"We are therefore Christ’s ambassadors, as though God were making his appeal through us. We implore you on Christ’s behalf: Be reconciled to God.”

2 Corinthians 5:20 (New International Version)
“Martin Luther King said, ‘There comes a time where silence is betrayal’ … for too long the Black Church has been silent about HIV/AIDS … that is unforgiveable and it has to change. We have a moral, … ethical, and spiritual obligation to speak out, to support, and to embrace people who are at risk for, and who are living with this disease.”

- Reverend Charles McWells, Los Angeles
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For more information about this initiative, go to: [www.theblackchurchandhiv.org](http://www.theblackchurchandhiv.org)
ACKNOWLEDGEMENTS

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SPECIAL ACKNOWLEDGEMENT:
The NAACP Health Programs Department would like to acknowledge board member Willis Edwards who has been a committed advocate and outspoken supporter of HIV and AIDS prevention as a person living with HIV. We send our continued prayers, love, and support to our friend and colleague.
Building on the Pastoral Brief, this Activity Manual provides more in-depth information about HIV and its impact on the Black community. It offers suggestions for how a social justice approach could be integrated with HIV activism in the Black Church. In addition, it provides specific strategies and programs that can be easily used in most churches.

The Manual includes feedback from the pastors who participated in the 11-city research tour hosted by the National Association for the Advancement of Colored People (NAACP). These individuals represented a variety of Christian denominations, ministries and perspectives related to addressing the HIV epidemic from a spiritual basis. Their thoughts and experiences are shared in this Manual to inspire you. Our hope is the Manual will help you identify simple ways in which you and your church can address the HIV epidemic that is disproportionately impacting the Black community.

If you have not already, we suggest that before you read the Manual, you review the Pastoral Brief to give you an introduction to the concept of HIV as a social justice issue. We have provided various suggestions for approaches, tools and strategies to help you and your congregation incorporate HIV activism. We understand that incorporating HIV activism into a spiritual setting may be perceived as a difficult process, but it is possible to begin with small steps even in the most conservative environments.

We hope that you find the information in the Manual helpful and, most importantly, we hope that it will move your spirit to join us in this fight to save our communities from the disproportionate impact of HIV/AIDS.
SOCIAL JUSTICE IS THE SUSTAINED COMMITMENT TO CREATE A SOCIETY BASED ON EQUALITY AND FAIRNESS FOR ALL PEOPLE.

At the core of the NAACP’s mission and vision is the fight for equal rights, which directly impacts health equity for the Black community.

EDUCATIONAL EQUALITY

The state of education for Blacks in the United States remains disparate. Data shows that children of color still receive the lowest quality of education due to unequal access to the same resources and support as their White counterparts. This lack of quality education increases the likelihood that as adults these children will only be qualified for jobs at the lower end of the financial spectrum, which in turn impacts their economic status and access to quality health care.

In order for us to attain equal education, we need to have equal distribution of resources for education in our communities, strong investment in our educators and schools, and curricula that take into account the cultural needs, internalized inadequacy, and the historical disenfranchisement of Black people. Better education can improve socio-economic factors that improve our health outcomes.

Political equality also impacts access to HIV testing, care, and treatment. Lack of education often breeds fear — this leads to anxiety about the unknown, apprehension about how the unknown may affect one’s life, and concern about what to believe. Fear limits our ability to seek out help, support, and reliable sources of information about our health. There are people in communities of color who still believe in myths about HIV, particularly those related to how it is contracted, spread, and treated. Consequently, many are afraid to get tested or already know their status and are afraid to seek life-saving treatment. There are others who have a distrust of the medical system in general. Churches are positioned to be a safe space to provide education about HIV risk, care, treatment, and the reality of the epidemic.
**ECONOMIC EQUALITY**
When we consider economic equality, we think about creating wealth and entrepreneurship, expanding home ownership and ensuring equitable lending practices within our communities of color. From the perspective of HIV and health equity, socioeconomic status (SES) is one of the most significant determinants of access to health care (Centers for Disease Control and Prevention, 2008). More importantly, it is about the many interrelated issues that people of low-income face—complicated life logistics, perceived hierarchy of need, violence, lower levels of education, etc.—all of which could lead to stress and any number of associated health risks. Since many Blacks are more likely to be of lower economic status, without significant health and benefit plans, this situation is most certainly a social justice issue. We must advocate for conditions that allow our people to engage in HIV prevention and care which enables them to take an active role in their overall health.

**SOCIAL EQUALITY**
Political, educational, and economic equality all help to create social equality, which has a significant impact on the quality of life for individuals, communities, and the nation. Social equality also includes elements like jobs, working conditions, education, transportation, stable housing, quality food, social inclusion, and political voice. HIV disproportionately affects our community because of the inequalities Blacks experience in all of these areas. Improving how we thrive in society will have a positive impact on our fight against HIV.

**HEALTH EQUITY**
There are great disparities in health, access to quality health care, and insurance coverage due to race and socioeconomic status in the United States. Black people receive lower quality health care than Whites and have poorer health outcomes across disease areas (Agency for Healthcare Research and Quality, 2009). Within the context of HIV, health equity relates to health outcomes, as well as access to services such as HIV testing, medical care, treatment, and support. Through our advocacy efforts, we hope to augment the political voice of our communities as it pertains to the policies that affect health equity and access to HIV prevention, testing, treatment, and care.

Faith leaders in the Black community have historically influenced, promoted, and supported political change, and the HIV epidemic presents such an opportunity for today’s faith leaders. By giving a voice to people who feel as if they have been forgotten, the NAACP’s partnership with faith leaders can inspire significant confidence and change in our communities.

**COLLABORATION BETWEEN THE NAACP AND THE BLACK CHURCH**
The NAACP aims to address HIV in the Black community from a social justice perspective, understanding that it is critical for us to reach out and collaborate with institutions that have traditionally served as the supporters of civil rights and justice in our community. We recognize that HIV activism is a complex issue and understand the reservations that many will have about addressing HIV from the pulpit. Nevertheless, we believe that with increased knowledge about HIV, and with a view of this issue from a spiritual and biblical perspective, faith leaders and their churches will be able to adopt some of the strategies outlined in this Manual. As in the Civil Rights era, the combined efforts of Black Church faith leaders and the NAACP will uplift the Black community, improve the conditions in which we live, and ultimately overcome the adverse effects of the HIV epidemic.
UNDERSTANDING THE NUMBERS
Since 1981, Black Americans have been disproportionately affected by HIV. Current National Institutes of Health (NIH) data shows that Black people are

- more likely to progress from HIV to AIDS within one year of receiving an HIV diagnosis;
- less likely to know they have the virus;
- less likely to get treatment; and
- more likely to die of complications of AIDS than any other race.

HIV was the 4th leading cause of death for Black men and 3rd for Black women, ages 25–44. In November 2011, the CDC reported that most of the AIDS cases in the United States were diagnosed in African Americans. Evidence shows that individuals who are unaware of their HIV status are more likely to transmit HIV and less likely to access care and treatment that could improve their quality of life. Black people are also more likely to be diagnosed late in the course of the disease when treatment is less effective (Centers for Disease Control and Prevention, 2011).

MISCONCEPTIONS THAT DRIVE THE EPIDEMIC
Over the course of 2011, a research team commissioned by the NAACP conducted focus groups in 11 major cities where there are high rates of HIV. The cities included Atlanta, Baltimore, Chicago, Detroit, Houston, Los Angeles, Miami/Ft. Lauderdale, New Orleans, New York City, Philadelphia, and Washington, D.C. The purpose of this research was to conduct a national multi-denominational exploration of Black faith leaders’ views on HIV/AIDS. Focus group attendees included faith leaders from all of the major Christian denominations, as well as a Muslim Imam and a Jewish Rabbi. Representatives included pastors, elders, Bishops, clergy spouses, persons living with HIV/AIDS (PLWHA), and lay
leaders. Researchers with expertise in faith-based approaches to HIV prevention generated the discussion questions used in these focus groups. The goal of the research was to identify promising practices for engaging the Black Church in HIV prevention and strategies for addressing barriers to faith leaders’ involvement in HIV prevention. As the NAACP Health Programs Department conducted this 11-city research tour, it became apparent that there are many misconceptions about HIV, from the pulpit to the pews.

**FIG 2 NAACP 11-CITY RESEARCH TOUR LOCATIONS**
The 11-city research tour was held in cities with high rates of HIV among African Americans.

Here are some of the myths we heard during our research:

<table>
<thead>
<tr>
<th>MYTH</th>
<th>TRUTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV primarily affects White gay men.</td>
<td>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).</td>
</tr>
<tr>
<td>HIV is only a homosexual disease.</td>
<td>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.</td>
</tr>
<tr>
<td>MYTH</td>
<td>TRUTH</td>
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<tr>
<td>---------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Providing education about safer sex and sexual health makes people engage in sex.</td>
<td>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.</td>
</tr>
<tr>
<td>HIV is no longer a big deal.</td>
<td>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).</td>
</tr>
<tr>
<td>We are powerless to combat the spread of HIV.</td>
<td>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).</td>
</tr>
<tr>
<td>You can contract HIV as a result of being tested for HIV.</td>
<td>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.</td>
</tr>
<tr>
<td>Persons who are active members in the church are not at risk of contracting HIV.</td>
<td>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.</td>
</tr>
<tr>
<td>I’m in a monogamous, heterosexual relationship, so I’m not at risk.</td>
<td>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).</td>
</tr>
<tr>
<td>I’ve been married for years, so I’m not at risk.</td>
<td>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.</td>
</tr>
<tr>
<td>HIV is a punishment for sinful behavior.</td>
<td>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.</td>
</tr>
<tr>
<td>The statistics given about HIV are a ploy from the government to make us look bad and aren’t true facts.</td>
<td>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.</td>
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</table>

This summarizes the perceptions and feelings that we heard during the 11-city research tour with faith leaders. Lack of knowledge is one of the most significant drivers of this epidemic in our community. In order for us to be effective in ending the HIV epidemic, we must have a basic understanding of the virus and how it is affecting the Black community. In addition, we need to help our community move past their distrust and fear of the medical community.

So let’s get to some basic truths about HIV ...
THE TRUTH: WHAT IS HIV?

As mentioned in the Pastoral Brief, the Human Immunodeficiency Virus (HIV) causes Acquired Immune Deficiency Syndrome (AIDS). Individuals diagnosed with HIV or AIDS are susceptible to life-threatening health risks (called opportunistic infections), because unlike the immune systems of healthy people, theirs is unable to effectively fight infections. An important difference to understand is that not everyone with HIV will progress to AIDS (Connor, 2009); however, everyone who develops AIDS has HIV.

The only way to know if you have HIV is to take an HIV test. Early diagnosis is crucial to ensuring that an HIV-positive person has a long and productive life. According to the CDC, 31% 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. The World Health Organization (WHO) states that without treatment, it may take 10 to 15 years for AIDS to develop in someone who is diagnosed with HIV, but for some it can develop more quickly.

There is currently no cure for HIV; however, there are prescription medications called antiretroviral therapies (ARVs) that are available for people who are diagnosed with HIV. The treatments available today make it possible for a person diagnosed with HIV to have a long and healthy life (Everydayhealth.com, 2012).

HOW IS HIV TRANSMITTED?

There are several misconceptions about how HIV is transferred from one individual to another. HIV is transmitted through contact with certain bodily fluids—specifically blood, semen, vaginal secretions and breast milk—of a person with HIV. People come in contact with these fluids in the following ways:

- **Sexual Transmission:** Not using a condom when having sex with a person who has HIV.
- **Needle-sharing/Blood-to-Blood Contact:** Sharing needles, syringes, or other injection equipment used that comes in contact with blood of an infected person.
- **Mother-To-Child Transmission (MTCT):** Being born to an infected mother—HIV can be passed from mother to child during pregnancy, birth or breast-feeding. Due to routine pre-natal HIV testing, mother to child transmission has decreased considerably in the United States with very few new cases each year. There are also medications available that greatly reduce the chance of transmission from mother to child during pregnancy, birth, and breast-feeding.

![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.
A lot of misconceptions remain about how HIV is transmitted. HIV is not transmitted through touch. People do not get HIV through insect bites; tears; sweat; toilet seats; sharing eating utensils; casual contact such as hugging; shaking hands; living with someone who has HIV; or going to church with someone who has HIV.
THE HIV EPIDEMIC IN THE BLACK COMMUNITY

By 1995, Black people equaled Whites in the proportion of reported AIDS cases. To further highlight the disparity, by 2009, Black people represented a little less than half (44%) of all known HIV cases, despite representing only 14% of the US population (CDC, 2012). Nationally, this number was higher among women; of the 126,964 women living with HIV/AIDS, 64% were black. Among children with HIV, Blacks also have the highest diagnoses rate. In 2010, nearly 60% of new infections in youth ages 13 to 24 occurred in African Americans (CDC, 2012).

HIV is affecting and infecting Black people across their lifespan. HIV/AIDS is the fourth leading cause of death for Black men and the third leading cause of death for Black women (Kaiser Family Foundation, 2012).

BLACK WOMEN

A report from the Kaiser Family Foundation indicates that Black women have the fastest increasing rate of new HIV infections. They represent more than a third (34%) of AIDS diagnoses among Blacks in 2009 (KFF, 2012). At some point in their lifetime, an estimated 1 in 32 black women will be diagnosed with HIV. Among all women, Black women account for the majority of new HIV diagnoses -- 64% in 2010 (CDC, 2012).

Most Black Churches are comprised primarily of Black women. It is therefore important for faith leaders to understand and address women’s specific issues related to HIV, especially since they have so often served as the backbone of church as an institution.

Gender inequality is a major driving force behind the HIV epidemic. Here are a number of reasons why women are disproportionately impacted by HIV:

- Women are biologically more vulnerable to HIV because of their anatomy (Higgins, Hoffman, & Dworkin, 2010).
- Due to economic disparity, women often must choose childcare over their personal health care, minimizing their opportunities for routine testing or HIV care and treatment.
- Women are more likely to live in poverty. Poor women can be uninsured or underinsured. They may be more often financially dependent on male

---

1 IN 32 BLACK WOMEN

Lifetime risk for contracting HIV

- 64%

U.S. Black female population

Among new female HIV infections

U.S. Black female population

12%
partners and this creates a barrier for those women to negotiate safer sex practices.

- Some women experience significant intimate partner violence and relationship power dynamics that influence sexual health decision-making.

Many Black Churches have seen a decline in the attendance of male members. At the same time HIV rates among Black men have continued to climb. Perhaps by addressing some of the major challenges facing Black men, such as HIV, more of our brothers would be led to return to the church.

**BLACK MEN**

At some point in their lifetime, an estimated 1 in 16 Black men will be diagnosed with HIV infection. In 2009, Black men accounted for 70% of the estimated new HIV infections among all Blacks. The estimated rate of new HIV infection for Black men was more than six and a half times as high as that of white men, and two and a half times as high as that of Latino men or Black women (CDC, 2012).

![Black Men's Lifetime Risk for HIV](image)

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

Men in certain settings are at greater risk. A 2006 CDC study linked the high rate of HIV in the Black community with the high incarceration of Black men. We discuss incarceration later on in this chapter, but the CDC proposes that the social and economic challenges these men face upon release can compromise their health and increase the likelihood of HIV transmission.

**GAY, BI-SEXUAL, TRANSGENDER PEOPLE**

In 2009, CDC reported that Black men who have sex with men (MSM) represented an estimated 73% of new infections among all Black men. Over half (54%) of new infections among young MSM are in African Americans (CDC, 2012). In 2009, newly identified HIV infection was higher among transgender persons compared with males and females. Among transgender persons, the highest percentage of newly identified HIV infection was among Blacks (4.4%) and Hispanics (2.5%). The HIV risk of Black people who identify within this group is linked to the following factors (and others):

- Fear of stigma
- Insensitive health providers
- Risky sexual behaviors

**BUT WHY?**

Knowing that HIV is transmitted through sex without the use of a condom and blood-to-blood contact, some people may say that Black people are more likely to have unprotected sex than people of other racial/ethnic groups, that they are more likely to have multiple sexual partners, or that they are more likely to share needles. This is FALSE!!

Black people are no more likely to engage in behaviors that place us at risk for HIV than any other racial groups. The evidence actually shows that Black people are more likely to use protection (such as condoms) during sex (Black AIDS Institute, 2009).
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 factors associated with the use of transactional sex for securing needed resources. Not only do these factors directly and indirectly contribute to the spread of HIV, but they also reduce the quality of life for persons who are already infected, often by affecting their ability to access treatment.

- **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.
HIV/AIDS has influenced every aspect of life for those both infected and affected. We are affected as individuals, families, and communities. HIV affects us physically, psychologically, socially, and economically. Due to declining health and sometimes discrimination, there is a potential for people infected and affected by HIV to risk employment, job promotions, and professional growth. As we look at these far-reaching implications, we are reminded that the role of the church goes beyond prevention. Black Churches are also needed as sites of healing, support, truth, mobilization, service/outreach, information/education, resource access, compassion, and advocacy.

Fortunately, individuals do not have to carry this load alone. There are many opportunities to work collaboratively with other churches and organizations to make a difference. In this manual, we provide examples of faith leaders who have been successful in developing and implementing strategies within their churches and communities to decrease the disproportionate impact of HIV/AIDS. We hope that you benefit from their experiences and also make the effort to incorporate a social justice approach to HIV activism in your own congregation.

PASTORAL POSSIBILITIES

“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 (New Living Translation)

- Do you have a sense of the impact of HIV/AIDS in your church or your community? How would you go about finding out more about this?
- Imagine a community where new HIV infections are rare; what role did you play to make this community a reality?
- Could you preach about HIV from a social justice perspective? (See pages 45-60 in the Resources section for more information.)
- Do you have a Single’s and or Married Couples’ Ministry in your church? Do you speak about HIV and health in this ministry?
- Do you have other ministries in your church that counsel people regarding alcohol, drug abuse, incarceration, marital infidelity, or domestic violence?
- Does your church have a ministry for chronically ill, hospitalized, hospice, or the “sick and shut in”?
- Do you have a health ministry that could include HIV testing and education?
- Are there any other organizations doing HIV activism in your area to whom you could speak and gather more information?
- Would you be willing to enlist the help of professionals who work in the field to help you understand more about the actual impact of HIV in your church/community?
Chapter Two

A SOCIAL JUSTICE APPROACH TO INCORPORATING HIV ACTIVISM INTO YOUR CONGREGATION

“Jesus replied: ‘Love the Lord your God with all your heart and with all your soul and with all your mind.’ This is the first and greatest commandment. And the second is like it: ‘Love your neighbor as yourself.’ All the Law and the Prophets hang on these two commandments.”

Matthew 22: 37-40 (New International Version)

Now that we have a stronger understanding of HIV/AIDS in the Black community, and a clearer picture of how HIV is affected by larger social and structural factors, we can begin to develop our strategies to address the impact of HIV through our faith and social justice lens.

In Chapter One, we described our social justice principles for this manual – i.e., educational, political, and economic equity – and these all fall under an overall social justice perspective. How can spiritual and faith leaders incorporate these principles into the work to eradicate HIV in communities and create a generation free of HIV?

One solution is to review the successes of ministers who have been integrating HIV activism in their work. Based on interviews, focus groups and surveys of more than 250 faith leaders across the nation, we would like to share some key factors to create, augment, or modify ministries that include HIV.

WHAT DOES A MINISTRY GROUNDED IN SOCIAL JUSTICE LOOK LIKE?

The following are the basic characteristics of any ministry that incorporates a social justice approach to addressing HIV. The ministry should be:

1. Grounded in the social justice work and teachings of Jesus Christ
2. Sensitive to and affirming differences
3. Based in fact
4. Sustained by committed leadership
GROUNDED IN THE SOCIAL JUSTICE WORK AND TEACHINGS OF JESUS CHRIST

To achieve equality, we must be biblically grounded. Scripture tells us that the greatest “weapons of our warfare are not physical,” but spiritual. A biblically grounded, social justice health ministry is based on the Word of God and is rooted in prayer. Not only must we pray individually, but we must also lead our congregations and communities to incorporate the areas of health and wellness in their prayer.

Let us be intentional about our prayers for the health and healing of our people. Let us pray for their minds and hearts to be opened. Let us pray for our communities to be saved, spiritually and physically, and to have equal access to quality health care. We should also pray for reduced new cases of HIV through access to insurance, education and employment, as well as an improved quality of life.

CHALLENGE:
HIV is not an issue for the church, as church doctrine opposes engagement in HIV prevention. Some pastors’ hesitation to engage in ministry that includes HIV is based in the belief that anything outside of salvation is beyond the scope of the church’s obligation. Some would also argue our theology, doctrine, policies, principles, and values forbid us from engaging in a ministry for people engaging in “sinful” behavior. This view of ministry is very distant from the strong history of the Black Church’s active role in empowering our communities to live better lives. More importantly, this viewpoint also goes against the way Jesus approached his ministry, as He did not focus on the condition, but instead on the individual. Therefore, we encourage ministers not to concentrate on how HIV was transmitted or contracted, but instead to identify ways in which their ministry might support their congregants.

SENSITIVE TO AND AFFIRMING DIFFERENCES

To be effective, ministry must be relevant, and HIV activism must take into account the congregation’s diverse cultural identities. Life-changing ministry cannot be implemented in a one-size-fits-all approach. Such awareness calls for the creation of an HIV activism component to your congregation that addresses the specific dynamics of race, age, gender, and sexuality. We have to help our community see that we are all affected by the

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

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

[NOTE: Please note that some quotes do not identify faith leaders by name (only by city). This is due to the session not being recorded; faith leaders did not ask to remain anonymous.]
realities of HIV and we demonstrate this by being inclusive in our ministry. The following are some of the important factors to consider:

- **Race/Ethnicity** – Effective HIV education must acknowledge the cultural, social, and political realities facing our community.
- **Age** – HIV prevention must be relevant to different audiences, from the youth to our elders.
- **Gender** - HIV education and ministry needs to be developed uniquely for men and women, as their experiences and expectations can be quite different.
- **Sexual Orientation** – Effective HIV education and activism acknowledges the fact that there are members within our churches and communities that are in same-gender loving relationships. It is human nature to be attracted to another who may be of the opposite sex and/or the same sex. If any ministry is to reach all of our people, we cannot ignore this reality.

**CHALLENGE:**

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

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

If we say as a church that we are here to love, teach, and serve, then we are called to do that regardless of people’s backgrounds. As Jesus proclaimed in Matthew 25:45 (KJV), “… inasmuch as ye did it not to one of the least of these, ye did it not to me.”

Historically, the Black Church has served as a support system for those who are in need, and it would be a disservice to deny anyone seeking help based on some measure of holiness. Impoverished communities have higher rates of many diseases, including HIV, and pastors should not judge individuals with this disease any differently than those who have diabetes or cancer.

If I help someone who has engaged in “risky” behaviors, my church leadership and congregation may condemn me for condoning sinful behaviors. We are aware, from speaking with ministers, that engaging in ministry that includes HIV can come with a cost. We understand that the fear of stigma applies not only to the person with HIV, but potentially the pastor who tries to help. The high rates of HIV in our community create an environment in which all of us are stigmatized and silenced. We must recognize that speaking out for righteousness is a part of our calling, and we should not be stopped by people’s often negative assumptions or criticisms.

- Reverend Johnson, Los Angeles

How you talk about wholeness when the stigma exists is the same way you talk about, you know, the boy that’s in jail. You talk about wholeness when I lost my job, when there’s domestic violence, trouble, and I lay awake at night. How do you deal with it? It’s no different from any other kind of trouble and I think that that’s again broaching the subject in a way of saying, this falls into the category as any other kind of life’s trial that makes a person experience brokenness.

- Reverend Johnson, Los Angeles
One of the major obstacles keeping faith leaders from addressing HIV/AIDS in their congregations is a lack of knowledge about HIV/AIDS, its modes of transmission, and the drivers of HIV within the community. The information outlined in the previous chapter was designed to help dispel the myths that many associate with HIV/AIDS, and also help bring a better understanding of how people and communities are affected.

It is important to not spout generic facts about HIV. HIV/AIDS needs to be placed in a cultural context. Black people need to understand the challenges we face as a community, such as poverty, racism, and lack of awareness regarding our health status. It is not enough to tell people what they should do to live healthier lives; we need to address the issues that often pull people toward unhealthy behaviors. We have to also address the emotional, psychological, and spiritual wounds that make all of us vulnerable. The focus should not just be on the challenges, but also the strengths of the Black community related to traditional values of unity, respect, and faith. We need to continually remind ourselves of all we have already overcome as a people and remember that HIV and its challenges can be overcome.

HIV ministry must include a larger definition and description of positive, healthy sexuality. Too often sexual practices are not discussed or are dismissed as being sinful, of the flesh, and secular. Unfortunately, the lack of honest information about sexual health (a symptom of educational inequality) is a driver of this epidemic. The church can play a large role in increasing educational equality, especially as it pertains to HIV. We must reclaim the beauty and sacred nature of healthy sexuality as being created by God.

We have discovered that spiritual growth only happens when we address the fears, wounds, and apathy of our members. Our health initiatives must name these issues directly and work to minister and motivate our people through these challenges, so we can all be whole.

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**I’m comfortable with talking about the HIV. I usually I bring in a health professional. I get the feeling that they will open up to the health professionals a little more freely than they will to the one who is standing before them every Sunday.**

- Atlanta Faith Leader

**I have family members who have HIV/AIDS. I was very ignorant, and I had heard so many different things about HIV/AIDS. When I went into the room, I was scared to death. Because of the air I was breathing and the air they were breathing, I thought I might [contract it]. Education is what allowed me to move forward and to understand.**

- Reverend Ronald Bishop, Houston

**CHALLENGE:**

**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.**

Due to our discomfort and the discomfort of our congregants, many ministers remain silent on issues related to sexuality. It is challenging to discuss issues such as abstinence, reproduction, infidelity, teen pregnancy, and HIV. This is especially significant given the large numbers of our members who remain single. We find it safer to talk in metaphors and code words that often mask the real experiences of people in our congregations. Because we do not have enough information about HIV, many of us don’t know the extent to which this disease is devastating our community. As a result, our response has not been as urgent as it could be if we truly understood how high the stakes are for the very people we are seeking to serve and save.

It is important for us to recognize that due to the high rates of HIV across the Black community, it is extremely likely that our congregations have people who are either infected and/or affected by HIV. Despite the difficulty of the topic, we must discuss HIV. **As faith leaders we need to**
understand more about HIV to be able to dispel myths. We have to be courageous, start the dialogue, and show our members through our leadership that God can handle the realities of their lives. With God’s help, we can stand beside them with support and guidance.

“As the director of the HIV/AIDS ministry and the president of the Missionary Baptist Church, we are committed to a grassroots campaign. And I do mean grassroots. We go to the community, and we go door to door with HIV information, literatures, and brochures.”

- Reverend Frederick Schells, Chicago

“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

“I’ve conducted more funerals and buried more people than lives I’ve saved.”

- Faith Leader, Ft. Lauderdale

SUSTAINED BY COMMITTED LEADERSHIP

As faith leaders guide our community into HIV activism, lives will be saved spiritually and physically. Along with giving consent for programming, faith leaders need to be visibly committed to making HIV activism a priority. The church has many activities, but inevitably the ones that thrive are the ones fully endorsed by the pastor and senior leadership of your denomination.

For HIV activism to be effective, activities must be repeated. Education, raising-awareness, testing, and other activities are most impactful when they occur more than once a year. The need in our community warrants an on-going intervention.

There are a few components to on-going social justice health ministry. As we know, the more we repeat a message the more impact it has. Just as we usually preach multiple sermons about salvation, forgiveness, miracles, and love, we have to teach multiple times about the critical health issues that our community continues to face. We repeat the things that are important; one handout on diabetes, HIV or cancer will not be memorable. Similarly, preaching about HIV as a social justice issue provides a powerful opportunity to re-frame HIV as a civil rights that disproportionately impacts the Black community. Please see the Resources section, pages 45 - 51 for sample sermon topics, frameworks, and scripture.
Leadership is very important and many churches have found strength in collaboration. By connecting with other churches and health organizations, local faith leaders have been able to increase their effectiveness. It is unrealistic to expect ministers to be experts in HIV; therefore it makes sense to learn from others who have been doing this work and can give guidance on best practices.

What is most important is that faith leaders continue their quest to learn, understand, and share their knowledge about HIV activism with their congregants, ensuring that they continually address this epidemic as they build their ministry.

CHALLENGE:
My church cannot afford to engage in HIV activism now, as we do not have the funds to develop all these programs. While it was not the leading barrier to HIV ministry in the NAACP’s nationwide survey, some ministers reported not having resources to engage in HIV prevention ministry. 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. Many are listed in the Resource section of this manual. Other resources include health agencies, health professionals in your own congregation, brochures, litanies, prayers, and mobile testing units that can be made available to churches in many locations for no charge. There are also some grants for faith-based HIV initiatives in some communities.

So I think that in order for this manual to be helpful, it first has to address the churches and say, listen, you guys have to do something. If you don’t, listen, you’re not only doing a disservice to your community but then you’re doing a disservice to Christ.
- Reverend Joseph Ford, Houston

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

MOVING TOWARDS IMPLEMENTATION
Social justice must be a part of both how we frame the problem of HIV as well as the solution. Here are some examples:

1. Framing HIV as a social justice issue means letting our people know about health disparities. The injustices in the health care system, the higher rates of infection and mortality and the lower quality and quantity of health resources in our community must all be highlighted.

2. The social justice component is important when engaging our members because it lets them see the urgency of the situation.

3. Not only must we share the injustice of HIV in our communities, but we must also use the social justice framework to teach the solution. When people hear the statistics related to HIV in the Black communities they can feel powerless,
hopeless or defeated. To motivate our people to combat the health challenges we are facing, we should remind them of other injustices we have overcome collectively.

4. Fighting a health issue such as HIV is not an individual battle; it's a fight that requires a **united and collective response. It requires a movement.**

In your position, you can help our community make important steps in the fight for our health.

It is important to remember you are not in this fight alone, and you do not have to create your church’s HIV activism strategy from scratch. There are several pioneers who have successfully implemented various programs and strategies from which you may glean information. We hope you will make use of these recommendations in the upcoming chapters as you work to create or strengthen your church’s response to HIV.

**PASTORAL POSSIBILITIES**

“Then these righteous ones will reply, ‘Lord, when did we ever see you hungry and feed you? Or thirsty and give you something to drink? Or a stranger and show you hospitality? Or naked and give you clothing? When did we ever see you sick or in prison and visit you?’

And the King will say, ‘I tell you the truth, when you did it to one of the least of these my brothers and sisters, you were doing it to me!’”

*Matthew 25: 37-40 (New Living Translation)*

- Based on the characteristics outlined in this chapter, what opportunities do you envision you could use to implement an HIV social justice component in your ministry?
- Using some of the guidance outlined in the challenges previously outlined, when you think about ways you could incorporate HIV activism in your ministry, how can you frame solutions to any potential challenges?
Chapter Three

APPLYING SOCIAL JUSTICE STRATEGIES IN YOUR CONGREGATION

“God blesses those who hunger and thirst for justice, for they will be satisfied.”
Matthew 5:6
(New Living Translation)

The purpose of this chapter is to give you concrete action steps to start or strengthen your church’s involvement in saving lives through HIV activism. In keeping with the values and priorities of the NAACP and the Black Church, we would like to encourage you to adopt a social justice approach to your HIV/AIDS activism. The injustices related to HIV, including high rates of HIV, poverty, and denial of quality resources, mandate that we respond to protect the survival of our community.

There have been a number of inspiring, effective strategies that have been developed and adopted in some Black Churches across the nation. The key messages we would like you to take away from these practices include:

1. Make a difference in the lives of your church and community members by using the resources available to combat HIV.
2. There are various stages of HIV involvement for churches and faith leaders. On the spectrum of activism, we want to meet you where you’re most comfortable in order to help you and your communities achieve your goals.
3. It takes a little effort to make a big difference in this epidemic. By taking a few steps to address HIV, the impact on your community will be exponential. We can create a HIV-free generation.

ADVOCACY STRATEGIES TO SUPPORT HIV ACTIVISM

One of the most effective overall strategies to influence change, particularly in public policy and resource allocation, is advocacy. This involves engaging in strategies and activities with the ultimate goal of changing the perspectives and systems that negatively impact our lives. Based on the information outlined in the Pastoral Brief and this Activity Manual, we know that the only way to change the trajectory of the HIV epidemic in Black communities is through education, action, and systemic change. The focus on policy is not just limited to the legislative kind (i.e., city, county, or state), but also includes church policy and practice.

Faith leaders and their churches should strive to advocate on behalf of those who are sick and oppressed. However, their efforts will not be successful if the church institution and its policies (and politics) do not support intentional advocacy efforts. We know from experience that the best way to implement and solidify advocacy efforts is to first make your community aware of the issue; then invite them to participate in educational activities around the issue; next, mobilize them to actively advocate for specific solutions; and finally, involve them in projects and programs that clearly demonstrate a sustainable change in the status quo.
From this perspective, we outlined four stages of advocacy that contain different strategies and approaches you may use to both educate and engage your congregation in HIV activism. They are:

1. AWARENESS
2. ENGAGEMENT
3. MOBILIZATION
4. SUSTAINABLE CHANGE

**ADVOCACY STAGE 1: AWARENESS**

Awareness is the foundation of activism. Hosea 4:6 says “… my people perish from a lack of knowledge.” Ignorance around HIV, STDs, and sexual health continue to drive stigma preventing people from getting tested, practicing safe sex for themselves and their partners, and seeking the appropriate support and medical care, when needed. The following select strategies can influence awareness.

**INTEGRATION OF HIV ACTIVISM MESSAGES INTO WORSHIP SERVICE:** Any effective response to a crisis in the Black community has always involved the church. The sermon is one of the most important components of the worship service. Integrating HIV messaging into your sermons is a powerful way to raise awareness, and show your leadership and commitment to this social justice cause. One key strategy is to include HIV in sermons that are not only related to health, but also incarceration, poverty, unemployment, relationships, marriage, race, and racism. This reinforces that HIV transmission in our communities is linked to other social disparities impacting the lives of Black people. To add context and true stories to their sermons, many faith leaders have invited leaders of the community who are living with HIV to share their stories with their congregation. These stories often highlight the experience of living with HIV/AIDS, as well as the various barriers to prevention, care, and treatment that exist. Testimonies provide a great opportunity to educate our people about how social justice affects HIV and how our activism can change the course of the disease.

Let us review the following example from one of our resources titled *Modeling HIV Ministry around the Gospel* featuring the scriptures from Mark 2:1-12. The following is Mark 2:3:

**A COLLECTIVE ACTION**

"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 horror of the HIV epidemic, which confronts the Black Community today.

For the full version of Modeling HIV Ministry around the Gospel and additional ideas and guidance about potential sermon topics related to HIV, be sure to review the Resources on page 45.

"Our church is part of the National Black Leadership Commission on AIDS, and we’ve been receiving a grant for four years, and one of the requirements is that I discuss it in the pulpit … about four times a year … I use the Biblical base of the scripture and preach from the scripture and apply it to what is happening in our community regarding HIV/AIDS."
- Brooklyn Faith Leader

"... every month the health ministry addresses the entire body ... after church we ask individuals to write general anonymous questions ... Then we don’t know who asked the questions, and Dr. Peters reads the question and gives a general answer with the best medical advice [which] is not medical advising to one particular person."
- Pastor T. Grant Malone, Houston

EDUCATIONAL WORKSHOPS: HIV messages conveyed during church services can reach large audiences; however, those messages may be brief and to the point. To provide more in-depth education and to include time for interaction, discussion, and reflection, HIV education and prevention workshops are helpful. The most effective workshops are those that provide a mix of information, spiritual connection, and enjoyment. In addition, doctrinal beliefs should be considered by adding conversations around abstinence and safe sex practices where appropriate.

Integrating HIV information into other workshops can also be beneficial. One faith leader shared that when she was starting an HIV ministry at her church for young people, only a few people showed up. She decided to partner with other ministries to host educational workshops on relationships and popular culture with titles like, “Where is your king,” “Hip Hop and Faith,” and “Understanding men and women.” With this new strategy, her numbers increased exponentially. For Mother’s Day brunch, she had a special presentation by a woman living with HIV and an educational session on health disparities affecting Black women, which included HIV.

"I saw through the numbers put out by the CDC that our seniors are being affected by HIV and AIDS, and that didn’t sit very well with me as when I originally got into this battle for the cause of HIV. People just don’t know. So I … currently do senior workshops and senior living facilities for our seniors. So when they see me coming through the door they go, “We don’t need that,” but by the time I get through, they understand why I came."
- Reverend Frederick Schells, Chicago

"We brought in HIV/AIDS professionals to actually explain to our members all of the issues involved around AIDS. What we try to do is to promote information and education. I mean, that is the only way that we have a chance at defeating this kind of crisis [it’s] to basically inform people and educate people around the issues."
- John Stanford, Houston
PERSONAL EMPOWERMENT: Faith leaders have a great tradition of encouraging our community to act. It is important for us to know the seriousness of HIV/AIDS, and at the same time, know that God has equipped us with power to fight it. The fight is not just collective through health programs and advocating for policies. Each of us individually should be empowered to take steps to reduce the rate of HIV infection in the Black community. Please consider sharing these empowerment tools with your congregation, so they can personally win the fight against HIV:

1. Abstaining from sex is one of the most effective ways to prevent HIV. If you are going to engage in sex, get tested annually and use a condom.
2. Delay the onset of sexual activity. It’s okay to wait.
3. Honor the vows of fidelity. Get tested together before marriage. Be faithful to and honest with your partner. A monogamous sexual relationship between two HIV-negative individuals is another way to help prevent HIV.
4. Do not engage in IV drug use. If you do engage, do not use someone else’s needles.
5. If you are HIV positive, adhere to the treatment recommendations of your doctor.

To avoid getting HIV, each person must prevent the blood, semen, vaginal fluids, or breast milk of someone who is infected from entering their body. As we work on the larger issues to protect our community, we have to also let our community know that each of us has a part to play in the fight: personally and collectively.

We have a group of girls aged 13 – 18, and we teach them that every time you make a decision about your body, look at how is it going to affect the highest and greatest good for you as a young woman. During the puberty rights, we do talk about abstinence, and we do talk about how important it is for a young woman to think of herself as being someone who is going to give her very best to the world.

- Priest Aysa Tyus, Washington, D.C.

I preach abstinence – that’s what it should be, but I realize we’re dealing with human beings, and everybody is not going to follow abstinence, so if you are going to do it then you need to do it in a safe way.

- George Washington, Jr., Houston

I must promote being abstinent until marriage. [It is] part of our structure at the Mosque; before you get married, you have to take an HIV test. Then you have to submit that and show your fiancée the form and she has to show you hers.

- Brother Eric Muhammad, Houston

ADVOCACY STAGE 2: ENGAGEMENT

Now that your congregation has an understanding about HIV as a social justice issue, there is an opportunity to engage them in programs that directly serve people affected and infected by HIV. Engagement can help make the direct connection between HIV activism and serving others through ministry. It can also help parishioners understand why HIV is a social justice issue around which the church must be galvanized.

CHURCH-BASED HIV SCREENING: Social justice requires that people be informed, so they can respond from a place of power. Information cannot just be general facts about HIV. Our people must be informed about their individual HIV status. During the 11-city research tour, one of the most supported strategies for HIV prevention identified by faith leaders across denominational lines was HIV screening. The overwhelming majority felt HIV screening was a strategy they could adopt while remaining in line with their theological beliefs.

HIV screening can be conducted at the church by local health programs, clinics, or providers. Knowing one’s status on an annual basis as a part of our overall health and well-being can help empower our community.

The message of HIV screening can also be incorporated in sermons, where you can encourage...
your congregants to seek health care, trust their doctors, and include HIV testing as part of a routine and annual health exam.

Screening is one area of HIV prevention for which there was very little debate or controversy. It does not require an endorsement of any behaviors. It simply recognizes that knowledge is power. It is well established that a lack of awareness of one’s status contributes to the spread of the disease among our community. In fact, 50-70% of new infections are driven by the 25% of persons who are undiagnosed and therefore do not know their status (Marks et al, 2006).

VOLUNTEERING: Church leaders and congregation members can volunteer at organizations that work with people living with HIV. This may include volunteering to serve meals for homeless people living with HIV, hosting job training sessions, providing donations of food for pantries, or donating clothing, supplies, and toys to families with children. Some faith leaders shared that the elderly members of their church volunteer to host arts and crafts training sessions with members who are living with HIV. Volunteers can also learn to conduct HIV screenings with help from their local health department or community-based health organizations.

Volunteering creates a connection to HIV as social justice issue and to the broader community. Members who volunteer form bonds with the people living with HIV, gain a better understanding of what it means to be living with

For the National Testing Day, we have testing at the church where people see church leaders being tested for HIV.

- Dr. L. Coswell, Ft. Lauderdale

We have done a series of HIV testing after our first and second Sunday services and have persons come in to discuss the AIDS epidemic and how it’s affecting our community. We have a health ministry, and I am the coordinator for our health ministry and it is comprised of three registered nurses, and we come in and talk to our Pastor. If it is an issue that he really doesn’t know a lot about, and it relates to Health and the HIV crisis, we identify resources for the church.

- Houston Faith Leader

I volunteer with the NAACP, and I’ve been doing this for years in schools and churches…When I got to St. Louis County [and attended] this big board meeting, I want you to know [that] the black community, led by the ministers, predominately did not support the efforts of the health department. When I got up to speak, I said; let me tell you one thing. These numbers tell me that if you don’t get on board, you are about to lose everybody in this town to this disease. Now do you want that on your hands? And I’m asking, how many of you would raise your hand (this is in a school board meeting). I’m talking to the ministers and to the black community, raise your hand if you want death on your hands. Now if that’s what you want, then put your hand up. But if you don’t want it on your hands, then this school board and this health department should take your children, because it’s not their children, it’s your children, and try to save them… I know it’s going to take a lot of work on our parts, in order to get the message across.

- Ft. Lauderdale Faith Leader
The bulk of the work is done with the help of the volunteers. A plus for the church is that we don’t always have to have [lots of] staff, but we do have a strong community. We have about 20 people who are part of the HIV AIDS ministry. We have been trained by CDC to do the educational counseling piece, so we train [our volunteers], and they have been going out and doing the testing and all those other things.

- Katicia Pitts, Washington, D.C.

The reality and urgency of HIV within our community. The approach to distribution can vary, including formal strategies where safer sex packets are distributed, in the community but not within the church, in the lobby as people exit church, and/or within the actual sanctuary. There are other faith leaders who choose to adopt an informal approach, where ministers and mentors hand out packets to young adults on an individual basis.

One of the barriers to protection can be lack of access to condoms. The provision of these supplies can help reduce the risk of HIV for those who would not otherwise have access. Some ministers will encourage safer sexual practices but will not endorse the actual distribution of condoms by the church. Additionally some ministers were supportive of safe-sex promotion to adults, but not to youth.

**SAFE SEX PROMOTION AND CONDOM ACCESSIBILITY:** Social justice requires that all communities have equal access to strategies that can save their lives. While there is a range of viewpoints about the church’s involvement in condom distribution, a number of ministers have indicated an adoption of this strategy, given the

- Los Angeles Faith Leader

**FUNDRAISING:** Engaging your congregation in fundraising for organizations implementing HIV/AIDS prevention, care, treatment, support and advocacy in your community is another way to get your church involved in HIV activism. Churches have held walk-a-thons, awareness concerts, fundraising dinners, brunches, lunches, gala events, and dedicated collections to collect funds to support organizations that conduct HIV work or to support church-initiated HIV programs.

- Phillip Kesic, Chicago

We have had a ministry for years, and we provide education and testing. It was not meaningful to the people until I made a statement about it. One Sunday morning [as] I struggled with how to tell the people to use condoms, I looked and saw how many of the young people were pregnant from the pulpit. I said I’m teaching abstinence, and it’s obvious that it’s not happening. Half of the young people said, “Pastor, we needed to hear that.”

- Baltimore Faith Leader

Personally, I may not pass condoms out within the sanctuary, but if you let me stand outside my church door, I’ll pass them out in a heartbeat. I think we have to look at the issues of life and death, and standards do change. They change all the time because people become more aware and people understand scripture better. It’s for churches to determine their understanding of scripture; it’s not for me to do that. I only can do that for my personal self and as much as I can lead my congregation in teaching.

- Phillip Kesic, Chicago

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- Katicia Pitts, Washington, D.C.

We found ways to aid also through our drama ministry. We do an annual benefit with music, where we use it as a fundraiser. We raise money, and we give the money to a facility in South Central that provides housing for persons living with HIV.

- Los Angeles Faith Leader

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- Baltimore Faith Leader

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- Phillip Kesic, Chicago
COMMUNITY EVENTS: Social justice requires that we move from helping ourselves and work to empower the entire community. One of the strengths of the Black Church has been our commitment to serving and empowering the larger community beyond our walls. We have done outreach through feeding programs, job fairs, provision of low-income housing, daycares, schools, counseling centers and even community watch programs. Given the decreasing number of young adults attending church as well as the decreasing number of males, if the Black Church wants to save the community, spiritually, and physically, we must also send the message of prevention to those not sitting in our pews. Some of the faith leaders we spoke to have done this through hosting health fairs, film screenings, discussion, and concerts where information is disseminated or free tickets are distributed to persons who receive an HIV test or attend an educational session.

We have a free breakfast at our church once a month, on Saturdays, and, we use that as a way of feeding people who are hungry. The members can come and the neighbors can come. The purpose is for them to meet each other. It’s called, ‘Meet Your Neighbors Breakfast, Free Breakfast’. Now what we did was we added the testing piece to it. We have folks from a clinic come in once a month and do the testing, as well as feed the homeless. A lot of homeless people come for that. And, the members meet them and invite them to church, so this is a great ministry. So we’re testing them and then we also have incentives, we’ll give them a $10 card ... if they get tested.

- Brooklyn Faith Leader

TECHNOLOGY & USE OF NEW MEDIA: Along with health care, technology is one of the areas in the United States that has a large racial and economic divide. We must ensure that our community does not get left behind in this digital age. It has been documented that to reach the youth and young adults, it is important to include technology. Several organizations, including the NAACP, have used text-messaging campaigns to raise HIV awareness. Some strategies may also include using the church Web site, Facebook, MySpace, Twitter, blogs, and creating videos to play during service, at workshops, retreats, or online.

What has helped us at Union is to put this issue on our Web site. Instead of the same routine information, it has sex trafficking, [and] it has HIV/AIDS. Instead of talking about ‘Go build another church,’ we’ve decided that we need to get our churches engaged in the culture instead of asking the culture to come to the church. We’ve taken a position of getting these issues to our churches by making it public on our domains. One way you can help us is by helping our denominational offices take the leadership of getting in the domain of communication, a Web site, [Tweeting], whatever they [the community is doing], we need to start getting [the message] out.

- Reverend Ricky Bradshaw, Houston

We have people on Facebook that are crying out for help, that are crying out, ‘I have HIV/AIDS,’ and we have a Facebook page. I post questions on it, and people respond. Well, everybody’s on the Internet. They look for help in the wrong places. Jesus went out, and he went to others. We have to use that same avenue to reach other people. We can’t sit here in church. Go to
FAITH-BASED HIV SOCIAL JUSTICE CAMPAIGNS: Multi-pronged social marketing campaigns led by faith leaders have the potential to reach many members of the church and the broader community with key HIV prevention, care, and treatment messages. Campaigns help to erase myths, promote knowledge, and help our community members better understand their own risk. The fact that the church is communicating about HIV through a campaign plays a key role in combating HIV-related stigma among church and community members. Campaigns get people talking, promote conversation, and can be used as a tool to end the silence on HIV in our churches and families.

Layered campaigns that include components of multi-media (print, radio, television, internet-based, or cell phone technologies), coupled with programmatic strategies (e.g., outreach and education programs or testing) and community mobilization can have broad reach and lasting impact on awareness and action in our communities. But even smaller scale campaigns that utilize one form of media such as a print campaign within the church, can create significant change in the community.

I used to do a newsletter, a health ministry newsletter, and I covered every aspect [of HIV]. We are the avenue for where the majority of people find information. Back in the old days, the educational systems began with the church. So again with HIV/AIDS, we have to bring it back to the church. Everything begins with the church.

- Reverend Dr. Dorothy Lucas, Chicago

STREET OUTREACH & EDUCATION: Once community members are informed about HIV facts and its impact on your community, many tend to want to get involved. A great way to mobilize our community is to create a team of HIV foot soldiers. Community members who can go anywhere in your community: into the schools, recreation centers, after school programs, senior citizen homes, bingo halls, street corners, prisons, other churches, concerts, public transportation hubs, or anywhere in the community to provide fact-based information. Church leaders can recruit members to conduct HIV 101’s, distribute informational brochures and pamphlets, and, if your church approves, safer sex tools. These foot soldiers will serve to expand the awareness in your community at large, but they can also be utilized to spread the message when your church is engaging in more hands-on advocacy. They can get members of the community to conduct letter-writing campaigns, and gather community members when the church is engaging in meetings with decision-makers. There is power in numbers and these foot soldiers can bring the voices of those most affected and infected by HIV to policymaking and decision-making tables. This is critical for enhancing our political equality as it pertains to HIV and overall health decision-making.

Now I don’t think we can get to the extent where we have condoms in the bathrooms in church, but churches that have community development programs. Those community development programs can give out the condoms. So on the church side of the street, we have to maintain some boundaries, some standards in the church. But if I’m doing community development, if I’m doing outreach, if I have an AIDS ministry, an HIV ministry, I’m doing outreach into the community. So as I’m preaching the Word of God, if I’m talking to a girl that’s pregnant, and I’m telling her the Bible says to abstain from sex, it’s obvious that she did not get that. She’s pregnant; she’s not married; I can be very positive that she did not get that [abstinence where they are, and help them there. Then watch them come to you. That’s what we’ve been doing. So I feel that us church leaders, pastors, commission, research, you all need to get on Facebook or Twitter and talk.

- New Orleans Faith Leader
It is important to look at the larger picture to create real solutions. Counseling one person is valuable, but we must also work to address the systems of oppression that affect all of us. Advocacy for social justice policies is a critical area for the church and the NAACP. We have a history of advocacy and we need to continue this rich heritage. The church’s response must move beyond individual intervention and expand to creating a system of health equality for all. It is important for Black ministers to be active in creating, shaping and monitoring policies that will enhance the health and well-being of Blacks across this country.

There are many ways that you can influence HIV-related policy. Additionally, there are many opportunities to engage in advocacy within and outside of the faith-based community. You and your congregation can decide which types of collaborations fit your ministry best, but be sure to consider all types of resources.

"I think that part of the problem is that we don’t have enough women leading our ministries. Oftentimes, male leaders, counsel boys to use protection, don’t get [someone] pregnant, and that’s just straight up. You tell boys, ‘don’t make them pregnant’, and you think that’s abstinence. You’ve gone past abstinence, gone past faithfulness, straight to what? To safe sex for the boys? The girls are supposed to figure it out themselves."

- Reverend Rivers, South Carolina


"We need to meet with our representatives, but not only go, but go prepared. I am constantly invited to the policy table in Washington, D.C. And they’ll say to me privately, we want the community to get this and that. But I have to admit when I sit at the table, those around that table are prepared. Behind each one of them is a staff person who’s from an office that works full-time on what they are talking about. I’m sitting there by myself … Here’s the proof with the NAACP partnering with us. If we meet before we go, and put in place a kind of structure where we can know what we’re talking about and have a staff. So we need a large enough group like that to do our homework. Before each one of those (policy and grant) meetings, the emails should fly to us from different groups, strategies, what we’re going to say, how we’re going to say it."

- Bishop John Bryant, Chicago

COMMUNITY-WIDE FAITH LEADERSHIP HIV STRATEGY CONFERENCE: Faith leaders can come together to discuss the state of HIV in their communities. This meeting can serve numerous purposes, but the initial meeting will be to enhance awareness. Faith leaders can partner with departments of health and organizations working in HIV to provide the fact-based content for the meeting. At the meeting, leaders can work together to develop a plan of action that includes timelines, responsibilities, calendars of events, collaborators, partnerships, and policy recommendations.
Advocacy Stage 4: Sustaining a Healthy Community

Sustaining healthy communities is crucial in HIV activism: creating sustainable change that will help eliminate HIV/AIDS and its disproportionate impact. Faith leaders can make HIV activism a permanent component and continue developing additional programs and approaches to address this social injustice in their communities.

Pastoral Support

HIV is a sensitive topic. In group settings, people may censor themselves and limit discussion to socially expected or accepted remarks. To get more honest reflection, individual or couples-based pastoral care may be more effective. With training in counseling and education regarding HIV, a pastor or ministerial associate can provide important messages about safety and self-care. Ministers should become sensitive to the importance and complexity of HIV prevention. Discussions in the context of infidelity, dating, marriage, pregnancy, health, incarceration, sexual assault, and marital conflicts should include a discussion of HIV risk and prevention strategies. Pastoral support has to help heal the shame, anger, and fear so we can value, love, and take care of ourselves.

Pastoral Care

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 a serious addiction that requires serious 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.

We have to resist the internalized rage, fear, and self-rejection that leads us to neglect the black body notes. We need a theology of wellness so that we can address the disregard for Black bodies that is manifested in the lack of health screenings and the prevalence of obesity, body shame, hair hatred, and yes HIV in our community.

- Reverend Cecelia Williams Bryant, Chicago
THE BLACK CHURCH & HIV: THE SOCIAL JUSTICE IMPERATIVE

HIV SUPPORT SERVICES
The church should continue its great work in providing spiritual, emotional and economic support services. Providing support services is an important part of social justice action. It works actively against the lack of quality care and treatment provided within our communities. We need to help people to:

- Make connections to prevention, education, testing, care, and treatment providers
- Provide links to resources
- Advocate for access to and funding for treatment
- Provide referrals for housing and counseling
- Make connections to other supportive services such as transportation assistance, childcare, housing, food assistance, mental health supportive services, substance use support and treatment and employment assistance

If someone came to me and said, ‘I have this problem’, and I won’t first of all look at them and say ‘look I know where you got it from’. I won’t be judgmental. ‘Okay well this is what’s going on. Let’s pray about it. Let’s go to God on this and let’s see what resources we can deal with.’ That’s me being personal.
- Minister Eugenia McClain, Detroit

If we provide a support group for people who have been infected and affected and just give them a place to be loved unconditionally. I think that’s the real big challenge we have as a church, it’s to love people unconditionally. In what condition they are in knowing that all of us have issues, and we all want to experience this unconditional love that God has displayed for us. But very clearly I think it is incumbent upon us to be a community of love and embrace people where they are to help them get where God wants them to be.
- Houston Faith Leader

I’ve had people die in my care who died from AIDS for whatever reason, and here’s what I say in every case of death: ‘It ain’t what you die from, it’s who you die with.’
- Baltimore Faith Leader

COLLABORATIVE PARTNERSHIP AND COALITION BUILDING
By collaborating with other churches and health organizations, local ministries have been able to increase their effectiveness and share their resources. It is unrealistic to expect faith leaders to be experts on HIV. Connecting with other ministers, ministries, non-profit organizations, and government agencies can contribute to the success of HIV activism efforts. These individuals and organizations can help you develop various types of programs and activities that you may decide to use to create an HIV ministry or incorporate in current ministries. Another important type of collaboration is intra-ministry

If someone came to me and said, ‘I have this problem’, and I won’t first of all look at them and say ‘look I know where you got it from’. I won’t be judgmental. ‘Okay well this is what’s going on. Let’s pray about it. Let’s go to God on this and let’s see what resources we can deal with.’ That’s me being personal.
- Minister Eugenia McClain, Detroit

…coming out of our ministry we call ourselves a hospital. And everyone that comes to you is in need of help, so how can we say that we are not there to (help)? I don’t see how that’s not a part of your ministry. We are supposed to be there to heal. We are supposed to be there to help.
- Minister Eugenia McClain, Detroit

Martin Luther King said, “There comes a time where silence is betrayal” … for too long the Black Church has been silent about HIV/AIDS … that is unforgiveable and it has to change. We have a moral, … ethical, and spiritual obligation to speak out, to support, and to embrace people who are at risk for, and who are living with this disease.
- Reverend Charles McWells, Los Angeles
We know that, for some, incorporating HIV activism from a social justice perspective in their congregation is challenging and may involve addressing and overcoming internal conflict. This is okay. However, we also encourage you and your church to consider the array of HIV social justice activism strategies being used in Black Churches across the nation, some of which we have outlined in this chapter. There is a theological foundation for the concept of the church as a hospital. If the purpose of the church is to minister to people who are sick, physically, mentally, and spiritually, it would make sense for the church to engage in HIV activism. The information provided is not meant to be comprehensive; we encourage you to be creative in developing your own work to address HIV from a social justice perspective in your church and community. It is also important to remember that there are other churches and organizations already doing this work, so be sure to reach out to them for assistance. In addition, it will be helpful if you develop partnerships with some of these organizations and create a support system among your organizations on a local level so that you all may share resources and ideas.

If you think that your congregation may struggle with the HIV activism approach, we hope you will consider implementing at least one or two of the strategies that aim to build awareness and educate people about HIV. This will be the foundation upon which you will begin to help open the eyes of your church community to the injustices of the HIV epidemic and allow them to see how aligned this work is with the demonstration of their Christian faith.

To save lives we must educate our community and ourselves. Effective strategies are repeated over time, and it is only by moving forward prayerfully and strategically that we can reach the promise of abundant life. We must walk together on this journey to encourage each other with knowledge and the spiritual strength needed to tell the truth and live with truth.

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**PASTORAL POSSIBILITIES**

“In the same way, faith by itself, if it is not accompanied by action, is dead.”

*James 2:17* (New International Version)

- Which of the strategies outlined in this chapter could you implement in your church within the next 30 days?
- Think of an upcoming sermon or program in your church. How could you include a message about HIV in the topic to be discussed?
- Are there certain members within your congregation you can target to help develop an HIV activism component to the church’s current ministry?
Thank you for investing the time and effort in reviewing this manual. We know that you are dedicated to the health and well-being of your congregation and community; therefore, we hope that you have found the information provided useful. Most importantly, we hope it encourages you to move forward in developing your own social justice strategy to combat HIV in your community.

**IN CLOSING, WE WOULD LIKE TO PRESENT A FEW ITEMS FOR YOU TO PONDER:**

1. HIV is one of the largest and most urgent social justice/civil rights issues facing our community today. It is not just a health issue; it is also a social justice issue.
2. As a faith leader, you answered the call to serve the oppressed, sick, and forgotten. Our faith requires that we respond with mercy and compassion with a strong commitment to eliminate the injustice of HIV.
3. Based on the information provided in the Pastoral Brief and Activity Manual, we ask you to consider ways in which you can incorporate HIV activism from a social justice perspective in your congregation.

**WE ASK THAT YOU TO MAKE USE OF ALL THE INFORMATION OUTLINED IN THE MANUAL IN ADDITION TO DOING THE FOLLOWING:**

- Set a time/make a commitment to do at least one thing within a certain timeframe.
- Consider how the best practices, strategies, and recommendations outlined in this manual could help you build your HIV advocacy approach.
- Share the information you learn in these resources with your congregation.
- Commit to on-going activism to win this battle against HIV.
- Reach out to other ministers and health professionals so together we can make a difference.
- Contact the Health Division of the NAACP so we can combine our efforts and resources in optimal ways.

The challenges to including HIV in your ministry may seem large, but they are not insurmountable. HIV has changed the landscape of our environment and will continue to adversely impact our communities unless we stem its influence. We must speak out about the root causes of the disparities and partner with other entities to address these disparities in the Black community. Perhaps then we might see a dramatic decrease in the HIV transmission rates, possibly even within our lifetime.

**WE SINCERELY HOPE YOU WILL NOW TAKE THE NEXT STEP, WHICH IS ACTION. USE ONE OF THE STRATEGIES YOU HAVE LEARNED AND COMMIT TO ACT ON THIS KNOWLEDGE WITHIN THE NEXT 30 DAYS.** Faith leaders and the Black Church are the rock upon which the Black community leans for support in every aspect of our lives. Fighting the HIV epidemic is critical to the health and well-being of our community, so we at the NAACP encourage you to be courageous, put on the full armor of God, and as we all LEARN more, we will DO more.

“Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here! All this is from God, who reconciled us to himself through Christ and gave us the ministry of reconciliation: that God was reconciling the world to himself in Christ, not counting people’s sins against them. And he has committed to us the message of reconciliation. We are therefore Christ’s ambassadors, as though God were making his appeal through us. We implore you on Christ’s behalf: Be reconciled to God.”

*2 Corinthians 5:17-20* (New International Version)
ACTIVITY MANUAL REFERENCES


**Unknown HIV Status Drives New HIV Infections**

Twenty-five percent of the people who do not know their HIV status drive 50-70% of new HIV infections.


**NAACP 11-City Research Tour Locations**

The 11-city research tour was held in cities with high rates of HIV among African Americans.


**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.


**HIV is Not Transmitted Through Touch**

A lot of misconceptions remain about how HIV is transmitted. HIV is not transmitted through touch. People do not get HIV through insect bites; tears; sweat; toilet seats; sharing eating utensils; casual contact such as hugging; shaking hands; living with someone who has HIV; or going to church with someone who has HIV.


**Blacks Overall Are Disproportionately Impacted by HIV**

Black people represent 44% of all new HIV infections, despite representing only 14% of the U.S. population.


**Black Women’s Lifetime Risk for HIV**

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


**Black Women Are Disproportionately Impacted by HIV**

Black women make up just 12% of the female population in the U.S., but represent 64% of all new female HIV infections.


**Black Men’s Lifetime Risk for HIV**

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


**Stigma and Silence Affects All of Us**

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

The following are definitions for key words and phrases that are identified in **RED** when they first appear in the Activity Manual.

<table>
<thead>
<tr>
<th>TERM</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Activism</td>
<td>The doctrine or practice of vigorous action or involvement as a means of achieving political or other goals, sometimes by demonstrations, protests, etc. consists of intentional efforts to promote, impede or direct social, political, economic, or environmental change. Activism can take a wide range of forms including writing letters, creating digital or printed press, or campaigning. Economic activism such as boycotts or preferentially patronizing businesses, rallies, street marches, strikes, sit-ins, and hunger strikes are also intentional actions to affect change.</td>
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<tr>
<td>Advocacy</td>
<td>Advocacy is a political process by an individual or a large group which normally aims to influence public policy and resource allocation decisions within political, economic, and social systems and institutions; it may be motivated from moral, ethical, or faith principles or simply to protect an asset of interest. Advocacy can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning and publishing research or polls. The act of pleading or arguing in favor of something, such as a cause, idea, or policy, active support.</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV).</td>
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<td>Antiretroviral</td>
<td>An agent or process effective against a retrovirus. For example, a drug to treat HIV. Destroying or inhibiting the replication of retroviruses.</td>
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<tr>
<td>Bisexual</td>
<td>Sexually attracted to both men and women. A person sexually responsive to both sexes.</td>
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<td>Diagnosis</td>
<td>Identification of a disease or condition by a scientific evaluation of physical signs, symptoms, history, laboratory test results, and procedures.</td>
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<tr>
<td>Disenfranchise(ment)</td>
<td>To deprive of a franchise, of a legal right, or of some privilege or immunity. To deprive of the right to vote.</td>
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<tr>
<td>Epidemic</td>
<td>The occurrence of more cases of a disease than would be expected in a community or region during a given time period.</td>
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<td>Health disparities</td>
<td>Differences in health status among distinct segments of the population including differences that occur by gender, race/ethnicity, education or income, disability, or living in various geographic localities.</td>
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<tr>
<td>Health equity</td>
<td>Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.</td>
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<tr>
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<tr>
<td>Health inequity</td>
<td>Disparities in health [or health care] that are systemic and avoidable and, therefore, considered unfair or unjust.</td>
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<td>Heterosexual</td>
<td>A person who is emotionally, physically, and/or sexually attracted to the opposite sex.</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus (HIV) is a sexually transmitted disease. It can also be spread by contact with infected blood, or from mother to child during pregnancy, childbirth, or breast-feeding. It can take years before HIV weakens your immune system to the point that you have AIDS. There's no cure for HIV/AIDS, but there are medications that can dramatically slow the progression of the disease.</td>
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<tr>
<td>HIV positive</td>
<td>Diagnosed by a test as being infected with HIV.</td>
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<tr>
<td>HIV negative</td>
<td>Diagnosed by a test as NOT being infected with HIV.</td>
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<tr>
<td>Homosexual(ity)</td>
<td>A person who is emotionally, physically, and/or sexually attracted to the same sex.</td>
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<tr>
<td>Human rights</td>
<td>The basic rights and freedoms to which all humans are entitled, often held to include the right to life and liberty, freedom of thought and expression, and equality before the law.</td>
</tr>
<tr>
<td>Hypermasculinity</td>
<td>Hypermasculinity is a psychological term for the exaggeration of male stereotypical behavior, such as an emphasis on physical strength, aggression, body hair, body odor, and virility.</td>
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<tr>
<td>Incidence</td>
<td>The frequency with which something, such as a disease or trait, appears in a particular population or area during a specific period, e.g., the number of new HIV infections that occur during a given year (Incidence and prevalence are both terms that are commonly used to refer to measurements of disease frequency).</td>
</tr>
<tr>
<td>Injustice</td>
<td>Violation of another’s rights or of what is right; lack of justice.</td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>Intimate partner violence (IPV) is a serious, public health problem that affects millions of Americans. The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.</td>
</tr>
<tr>
<td>Liberation theology</td>
<td>Twentieth century Christian theology, emphasizing liberation from oppression, whether racial, sexual, economic, or political.</td>
</tr>
<tr>
<td>Mobilization</td>
<td>The assembling or preparation of something in response to a need.</td>
</tr>
<tr>
<td>Monogamy</td>
<td>The practice or condition of having a single sexual partner during a period of time.</td>
</tr>
<tr>
<td>Opportunistic Infections</td>
<td>When our immune system is working, it controls viruses and bacteria within our body. Infections that take advantage of weakness in the immune defenses are called “opportunistic”.</td>
</tr>
<tr>
<td>Post-traumatic stress (disorder)</td>
<td>Post-traumatic stress disorder (PTSD) is a mental health condition that’s triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.</td>
</tr>
<tr>
<td>Prevalence</td>
<td>The prevalence of a disease is the proportion of a population that is affected by the disease at a specific time, e.g., the number of people living with HIV infection at the end of a given year (while incidence refers to new cases, prevalence refers to existing cases).</td>
</tr>
<tr>
<td>TERM</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Racism</td>
<td>A belief that race is the primary determinant of human traits and capacities, and that racial differences produce an inherent superiority of a particular race.</td>
</tr>
<tr>
<td>Risk</td>
<td>The possibility of suffering harm or loss or an action that causes uncertain danger.</td>
</tr>
<tr>
<td>Safer sex</td>
<td>Sex has many emotional and physical benefits, but it also comes with risks. Becoming acquainted with those risks helps us make better, more informed decisions, and learning ways to reduce those risks makes sex safer.</td>
</tr>
<tr>
<td>Screening</td>
<td>A preliminary procedure, such as a test or examination, to detect the most characteristic sign or signs of a disorder that may require further investigation.</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>Sexual assault takes many forms including attacks such as rape or attempted rape, as well as any unwanted sexual contact. A sexual assault occurs when someone touches any part of another person’s body in a sexual way, even through clothes, without that person’s consent.</td>
</tr>
<tr>
<td>Sexual health</td>
<td>Sexual health is a state of physical, mental, and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>A person’s sexual orientation is defined by the gender to which he or she is sexually attracted.</td>
</tr>
<tr>
<td>Sexuality</td>
<td>Generally speaking, human sexuality is how people experience and express themselves as sexual beings. The study of human sexuality encompasses an array of social activities and an abundance of behaviors, series of actions, and societal topics.</td>
</tr>
<tr>
<td>Social justice</td>
<td>Social justice is the equitable distribution of social, economic and political resources, opportunities, and responsibilities and their consequences.</td>
</tr>
<tr>
<td>Socioeconomic status (SES)</td>
<td>The position of an individual on a social-economic scale that measures such factors as education, income, type of occupation, place of residence, and, in some populations, heritage and religion.</td>
</tr>
<tr>
<td>Stigma</td>
<td>(Social) stigma is the severe disapproval of, or discontent with, a person on the grounds of characteristics that distinguish them from other members of a society. Stigma may attach to a person, who differs from social or cultural norms.</td>
</tr>
<tr>
<td>Symptom</td>
<td>A subjective indication of a disorder or disease, such as pain, nausea, or weakness.</td>
</tr>
<tr>
<td>Transgender</td>
<td>Transgender is a term used to describe people whose gender identity differs from their assigned sex at birth. Gender identity is one's personal sense of being a man or a woman. For transgender people, their birth-assigned sex and their own internal sense of gender identity do not match. Transgender people may be heterosexual, lesbian, gay, or bisexual.</td>
</tr>
<tr>
<td>Transmission</td>
<td>The conveyance of disease from one person to another.</td>
</tr>
<tr>
<td>Trauma</td>
<td>An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person. An event or situation that causes great distress and disruption.</td>
</tr>
<tr>
<td>Underinsured</td>
<td>Underinsured is used to describe individuals who are unable to obtain needed health care because their insurance coverage is inadequate to cover medical costs.</td>
</tr>
<tr>
<td>Uninsured</td>
<td>A person or group that has/has no health insurance.</td>
</tr>
</tbody>
</table>


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**
  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 messages 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)

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)
“When 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 CARE**

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. [I 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

- 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.”

- Luke 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.”
GENERAL HIV RESOURCES

FAITH AND HIV

AIDS Foundation of Chicago: Faith Responds to AIDS
www.aidschicago.org/inside-story/452-praying-for-the-end-of-aids
(312) 922-2322
The AIDS Foundation of Chicago (AFC) is committed to changing the story of HIV/AIDS. Inside Story aims to take the reader inside that story, to give him/her an intimate look at how AFC, and other Chicago and national organizations, are fighting HIV/AIDS through medical, housing and support services; cutting-edge research into prevention and treatment methods; and advocacy for stronger HIV-AIDS public policy from legislators.

AIDS Interfaith Network
www.aidsinterfaithnetwork.org/
(214) 941-7696
tgasper@aidsinterfaithnetwork.org
AIDS Interfaith Network was created in 1986 by a group of clergy, and pastoral and lay counselors who were providing spiritual and emotional support services to persons living with HIV/AIDS.

The Balm In Gilead Inc.
www.balmingilead.org/
(804) 644-2256
info@balmingilead.org
The Balm In Gilead develops educational and training programs specifically designed to meet the unique needs of Black and African congregations that strive to become community centers for health education and disease prevention.

CDC Consultation on Faith and HIV Prevention, December 2006
www.cdc.gov/hiv/resources/other/PDF/faith.pdf
(800) CDC-INFO or (800) 232-4636
(888) 232-6348 TTY
The Centers for Disease Control and Prevention (CDC) recognizes the faith community’s influence on knowledge, attitudes, beliefs, and behaviors about health. Since 1996, CDC has provided resources to faith-based organizations and worked to make them part of HIV prevention efforts. This document includes suggestions from faith leaders on how to address HIV/AIDS awareness and prevention.

Faith Community Responses to HIV/AIDS
The Centre for Development and Population Activities
www.cedpa.org/content/publication/detail/697
(202) 667-1142
This manual provides an overview to religious leaders and church groups about the HIV/AIDS pandemic, as well as issues and challenges faced by people living with HIV/AIDS. The curriculum offers relevant education on public health and reproductive health, helps identify cultural and social factors that contribute to the spread of HIV/AIDS, and offers faith-based institutions and organizations options for action.

HIV/AIDS: A Manual for Faith Communities
Department of Health and Human Services and the National Coalition of Pastors’ Spouses
www.cnyhsa.com/content/files/hiv_aids_manual_for_faith_communities_(pastors_spouses).pdf
(202) 690-5560
This HIV/AIDS manual for faith leaders was developed to impact HIV infection among African Americans and others in the southern region of the United States.

National Consortium of Black Women in Ministry
www.ncbwim.org/
(847) 328-5649
ncbwim@ncbwim.org
The National Consortium of Black Women in Ministry supports women of color in ministry both personally and professionally by cultivating communities of Black women in ministry across the United States and mobilizing them to impact issues affecting the well-being of Black women.

National Week of Prayer for the Healing of AIDS
www.nationalweekofprayforthehealingofaids.org/
(804) 644-2256
info@nationalweekofprayforthehealingofaids.org
The National Week of Prayer for the Healing of AIDS
is a call to prayer for the elimination of HIV/AIDS through prayer, education, advocacy and service.

**Religious Institute: Faithful Voices on Sexuality and Religion**

[www.religiousinstitute.org/](http://www.religiousinstitute.org/)

*The Religious Institute is a multi-faith organization dedicated to education, sexual health and social justice.*

**United in Battling HIV: A Guide to Understanding How Faith Communities Can Make a Difference (NASTAD)**


(202) 434-8090

*This fact sheet provides necessary information, guidance and resources for faith communities to initiate, or enhance existing, health and HIV/AIDS activities or programs.*

**White House Office of Faith-based and Neighborhood Partnerships**

[http://www.whitehouse.gov/administration/eop/ofbnp](http://www.whitehouse.gov/administration/eop/ofbnp)

*The White House Office of Faith-Based and Neighborhood Partnerships forms partnerships between government at all levels and non-profit organizations, both secular and faith-based, to more effectively serve Americans in need.*

**VIDEOS**

**AIDSVu video**

[www.youtube.com/watch?v=mGSQ5DYVwrI&feature=player_embedded](http://www.youtube.com/watch?v=mGSQ5DYVwrI&feature=player_embedded)

*This two-minute video shows the reality of the HIV epidemic in the U.S.*

**The Gospel of Healing**

[thegospelofhealing.com/](http://thegospelofhealing.com/)

*This is a film encouraging Black Churches to create full-service health ministries to eliminate health disparities and reduce the high prevalence of chronic health conditions.*

**Southern AIDS Living Quilt**

[www.livingquilt.org](http://www.livingquilt.org)

(800) 461-6946

info@livingquilt.org

*The Southern AIDS Living Quilt is a Web site that illustrates the growing impact of HIV and AIDS on women in the southern United States, particularly women of color. Videos of women of color telling their stories can be shared.*

**FUNDING SOURCES**

**AIDS.gov**

*How to Get Funding*

[www.aids.gov/federal-resources/funding-opportunities/how-to-get-funding/](http://www.aids.gov/federal-resources/funding-opportunities/how-to-get-funding/)

*“How to” guide to available funding from federal sources.*

**Elton John AIDS Foundation**

[ejaf.org/](http://ejaf.org/)

*The Elton John AIDS Foundation (EJAF) was established in the United States in 1992 by Sir Elton John, and is headquartered in New York City. The organization’s mission is to reduce the incidence of HIV and AIDS through innovative HIV prevention programs, eliminate stigma and discrimination associated with HIV and AIDS, and provide direct HIV-related support to people living with HIV/AIDS.*

**The Ford Foundation**

[www.fordfoundation.org/](http://www.fordfoundation.org/)

*Grants available for organizations and individuals.*

**MAC AIDS Fund**

[www.macaidsfund.org/](http://www.macaidsfund.org/)

*Funding available for projects aligned with annual goals.*

**Office of Minority Health**

[http://www.cdc.gov/minorityhealth/OMHHE.html](http://www.cdc.gov/minorityhealth/OMHHE.html)

*The Office of Minority Health and Health Equity aims to accelerate CDC’s health impact in the U.S population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and*
gender, and among other populations identified as at-risk for health disparities.

Office of Women's Health
The Office on Women's Health's (OWH) mission is to provide leadership to promote health equity for women and girls through sex/gender-specific approaches. OWH achieves its mission and vision by developing innovative programs, educating health professionals, and motivating behavior change in consumers through the dissemination of health information.

LOCAL RESOURCES

ATLANTA
Alpha and Omega HIV/AIDS Foundation and Health Initiatives International, Inc.
www.aohfoundation.info/
(770) 939-2460

Alpha and Omega HIV/AIDS Foundation and Health Initiatives International, Inc. is a faith-based, community non-profit organization located in DeKalb County, was founded by Dr. YaQar in 1993. This organization was founded under the knowledge that the Black Church needs to be more involved with the epidemic of HIV/AIDS and needs to be more visible, available, approachable and knowledgeable about the effects of HIV/AIDS on individuals, families and communities.

ANIZ Inc.
www.aniz.org/
(404) 521-2410
contact@aniz.org

Aniz, Inc. is a 501(c)(3), human services organization that seeks to empower children and adults through professional support and therapeutic intervention. Aniz programs focus on individuals infected with or affected by HIV/AIDS and Hepatitis C, as well as those who suffer from mental health and/or addiction.

Concerned Black Clergy of Metropolitan Atlanta
concernedblackclergy.org/
(404) 755-4900
Concerned Black Clergy of Metropolitan Atlanta, Inc. is the primary, proactive and principle-centered organization comprising mostly of African American ministers and laity. Their mission is to provide leadership, advocacy and service for priorities including health, education, economic development and juvenile justice.

SisterLove, Inc.
sisterlove.org/
(404) 505-7777
info@sisterlove.org
SisterLove, Inc., founded in July of 1989, can trace its beginnings to a volunteer group of women interested in educating Atlanta communities, especially communities of women, about HIV prevention, self-help and safer sex techniques.

Baltimore
The Jacques Initiative
www.jacques.umaryland.edu/shalem.html
(410) 706-4323
Jacques@ihv.umaryland.edu
The Jacques Initiative has a vision of a city with no new cases of HIV. Project SHALEM was initially conceptualized by the faith community, and has since grown to include local community organizations, universities, students, housewives, professionals and members of the faith-based community.

Boston
Dimock Community Health Center
dimockcenter.org
(617) 442-8800
contactdimock@dimock.org
Recognized nationally as a model for the delivery of comprehensive health and human services in an urban community, the Dimock Community Health Center provides the residents of Boston with convenient access to quality healthcare and human services that might not otherwise be available to the targeted communities. In 2009, Dimock Community Health Center providers and staff recorded over 73,000 patient and client visits.

Fenway Focus
fenwayfocus.org/
Fenway Health has served the Lesbian, Gay, Bisexual and Transgender (LGBT) community, those affected by HIV, and other members of their community in
Boston’s Fenway neighborhood and beyond for the last 40 years.

Multicultural AIDS Coalition (MAC)
www.mac-boston.org/
(617) 442-1622
gdaffin@mac-boston.org
MAC is the oldest minority AIDS service organization in New England. Since 1988, MAC has been successful in reaching out to thousands of individuals from diverse cultures and language backgrounds and raising their awareness and level of understanding about HIV/AIDS, and supporting them into HIV services.

CHARLOTTE
Carolina Regional AIDS Interfaith Network (RAIN)
www.carolinarain.org/
(704) 372-7246
info@carolinarain.org
RAIN engages the community to transform lives and promote respect and dignity for all people infected with and/or affected by HIV through compassionate care, education and leadership development.

North Carolina Harm Reduction Coalition (NCHRC)
www.nchrc.org/
(336) 543-8050
robert@nchrc.net
NCHRC is North Carolina’s only comprehensive harm reduction program. NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis. NCHRC also provides resources and support to the law enforcement, public health and provider communities.

CHICAGO
The AIDS Foundation of Chicago
www.aidschicago.org/
(312) 922-2322
The mission of the AIDS Foundation of Chicago is to lead the fight against HIV and AIDS and improve the lives of people affected by the epidemic.

The CORE Center
www.corecenter.org/
(312) 572-4500
The mission of the CORE Center is to provide the highest quality care for persons and families affected by infectious diseases, with respect, dignity and compassion, without regard to the ability to pay; to ensure a patient-centered and consumer-guided environment; and to seek to better understand and to prevent infectious diseases through education and research.

Men & Women in Prison Ministries Universal House of Refuge Center
www.mwipm.com
(708) 749-4945
M&WIPM/UHORC provides services that will promote spiritual and cultural awareness, health education, substance abuse counseling, family development, male/female development, youth development, support groups, and prison ministry through outreach and self-help programs on a community-based level. Including HIV case management and support services/referrals for the reengaged population.

The Night Ministry
www.thenightministry.org/#
(773) 784-9000
info@thenightministry.org
The Night Ministry compassionately provides housing, healthcare, outreach, spiritual care and social services to adults and youth who struggle with homelessness, poverty, and loneliness.

South Side Help Center
www.southsidehelp.org/
(773) 445-5445
info@southsidehelp.org
Founded in June 1987, South Side Help Center is purposed to help people of all ages embrace a lifestyle of prevention against mental, physical and social ills by providing positive, healthy alternatives so that community residents can lead productive lives.
HOUSTON
AIDS Foundation Houston, Inc.
www.aidshelp.org/
(713) 623-6796
info@AFHouston.org
AIDS Foundation Houston, Inc. is a 501(c)(3) corporation founded in 1982 as Texas’ first organization dedicated to HIV prevention education and services.

Bread of Life
https://breadoflifeinc.org/hiv/
(713) 650-0595
frobinson@breadoflifeinc.org
In response to the HIV and AIDS crisis in the Black Community, Bread of Life began offering HIV testing and prevention services in 1993 through a partnership funded by the City of Houston’s Health and Human Services Department. Bread of Life offers HIV testing on Sundays after services through an innovative program called “Get Tested Sunday.”

St. Hope Foundation
offeringhope.org/
(713) 778-1300
The Foundation was created in response to the growing need for viable, effective healthcare designed to provide quality services to reduce health disparities within Houston and rural counties. St. Hope offers free HIV and STD testing.

KNOXVILLE
Samaritan Ministry
samaritancentral.org/
(865) 450-1000
smithmw@usit.net
Samaritan Ministry, a faith-based AIDS Service Organization that was founded in 1996, serves persons living with HIV/AIDS through direct support via a significant network of service providers. Wayne Smith is the Director of this ministry, which operates under the auspices of Central Baptist Church of Bearden in Knoxville, Tennessee.

MEMPHIS
Christ Community Health Services
www.christcommunityhealth.org
(901) 271-6000
info@christchs.org
Christ Community Health Services focuses on fulfilling the physical, spiritual and emotional needs of the poor, the uninsured and the homeless in Memphis since 1995.

Memphis Center for Reproductive Health (Choices)
www.mcrh-tn.org/
(901) 274-3550
Choices provides comprehensive reproductive healthcare to women, men and teens, including HIV testing and referrals, reproductive health services for people living with HIV/AIDS, Gardasil vaccinations, lesbian and gay sexual health visits, and transgender health care.

MIAMI
Care Resource
www.careresource.org/
(305) 576-1234
For over 27 years, Care Resource has provided HIV/AIDS research, prevention, care and treatment services to individuals in Miami-Dade and Broward Counties and has become South Florida’s oldest and largest HIV and AIDS service organization.

Empower “U”, Inc.
www.empower-u-miami.org/
(786) 318-2337
The mission of Empower U is to empower, educate, and promote better healthcare and address health disparities for individuals and families infected with and affected by HIV/AIDS. Empower U provides free HIV testing.

NASHVILLE
First Response Center
www.micwhosoever.org
(615) 321-9791
The First Response Center (FRC), established by Metropolitan Interdenominational Church in 1993, provides a wide range of HIV and substance abuse related services. The FRC primarily works with economically disadvantaged and marginalized individuals who are at risk of contracting HIV. People who use the FRC are people who are less likely to know about or have access to other services in the community.
Nashville Cares
http://www.nashvillecares.org/
(615) 259-4866
Nashville CARES promotes and participates in a comprehensive and compassionate response to HIV/AIDS in Middle Tennessee.

Street Works
street-works.org/
(615) 259-7676
Street Works, founded in 1997 as a mobile outreach agency, supports youth, drug users, incarcerated persons, sex industry workers and those engaged in other high-risk activities. Through an aggressive program combining on-site counseling, a mobile outreach clinic/outreach center, community footwork, and home visits, the organization works to combat the disproportionate impact of HIV/AIDS.

NEW ORLEANS
Brotherhood, Inc.
brotherhoodinc.org/
(504) 866-7955
The mission of Brotherhood, Inc. is to develop and implement programs and services that increase access to healthcare and healthcare information, such as housing, health promotion and disease prevention programs, among underserved populations.

N’R Peace
http://www.nrpeaceinc.org/
(504) 364-1950
N’R Peace is a minority non-profit, community-based organization, providing health education and HIV/AIDS related services in four locations in the city.

NO/AIDS Task Force
www.noaidstaskforce.org/
(504) 821-2601
info@noaidstf.org
For over 23 years, NO/AIDS Task Force has been providing hope, care and compassion to thousands of men, women and families affected by HIV/AIDS. NO/AIDS provides free HIV testing, education, and other services.

St. John #5 Baptist Church
http://www.faithlikejesus.org/
(318) 834-4550
Before Hurricane Katrina St Johns #5 Baptist Church had a number of facilities designed to help low income families, children, unwed teen mothers, and people living with HIV to improve or better cope with life in their current situation. This included 5 locations; the Church, the Computer Training Center, the Slow Learner Training Program, the Teen Mother Housing program and the HIV Housing program.

NEW YORK CITY
Community Healthcare Network
www.chnnyc.org
(866) 246-8259
info@chnnyc.org
Community Healthcare Network is a not-for-profit organization that provides access to quality, culturally competent and comprehensive community-based primary care, mental healthcare and social services for diverse populations in underserved communities throughout New York City.

Harlem United
www.harlemunited.org
(212) 987-3707
Harlem United is a community-based organization providing a unique continuum of care. Harlem United integrates socially and economically disenfranchised people into a healthy and healing community. They also offer clients access to a full range of medical, social, and supportive services. The majority of the clients are people living with HIV/AIDS whose diagnoses are often complicated by addiction, mental illness and homelessness.

Housing Works
http://housingworks.org/
(347) 473-7400
info@housingworks.org
Housing Works provides education, advocacy, and supportive services including medical and dental care for people living with HIV/AIDS.

New York City Health and Hospitals Corporation (HHC)
From NYC, call 311
All HHC hospitals provide primary and specialty care services and are state-designated AIDS Centers with extensive HIV/AIDS services. New Yorkers can walk into HHC hospitals, diagnostic and treatment centers, and some clinics, and quickly obtain confidential, convenient HIV testing, as well as expert treatment and counseling, regardless of ability to pay or immigration status.

LOS ANGELES

AltaMed Health Services Corporation
www.altamed.org
(877) 462-2582
AltaMed has delivered quality care to the underserved communities of Southern California for more than 40 years. AltaMed is a primary care community clinic that offers HIV screening as a routine part of healthcare.

T.H.E. (To Help Everyone) Clinic, Inc.
www.theclinicinc.org
(877) 457-9682
info@theclinicinc.org
For more than three decades, T.H.E. Clinic has been improving the well-being of in-need, underserved communities in Los Angeles by providing access to high-quality healthcare and preventive education for all, regardless of ability to pay, while being mindful of the diverse cultural, social and economic factors that make up the foundation of the community.

Watts Health Center
(323) 568-2005
www.wattshealth.org
Watts Health Center is a primary care community clinic in South Los Angeles dedicated to serving underserved communities including those who are under-insured or uninsured.

PHILADELPHIA

Drexel HIV Clinic
www.drexelmed.edu/Home/
DrexelUniversityPhysicians/MedicalPractices/InfectiousDiseasesandHIVMedicine/HIVClinic.aspx
(215) 762-2530
The Partnership Comprehensive Care Practice, the HIV clinical program of the Division of Infectious Diseases and HIV Medicine at Drexel University College of Medicine was created in 1993 with the mission to enhance the quality of life for persons with HIV/AIDS by providing comprehensive, integrated HIV care to all individuals regardless of their ability to pay.

St. Christopher’s Hospital for Children: Dorothy Mann Center for Pediatric and Adolescent HIV
stchrishiv.blogspot.com/
(215) 427-5284
The Dorothy Mann Center at St. Christopher’s Hospital for Children, Drexel University College of Medicine provides HIV and AIDS care, prevention, and outreach to vulnerable youth in the Philadelphia area.

RALEIGH

Alliance of AIDS Services – Carolina
www.aas-c.org/
(919) 834-2437
The Alliance of AIDS Services – Carolina’s mission is to serve people living with HIV/AIDS, their loved ones, caregivers and communities at large, through compassionate and non-judgmental care, prevention, education and advocacy.

Southlight
www.southlight.org/
(919) 787-6131
SouthLight is a private, non-profit, United Way-funded organization whose mission is to eliminate addiction, abuse and misuse of drugs, including alcohol, in the communities they serve.

WASHINGTON, D.C.

AIDS.gov
www.aids.gov
(800) HIV-0440
contact@aids.gov
AIDS.gov works to increase HIV testing and care among underserved communities by providing HIV information, policies (e.g. the National HIV/AIDS Strategy), programs, and resources. The Web site is managed by the U.S. Department of Health & Human Services.
**AIDSinfo NIH**

www.aidsinfo.nih.gov/
(800) HIV-0440
ContactUs@aidsinfo.nih.gov

*AIDSinfo, a service of the U.S. Department of Health and Human Services, offers access to the latest, federally approved HIV/AIDS medical practice guidelines, HIV treatment and prevention clinical trials, and other research information for healthcare providers, researchers, people affected by HIV/AIDS and the general public.*

**AIDSVu**

www.aidsvu.org
(888) 813-4822
info@AIDSVu.org

*AIDSVu provides a high-resolution view of the geography of HIV in the United States. It is an online interactive map that allows users to visually explore the HIV epidemic alongside critical resources such as HIV testing center locations and NIH-Funded HIV Prevention & Vaccine Trials Sites.*

**Black AIDS Institute**

www.blackaids.org/
(213) 353-3610
PhillWilson@blackaids.org

*Founded in May of 1999, the Black AIDS Institute is the only national HIV/AIDS think tank focused exclusively on Black people. The Institute’s mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black institutions and individuals in efforts to confront HIV.*

**Black Women’s Health Imperative**

www.blackwomenshealth.org/
(202) 548-4000

*The Black Women’s Health Imperative is the only organization devoted solely to advancing the health and wellness of America’s 19.5 million Black women and girls through advocacy, community health, and wellness education and leadership development.*

**The Body**

www.thebody.com
(212) 541-8500

*The Body is an HIV and AIDS resource. Web site dedicated to using the web to lower barriers between patients and clinicians; demystifying HIV/*

**Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention**

www.cdc.gov/hiv/
(800) CDC-INFO or (800) 232-4636
(888) 232-6348 TTY

*The CDC’s comprehensive resource for HIV/AIDS information.*

**Family and Medical Counseling Services, Inc.**

www.fmcsinc.org/
(202) 889-7900
fmcs@fmcsinc.org

*The mission of the Family Medical Counseling Services is to employ state-of-the-art community-based approaches to providing comprehensive services that promote the emotional and physical health of families and individuals, regardless of income or social status.*

**Greater Than AIDS**

www.greaterthan.org
comments@greaterthan.org

*Greater Than AIDS movement responds to the AIDS crisis in the United States, in particular the severe and disproportionate epidemic among Black Americans.*
**HIV 101**

**Act Against AIDS Leadership Initiative (AAALI)**
http://www.actagainstaids.org/partnerships/aaali.html

The Act Against AIDS Leadership Initiative (AAALI) is a partnership between CDC and leading national organizations representing the populations impacted the hardest by HIV and AIDS. AAALI partner organizations were chosen based on their demonstrated national reach, credibility and influence, as well as their ability to effectively reach these impacted communities through their existing communication channels and mobilization activities. The effort brings together a wide range of organizations, including civic, social, civil rights and professional organizations, as well as those in government, education and media.

**Kaiser Family Foundation**
www.kff.org/hivaids/factsheets.cfm
(202) 347-5270


**National Alliance of State & Territorial AIDS Directors**
www.nastad.org/
(202) 434-8090
nastad@nastad.org

The National Alliance of State and Territorial AIDS Directors represents the nation’s chief state health agency staff who have programmatic responsibility for administering HIV/AIDS and viral hepatitis healthcare, prevention, education, and supportive service programs funded by state and federal governments.

**National Association for the Advancement of Colored People (NAACP)**
www.naacp.org
(410) 580-5619
Health@naacpnet.org

The NAACP Health Department provides free HIV/AIDS 101 workshops using a socio-ecological framework to guide participants through the key highlights of HIV as a social justice issue including HIV modes of transmission, effective prevention methods and culturally competent community education strategies.

**National Black Leadership Commission on AIDS, Inc.**
www.nblca.org/
(800) 992-6531
info@NBLCA.org

The mission of the National Black Leadership Commission on AIDS is to educate, organize and empower Black leaders, including clergy, elected officials, medical practitioners, business professionals, social policy experts and the media to meet the challenge of fighting HIV/AIDS and other health disparities in their local communities.

**National HIV and STD Testing Resources**
www.hivtest.org
(800) 458-5231
info@cdcnpin.org

The National HIV and STD Testing Resources Web site (aka HIVtest.org and FindSTDtest.org) is a service of the Centers for Disease Control and Prevention. This Web site provides users with locations for HIV and STD testing and STD vaccines around the United States.

**National Minority AIDS Council**
www.nmac.org/
(202) 483-6622
communications@nmac.org

The National Minority AIDS Council, is a 501(c)3 organization, that focuses on developing leadership in communities of color to end the HIV/AIDS epidemic.

**Southern AIDS Living Quilt**
www.livingquilt.org/
(800) 461-6946
info@livingquilt.org

The Southern AIDS Living Quilt is a Web site that illustrates the growing impact of HIV/AIDS on women in the southern United States, particularly women of color. Videos of women telling their stories are also shared on the site.
Unity Health Care
www.unityhealthcare.org/HealthCenters/SERVICEEastRiver.html
(202) 388-7890
Unity Health Care provides people in Washington, D.C. with quality healthcare regardless of ability to pay. Unity includes HIV testing as a routine part of healthcare.

Whitman-Walker Clinic
www.whitman-walker.org/
(202) 745.7000
info@whitman-walker.org
For nearly four decades, Whitman-Walker Health has provided healthcare services for the LGBT community. In the 1980s, they became a leader in the fight against HIV and AIDS. And, in the 21st Century, they have evolved into a full-service community health center.

White House Office of National AIDS Policy
www.whitehouse.gov/administration/eop/onap/nhas
(202) 456-4533
AIDSpolicy@who.eop.gov
The Office of National AIDS Policy is part of the White House Domestic Policy Council and is tasked with coordinating the continuing efforts of the government to reduce the number of HIV infections across the United States. The Office emphasizes prevention through wide-ranging education initiatives and helps to coordinate the care and treatment of citizens with HIV/AIDS.

Women’s Collective
www.womenscollective.org/
(202) 483-7003
The mission of Women’s Collective is to meet the self-defined needs of women, girls and their families living with or at-risk for HIV/AIDS, reducing barriers to care and strengthening their network of support and services.
Black Men: 11% of the U.S. population. 42% of U.S. male HIV infection diagnoses.

If Black America were its own country, it would rank 16th in the world in the number of people with HIV.

Black Women: 12% of the U.S. population. 64% of U.S. female HIV infection diagnoses.

Rate of Blacks living with HIV. Overall rate of people living with HIV.

Poverty: 36% Black, 14% White.

Without Healthcare Coverage: 17% Black, 11% White.

High School Male Graduation Rate: 47% Black male, 78% White male.

1 in 15 Black men 18 years and older is incarcerated.

1 in 16 Black men lifetime risk of contracting HIV/AIDS.

21,000 Black Churches across the U.S.

79% of the Black community says religion is very important in their lives

39 million Blacks live in the U.S.

53% of Blacks who attend church weekly = Power of 20M to end HIV
“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