www.ucc.org/hiv aids/>

United Methodist Church

<http://gbgm-umc.org/health/aids>

Universal Fellowship of Metropolitan

Community Churches (UFMCC)

<http://MCCchurch.org>

World Council of Churches

<http://www.wcc-coe.org/>

World Vision International

http://www.wvi.org/wvi/aids/global_aids.htm

Web links to secular U.S. AIDS organizations

AIDS Action Council

<http://www.aidsaction.org>

AIDS Alliance for Children, Youth, and Families (APCCYF)

http://www.aids-alliance.org/aids_alliance/home.html

AIDS Nutrition Services Alliance (ANSA)

<http://www.aidsnutrition.org>

AIDS, Medicine & Miracles

<http://www.aidsmedicineandmiracles.org>

American Foundation for AIDS Research (AmFAR)

<http://www.amfar.org>

Children Affected by AIDS Foundation (CCAF)

<http://www.caaf4kids.org>

Funders Concerned About AIDS

<http://www.fca aids.org>

HIVinsite

<http://hivinsite.ucsf.edu>

Kaiser Daily HIV/AIDS Report

http://www.kaisernetwork.org/Daily_reports/rep_hiv.cfm

National AIDS Fund

<http://www.aidsfund.org>

National Association of People with AIDS (NAPWA)

<http://www.napwa.org>

National Minority AIDS Council (NMAC)

<http://www.nmac.org>

Pediatric AIDS Foundation

<http://www.pedaids.org>

Project Inform

<http://projinf.org>

The NAMES Project

<http://www.aidsquilt.org>

Web links to public health and scientific data

Center for Disease Control HIV/AIDS

<http://www.cdc.gov/hiv/dhap.htm>

Children's AIDS Fund

<http://www.childrensaidsfund.org>

Global AIDS Alliance

<http://www.globalaidsalliance.org/>

Joint United Nations Program on HIV/AIDS (UNAIDS)

<http://www.unaids.org/>

USAID

http://www.usaid.gov/our_work/global_health/aids/

The World Health Organization

<http://www.who.int/hiv/en/>

ABOUT THE RELIGIOUS INSTITUTE

The Religious Institute on Sexual Morality, Justice, and Healing is a multifaith organization dedicated to advocating for sexual health, education, and justice in faith communities and society.

The primary objectives of the Religious Institute include:

- ✿ Developing and supporting a network of clergy, religious educators, theologians, ethicists, and other religious leaders committed to sexual justice.
- ✿ Building the capacity of religious institutions and clergy to offer comprehensive sexuality education within the context of their own faith traditions and to advocate for sexual rights.
- ✿ Helping congregations become sexually healthy faith communities.
 - ✿ Educating the public and policymakers about the religious vision of sexual morality, justice, and healing.
- ✿ Developing a clearinghouse of resources on religion and sexuality.

The Religious Institute is a project of the Christian Community.
The website of the Religious Institute is <http://www.religioustheology.org>.

Sign up for our monthly e-newsletter on our homepage.

Read our blog “Sexuality and Religion:
What’s the Connection” at <http://debrahaffner.blogspot.com>.

Clergy, theologians, religious leaders, and staff from religious institutions are invited to endorse the *Religious Declaration on Sexual Morality, Justice, and Healing* at the website.

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