

**HEALING BEGINS HERE: A PASTOR'S GUIDEBOOK
FOR HIV/AIDS MINISTRY
THROUGH THE CHURCH**

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STATEWIDE HIV/AIDS CHURCH
OUTREACH ADVISORY BOARD

As clergy representing the ecumenical church community across the state, the Statewide HIV/AIDS Church Advisory Board has come together to address the soaring rate of HIV infection within the African American community. We are here because African Americans continue to be disproportionately infected with HIV and AIDS. As reported in the 2001 CDC HIV/AIDS Surveillance, African American and Hispanic women together represent less than one-fourth of all U.S. women, yet they account for more than three fourths (78 percent) of AIDS cases reported to date among women in the United States. Furthermore, in 2001, more African American men were reported with AIDS than any other racial/ethnic group.

The African American Church has had a historic role and interest in the well being of the African American community. The high incidence of HIV/AIDS among African Americans is a health crisis of epidemic proportions that threatens our future. We have joined with the California Department of Health Services, Office of AIDS in support of the state's outreach efforts to educate communities about the threat of HIV/AIDS and to mobilize communities to get tested.

Early detection and treatment have proven to be effective tools in reducing the spread of HIV/AIDS. We call upon all members

L O O K
&
U P
&
L I V E !

H I V / A I D S

of the clergy to join us in an ongoing, sustained effort to provide HIV education and counseling. We will still preach and teach abstinence as the best option, however, the present crisis compels us to broaden our compassion and prevention messages to include persons who are or have been sexually active.

A concerted, persistent effort in some form to incorporate awareness and control of this pandemic is vital. We must reach beyond the pulpit into the pews and into the hearts of our congregants and communities. We have to treat HIV/AIDS as a disease and show the same compassion we would for any illness.

We urge you, our fellow clergy, to join with us to stop the spread of this devastating disease through the strength we possess in our common bond as people of faith.

Reverend Dr. Clyde W. Oden, Jr.
*Pastor, Bryant Temple African Methodist Episcopal Church
Los Angeles*

Working Committee Chairman
Statewide HIV/AIDS Church Outreach Advisory Board



Whereas, we, the leaders of the faith community, recognize that the Black church is perhaps the oldest and most beloved institution in the African American community. The church has historically been a spiritual anchor of the African American community and the primary resource for the survival and progress of its people.

Whereas, we, the leaders of the faith community, recognize the history and strength of the church in the African American community in bringing about individual and social change.

Whereas, we, the leaders of the faith community, recognize the urgent need to address the devastating impact HIV and AIDS is having on the African American community.

We do hereby resolve that we will implement a church mentor program to help churches develop an AIDS ministry or integrate HIV/AIDS education into their existing outreach program.

We do hereby resolve that we will provide HIV/AIDS training from a spiritual, medical, public health and ecumenical point of view to our existing church counselors.

We do hereby resolve that we will provide churches with HIV/AIDS educational resources and contacts that will focus on HIV/AIDS from a spiritual, medical, public health and ecumenical point of view.

We do hereby resolve that we will inform those in our faith community about the importance of getting tested and refer them to private and confidential facilities that offer HIV testing.

We do hereby resolve to genuinely pursue and maintain the Faith Community Covenant as a living document and testimony to the mission to which we are called as keepers of the faith.

We do further resolve, that to heighten the awareness of HIV/AIDS and develop sensitivity to the issue, we will dedicate a minimum of four Sunday services a year to HIV/AIDS. To help congregations retain the message of the sermon, church-sensitive prevention materials will be handed out following every HIV/AIDS service and HIV/AIDS materials will be available at our church on an ongoing basis.

Pastor J. Alfred Smith, Sr.
Allen Temple Baptist Church

Pastor W. James Smith
Calvary Baptist Church

Bishop Ernestine Cleveland Reems
Center of Hope Community Church

Pastor Parnell M. Lovelace, Jr.
Center of Praise Ministries

Bishop E. Lynn Brown
Christian Methodist Episcopal Church

Reverend Yvette Flunder
City of Refuge

Reverend M. Andrew Robinson-Gaither
Faith United Methodist Church

Bishop Kenneth C. Ulmer
Faithful Central Bible Church

Bishop Sherwood Carthen
Harvest Church

Reverend Norman S. Johnson, Sr.
First New Christian Fellowship
Missionary Baptist Church

Reverend Clyde W. Oden, Jr.
Holy Trinity African Methodist
Episcopal Church

Reverend Ron Gibson
Life Church of God in Christ

Reverend Charles Singleton
Loveland Church

Bishop George McKinney
St. Stephens Church of God in Christ

Reverend Alfreda Lanoix
Unity Fellowship Church

Bishop Charles E. Blake
West Angeles Church of God in Christ

Now I beseech you, brethren, by the name of our Lord Jesus Christ, that ye all speak the same thing, and that there be no divisions among you; but that ye be perfectly joined together in the same mind and in the same judgement. (Corinthians 1:10)

INTRODUCTION TO THE PASTOR'S GUIDEBOOK



AIDS IS A LEADING KILLER OF AFRICAN AMERICANS AGES 25-44

HIV/AIDS has had a devastating impact on the African American community. AIDS is a leading cause of death in the U.S. for African American men and women ages 25 - 44. According to the Center for Disease Control and Prevention (CDC), in the 33 states where HIV cases were reported in 2001, 50 percent of HIV diagnoses were among African Americans. It is estimated that half of new HIV infections occur in teens and young adults under 25, and numerous studies suggest that African American young people represent the majority of infections. These alarming statistics are a result of HIV/AIDS information, services and resources not effectively reaching the African American community.

To address the HIV/AIDS pandemic, African American church leaders throughout California came together to develop a first-ever alliance with the California Department of Health Services, Office of AIDS to launch the HIV/AIDS Black Church Outreach Program. The Statewide HIV/AIDS Church Outreach Advisory Board, a coalition of African American pastors and bishops, convened in Los Angeles on April 21, 1999. At this meeting, the coalition of churches made a commitment to work together with the State Office of AIDS to address specific needs of their churches and develop materials to support the churches' efforts to address HIV/AIDS prevention in a way that is sensitive to church values.

To assist with the development of the *Pastor's Guidebook*, the state partnered with LOOK UP & LIVE! – The Urban Church Task Force on HIV/AIDS, a multi-denominational collaborative ministry that provided guidance and support to churches in the Los Angeles area on ministry-based HIV/AIDS programs. Additionally, Statewide HIV/AIDS Church Outreach Advisory Board Members reviewed all materials in the Guidebook.

The guidebook titled, *Healing Begins Here: A Pastor's Guidebook for HIV/AIDS Ministry through the Church*, is a step-by-step resource designed specifically for pastors/bishops with accurate information about HIV/AIDS, its pervasiveness in African American communi-

ties and its prevention. The *Pastor's Guidebook* was created so that church leaders can address HIV/AIDS prevention in a Christian context and heighten the awareness of HIV/AIDS within their congregations. The objectives of the *Pastor's Guidebook* are to:

- Provide clergy with accurate clinical and statistical information on HIV/AIDS and its effect on the lives of African Americans
- Assist clergy in developing sermons on issues and concerns related to HIV/AIDS
- Help clergy incorporate HIV/AIDS education and prevention strategies into their existing ministries
- Assist clergy in raising awareness and initiating dialogue about the disease throughout their congregations and the African American community
- Help clergy mobilize their congregations to work toward stopping the spread of HIV/AIDS within the African American community

A key component of the *Pastor's Guidebook* is the "Sermon Notes for Clergy." These sermons and notes were submitted by pastors who have already delivered sermons on HIV/AIDS. These sermons are designed to stimulate thought and assist pastors as they develop sermons to address their congregations about HIV/AIDS issues, including compassion and prevention strategies. The *Pastor's Guidebook* also contains current information about HIV, a glossary of terms associated with HIV/AIDS, suggestions for integrating HIV/AIDS programs into existing ministries and a list of educational materials that can be distributed to church members.

The role of the church in the African American community has always been that of a compassionate caregiver. As more African Americans are infected with and affected by HIV/AIDS at alarming rates and the death toll continues to rise, the church is called upon to take part in preventing the spread of the disease. The *Pastor's Guidebook* is designed to support church leaders in this noble task.

I CAN DO ALL THINGS THROUGH CHRIST WHICH STRENGTHENS ME. PHIL. 4:13

YEA A MAN OF KNOWLEDGE INCREASETH STRENGTH (PROVERB 24:5)



California
Department of
Health Services

YEA A MAN OF KNOWLEDGE INCREASETH STRENGTH (PROVERB 24:5)

Since the beginning of the AIDS epidemic, many ethnic communities have been disproportionately impacted by HIV/AIDS. The African American community has been particularly affected, calling for increasingly progressive prevention efforts within this community. The following statistics illustrate how HIV/AIDS continues to affect African Americans:

- Nationwide, approximately 1 in 50 African American men and 1 in 160 African American women are believed to be infected with HIV.
- In 2001, African Americans accounted for 23 percent of new AIDS cases reported in California while representing only 6.7 percent of the population.
- The AIDS case rate nationwide is almost ten times higher for African Americans than among whites.

In response to this growing pandemic, AIDS service organizations and public agencies are hoping to reach the African American community with prevention messages through the involvement of the church. In turn, many churches are having to address HIV/AIDS issues within their congregations, and understand that they must get involved with prevention efforts to help stem the spread of this devastating disease.

The Department of Health Services, Office of AIDS, has partnered with African American church leaders in California to develop HIV/AIDS prevention materials that are sensitive to the church environment. The Pastor's Guidebook is designed to provide guidance and suggestions to pastors and bishops on how to incorporate HIV/AIDS prevention and compassion programs into their ministries. In this Guidebook you will find:

- Sermon notes focusing on HIV/AIDS along with sample sermons.

AIDS IS A LEADING KILLER OF AFRICAN AMERICANS AGES 25-44

- Covenant agreement signed by African American church leaders, expressing their commitment to addressing HIV/AIDS within a Christian context.
- A list of the organizations that helped create this Pastor's Guidebook.
- A description of the effect that HIV/AIDS is having on African Americans and why the church needs to be involved in prevention efforts.
- Common myths associated with HIV/AIDS along with facts to dispel them.
- An "HIV 101" section to provide basic information about HIV/AIDS.
- Suggestions for how churches can start an HIV/AIDS ministry.
- Testimonials from African Americans living with HIV or AIDS.
- A list of HIV/AIDS prevention materials available.
- A glossary of HIV/AIDS-related terms.
- Resource list of HIV/AIDS referrals.

We hope you find this information helpful in addressing HIV/AIDS within your ministry. As a religious and community leader, it is vital that your congregations and surrounding communities are mobilized to become educated and involved with HIV/AIDS prevention efforts.

If you have any questions about the Pastor's Guidebook, please contact Alyssa Shepherd-Moore at BaumanCurry & Co., partners of the California AIDS Prevention Campaign at (323) 525-0559.

Michael Montgomery
Chief, Office of AIDS

Vanessa Baird, M.P.P.A.,
Chief, California Department of Health Services, Office of Multicultural Health
Former Assistant Chief, Office of AIDS



STATEWIDE HIV/AIDS CHURCH
OUTREACH ADVISORY BOARD

AIDS IS A LEADING KILLER OF AFRICAN AMERICANS AGES 25-44

Statewide HIV/AIDS Church Outreach Advisory Board

The Statewide HIV/AIDS Church Outreach Advisory Board, a volunteer committee, has worked in partnership with the California Department of Health Services, Office of AIDS to develop and distribute the innovative *Healing Begins Here* guidebook and educational companion materials. Since the Board's inception in 1999 – launched with the participation of more than 75 African American church leaders – outreach and training have been conducted throughout the state, especially with some of the Black community's most conservative churches.

The Church Advisory Board members have reviewed all HIV prevention information and materials associated with *Healing Begins Here* to help ensure the messages are sensitive to the church environment. In this way, board members hope the materials will be useful to their fellow clergy.

Following is the list of past and present Statewide HIV/AIDS Church Outreach Advisory Board members:

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*Bishop Sherwood Carthen
Harvest Church
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*Reverend Alfreda Lanoix
Unity Fellowship of Christ Church
Los Angeles, CA



In Memory Of
Minister Damon Eskridge
West Angeles Church of God in Christ

YEA A MAN OF KNOWLEDGE INCREASETH STRENGTH (PROVERB 24:5)

Urban Church Task Force on HIV/AIDS

In February 1998, several ministry leaders in Los Angeles met to establish effective strategies to minister to those infected with and affected by HIV/AIDS in urban communities. The result of that meeting was the development of LOOK UP & LIVE! The Urban Church Task Force on HIV/AIDS, which was founded by Minister Damon L. Eskridge of West Angeles Church of God in Christ. Minister Eskridge passed into Glory on February 12, 2000 because of illnesses caused by infections due to HIV. The LOOK UP & LIVE! Steering Committee played an important role in developing *Healing Begins Here*, providing invaluable HIV/AIDS information and direction in a church-sensitive manner. At the close of their contract (June 30, 2002) with Los Angeles County, LOOK UP & LIVE! developed a resource guide of church-approved HIV/AIDS facilities for the county.

Though funding for LOOK UP & LIVE! through Los Angeles County ceased, the spirit that gave birth to the coalition remained. Recognizing the need to carry on the work of the church in HIV/AIDS awareness and prevention, many of the same steering committee members met once again to develop the URBAN CHURCH TASK FORCE ON HIV/AIDS (UCTF). In an effort to fully embrace the idea of coalition building the committee meets once a month at different church locations to discuss strategies that effectively create HIV/AIDS awareness.

Most notably in 2003, during the Martin Luther King, Jr. "Kingdom Day" parade in Los Angeles the Statewide HIV/AIDS Church Outreach Advisory Board provided leadership that helped the UCTF solicit churches as part of National Black HIV/AIDS Awareness Day (NBHAAD – observed annually on February 7). The response of churches exceeded the availability of space allotted a marching group. Churches paraded down Martin Luther King, Jr Boulevard carrying placards, banners and wearing t-shirts with the *Healing Begins Here* logo.

Thanks to support from the California Department of Health Services, Office of AIDS (CDHS-OA) and the Statewide HIV/AIDS Church Advisory Board, the UCTF marched as one of four units chanting and rallying

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onlookers to repeat, "Stop the spread of HIV in the Black Community. Get educated. Get tested. Get involved." Marchers expressed that the most rewarding part was when people along the parade route recognized signs displaying their church's name and shouted back proudly. UCTF looks forward to continuing strong, coalition building efforts such as these.

Urban Church Task Force on HIV/AIDS Steering Committee Members are:

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BaumanCurry & Co. Public Relations (BC&C) has worked in partnership with the California Department of Health Services, Offices of AIDS (CDHS-OA) on the Statewide *HIV/AIDS Black Church Outreach Program* since 1999. Because of the leadership of Janet Curry (chief executive officer of BC&C) our responsibility, then and now, has been to facilitate HIV/AIDS awareness, prevention and testing information to African American communities through traditional and non-traditional channels of communication.

BC&C's continued objective has been to focus on the disproportionate percentages of HIV/AIDS infection that are affecting African American communities throughout the state. However, AIDS does not discriminate based on race, religion, color, geography or sexual orientation. That is why we believe it is important to build alliances that create an atmosphere for productive, problem-solving dialogue with diverse groups. By talking, participants open the door to leverage resources and to learn more about beneficial programs that can help to combat the common enemy of HIV/AIDS.

For example, key relationships were created in 1999 between CDHS-OA and the Statewide HIV/AIDS Church Outreach Advisory Board (SWAB – see page 10 for an overview). Thanks to SWAB's leadership, we have seen an increase in HIV/AIDS awareness activities among churches.

Following the Pastors' Breakfast in June 2002 – hosted by Bishop Kenneth C. Ulmer and Faithful Central Bible Church – SWAB members demonstrated their willingness to move the board to a higher level of involvement. They voluntarily remained after the breakfast to discuss strategies on how to develop a functioning, working committee that would build upon existing efforts to disseminate HIV/AIDS information throughout the state. As a result of that meeting, World AIDS Day (WAD) 2002 was the most successful HIV/AIDS awareness campaign the board has spearheaded.

CDHS-OA and SWAB pooled their energy and worked to encourage churches to observe WAD on December 1. Throughout the state, seventy (70) Black churches stood in solidarity to deliver sermons, handout quiz cards, provide confidential testing and lead intercessory prayers for people infected with, and affected by HIV/AIDS.

Because of additional support from Los Angeles County Department of Health Services Office of AIDS Programs and Policy, 51 of those churches were from Los Angeles County. Over six million Californians read about the effort in print, heard it on news radio or saw coverage of influential ministers preaching about HIV/AIDS on the evening news. In addition, over 20,000 parishioners received *Healing Begins Here* quiz cards throughout the state.

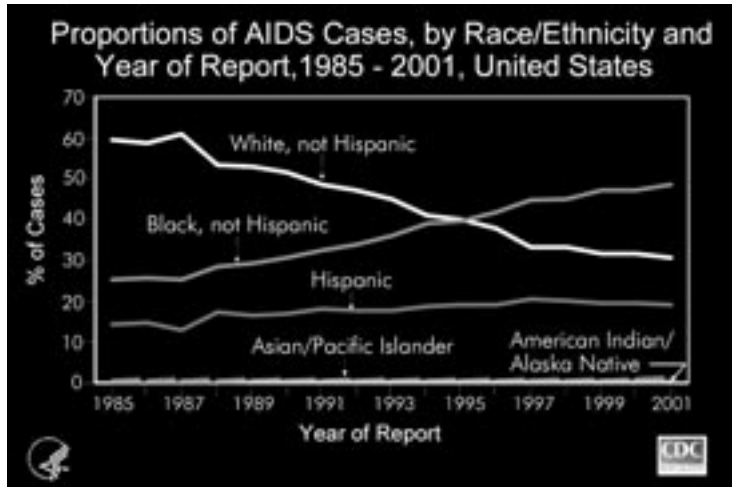
As we strengthen the *HIV/AIDS Black Church Outreach Program* communities in need will receive access to compassionate, caring churches that are equipped to provide guidance. Historically the Black church has been the support system for African American communities. Distribution of the *Healing Begins Here* guidebooks and quiz cards is merely an extension of that support.



Alyssa Shepherd-Moore
Vice President of Ecumenical Affairs, BaumanCurry & Co.

FACTS ABOUT HIV/AIDS AMONG AFRICAN AMERICANS

YEA A MAN OF KNOWLEDGE INCREASETH STRENGTH (PROVERB 24:5)

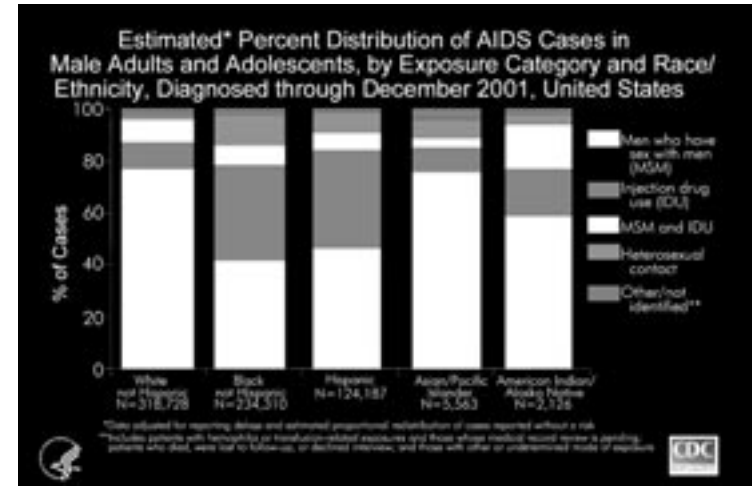


More than twenty years into the AIDS pandemic, the newest “face of AIDS” is more and more often, a black one. According to the CDC in 2001, African Americans accounted for about 21,000, or 50 percent, of the more than 41,000 estimated new AIDS cases diagnosed among adults.

In California, African Americans accounted for over 22 percent of recent AIDS cases (1998-2002) while comprising less than seven percent of the population. Rates of infection are soaring. The African American population is heavily affected and African Americans often wait longer to get tested for HIV. In addition, even fewer are receiving the proper care, medication and education to treat the virus so they will be able to stay healthier longer.

The factors fueling these alarming statistics are complicated. According to many AIDS activists, the disease seems to strike African Americans more often because of challenges in accessing health care, prevention services and treatment. In addition, there are taboos within the black community about discussing safer sex, drug use, and sexual orientation.

AIDS IS A LEADING KILLER OF AFRICAN AMERICANS AGES 25-44



Men


According to statistics collected through December 2001 by the Centers for Disease Control and Prevention (CDC), the majority of AIDS cases for African Americans occur among men between the ages of 25 and 44. AIDS (HIV disease) is the leading cause of death among African American men ages 35 to 44 and is among the top three causes of death for African American men ages 25 to 54.

For African American men, it is estimated that 41 percent of AIDS cases are attributed to homosexual/bisexual behavior, while 37 percent were attributed to injection drug use. Unfortunately, higher rates of incarceration and injection drug use among African Americans are linked to higher rates of HIV infection, and currently, the AIDS case rate nationwide is almost ten times higher for African Americans than Caucasians.

AIDS Cases and Rates among Women and Adolescent Girls, by Race/Ethnicity, Reported in 2001, United States

Race/Ethnicity	Number	%	Rate per 100,000
White, not Hispanic	2,040	18	2.4
Black, not Hispanic	7,023	63	47.8
Hispanic	1,894	17	12.9
Asian/Pacific Islander	69	1	1.5
American Indian/ Alaska Native	42	<1	4.9
Total*	11,082	100	

*Includes 14 women of unknown race/ethnicity



Women

CDC's 2001 study revealed that AIDS (HIV Disease) is the leading cause of death among African American women ages 25 to 34 and is among the top three causes of death for African American women ages 35 to 44. Today, a large number of HIV infections among women are a result of injection drug use, either through use of contaminated needles or sex with an injection drug user. In addition, many women become infected because their partners have had sex with other men or women who are infected.

Reducing the toll of the pandemic among women will require efforts to combat substance abuse, in addition to reducing other HIV risk behaviors.

African American and Hispanic women together represent less than one-fourth of all US women, yet they accounted for more than three-fourths (80 percent) of AIDS cases reported among women in the United States in 2001.

Teens and Young Adults

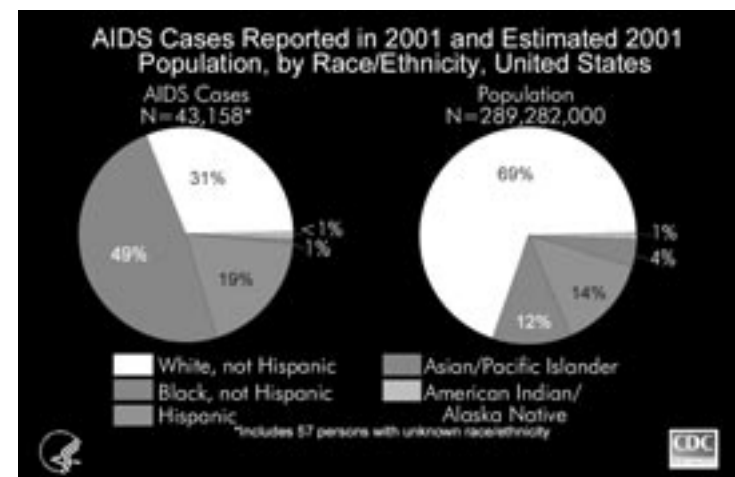
It is estimated that at least half of all new HIV infections in the United States are among people under 25. The majority of these young people were infected through unprotected sex. Of this population, young African Americans are most heavily affected, accounting for 65 percent of all HIV cases reported among 13-24 year olds.

Sexual activities and drug-related risks are primary factors in the spread of HIV/AIDS among young adults. Many young people report using alcohol or drugs when they have sex, and one in 50 high school students report having injected an illegal drug. It is critical to prevent patterns of these risky behaviors at an early age.

The Role of the Church

Pastors through their churches have excellent opportunities to help prevent the spread of HIV among African Americans. The church has a trusted, time-honored role in the African American community, and many look to churches for information and guidance in their lives. By discussing HIV/AIDS openly, churches have the ability to educate their congregations about this disease and help prevent the spread of HIV/AIDS within African American communities.

There are undeniable societal factors that contribute to skyrocketing HIV infection rates among African Americans. Among many African Americans, there is an underlying distrust of the public health system and a number of myths exist about the disease itself. Many times, African Americans do not have adequate access to resources including health care and educational opportunities. These factors bring the crucial role of churches sharply into focus. Pastors can use their leadership roles to educate congregations about HIV/AIDS and help them understand how to prevent infection, and access available services.



HIV INFECTION AND AIDS

In the past, people have had good reason to be afraid of “catching diseases.” Today we have the benefit of science to provide us with the real causes of diseases and how to avoid infection. Despite the fact that HIV/AIDS has been around for more than 20 years, many people still do not understand the severity of the epidemic or know much about the disease – how it is transmitted, detected and treated. Below are myths and the facts about HIV and AIDS.

MYTH

A person who has HIV has AIDS.

REALITY

Acquired Immunodeficiency Syndrome (AIDS) is caused by a virus called Human Immunodeficiency Virus (HIV). (AIDS is the final and most severe stage of HIV infection.) With advances in AIDS drug therapies, a person may live with HIV for 10 or more years before reaching full-blown AIDS. AIDS is a disease in which the body’s natural immune system breaks down, leaving it unable to fight off infections, cancers and other diseases.

MYTH

AIDS is a curable disease.

REALITY

There is no known cure or vaccine to prevent HIV infection or AIDS. While a large number of patients with HIV are doing well with the new drug therapies (a reason why it is crucial to get tested early), there are others who are not benefiting. All people on these therapies face a lifetime of adhering to complicated treatments, requiring as many as 20 to 30 pills a day taken at carefully timed intervals.

Also, individuals taking these HIV/AIDS treatment regimens often experience a range of short-term and/or ongoing side effects from the drugs. The simple truth about HIV and AIDS – a truth that is often forgotten – is that HIV infection is preventable.

MYTH

HIV is easily transmitted and can be spread through casual contact, such as drinking from the communion cup after an infected person or by playing with infected children in Sunday school.

REALITY

HIV infection and AIDS is not transmitted through casual contact. The disease can only be spread through direct exchange of infected bodily fluids such as: blood, semen, vaginal secretions and breast milk. Exchange of these fluids can occur during unprotected sexual activities, sharing of contaminated needles and from an infected mother to her baby during pregnancy, childbirth or nursing. It is **NOT** transmitted by kissing, breathing, hugging, sharing food or drinking glasses or holding hands with an infected person. HIV is not transmitted by mosquitos, other insects or pets.

MYTH

Testing positive for HIV is an immediate death sentence.

REALITY

Testing positive for HIV is not an immediate death sentence. Many HIV-positive people live healthy, productive lives for 10 or more years before developing full-blown AIDS. Although there is no cure for or vaccine to prevent HIV infection or AIDS, there are new advances in treatment. However, adhering to these complicated treatment

regimens can be difficult, and not everyone is benefiting from them. It is crucial for anyone who put themself at risk of contracting HIV to get tested as soon as possible. Early detection of HIV infection is a key factor in prolonging the life of an HIV-positive individual. Getting help from experienced HIV service providers can assist the HIV-infected person in making responsible decisions about treatment and taking care of his/her health.

MYTH

AIDS is not really a disease that African Americans get – it's mostly a disease of white gay men.

REALITY

African Americans who are at-risk for HIV, from all backgrounds and sexual orientations, are becoming infected at record rates, receiving less access to adequate care than whites and dying faster. In fact, in 1997 the CDC revealed that AIDS was the number one cause of death for black men and women ages 25 to 44 in the United States. In 1998, more African Americans were reported with AIDS than any other racial/ethnic group. African American children represented two-thirds (62 percent) of all reported pediatric AIDS cases. A vastly disproportionate number of African American women are now living with HIV/AIDS – African American women account for more than half of all AIDS cases among women.

MYTH

Tests for HIV are not accurate.

REALITY

Tests for HIV are extremely accurate. Antibodies to the virus (markers of infection) are usually detectable between two and twelve weeks after exposure. In some cases, it may take up to six months even though symptoms may not become apparent until much later. The California AIDS Hotline (1-800-367-AIDS) provides information on the location of free and anonymous testing sites in communities throughout the state.

MYTH

It's not safe to donate blood.

REALITY

Donating blood is safe. Blood banks and other blood collection centers use sterile equipment and disposable needles eliminating risk of infection. You cannot get HIV from donating blood.

MYTH

You can look at someone and tell if they have AIDS.

REALITY

You cannot look at someone and tell if they have HIV or AIDS. The symptoms are not necessarily visible and many people with HIV look and feel healthy. The disease affects people of all walks of life, regardless of gender, age, lifestyle or religious background. HIV is having the greatest impact today on African American women and young adults. The person sitting next to you may have the disease – there is no “scarlet letter” to tell you so.

“And the second is like unto it, Thou shalt love thy neighbour as thyself.” Matthew 22:39

HIV Prevention and Transmission

What is HIV? – HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS. HIV is a serious illness that attacks the immune system – the body’s ability to fight off infections, cancers and other diseases. You can be infected with HIV and not know it. Years can go by before you have any symptoms, yet you are still able to pass HIV on to others.

What is AIDS? – AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is the last and most severe stage of HIV. It can take up to 10 years or more to develop AIDS after being diagnosed with HIV infection.

How is HIV Spread? – It’s what you do, not who you are, that puts you at risk for getting HIV. Anyone can get HIV. It is important to note that HIV infection is preventable and is not transmitted through casual contact. The virus is most often spread by an infected person during unprotected sex between two people, or by sharing unclean needles to inject drugs or for tattoos and piercings. An infected mother can also give the virus to her child during pregnancy, childbirth or breast feeding. The disease can only be spread through direct contact with the following infected bodily fluids: blood, semen, vaginal secretions and breast milk. Once you understand how HIV is spread, you can learn to lower your risk of being exposed.

How HIV is NOT Spread – Unlike colds or flu viruses, HIV is not spread through the air or through touching or everyday casual contact. At home, at work, or in the community, you don’t have to worry about getting HIV from:

- A food server, eating utensils or food
- Pets or insect bites
- Donating blood
- Using public restrooms, drinking fountains or swimming pools
- An infected person sitting next to you
- Sharing telephones, computers or gym equipment, shaking hands, hugging or kissing

Consider Getting Tested – The HIV antibody test is a special blood or oral test that determines if you have HIV. This test does not tell you if you have AIDS. Anyone who thinks he or she might have been exposed to HIV should get tested. The test detects antibodies that your immune system makes to try to fight the virus.

Why Should You Get Tested and How? – Having HIV is not a death sentence. Today it is possible for people living with HIV to stay healthy longer and delay the onset of AIDS if they are diagnosed early and receive the most current treatments. This is one reason why it is so important for people at risk of getting HIV to not put off getting tested. Tests for HIV are extremely accurate. The HIV antibody is detectable between two weeks and six months after exposure even though symptoms of HIV might not become apparent until much later. This means you can look and feel perfectly healthy and still be infected. In particular, pregnant women who are at risk for getting HIV should get tested because treatments are now available that can prevent the infection from being passed on to an unborn child. For information about free and private test site locations throughout California call the California AIDS hotline at (800) 367-AIDS.

Treatments for HIV – There is no cure or vaccine for HIV or AIDS. People with HIV may have initial flu-like symptoms for a few days and then go for years without any symptoms. Early treatments may help those infected stay healthy longer. In the past few years, effective drug treatments that combat HIV directly, known as “combination therapies” or “cocktails,” have been developed. These therapies can help slow the effect of HIV on the immune system that will allow someone who is HIV-positive to live a healthy, productive life for ten years or more before developing full-blown AIDS. While extremely beneficial for some people, these drugs do not work for everyone and the cost of therapy can average \$20,000 per year. Government programs are available to eligible clients to help pay for the cost of these drugs.

Put Yourself in Control! – Help stop the spread of HIV infection and the unnecessary fear of it. Share with others the information about behaviors that lower risk, and reassure them that the virus is not spread by casual contact. If a person chooses to have unprotected sex, he or she may be at risk of getting an STD (sexually transmitted disease) including HIV/AIDS. As pastor, you can inform your congregation to avoid the behaviors that will put them at risk and encourage

them to take heed and act upon the following steps:

- Learn how HIV/AIDS and other STDs are spread
- Learn about risky behaviors for HIV/AIDS, try to avoid them and get tested if you are at risk
- Discuss the risks and how to reduce them with a trained HIV counselor
- Practice safer sex, including using latex condoms correctly
- Communicate with sexual partner(s) about ways to reduce risk
- Be aware of all sexual partners' risk behaviors (i.e. sexual, drug use, etc.)

The only way to eliminate your risk of getting HIV/AIDS and other STD's is to practice abstinence. One way to practice "safer" sex is in the context of a married monogamous relationship (with no other partners outside of that relationship – and both partners knowing for certain that they are not infected with HIV). Also, properly using latex condoms can significantly reduce the risk of contracting HIV/AIDS.

Humbly, your obedient student
Reverend Elder Alfreda E. Lanoix, Pastor
Unity Fellowship Church, Los Angeles

Unity Fellowship Church has been in this struggle to stop the spread of HIV/AIDS for over 15 years. Reverend Lanoix contributed to the development of the HIV 101 section.

"I dedicate Unity's contribution of this *Pastor's Guidebook* to one of the greatest Teachers living in our time, Archbishop Carl Bean, founder and first Pastor of the Unity Fellowship Church."

What is an HIV Test?

An HIV test is a simple test to see if you are infected with HIV (*Human Immunodeficiency Virus*), the virus that causes AIDS. You may want to be tested if you think you have been exposed to HIV. The test detects antibodies to HIV that your immune system produces if you are infected. A blood or oral test (*OraSure®*) may be used. Below is an explanation of common tests used today.

- **ELISA** (*enzyme-linked immunosorbent assay, or EIA*) is a blood test that detects HIV antibodies. It is common, accurate, reliable and inexpensive. If an initial ELISA result is reactive, (i.e. positive), a second ELISA is done using the same specimen.
- **Western BLOT** (*immunoblot*) or **IFA** (*immunofluorescent assay*) tests are used to confirm a positive ELISA test, also using the same specimen.
- **OraSure®** is the brand name of a test that looks for antibodies to HIV through fluids in the mouth. It is *not* a saliva test. OraSure® absorbs HIV antibodies out of the blood vessels from the cheeks and gum known as the mucous transudate. The OraSure® test is very accurate. OraSure® Western blot tests are used to confirm an initial positive result.

What Do HIV Test Results Mean?

A *Negative test result* means that no HIV antibodies were detected. This means either:

- You are not infected with HIV at this time.
- Or, it could mean that you were recently infected, but your body has not yet produced enough antibodies to be detected by the test because you are in the “window period.” The window period can be up to six months from the time of infection. This is why people at risk may need to be re-tested at least six months after their last possible exposure.
- A negative result does not mean a person is immune to HIV.

A *Positive test result* means that antibodies to HIV were detected. A positive result means that the specimen was double-checked with at least two additional lab tests (*another ELISA and confirmatory Western blot or IFA test*) to make sure.

It also means that:

- You are infected with HIV.
- You can infect others.

It **does not** mean that:

- You have AIDS. Symptoms of AIDS may not show up for years. (*For more information about the difference between HIV and AIDS, please refer to page Glossary of Terms section.*)
- Your partner is infected – but he or she could be and it is recommended that he or she also be tested.

An **inconclusive** test result means that the presence of antibodies could not be determined. This happens very rarely and may be due to a lab error, differing interpretations of the results or that the test was performed too soon after an infection. Additional HIV counseling and testing is recommended.

Where Can You Go to Get Tested?

There are a number of ways to get fast, easy and confidential or anonymous HIV testing, including free tests through a public health department. You can also get tested at your local hospital, private physician’s office or healthcare clinic. Using a home test collection kit is another option, and can be purchased from drug stores.

In California, HIV tests are offered at anonymous or confidential test sites:

At an **anonymous** test site you will be given a code number and that is the only way that you will be identified. Your name is not on any record.

At a **confidential** test site you will be given a consent form to read and sign to take the test. Your name is attached to your result. However, no medical records can be released without your permission.

When you are ready to get tested, you can call the **California HIV/AIDS Hotline (1-800-367-AIDS)** for a referral to a test site. You can also call your local public health department, local hospital, private physician's office or healthcare clinic to set up an appointment. Some clinics offer walk-in services.

Ask about whether anonymous or confidential tests are offered. Each test site can be different. If both options are offered at the test site you selected, choose the option that feels most comfortable for you.

Once you have decided to take an HIV test, consider telling someone you trust. Having the support of a loved one, friend or pastor can be very important. It might be helpful to have a friend or loved one go with you to get tested and go back with you to get your results.

What Happens When You Take an HIV Test?

- **Counseling** – A nurse or HIV counselor will talk to you in private about the test, why you think you may be at risk, and how you can lower your risk. You can ask all kinds of questions and discuss your fears and concerns. It is important to be honest so that you and your counselor will be able to assess your risk for HIV infection and decide if testing is right for you. Your counselor will also explain the benefits of receiving the test and the risks associated with having an HIV test such as discomfort and/or a small bruise when blood is drawn. Also, some people experience stress while waiting for the test results.

- **Testing** – A nurse or trained technician will draw a small amount of blood from your arm with a clean, new needle or use an OraSure® test by placing a special collection pad (*that looks like a skinny toothbrush*) between the lower gum and inner cheek for 2 minutes.

- **Returning for your result** – You will schedule a return visit to receive your test result, usually one to two weeks after your test. **Getting your test result is the most important step in the testing process.** Educate yourself and ask your HIV counselor questions. When you return, a nurse or trained HIV counselor will give you your result in private. If necessary, additional counseling and necessary referrals will be provided for you.

What Happens After You Learn Your Test Result?

If your test result is negative, you can take steps to reduce your risk, and prevent getting HIV.

If your test result is positive it means you have HIV and that you can infect other people.

It **does not** mean:

- You have AIDS.
- You are a bad person.
- You have received a death sentence.
- You cannot have loving relationships.
- God is punishing you!

It **does** mean:

- You can get treatment and medical care.
- You can get support from HIV support groups in your community.
- Your church will shepherd you with the unconditional love of Jesus Christ.
- Your church will do its best to assist you in getting proper treatment and services.
- Nothing can separate you from the love of God!

The Black Church HIV Testing Campaign.

The Balm In Gilead has organized the Black Church HIV Testing Campaign to assist Black churches in educating and encouraging African Americans to get tested and to get more Black churches involved in addressing HIV/AIDS.

For churches that wish to join the Black Church HIV Testing Campaign, please call for your free resource kit at (888) 225-6243 or log onto www.balmingilead.org.

The information in this section was provided by the California Department of Health Services, Office of AIDS and the Balm In Gilead, a national not-for-profit organization located in New York City.

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INTRODUCTION TO SERMONS

“While many of us are not forced to see or deal with the effects that HIV and AIDS is having on the African American community on a daily basis, we must realize it is likely that we all know someone who has suffered from or who is affected by the virus. The time has come for all of us to stand together and educate ourselves and our neighbors to prevent further loss of our family and friends to this devastating disease.”

Vanessa Baird
Assistant Chief, Office of AIDS
California Department of Health Services

There are several key messages you can incorporate into your sermons that will help your congregation understand how to stop the spread of HIV/AIDS in their community.

The California Department of Health Services, Office of AIDS encourages clergy to submit additional sermon notes on HIV/AIDS to be considered for inclusion in updates to this *Guidebook*. If you are interested in writing a sermon, please complete the enclosed registration form, include your sermon and mail it to: BaumanCurry & Co.; P.O.Box 481296; Los Angeles, CA 90048.

Key messages to incorporate into your sermons

- **Preach abstinence, teach prevention.** HIV is a preventable disease that cannot be spread through casual contact. Abstinence is the only 100% effective way to prevent the sexual transmission of HIV. Share prevention messages that are age appropriate and culturally sensitive.
- **There is no known medical cure or vaccine for HIV.** Education and awareness are the strongest weapons in reversing the devastating toll HIV and AIDS is taking on the African American community.
- **Practice tolerance.** Welcome people living with AIDS into the church. Work to overcome stigmas associated with HIV/AIDS.

- **Practice compassion.** Embrace those who are disenfranchised and at risk for HIV – including drug users, addicts, the homeless, and people who may be different in their sexual orientation.
- **Promote self-esteem and self-love** to help prevent self-destructive behaviors that put people in risky situations for contracting HIV.
- **Provide assistance to people with drug problems.** Drug abuse, particularly injection drug use, and incarceration are disproportionately high among African Americans, and are directly linked to higher HIV infection rates in the African American community.
- **Inform people about new treatments.** New medications allow many people living with HIV to stay healthy longer. This is one reason why it is so important for people at risk to not put off getting tested for HIV.
- **Promote HIV testing.** Free anonymous and confidential HIV counseling and testing is available in most communities. Tests for HIV are extremely accurate, trustworthy and completely private.
- **Provide basic and spiritual support** to people living with AIDS.
- **Pray for compassion and a cure.**

THEOLOGICAL PERSPECTIVE OF HIV/AIDS

By Reverend Norman Johnson, Sr.
First New Christian Fellowship Missionary Baptist Church
Los Angeles, CA

Biblical References: "Jesus Heals a Man Born Blind"
(John 9:1-5)

SCRIPTURES:

1.) And As Jesus passed by, he saw a man who was blind from birth. 2.) And his disciples asked him, saying, Master, who did sin, this man, or his parents, that he was born blind? 3.) Jesus answered Neither hath this man sinned, nor his parents: but that the works of God should be made manifest in him. 4.) I must work the works of him that sent me, while it is day: the night cometh, when no man can work. 5.) As long as I am in the world, I am the light of the world.

Purpose:

To move persons toward affirming the church's ministry to people with HIV/AIDS.

Introduction:

The growing HIV/AIDS crisis has evoked a dilemma for the black church at three levels: theological, ethical, and anthropological. At stake is our understanding of the ministry of the church and its historic healing emphasis. The crisis is not new. According to the Gospel of John, Jesus meets a similar crisis in the story of the man born blind. The story itself reflects the tension present between the emergent Christian community and the more established Jewish community over the question of Jesus. Christians in John's community claimed Jesus to be "sent by God" to bring light, truth, true bread, and living water to a world of darkness and sin. Jesus is the revelation of the divine will and this divine will expresses itself as "love." The tension is a "religious one" and while the larger contest is who belongs and who does not belong (v.35) the real issue is "blindness" (v. 39-40). The HIV/AIDS crisis, particularly among African Americans has produced a tension, a "religious tension" which challenges the theology, ethics and understanding of humanity of the black church. The question is do we really see? The tension emerged when HIV/AIDS was associated with male homosexuality and was referred to as "God's judgement on homosexuality." Since then, we know that HIV/AIDS is not limited to a particular group, but affects all groups. The black church started with the wrong question. We started with a cause and effect ethical

position that too narrowly defined the issue. In the story of the "blind man" Jesus refuses to begin with a narrow ethical position, that is trying to explain why the man is blind. Instead he begins with the theological issue "What kind of God is revealed through our actions:

I. The Theological Dimension

a. The blind man's condition possesses the potential for revelation – the revelation of God (v. 3).

b. Religious convention can blind us to the actual work of God (v. 16).

The Pharisees accuse Jesus of being a man "not of God" because he disturbs religious convention.

c. The God-talk of the Pharisees led them to assume that "God does not listen to sinners..."

Conclusion A:

The man had one kind of blindness. The religious leaders had another. The religious leaders talked about a punitive God who operates within well-known limits. Jesus spoke of a God who reveals himself in words of healing.

II. The Ethical Dimension

a. Punishment of children for their parents sin is spoken in Exodus 20.5; 34.7: Psalms 109.13-15; cf. Ezekiel 18 (v.2) healing of Jesus.

b. Jesus' actions were a violation of sabbath laws (v. 14).

c. According to the view of the religious community (read "leaders") the man was condemned to be an outsider (v. 35).

Conclusion B:

Jesus represents a liberation from religious traditions that are valued more than human life. His healing ministry accorded with his mission to be "the light of the world".

III. The Anthropological Dimension

a. Jesus focused on the concrete specific situation: the man's blindness.

b. The situation becomes an opportunity for healing by others.

Jesus is an instrument of divine agency! Jesus challenges his disciples to become an instrument of divine agency (v. 4).

- c. When the man was made an outsider by the religious leaders, Jesus reached out to “include him” (vv. 35-41).

Conclusion C:

Jesus’ vision of humanity was aimed at inclusion not exclusion. As an instrument of divine agency, Jesus “must work the works of him that sent me while it is day...” The challenge is no less for us.

CONCLUSION:

The HIV/AIDS crisis is not a situation for the black church to sit in judgement. It is not a time for the religious politics of exclusion. HIV/AIDS is a leading cause of death for black men and women ages 25-44. In 1998 blacks accounted for 45 percent of new AIDS cases and 49 percent of total AIDS deaths. Black children comprise 62 percent of pediatric AIDS cases. The black church must do more than speak of a punitive God and narrow interpretation of traditions and embrace our potential for being agents of the divine will, a “light in the world.” We must work the works of him that sent us while it is day. The night does come.

SERMON NOTES WITH FULL SERMONS

Biblical Reference: "Life in the Spirit" (Roman 8:1)

Theme: INCLUSION

By Pastor J. Alfred Smith, Senior
Allen Temple Baptist Church
Oakland, CA

SCRIPTURE:

- 1 "There is, therefore, now no condemnation to them which are in Christ Jesus, who walk not after flesh, but after the spirit."

THEMES:

1. All are welcome in the church: When so many in our society would reject and exclude, we Christians, like Christ our Lord and Savior, encourage and support the inclusion and participation of all God's children in the membership and ministry of the church.

2. God's inclusive love, mercy and grace: Scriptures continuously speak of a God who reaches out to those who are cast out for any reason and those who live at the margins of our community. We are disciples of the One who ate with those rejected by the religious establishment of the day. The Lord's objective is that the lives of those that were rejected be changed and restored in the spirit of Christ. The church is not a museum for saints. It is a hospital for sinners who are being saved by God's grace.

HIV/AIDS References:

- The church is an integral part of the African American lifestyle. Yet many feel alienated from the church because they might be shunned or identified as sinners because HIV is primarily contracted through illicit drug use and unprotected sexual activities. Christians have an opportunity and obligation to welcome everyone, including people living with HIV/AIDS, into the church community to gain the spiritual guidance and love they need to endure the battle ahead.

- HIV can touch everyone. It affects many people regardless of age, gender, or sexual orientation or lifestyle. African Americans account for 12 percent of the US population. However, in 1997, they accounted for 57 percent of new infections of HIV and nearly 50 percent of AIDS cases. Chances are, someone you know may already be living with HIV. Those with HIV need to be welcomed,

FULL SERMON**SERMON ON HIV/AIDS**

By Pastor J. Alfred Smith, Senior
Allen Temple Baptist Church
Oakland, CA

Written for World AIDS Day on December 1

Today, World AIDS Sunday, we at Allen Temple celebrate the HIV/AIDS ministry of this congregation. Through this ministry, many people have had compassionate companionship during their struggles with AIDS. Through us, men, women, teenagers and children with real, often urgent, needs are receiving support and services to sustain their lives. Also, through this ministry Allen Temple members are experiencing deeper meanings of Christian discipleship.

This reality is due to the vision of our Pastors, Dr. J. Alfred Smith, Sr. and Dr. J. Alfred Smith, Jr. The members of the HIV/AIDS Ministry thank them and thank God for His vision. It is our hope and prayer that every church will have an HIV/AIDS Ministry or some other kind of outreach to HIV/AIDS affected persons.

Mission Statement and Biblical Basis

The HIV/AIDS support ministry is a ministry of comfort through support, education and training for individuals, families and friends affected by HIV Disease.

Our ministry is composed of members who serve the Allen Temple Baptist Church congregation and the community at large. We organized with individual men and women of varying sexual identities, HIV infected and affected from a wide variety of backgrounds.

Biblically our ministry is based on the belief that “There is therefore now no condemnation for those who are in Christ Jesus.” (Roman 8:1) Ours is a “INCLUSIVE CHURCH” where all are welcomed, where the gifts of all are recognized and received and where the rights of all are defended and promoted. When so many in our society would reject and exclude we Christians, like Christ our Lord and Savior, support the full inclusion and participation of all God’s children in the membership and ministry of the church.

As we approach the Christmas season and celebrate the birth of the Christ child, we remember that he was named “Emmanuel, God with Us”! (Matthew 1:28). And indeed God is with us even if one has HIV/AIDS. Israel, the Lord who created you says “Do not be afraid – I will save you. I have called you by name – you are mine. When you pass through deep waters, I will be with you, your troubles will not overwhelm you. When you pass through fire, you will not be burned; The hard trails that come will not hurt you... for I am the Lord your God... I will give up whole nations to save your life because you are precious to me and because I love you...Do not be afraid – I am with you...” (Isaiah 43:1-5)

Biblical References: “Good Samaritan”
(Luke 10:25-37)

Theme: HOPE, LOVE AND REDEMPTION

By Pastor Parnell M. Lovelace, Jr.
Center of Praise Ministries
Rancho Cordova, CA

SCRIPTURES:

• 25 “And, behold, a certain lawyer stood up, and tempted him, saying, Master, what shall I do to inherit eternal life? 26 He said unto him, What is written in the law? how readest thou? 27 And he answering said, Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy strength, and with all thy mind; and thy neighbour as thyself. 28 And he said unto him, Thou hast answered right: this do, and thou shalt live. 29 But he, willing to justify himself, said unto Jesus, And who is my neighbour? 30 And Jesus answering said, A certain man went down from Jerusalem to Jericho, and fell among thieves, which stripped him of his raiment, and wounded him, and departed, leaving him half dead. 31 And by chance there came down a certain priest that way: and when he saw him, he passed by on the other side. 32 And likewise a Levite, when he was at the place, came and looked on him, and passed by on the other side. 33 But a certain Samaritan, as he journeyed, came where he was: and when he saw him, he had compassion on him, 34 And went to him, and bound up his wounds, pouring oil and wine, and set him on his own beast, and brought him to an inn, and took care of him. 35 And on the morrow when he departed, he took out two pence, and gave them to the host, and said unto him, Take care of him; and whatsoever thou spendest more, when I come again, I will repay thee. 36 Which now of these three, thinkest thou, was neighbour unto him that fell among the thieves? 37 And he said, He that showed mercy on him. Then said Jesus unto him, Go, and do thou likewise.”

THEME:

1. Hope, Love and Redemption: Beyond the common interpretation of one individual showing compassion for another, there lies a deeper message – a powerful expression of the Father’s love and redemption for all who would seek Him.

The story reflects on what happened to mankind in the original fall in Garden of Eden. The thief – Satan – wanted to strip us of our relationship and communion with the Father. He proceeded to wound the human race and impose affliction to remind us of our

fallen state. And just as the thieves in the parable left the traveler half dead, the fall left Adam and Eve half dead – they died spiritually, but were physically still alive.

Today, many men and women within our African American family find themselves also stripped of life, health and family members due to the devastation of HIV. The church must serve as the catalyst that embraces a vision that seeks to provide hope regardless of how ravaging the affliction. We have been empowered by the Holy Spirit and called to proclaim the redemptive message of Jesus Christ around the world.

HIV/AIDS References:

- A 1998 report released by the Centers for Disease Control and Prevention found that more African American and Latino gay men were diagnosed with AIDS than Caucasian gay men. By contrast, this same group represented 31 percent in 1989. This does not include the alarming increase of newly diagnosed cases among women of color.
- Sickness is healed by love. We must display that love to those living with HIV or AIDS. Sitting side-by-side with those carrying HIV can help demystify the dangers of the virus. It can help congregations realize that those infected are not different in other ways and pose no threat, as the disease cannot be spread through casual contact such as talking, dining together, hugging, etc.

FULL SERMON

HOPE

By Pastor Parnell M. Lovelace, Jr.
Center of Praise Ministries
Rancho Cordova, CA

Luke 10:25-37

This familiar parable found in Luke 10:25-37 is a message of one individual showing compassion for another. However, beyond this common interpretation, there lies a deeper message – a powerful expression of the Father’s love and redemption for all who would seek Him.

The story begins with a lawyer challenging Jesus with this question: “What shall I do to inherit eternal life?” (vs. 25). This question is the foundation of everything in the parable that follows.

Jesus responded to the man by posing another question: “What does the law state?” (vs. 26).

The lawyer answered, “Love the Lord your God with all your soul and with all your strength and with all your mind; and love your neighbor as yourself” (vs. 27). Christ then told the man that if he did this, he would live.

However, the lawyer wanted to justify himself; so he asked Jesus exactly who his “neighbor” might be.

Jesus countered with a story, further illustrating His point: “A certain man went down from Jerusalem to Jericho, and fell among thieves, which stripped him of his raiment, and wounded him, and departed, leaving him half dead.” (vs. 30).

This statement reflects what happened to mankind in the original fall in the Garden of Eden. The thief – Satan – wanted to strip us of our relationship and communion with the Father. He proceeded to wound the human race and impose affliction to remind us of our fallen state. And just as the thieves in the parable left the traveler half dead, the fall left Adam and Eve half dead – they died spiritually, but were physically still alive.

Today, many men and women within our African American family find themselves also stripped of life, health and family members due to the devastation of the HIV virus. In a recent report released by the Centers for Disease Control and Prevention, it was found that more African American and Latino gay men were diagnosed with the disease than Caucasian gay men in 1998. By contrast, this same group represented 31 percent in 1989. This is not including the alarming increase of newly diagnosed cases among women of color. The church must serve as the catalyst that embraces a vision that seeks to provide hope regardless of how ravaging the affliction.

Jesus continued the parable, saying that a priest and a Levite came upon the fallen man, but passed by after looking at him (vs. 31, 32). The priest here represents the written law, and the Levite symbolizes the ceremonial law. Neither one could help the fallen individual, as the law was never designed to redeem man, but only to show him that he is a sinner who needs a redeemer and savior (see Galatians 3:19; Romans 3:19-20; and Romans 5:20). The law is powerless to help at man’s most crucial point of need.

The story continues: “A certain Samaritan, as he journeyed, came where he was; and when he saw him, he had compassion on him and went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn and took care of him” (vs. 33, 34).

Without doubt, Jesus Christ is our Good Samaritan. He didn’t walk past us in our fallen state. He reached down and bound the wounds inflicted upon us. Then He applied the oil – symbolic of the ministry of the Holy Spirit in the redemptive process. He also applied the wine – a symbol of the baptism with the Holy Spirit.

Jesus is still the Baptizer with the Holy Spirit! When we were born again, the power of the Spirit not only came to affirm our salvation, but also to empower each and every believer for the work of the kingdom (see Acts 1:8).

In the parable we observe the good Samaritan placing the man on his animal. The animal is a type and shadow of the ministry of the Holy Spirit, our Comforter and support. Christ also placed us in His Church (represented in the parable by the inn), where He left us in the Spirit’s care.

It should also be noted that in the parable, the good Samaritan told the innkeeper that he would be returning (vs. 35). This foreshadows the second coming of our Lord and Savior. Jesus is coming again – hallelujah!

At the conclusion of His story, Jesus asked the lawyer, “which of these three do you think was the neighbor to him that fell among the thieves?” (vs. 36).

The lawyer responded, “The one who showed mercy”. Jesus then instructed the man to go and do the same (vs. 37). As believers we are first called to love God with all of our heart, soul, strength and mind. And in loving Him, we are then empowered to care for and love others whom Satan has sought to destroy. We have been empowered by the Holy Spirit and called to proclaim the redemptive message of Jesus Christ around the world – to every town, city and nation!

Regardless of how far an individual has fallen, we serve a Savior who continues to reach to the lost ones along life’s corridors of affliction and hopelessness. He still pours oil and wine and affirms the call of the Church to care for those He places within its care, until He returns.

Be assured that the Father’s desire is for us to fulfill our destiny through the power of the Holy Spirit and to reach out to others just as He has reached toward us.

Biblical Reference: "Undying Power of Love (A Reflection)"
(Revelations 1:18)

Theme: LOVE

By Reverend Yvette Flunder
City of Refuge
San Francisco, CA

SCRIPTURE:

- 18 "I am he that liveth, and was dead; and, behold, I am alive for evermore, Amen; and have the keys of hell and of death."

THEMES:

1. Undying love: The cross symbolizes Christianity because Jesus did die...but it is an empty cross because out of death comes life. Love lifted Jesus, Death is defeated by love. Sickness is healed by love. The living pulsing effervescent power of love is stronger than death, and is present with us here now in our hearts bearing witness to those whose memory could not be destroyed by hatred, prejudice and indifference.

2. Everlasting life: Believers don't have to fear death or the grave because Christ holds the keys to both. Jesus paid the price for all of our sins and bore all of our sicknesses and diseases. Salvation was God's answer to a world condemned to die. He spent quality time on the underbelly of high society with whores, lepers, eunuchs and working class people. He dignified the role of women. If He were here in the flesh, He would be on the AIDS ward, at the maximum-security prison or at the drug clinic. God's undying love and word is a blueprint that instructs us on how we should live and govern our bodies. It is only when we stray from God's word we experience spiritual death but because Jesus died on the cross for our sins, we have everlasting life. God alone has the power and authority to set us free from sin's control. When we place our life in Christ's hands, he restores us now and resurrects us later to an eternal, peaceful relationship with him.

HIV/AIDS Reference:

- Death is defeated by love and sickness is healed by love. We must display that love to those living with HIV or AIDS. Pray for and with those infected by the virus, talk to them and sit side-by-side with those carrying HIV at church. People need to know someone loves them in order to have a purpose. Having a purpose in life gives a person a reason to want to live. That's what love does.

FULL SERMON

The Undying Power of Love (A Reflection)

By Reverend Yvette Flunder
City of Refuge
San Francisco, CA

Revelations. 1:18

Have you ever been in a group of uninformed bug-scared people when something flew in or crawled in that no one recognized? Some green winged creature, some excessively large beetleish looking thing! What would be the response? "Kill it child, it might bite, step on it child, it might be poisonous...you don't know what that thing is. Kill it now and study it after it is dead."

Funny thing about bugs...you can kill them but there are always more coming...they don't die, they multiply! They don't get discouraged or depressed by their losses either. They are like the Energizer Bunny...they keep going, and going, and going...They seem to gain momentum when they are challenged. You kill one and there are plenty more where that one came from. You may put them out of business for a season, but don't celebrate. They'll be back stronger than ever. It seems that new life comes from death.

Our history is filled with stories of frightened uninformed people seeking to destroy what they do not understand. Different ideas and different people with different messages and different needs often upset our comfort. What we fear, we seek to destroy.

Someone right now is saying, "Stop the colored people, they might take over...they might change the status quo and make us lose our power and our comfortable way of life...stay away from those folks, and keep your children away from them; they are violent and lazy. Raise the rent so they can't live here, toughen up the laws and keep them in jail...destroy affirmative action before they catch up... don't give them access to equal opportunity and label them as underachievers...in fact destroy them anyway you can...take their power and study them after they're dead."

Funny thing about any marginalized people, though...you can destroy a few, but there are always more coming...they don't die, they multiply. They don't stay down no matter what is done to them; they have come through slavery, hangings, burnings and

holocausts, laws against them, religions against them, and governments against them... They seem to gain momentum when they are challenged. It seems that new life comes from death.

Some two thousand years ago a prophet-rabbi rose up in Israel who challenged the conceit of religion. He said things like, "Love them that hate you and do good to them that spitefully use you." He flew in the face of religious hypocrisy and classism that excluded those who were considered the low end of the totem pole. He spent quality time on the underbelly of high society with whores, lepers, eunuchs and working class people. He dignified the role of women. If He were here in the flesh, He would be on the AIDS ward, at the maximum-security prison or at the drug clinic. He was homeless and not well thought of in his hometown. His mama got pregnant under dubious circumstances when she was an unmarried teenager...and to the aggravation of the doctors and lawyers, He knew His stuff too, history, law, theology...He could go tit for tat with the best of them. He drew big crowds that loved what He said and they started questioning the status quo and the authority of their time. They would rather be with Him than the places they used to worship. The little people were not afraid anymore.

The High Priest gathered his power mongers and said, "Brethren, we have got to kill This Jesus, He is turning the world as we know it upside down...step on His true followers – those that teach non-judgemental all inclusive love...those that preach that the Kingdom of God is here now and accessible to all. Before we know it we won't be able to use religion to intimidate the people and maintain our power...kill Him child, kill Him and as many of his folks as you can, before that stuff gets around. They tell me it spreads like wild fire. We don't know how He got to know so much, or how He became so influential, but kill Him and we'll study all that after He is dead."

Funny thing happened when they killed Jesus. He got off the cross and in our hearts...and brought love, peace and joy. No matter what heinous acts are done in His name, His real love keeps coming through, and coming through, and coming through. His followers have been bruised often in His name. His essence, His spirit, His teaching, His love is present where people are doing justice loving mercy and walking humbly before God. Even death could not keep Him dead.

The cross symbolizes Christianity because Jesus did die...but it is an empty cross because out of death comes life. Love lifted Jesus, and Love lifted me. Death is defeated by love. Sickness is healed by love. Jesus embodied...an active love – teaching us by example what it means to celebrate diversity. An unrepentant love – that makes no apology for embracing anyone and everyone. A covering love – which groans until everyone in the family of God, is healed and whole. The living pulsing effervescent power of love is stronger than death, and is present with us here now in our hearts bearing witness to those whose memory could not be destroyed by hatred, prejudice and indifference. And with Christ's love in us we keep going...and going...and going.

SERMON NOTES WITH HIV/AIDS REFERENCE

Biblical References: "A Man With Leprosy" (Mark 1:40-41)

Theme: COMPASSION AND HOPE

By Bishop Kenneth C. Ulmer, D.min, Ph.D.
Faithful Central Bible Church,
Inglewood, CA

Christ: Aid For The AIDS Crisis

SCRIPTURES

- Mark 1:40-41 "And there came a leper to him, beseeching him, and kneeling down to him, and saying unto him, 'If thou wilt, thou canst make me clean.' And Jesus, moved with compassion, put forth his hand and touched him and said unto him, 'I will; Be thou clean.'"

1. AIDS is the leprosy of our time. In the year that King Uzziah died of leprosy, God got Isaiah's attention. In Phillipians 2:5, Paul exhorts us to let [the same] mind be in you which was also in Christ Jesus.

- The word for "mind" is a word that means "attitude." Paul is saying let the attitude that Christ had be the attitude that you have.

- I suggest that if we understand Jesus' attitude about leprosy, the AIDS of His day, we will know how we ought to respond to it. Let the position and posture of Jesus be your position and posture as you deal with the issue of AIDS.

2. The account of the incident in the book of Matthew says the man was "full of leprosy," which means he was in the final stages of the disease. He was dying, and praise the Lord, Jesus did not waste time satisfying his curiosity or passing judgement. The man needed help and Jesus did not waste time going over his history trying to find out how he got the disease, who he got it from where he was when he got it. He saw to the man's need.

3. The issue is not how a person got AIDS. The issue is how shall I minister to him now that I know that he has it. What the church often does is what folks did back in those days. They shut the door, shut people out, ostracize people and push them away.

4. Mark 1:40 says the man came to Jesus and Jesus accepted him the way he was.

- When Jesus spoke to that man, he broke the law because the law said you were to have no contact with lepers.

- The challenge for so many people with AIDS is not getting to Jesus. It's getting past church folk who are in the way of them getting to Jesus, for instance:

- Those who set themselves up as high and mighty and holy and act like they've never made a mistake, or fallen, or been in trouble, or hurt or been discouraged or alone.

- Those who don't remember how far God has brought them.

- Those who make assumptions about the character and conduct of a person with AIDS and pass judgment and sentence on them.

5. The church should be a place where people whose lives have been touched by AIDS can come, find compassion, hear the Word of God and receive prayer.

- A church cannot get up in its ivory tower and play holy games.

- We should be laying hands on someone and make them feel loved and accepted enough to allow us to lay hands on them.

- Some people don't have more people praying for them than they do because they don't want to be rejected when they tell somebody why they need prayer. God forbid that this would be the experience of anyone in this church.

HIV/AIDS References:

- One of the most effective ways to prevent the spread of HIV is to know how it is transmitted. HIV is a virus that is passed via bodily fluids – either through unprotected sex between two people or needle sharing by injection drug users. Therefore discussion of sexual health, sexuality, abstinence, drug prevention and intervention and related topics should be encouraged.

- HIV can touch everyone. It affects many people regardless of age, gender or sexual orientation or lifestyle. African Americans account for 13 percent of the US population infected. However, in 1997, they accounted for 57 percent of new infections of HIV and nearly 50 percent of AIDS cases. Chances are, someone you know may already be living with HIV. Those with HIV need to be welcomed, and having open discussions about the virus is critical to raising awareness and lowering infection rates.

Biblical Reference: Wisdom, strength and knowledge
(Proverbs 24:5)

Theme: KNOWLEDGE

By Pastor Duane Ganther
Harvest Christian Center
Los Angeles, CA

SCRIPTURE:

- 5 “A wise man is strong; yea a man of knowledge increaseth strength.”

THEME:

1. Awareness: “A wise man has great power, and a man of knowledge increases his ability base. It is said that knowledge is power. Research has shown that the HIV infection rates in other groups have decreased because of knowledge about HIV/AIDS. I lost a brother to this dreadful disease so I personally know how important it is for us as leaders to gain knowledge about HIV/AIDS and encourage our congregations to gather information and learn more about the disease.”

HIV/AIDS References:

- Having knowledge of one’s HIV status is critical. New treatments are available that can keep the virus in check, but can be most effective when the virus is detected in early stage of HIV infection. Knowledge is also important in preventing the virus from being spread unknowingly to others. Knowing one’s status can help stop the spread of AIDS.

- AIDS experts have determined that African Americans are getting tested later than other racial groups. Many find out they are infected as a result of an illness they were experiencing. More attention needs to be focused on getting tested. The objective is to decrease the HIV/AIDS infection rate through awareness and knowledge.

- AIDS treatments can delay the progression of HIV infection to AIDS, yet research by the Centers for Disease Control and Prevention show that African Americans do not utilize AIDS treatments as much as other ethnic groups. The estimated number of African Americans with HIV who developed AIDS in the first half of 1997 dropped 7 percent. Yet for Caucasians and Latinos, AIDS incidence dropped 25 percent and 13 percent respectively over that same period. We need to be aware that if we are carrying the

virus, there is hope out there in the form of new treatments that can slow the onset of AIDS. For treatments to be most effective, diagnosis must be determined early.

- One of the most effective ways to prevent the spread of HIV is to know how it is transmitted. HIV is a virus that is passed via infected body fluids – blood, semen, vaginal secretions – primarily through unprotected sex between two people or needle sharing by injection drug users. Therefore discussion of sexual health, sexuality, abstinence, drug prevention and intervention and related topics should be encouraged.

Biblical References: “Jesus heals a paralyzed man”
(Mark 2:3-5)

Theme: COMPASSION

By Reverend James Thomas
Living Word Community Church
Los Angeles, CA

SCRIPTURES:

• 3 “And they come unto Him, bringing one sick of the palsy, which was borne of four. 4 And when they could not come nigh unto him for the press, they uncovered the roof where he was: and when they broke it up, they let down the bed wherein the sick of the palsy lay. 5 When Jesus saw their faith, he said unto the sick palsy, Son thy sins be forgiven thee.”

THEMES:

1. Each individual can make a difference: The paralyzed man’s need moved his friends to action, and they brought Him to Jesus. When you recognize someone’s need, do you act? Many people have physical and spiritual needs you can meet, either by yourself or with others who are concerned. Human need moved these four men; let it also move you to compassionate action.

2. Persistence: The four friends were persistent in getting the paralyzed man into see Jesus. Their perseverance, determination and faith moved them to overcome any barriers and look for ways to accomplish their objective.

HIV/AIDS References:

• Having a support network of friends and others is critical for those living with HIV and AIDS. A study reported in the March 2000 issue of *Health Psychology*, conducted by the Medical College of Wisconsin, found that HIV patients without support from friends and others were more depressed and less likely to adhere to complex medication regimens. Meanwhile, HIV/AIDS patients who did have such support were more motivated to take their treatments on a regular basis. People should not have to face AIDS alone. The encouragement and compassion of others can have a profound effect on one’s well-being and desire to fight the virus.

• Prayer for healing and understanding for those with HIV can have a profound effect. A study published in the October 1999 issue of *Archives of Internal Medicine* found that intercessory prayer (prayer by another person) had a beneficial effect for heart patients

at St. Luke’s Hospital in Kansas City, MO, even if the patients themselves were unaware they were being prayed for. The 466 secretly prayed – for patients did 11 percent better than 524 other heart patients. The message of such a study is clear and harmless: praying for those with HIV might help.

Biblical References: “Jesus heals a bleeding woman”
(Luke 8:43b-44, 48)

Theme: PERSEVERANCE & ENCOURAGEMENT

By Reverend James Thomas
Living Word Community Church
Los Angeles, CA

SCRIPTURES:

- 43b “And a woman having an issue of blood for twelve years, which had spent all her living upon physicians, neither could be healed of any, 44 Came behind Him, and touched the border of his garment: and immediately her issue of blood stanchèd. 48 And He said unto her, Daughter, be of good comfort: thy faith hath made thee whole; go in peace.”

THEMES:

1. Hope: Unless, you have experienced a life-threatening, long-term illness you will never completely understand the depression many experience. Wishing to die, to thoughts of suicide and finally hope, are all a part of the healing process. Her problem was a lack of peace brought on by her infirmity. Christ knew that a deeper healing needed to take place in addition to the miracle she had already received. After touching the Master’s garment, she was immediately healed of her infirmity, but only the gentle words of Jesus could heal her deeper problem – a broken spirit – and speak peace to her wounded soul. Diseases can destroy the body, but never the soul because Christ is the keeper of the soul. We all have issues, but Christ can make us whole.

2. Perseverance: The woman with the issue of blood is an example of what it means to have perseverance and faith. This woman had a long-term illness and was adamant about becoming healthier. Her relentless quest to be cured caused her to spend twelve years living to pay physicians who could not heal her condition, rather than living for God who is the healer of all diseases. Through her faith, she reached out to Jesus and she was cured. God’s miracles come in all forms from being cured to scientific breakthroughs and new medicines to fight the disease.

3. Faith: We can see a difference between the crowds that are curious about Jesus and the few who reach out to touch Him! Today many people are familiar with who Jesus is, but nothing in their lives has changed by knowing He is God’s son. It is only faith in Christ that releases God’s healing power.

HIV/AIDS References:

- The church plays a very important role in spiritual healing. When people become ill, they have a renewed and replenished spiritual conviction. Churches and congregations need to be available to help those looking to increase their faith.

- It is important to have faith and maintain hope; new medications are being developed for HIV that can be effective for keeping the virus under control.

- Everyone dies someday..those with HIV, as well as those without. People living with HIV are made more aware of that fact, but can still live productive lives.

Biblical References: “A time to weep”
(Joel 2:12-14a)

Theme: COMPASSION

By Bishop George McKinney
St. Stephens Church Of God In Christ
San Diego, CA

SCRIPTURES:

• 12 “Therefore also now, saith the Lord, turn ye even to me with all your heart, and with fasting, and with weeping, and with mourning: 13 And rend your heart, and not your garments, and turn unto the Lord your God: for He is gracious and merciful, slow to anger, and of great kindness, and repenteth Him of the evil. 14 Who knoweth if he will return and repent, and leave a blessing behind him; even a meat offering and a drink offering unto the LORD your God?”

THEMES:

1. A model to follow: The scriptures talk about a merciful God in the face of imminent judgement. The Biblical model according to Joel suggests that in the face of an unsolvable dilemma, compassion accompanied by fasting and tears is an important part of the solution. While we champion the judgement of God, let us remember the pity and grace of God.

2. To soften your heart: The scriptures talk about returning to God for He is gracious and compassionate, slow to anger and abounding in love.

HIV/AIDS References:

- Studies have shown that the support of family and friends is important in helping people living with HIV or AIDS cope with the trauma of the disease.
- The church plays a very important role in spiritual healing. It is a place where one can immerse themselves in a community and feel like a part of something, and help use the strength of others.
- Prayer for healing and understanding for those with HIV can have a profound effect. A study published in the October 1999 issue of Archives of Internal Medicine found that intercessory prayer (prayer by another person) had a beneficial effect for heart patients at St. Luke’s Hospital in Kansas City, MO, even if the patients themselves were unaware they were being prayed for. The 466 secretly prayed – for patients did 11 percent better than 524

other heart patients. The message of such a study is clear and harmless: praying for those with HIV might help.

- Because of advances in treatment, those with HIV are living longer now, and have more time to grapple with the disease emotionally. In these hard times, the support of the community is more critical than ever.

Biblical References: “Jesus urges the disciples to pray for workers”
(Matthew 9:35-38)

Theme: COMFORT AND UNDERSTANDING

By Reverend Alfreda Lanoix
Unity Fellowship Church
Los Angeles, CA

SCRIPTURES:

- 35 “And Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every sickness and every disease among the people. 36 But when he saw the multitudes, he was moved with compassion on them, because they fainted, and were scattered abroad, as sheep having no shepherd. 37 Then saith he unto his disciples, the harvest truly is plenteous, but the laborers are few; 38 Pray ye therefore the Lord of the harvest, that he will send forth laborers into his harvest.”

THEME:

1. Involvement: Jesus needs workers who know how to deal with people’s problems. More people need to get involved in the struggle to stop the spread of HIV/AIDS. People need to become more compassionate while developing an attitude of comfort and a mindset to try to understand the disease.

HIV/AIDS References:

- Those with HIV/AIDS frequently face psychosocial issues – they are facing social isolation, periods of debilitating illness, reproductive decisions, as well as the stress that can accompany stringent treatments. Comfort and understanding from the community is important and will also help give something back to those who minister – a feeling of doing good and ministering to those in need.

- Walking hand-in-hand with those carrying HIV can help demystify the dangers of the virus. It can help congregations realize that those infected are not different in other ways and pose no threat, as the disease cannot be spread through casual contact such as talking, dining together, hugging, etc.

Biblical References: “Good Samaritan”
(Luke 10:33-34)

Theme: HOPE AND COMPASSION

By Reverend Alfreda Lanoix
Unity Fellowship Church
Los Angeles, CA

SCRIPTURES:

- 33 “But a certain Samaritan, as he journeyed came where he was and when he saw him, he had compassion on him. 34 And went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him.”

THEME:

1. Love and Compassion: Having compassion is going beyond your own prejudices, fears and understanding, it comes to see how it can help someone. For a person with HIV/AIDS – no greater act of Love is for us to accept, not judge, not talk about, as a brother in need of love. Showing compassion is going beyond your own understanding to touch someone where they are (getting in the boat with them).

What is a Samaritan? Webster defines the word best. “A Samaritan is a person who comes to the aid of another.” Thus we get the term “good Samaritan.” Loving our neighbors and being good Samaritans is what God expects of us as Christians. We must reach out in love to our fellow man. In love, not fear, we must take this parable and apply it to our lives. The church is an important part of the African American community and it is up to us to inform, educate and encourage other churches to embrace the good Samaritan parable and join us as we set out to halt the spread of HIV/AIDS.

HIV/AIDS References:

- It is medically impossible for anyone to contract HIV from an infected person by comfortingly expressing a form of compassion. Being a good Samaritan to a person infected by the virus can help that person stay healthy longer. It projects a sense of purpose that someone does care and that’s a wonderful feeling to have.

- Everyone will die one day. Those with HIV/AIDS are made aware of that fact more than others. People living with HIV/AIDS must maintain a positive outlook. Having hope can make a person feel better, which leads to becoming stronger which leads to a happy longer life.

Theme: AVOID BLAMING THE VICTIM

By Reverend Alfreda Lanoix

NOT Living in Victimhood

Once you discover you're HIV-positive, it's time to take a good look around and see what "neighborhood" you're living in. Is SHAME your next-door neighbor? Does GUILT live down the street? Is FEAR...just around the corner?

The gist of this sermon is to not allow the person to feel victimized by HIV/AIDS – to not live in the "neighborhood" of shame, guilt and fear. To help them realize that they are co-creators with the Creator and they are not condemned to live in a negative, unhealthy mental and emotional environment.

We are all here to transcend our early limitations, whatever they were. In other words, we've done the best we could with the understanding, awareness and knowledge we have. Although intellectually we might have known to choose one way, but emotionally we chose another – IT WAS OUR BEST at that time. Blaming others only gives away our power and blaming ourselves makes us totally powerless. In order for true change to happen, we must face truth and accept responsibility (not blame).

We are victims of victims. In other words, it's very important that we realize, again, that we've done our best. And not only have we done our best, our parents did the best they could EVEN IF THEY ABANDONED US AT BIRTH – that was the best they could do.

One point in this sermon that we're trying to make clear to the congregation is that the Soul is always whole and has nothing to do with the condition of the body.

It's moving time. Time for mental housecleaning. We must choose to release the past and forgive everyone, ourselves included. What we're trying to show you is that you have the power (remember: you and God are co-creators) and it's time to erase the old tapes of "worthlessness," "not pretty enough," "that HIV/AIDS is a punishment from God," "this is a test," and on and on. It is very important to know that this is only a disease not a condemnation of WHO YOU ARE.

Proverbs 23:7

"For as he thinketh in his heart, so is he: Eat and drink, saith he to thee; but his heart is not with thee."

If you demand perfection from people, you will demand perfection from yourself and you will be miserable all of your life.

This is to let them know that life will always show up at their door, no matter who they are, how much they meditate or pray. Things are going to happen, that's why it's called "life," ever-changing, ever-evolving.

Psalms 82:6

"I have said, Ye are gods; and all of you are children of the most high."

Today – know that what you feel and what you think counts.

Your joy is your responsibility, the world didn't give it, the world can't take it away, count it all a blessing.

HIV/AIDS does not have to be a death sentence – now you can begin to live each day fully.

Theme: THE POWER OF THE PULPIT – SILENCE IS DEATH

By Reverend Alfreda Lanoix

FACE THE FEARS

1. AIDS doesn't discriminate (includes all races, genders, sexual orientations, age brackets and economic states). It would be foolish to think of it as a "gay white" disease. African American women between the ages of 22 and 44 were 62 percent of all new AIDS infections among women reported in 1998. These are our mothers, sisters, sweethearts, daughters, granddaughters.

Matthew 11:28

"Come unto me, all ye that labour and are heavy laden, and I will give you rest."

The church must be a place where all people can come for healing. ("I was glad when it was said unto me let us go into the house of the Lord.")

2. The African-American Church has to meet the issue head-on with compassion and truth.

I Corinthians 10:1 and 3

"Moreover, brethren, I would not that ye should be ignorant, how that all our fathers were under the cloud, and all passed through the sea;

And did all eat the same spiritual meat."

We must create "safe space" – knowledge is power. The church can no longer avoid the subject of HIV/AIDS because the church is where our people come to hear the truth. **Silence is death!** An entire generation is in grave danger of being eradicated.

Proverbs 22:6

"Train up a child in the way he should go; and when he is old, he will not depart from it."

Sex education is all about values. What better place to teach values than in the church. (We don't want our children to "learn" in the streets.) We have to teach empowerment – to allow them to realize that their bodies are the temple of the Lord. We must communicate with our children – give them the facts!! Often the parents don't have access to the facts so they look to the church for assistance.

3. What should the church teach?

Prevention education! Pastors should offer compassion, counsel, comfort – give hope and love, not judgement.

Our only true enemy is not HIV/AIDS, but fear – the fear that clings to our insides and saps our strength and will to live. We are SCARED TO DEATH!

JOY WILL COME IN THE MORNING.

It's very important that a person living with HIV/AIDS know how to find joy, even in the midst of their situation. We confuse "joy" with "happiness". Happiness depends on what's happening, such as something we save up for months to experience, like a trip to Disneyland, buying a new car, etc. **Joy is living in the present moment.** It's the longing to give up the path of struggle as a way of life.

We become authors of our own misfortune as we struggle from day to day, crisis to crisis, without knowing we have a choice. We always have a choice with HIV/AIDS – a choice to live or die.

The ability to find joy in life is a tremendous strength. ("The joy of the Lord is my strength.")

Ecclesiastes 8:15

"So I command the enjoyment of life, because nothing is better for a person under the sun than to eat and drink and be glad. Then joy will accompany him in his or her work all the days of the life God has given him under the sun."

Romans 8:38, 39

"For I am persuaded, that neither death, nor life, nor angels, nor principalities, nor powers, nor things present, nor things to come, nor height, nor depth, nor any other creature, shall be able to separate us from the love of God, which is in Christ Jesus our Lord." Not even HIV/AIDS.

Theme: THE GREATEST OF THESE IS LOVE!

By Reverend Alfreda Lanoix

The Good Samaritan

Luke 10:33

“But a certain Samaritan, as he journeyed came where he was and when he saw him, he had compassion on him.” (Having compassion is going beyond your own prejudices, fears and understanding, compassion comes to see how it can help someone.) For a person with HIV/AIDS – no greater act of Love is for us to accept, not judge, not talk about, as a brother/sister in need of love.

Luke 10:34

“And went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him.”

Showing compassion is going beyond your own understanding to touch someone where they are (getting in the boat with them).

I John 4:8

“He that loveth not knoweth not God; for God is love.”

“The beggar and I are one! The person with HIV/AIDS and I are one!”
Archbishop Carl Bean

We must love our neighbor as ourselves.

The question is “Who is my neighbour?? – 1,500 people being infected every day with HIV/AIDS in Africa.

Who is my neighbor?? – Not just my race of people, but “Love is for EVERYONE”.

Who is my neighbor?? – (You fill in the blank.)

“True compassion is more than flinging a coin to a beggar; it comes to see that an edifice which produces beggars needs restructuring.”
Martin Luther King, Jr.

John 21:17

“He saith unto him the third time, Simon, son of Jonas, lovest thou me? Peter was grieved because he said unto him the third time, lovest thou me? And he said unto him, Lord, thou knowest all things; thou knowest that I love thee. Jesus saith unto him feed my sheep.”

Take care of my people! We are all God's children.

Romans 13:10

“Love worketh no ill to his neighbour; therefore love is the fulfilling of the law.”

I John 4:20

“If a man say, I love God, and hateth his brother, he is a liar; for he that loveth not his brother whom he hath seen, how can he love God whom he hath not seen?”

His brother or sister living with HIV/AIDS.

I Peter 3:8

“Finally, be ye all of one mind, having compassion one of another, love as brethren, be pitiful, be courteous.”

There is never a reason to be unkind.

I Corinthians 13:13

“And now abideth faith, hope, charity, these three, but the greatest of these is LOVE.”

Theme: SPIRITUAL RESPONSIBILITY

By Reverend Alfreda Lanoix

Awakening of Conscience

The question is “Am I my brother’s keeper?”

Even if some people “choose” their suffering as part of a larger spiritual experience, the experience for us is to be there for them.

There is no valid psychological or spiritual justification for turning our backs on human suffering.

Try to realize that what stands between you and a different world are matters of spiritual choice.

We must reawaken our capacity to hope, our willingness to forgive, and our commitment to love.

An awakening of conscience causes us to respond from within – to know we deserve the best – to become a passionate participant in life – to know authentic power is within, not anything outside of ourselves. In spiritually awakening, it’s not enough to know that “I got mine”. I must make sure that you get yours also. When spiritually awakened, we can’t stay silent about things that matter most. The choice not to “choose” is the choice to remain unconscious.

I AM MY BROTHER’S KEEPER.
IT’S MY SPIRITUAL RESPONSIBILITY!

John 15:13

“Greater love hath no man than this, that a man lay down his life for his friends.”

Biblical References: “From There” (Deuteronomy 4:26-31)

Theme: HOPE

By Bishop Charles E. Blake
West Angeles Church of God in Christ
Los Angeles, CA

SCRIPTURES:

• 26 I call heaven and earth to witness against you this day, that ye shall soon utterly perish from off the land whereunto ye go over Jordan to possess it; ye shall not prolong your days upon it, but shall utterly be destroyed. 27 And the LORD shall scatter you among the nations, and ye shall be left few in number among the heathen, whither the LORD shall lead you. 28 And there ye shall serve gods, the work of men’s hands, wood and stone, which neither see, nor hear, nor eat, nor smell. 29 But if from thence thou shalt seek the LORD thy God, thou shalt find him, if thou seek him with all thy heart and with all thy soul. 30 When thou art in tribulation, and all these things are come upon thee, even in the latter days, if thou turn to the LORD thy God, and shall be obedient unto his voice; 31 (For the Lord thy God is a merciful God;) he will not forsake thee, neither destroy thee, nor forget the covenant of thy fathers which he swore unto them.

THEME:

1. **There is hope:** God promises that if from there, a place of depression, sickness or financial debt, you call on Him with sincere devotion from the heart, He will be found. He will give you peace, He will help you through your time of illness and He will comfort you. Although the situation itself may not change immediately, God will give you the strength to endure.

HIV/AIDS References:

• Many people with HIV or AIDS have given up hope on all levels. According to some of the authors of the testimonies in this Guidebook, as soon as they asked God for His help – stopped fighting Him and let Him do His work – they discovered that the LORD helped them get through their difficult times and gave them hope to live instead of to die.

• It is important to have faith and maintain hope; new medications are being developed for HIV that can be effective for keeping the virus in check. New treatments can be most effective when the virus is detected in the early stage of HIV infection. Knowing one’s HIV status is important in preventing the virus from being spread unknowingly to others.

GETTING STARTED ISSUES OF CONFIDENTIALITY

As members of the clergy, you are well aware of the need for discernment and protecting the privacy of the members of your congregations who seek pastoral assistance and guidance. However, it is necessary to reiterate this point when it comes to pastoral care issues with persons living with HIV or AIDS. For both ethical and legal reasons, pastors and church leaders must understand how to protect confidentiality and the implications of inappropriate disclosure of a person's HIV status.

People who do not understand how the disease is transmitted may often react in fear toward a person with HIV/AIDS. In addition, HIV-positive persons may experience discrimination and repercussions on the job, in medical insurance coverage, and other areas of their life, either now or in the future. Unless a person is open about his/her HIV status, it is important not to discuss their condition with others. Below is a discussion of confidentiality issues and how to protect it within the context of the church environment and pastoral care.

- **Prayer Request** – Ask for prayer for a person living with HIV/AIDS without disclosing their medical condition.

- **Legal Issues** – Disclosing a person's HIV sero-status without his/her permission is inappropriate. In fact, a person may have reason to initiate civil litigation for disclosure of their HIV status if some unintended harm should occur as a result. According to California law, only physicians, surgeons or local health officers are exempted from civil or criminal liability in the notification of partners.

- **Risk to Others** – If, however, you know that a member of your church is at risk of transmitting or contracting HIV from/to a sexual or needle-sharing partner, you may feel ethically bound to warn the potentially exposed partner of his or her risk. When presented with a situation it will be important for you to assess your knowledge or awareness of the following:

1. Are you certain that the HIV-positive diagnosis is confirmed by a medical practitioner (in other words, is the risk of contraction/transmission valid)?
2. Are you reasonably certain that the partner does not know of his or her risk?

3. Are you reasonably certain that the infected person has had sex or shared needles with the partner (in other words is the couple sexually active or sharing injection drug equipment)?

- If the answers to the above questions are yes, it is recommended that you speak directly with the HIV infected person about their HIV status and help the person understand how HIV is transmitted. It is also important to convey a message about the severity of HIV disease transmission. Pray with the HIV-positive person for God's guidance in making the decision. Offer additional counseling and encouragement. Offer assistance in notifying a partner. Help the infected person explore his or her fears and denial, if appropriate.

- **Domestic Violence** – Where domestic violence already exists in a relationship, disclosure of HIV status will significantly increase the likelihood of further harm. It is very important to assess whether the HIV positive person fears for his or her safety for any reason, and especially as it relates to self-disclosure of HIV status.

- Domestic and other partner violence occurs among all types of relationships. It also crosses all racial, ethnic, socio-economic and educational boundaries.

- It is not recommended that a disclosure occur when domestic violence is a risk. Instead, you should rely upon your usual counseling methods that are implemented for persons who disclose their risk of violence.

- **Partner Counseling and Referral Services** – Assistance may be available to help HIV-positive persons notify a partner. Many local health departments have health professionals who specialize in HIV partner counseling and referral services and can be reached by calling the local HIV Prevention Program. Similar to services provided by STD partner notification programs, if staff is available, they may be able to: 1) help the person tell his/her partner or 2) inform the partner without disclosing the HIV infected person's identity.

- If the local health department is unable to assist in notifying a potentially exposed partner, contact the California Office of AIDS (OA), HIV Partner Counseling and Referral Services Program at

(916) 445-0553 or the California Sexual Transmitted Disease Control Branch at (916) 322-2087.

- **HIV Counseling and Testing Services** – If your church offers HIV counseling and testing (C&T) services, be sure you are familiar with state laws and local health department recommendations for providing this service. Copies of the local or state HIV C&T Guidelines may be available through your local health department or by contacting the California Office of AIDS, HIV C&T Program at (916) 445-0553.

GETTING STARTED HOW TO INCORPORATE HIV/AIDS INTO YOUR CHURCH MINISTRY

Following are suggestions on how your church can incorporate HIV/AIDS prevention outreach into existing ministries (i.e. youth, singles, visitation, prison or health). Pastor Mary Alice Haye of Faithful Central Bible Church in Inglewood, CA, provided several of the suggestions listed below:

- Communicate to your ministry workers and congregation that you have made a commitment to get involved in the struggle to stop the spread of HIV/AIDS.
- Communicate to your ministry workers the importance of confidentiality in their work and ensure that member confidentiality is maintained at all times.
- Provide pastoral care to the physically sick, emotionally and spiritually ill person.
- Recruit, select and equip spiritually mature volunteer ministry workers who have a calling to minister to those infected with HIV/AIDS.
- Equip ministry workers with a general knowledge of HIV/AIDS and the psychological consequences of having an HIV or AIDS diagnosis. Contact your local county health department's Office of AIDS or community-based AIDS service organization to find out if they offer training courses that can be provided to your ministry workers.
- Develop ministry support that includes a buddy program and a peer-to-peer counseling ministry.
- Use existing staff or volunteers to discuss and distribute HIV/AIDS prevention and testing information to your members.
- Gather, maintain and utilize an updated referral database of local public health community resources available for HIV/AIDS Service Centers for case management (i.e. medical, psychotherapy, psychiatry, family services, assistance with Social Security, Disability, Housing, Food, Medical Trials, and Transportation). The California AIDS Hotline can provide referrals, 1-800-367-AIDS or www.AIDShotline.org.

- Incorporate workshops addressing issues related to HIV/AIDS into church-sponsored programs. To obtain assistance in setting up workshops, The Balm in Gilead is a national nonprofit organization working through black churches to support compassion and prevention efforts. For contact information, please see the resource list in the back of this publication.
- For more information or additional help regarding technical assistance, ministry development, theology and sermon tools contact:
Ark of Refuge, Inc.
Minister Noni Gordon
1025 Howard Street
San Francisco, CA 94103
(415) 861-1060 in San Francisco
(916) 419-9627 in Sacramento
- For consultation on setting up HIV/AIDS ministries in the Los Angeles area contact:
Urban Church Task Force on HIV/AIDS
Co-chairs Edna Williams (323) 758-7663 and
George Gant (323) 295-0667
- In the Sacramento area contact:
Center of Praise Ministries
Bishop Parnell Lovelace, Jr.
(916) 361-7729
- In the San Diego area contact:
St. Stephens Church of God in Christ
Bishop George McKinney
(619) 262-2671
- In the Inland Empire area contact:
Inland Empire Concerned African American Churches
Veatrice Jews, Health Coordinator
(909) 518-5170
- In the Fresno area contact:
Westside Church of God
Rev. Paul L. Binion, II
(559) 237-1444

INTRODUCTION: MINISTRY FORMS AND DIALOGUE SHEETS

To help establish your HIV/AIDS ministry, suggested guidelines and forms were adapted from information provided by West Angeles Church of God In Christ, He Intends Victory and The Serra Project's Interfaith Volunteer Caregiver's Program. The following explains the purpose of each sample form that is included in this guidebook.

1. Volunteer Recruitment Packet.

- **How to Recruit Volunteers** – Talking points to use when making an announcement for volunteer recruitment.
- **HIV/AIDS Ministry Volunteer Roster** – For the coordinator's use, to sign-up volunteers following the worship service.
- **HIV/AIDS Ministry Volunteer Application** – To gather information about your volunteers.
- **HIV/AIDS Ministry Volunteer Availability Schedule** – For the coordinator's use, to view every volunteer's availability at a glance.

2. HIV/AIDS Outreach Ministry Packet.

- **How to Start an HIV/AIDS Outreach Ministry** – Offers assistance to churches on how to set up an HIV/AIDS Outreach Ministry to minister acts of compassion to people with HIV/AIDS who request these services.
- **Ministering to a Friend with HIV/AIDS** – Provides suggestions for fellowship, transportation assistance, household help for the ill, ways to share your time and compassion and important footnotes to discuss during the orientation.
- **Guidelines for Safe Visiting** – Provides suggested guidelines for safe visiting.
- **Practical Tips for Volunteers** – Offers suggestions on assisting people infected with and affected by HIV/AIDS.
- **The Do's and Don'ts of Friendly Visiting** – Offers suggestions for visitors.

- **Suggestions for Home Visits** – Offers suggestions on how to help uplift someone's spirit and use appropriate behavior when making a home visit.
- **Sensible and Ethical Guidelines** – Provides reasonable guidelines to follow while visiting someone with HIV or AIDS.
- **Emergency Guidelines** – Suggests what to do if an emergency occurs.
- **Visitation Progress Report** – Assists volunteers in keeping records of their visits and in gathering valuable information.

3. Facility Site Visit and Referral Packet.

- **How to Start an HIV/AIDS Referral Database** – Offers assistance to churches on setting up a local HIV/AIDS database to refer people for counseling, testing and other HIV services.
- **HIV/AIDS Facility Appointment Form** – This dual-purpose form is for the coordinator to use during a preliminary telephone interview of a potential referral facility, and for the volunteer to call and schedule an appointment to visit the facility. *(The coordinator should give a copy of the completed form to the designated site visit volunteer.)*
- **Site Visit Instructions** – Provides a "to do" list for volunteers to read before visiting a facility.
- **Facility Talking Points** – For volunteers to review before visiting a site, to refer to while visiting a facility, and to help volunteers appropriately respond to staff members.
- **The Facility Checklist** – Indicates what volunteers should observe and record during a site visit. Volunteers should submit completed forms to the church's HIV/AIDS Ministry coordinator.

GETTING STARTED HOW TO RECRUIT VOLUNTEERS

The following are talking points when making an announcement for volunteer recruitment.

- To have a strong HIV/AIDS outside referral database for our members and the surrounding community, the (Your church: _____) HIV/AIDS Ministry is in the process of visiting testing facilities, hospices, clinics, etc.
- We are visiting referral sites to ensure that each service facility delivers what it has promised and provides a caring and compassionate environment.
- Many of the people and families who come to us are hurting and do not have the time, energy or resources to do the research that we provide free of charge.
- We would like to recruit volunteers and send you forth in pairs to visit these facilities. We hope that you can visit one facility per week, which would take approximately one hour of your time.
- We are also recruiting HIV/AIDS ministry outreach volunteers to minister acts of compassion to people who have HIV or AIDS.
- If you are interested in either volunteering to help us visit HIV/AIDS facilities or in the outreach ministry, please register at the sign-up table using the HIV/AIDS Ministry Volunteer Roster following our worship service.

[or please call _____
at (_____) _____ - _____ for more information].

GETTING STARTED HOW TO START YOUR HIV/AIDS OUTREACH MINISTRY

You can recruit church members for your HIV/AIDS Outreach Ministry. Ministry outreach volunteers will minister acts of compassion to people with HIV/AIDS who request these services. Listed below are suggested step-by-step guidelines:

- I. Create a ministry profile card for people who disclose that they have HIV or AIDS and request an outreach partner. This card will have the name, address, telephone number, age, gender, and favorite activities of the person desiring an outreach partner. You will give this profile card to a ministry outreach volunteer, so make a copy for your records.
- II. Schedule an orientation for your ministry outreach volunteers.
 - A. Prepare an agenda outlining what will be discussed during the orientation. It is recommended that you include an HIV 101 education component (*See Chapter VII, pages 23 - 25*) during your orientation to help your volunteers understand and be sensitive to issues related to HIV/AIDS. Your local Health Department may be able to assist.
 - B. During the orientation, you can review points shared in “Ministering to a Friend With HIV/AIDS” and emphasize the importance of:
 - Showing compassion.
 - Being nonjudgmental.
 - Respecting the privacy of the individual to whom the volunteer will be assigned.
 - C. Take questions from your volunteer recruits.
 - D. Let them share other things they have done to minister to those with an illness or disease.
 - E. Allow time for volunteers to discuss problems they have encountered while ministering to others. (*Volunteers with the gift of God’s mercy will need support too.*)
 - F. Close the meeting at the appointed time with prayer.
 - G. Expect to spend some private time after the meeting speaking with volunteers who may wish to confide in you.

GETTING STARTED **MINISTERING TO A FRIEND WITH HIV/AIDS**

When someone discovers that they are infected with HIV or have AIDS, they may feel afraid and very much alone.

Reverend Sonnenberg of *He Intends Victory*, an HIV/AIDS ministry in Irvine, California, shares these practical suggestions on how to be an instrument of God's love.

1. Fellowship:

- Ask your friend to join you for an outing at the beach, park or shopping mall or to see an upbeat movie.
- Call and arrange to bring over a meal to have together. Be the friend, the loved one, you have always been, especially now, as they may need you more than ever.
- Love and compassion are not always expressed in words. A squeeze of the hand or a warm hug can let someone know how much you care.
- Show simpatico – a “*similarity of temperament.*” Just as God shares in our joys and sorrows, share in their laughter and in their tears.
- Speak of the joy of knowing Jesus with a serene and gentle spirit. Intercessory prayers, acts of kindness and communicating God's unconditional love will be your most effective witness.
- Pray and share hope as you petition God to manifest His healing power.
- Be sensitive to any physical limitations and understanding if they are having a bad day and want to be alone.
- Do not allow your friend to become isolated. Let them know about and encourage them to attend support groups, Bible studies and other services offered by your church, ministry and other organizations.
- Invite them to join in celebrations and festive holiday gatherings as a valued family member, but offer in-home friendship if they decline.

2. Transportation:

- Offer to make arrangements for appropriate transportation to take your friend to the bank, doctor's appointment or to the church where they attend worship services.
- When you plan to do errands, call and see if they need anything from the store.
- Ask for a shopping list and make a delivery to your friend's house.

3. Household help for the ill:

- When you visit, take a small bouquet of flowers, books, periodicals, inspirational messages, movies or music tapes.
- Volunteer to launder clothes, wash dishes, water the plants, cook meals or take the dog for a walk.
- Give loving gifts of a small memento (i.e. home-baked cookies or their favorite delicacies.)
- Help decorate their home or hospital room during the holidays.

4. Time and compassion for the very ill:

- Read to your friend. Sometimes reading becomes difficult. We suggest reading the Bible, newspaper and Christian magazine articles.
- Share outside information that includes current events. Keep your friend up-to-date on mutual friends and other common interests. Your friend may be tired of talking about symptoms, doctors and treatments.
- HIV and AIDS affects all family members. If possible, stay in touch with your friend's family.
- Although it seems you have done so much, expect your friend to become angry with you. We often direct angry feelings toward those we are close to because we see them as “*safe people*” who will not forsake us.

- Like everyone else, a person with AIDS has good and bad days. On the bad days, treat them with extra care and compassion. It may mean more to them than you'll ever know.
- Talk about the future—tomorrow, next week and next year. It is good to look toward tomorrow without denying the reality of today.
- Help keep track of your friend's medication schedule. Go to the pharmacy if your friend is unable to go.
- Be careful not to lecture if they seem to be making decisions that you disagree with. Accepting the illness does not mean defeat. They may have simply yielded to God's sovereign, perfect plan.
- Although you may feel inadequate, take heart and don't give up! It's natural to feel like you don't have all the answers, and of course, no one does! So, ask God to endow you with His wisdom and lead you to speak the right words.

5. As You Minister -- Important footnotes for HIV/AIDS outreach volunteers:

- Share with your pastor and friends your own feelings of grief, helplessness and inadequacy. Their emotional and spiritual support will help strengthen you to minister to the person who has HIV or AIDS.
- **Confidentiality is of the utmost importance!** Guard this person's privacy implicitly by never sharing anything about them except with your HIV ministry coordinator.
- Remember to pray continually for your friend or family member and for other family members too.
- Ask God to use you as a messenger of His love and salvation through our Lord Jesus Christ!

GETTING STARTED GUIDELINES FOR SAFE VISITING

Adapted from information provided by the Serra Project's Faith in Action Volunteer Program based on earlier material produced by the Interfaith Caregiver's Alliance and used with their permission.

As a volunteer, the following is suggested:

1. Take advantage of ongoing training and workshops offered from time to time.
2. Stick to the services you agreed to perform and when you agreed to perform them (*e.g. a visit to the home or a walk in the park, etc.*).
3. If you are providing transportation services, make sure to check with your insurance company regarding your coverage for your automobile. You must have appropriate insurance coverage (*minimum liability*).
4. Avoid "hands-on" or personal care activities (*bathing, toileting, massaging, etc.*) unless you have had special training for such activities and you are registered with your Church HIV/AIDS Ministry as a Personal Care Provider.
5. Don't do something if you are not sure how to do it, or if that action may endanger the care receiver or yourself (*e.g. do not lift a bedridden person*).
6. Do not give medications (*prescription or over-the-counter drugs*) or offer medical advice.
7. Do not expose your care receiver to contagious conditions. If you develop a cold, flu or fever or were exposed to a contagious disease like chickenpox, inform the HIV/AIDS Ministry so that alternative arrangements for your care receiver can be made until you are well.
8. Develop a professional relationship with the family, health and social worker if appropriate so that they can get to know you and keep communication lines open.

9. Show responsibility and commitment to your volunteer job by following guidelines and suggestions as given in these orientation materials and in ongoing training.
10. Submit accurate and timely reports of your activities and hours as requested by the HIV/AIDS Ministry.
11. Be prepared ahead of time by knowing what steps to take in emergency situations. Consult with the HIV/AIDS Ministry coordinator, family members or health workers to prepare yourself to handle such situations.

GETTING STARTED PRACTICAL TIPS FOR VOLUNTEERS

Adapted from information provided by the Serra Project's Faith in Action Volunteer Program based on earlier material produced by the Interfaith Caregiver's Alliance and used with their permission.

1. Be cheerful and genuine.
2. Actively listen and show empathy.
3. Share yourself by describing your world to your care receiver.
4. Be dependable and ready to help.
5. Be honest.
6. Don't try to "fix it."
7. Be generous with an appropriate touch or hug. Make sure your approach is gentle and does not cause the other person to feel uncomfortable. Not everyone welcomes physical contact.
8. For the visually impaired:
 - offer the person your arm and escort them when necessary
 - identify steps and other obstacles along the path
 - avoid glare and poorly lighted areas
 - communicate a willingness to help
9. For the hearing impaired:
 - face the person when speaking and face the light
 - lower the pitch of your voice
 - speak clearly, but do not over-articulate
 - rephrase whatever you need to clarify
 - stand or sit three to six feet away from the person
 - if possible, find a quiet place to talk
 - give enough time for the person to respond
10. For the mobility impaired:
 - move slowly and deliberately
 - communicate your willingness to help
 - ask how you can best assist them getting in and out of a chair or the car
 - avoid sudden changes in motion or direction

11. For the breathing impaired:
 - limit physical activity by avoiding the use of stairs and walking too far
 - avoid air pollution through open windows, fumes or smoking
12. Always allow enough time for bad weather or traffic delays.
13. Be our "eyes and ears" and report any special need to the HIV/AIDS Ministry office.

**GETTING STARTED THE DO'S AND DON'TS
OF FRIENDLY VISITING**

Adapted from information provided by the Serra Project's Faith in Action Volunteer Program based on earlier material produced by the Interfaith Caregiver's Alliance and used with their permission.

The Do's of Friendly Visiting:

- 1. Be Cheerful And Friendly.** Prepare to create a climate of genuine cheerfulness. Friendliness is infectious and wholesome if it is genuine.
- 2. Be A Good Listener.** Most people want to talk to someone and may need someone to just listen. Be patient, as you will likely hear what you have heard before. Encourage your care receiver to talk. It is good therapy.
- 3. Be Careful. Do not take sides in personal problems.** Let the care receiver tell you about them, real or imagined. Make no issue of it by taking a position for or against. Keep relationships friendly and cheerful.
- 4. Visit Regularly.** Let the person know when you are coming again. They will have something to look forward to. If you are unable to make the promised visit, be certain to let the care receiver know ahead of time.
- 5. Encourage The Care Receiver To Do Something For Others.** Suggest things they can do within their capability. Caring for others can take the focus off of one's personal matters.
- 6. Maintain Interest and Enthusiasm.** Realize you have an opportunity to bring a fresh perspective from the outside world. Discuss upbeat current affairs, community events and things they are particularly interested in.
- 7. Be faithful to your promises.** Make commitments without over extending yourself and then do what you have promised to do.

The Don'ts of Friendly Visiting:

- 1. Don't Disappoint Your Care Receiver.** You may never know how much your anticipated visit meant to your care receiver. Set a date for your visit. If you must select another day, always inform your care receiver. If you cannot come or must discontinue coming, explain why. Otherwise, he or she may think they did or said something that offended you.
- 2. Don't Reinforce Negative Feelings.** Don't show your feelings for the care receiver by "sighing" or "oh'ing" with them. Be emotionally neutral, but compassionately engaged.
- 3. Don't Give Advice.** Don't become the care receiver's personal advisor. Help them to help themselves. By making his or her own decisions, they help themselves, and it makes them a better person.
- 4. Don't Enter Into Debates.** Controversial subjects lead to disagreements and hard feelings.
- 5. Don't Take The Rose Colored Glasses Approach.** Assuring the care receiver that everything is going to be all right only buries personal feelings and problems. Encourage the care receiver to talk so that he/she is able to unburden themselves.
- 6. Don't Show Negative Reactions To Care Receiver Characteristics.** There may be odors, bad breath, etc. You have come to bring cheer, not to be critical.
- 7. Don't Forget You Are A FRIENDLY Visitor.** One makes a *FRIEND* by being a *FRIEND*.

GETTING STARTED SUGGESTIONS FOR HOME VISITS

Adapted from information provided by the Serra Project's Faith in Action Volunteer Program based on earlier material produced by the Interfaith Caregiver's Alliance and used with their permission.

1. Before you visit, remind yourself of your goal in visiting. Your goal simply is to be with them. Don't worry about what to say or using the right words, just share your concern and sit back and listen. We are making a mistake if our goal in visiting is to cheer them up. We do this more for ourselves than for the person. They may need someone to be *with* them and *hear* them and *understand* them more than someone to cheer them up.
2. If you feel anxious or nervous about visiting, one way to handle this is to be open. You might say, "*You know, the truth is I feel a little nervous coming to see you. It is hard to know what to say.*" You will be surprised how often this kind of openness will ease the tensions that you both feel.
3. Please, when you come, bring not only outward and visible expressions of life, of hope, and of joy (*flowers, reading material*), but also wear a pleasant countenance, a smile and concern that will strengthen them and not add to the anxiety and depression that may be present.
4. Enter the house slowly, with respect for the residents' privacy. If the door is closed, or partially so, knock and announce who you are. Wait for a response. (*In case the response is "wait", do so; if it is "no", then do not*). If the door is open and there is no response, enter slowly to be sure not to alarm the resident if she /he is asleep or hard of hearing.
5. Remember they need rest, so do not overstay your visit.
6. Please do not smoke or be loud and boisterous in conversation, and please leave your own personal fears and worries at home. The person has enough of their own.

7. When visiting the care receiver, stand next to the chair/bed where you can conveniently be seen or find a chair. Do not sit on the bed.
8. Having empathy for the person is important, but details of your similar illnesses or operations are not always helpful.
9. If you promise to do something for your care receiver, be sure to follow through. Example: if you say that you will come back, do so.

GETTING STARTED SENSIBLE AND ETHICAL GUIDELINES

Adapted from information provided by the Serra Project's Faith in Action Volunteer Program based on earlier material produced by the Interfaith Caregiver's Alliance and used with their permission.

- 1. Maintain trust and confidentiality.** Do not speak about your care receiver's issues to others except to your contact within your Church HIV/AIDS Ministry.
- 2. Please respect the spiritual life of your care receiver.** Volunteers put their faith into action through unconditional service – not through efforts to convert or evangelize to others. Avoid religious discussions that are apt to grow into differences of view or arguments. Instead, practice compassion and loving kindness.
- 3. Maintain an open mind. Be accepting of others.**
- 4. Be aware of your actions of body, speech and mind.** Think before you act or speak.
- 5. Do not offer medical advice.** Discuss with the person and their family (if applicable) before problems arise what he/she/they want done in case of emergency. Do not offer to take a person to the hospital – unless it is a prearranged transport. In case of a medical emergency, first dial (911), then the closest family member or friend, followed by notifying your contact at your Church HIV/AIDS Ministry.
- 6. Do not offer your opinions in family matters.** All decisions for the person's welfare are made by them or their family – not the volunteer.
- 7. Do not cash checks and/or sign any legal papers with or for your care receiver.**
- 8. Do not accept money or any gift of value.** This may be misinterpreted by others in the family and community. Suggest a donation, monetary or otherwise, to your Church HIV/AIDS Ministry if the person or family wishes to show support and appreciation.

- 9. Accept a confidence carefully and honestly.** Tell your care receiver before hearing confidential information that you may have to tell your supervisor if it involves danger to themselves or others.
- 10. Travel in pairs when visiting your care receiver.** Visiting in pairs will help eliminate the possibility of being accused of doing something you did not do. This is not uncommon. If this problem should arise, report it immediately to the Church HIV/AIDS Ministry. Don't take it personally or be afraid to call your supervisor. They are there to assist you.
- 11. Report any suspicions of abuse.** If you suspect any abuse – physical, emotional, sexual, or financial - YOU MUST report it immediately to your Church HIV/AIDS Ministry. Your supervisor will report abuse to the proper authorities.

GETTING STARTED EMERGENCY GUIDELINES

Adapted from information provided by the Serra Project's Faith in Action Volunteer Program based on earlier material produced by the Interfaith Caregiver's Alliance and used with their permission.

An emergency situation may arise while you are volunteering with your care receiver. It is important that you remain calm because the sick or injured person will need all the support you can give.

If she/he is unconscious:

- Do not move the person except in a potentially hazardous situation (*fire, etc.*).
- Immediately call 911 for an ambulance.
- Notify the nearest friend after an ambulance has been called, or if none, notify your contact person and/or the church ministry office.

If she/he is conscious:

- Do not move the person except in potentially hazardous situations.
- Ask her/him to describe what is wrong, where it hurts, etc., if possible.
- Call for the ambulance (*911*), then notify: 1) nearest relative or friend, 2) caseworker (*if applicable*) and, 3) Church Ministry Volunteer Services if others are not available.


Always remember to report such incidents to the Church Ministry Volunteer Services either later or at the time the situation is occurring, if appropriate.

GETTING STARTED HOW TO START AN HIV/AIDS REFERRAL DATABASE

A fundamental component of the HIV/AIDS Ministry at West Angeles Church of God in Christ (COGIC) is to find the best local care facilities and build a referral database. It is our belief that when a pastor or counselor ministers to someone infected with or affected by HIV/AIDS, it is important that he or she is familiar with local quality service providers. By visiting facilities beforehand, our ministers and counselors can feel comfortable about referring a client or a visitor to a facility for counseling, testing or medical care.

To help other churches develop a referral database, we have submitted the following step-by-step guidelines for the pastor's guidebook. The forms have been slightly modified so that you will be able to use or adapt these forms to fit your own HIV/AIDS ministry needs.

God Be With You,



Bishop Charles E. Blake

Guidelines for establishing an HIV/AIDS referral service.

1. An initial step is to assign a staff member or experienced volunteer to be the HIV/AIDS ministry outreach coordinator. The HIV/AIDS ministry outreach coordinator should be well-educated about HIV/AIDS and sensitive to issues surrounding the disease. Contact your local health department's HIV/AIDS program to get information about available HIV/AIDS training and certification programs.
2. Secondly, send your HIV/AIDS ministry outreach coordinator to the HIV/AIDS training and certification programs. Having a certified HIV/AIDS counselor as the coordinator will help ensure that the volunteers are prepared and knowledgeable about the facilities and disease.
3. Once the HIV/AIDS ministry outreach coordinator has completed training, you want to begin to recruit volunteers from your congregation who will visit referral facilities. To recruit volunteers, make announcements to your congregation at Sunday school classes or Bible study groups and place notices in your Sunday church bulletins.

4. Refer or direct those interested in volunteering to a sign-up table or to the HIV/AIDS ministry outreach coordinator or volunteer. The sign-up table should have a sign-up sheet, volunteer applications and recruitment flyers.
5. Schedule an orientation meeting for your site visit volunteers and contact your local health department's HIV/AIDS program to conduct the HIV/AIDS 101 component. Many facilities provide training or can refer you to organizations that provide training services.
6. Contact your local health department's HIV/AIDS program or local community AIDS resource center, (*such as AIDS Project Los Angeles - APLA*) and request a community services directory. Go through the directory and select all organizations that appear relevant and appropriate to your HIV/AIDS ministry needs.
7. Fill out the Facility Appointment form. Write down the name, address, and telephone number of each facility that you selected from the directory. Then call and:
 - Confirm that the address listed in the directory is correct.
 - Get directions to the facility.
 - Indicate the type of facility (*e.g. hospice, clinic, testing site, etc.*).
 - Get the name of the contact person.
 - Ask when is the best day and time for someone from your church to visit their facility.
 - Request any printed materials they have available about the facility (*flyers, brochures, etc.*).
8. When the material arrives, look it over. If appropriate, make a copy of the Facility Appointment Form and create a volunteer packet by placing all of the materials about this facility into a folder or envelope. Write down the name and address of the facility on the front. You will give this packet to one of your site-visit volunteers during their orientation.
9. During the orientation, include HIV/AIDS introductory training for your volunteers. The training will help them understand and be sensitive to issues related to HIV/AIDS. You will also distribute and explain how to use each facility site-visit form.

10. Pair a staff member with a new screening volunteer. When each volunteer goes out for the first time to visit a facility, have an HIV/AIDS ministry staff member or someone very familiar with your church's style, spirit and demeanor accompany them. This is a great opportunity for your staff member to evaluate the effectiveness of each new volunteer and determine their strong points.
11. Pair volunteers together for all site visits – after each new volunteer has gone out with a staff member, pair him or her with an experienced volunteer for their subsequent visits. Just as Jesus sent his disciples in pairs, two volunteers should always go out together.

GETTING STARTED **HIV/AIDS MINISTRY SITE
VISIT INSTRUCTIONS
BEFORE YOU VISIT**

YEA A MAN OF KNOWLEDGE INCREASETH STRENGTH (PROVERB 24:5)

1. **Before visiting a facility, review all of the materials in the packet, including any brochures or pamphlets on the facility.**
 - When you visit the facility, you will want to verify if the agency is providing services as described. After you arrive, compare what they promised to the actual services provided.

2. **Once you arrive, you will verify if the facility is:**
 - easy to find,
 - readily accessible,
 - safe,
 - clean, and
 - well-staffed.

3. **In visiting facilities and gathering materials, remember HIV/AIDS service organizations cater to and serve people from all walks of life who have various ethnic and religious backgrounds.**

GETTING STARTED HIV/AIDS SITE VISIT TALKING POINTS

YEA A MAN OF KNOWLEDGE INCREASETH STRENGTH (PROVERB 24:5)

Dear Site Visit Volunteers:

Thank you so very much for availing yourself to do volunteer work on behalf of our HIV/AIDS ministry. Your work is a wonderful service that will be truly valued, as it will help to benefit our church and surrounding community. The following are talking points when visiting an HIV/AIDS service facility. These points will help you to explain your role as a site visit volunteer.

Your church may wish to add common questions and responses to this list of talking points.

Your Talking Points

- To have a strong HIV/AIDS outside referral database for our members and the surrounding community, the (Your church: _____) HIV/AIDS Ministry is in the process of visiting testing facilities, hospices and clinics.
- Many of the people and families who come to us are hurting and do not have the time, energy, or resources to do the research that we provide free of charge.
- We are volunteers on behalf of our church's HIV/AIDS Ministry. We are assisting with this part of the project to ensure that we have taken the time to visit every referral facility.
- We are visiting to see how easy it is to call and visit the facility. We want to learn how far away the building is from the nearest available parking lot, if there is a fee to park, and if bus or train stops are nearby? Is the building clearly marked or difficult to locate? Our purpose is to get first-hand knowledge of the entire surroundings, inside and out.



THIS IS MY TESTIMONY

By: ARLENE

LET THE REDEEMED OF THE LORD SAY SO, WHO HE HATH REDEEMED FROM THE HAND OF THE ENEMY...(Psalms 107:2) Giving honor to my Lord and Savior, Jesus Christ and all the saints of the most high God. It is truly an honor and privilege to share my testimony with you.

Terrence and I met at our place of employment. We worked at a drug rehabilitation center in Harlem. Terrence was a supervisor in the health and safety department and I was as an intake counselor. After dating for a year, we decided to get married. Both of us had been married and divorced. During our second try at marriage, we were more mature and therefore excited about our future together.

Terrence used to be an intravenous drug user and had been clean for four years when we met. He was a graduate of a program at our place of employment. In October of 1987, Terrence became ill. He had cold-like symptoms and was being treated for bronchitis. Shortly afterwards, he collapsed. He was rushed to Harlem Hospital where he was diagnosed with full blown AIDS. During that time, I was 28 years old and 9 months pregnant with two children at home. After my husband's diagnosis, I was tested and the result revealed that I was HIV positive. Eventually, I was admitted into St. Lukes Hospital because my pregnancy was two weeks overdue. I was devastated and afraid, not just for myself, but also for my husband who I thought would never see his new baby. I just couldn't believe this was happening to ME! I went numb and felt so alone. I was ashamed and became isolated. I didn't want to tell my mother or any family member and I definitely wasn't going to share THIS news with friends or acquaintances.

At that time, most of my professional work experience was in hospitals and drug rehabilitation centers. I had witnessed how people who had disclosed the illness were ostracized and discriminated against by the staff, other patients, their friends and family.

I cried all of the time and couldn't stop thinking that I was being punished by God! I know no words that can express those very dark days of my life. My husband recovered enough to visit me at St. Lukes. He was accompanied by a family member we trusted. He was hospitalized for over 3 weeks and had lost 90 lbs. The doctors said that I was so overwhelmed with stress and tension, they feared for the baby's safety. My labor was induced and my son was delivered by c-section. My baby boy was diagnosed at birth with HIV. A year and a half later, we were told he had full blown AIDS and would not live to be 5-years-old, and if he lived that long, he would be very sick. At that time, the only medication being administered was AZT. It was still in the experimental stage and was not given to infants. When Terrence discovered he had infected not only his wife, but his new born son, he literally gave up on life and began drinking heavily.

Even today as I look back to share what my Savior has brought me through, it brings tears to my eyes. My husband has been with the Lord for more than ten years now. I remember before Terrence passed he went to see a Priest in Harlem and that Priest told him that he was being punished by God for his sins and that he was doomed. After that, Terrence wanted to commit suicide and started drinking even more. My husband didn't die from the opportunistic infections that one dies from when the immune system is no longer functioning, instead he died from malnutrition and bacteria that sets in when a person starves themselves. His doctors knew he was drinking and told us that vodka wouldn't hurt him since he was dying anyway. In my heart, I knew that wasn't true. Today, studies show that drugs and alcohol speeds up the disease and weakens the body. Therefore, I cannot express enough the importance of HIV/AIDS education and loving support. My life has changed so much since October of 1987. It has been one big roller coaster ride and God has brought my family and me a mighty long way. God has taught me how to trust in Him and Him only. He has taught me the true value of family and friends. He has taught me to cherish His word. "He sent His word and healed them, and delivered them from their destruction." (Psalm 107:20).

In 1989, I moved from New York to Los Angeles. I ran from the faces who knew my husband and knew what had sent him to an early grave. People would actually stare at me as though they had seen a ghost. I desperately wanted to disappear. My children and I moved in with friends when we first arrived to Los Angeles. I told no one about my situation and started abusing illicit drugs. One

day I went to the store to buy a pack of zig-zags rolling paper so I could smoke a bag of marijuana I had just purchased and saw a poster advertising a new church opening in the neighborhood. The only thing I remember about the poster was that the church was of the Apostolic faith. I had attended an Apostolic church when I lived in New York and the following Sunday decided to attend the service. At that time, I believed I was dying and did not want to go to hell. I knew I had not lived my life according to the Bible. I had had premarital sex with my husband and was abusing drugs. I believed I became infected because I was being punished by God. So, since I was going to die soon, I wanted to try to make amends with the Lord by going to church. It never occurred to me that I would find life there.

Ministering to those who are dealing with an affliction is something everyone cannot do. I thank God that there are some people who are sensitive to the masses. The men and women of God He placed in my life have truly been an inspiration to me. When I discovered that God is a forgiving God and that He indeed loves me, it totally changed my life. The first church I joined in Los Angeles was Fruit of the Vine Ministries pastored by Dr. Lillie Gibson. When I told her about my diagnosis, she put her arms around me and held me as if I was her own child and began ministering to me. She told me that every "sickness is not unto death" (John 11:4). Wow! That was the best news I had ever heard. At that moment, I no longer felt afraid and I knew I wasn't alone.

Then the Lord introduced me to Dr. Beverly "BAM" Crawford founder of the Bible Enrichment Fellowship International Church. One evening, Dr. Crawford was invited to attend an AIDS support group meeting I was a part of. On that night, we were grieving for three young ladies who had died a week apart from each other. Dr. Crawford took off her shoes, sat on the floor with the group and started ministering to us. I knew that the Holy Spirit was speaking directly to me.

Every word she said confirmed in me what needed to be done in this community of AIDS. The church plays a very important role in this epidemic and should be a place of refuge. We had no Jesus Christ centered support groups and I knew in my heart it was something that was desperately needed. That's when the Lord revealed to me REJOICE OUTREACH. I am the founder of Rejoice Outreach, a Christian based support network for people infected and affected by HIV or AIDS.

My son born HIV positive is now 12 years old. He has never really been sick except for the chicken pox. He earns good grades, is an all American athlete and won the MVP award for his little league football team. Presently, doctors can not find a trace of the disease in his blood. If only my husband could have lived to see him play first-string quarterback. "Whose report are you going to believe?" (Isaiah 53:1) My Bible states that in the Book of James 5:14-15 "If there is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith shall save the sick, and the Lord shall raise him up; and if he hath committed sins, they shall be forgiven him..." But how can you call on a Bishop, Pastor, elder or evangelist if they are afraid to say the word AIDS unless they are trying to scare you into holiness!

Glory be to the most High God. I love Him. Don't you? I have now been living with AIDS for 12 1/2 years. Medicines do not work for everyone. I am on a minimum amount of medicine and I have the best medical doctors on the west coast. Please pray for my strength in the Lord. And please, please use this package designed for you.

In Christ Always,

ARLENE

P.S. I want to acknowledge and thank Dr. Lillie Gibson, Dr. Beverly Crawford, Reverend William M. Campbell and Bishop Noel N. Jones. "Because of the GOD in you I live."



THIS IS MY TESTIMONY

By: REVEREND ELDER CLAUDE E. BOWEN
Pastor/Founder Unity Fellowship Church-Riverside

As a minister and pastor living with HIV, it is necessary to draw on my own faith in God for inner strength and peace in order to assist others living with the virus or have someone in their family who is infected. God is bigger than any disease or discomfort that my body may ever experience and my understanding and belief that my Spirit can't be affected helps me take the nine (9) pills twice daily without much thought.

I don't give power to the virus and trust that the knowledge God gave the scientist to develop the medicine is just what my body needs. Part of my daily meditation is to separate my spiritual being from the physical for treatment through prayer knowing my physical being will align itself to the peace I find through my spiritual treatment.

I am able to help others through this process first by acknowledging that we are all a part of the "I Am That I Am" and honoring each individual where they are without judging who they are or trying to assess why they have come to this point in their lives. It is much easier to help another when the person is allowed to be who they are. In order to treat an individual the entire person must be treated. That means you demonstrate compassion for the person and everything that the person is dealing with. My honesty about my sero-status often helps others to open up and talk about their situation. Getting people to talk about their fears and reservations around the virus is the first step in helping them to be tested and/or get the medical attention they need. This leads to helping them take a close look at self, how they really view themselves and what they feel about others and their relationship with family and friends.

It is my sincere belief that emotional and spiritual well-being is essential in the healing process. Many of our loved ones have made transition (died) from the fear of being rejected and being left

alone. The faith community has made too many people feel unwelcome by labeling them and making the statement that HIV/AIDS is "God's Punishment". Many of these people have families that are caught in the crossfire of what their church teaches about the virus and morality and their own heartfelt love for a son, brother, uncle, father, sister or mother.

I must meet all of God's creation with love and as much as possible help them to understand that they are a valued member of God's unconditional love. Experiencing rejection firsthand, I am sensitive to the needs of all people that God sends my way. It is my duty to demonstrate a love that is available to all – a Love that is deeper than that of a mother and stronger than any human bond could ever produce.

My peace comes from within and it is my belief that God dwells within me and that gives me power. Power that HIV/AIDS can't take.



THIS IS MY TESTIMONY

By: AVA GARDNER-SHIPPI

Life for me has been loving and complete. I've been in the church all of my life. My parents were active in the church and they raised my brother and I to believe that God has the answers to all of life's problems.

I have a young daughter and our lives were full of love and compassion. She is my joy and I center everything in my life around her. Several years ago, I was taking care of my daughter, attending college, working a full-time job and going to church twice a week. At that time, I was attending a class designed to enhance ministry, because I was an aspiring missionary.

It was in this class, that I became acquainted with a man who would later become my husband. He was well versed in the scriptures, musically gifted and could sing me into pure happiness. He was very nice to me and respectful. He appeared to be sincere about his love for God and his own calling as a Minister.

We married a short time later. That was when everything that I thought I knew about this God-fearing man changed. He became verbally and mentally abusive. He began to act mysteriously. He was always sneaking around and disappearing for hours at a time. I prayed to my God for strength and understanding. But soon his web of secrecy would begin to unravel. I began to notice that during church service, although he would always preach on his appointed days, there were days when he would feel physically weak and run down. He knew why he was feeling this way but he would not tell me why. I later learned that my husband had been leading a double life. He was having sex with men and had exposed me to HIV, the virus that causes AIDS. He would later confess that he had infected me on purpose with the virus because he didn't want to die alone!!!

This was the most devastating news I had ever received. Why would he hurt me like this? I loved him! We were Christians. I

loved God. How could He let this happen? What about my daughter? Who would be there for her? Help me God, please!

After learning that I was infected with HIV, I experienced more emotions than I could even count. My marriage had not been a marriage. And I could not tell anyone because of the fear and stigma aimed at people who have HIV/AIDS. But then I realized that there was someone that I could tell. That someone was God. I told God everything!! I cried! I prayed! I cried, and I cried. And then, I PRAYED! I felt dirty, ashamed. I was now an evangelist in the church, and I had AIDS – how could this be? I didn't know what to do. I didn't want the rejection that came along with having HIV/AIDS.

But I quickly realized that God was still God and His love for me was enough to cover all of my insecurities and fears. My faith became stronger than it was before and I realized that God was my only hope and my constant strength.

Through God, I was able to forgive my husband for his actions toward me, and became his caregiver until his death.

A short time later, I began to have my own battles with HIV/AIDS. Feeling alone, angry, betrayed and abandoned, I was afraid to let my church know the truth about my husband's death and my illness, so I kept it all a secret. I kept it a secret until the doctors told me that I had a short time to live and that I needed to prepare myself. Knowing this, I decided to tell my church because I needed their support and prayers. But most of all, I wanted their love. To my surprise, they embraced me with their love and prayers. And each time I would become ill, it was assuring to know that the church was praying for me. I believe God has spiritually and mentally healed my body many times because of the prayers of the church.

I believe that churches play an important role in the HIV/AIDS crisis. When there is nothing else, there is God! The church can promote healing, love, understanding and fellowship. With Christ, all things are possible!

I am a living miracle of what God can do with someone with AIDS. I've lost nothing and have gained eternal life.

To God be the Glory!
Evangelist Ava Gardner-Shipp



THIS IS MY TESTIMONY

By: JOSEPH R. VAVASSEUR

You know, I was a little hesitant about sharing my testimony because of the pain I would have to reflect back on. But then I thought, my story should be told and I pray that sharing what my life was like, and the way it is now, will somehow be valuable to those seeking any kind of assistance.

I was born the youngest of eight children in New Orleans, Louisiana. I was raised in a very religious household during a time when the two greatest assets to Black folks living in the South were God and family. When I was a child, my mother was very ill. By the time I turned five years old, she was restricted to a wheelchair. She was always in pain and used to beg God to take her life so the pain would go away. My mother was very religious and prayed to the Lord everyday and taught her kids to pray everyday as well. However, whenever I heard her pray that prayer, I became angry with the Lord. Why did my mother who was my best friend, have to be in so much pain? Where was His attention, sense of fairness and goodwill? So I grew up in a household where pain and suffering was a way of life, and because of that, as a child, my spirit was broken.

At that time, I didn't think things could get any worse, but they did. When my grandmother died, I was devastated. Then, my older sister was murdered. My parents never fully recovered from losing their daughter and shortly afterward, my mother became ill, was hospitalized, contracted pneumonia and died. That was it for me! I was totally crushed. There was just too much pain, sorrow, sadness and death in my life. My brain collapsed, my heart exploded and my emotions went numb. I felt helpless and hopeless. The only strength I had was to resent and doubt God. I started to doubt His existence. I felt like, if there was a God, He surely didn't work in my life. The resentment I had for God made me a prime pick for Satan who had ample room to move into my life and get comfortable.

I began to rebel against anything and everything. I started smoking marijuana, drinking wine and shoplifting to stuff the pain that lived inside of me. My father couldn't control me so he and my older brother sent me to a religious boarding school. After high school, I joined the Marine Corps and fought in the Vietnam War. For someone who lived with as much pain as I was trying to stuff, my military tour only enhanced my drinking, smoking and pill-popping habit. So, when alcohol and drugs were working to help numb the pain within me, I found no need to call on God. After four years in the military, I received a scholarship to play football at California Lutheran College in Thousand Oaks, CA. The military had given me a tremendous amount of discipline, but I was still drinking and my drug use had progressed. Now, as a college student, I discovered another fixation and that addiction was women. I just had to have them.

I always thought I was a good looking guy, so after college, I got an agent and became a model. I did a lot of print work and television commercials. I was still using drugs and by then, I had started snorting cocaine. Satan completely had me in his grip. Since I was in Hollywood going to parties, having sex with a different woman every night, using cocaine to wake up, drinking alcohol to go to bed, Satan the great deceiver, had me believing that my "life" had arrived. To support my cocaine habit, I became a drug dealer. At that time, I didn't realize it but God truly blessed me as a cocaine dealer because just when I needed to, He allowed me to fail.

At this point, I was free-basing rock cocaine everyday, and was so paranoid that I couldn't leave my apartment to go to work. If someone knocked on my door, I was too afraid to answer it. I got progressively worse. I sold my possessions to buy more cocaine. Soon, all of my utilities got turned off, but I was still smoking rock cocaine in the dark, burning candles to see. Shortly after that, my girlfriend left and then I got evicted from my apartment and became homeless. I was sleeping in my car. Then I became a taxi driver for people who wanted to buy drugs. My fare was a piece of whatever they bought. When someone stole my car, I really became homeless and started sleeping in a burned-down store front. For food, I went to the LA Mission. At the Mission, they would handout peanut butter sandwiches and punch to anyone who attended their church service. I went just for the food. I never could get the God thing.

I became a junkie living on skid row. I went from a US Marine, college football star and working Black male model to begging for spare change on the street or begging a dope dealer to sell me a \$1.00 piece when I only had 65 cents. Just when I thought that nothing in my existence could get any worse, I got word that my father died in New Orleans. My entire world collapsed. I was so mad, hurt and mad some more. I felt lost, alone and sad. What a terrible time for me to collect some money that had been owed to me. I went to the liquor store to buy alcohol, the dope man to buy rock cocaine and to the hotel with two prostitutes. Six days later, I walked out of the hotel room. The next day, I collapsed on skid row and couldn't breathe. I labored to inhale even small sips of air. After twenty six days in ICU, I was discharged. My doctor told me that he wasn't sure what was wrong and that he thought I had bacterial or viral pneumonia. I was back on skid row feeling weak and dizzy. I was also mad because the Mission wouldn't give me a sick bed. I had to prove to the Mission that I was hospitalized and the hospital had no records on file of me ever being there so I started smoking rock cocaine again.

When I finally ran out of ideas on how to live, I found myself begging my nephew, 10 years my junior, for money and a place to sleep. When he said no I walked away crying. In an alley, I dropped to my knees and prayed a prayer that only a desperate child could pray. I prayed, "GOD, PLEASE HELP ME!" Then a strange sensation came over my body. I had never felt comfortable in my skin and somehow I knew that that feeling was over. All I had to do was stop fighting God, move out the way and let Him do His work. I got off of my knees and went to the nearest bus stop. I told the bus driver that I had no money and to please take me to the nearest drug rehabilitation center. The driver said, "sir, please take a seat." That night, I took three buses without a cent in my pocket.

When I arrived at the recovery center, they offered to put me in their fourteen day program. Everyone entering the program had to take several blood tests and if you didn't test positive for Tuberculosis, you were accepted. Two weeks had passed and before I was discharged, I was ordered to go to the nurse's office. She told me to sit down and take 3 deep breaths and said, "sir, we have the results of your blood test and it shows that you have the antibodies for the HIV virus." The next few moments seemed as though the world stood still. I was petrified. I could not breathe, think or speak. I just sat there, numb. I said to the nurse, "I knew God was

gonna punish me for the way I lived." Then I heard the most comforting statement that I never forgot. The nurse said, "God is not a punishing God and he surely doesn't want his children to suffer. You have an illness and no one deserves to be sick."

I never was an intravenous drug user and therefore had to have contracted AIDS through unprotected sex with a woman. After that, I went to live in a homeless shelter that was sensitive to people living with HIV and AIDS. I started a 12-step program for my drug and alcohol problem, a therapy group session for people living with HIV and AIDS, I saw a psychiatrist regularly and the most important thing, I started communicating with God everyday and joined a church. One day I got really sick and my temperature was 105 degrees. I went to the hospital and my temperature had climbed to 106.8 degrees. Everyone thought I was going to die. Suddenly I got enough strength to scream the name of JESUS and then prayed a four word prayer. I prayed, "GOD, PLEASE HELP ME!" Then at a rapid pace I started praying the Lord's Prayer over and over. Through the night, my fever broke. After twenty-eight days in ICU I was released. The diagnosis was that I had a near-death experience with PCP (Pneumocystis Carinii Pneumonia), an opportunistic infection common for individuals living with HIV/AIDS and one of the leading killers of all HIV/AIDS infections. I was told that because I had such high temperatures, my immune system had been destroyed, and if I took good care of myself, I would live for only two more years. I was told that on November 28, 1995.

By then, I had already welcomed God into my life and was not afraid. There is a comfort in God like no other. I now saw life through the light of the Holy Spirit. I walked differently (unafraid) and I talked differently (thanking God every waking moment of every day.) I only wanted to thank, praise and worship God. I made a conscious decision to turn my will and life over to the Lord. It's been my experience that sometimes God waits before answering our prayers only so He can strengthen us to do His will. In His mercy, God forgave me even when I couldn't forgive myself. I found that when I turned my life over to the God of mercy and understanding, I never felt lost again.

People always mention the bad things related to AIDS. I will be the first to admit that it is an awful sight to watch someone waste away because they have no immune system. But, I would also like to mention what has been good for me to be living with AIDS. You

see, I found out that people who are diagnosed with a terminal illness can make a tremendous amount of spiritual progress in a matter of minutes (fear is a great motivator). Being diagnosed with AIDS is such a heavy load to carry, well it was for me, so much that I had to call on something powerful to lift my pain and that was Jesus. Today, I have the closest relationship with my Lord and savior than I have ever had. I am a grateful child of God living with AIDS. If it took a terminal illness to bring me back to the God of my salvation, then I'll have to smile and say, "wow, what a small price to pay for eternal salvation."

The God of love, mercy and grace sent me to a church on Crenshaw Blvd. in Los Angeles. I am on fire with the Holy Spirit, thanks to the family that has adopted me. Yes, without a mother and father, life couldn't be better. West Angeles Church of God in Christ said to me a sinner, come in and sit down and we will love you until you are able to love yourself. Bishop Charles E. Blake accepted me with unquestionable compassion, a sinner, an addict for 35 years, a father who had seven children by six different women, an ungodly past and living with AIDS. Bishop Blake said to me, you may not always have joy, but you can always rejoice in the Lord and if you rejoice in the Lord long enough, it will bring you joy. With Bishop Blake's anointed expression and caring manner, every time I hear him preach I know that everything is gonna be all right. For in Jesus' name, I never have to feel alone again. PRAISE GOD.

P.S. West Angeles Church of God in Christ saved my life. I'd like my thanks to go out to the body of West Angeles, Bishop Charles E. Blake and last but not least, my brother in Christ, for his strength and inspiration, Erving "Magic" Johnson.

MY HOPE IS IN THE LORD!

By: JOSEPH R. VAVASSEUR

The first time I saw real fear
 I saw it through the eyes of a
 black haired, brown eyed,
 5 foot 9 inch man
 As I gazed into my mirror
 Shortly after the results
 of a simple HIV test.

Oh yeah! I felt real fear
 I felt all alone and deeply frightened.
 The voice still echo's in my ears.
 "Sir," as experienced doctors say
 "Our best guess is...you have two years to live!"

From that exact moment
 putting a smile on my face
 or going out to play
 Came harder and harder
 from Day by Day

Some days the battle is only me
 against me and I'm losing.
 My days go so fast
 Because I feel I'll never last.
 This illness is full
 of so much depression and fright
 I find it hard
 just to sleep at night.

Fun comes hard
 and good times not at all
 Getting out of bed each morning
 is like slow suicide.

It's the stuff!
 Yes! the stuff I face that blocks my joy.
 If it isn't about medication side effects,
 Worrying about Viral Loads or CD4's,
 that make me Sad
 It's waking up in the morning
 and plain just feeling Bad

The second time I saw real fear
 It was in the eyes and on the face
 Of every patient sitting in
 my doctor's place.
 One thing about being diagnosed
 with HIV
 besides the regret,
 Is when you are told that you are positive
 you never forget

- HIV -

It's in my BLOOD
It's in my SOUL
It's in my BEING
It's in the very core of my EXISTENCE

If I could remove or stop or just lighten
the Pain
the Suffering
the Fear that lives in people that I see
I would gladly lay down my life
to cure anyone with HIV.

Living around people with AIDS and HIV
has brought.
The true meaning to the words
that JESUS CHRIST taught.

Many HIV positive people's
eyes are as peaceful as a Dove's.
And when you get a hug
you can feel the love.

I have never experienced
a group so caring
so unselfish and so free
with their love and sharing.

Memorial service is full
of so much feeling.
That I receive strength for my journey
and leave with so much healing.

But the heroes here show love
in so many ways.
They bring joy to my heart
in my remaining days.

My instructions from God is to see,
that I come back and give back
what was so freely given to me

In Closing I'd like to say:
I am just a Nobody
trying to tell Anybody
about Somebody
that can help Everybody

My Testimony is:
No one is hopeless whose
Hope is in The Lord

PRAISE GOD!

AIDS

Acquired Immunodeficiency Syndrome, a viral disease that results in impairment of the body's immune system. People with AIDS can get a number of life-threatening diseases that do not affect individuals with healthy immune systems. They may also contract very severe cases of more common diseases. AIDS is generally diagnosed at the most advanced stage of HIV infection, and this diagnosis signals significant damage to the body's immune system.

Anonymous testing

See "HIV test."

Body fluids

Any fluid in the human body, such as blood, urine, saliva, sputum, tears, semen, breast milk, or vaginal secretions. Only blood, semen, breast milk, and vaginal secretions have been linked directly to the transmission of HIV.

Casual contact

Daily contact between people at home, school, work or in the community that does not involve sexual interactions or the sharing of needles. HIV is not transmitted through casual contact.

Combination therapies

Commonly known as "cocktails," two or more drugs or treatments used together to achieve optimum results against HIV infection and/or AIDS. Combination therapy may offer advantages over single-drug therapies by being more effective in decreasing viral load.

Confidential testing

See "HIV test."

Early intervention

In the context of HIV, medical intervention – including HIV testing – early in the course of the disease, often before symptoms develop.

Epidemic

A disease which spreads to many individuals in a population at the same time.

HIV

Human Immunodeficiency Virus, the virus that causes AIDS.

HIV disease; HIV infection

Anyone who has been infected with HIV is said to have HIV infection or HIV disease. These terms define a wide spectrum of medical circumstances ranging from healthy without symptoms of infection (often early in the course of disease) to severe and life-threatening symptoms (late in the course of infection). The course of HIV disease range from months to years – (everyone's immune system is different and HIV will attack everyone differently).

HIV test

A blood test that detects the presence of HIV antibodies in the blood. A reactive or positive HIV test indicates HIV infection. A non-reactive or negative test indicates that no antibodies to HIV were found, and that the person is either uninfected or has been infected recently and has not yet developed HIV antibodies. See also "window period."

Antibody testing is performed in anonymous or confidential settings. In anonymous testing, test-takers offer no identifying information, such as name, address or phone number. Instead, they are usually given a code number at the time their blood is drawn, or a tissue sample is taken, and offer that code number to receive their results. During confidential testing, test-takers provide identifying information linking their identity to a record of the test. Confidentiality of these records is protected by the laws that protect medical records, and in some states or regions, by additional laws specific to HIV-related information.

HIV-negative

Referring to one's HIV status. One who is HIV-negative does not have HIV.

HIV-positive

Referring to one's HIV status. One who is HIV-positive has the virus that can lead to AIDS.

Immune system

The system that protects the body from disease-causing organisms (pathogens) or toxins.

Infection

Condition in which virulent organisms are able to multiply within the body and cause a response from the host's immune defenses.

Injection drug user (IDU)

A person who injects drugs for recreational use into the veins, muscles or under the skin.

Intravenous drug user (IVDU)

A person who injects drugs for recreational use directly into the veins. Sometimes used interchangeably with “injection drug user,” though technically the term does not include persons who inject drugs into the muscles or under the skin.

Maternal transmission

Transmission of HIV from a pregnant woman or mother to her fetus or newborn. Infection could occur during the course of pregnancy, during childbirth or after birth through breast feeding. Sometimes called “vertical transmission,” “neonatal transmission” or “perinatal transmission.”

Modes of transmission

Ways in which HIV is passed from one person to another. There are four modes of HIV transmission: (1) unprotected sexual intercourse; (2) sharing of needles or paraphernalia for injection drug use or other purposes; (3) from a pregnant woman with HIV disease to her fetus or newborn; (4) through other exchanges of blood or tissue.

Opportunistic infections

Infections that arise in individuals whose immune systems are compromised or damaged. These infections take advantage of the weakened immune system, hence the name “opportunistic.”

Pandemic

An epidemic that has spread over a large region. The HIV epidemic has extended worldwide and reached pandemic proportions.

Prevention

To keep from happening; taking advanced measures or precautions against something possible or probable.

Risky behavior

Engaging in activities that increase one’s chances of contracting HIV. Such activities include unprotected sex (vaginal, anal or oral) and injection drug use with shared needles.

Safer sex

Sexual activities that carry little or no risk of transmitting HIV. These include behaviors in which body fluids capable of transmit-

ting HIV (blood, semen, vaginal secretions) are not exchanged between sexual partners.

Sexually transmitted disease (STD)

Any of a number of diseases that are commonly spread through sexual activity. HIV infection is a sexually transmitted disease.

Symptoms

Any noticeable, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient.

Transmission

The passage of a disease-causing organism – bacteria, virus, fungus – from one person to another.

Unprotected sex

Sexual activities that are at higher risk of transmitting HIV because no precautions (such as using condoms) are taken to prevent the exchange of body fluids which can transmit the virus.

Virus

An organism made up of genes surrounded by a protein coating. Technically, a virus is not actually a living organism because it cannot reproduce itself. It must invade a living cell to reproduce. Viruses are smaller than any living organism.

Window period

The time period for the point of first infection with HIV to the development of measurable HIV antibodies. The window period usually runs two to 12 weeks and may last as long as six months, and in very rare cases even longer. During the window period, an HIV-infected person may test HIV antibody negative.

To help congregations retain the message after an HIV/AIDS prevention sermon, church-sensitive prevention materials can be distributed following every HIV/AIDS service.

Below is a list of promotional items that can be used:

1. Lapel Pins:

The Lapel Pin is the cross with a Kente cloth AIDS ribbon wrapped around it and is made of sturdy metal. It has been very popular among African American churchgoers.

2. *Healing Begins Here* Quiz Cards:

Each Quiz Card provides four (4) true or false statements regarding HIV/AIDS. Below each statement answers can be found when the silver foil is scratched off. Turn the card over for an explanation of each statement. The cards are updated annually with new statistics. They are an interactive, non-aggressive way to test one's knowledge about HIV/AIDS.

Lapel Pins and Quiz Cards may be ordered by calling BaumanCurry & Co. at (323) 525-0559 or via e-mail at guidebook@baumancurry.com

3. Online Materials:

Copies of the Guidebook, Supplements and Quiz Cards are available online as a PDF format by visiting www.baumancurry.com or www.arkofrefuge.org. Downloads are free of charge.

R E S O U R C E S **HIV/AIDS**
ORGANIZATIONS
RESOURCE LIST

This section provides a list of organizations that offer HIV/AIDS workshops, training, videos, education or prevention information. Some materials can be obtained by writing or calling the following organizations.

AIDS ALLIANCE FOR CHILDREN, YOUTH AND FAMILIES

1600 K. Street NW, Suite 201
Washington, DC 20006
Phone: (202) 785-3564
Toll-free (888) 917-AIDS(2437)
Fax: (202) 785-3579
Website: www.aids-alliance.org
Contact: Jeoff Pynn

ARK OF REFUGE, INC.

1025 Howard Street
San Francisco, CA 94103
Phone: (415)-861-1060
Fax: (415)-861-6103
Website: www.arkofrefuge.org
Contact: Reverend Yvette Flunder or Pastor Valerie Brown Troutt
The program components include pastoral and congregational needs assessment, model sermons and preaching practicum, interactive AIDS 101 workshops, facilitated panel discussions with persons living with AIDS, capacity building and technical assistance services, community service projects, 1-800 anonymous testing hotline and a network to other faith-based service providers.

BALM IN GILEAD

130 West 42nd Street, Suite 450
New York, New York 10036
Toll-free: (888)-225-6243
Website: www.balmingilead.org
E-mail: info@balmingilead.org
Contact: Reverend Alberta Ware
Offers videos, books and posters for African American churches addressing HIV/AIDS issues.

CALIFORNIA AIDS HOTLINE

(800) 367-AIDS (2437)
Provides HIV/AIDS information, referrals to services, HIV test

sites, emotional and practical support that includes how to practice safe sex, how to stay healthy if HIV positive and how to remain HIV negative.

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE (NAACP)

National Office
4805 Mt. Hope Drive
Baltimore, MD 21215
Phone: (410) 358-8900
Website: www.naACP.org
Contact: Caya Lewis
Provides free educational videos and discussion guides addressing HIV/AIDS in the African American Community.

NATIONAL ASSOCIATION OF PEOPLE WITH AIDS

1413 K Street NW, 7th Floor
Washington, DC 20005
Phone: (202) 898-0414
Website: www.napwa.org
Contact: Rene Cajina
Provide free pamphlets and brochures on HIV/AIDS treatment issues

NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS

105 East 22nd Street, Suite 711
New York, New York 10010
Phone: (212) 614-0023
Fax: (212) 614-0057
E-mail: NBLCA@aol.com
Website: www.blca.org
Contact: Tony Spencer
Offers a list of HIV/AIDS referrals

NATIONAL CDC HIV & AIDS HOTLINE

Phone (800) 342-2437
Offers 24 hour HIV/AIDS information and referrals

NATIONAL MINORITY AIDS COUNCIL

1931 13th Street NW
Washington, DC 20009
Phone: (202) 483-6622
Fax: (202) 483-1135
Website: www.nmac.org
Contact: Peter Velasco

NATIONAL MINORITY AIDS COUNCIL (continued)

Provides three national conferences every year on education, prevention and treatment; HIV/AIDS prison outreach materials; public policy and advocacy work needs; technical assistance on applying for grants to implement HIV/AIDS programs.

NATIONAL PEDIATRIC & FAMILY HIV RESOURCE CENTER

University of Medicine & Dentistry of New Jersey
30 Bergen Street – ADMC #4
Newark, NJ 07103
Phone: (973) 972-0410
Toll-free (800) 362-0071
Fax: (973) 972-0399
Website: www.pedhiv aids.org
Contact: Carolyn Burr

World Wide Web

HIV/AIDS Treatment Information Service

www.hivatis.org

Joint United Nations Programme on HIV/AIDS

www.unaids.org

The Pedi-AIDS Electronic News Network

www.hypernet.com

Project Inform (treatment information)

www.projinf.org

California Department of Health Services, Office of AIDS

www.dhs.ca.gov/aids

The Centers for Disease Control and Prevention (CDC)

www.cdc.gov

American Foundation For AIDS Research (AMFAR)

www.amfar.com

National Support Site for HIV Positive Heterosexuals

www.heteroc.com

The NAMES Project

www.aidsquilt.com

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It is our hope that all members of clergy read and use *Healing Begins Here: A Pastor's Guidebook for HIV/AIDS Ministry through the Church.* Far too many of our loved ones have died and will die from AIDS and now is the time to stop the spread of HIV and AIDS in our communities.