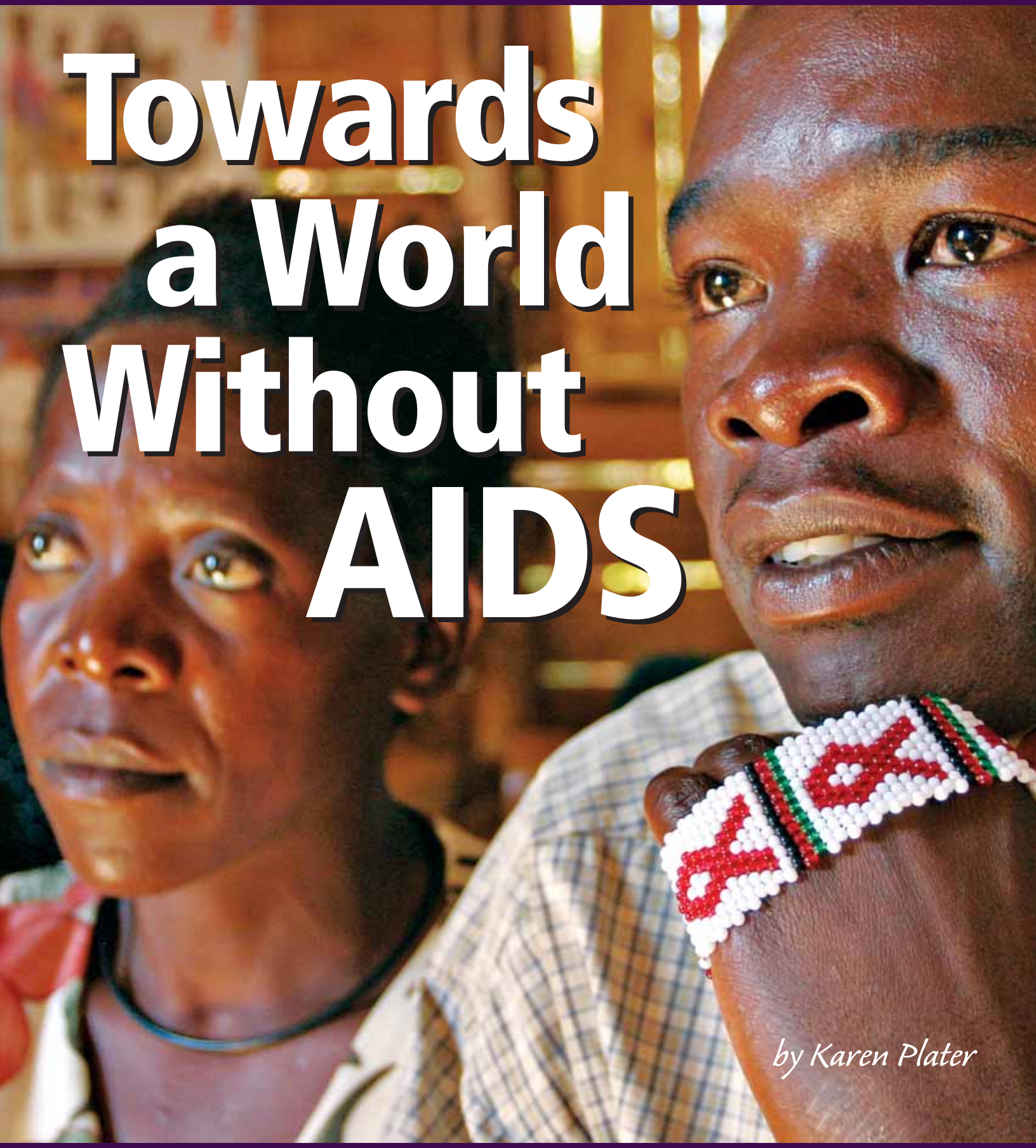
Making Connections

Towards a World Without AIDS



by Karen Plater

The Church's Study 2005-2007 • The Presbyterian Church in Canada

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The Presbyterian Church in Canada's Study 2005-2007

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Karen Plater has worked as the Resource and Communications Coordinator for Presbyterian World Service & Development since September 1996. She has visited PWS&D projects and seen the impact of HIV/AIDS in Malawi, Kenya and India. In 2004 Karen covered the International AIDS Conference in Bangkok, Thailand, as part of a media team with the Ecumenical Advocacy Alliance. She is currently helping organize church involvement at the International AIDS Conference in Toronto in 2006. Karen is married to John, a person living with HIV for more than 20 years.

About the photos

The majority of photos in this study were taken by Carl Hiebert. A photographer, entrepreneur and inspirational speaker, Carl decided to photograph the impact of HIV/AIDS in Malawi after meeting Esther Lupafya, a community health nurse in charge of the AIDS program at Ekwendeni Hospital in Malawi. Esther was visiting Canada to present a paper at an AIDS conference when she met Carl and saw "Us Little People," his acclaimed book of photos of Mennonite children. Lupafya challenged Carl to come to Malawi to tell the story of AIDS. Carl approached Presbyterian World Service & Development (PWS&D), who agreed to help him go to Malawi and document the HIV/AIDS work being done by PWS&D's partners.

The story Carl found was one of both tragedy and beauty, as he photographed people dying of AIDS, caring for people with HIV and AIDS and living their lives with resilience and optimism in spite of AIDS. These photos are available on loan from a photo exhibit by PWS&D.

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Introduction

On June 9, 2004, the 130th General Assembly of The Presbyterian Church in Canada (PCC) launched the *Towards a World Without AIDS* campaign, committing Presbyterian churches across Canada to raising awareness about HIV and AIDS in their churches and communities. As part of the campaign the Assembly set an initial fundraising goal of $500,000 — over and above regular contributions to *Presbyterians Sharing…* and Presbyterian World Service & Development (PWS&D) — to support partners in their fight against HIV/AIDS. Churches committed to pray regularly for people infected and affected by HIV and AIDS.

Funds for the *Towards a World Without AIDS* campaign may be sent to Presbyterian World Service and Development, The Presbyterian Church in Canada, 50 Wynford Drive, Toronto, ON M3C 1J7.

Presbyterian congregations and individuals have embraced the campaign. They have run, walked, fasted, sung and baked for AIDS. They have hosted special dinners, staged special concerts, put on house tours and fashion shows, held craft and bake sales and sold items — from CDs to meat pies. New partnerships have been forged with AIDS service organizations, and communities have become more aware about how the church is responding to this pandemic.

At the 131st General Assembly, churches committed to continue to work on this campaign — both in raising funds and awareness. This study has been designed to help churches and individuals learn what they can do to help build a world without AIDS. The study weaves together facts and statistics on HIV/AIDS with biblical reflection and stories of people living with, and affected by, HIV and AIDS. Games, stories, debates and discussions help participants examine:

- how HIV is, and isn't, transmitted
- the impact of HIV on individuals, communities and nations
- what makes people vulnerable to HIV infection
- a biblical foundation for work in HIV/AIDS
- ways to support people infected and affected by HIV and AIDS
- suggestions about applying this approach to all that we do as we seek to follow Christ.

Building a world without AIDS is not just about teaching how to stop the transmission of HIV. It is also about working together against poverty, stigma and human rights violations that accompany AIDS and contribute to the spread of HIV. It is about providing access to health care, education and jobs for all. It is about reaching out in love, so that all people can live life to the fullest, with hope for today and tomorrow. This study will help congregations and individuals take a step towards building a world without AIDS.

How to use this resource

This six-session study will help congregations and groups study HIV/AIDS in depth. Each session could last one to two hours, depending on the activities selected and the time given to discussions. Sessions may be divided up for shorter time periods. Suggested hymns may be sung at the beginning or as part of an opening, middle or closing for each session. The outlines for Sessions Two through Six require extensive use of resource materials provided at the end of these sessions. The section "Additional Resources" provides web sites, additional references and acronyms for those individuals and groups who wish to go into greater detail.

Note: HIV/AIDS or HIV and AIDS? HIV and AIDS are two different concepts. Someone is infected with HIV. A person dies of AIDS or AIDS-related diseases. People may be living with HIV and not have AIDS. When the acronyms are interchangeable we use HIV/AIDS, as in "work in HIV/AIDS." When they are two different things we write HIV and AIDS as in "persons living with HIV and AIDS."

Session One

Why study HIV/AIDS?

Photo: Carl Hiebert

Objectives

1. To reflect on the importance of studying HIV/AIDS.
2. To begin learning more about HIV and AIDS.
3. To acknowledge the church's failure to respond immediately with unconditional love for people infected and affected by HIV and AIDS.
4. To encourage congregations and their members to respond with unconditional love.

Materials

- Slips of paper or post-it notes and pens.
- Chart paper & markers.
- Bibles and hymn books.
- Supplies for banner making such as fabric and fabric pens, glue, paper, paint, markers, thread and needles, pins, scissors, string.

Prepare

- Two group members prepare to read the interview "Global Fund doctor talks faith."
- Think about ways to make and hang a banner for your congregation.

WORSHIP

One member can lead the group in worship, involving other members as readers.

Call to worship

One: In the midst of the long night, is there anyone who cares?
All: We say the church cares.
One: When all the relatives have died, is there anyone who cares?
All: We say the church cares.
One: When the fingers point and the tongues wag, is there anyone who cares?
All: We say the church cares.
One: In the struggle to find meaning and peace on the boundary of life and death, is there anyone who cares?
All: We say the church cares.
In the name of Jesus Christ, the church must care.
In the name of Jesus Christ, the church does care.
In the name of Jesus Christ, the church will care.

Opening prayer

Lord, in a world living with HIV/AIDS, help us be people who care:
who speak honestly and accurately about HIV/AIDS,
who quell the fears of those around us,
who stand against stigma and discrimination,
who speak out for the voiceless,
who care for those who are in pain, and those who are dying,
who console the bereaved,
and who can imagine a world without AIDS.

Sing one or more of the following

695 Although I speak with angel's tongue
225 A new commandment
635 Brother, sister, let me serve you

Bible study

The study of HIV/AIDS takes us to many topics with which we, in the church, are often uncomfortable — like promiscuous sex, homosexuality, intravenous drug use and commercial sex work. There have been deep-rooted feelings that most people living with HIV/AIDS deserve it — that they are dealing with the consequences of their actions and are to blame for their predicament. Taking time to reflect on the subject of sin is an important step in moving forward in ministry in a world living with HIV and AIDS. Begin by reading aloud John 9:1-3. Then read the following reflection together and discuss using the questions that follow.

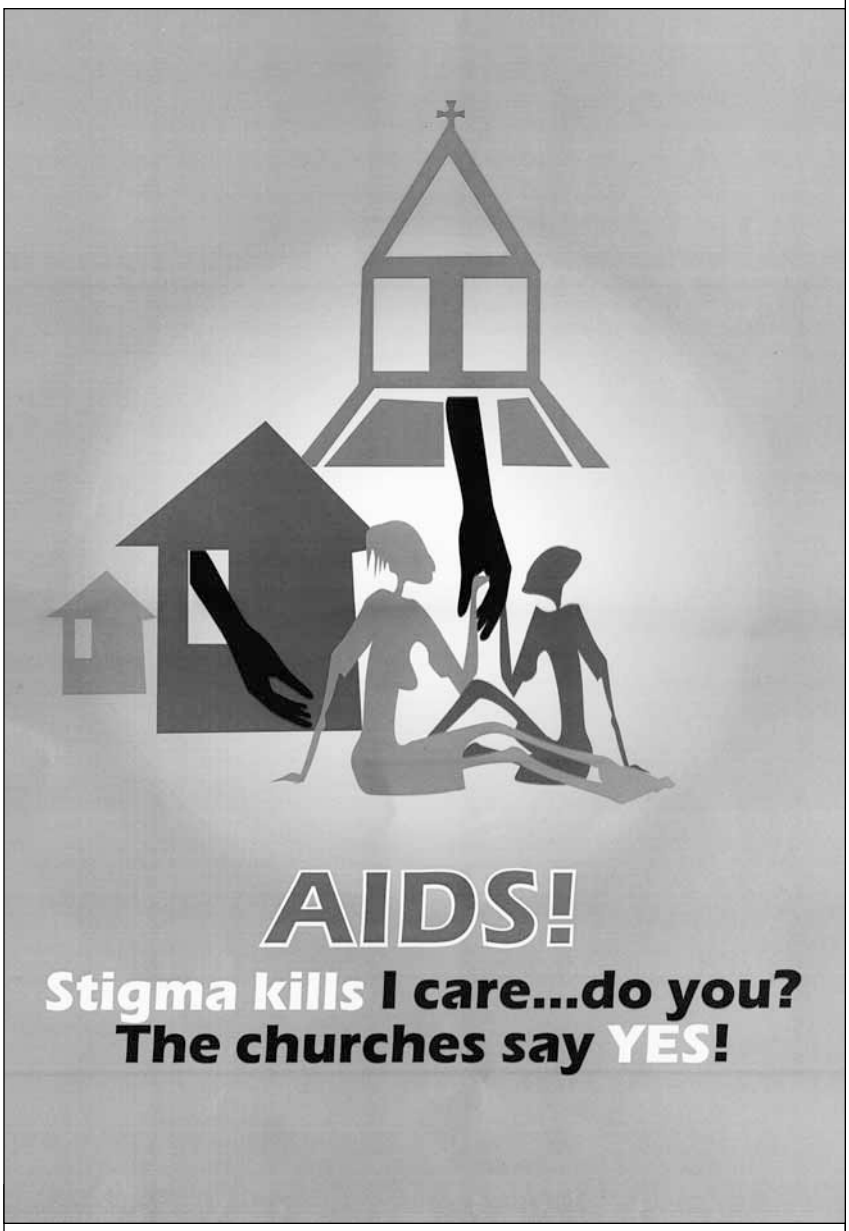
Reflection: Who sinned?

The disciples were earnest in their questioning. They wanted to know whether it was the man, blind from birth, or his parents who had sinned and brought about his blindness. Jesus, as he so often does, gives an unexpected answer. He tells them that they are asking the wrong question. Instead of looking at the blind man and wondering who sinned, he suggests they look at the blind man and ask how the works of God might be revealed in him.

When it comes to ministry in HIV/AIDS, like the disciples, we have been distracted by the question, "who sinned?" After all, we know that HIV infection is most often the result of an action an individual has taken. Many of the high risk activities associated with HIV infection have been associated with sin and condemned by the church. People infected with HIV have been divided into "innocent victims" and "guilty sinners." The result has been that people living with HIV and AIDS have felt rejected and excluded from the church and from the love of God.

And yet, is it possible that if Jesus were here today, standing in front of a person living with AIDS, his answer would be the same? Perhaps he would again tell us that we are asking the wrong question; that we should not ask who sinned or who is to blame for this fatal disease. Perhaps Jesus would again remind us that we are all sinners and suggest instead that we ask how God's works might be revealed through this disease.

When our approach to HIV/AIDS ministry is governed by unconditional love, faith, hope and justice; when we accept people for whom they are and love them unconditionally, without judgment; when we ask what we can do and how we can help, sincerely and honestly; then people may see God at work.



Poster by Rabiel Poulino Loggali of Sudan.

Discuss

1. Why do you think the disciples connected the disability of blindness with sin? Why do many people today still believe that diseases and disabilities are brought on by a lack of faith or virtue?
2. Read verse 3 aloud. What do you think Jesus meant with this answer?
3. Consider what difference it might have made in the blind man's life (i.e. how he felt about himself, how others treated him) if his disability had been regarded as his parents' fault? As his own fault? As an opportunity to reveal God at work in the world?
4. Think of people you have known, or known about, who have had serious disabilities or diseases. How do you think God has been, or could have been, revealed through their situations?
5. How do you think Jesus would have answered the disciples' question in verse 2 if they had been asking about a person with HIV/AIDS?

ACTIVITIES

Identifying conventional assumptions

Everyone takes a piece of paper and writes two or three endings for each of the following sentences:

The world tells me HIV and AIDS are …

The world tells me people living with HIV and AIDS are …

In small groups compile the sentence completions. Write these on chart paper. Share the sentences with the larger group, posting them around the room. Alternatively, each participant takes a few slips of paper on which to write their phrases and then posts them on a wall. Then discuss.

A prayer

In a world with many assumptions
and preconceived ideas
about people living with HIV and AIDS,
may God use this study
to open our minds and hearts
to the facts and
to the experiences
of our church partners,
particularly those whose daily lives
are affected by HIV/AIDS. Amen.

Discuss

1. What do you notice about the kinds of statements and words commonly used to talk about HIV and AIDS? About people living with HIV and AIDS?
2. What kind of attitudes might be behind these statements and words?
3. How might these attitudes influence how individuals and society respond to the HIV/AIDS pandemic?
4. How might these attitudes affect people living with HIV/AIDS and how they view themselves, the disease, and their place in the world?
5. How do you feel about what the world tells you about HIV/AIDS?

Identifying learning goals

In unison say the prayer in the box. Then have each study member write down what they would like to learn about HIV and AIDS. Compile these on a piece of chart paper that can be posted in your meeting space. As the points are addressed during the study, check them off. In Session Six, the group will review the points to see if they have all been covered.

LEARNING FROM OUR PARTNERS

Have two group members read aloud the partner story "Global Fund doctor talks faith." Afterwards divide into small groups and discuss using the questions provided.

Global Fund doctor talks faith

This "story" is an excerpt from a July 2005 interview in Bangkok, Thailand, between James East, working with the Ecumenical Advocacy Alliance, and Dr. Christoph Benn, a medical doctor and theologian who has been involved in the creation and operation of the Global Fund Against AIDS, Tuberculosis and Malaria. As a member of the Ecumenical Advocacy Alliance, Presbyterian World Service & Development (PWS&D) partners with other organizations and people around the world to address the AIDS pandemic.

Mr. East: Are there any particular stories you go back to that remind you why you are involved in this work?

Dr. Benn: There were many personal stories … I worked in Thailand once, and in Russia with drug users, and (had) the experience that this disease exploits exactly the weaknesses of society, whether it is poverty or the status of women in Africa, whether it is drug use and the

discrimination of drug users in Eastern Europe, whether it is sex workers in Bombay living in the most terrible living conditions and how they were exploited — women not coming from India but being trafficked. This disease in a very cruel way exploits all that has gone bad in our societies. This disease has always been much more than a common viral infection that leads to a fatal disease.

Mr. East: Is AIDS the defining issue for the church?

Dr. Benn: It was very unfortunate that it took the churches relatively long to realize this. You would have expected, based on the New Testament teachings, and Jesus being very close, particularly to the sick, and Jesus embracing the lepers, that the churches would have been the first ones, when this disease first appeared, to embrace people living with HIV and AIDS and caring for them and showing solidarity for them.

But unfortunately, by and large, the reaction of the churches reflected the reaction of the societies … it took them about the same time as it took societies to come to terms with this disease, to overcome their own fear and their own stigma and discrimination. I think there has been great progress in how to deal with this but it took a long time.

Mr. East: How can faith-based organizations strike a balance between setting a moral example and showing compassion?

Dr. Benn: The tension is here between the ideal and reality. You can say that all the great faith communities maintain an ideal of a monogamous relationship and restrict sexual relations to this monogamous relationship. That is the ideal. But the question is how do you relate to actual reality and if this is not the reality, then what is our response?

When the working group of the World Council of Churches met in Thailand, we saw examples of young girls who were sold by their parents to dealers who came and promised them jobs in Bangkok. They finally ended up in brothels, being infected and then infecting others. And when they were really sick they were sent back to their villages. There is sin at every corner, from their parents who sold them, from the brothel owners who kept them like slaves, from the clients — sometimes sex tourists — who mistreated these women. Then you ask who is the sinner in all of this?

There is a lot of sin in the whole story. But the least one in this story is the girl who is the infected one. And in India and Africa it is very often monogamous wives who are faithful to their husbands who got infected.

This experience led me and the commission on AIDS of the World Council of Churches to understand that there is a lot of sin involved here. But it is more complicated than just maintaining the ideal and (saying) everyone should live to a certain standard that we set. This is fine but what does it mean for a girl from northern Thailand? What does it mean for a woman from India who is abused by her husband? What does it mean for a migrant worker in Zambia who is away ten months of the year and who visits the prostitutes in the mines and then comes back and infects the wife?

That has been a challenge for the faith community — not to abandon the ideal but to relate that to the reality on the ground.

Dr. Christoph Benn

Mr: East: What role can the church play?

Dr. Benn: The church has a great role in all aspects. It starts with their role in education. They reach billions of people around the world with messages. So they have a huge role in education and prevention, they have a huge role in care.

Already they are the primary care givers. If you ask who is looking after all the orphans around the world it is mainly the congregations and faith communities, so they obviously have a role. In treatment they provide a lot of infrastructure, they have a lot of hospitals, health centres, dispensaries that can be utilized for treatment. And finally in advocacy — if Christians recognize what is driving this

Poverty and AIDS

"Poverty, not immorality, is the single most important contributor to the AIDS pandemic. Poverty that robs countries of health services, or the resources to carry out public education; poverty that forces people into prostitution and breaks up families as they move to find jobs. Poverty that results from international debt or unfair trade rules supported by our politicians or institutions in our name. Poverty for which we are at least partly responsible. We need to ask hard questions about HIV/AIDS: 'Who has sinned?' But we should remember that the answer might lie uncomfortably close to home." *Nigel Varndell, Christian AID*

epidemic, what can be done to overcome it, then I think they have a role to speak up, to advocate on, for example, the conference theme "Access for All."

It is very much an issue for faith groups around the world and they are active here. They are advocating in many countries so that people — all God's children — get access to whatever preserves their life.

Discuss

1. Dr. Benn says, "This disease in a very cruel way exploits all that has gone bad in our societies." What do you think he meant by this? Refer to the box "Poverty and AIDS."
2. How does this interview affect the way you might approach learning about HIV/AIDS?
3. How does this interview affect how you might approach people living with HIV and AIDS?
4. How does the message in John 9:1-3 connect to Dr. Benn's experiences and views?

ACTIVITIES

Responding with Christian love

There are many examples of people in churches reaching out in love to people infected and affected by HIV and AIDS — accepting, caring and responding when no one else would. As the AIDS pandemic has progressed, more and more churches have responded with compassion and unconditional love. Our church partners in Africa, Asia, Central America and Canada are witnessing the profound impact of HIV/AIDS on women, men, children and communities. (See box "Our Partners Respond.") Realizing they must act, they have wrestled with the physical, sociological, spiritual and theological implications of this disease. As we will learn from them in this study, they are playing a major role as spiritual, emotional and physical caregivers for people and communities living with HIV and AIDS.

Photo: Carl Hiebert

Home-base care workers from the Livingstonia Synod, Church of Central Africa Presbyterian, visiting a person living with AIDS.

Discuss

1. Churches do not very often get involved in global campaigns about a specific disease. Why do you think churches, including The Presbyterian Church in Canada and its partner churches overseas, have gotten involved in the HIV/AIDS campaign?
2. How do you feel about congregations in Canada getting involved in ministry to people living with HIV and AIDS?

Making a welcoming banner

Begin making a banner for your congregation that would clearly welcome all people including those living with or affected by HIV and AIDS. The banner might say, "Our church is HIV positive." As you make it, talk about what information you will need to provide to the rest of your congregation so that they understand and support the use of the banner. Plan how you will make this information available.

Our partners respond

Overseas partners of The Presbyterian Church in Canada that have HIV/AIDS projects or have incorporated HIV/AIDS into their regular church and development work include:

The Presbyterian Church of Nigeria
Africa Inland Church of Tanzania
Church of Central Africa Presbyterian, Malawi
Presbyterian Church of East Africa, Kenya
Shauri Yako Youth Centre, Kenya
Cooperation Canada Mozambique
Church of North India
Institute for Development Education, Chennai India
Roofs for the Roofless, Chennai India
Madurai Non-Formal Education Centre, India
Centre of Life and Hope for Women and Children, Nicaragua

In addition, some of our Canadian mission partners are also serving people living with HIV and AIDS.

CLOSING PRAYER

Divide into two groups and read responsively.

Loving God, as we hold before you a world confronted by AIDS,
we pray in hope for your will to prevail:
Where lives are short,
may they yet be full.
When a cure is far off,
may there yet be healing.
Where bodies are weak,
may spirits yet be strong.
When silence is destructive,
may there yet be courage to speak out.
Where judgments are hasty,
may minds yet be open.
When reality is overwhelming,
may there yet be response.
Where faith is tested,
may we yet find you there.
In the name of Jesus. Amen.

Session Two

The facts

Photo: Carl Hiebert

Objectives

1. To establish for the group a common knowledge base about HIV and AIDS.
2. To become more informed about HIV/AIDS.
3. To consider the importance of HIV/AIDS education, counselling and testing programs.
4. To be able to communicate about HIV and AIDS with accuracy, knowledge and respect.

Materials

- Bibles (if possible some different translations) and hymn books.
- A copy of the HIV/AIDS Challenge questions for each participant, and a copy of the questions with answers (see resources at the end of the session) for the game hosts.
- Two or three copies of the three Fact Sheets found at the end of the session.
- To make a bulletin board collage bring scissors, tacks and copies of resource sheets and photos that can be cut up as well as construction paper, red ribbon, markers and other materials to create borders, backgrounds or emphasis.
- If you are making a banner, bring your work and materials from the last session.

Prepare

- Two volunteers to be game hosts for the HIV/AIDS Challenge and study the questions and answers beforehand.
- Check out resources in "Additional Resources," including the PWS&D web site, for fact sheets, maps and photos that can be downloaded for the bulletin board collage.

WORSHIP

Opening prayer

Lord God, give us the spirit of courage,
so we may be open in our concern for people living with HIV/AIDS;
give us the spirit of challenge,
that we may not accept silence and prejudice without question;
give us the spirit of compassion,
that we may see the world through their eyes;
give us the spirit of gentleness,
that we may listen to those who cry out to us for understanding;
give us the spirit of togetherness,
that we may truly love one another as ourselves.
Lord God, with the help and guidance of your Holy Spirit,
lead us forward;
in the name of your Son, Jesus Christ, we pray.
Amen.

From *Choose Hope*, Christian Aid, 2001. Used with Permission.

Sing one or more of the following

639 We are marching/Siyahamba
767 Lord, speak to me
712 Arise, your light is come

Bible study

Have one person read aloud Ephesians 1:15-23. If possible compare different Bible translations of this passage.

Reflection: Listening to God

Just like today, in Paul's day there were many issues that could stir up controversy and conflict among early Christians, including those arising from the different ways people had come to know Christ. In this passage to the Christians in Ephesus, Paul seems to set aside divisive factors like the different backgrounds of Jewish and Greek Christians. Instead he emphasizes that as followers of Christ everyone in the church has a calling to do God's work, which needs to be made central to their lives with no limits on God's power or expanse, and with the church as central to everything going on in the world. In verse 17 in *The Message* Paul asks God to make the Ephesians "intelligent and discerning" and in the *New Revised Standard Version* Paul asks that the Ephesians receive "a spirit of wisdom and revelation" as they try to figure out their calling.

Discuss

1. What role does intelligence and wisdom have in matters of faith for you?
2. How important is it for you to become well informed about the needs of others? What sort of needs might not warrant the attention of the church?
3. What role does discernment play in your life, and in your congregational life, in deciding what God is calling you to do? How might it help in deciding about an HIV/AIDS ministry?
4. How comfortable are you about making it a personal priority to learn the facts about HIV/AIDS? About making it a priority for your congregation?

ACTIVITIES

Playing the HIV/AIDS Challenge

Play the HIV/AIDS Challenge to learn more about HIV/AIDS in a fun way. Play it as a team game, or hand out the questions and take up the answers. To play this as a team challenge, divide into two teams and have one or two people act as game hosts, quizzing the teams on the spot. When a question is posed, team members may consult one another to determine the right answer. If they answer incorrectly, the opposite team has an opportunity to answer. Having reviewed the questions and answers prior to the event, the hosts can provide the answers. The team that answers the most questions correctly wins.

Discuss

1. What have you learned from this quiz game about HIV/AIDS?
2. What surprised you as you played the game?
3. How do you feel about the facts and information you are learning about HIV/AIDS?

Educating using Fact Sheets

Read together the three Fact Sheets:
1. Transmission
2. Disease progression
3. To test or not to test?

How could these Fact Sheets be used in your group, in your congregation, or in your community to share information about HIV/AIDS? What do you need to do to ensure they are used?

LEARNING FROM OUR PARTNERS

Divide into two groups with each group reading one of the partner stories. Afterwards each group takes a turn telling the other group about their story. Together discuss using the questions that follow.

Training trainers

by Jean-Frederic Beauchesne, PWS&D Program Coordinator (1999-2003)

Many churches are training volunteers to spread the message about prevention of HIV and care for people affected and infected, and about fighting stigma and discrimination against people living with HIV/AIDS.

The Presbyterian Church of East Africa (PCEA) in Kenya has been training trainers in HIV/AIDS prevention since July 1998. (See box "PWS&D and PCEA.") During a four-week training course, a trainer of trainers (TOT) becomes equipped to teach 40-hour courses to community AIDS educators who in turn educate people in churches, community groups and schools about HIV/AIDS.

At the training sessions, presentations and dramas are used to teach trainers. Men, women, youth, elders, ministers, deacons, teachers and students learn how to discuss human sexuality and demonstrate how to use a condom with confidence and ease. Poems, songs and dance are used to disseminate the simple message underlying the workshop: *Kenyans, AIDS is killing us. What are we going to do about it?*

PWS&D and PCEA

PWS&D, with matching grants from the Canadian International Development Agency (CIDA), has been the major funding partner of the PCEA Training of Trainers program. *Presbyterians Sharing …* supports Dr. Rick Allen who is working alongside the PCEA to develop and strengthen the program.

HIV myths

With high levels of illiteracy, many Kenyans have misconceptions about HIV/AIDS. PCC mission staff worker, Dr. Rick Allen, listed the following common misunderstandings that trainers try to correct:

1. Only people who are exhibiting the signs and symptoms of AIDS can transmit HIV.
2. AIDS does not exist.
3. People with the signs and symptoms of AIDS are really bewitched. (Some Kenyans still have a strong belief in witchcraft.)
4. Condoms have pores through which HIV passes.
5. Condoms can actually contain and transmit the virus. (Such impossibilities have been reported in the local newspapers.)
6. One can become infected with HIV from casual association with a person infected with HIV. (People may avoid shaking hands with an HIV infected person or forbid their children to play with the children of an HIV infected person.)
7. Mosquitoes can transmit HIV. (True for malaria but not HIV.)
8. HIV/AIDS is a punishment from God. (This is commonly stated within religious communities.)

The teaching room is plastered with poignant HIV/AIDS messages, provocative quotes, prayers, hymns and messages of hope. The sessions are instructive, participatory and thorough in content. The PCEA facilitators challenge trainees to rethink their views, and change their attitudes using parables, imagery and proverbs. (See also the box "HIV myths.") The trainees are eager to learn and to make a difference.

One trainee, Joyce, said, "The facilitators pushed us to talk about the pandemic." Winnie, another graduate, said the workshop had left her fully equipped to train other trainers. "Before the workshop, I knew a bit about HIV/AIDS, but after the workshop I was so excited to teach that I went ahead to teach community AIDS educators as soon I returned to my village," Winnie said.

Joseph, a veteran trainer, commended the PCEA for their efforts and commitment. "Talking about HIV/AIDS day and night was really impressive. I quickly realized that AIDS is with us, and that it is my duty to let others know about it," he said. "The TOT program challenged me to be concerned about my community. Through the PCEA's work, changes in attitudes and behaviours have already swept several pews, congregations, and presbyteries."

Elder Waccira reminds participants that God made each and every one of them an instrument and catalyst for change. He encourages them to spread the good news that the AIDS pandemic can be stopped and reversed. Proud to be a part of the solution, workshop participants pray for guidance and strength. Powerful, faithful and knowledgeable, trainees leave the workshops singing:
"Dare to be a Daniel. Dare to stand alone. Dare to have a purpose. Dare to make it known. Many mighty men have fallen, Daring not to stand. Whosoever shall now speak up, Come join in Daniel's band."

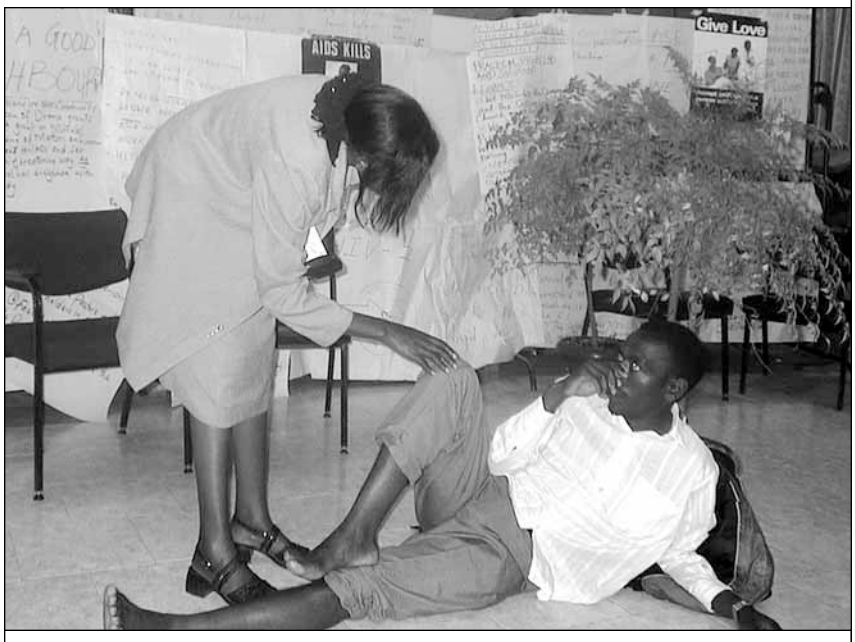


Photo: JF Beauchesne, PWS&D

Training trainers to use drama to teach about HIV/AIDS in Kenya.

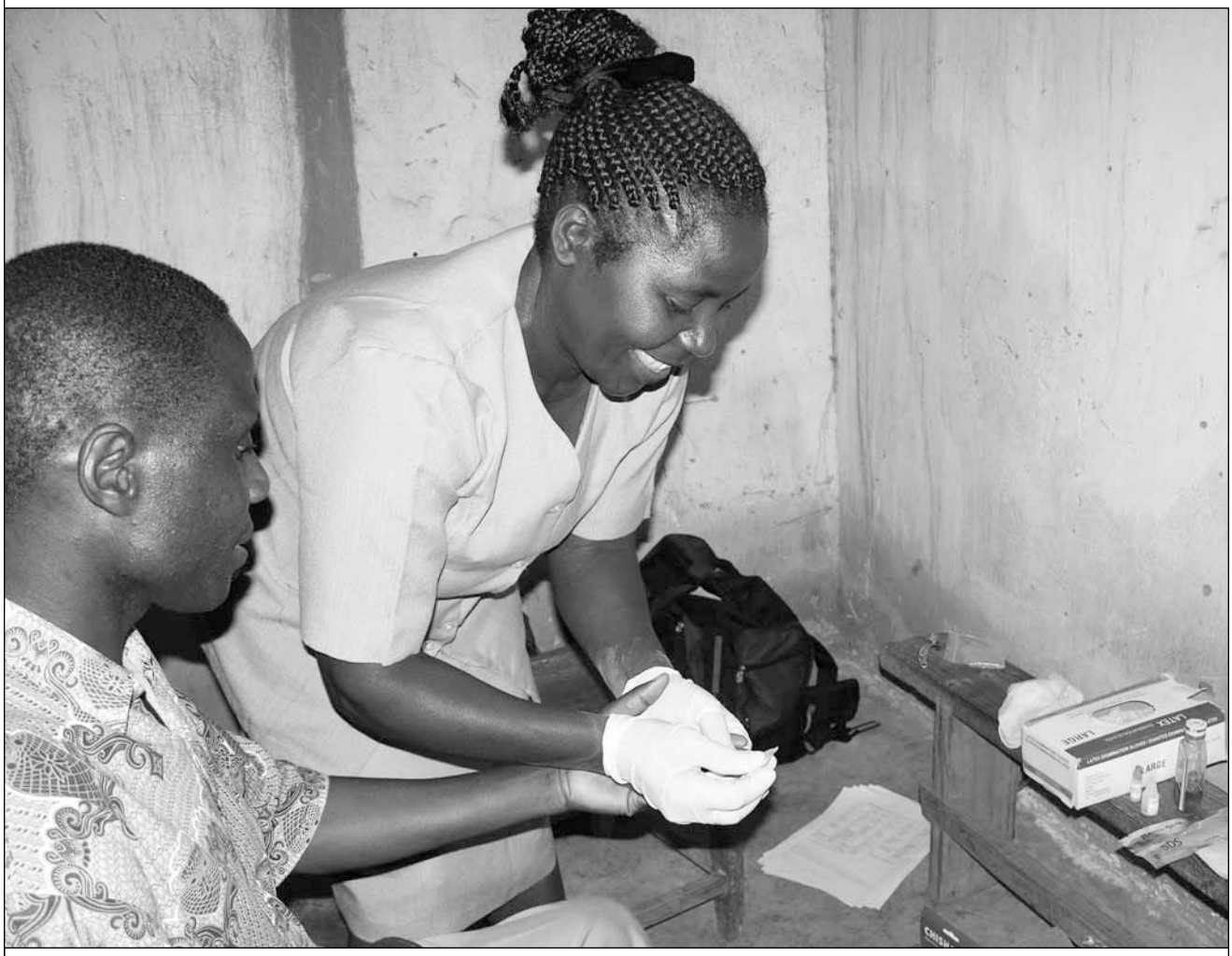


Photo: Bella Lam, PWS&D

Being tested for HIV at the voluntary testing and counselling clinic in Baula, Malawi.

Voluntary counselling and testing

by Bella Lam, PWS&D Program Coordinator

Usually when villagers in Baula in northern Malawi need medical attention, they spend the day walking to the Ekwendeni hospital 25 km away. But through its AIDS Program, the hospital has committed to bring health care to outlying communities with mobile clinics like the one in Baula. (See also the box "New mobile clinic.")

The mobile clinic opens in Baula once a week to provide HIV/AIDS counselling and anonymous testing. The set up is basic: a small bare room furnished with a couple of chairs borrowed from a nearby school and a bench to hold the medical supplies. While the equipment is rudimentary, the standard of care is high to ensure that the testing is accurate and the counselling is effective. Counsellors attend an intensive 5-week course to ensure they are trained to run the clinics.

Jane Mwenitete, a counsellor, explains that before a test she learns about her client's background and explains what HIV and AIDS are, how the test works and what the results will mean. She uses this time to clear up any misconceptions about the disease. For many it is the first time they have received accurate information about HIV and AIDS.

The counselling is followed by a simple blood test, which provides results within 20 minutes. If the result is negative, Jane talks more about prevention methods and advises the client to return in three months for a second test to ensure they are not within the period where they are infected and the virus is undetectable. If the test is positive, Jane helps the

client cope with the result and provides information about services available for HIV-positive people. Jane also shares vital information on nutrition and proper treatment for opportunistic infections. She can also identify people who might qualify for medical treatments such as life extending antiretroviral drugs, recently available in Malawi. The whole process takes about an hour, depending on the amount of support the client needs.

Ekwendeni Hospital also provides voluntary counselling and testing at their mobile prenatal clinics to help prevent mother-to-child transmission of HIV. Mothers who test positive will receive antiretrovirals until the birth of their babies, and newborns will receive antiretrovirals immediately after birth. These are proven ways to reduce the spread of HIV.

New mobile clinic

Funds raised through The Presbyterian Church in Canada's *Towards a World Without AIDS* campaign have helped Ekwendeni hospital start a new mobile clinic in Enyezini, another remote area, and are helping expand the prevention of mother-to-child transmission program. Ekwendeni Hospital is a hospital of the Church of Central Africa Presbyterian.

Discuss

1. How do you think members of your congregation would react if you began teaching them about HIV/AIDS? If you encouraged them to be tested for HIV?
2. How might congregations inadvertently discourage HIV/AIDS education, counselling and testing programs in the community?
3. What messages might congregations offer to complement HIV/AIDS education, counselling and testing programs?
4. How might Paul's words in Ephesians 1:15-23 help you and your congregation make decisions about a ministry to serve people affected by HIV/AIDS?

ACTIVITIES

Making a banner

If you began a banner for your congregation in the last session, continue working on it and make plans to complete it. Review your plan for introducing the banner and its message of unconditional love for people living with HIV/AIDS to your congregation. How would group members respond to people who question why your congregation is getting involved in this? Together prepare a few sentences that everyone could use to explain.

Creating a bulletin board collage

Using the HIV/AIDS Challenge questions and answers, the Fact Sheets on HIV/AIDS and other resources (see Additional Resources), create a "Getting the Facts Straight" bulletin board collage of pictures, words and factual statements. As you assemble the bulletin board display, talk about what you want people to learn from it.

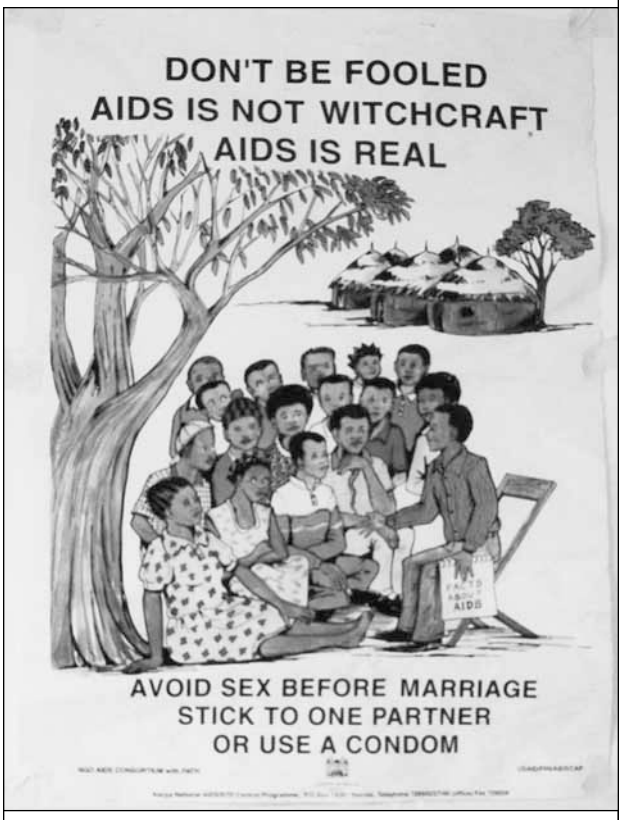


Photo: Karen Plater, PWS&D

Poster from a training program in Kenya.

CLOSING PRAYER

One: Oh God, we know you hear the prayers of your people.

All: We turn to you in our need, O God.

One: We pray for the strength to share the burden of illness with those who suffer in this AIDS crisis.

All: Help us to see that in sharing one another's grief, we grow in strength and compassion.

One: We pray for those who suffer from AIDS or any grief or trouble, that they may be strengthened to call to you for help.

All: Give us, your servants, hearts to respond to their call, willing hands to help, and discerning ears to hear your voice.

One: We pray for those who care for people with AIDS, and for those who are seeking help.

All: Give them patience to endure and wisdom to lean on you for strength and courage.

One: We pray for families and friends of those who suffer from AIDS.

All: Fill them with knowledge of your healing and redemptive love.

One: We pray for all men, women and children who are now ill, that they may find courage and strength, hope and healing. We especially pray for those known to us at this time. *(People pray silently)*

One: We pray for all the children and young people affected by HIV and AIDS.

All: Inspire your people, including us, to care for them and protect them. Lord we want to be your people and serve your people. Show us how. Amen.

From *Resources for World AIDS Day 2003*, Church of Central Africa Presbyterian General Synod.
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The HIV/AIDS Challenge
Questions

The basics

1. What does HIV stand for?
2. What does AIDS stand for?
3. Name the four body fluids that carry enough of the HIV virus to infect someone else.
4. Name the four most common ways that HIV passes from one person to another.

Getting the facts straight (True or False)

5. AIDS is the leading cause of death worldwide for peoples ages 15 to 49.
6. In many countries, HIV infection rates are much higher among teenage girls than teenage boys.
7. Every baby born to a woman who is HIV positive is infected with HIV.
8. Sexual activity is the main route of HIV transmission in all parts of the world.
9. Five out of ten children in the world living with HIV/AIDS are African.
10. Armed conflict increases the likelihood of HIV infection.
11. All young people can access information on HIV/AIDS prevention at school.
12. Stigma and discrimination are the biggest barriers to testing, treatment and prevention of HIV/AIDS.
13. HIV can be cured by new drug treatments if people can afford them.
14. There are different strains of HIV — some more virulent than others.

Knowing the numbers

15. How many people worldwide are estimated to be infected by HIV (nearest million)?
16. What percentage of people living with HIV and AIDS live in developing countries?
17. How many people have died since HIV was first identified in 1981 (nearest million)?
18. How many children have been orphaned by HIV (nearest million)?
19. How many people were newly infected with HIV in 2004 (nearest million)?
20. Canada currently has how many people infected with HIV (nearest thousand)?

Quick bonus questions

1. Which of the following isn't a group of drugs to treat HIV?
   a. Nucleoside analogues
   b. Viral delimiters
   c. Protease inhibitors

2. What type of virus is HIV?
   a. Retrovirus
   b. Indovirus
   c. Embo-protein virus
   d. Apexvirus

3. What is the diameter of HIV?
   a. 1/10000 of a millimetre
   b. 1/10000 of a centimetre
   c. 1/10000 of an inch
   d. 1/10000 of a nanometre

4. What animal is the virus believed to have descended from?
   a. Elephant
   b. Chimpanzee
   c. Cat

5. Worldwide what is the most common age of people infected with HIV?
   a. 0-14
   b. 25-34
   c. 15-24
   d. 35 and older

6. How is HIV most commonly transmitted?
   a. Men having sex with men
   b. Heterosexual sex
   c. Intravenous drug use

7. What region has the world's second highest HIV/AIDS infection?
   a. Eastern Europe
   b. Sub-Saharan Africa
   c. South east Asia

The HIV/AIDS Challenge
Questions with Answers

THE BASICS

Q.1. What does HIV stand for?

A.1. **HIV** stands for Human Immunodeficiency Virus.

Note: The virus only affects humans. It attacks the body's defence system making it more open to disease and infection. As a virus, it needs a living cell in which to grow. HIV is the virus that leads to AIDS. When a person is infected with HIV, they are HIV positive (HIV+).

Q.2. What does AIDS stand for?

A.2. **AIDS** stands for Acquired Immune Deficiency Syndrome.

Note:

Acquired: HIV is something a person gets from someone else.

Immune: Refers to the body's natural defence system (immune system) against disease and infection.

Deficiency: The immune system is not working as it should be to fight off disease and infection.

Syndrome: A set of symptoms or illnesses. There are currently 27 or more symptoms or illnesses that take advantage of the body's weakened immune system.

A person with HIV has AIDS when they have had at least one of 27 or more AIDS defining illnesses.

Q.3. Name the four body fluids that carry enough of the HIV virus to infect someone else.

A.3. The four body fluids are: semen; vaginal fluids; blood; breast milk

Note: While urine and saliva carry HIV antibodies, and can be used to test for HIV, they do not transmit HIV. HIV cannot live in urine, and saliva does not carry high enough concentrations of the HIV virus to allow transmission. Blood in saliva (from cuts in the mouth) can theoretically transmit HIV if it comes into contact with a cut on another person.

Q.4. Name the four most common ways that HIV passes from one person to another.

A.4. The most common modes of transmission are:

i. Unprotected sexual intercourse with an infected partner.
ii. Needles or skin piercing equipment. Transmission can occur by sharing needles when injecting drugs; using contaminated injection or skin-piercing equipment for tattoos or body-piercing; or if a person is accidentally poked with a contaminated needle.
iii. Blood and blood products. Infected blood transfusions and organ or tissue transplants can transmit the virus.
iv. Mother-to-child transmission (MTCT) can occur from an infected mother to child in the womb, at birth or through breastfeeding.

Note: HIV is spread when certain body fluids are transferred from an infected person. HIV can enter the body when body fluids with high levels of HIV come into contact with the vagina, penis, rectum, mouth or any cut or open sore.

HIV is *not* spread through casual contact, such as hugging or sneezing. It is *not* passed in saliva, sweat, urine, bowel movements, tears, mosquito bites, clothes, phone receivers or toilet seats. It is *not* passed eating in restaurants or shaking hands. Mosquitoes do not pass HIV.

GETTING THE FACTS STRAIGHT (TRUE OR FALSE)

5. AIDS is the leading cause of death worldwide for peoples ages 15 to 49.

True. Only a fraction of the world's 1 billion young people are aware of the risks they face or have the knowledge or life skills they need to protect themselves from infection. Even young people who know all the ways to prevent infection may be unable to prevent infection because of poverty, sexual violence or the absence of youth-friendly health services.

6. In many countries, HIV infection rates are much higher among teenage girls than teenage boys.

True. Girls are getting infected faster, and they are getting infected earlier. Girls are physiologically more vulnerable to infection, and sexual violence and deep-rooted gender-based discrimination compound their risks.

7. Every baby born to a woman who is HIV positive is infected with HIV.

False. Without any preventative measures, approximately one in three babies born to mothers with HIV will contract the virus. Of these babies, about 15-20% acquire the virus in pregnancy, 50% in labour and delivery, and another 33% through prolonged breastfeeding.

Note: The risk of transmission can be reduced to below 2% by interventions that include:

i. antiretroviral (ARV) drugs given to women during pregnancy and labour and to the infant in the first weeks of life;
ii. obstetrical interventions including elective caesarean delivery (prior to the onset of labour and membrane rupture); and
iii. completely avoiding breastfeeding (see session four).

In many resource-poor settings, elective caesarean delivery is seldom available and/or safe, and refraining from breastfeeding is often not acceptable, feasible or safe. To date, efforts to prevent transmission from mother-to-child in resource-constrained settings have mostly focused on reducing transmission around the time of labour and delivery using ARVs.

More than 640,000 children under the age of 15 contracted HIV in 2004, over 90 per cent through transmission from their mother. In 2004 there are approximately 2.1 million children under 15 living with HIV and AIDS.

Photo: Carl Hiebert

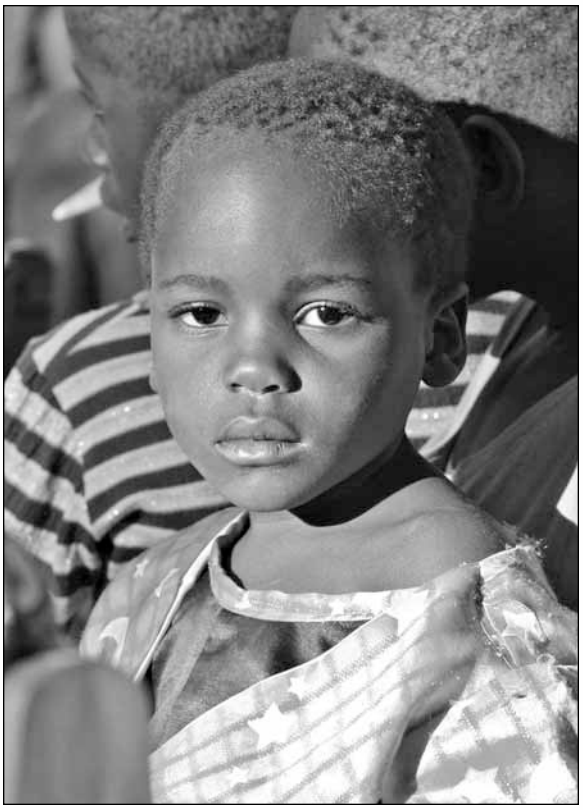


Photo: Carl Hiebert

8. Sexual activity is the main route of HIV transmission in all parts of the world.

False. In Central and Eastern Europe and Central Asia, new HIV infections occur mainly among injecting drug users.

9. Five out of ten children in the world living with HIV/AIDS are African.

False. Sub-Saharan Africa has been the region hardest hit by HIV/AIDS. In fact, it is home to 9 out of 10 children in the world living with HIV/AIDS.

10. Armed conflict increases the likelihood of HIV infection.

True. In many places of armed conflict, rape is becoming an instrument of war, increasing the spread of HIV among men, women and children. War uproots people from stable home communities, and disrupts education and health services, making education about HIV/AIDS more difficult. During war people are more vulnerable to exchanging sex for money or other favours. (See session five for more information.)

11. All young people can access information on HIV/AIDS prevention at school.

False. Young people most vulnerable (i.e. street children, child labourers and sex workers) are also the most difficult to reach because they are not in school. These young people are more likely to be ignored and ostracized than helped.

12. Stigma and discrimination are the biggest barriers to testing, treatment and prevention of HIV/AIDS.

True. Stigma and discrimination against those with HIV/AIDS is the reason why people infected with the disease often don't seek testing and treatment. This explains in part why, in some countries, up to 90 percent of people who are HIV-positive do not know their status and may be unintentionally spreading the disease.

13. HIV can be cured by new drug treatments if people can afford them.

False. There is no cure for AIDS; there is no vaccine for HIV. There are treatments that can extend life and offer new hope for people living with HIV.

Note: Treatment with highly active antiretroviral therapy (HAART), usually a combination of three antiretroviral (ARV) drugs, can extend the life of people living with HIV and AIDS, and give them more productive time with their families and loved ones. These drugs however have been generally available to only the world's wealthiest, as they cost more than most people in the world earn in a year. While ARVs are slowly becoming available in some developing countries, the majority of people who need the drugs still do not have access to them.

14. There are different strains of HIV — some more virulent than others.

True. HIV is a highly variable virus that mutates very readily. This means there are many different strains of HIV, even within the body of a single infected person. Based on genetic similarities, the numerous virus strains may be classified into types, groups and subtypes. People can become infected with different strains of HIV.

KNOWING THE NUMBERS*

15. How many people worldwide are estimated to be infected by HIV?

39.4 million (35.9-44.3 million)

16. What percentage of people living with HIV and AIDS live in developing countries?

95% The majority of these people do not have access to life extending drugs.

17. How many people have died since HIV was first identified in 1981?

More than 20 million

18. How many children have been orphaned by HIV?

Over 14 million.

Note: One of the most devastating aspects of the HIV/AIDS epidemic is the growing proportion of children the disease has orphaned. Unlike most diseases, HIV/AIDS generally kills not just one, but both parents. Children orphaned by AIDS often face malnutrition, illness, physical and psychosocial trauma, impaired cognitive and emotional development, violence, discrimination and exploitation.

19. How many people were estimated to be newly infected with HIV in 2004?

Total: 4.9 million
Adults: 4.3 million
Children under 15: 0.64 million

20. Canada currently has how many people infected with HIV?

Most recent estimates indicate that around 56,000 people in Canada were living with HIV at the end of 2002, as many as one third of them unaware of their HIV status.

Note:

- Indigenous persons appear twice as likely to be HIV-infected compared with non-indigenous persons.
- 2,482 Canadians were diagnosed with HIV in 2003, 13% more than were diagnosed in 2001.
- It is estimated that over 4,000 Canadians are infected with HIV every year.
- Women represent a growing proportion of positive HIV test reports in Canada. They accounted for about 25% of all HIV diagnoses in Canada from 2001-2003.

** International statistics taken from UNAIDS, as of December 2004. Canadian statistics from HIV and AIDS in Canada, Surveillance Report to December 31, 2003.*

QUICK BONUS QUESTIONS

1. Which of the following isn't a group of drugs to treat HIV?

b. Viral delimiters

2. What type of virus is HIV?

a. Retrovirus

3. What is the diameter of HIV?

a. 1/10000 of a millimetre

4. What animal is the virus believed to have descended from?

b. Chimpanzee

5. Worldwide what is the most common age of people infected with HIV?

c. 15-24

6. How is HIV most commonly transmitted?

b. Heterosexual sex

7. What region has the world's second highest HIV/AIDS infection?

c. Southeast Asia

FACT SHEET #1

Transmission

In order for HIV to get into someone's body, a person who is infected with HIV must share a body fluid that carries significant amounts of the HIV virus — blood, semen, pre-semen, vaginal fluid or breast milk — with another person.

The virus must have direct access into the uninfected person's blood stream. There must be an opening into the bloodstream that the virus can pass through — needle holes; esophaguses in babies*; receptor cells — a part of the immune system; or microcuts or tears in the mouth, vagina, penis or anus.

Activities that can move these fluids between people include unprotected sex, sharing injection drug equipment, breast-feeding and blood transfusions. Shared tattoo ink and unsterilized tattoo and piercing equipment can also transmit the virus. HIV can also be passed from an HIV+ mother to her child during pregnancy, birth and/or through breastfeeding.

HIV transmission is a bit like Russian roulette. There is an element of luck: when all factors of the equation are present, HIV may or may not be transmitted to another person whether it's their first risky activity or their hundredth.

*Note: *The esophagus in a baby is not fully developed, which allows for better absorption of nutrients during feeding. This also provides a route for HIV to enter the body. Generally, the esophagus in adults does not provide an entry into the body for HIV. However, if there are cuts, tears or sores in the mouth or throat, it is possible that an HIV infection could occur.*

FACT SHEET #2

Disease progression

Most people living with HIV look healthy. Only in the end stages of the disease do people show signs and symptoms of AIDS. On average, it takes ten years for Canadians to start showing symptoms of HIV disease. The following is the progression of the disease.

The ***Point of Infection*** occurs when the virus enters the body. At this time the immune system begins to create antibodies in an attempt to kill the virus.

The ***Window Period*** is the six week to six month period after infection that it takes for the body to create enough antibodies to be detectable by a test. During this time people are most infectious, because they do not know they have the virus and HIV can make more copies of itself quickly since the body has not yet started to fight back. This period may include short-term symptoms that mimic the common cold or flu.

The ***Asymptomatic Period*** is the longest stage of HIV disease. During this period HIV is in the body but the immune response is strong, so there are few or no symptoms of the disease. The length of this stage depends on how healthy a person's immune system is, and the life circumstances they face. In Canada, without drug treatment, this stage lasts an average of 8-10 years for women and 10-15 years for men.

The ***Symptomatic Period*** begins when the immune system is not able to keep up with the HIV virus. The immune system begins to weaken and people may experience symptoms such as night sweats, fevers, weight loss and diarrhea. This stage lasts an average of 3-5 years in Canada.

AIDS is diagnosed when the immune system is severely damaged and unable to protect the body from disease. At this stage, people are more susceptible to infections that they would otherwise be able to withstand (called 'opportunistic infections'). Common sicknesses include pneumonia, cancers, malaria, some diarrheal diseases and tuberculosis. In most cases, it is one of the opportunistic infections that will cause the death of the person.

Note: The time period from point of infection to the development of full blown AIDS depends on the health of the individual at the point of infection, and throughout their infection with HIV. Malnutrition, infection with other diseases such as malaria, tuberculosis, or other sexually transmitted infections, or lack of access to health services can speed the progression of HIV infection to AIDS.

FACT SHEET #3

To test or not to test?

Voluntary testing and counseling can be an important tool for slowing the spread of HIV and caring for people infected with HIV. Knowing that one is infected with HIV is a pre-requisite to accessing HIV care and support services. Doctors can help keep persons infected with HIV healthy. New drugs and treatments are being developed all the time and many people who test positive stay healthy for many years.

Knowing HIV infection status also strengthens prevention efforts, encourages infected persons to avoid transmission to others, and motivates those who are uninfected to protect themselves from infection.

People however are often reluctant to come forward for testing because of the stigma and discrimination associated with HIV, and because they believe nothing can be done if they test positive. Access to support and treatment for people who test positive is important to encourage people to come forward for testing.

Pre-test counselling

Pre-test counselling ensures a person can make an informed decision about being tested. A private and confidential counselling session provides complete and accurate information about HIV/AIDS and the test itself.

The counsellor helps individuals assess their personal risk of acquiring or transmitting HIV, and decide whether or not to be tested. Sometimes this is the first time a person has the opportunity to hear accurate information about HIV and to debunk the myths and misinformation that they might have learned.

The test

Most clinics use a rapid HIV antibody test, which provides results after about 20 minutes, but some tests may take several weeks.

HIV antibody test

Most HIV tests look for the presence of HIV antibodies and do not test for the virus itself. Blood, urine and saliva all may have the presence of antibodies in them and may be used to test for HIV to confirm HIV infection.

Antibodies start to appear soon after a person gets infected with the virus, but it can take from 3-6 months for levels of antibodies to reach high enough concentrations to be detectable by a test. Newborn children of HIV-infected mothers have some of the mother's antibodies in their blood for about 18 months, even if they are not infected themselves. For this reason, HIV antibody tests on infants will not be accurate during this period.

HIV antigen test

P24 antigen testing tests for the P24 antigen, a protein that is part of HIV, so it actually tests for the virus. This test is primarily used to screen the blood supply, but in some places it may be used for HIV testing in individuals. The P24 antigen test can detect HIV infection before the HIV antibody test can, and can be used to diagnose HIV early in the course of infection.

Post-test counselling

Post-test counselling is as important as pre-test counselling. If the test result is negative, the individual is counselled on how to remain negative. They discuss risky sexual behaviour and learn about safer sex practices. If an individual tests positive the counselor helps them cope with the news. They offer strategies on how to remain healthy and refer the client to local health centres and support groups for people living with HIV and AIDS. A pregnant woman who tests HIV positive may be referred to a program that reduces the risk of mother-to-child transmission of HIV. Clients are once again instructed on how to protect others from infection.

Session Three

Impacts

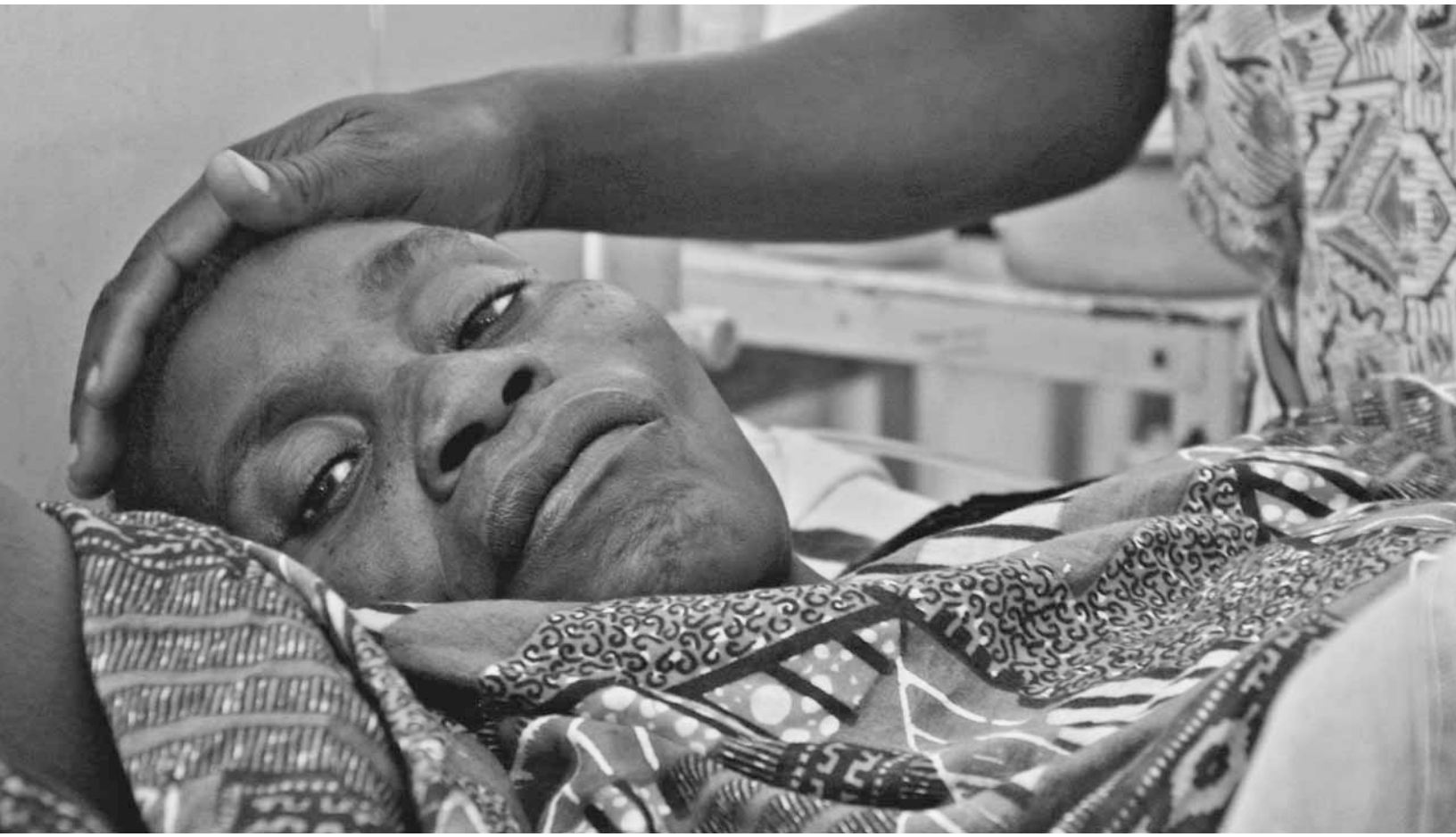


Photo: Carl Hiebert

Objectives

1. To learn how HIV/AIDS impacts people, communities and nations.
2. To understand the multi-faceted approach of our overseas partners trying to lessen the impacts of HIV/AIDS.
3. To consider what is being done in our communities and how congregations and their members can help to lessen the impacts of HIV/AIDS.
4. To encourage our partners and people living with HIV and AIDS.

Materials

- Bibles and hymn books.
- If possible, bring items for biblical costumes.
- A simple bell to ring.
- Impact and Response Cards, scissors, red construction paper, glue, Velcro adhesive tabs or straight pins, a piece of light red fabric about 6 ft. x 9 in.
- Three centerfold photographs with Voices #1, 2, 3 on the back.
- Materials for making the banner including fabrics like burlap, velvet, denim or upholstery fabric that pack easily; scissors, fabric scraps, fabric glue or needles and thread.

Prepare

- Photocopy the Impact and Response Cards (see end of this session), cut and glue them on red construction paper.
- In your meeting space mount the piece of red fabric on a wall or spread out on the floor in the shape of the red ribbon that symbolizes the fight against AIDS.
- Three people prepare to read the three Voices and to assume the pose and expressions of the person in their corresponding photograph.

WORSHIP

Opening prayer

In unison: God of enduring hope and vibrant life,
be with us all as we live with HIV/AIDS.
Help us struggle in love and anger toward a better world:
where poverty is a word from history,
global trade works to benefit us all,
and our blood is forever free from HIV/AIDS.
Without your grace such life is impossible;
without our actions such hope is improbable;
give us the vision to make such a world imaginable.
Through Jesus. Amen.

By Nicky Nicholls © Christian Aid, London, UK. Used with permission.

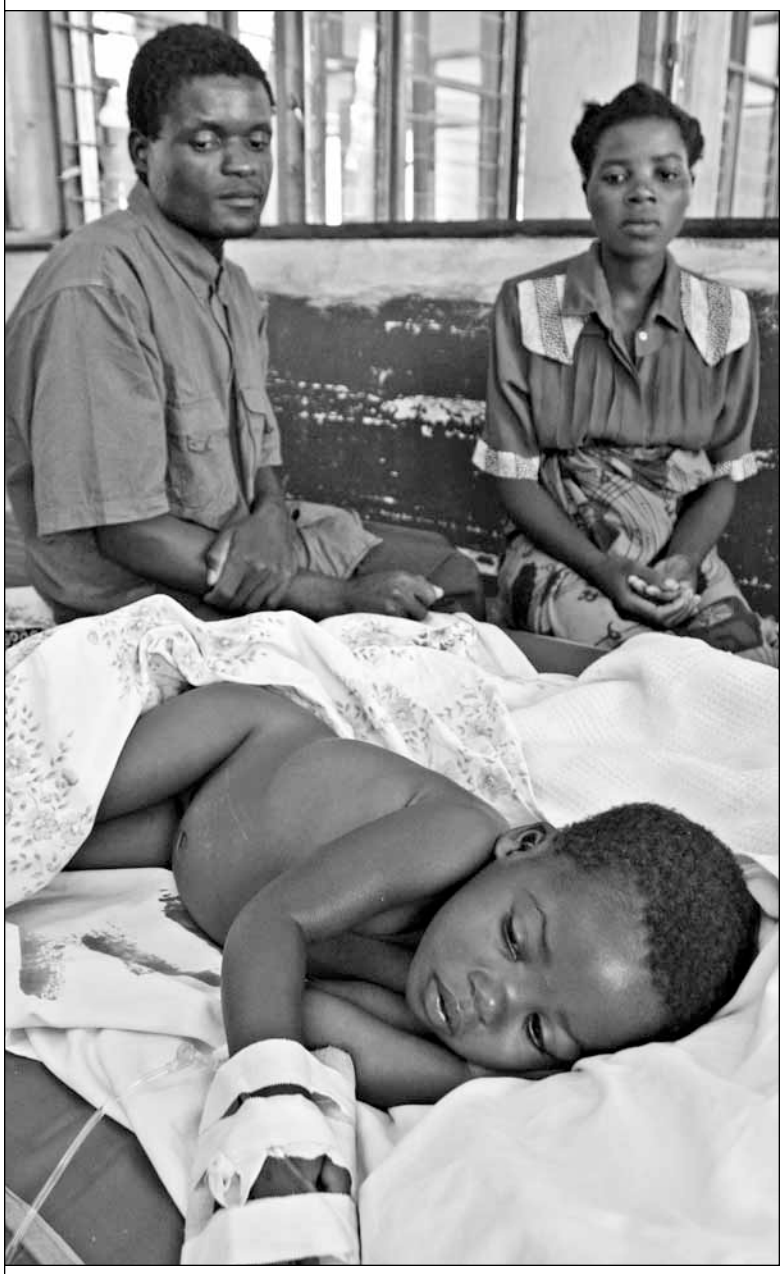


Photo: Carl Hiebert

Sing one or more of the following

474 The love of God comes close
762 When the poor ones
769 Lord of light, whose name and splendour
736 For the healing of the nations

Bible study

Create a drama of Luke 17:11-19, having one person be Jesus, another be the priests, and the other group members (up to 10 people) be lepers, with one being the leper who turned back. If there are more than 12 in your group, have the others be disciples accompanying Jesus. Use all of your meeting space, designating where the village begins and where the priests might be located. Read the passage dramatically and act out the story.

Reflection: And ten were healed

In Jesus' time people with leprosy experienced alienation and rejection. There was no cure for this disease, only certain and painful death. People were afraid of catching leprosy, but leprosy had also become a ritual impurity rather than a medical problem — people with leprosy were considered "unclean." People considered leprosy divine punishment and feared that the community would also suffer if lepers were not sent away. People with leprosy had to shout "unclean" so people knew to stay away. Some wore a bell around their neck to warn people that they were near. *(Ring a bell three times, then silence it.)*

Jesus, however, didn't reject the lepers. Care and compassion directed Jesus' action. Jesus didn't ask questions, he didn't preach. Seeing them, hearing their cries, he simply told them to go and show themselves to the priests. As they went, a miracle happened — they were healed.

We minister to people with HIV and AIDS, those infected, those affected in the same way we minister to everyone. We see their needs and reach out with love and compassion — regardless of religion or politics or sexuality.

One of the lepers, seeing that he is healed, turns back to praise God, to throw himself at Jesus' feet and thank him. It isn't who you think it might be. It is the least likely, a Samaritan, an enemy.

Many who are helped by the work we do for HIV/AIDS may never say thank-you. Many may never even know the impact our actions have had on their lives. We may never know the impact our actions have had on people's lives. But, like Christ, we continue to offer love, support and care for anyone in need, and trust that God will work through our actions. Maybe the least expected will meet God in that healing. Maybe, it will be us.

Discuss

1. How do the attitudes toward lepers in Jesus' day compare with the attitudes toward people with HIV/AIDS today?
2. How do you think the reaction and behaviour of the people Jesus healed (in this case one person returning to praise and thank God) affected Jesus' ministry of healing?
3. What message do you think this story has for Christians today struggling to decide how to respond to people stigmatized, like people living with HIV and AIDS?
4. Read "God at work" and "A force for transformation." How do you feel about Christians having a transformative role in the HIV/AIDS crisis?

God at work

"We don't have to guess what is on God's mind here. It bewilders us that anyone can call themselves followers of Christ and not see that AIDS is the leprosy spoken about in the New Testament. God is at work here."
Bono from musical group U2

A force for transformation

"The churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV/AIDS. To respond to this challenge, the churches must be transformed in the face of the HIV/AIDS crisis, in order that they may become a force for transformation — bringing healing, hope, and accompaniment to all affected by HIV/AIDS."
Global Consultation on the Ecumenical Response to HIV/AIDS in Africa, Nairobi, Kenya, November 2001

ACTIVITIES

Listening to Malawians infected and affected by HIV/AIDS

Read the box "In Malawi." Three different group members take the parts of Voices 1, 2, and 3, written on the back of the centerfold photos. Before each voice, someone rings the bell three times and then silences it. After the voice finishes, the person places the corresponding photo before the group. Optional: Have each reader then assume the pose and expressions of the person in the photo.

Discuss

1. How do these stories from Malawi make you feel about HIV/AIDS?
2. What do the stories tell you about people living with HIV/AIDS? How is HIV/AIDS impacting their lives?

In Malawi

In Malawi, with HIV/AIDS infection rates estimated to be as high as 30%, if a person is not living with HIV themselves, they know someone who is — a brother, sister, cousin, colleague, friend. The Presbyterian Church in Canada works closely with the Livingstonia and Blantyre Synods of The Church of Central Africa Presbyterian (CCAP) on HIV/AIDS programs. Staff working with the AIDS program of Ekwendeni Hospital — a CCAP hospital — gathered stories from people who have been impacted by the hospital's AIDS program. Some of these stories are included in this session.

3. Think of a time when you, or someone you know, experienced stigma and discrimination. How did you feel? What did you do? How could others have helped?
4. Where have you seen people discriminated against at church or in the community? What can you do?
5. How is the church impacting the lives of people living with and affected by HIV and AIDS?

Learning more about impacts

To explore the impacts of HIV/AIDS, use the Impact and Response Cards. Deal out all the cards to group members. Alternate reading the corresponding Impact and Response Cards. After each pair is read, mount them on the red fabric (with pins or Velcro) prepared in your meeting space. (Suggestion: After the session set up this red ribbon impact and response display in your church sanctuary. For example, could the red fabric be draped around a cross?)

LEARNING FROM OUR PARTNERS

Break into small groups and divide the following partner stories between them. Have them read and discuss the stories using the questions that follow. Then gather and share what has been learned. Use methods like drama, art, poetry and song to share creatively.

Reaching out to remote communities

Esther Lupafya, a community health nurse, coordinates The Church of Central Africa Presbyterian's Ekwendeni Hospital AIDS programs in northern Malawi. Working with Ekwendeni's AIDS programs since 1990, Esther has seen HIV and AIDS grow exponentially. When the program began they knew of nine children orphaned by AIDS in the hospital's 600 square km catchment area. "Now there are over 6,000 orphans in a population of only 68,000," says Esther. "That is a very large problem."

Chronically underfunded and understaffed, working in very poor remote communities, Esther works to stretch every dollar the hospital raises. "There is never enough time, money or people to do the work," she explains. (See the box PCC helps Ekwendeni Hospital.) The work includes providing scholarships to orphans, caring for AIDS patients in their homes, offering medical services to prevent mother-to-child transmission of HIV, running day centres for orphans and providing voluntary testing and counselling.

"We rely on volunteers for all our programs," Esther says. Volunteers teach youth how to prevent the spread of AIDS, care for patients dying in their homes and support families caring for large numbers of orphans.

She is constantly perplexed by how to provide the best AIDS care. The hospital has a small program to provide

PCC helps Ekwendeni Hospital

The Ekwendeni Hospital AIDS program is one of the reasons that the 130th General Assembly of The Presbyterian Church in Canada launched the *Towards a World Without AIDS* campaign, and it is one of the programs targeted to receive funds from the appeal. "HIV/AIDS is having a profound impact on the communities that many of our partner churches serve," explains Richard Fee, PCC Moderator. "They need additional help to respond to this pandemic."

Photo: Carl Hiebert

Esther Lupafya talks to a family affected by HIV/AIDS near Ekwendeni, Malawi.

antiretroviral drugs (ARVs) to AIDS patients, funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria. They are currently supporting 200 patients, but there are over 5,000 people in the catchment area who need ARVs.

Esther is trying to learn all she can about other ways to help people with HIV stay healthy. But she says it is difficult in a region as poor as Ekwendeni. "How do you talk of something as simple as a balanced diet, when people don't have enough to eat? Malawi has a 'hungry season' that runs from November until March. People regularly don't have enough to eat in those months."

Caring for people living with AIDS

by Mike and Debbie Burns, volunteers in Malawi and members of Knox PC, Waterloo

Miriam is frail and weak, and yet her eyes light up as we approach her. She is dying, but she greets us with dignity and warmth, despite the fact that we are strangers. At 47 her body is giving out on her. She has been sick since 2000, and, while she has never been tested for AIDS, the symptoms — drastic weight loss, opportunistic infections — tell the tale.

Miriam is a widow with four children. Two of them are married and have started their own families. The other two — a son and daughter — are caring for her at home. They have dropped out of high school because they can't afford the fees. Caring for their mother and earning an income to support the family takes all of their time. Like any mother, Miriam worries more about the future for her children than herself.

Miriam says she thanks God for the "angels" that come to care for her. She doesn't know what the situation would be like without the home-based care volunteers who help look after

Photo: Mike Burns

Miriam, second from left, sits with the home-based care volunteers who are her "angels."

her and provide some respite for her children. Once, when she was too weak to walk, they even carried her to the hospital.

Miriam is one of thousands of AIDS patients receiving care in their homes from volunteers who have been trained and equipped by the Livingstonia Synod AIDS program (LISAP). LISAP trains volunteers to provide basic health care to the sick and dying, and to educate and train their caregivers. These visits also include pastoral care for the patient and their families. Care for the family, often orphans, also continues after patients die.

As HIV/AIDS wreaks havoc on communities in Africa, PWS&D supports prevention, orphan-care and home-based care programs with the Livingstonia and Blantyre Synods in Malawi. People dying of AIDS, the orphans left behind, and the volunteers who care for them show the world how sharing love with those around you provides hope for the future.

Caring for orphan families

Grace Banda is sixteen years old. She lives in a house with mud walls and a ceiling of discarded pieces of cardboard and plastic located in one of the urban slums that surround the city of Blantyre, Malawi. She is working hard to complete her studies in secondary school and dealing with the things that accompany being 16 years old. She is also caring for her mother, Rhoda, who is dying of AIDS, her younger sister Charity and her 17-year-old brother Felix.

The Bandas are one of the families supported by Blantyre Synod's Orphan Family in Crisis program. The Synod is supporting families who have lost their parents to AIDS or who are caring for a single sick adult. They are helping Grace with her secondary school fees and providing her family with maize so that she, her mother Rhoda, her brother Felix, and her sister Charity have enough to eat. Volunteers trained by the Synod come and help the children provide basic care for their mother.

Rhoda, thin and frail, explains that her husband died two years ago. He was sick for sometime. She has constant diarrhea and no energy. She tested positive for HIV two months ago. Rhoda worries about the future for her children. She is grateful that the Synod is helping Grace study, so that she will have more opportunities for her future. She is thankful for the volunteers who help care for her. She wishes that she had more energy so she could provide for her children, instead of having them care for her. (See also the box "Impact on children.")

Impact on children

The Banda's story is repeated over and over again as HIV/AIDS continues to spread around the world. The impact of this disease is only beginning to be revealed. In Africa, AIDS has already orphaned more than 14 million children. In addition to the trauma of watching their parents die, many are forced to drop out of school to earn money or care for a sick parent and/or siblings. They struggle to feed themselves and often must sell whatever they own in order to survive. These children are vulnerable to the worst forms of child labour.

Discuss

1. How do the stories of these people living with HIV/AIDS — the victims, the orphans, the volunteers — make you feel?
2. What similarities and differences do you see between Jesus' healing ministry with lepers and our church partners' HIV/AIDS ministries?
3. What would be the impact on you and your family if you learned you were HIV positive? To whom and where would you go for help?
4. What services are available for people living with HIV and AIDS in your community?
5. What more could be done in your community? What could your congregation do?

Photo: Karen Plater, PWS&D

The Banda family, pictured with the home-based volunteers who visit them. Left to Right: Grace Banda, Home-based Care Volunteer, Rhoda Banda, Home-based Care Volunteer, Felix Banda. Front: Charity Banda.

ACTIVITIES

Encouraging our partners

Use this session and the next to make a banner to encourage partners overseas and in Canada in their ministry to people living with and affected by HIV and AIDS. Banners can be 2ft. x 4ft. or smaller. Use fabrics that are easily rolled or folded. Include symbols and words or phrases to communicate God's love for the recipients. Add a two-inch pocket or loops along the top where a rod may be inserted. Stitch on the back of the banner a patch with the name of your church, your community and the artists. When finished send the banner to PWS&D at 50 Wynford Drive, Toronto, ON M3C 1J7. Banners will be presented to churches or groups of our partner churches as a source of inspiration, encouragement and a visible connection in partnership. They will be hand-delivered to partners by delegations or staff visiting them at different times, so keeping size and weight to a minimum is very important.

Note: This activity is also part of the Learning/Sharing project for 2005-2006. If young people in your congregation are doing this, coordinate your efforts.

Viewing a video

As a group watch *A Closer Walk*. Narrated by Glenn Close and Will Smith, this film explores the underlying causes of AIDS; the relationship between health, dignity and human rights; and the universal need for action, compassion, and commitment to counter what has become the worst plague in human history. Borrow a copy from PWS&D or obtain a copy from www.acloserwalk.org.

Exploring further

Download *Behind the HIV/AIDS Pandemic: Education Resource Kit* from the Interagency Coalition on AIDS and Development (ICAD) at www.icad-cisd.com/content/resources_edu.cfm or order a hardcopy from PWS&D. This kit explores the links between HIV/AIDS and social inequity and poverty. It has an excellent simulation game that explores the impact of HIV/AIDS and people's vulnerability to HIV in depth. The game is quite extensive and has been played with good success at Women's Missionary Society, presbytery and synod events.

CLOSING PRAYER

Divide into two groups and read responsively.

Brothers and sisters, God is a God of compassion and justice,
A God who hears our cries and groanings even before we speak them,
While they are still groans deep inside our very being.
Let us bring our cares and cries, our joys and thanksgivings before God in prayer.
Let us pray.

God of health and wholeness, we thank you that you care about each of us — children, youth, young adults, those of us who are older.
We thank you that you desire abundant life for all of Creation.

Lord,
From the midst of our perceived abundance,
plunge us deep into a sense of sadness at
the pain of our sisters and brothers inflicted
by war, prejudice, injustice, indifference,
that we may learn again to cry as children

until our tears transform us into people who
touch with care those we now touch in prayer.
Today we especially remember in prayer
the millions who have been robbed
of health and wholeness because of HIV/AIDS.

**God, we pray for those in Africa, Asia and the Caribbean.
We pray that all those who endure the physical effects
And stigma of HIV/AIDS may feel your loving and welcoming arms
And sense our compassion, concern and solidarity as well.**

We pray for those who are ill;

We pray for those who are dying;

We pray for mothers lamenting the illness of babies;

**We pray for children who have been left
alone to become heads of families;**

We pray for partners watching a loved one slowly die;

**We pray for grandparents who now have
young children to care for.**

We pray for those who are wrestling with
ways to confront the stereotypes, stigma
and prejudices fostered by culture and religion.
Help them to break through tradition
and break out of judgmental theology.

**We remember also and give thanks for
those who are developing programs of
prevention, education and advocacy.
May their efforts be creative and effective
and may we learn to be creative and effective from them.**

Help us, O God, to continue to pray,
But also to act so that the conditions that foster HIV/AIDS will be changed.

**Help us to encourage our government's
participation in acts of awareness and
generosity and help us to call the
pharmaceutical industry into acts of
solidarity and compassion as well.**

Help us to find ways to contribute financially
to the efforts of organizations in Canada
and of partner churches to address HIV/AIDS.

**We ask these things in the name of
Jesus, our Saviour. Amen.**

By Jim and Deborah Marshall, *The Beads of Hope Campaign*, The United Church of Canada. Used with permission. Note: third paragraph of prayer was adapted, with permission, from the prayer "I Remember Now in Silence," by Ted Loder, published in *Guerrillas of Grace* (Philadelphia, Innisfree Press, Inc., 1984).

Impact #1

Stigma and discrimination

Stigma is often linked to other prejudices against the groups who are most infected and affected. HIV/AIDS stigma tends to intensify in situations where there is little education about the disease and people living with HIV/AIDS do not have access to adequate care and support. Some common examples of HIV/AIDS related discrimination include rejection or exclusion from communities and families (and even quarantining people in some countries); violence directed at individuals, their families, or their property; and discrimination in employment, housing, school policies and services. Discrimination often extends to loved ones, social groups and communities as well. People may blame an HIV-positive person for their infection and think that simply being around an infected person can cause harm — physically, morally and socially.

Stigmatization is not always imposed on people. The phenomenon of self-stigmatization — a person's conviction that he or she is an object of shame — may be equally devastating, even if that person is living in a community that does not share that conviction.

Response #1

Incorporating HIV into worship and pastoral care

There is little point in churches committing themselves to breaking the silence about HIV if it is not mentioned in our churches. Yet in many churches, from those in the worst affected countries to those in the least affected, HIV/AIDS is rarely mentioned.

Church partners of The Presbyterian Church in Canada are incorporating HIV/AIDS into worship and pastoral care. In addition to remembering people living with HIV/AIDS in prayer, they are trying to make the church a place where persons living with HIV and AIDS can come to worship, pray, share in ministry and be ministered to. Some partners are incorporating HIV/AIDS in training for clergy and lay leaders.

Impact #2

Sickness and depression

People living with HIV and AIDS tend to experience increased poverty, particularly as they experience more AIDS-related symptoms. In resource-poor settings, where health care systems are particularly overburdened, many struggle at home to take care of themselves and their families. Sometimes they are shunned by family members who are unsure of how to care for them. Daily chores like preparing food, collecting water and firewood become overwhelming. They may have infections or diseases that need to be treated. Depression is a common occurrence. Some turn to drugs and/or alcohol, increasing the risk of spreading HIV.

Response #2

Home-based care

PWS&D partners in Malawi and Tanzania have home-based care projects designed to meet the physical, psychological, palliative and spiritual needs of people living with HIV and AIDS and their families. Home-based care volunteers, often coming from very poor families themselves, use their time and energy to help people living with AIDS with feeding, bathing, washing linens and other tasks as they are needed. They teach homecare skills to family members so that they can effectively care for the sick. The volunteers also discuss HIV/AIDS with community members to reduce stigma associated with the disease.

While HIV/AIDS presents enormous challenges, it is encouraging to see that, with the help of home-based care volunteers, stigma surrounding the disease is being reduced among community members, families are being supported, and people are experiencing relief from their pain and suffering.

Impact #3

Increased orphans

More than 14 million children have lost one or both parents to HIV/AIDS. In Africa children are considered an orphan when they have lost one parent because they are so disadvantaged. Because of the nature of the disease, when they lose one parent, they often lose the other. Most orphans are absorbed into the extended family, but are often treated as second-rate members — the last to access food, school, health care or clothing. Many often end up serving other members. Grandparents, who are supposed to be supported by their children, end up caring for grandchildren — often with insufficient economic resources. In some orphan families, the eldest child will take responsibility for the younger children — often dropping out of school to provide for the family. These children are often vulnerable to exploitation and abuse.

Response #3

Orphan care programs

PWS&D partners have recognized the urgent need to help communities care for families looking after large numbers of children, and families headed by children. They are providing emergency food rations and improving housing for families where several children are at risk. The Synods also offer orphaned youths training in literacy, business management and practical skills in carpentry, welding and tailoring to help them become self-reliant. Small loans help orphans and guardians run businesses to increase their capacity to improve the livelihood and security of their families.

Community-based childcare centres provide daycare for pre-school children. The main goal of the centre is to promote the survival, good health, loving care, and physical, intellectual and spiritual development of pre-school children. Any child can attend the program, and about 40% of the children are orphans. The children attend pre-school and receive free health care. The children finger-paint, sing, play games, learn to count and enjoy a hot meal once a day. The centres are managed by volunteers and supervised day-to-day by a full time community worker.

Impact #4

Gender relations

Women are often hit hard by the HIV/AIDS pandemic. Already discriminated against for being female, women living with HIV are often stigmatized and blamed for bringing HIV into the family. Women living with HIV may not seek care for fear that their children will be taken away from them. Their lower status within families means they are the last to receive healthcare and food resources, and so women living with HIV often progress to AIDS faster then men. In addition, in many countries, women do not or cannot own land. This increases the likelihood that they will not have a way to generate an income should their husband die.

Response #4

Building leadership skills and self-esteem in women

Chigodi Women's Centre near Blantyre Malawi has been running women's programs helping young girls and women build their leadership skills and self-esteem in a country where women are often viewed as second-class citizens. HIV/AIDS education is an important part of this work. The Women's Missionary Society and PWS&D has been partnering with them to strengthen and expand this work.

Impact #5

Increased Poverty

HIV/AIDS increases poverty at all levels. Poverty, in turn, makes people more vulnerable to AIDS. Here are some of the sectors that are affected. Many are interconnected.

Decreased Income: HIV/AIDS decreases incomes at individual, family, community and national levels. Illness and death means fewer people to earn an income and more expenses, including caring for orphans. In some places female-headed households are homeless after the male partner dies. On a community and national level, losses of the most economically productive people make the labour pool smaller and less productive. Government and businesses face increased costs in ongoing training, insurance and absenteeism. As the small pool of highly educated and skilled workers in developing countries shrinks, the ability of countries to function is impacted.

Agriculture: As people become ill, there are fewer workers to spend time planting, weeding and harvesting. Production subsequently falls. It is a vicious cycle as good nutrition is important to help people live longer, but it becomes more and more difficult for families affected by AIDS to feed themselves adequately.

Access to education: Education, one of the most effective ways to reduce HIV infection rates, is negatively impacted by HIV/AIDS. Children, particularly girls, are pulled out of school to look after younger siblings and dying parents and in some places teachers are lost to HIV/AIDS faster than they can be replaced.

Access to healthcare: Access to even the most basic health care, already inadequate and stretched beyond their means, is challenged by the HIV/AIDS pandemic. Hospitals and clinics cannot keep up to the number of patients requiring treatment and care. Doctors and nurses are being lost to the pandemic.

Response #5

Making poverty history

In addition to supporting home-based care programs that help families cope with increased poverty, providing health care support and helping children stay in school, churches have been working at combating poverty at macro levels. PWS&D has joined other non-governmental agencies and civil society to call on Canada and other G8 countries to tackle poverty by cancelling debt, improving aid and increasing overseas development assistance. (See www.makepovertyhistory.ca.)

PWS&D partners in Malawi and Tanzania are also working with communities to improve crop production using locally available and sustainable inputs. Improving access to food is important to helping people with HIV/AIDS stay healthy.

Session Four

Prevention

Photo: Carl Hiebert

Objectives

1. To understand the ways that HIV can be prevented.
2. To learn about the multi-faceted approach needed to prevent HIV transmission.
3. To learn how to communicate accurately and effectively in our churches and communities about HIV/AIDS and its prevention.

Materials

- Bibles and hymn books.
- HIV Prevention Reports and a copy of "Myths about Condoms" at the end of this session.
- For materials needed to play the HIV Transmission Game, see game details in this session's resources.
- Objects that might be useful as props for the subject of prevention, and drawing paper and pencils.
- If you are continuing to make a banner, bring the materials from the last session.

Prepare

- Have a group member become familiar with how to play the HIV Transmission Game so it can be explained to others.
- Prepare the game according to instructions.
- Make two copies of each of the four HIV Prevention Reports in this session's resources.

WORSHIP

Opening prayer

In unison: Gracious God,
May we be bold in speaking about the spread of HIV,
tender in caring for those affected
and faithful in praying for a generation free from AIDS;
that when Christ comes again
he may find us, his worldwide church,
bound together in love for one another and for him. Amen.

By Paula Clifford © Christian Aid, London, UK. Used with permission.

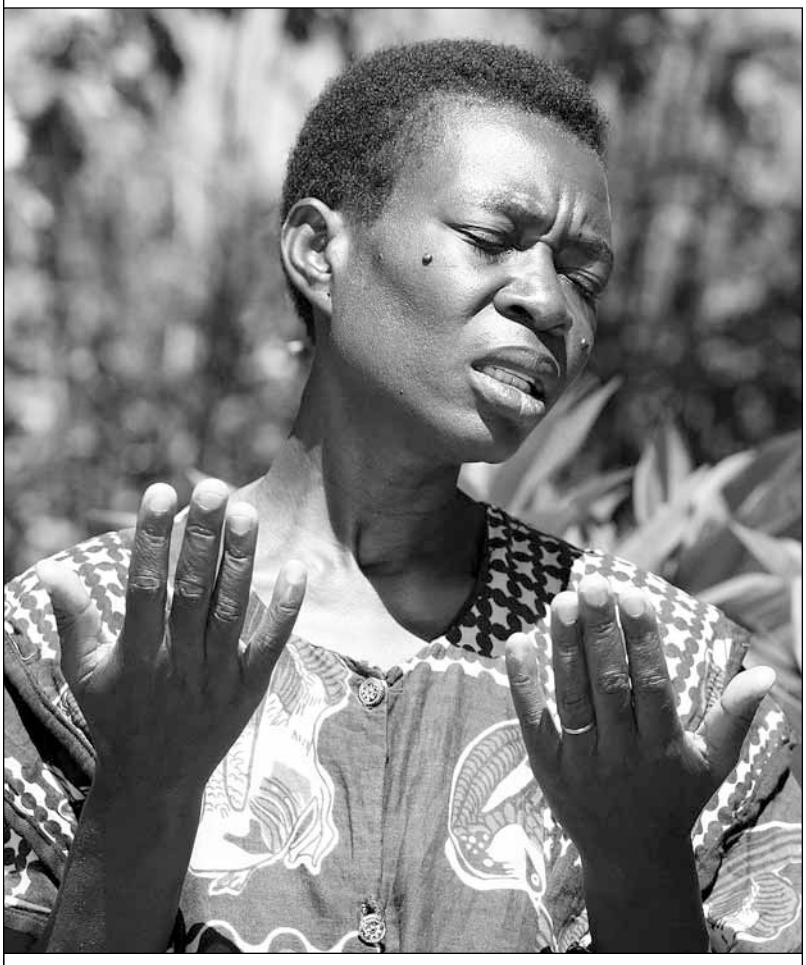
Sing one or more of the following

500 Open my eyes, that I may see
759 In loving partnership
722 Lord, whose love

Bible study

Turn to Luke 18:1-8. Have two people take the spoken parts of the Narrator (verses 1-2a, 6a) and Jesus (verses 2b-5, 6b-8) and two people take the non-reading parts of the judge and widow whose actions in this parable could be pantomimed, perhaps with some exaggeration.

Photo: Carl Hiebert



A woman living with HIV sings about God's love.

Reflection: A widow's power

This passage introduces two different people: the powerful judge and the powerless widow.

There are many stories in the Bible that contrast a seemingly powerless person with one who appears to be very powerful. But in this story the widow is not really powerless for she possesses a strong will and a brave heart. She is not easily discouraged by a powerful opponent and she believes in her cause because she is fighting for justice.

Both these characteristics have to come together as well if we want to fight against the Goliath of our time — HIV/AIDS.

As people of faith we believe that it is just to fight against discrimination — to fight for a just sharing of resources so that all people wherever they happen to live on this globe have the same access to prevention, care and treatment. This conviction should also give us the courage to stand up and persistently approach those who oppose just solutions, whether in churches, industry or government.

Jesus told the parable of the powerful judge and the powerless widow because he

wanted to teach his disciples an important lesson about God and about the persistence of prayer.

He said: if even an unjust judge will listen to persistent interventions, how much more will God listen to you.

This is true. I wonder how many people pray fervently day and night at this time because they mourn about loved ones who died and because they are asking God when all this suffering will end.

When we pray we are assured that God will listen. Are we not seeing signs that the tide might be finally turning, that churches are waking up, that global solidarity is increasing and that AIDS will finally be overcome?

We are not there yet, we have to continue to pray and to work hand in hand together with churches, other organizations, and all people of good will.

Let us ask for God's blessings for our future work.

By Dr. Christoph Benn from *Worship Resources for World AIDS Day*, The Ecumenical Advocacy Alliance. Used with permission.

What churches could do

"First, the church's message should not contradict the public health message. Nevertheless, it is not necessarily the same as the public health message. Loving, truthful, non-exploitive relationships are at the heart of the gospel. What church leaders could do is ask others working in the field of HIV prevention to support them in focusing on what is already at the heart of the gospel message, which is the importance, for human growth and happiness, of relationships that embody the values of life, hope and truth. In return, churches might agree to stop picking and choosing which bits of the public health message they want to deliver, stop condemning the use of condoms when these will save lives, and stop undermining prevention efforts by those who promote them." From *Church Leadership & HIV/AIDS: The New Commitment. Discussion Paper 001*, by Gillian Paterson, Ecumenical Advocacy Alliance.

Discuss

1. What might this story say to people working in HIV/AIDS programs?
2. Dr. Benn includes churches as one of the groups that has opposed just solutions. Read the box "What churches could do." How do you feel about the fact churches have undermined prevention efforts? What do you think will change this?
3. Often when we read this story we think of God as the powerful judge and ourselves as the powerless widow. Instead think of God as the powerless widow. How does this change the story's message? Share examples (personal or in the news) of instances when God has perhaps persistently tugged at people's stubborn hearts until they have finally paid attention, listened and responded justly?

ACTIVITIES

Playing the HIV Transmission Game

The purpose of this game is to increase awareness of how quickly HIV can be spread and ways to prevent the spread. This version has been designed for about 20 participants. It takes about 30 minutes to play. See the end of this session for details about how to play the game. Afterwards gather together to eat and share the chocolates while you also share reactions and consider the following questions.

Discuss

1. Did anyone notice anyone who did not stand up? Introduce the "abstinent" participant and the "monogamous" partners. Ask them how they felt not playing. How did the others feel when these people refused to exchange candy with them?
2. Why is it difficult not to participate when everyone else is participating?
3. How did the person with the *almond kisses* (HIV infection) feel?
4. The one person whose bag had a star did not know he/she was "infected" with HIV. How could he/she have known ahead of time? How could we have known ahead of time?

Condoms are essential

"There is no evidence that promoting condoms leads to increased promiscuity among young people. In fact, a study from South Africa soon to be published in the journal AIDS underscores that when enough young men use condoms consistently there is a protective effect for both the individual and population at large. Condoms must always be promoted as part of an HIV prevention package that includes sexual abstinence, delaying sexual debut, and reduced numbers of sexual partners."
Dr. Peter Piot, UNAIDS Executive Director

Reporting on prevention

Divide the group into pairs or small groups, giving each a Prevention Report, which they are to read, becoming "experts" in that particular prevention area. Use other resources if possible, like this session's resource page "Myths about Condoms" and the box "Condoms are essential."

In pairs or small groups, have members plan how to creatively teach their area of prevention to the other group members. They may wish to act it out in a drama, do a pantomime or game like Charades or Pictionary, or present an original song, poem or drawing. Set out the available props and drawing materials. After an agreed upon time, present to each other.

LEARNING FROM OUR PARTNERS

In small groups read the following partner stories and then discuss using the questions that follow. Share what you have learned in the large group.

The Church of North India's Project Nirmal

The Church of North India's Project Nirmal has taken on the difficult task of taking HIV/AIDS programs to communities along the national highway in Madhya Pradesh, Central India, where prostitution is ritually sanctioned and considered a way of life based on caste.

Fifty-four villages in an area near Jobat, where The Presbyterian Church in Canada has a long history of work, are members of the Banchhara tribe. Here prostitution is an accepted way of life; integrated into religious lore and history. Banchhara girls are divided into two groups: those who marry, and those who become prostitutes. It is obligatory for mothers to dedicate at least one daughter to prostitution, early in childhood. Banchhara men — usually fathers and brothers of the girls — flag down trucks on the highway to bring in customers.

Villagers from a Banchara community tackling HIV/AIDS.

Karuna Roy, coordinator of HIV/AIDS programs for the Church of North India, explains that leaders in these villages don't want to change their way of life. She believes that here the key to stopping the spread of HIV/AIDS is raising awareness about AIDS and the role condoms can play in prevention. This effort begins with convincing village leaders and members that Project Nirmal staff are genuinely concerned for the health and well-being of their daughters, sisters, cousins and aunts. Of course Karuna hopes that one day these communities will abandon prostitution altogether.

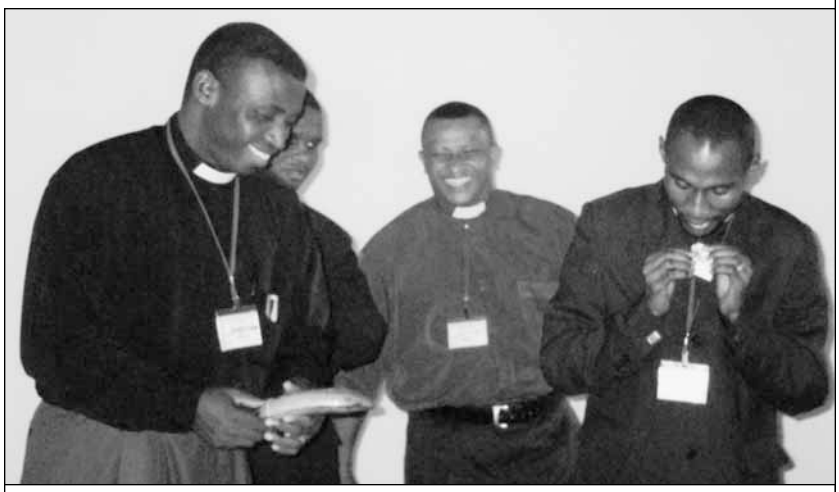


Photo: Bella Lam, PWS&D

A condom demonstration with ministers of The Presbyterian Church of Nigeria at a workshop on HIV/AIDS.

Project Nirmal combats HIV/AIDS at many levels. Staff work with volunteers from the community to talk to people about the dangers of HIV and how they can protect themselves. Many of the Banchhara people are illiterate and have never heard of AIDS. Sessions have been held to discuss HIV/AIDS prevention and now condoms are freely available in many of the villages. People are encouraged to be tested and pre- and post- testing counselling are also offered. For people who test positive, Project Nirmal staff work to treat opportunistic infections, train families in home-based care, and provide palliative care when required.

With a view to the longer term, Project Nirmal is providing Banchhara youth with alternatives to prostitution. With much effort, one girl has chosen to leave prostitution. She married a Banchhara man, but paid a price — banishment from her home village. She now works with Project Nirmal in other villages. She is dedicated to educating Banchhara people about the risks of HIV/AIDS, encouraging other girls to leave prostitution.

Combating tradition and history is a huge task. In some villages, community leaders are very co-operative but in others women are not allowed to interact with the project team. "Nirmal" means hope in the local language, and the Church of North India is committed to ensuring, in an age of HIV/AIDS, that there is hope in Banchhara villages.

Prevention of Mother-to-Child Transmission Program

Malawi has one the highest HIV infection rates in Africa and the world. About 70% of all admissions to Ekwendeni Hospital are HIV-positive.

One of the first things the PCC's *Towards a World Without AIDS* campaign did was to help Ekwendeni Hospital AIDS Program expand their prevention of mother-to-child transmission activities.

Voluntary counselling and testing at the hospital's mobile prenatal clinics in the villages surrounding the Ekwendeni Hospital help identify mothers who are HIV-positive. Positive mothers then receive antiretrovirals until the birth of their babies, and newborns will receive antiretrovirals after birth. If mothers choose, they will also receive free formula. The hospital continues to work with both mother and child to help them live healthy lives.

Pastors participate in AIDS Prevention Program

The HIV/AIDS Control program of the Presbyterian Church of East Africa (PCEA) in Kenya is equipping pastors and lay leaders to teach people how to prevent the transmission of HIV and how to care for those infected. Specific training is targeting theological students and ministers, particularly discussing the role of the condom in AIDS prevention and its proper usage.

Pastor AK, a middle-aged minister in rural Kenya, attended a one-week HIV/AIDS course specifically for pastors. At the end of the course, he indicated that he had been interested in HIV/AIDS but had been opposed to teaching about condoms. After attending the course, he believed that condom promotion should be a component in HIV/AIDS prevention, along with an emphasis on abstinence and faithfulness.

Pastor TY, an older pastor in an urban area, stated early in the course that he had a family member who had died from AIDS. As the course progressed, he revealed that it was his son. Near the end of the course, Pastor TY confided that his real concern was whether his infant granddaughter was infected. The course taught him how and where he could find out if she was HIV positive. A year later Pastor TY says that, prior to the course, he was hesitant to talk about HIV/AIDS, but now he openly talks about the issue and feels equipped to give basic correct information on HIV transmission and prevention to members of his congregation and community.

Photo: Carl Hiebert

A drama on HIV/AIDS at the Community AIDS Resource Center at Ekwendeni Hospital, Malawi.

Discuss

1. What are the main challenges to HIV prevention in the communities of Banchara, Ekwendeni, and in Kenya? In your community?
2. How might the story of the powerless widow and the judge have meaning for those working in HIV/AIDS?
3. What message is the church giving about prevention? What do you think groups and congregations in our church could do to improve the message and promote prevention?

ACTIVITIES

Debating prevention programs

Review the information you have learned about prevention programs. Choose some topics and divide up into teams. For example, debate the efficacy of programs that distribute condoms or clean needles to slow the spread of HIV/AIDS. Afterwards consider all the issues of the debate. What do you think Christ would say and do about the spread of HIV/AIDS?

Promoting prevention

In pairs or small groups, design radio or TV ads to promote HIV/AIDS prevention. How or with what groups in your church or community could these be used? For example, ads could appear in church bulletins or newsletters, be presented at gatherings of church members or to local high school students, submitted to local papers or posted on neighbourhood bulletin boards.

Encouraging our partners

Continue making the banner you began last session. Plan to complete it in this session or in Session Five.

CLOSING PRAYER

Stand and have one person read this commissioning prayer.

> Go out into the world and take with you
> The hope of God our creator who in love
> Created a world where all would be whole
> and longs for that wholeness to be restored.
> The hope of Jesus who touched and ate with the broken
> And offered them healing as he offers us now.
> In the hope of the Spirit who inspires and guides and energizes
> us in times of apathy and despair
> To work to bring all God's people into oneness and health.

The HIV Transmission Game*

Purpose

To increase awareness of how quickly HIV can be spread and the ways to prevent the spread.

Materials

A variety of mini-chocolates and other candies such as caramels and three varieties of chocolate kisses (chocolate kisses, chocolate hugs and chocolate almond kisses — kisses in gold foil), index cards, pens/pencils, and a small paper lunch bag for each member

Time

30 minutes

Preparation

In each participant's bag place approximately 10 to 12 candies. For example, you may have a few bags of caramels, a few bags of mini-chocolate bars, a few bags of kisses. In one participant's bag put 10 to 12 almond kisses. Do NOT put almond kisses in any other bag. Put a star (★) on the bottom of the bag with almond kisses.

Have one index card for each bag, then:

- Put a plain index card in the bag with the almond kisses.
- Mark the bottom corner of two index cards with a small "C." Place in two bags with candy in them.
- Mark two other index cards with a small "IC." Place in two bags with candy in them.
- Write on the back of an index card: *Do not participate. When asked, tell anyone who wants to exchange candy, 'I do not want to exchange kisses.'* Place the card in a bag with candy and put an "A" on the bottom of the bag.
- Write on the back of two separate index cards: *Do not participate with anyone other than your partner. When asked, tell anyone (other than your partner) who wants to exchange candy, 'I do not want to exchange kisses with anyone other than my partner.'* Place each card in a bag with candy and put an "M" on the bottom of each bag.
- Give these two bags (with an "M" on the bottom) to the two participants who are willing to sit in the front of room.
- Do not place any of the seven marked cards in the bag with *almond kisses*.
- Place blank cards in the remaining bags.

(Note: This is for a group of about 20. For larger groups have approximately one bag of almond kisses per 20 participants and increase the numbers of the special index cards proportionately.)

How to play

1. Ask for two participants who are willing to be partners and to sit in the front of the room throughout the entire exercise. Give each of these two participants a bag marked with an "M."
2. Hand out the other bags to the remaining participants. Explain that each participant is receiving a bag with candy and an index card inside. Ask each participant to pull the card out of his/her bag and follow the instructions on it (if there are any) and to keep secret any instructions on his/her card.

3. Tell the participants that they are to exchange candy and that they should write on their index cards the name of everyone with whom they exchange candy.
4. Give participants about five minutes to exchange candy and to write down names. Then, have everyone return to his/her seat.
5. Find out who got the most signatures.
6. Ask the one person whose bag has a star (★) on the bottom to stand up. Explain that this was the person who started out with almond kisses and that, for the purposes of this exercise, the almond kisses represent HIV infection.
7. Then ask anyone who has an almond kiss in his or her bag to stand up. Explain that, because they exchanged chocolate kisses for almond kisses, they have been exposed to HIV.
8. Ask everyone who is still seated to check their index cards for the name of anyone who is standing. Ask participants to stand up if they see the name of someone who is standing on their index cards. Once these people have stood up, ask others to check again to see if anyone who is standing is on their card. *You should have everyone standing except the three participants with the "M" and the "A" on the bottom of their bags.*
9. Ask the participants who have a "C" written anywhere on their cards to sit down. Explain that the "C" means they always used condoms or clean needles and protected themselves from HIV infection. They are not infected with HIV.
10. Ask the people with "IC" written on their cards to stand up again. Explain that these people used condoms and/or clean needles each time, but they used them incorrectly. They are infected with HIV.
11. Explain to the participants that this activity contains an error because someone might have received an almond kiss (HIV infection) and then given it away again. By contrast, you cannot give away HIV. Once you have it, you can share it with others but you can never get rid of it yourself.
12. Remind participants that this is a game. No one can become infected with HIV because he/she eats a particular kind of food or by sharing or exchanging food.

* Based on the Planned Parenthood of Maryland STARS program ©1991.

Photos: Tim Faller

Myths about condoms

Latex condoms, when used properly and consistently in sexual intercourse — vaginal, anal, or oral — can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases, including HIV. Consistent use means using a condom from start to finish with each act of intercourse. The following myths about condoms come from The Center of Disease Control (CDC).

Myth #1

Condoms don't work

Some persons refer to studies that report failure rates among couples using condoms for pregnancy prevention as an argument that condoms don't work. Analysis of these studies, however, shows that these couples are most often incorrectly or inconsistently using the condoms. Research indicates that only 30 to 60 percent of men who claim to use condoms for contraception actually use them for every act of intercourse. Further, even people who use condoms every time may use them incorrectly, causing them to leak from the base or break.

The Center for Disease Control (CDC) refers to a study of discordant couples in Europe — couples where one partner is HIV-positive and the other is HIV-negative — who are highly motivated to use condoms correctly and consistently every time. Among the 123 couples who reported consistent condom use, none of the uninfected partners became infected. In contrast, among the 122 couples who used condoms inconsistently, 12 of the uninfected partners became infected.

Myth #2

HIV can pass through condoms

A commonly held misperception is that latex condoms contain "holes" that allow passage of the HIV virus. Laboratory studies show that intact latex condoms provide a continuous barrier to microorganisms, including HIV, as well as sperm. While the HIV virus itself may be smaller than the pores in a condom, it cannot leave the liquid in which it is suspended.

Myth #3

Condoms frequently break

Condoms are classified as medical devices and are regulated by the FDA. Every latex condom manufactured in the United States is tested for defects before it is packaged. During the manufacturing process, condoms are double-dipped in latex and undergo stringent quality control procedures. Several studies clearly show that condom breakage rates in the US are less than 2 percent. Most of the breakage is due to incorrect usage rather than poor condom quality. Using oil-based lubricants can weaken latex, causing the condom to break. In addition, condoms can be weakened by exposure to heat or sunlight or by age, or they can be torn by teeth or fingernails.

Myth #4

Condoms promote promiscuity

Christian Aid, the official relief and development agency of 40 British and Irish church denominations and a partner of PWS&D through Action by Churches Together (ACT), thoroughly reviewed academic research that examined the impact of sexual health and HIV programs on the age of sexual debut of young people, and on levels of sexual activity. Their report "Dying to Learn" (see web site: www.christianaid.org.uk/indepth/310learn/index.htm) found that frank and open sexual health and HIV education that promotes abstinence, faithfulness and safer sex practices does not hasten sexual debut or increase the number of sexual partners. In fact some of the studies found that the programs increased abstinence, delayed sexual debut and increased condom use at first sex. The education included information about, and access to, condoms, and equipped youth with the skills to say 'no' or negotiate safer sex practices. Furthermore the studies found that good quality sexual health and HIV education reduces levels of pregnancy and sexually transmitted diseases, including HIV, and reduces stigma and discrimination against people living with HIV and AIDS.

PREVENTION REPORT #1

Sexual intercourse

ABC

An easy way to remember how to prevent the transmission of HIV through sexual intercourse is the ABCs of Prevention. Many churches and agencies, particularly in Africa, use this to discuss HIV/AIDS prevention. See "Using a condom" and "Complicating issues."

A stands for Abstinence — not having sexual relations is the most effective HIV prevention strategy;

B stands for Being faithful — having sexual relations only with a mutually faithful, uninfected partner;

C stands for using condoms correctly and consistently for every act of oral, vaginal or anal sex. For more information see "Myths about condoms" in Session Resources.

Using a condom

An ambitious group may wish to demonstrate how a condom works. AIDS educators often use a penis carved out of wood to demonstrate how to use a condom — others use a carrot or banana.

Complicating issues

Preventing the spread of HIV through abstinence or mutual fidelity is not always straightforward. Women may be powerless to refuse sexual relations with their husbands or to get their husbands to use a condom, even if their husbands are infected with HIV. Women, men and children may be the victims of abuse or rape. And sometimes exchanging sexual relations for money is believed to be the only way to survive. (This is explored more in Session Five.)

Microbicides

Because it is so difficult to get men to use condoms consistently, there has been a lot of emphasis on research on *microbicides*, which could provide a method for women to protect themselves from HIV without the knowledge of their sexual partner. Microbicides are gels or foams that can destroy bacteria or viruses on contact. Research to find an effective microbicide that will protect women against HIV is still ongoing.

PREVENTION REPORT #2

Blood

With today's sophisticated screening and testing, the transmission of HIV through blood in most places in the world is rare. Many places like Canada screen blood donors and use the P24 antigen testing to test blood donations for HIV. The window period is as low as six days. There is still a low risk of being infected with HIV by blood transfusions or blood products. The risk of acquiring HIV through blood can be further minimized by

- undertaking only essential blood transfusions
- using blood products that have been heat-treated to kill the virus (where applicable)
- using sterile needles and other equipment for the donation of blood or blood products.

Needles

Traces of blood from a contaminated syringe or other drug paraphernalia used by an HIV-infected individual can spread HIV. HIV can survive over four weeks in a contaminated syringe, remaining infectious to individuals who reuse that syringe over this prolonged period. Intravenous drug use (IDU) is currently fuelling epidemics in Eastern Europe and Southeast Asia.

The spread of HIV through needles, syringes and cutting instruments such as razor blades and knives can be minimized by:

- using pills or liquid medicine instead of injections whenever possible
- using only new, sterilized or disposable needles and syringes for immunization and other health services or elsewhere
- sterilizing surgical equipment
- safely disposing of used needles in health services or for body piercing, tattooing or other cultural scarring.

Needle exchange programs

Needle exchange programs have been designed to prevent transmission of HIV and other blood borne pathogens by providing intravenous drug users with access to clean injecting equipment in exchange for their used needles. Needle exchange programs have been controversial.

On the one hand … needle exchange programs could encourage addicts to continue, or even increase, their drug use. While the IV drug users may transmit disease through shared needles, they are also more likely to engage in risky, unprotected sex.

On the other hand … needle exchange programs can also provide support and information that can lead addicts into treatment. An addict might visit a needle exchange program just to get clean needles, but while there they might also pick up free condoms or talk to a drug counsellor about treatment options. Getting IDUs into treatment and off drugs would eliminate needle-related HIV transmission, but not all drug injectors are ready or able to quit. Even those who are highly motivated may find few services available. Drug treatment centers frequently have long waiting lists and relapses are common.

Interesting facts from the Center of Disease Control

- Three out of four AIDS cases among women in the US are estimated to be from injection drug use or sexual contact with someone infected through injection drug use. Over 75% of new infections in children result from the parent's injection drug use.
- Between 1991 and 1997, seven U.S. government funded reports found that clean needle programs reduce HIV transmission and do not cause rates of drug use to increase.

Source: Center for Disease Control, Common Sense for Drug Policy, U.S. Department of Health and Human Services; Lindesmith. From http://speakout.com/activism/issue_briefs/1352b-1.html

PREVENTION REPORT #3

Mother-to-child transmission (MTCT)

It is possible to significantly reduce the transfer of HIV from an infected mother to her baby. To take advantage of the interventions, mothers need to know their HIV status and must have access to health care facilities that have prevention of mother-to-child transmission programs. Prevention of mother-to-child transmission programs may include:

Antiretroviral treatment

A short course of antiretroviral (ARV) medicines for the mother during pregnancy and for baby in the first few weeks of life reduces by half the risk of passing HIV on to the baby. ARV prophylaxis around the time of delivery alone can reduce the risk of MTCT in a breastfeeding population almost two-fold following vaginal delivery (41-47% reduction in risk).

Safe delivery practices

Delivery practices that minimize exposure of the baby to its mother's fluids and tissues, and avoid tears and cuts of the birth canal during childbirth, can reduce the risk of transmission of HIV. Where available, Caesarean sections can help protect a baby from HIV. In many resource-poor settings, elective caesarean delivery is seldom available and/or safe, so many resource-poor places rely on antiretroviral treatment of mother and child.

Breastfeeding

A mother infected with HIV risks infecting her baby through breastfeeding. However, children who are NOT breastfed are also in danger of dying from diarrhea, malnourishment and respiratory infections. Every situation should be carefully assessed by a trained professional to help mothers decide what is right for her and her baby. Breast milk substitutes should only be given if they are:

Acceptable: in the society or culture.

Feasible: the family can understand and follow instructions for preparing infant formula and is available to do so at least eight times per day.

Affordable: the family can pay for baby formula while still providing milk and food for their other children.

Sustainable: the family has a long-term, reliable supply of infant formula, enough to meet the baby's food needs.

Safe: the family has access to a reliable supply of safe water for mixing food and washing feeding utensils; the replacement food is nutritious and free of germs; the food can be stored safely or made up one meal at a time.

If breast milk substitutes are not an option, exclusively breastfeeding — giving no food or milk, juices, water or any other drink except breast milk — for the first six months has been seen to lower mother-to-child transmission. When other foods and liquids are introduced the breastfeeding should stop. Preventing and promptly treating breast problems such as cracked nipples, mastitis and other forms of inflammation, and treating sores or thrush in an infant's mouth can also help reduce the risk. Research is ongoing to evaluate other approaches to prevent HIV transmission during breastfeeding.

PREVENTION REPORT #4

Youth

More than half of persons newly infected are young people between the ages of 15 and 24 (UNAIDS, 2002). Youth aged 15-19 are one of the highest growing newly infected HIV people in Canada. Youth are highly influenced by peers, the individual with whom they are involved, the media and popular culture, their own hormones and curiosity. One of the best prevention tools is open and honest communication.

Providing complete and accurate information for youth about HIV/AIDS prevention is important to helping protect youth against HIV. Sexual education should include frank and open education that promotes abstinence, faithfulness and safer sex practices — including information about and access to condoms. Young people should also be equipped with the skills they need to communicate about sex and say 'no' or negotiate safer sex. Such education can actually increase abstinence, delay the age of sexual debut and increase condom use at first sex. (See fact sheet on condoms.)

Building self-esteem is another important way to protect youth from AIDS. When children and youth feel good about themselves, they are much more likely to withstand peer pressure to have sex before they are ready or to abuse alcohol or drugs, which could put them at risk for HIV/AIDS. Praising children and youth frequently, setting realistic goals and keeping up with their interests are effective ways to build their self-esteem. Other things that can enhance their self-esteem include:

- positive relationships with adults
- a safe and welcoming school environment
- recreational activities
- exposure to positive values, rules and expectations
- spiritual beliefs
- a sense of optimism about the future.

Session Five

Vulnerabilities

Photo: Carl Hiebert

Objectives

1. To learn what makes people vulnerable to HIV infection.
2. To learn ways we can help address the root causes of the spread of HIV.
3. To increase our understanding of people's life situations so that we can improve our outreach ministries.

Materials

- Bibles and hymn books.
- Old newspapers, news magazines, chart paper, markers, scissors, masking tape, videos, Internet sites that might have information about issues that make people vulnerable to HIV/AIDS infection.
- Vulnerability Cards.
- If you are continuing to make a banner, bring the materials from the last session.

Prepare

- If you decide to show film clips, set up a TV and VCR. Cue videos at the clips chosen.
- Arrange for Internet access. Note web sites given in Additional Resources.
- Photocopy and cut out a set of Vulnerability Cards from the session resources.

WORSHIP

Call to worship

Divide into two groups and read responsively.

Someone is coming …
We are waiting …
Someone is coming to grant dignity to long-suffering bodies …
We are waiting …
Someone is coming to the breathless …
We are waiting …
Someone is coming to those who lack energy …
We are waiting …
Someone is coming to those who grow thinner day by day …
We are waiting …
Someone is coming to those who don't know if their hands will work tomorrow …
We are waiting …
Someone is coming to those who have neither mother nor father …
We are waiting …
Someone is coming to those who cannot get medicine …
We are waiting …
Someone is coming who cares and who puts their care into action …
We are waiting …

Opening prayer

In unison: Holy One, you invited all to follow you.
You touched lepers.
Your feet were washed with women's hair.
Draw us into your community
where dignity is not earned, but freely given,
where pain is not shunned but surrounded by healing love,
where we are bound together in tears and gladness,
where everyone has a place
because of you Jesus, the Christ. Amen.

Call to worship and opening prayer by Rebecca Larson and Terry MacArthur

Sing one or more of the following

760 Where cross the crowded ways of life
657 Woman in the night
226 Great God, your love has called us here

Bible study

Turn to John 8:2-12. Have three members take the parts of narrator, Jesus and the woman. Have everyone else take the part of the scribes and Pharisees. Read the story dramatically, acting it out if the group wishes.

Reflection: Compassion not judgment

Have you ever wondered about the woman who was condemned to be stoned, about her past life experiences, about her feelings about herself, about her feelings about Jesus' words and actions as recounted in this passage?

The woman had made a mistake, committed a sin, perhaps more than one. She had done something or lived in such a manner that other people condemned her. The scribes and Pharisees had brought her, like a convicted criminal, to stand before Jesus and all of them. They were ready to stone her, quoting the Law of Moses to Jesus as justification.

Yet Jesus refused to see the woman as any different from the scribes and Pharisees, treating them all as equals. Jesus understood the life circumstances of all these people. He understood that they were all sinners in need of new life. He responded to the scribes, Pharisees and the woman with grace and compassion.

People living with HIV/AIDS need love, care and acceptance. Understanding what makes people vulnerable to HIV/AIDS infection can affect all our ministries, improving our efforts to share the compassion and love of God.

Discuss

1. How do you think the woman might have felt standing before the scribes, Pharisees and Jesus? What consequence(s) do you think she might have felt she deserved?
2. Quietly remember a time when you did something that others might have judged a sin. Close your eyes and remember how you felt (e.g. ashamed, fearful, sorry, alone, unjustly accused, helpless). Have one group member read aloud Jesus' words in verses 10 and 11. What do you think it meant for the woman to hear these words? What do you think it would mean for a person living with HIV/AIDS?
3. What stones have people thrown at people living with HIV/AIDS? Why? Why do you think it has been so difficult to show compassion to people living with HIV/AIDS?

Photo: Carl Hiebert

ACTIVITY

Finding headlines

In small groups, go through magazines and newspapers to find stories that show situations where people might be vulnerable to HIV/AIDS. Clip them out and put them in the centre of the room. If you have access to the Internet, review relevant web sites. If you have video clips, view them. Then write down your own headlines on chart paper and cut them out, adding them to the center. One by one have different group members pick out the headlines, read them, comment on why they might have been included, and post them around the room.

LEARNING FROM OUR PARTNERS

Read the following story together and then discuss using the questions that follow.

Shruti's story

by Karuna Roy, Co-ordinator, HIV/AIDS Program, Church of North India (CNI)

I met Shruti when the HIV/AIDS team conducted an AIDS awareness program at Shruti's high school. Shruti had many questions she wanted to ask, but she did not want to make it look obvious in school, so after the program she asked the school principal to arrange for a private place for us to talk.

Shruti slowly revealed her story. She explained that her uncle, her father's younger brother, had been abusing her since grade seven. She was afraid of her father so she could not share this problem with anyone, not even her mother, but now she was worried that she might have HIV.

One night she heard sounds coming from the kitchen. She saw her uncle having sex with the maid. Though shocked and sickened, she did not realize the seriousness behind it until she heard me talk about HIV/AIDS.

Shruti was taken for a blood test and the problem was shared with the principal who was extremely cooperative. She tested positive. A second test three months later confirmed that Shruti was HIV-positive.

The news was then given to her parents, who initially reacted aggressively, but gradually they accepted the problem. The principal agreed to let Shruti continue her studies, but her parents withdrew her from school. The maid's husband was found to be dying of AIDS. Shruti's uncle and the maid went for testing and both tested positive. The maid's husband died, followed by the maid and uncle. Shruti hung on to life, but gradually found it slipping away.

Karuna Roy

I visited the family often even when they moved to another locale, leaving their ancestral home to live in rented accommodation. It wasn't easy, but they didn't want the neighbours to know anything about this problem. They planned to return once everything was over.

Shruti was in and out of hospital. Then her parents became reluctant to take her to the hospital, lest the neighbours would suspect. Their family doctor was then taken into confidence who, like me, gradually became a part of their family. On July 27, 2004, Shruti died.

I found a beautiful person in Shruti. She never complained. We used to talk for hours. Every Saturday I visited her. She would wait for me. I watched her year after year growing weak and pale, until she was totally confined to bed. One day she said to me, "Aunty, I will go to God before you go and I will send blessings to you to be living in this world with a long life to look after people like me." Talking to her and being with her has given me a lot of courage to face people with HIV/AIDS. I pray to God for no one to face what Shruti faced.

Photo: Carl Hiebert

Discuss

1. What made Shruti vulnerable to infection with HIV?
2. How did stigma and discrimination affect Shruti's life with HIV/AIDS? How do you think they affect people living with HIV/AIDS in our communities?
3. How do you feel about the CNI's HIV/AIDS program and Karuna Roy's work described in this story?
4. How do you think Christ would respond to Shruti?
5. What do you think our churches in Canada could learn from partner churches like the CNI and their HIV/AIDS programs? Refer to the box "HIV infection in Canada."

HIV infection in Canada

The percentage of people in Canada infected with HIV is relatively low. However, there is concern that despite improved drug and therapy programs, the number of persons living with HIV in Canada is rising. The disease has primarily affected groups within society who are marginalized — commercial sex workers, gay men, intravenous drug users, prison inmates and Aboriginal peoples. But in those groups, the infection rates are alarmingly high compared to the rest of the population. Also, recently the infection rates have been increasing for women. In addition, Health Canada considers one of the risk groups to be our youth. For more information see www.hc-sc.gc.ca/dc-ma/aids-sida/index_e.html

ACTIVITIES

Teaching about vulnerabilities

Divide up the Vulnerability Cards among group members. In pairs or small groups, become "experts" on the vulnerability area(s) of your card(s). Use other resources if possible, particularly if you have access to the Internet.

Plan how to teach creatively your areas of vulnerability. People may wish to act out a drama, do a pantomime or game like Charades or Pictionary, or present an original song, poem or drawing. Set out the available props and drawing materials. After an agreed upon time, present to each other. Then compare what you have learned from the vulnerability cards with the headlines you gathered at the beginning of the session.

- What information would you like to add to the posted headlines?
- Using markers and strips of chart paper, write out additional headlines and post them.

Encouraging our partners

Continue making the banner you began in Session Three. Plan how you will complete it and get it to PWS&D.

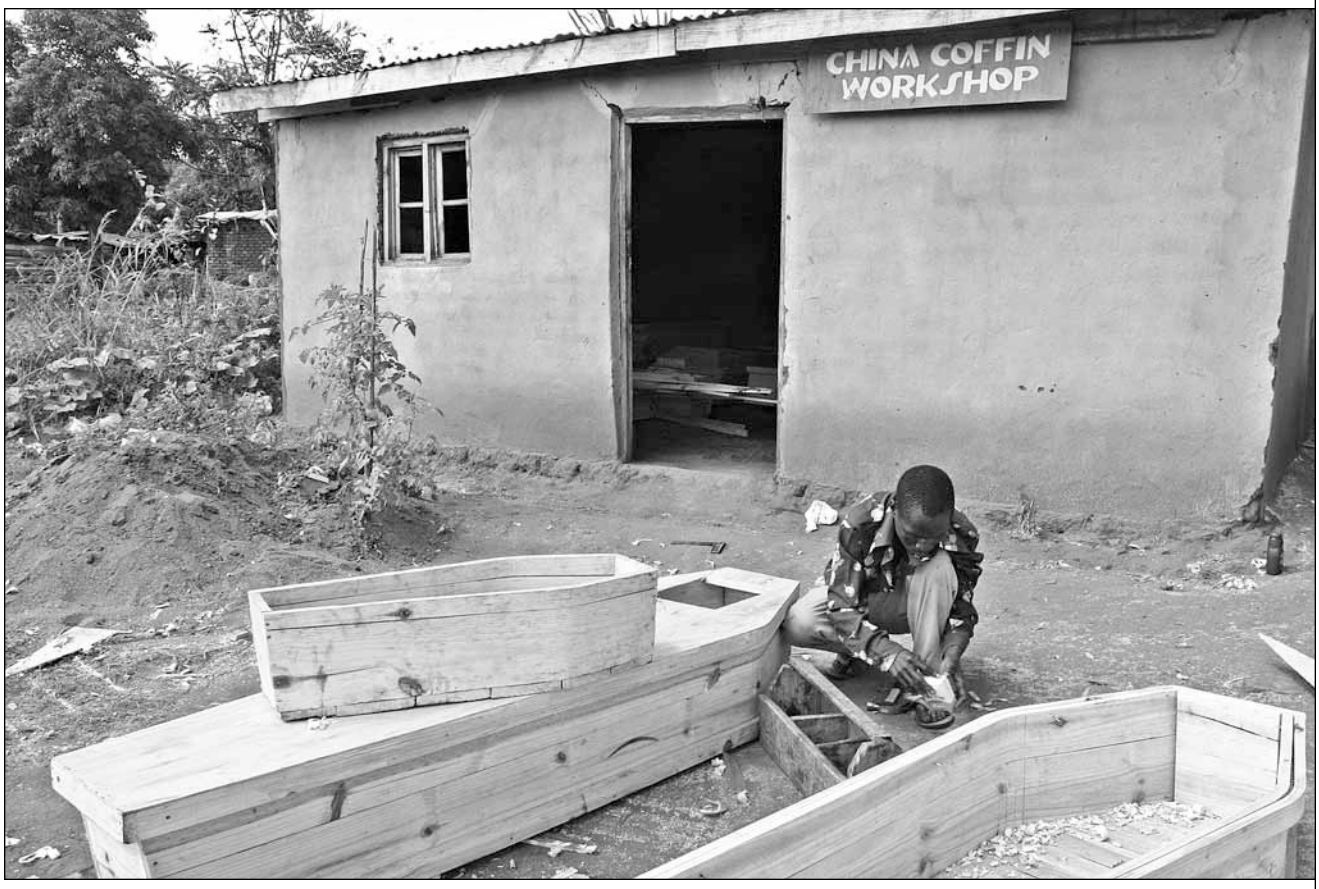
Helping to reduce vulnerability

Reducing vulnerability is probably one of the greatest challenges that people face — it means confronting some of the systemic problems in our society: poverty, war and conflict, violence against women, stigma and discrimination. Some individuals and groups are deciding to:

- Join the campaign to Make Poverty History (see www.makepovertyhistory.ca).
- Design treatment programs that address the obstacles to health care access for the most vulnerable.

Members of St. Andrew's Presbyterian Church in Ottawa tell the nation's capital that it is time to make poverty history.

Photo: Carl Hiebert



- Increase awareness about how HIV/AIDS is spread and debunk myths that surround it. Make condoms accessible, affordable and acceptable.
- Incorporate HIV/AIDS awareness and prevention information into school curriculums and work to keep youth in school.
- Support legislative and judicial reform to repeal laws that make people more vulnerable to infection (land tenure in some places).
- Intensify support for nongovernmental organizations that work to reduce vulnerability to HIV/AIDS and expand community mobilization.
- Provide pre-marital counselling to help men and women form more equal spiritual and physical partnerships. Once married, provide them with counselling and education to help them remain faithful.

Discuss

1. Where do you see HIV/AIDS in your community? How obvious or hidden is it?
2. What causes your community to be interested in, or disinterested in, HIV/AIDS?
3. How would you feel if someone in your church or school were living with HIV/AIDS?
4. What concrete steps could your group or congregation take to help those who are vulnerable, or to remove the causes of vulnerability?
5. Read the box "Priorities for Canada and the G8 in addressing HIV/AIDS and development." What relevance do you think this has for your group and congregation? How important is it to you that our denomination is involved?

Priorities for Canada and the G8 in addressing HIV/AIDS and development

As Canada began to prepare for the G8 Summit in Scotland in July 2005, the Interagency Coalition on AIDS and Development (ICAD), of which PWS&D is a member, prepared a brief for the government on priorities for Canada in addressing HIV/AIDS and development. For more details about the content of this brief, see this session's resources.

Raising money to help vulnerable people

Identify a vulnerable group of people in your community and talk about why this group is vulnerable and what efforts are being made to help them. Raise money to help these efforts by selling "Make Poverty History" white armbands. Order them through the link on the web site: www.makepovertyhistory.ca or obtain them from a *Ten Thousand Villages* or *Roots* store. Buy them in bulk and sell them for a twoonie.

CLOSING PRAYER

One: Heal us from bodily pains of HIV/AIDS that deplete our immunity and leave us open to opportunistic infections.

All: Heal us, Lord. Have mercy on us.

One: Heal us from our broken hearts and grief that continue to pain our spirits and minds and leave us empty about the meaning of life.

All: Heal us, Lord. Have mercy on us.

One: Heal us from the psychological pain of HIV/AIDS that engulfs us in fear and hopelessness and leads us to die before the virus kills.

All: Heal us, Lord. Have mercy on us.

One: Heal us from HIV/AIDS social stigma and discrimination that leads us to uncompassionate acts of isolation, and failure to provide quality care and prevention.

All: Heal us, Lord. Have mercy on us.

One: Heal us from unhealthy gender relations that expose partners and spouses to HIV/AIDS infection and leave women powerless to protect themselves.

All: Heal us, Lord. Have mercy on us.

One: Heal us from poverty that exposes millions to HIV/AIDS.
Heal us from exploitative social structures that condemn many to poverty and expose them to infection.

All: Heal us, Lord. Have mercy on us.

One: Heal us from violence that spreads HIV/AIDS.
Heal us from ethnic and civil wars.
Heal us from domestic violence and the rape of children.

All: Heal us, Lord. Have mercy on us. Amen.

By Musa W. Dube in *Africa Praying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*, World Council of Churches, Geneva, 2004. Used with permission.

Vulnerability Card: *Poverty*

- The most vulnerable are people who are already experiencing poverty, oppression, alienation and marginalization. Around 1.2 billion people live on $1 or less a day.
- Chronic malnutrition or undernourishment can make you more vulnerable to infection if you come into contact with HIV.
- Sex may be exchanged for money or favours like food or books for school.
- The search for work can force people to migrate to urban centers or other countries to seek work, separating them from their family for years at a time. Support from families, friends and communities helps people cope with the stresses in their lives and to feel cared for and supported.
- Children may work rather than go to school where they would acquire skills and knowledge to learn about HIV and have more opportunities for earning a living. People often learn about HIV in school. People with a higher level of education are also able to access and understand health-promoting information.
- Poverty may mean you don't have access to health services where you can learn about HIV and access care and support to maintain your health.

Vulnerability Card

Stigma, discrimination and marginalization

- Minority groups often have lower social status and tend to be more vulnerable to poverty and marginalization, which increases their vulnerability to HIV infection.
- Stigma often leads to silence and denial around HIV/AIDS, which makes people unwilling to talk about the disease or learn how to protect themselves.
- The fear of discrimination discourages people from finding out about their HIV status. If they are aware of their HIV+ status, they may not take measures to promote their health or to prevent disease transmission because they fear emotional, physical and financial repercussions.
- Because of stigma, some women would rather risk passing HIV on to their baby than risk people "discovering" that they are HIV positive by seeing them take pills or formula-feed their child.
- Discrimination such as racism and homophobia erode people's self-esteem and their drive to take care of their health.

Vulnerability Card

Cultural beliefs, practices and taboos

- Traditional practices and rites involving blood, such as circumcision, scarring, piercing, can spread HIV if they are done without properly sterilized equipment.
- Widow inheritance, polygamy and an acceptance of non-monogamy, particularly for men, can allow HIV to spread from one group to another.
- In regions where traditional law dictates that only men can own land, women and children become more vulnerable to poverty and HIV.
- Cultural understanding of disease may feed stigma within communities. For example, if people believe disease is the result of evil spirits or curses, they may be reluctant to be supportive of people living with HIV/AIDS.
- In the absence of appropriate HIV education, cultural myths and misconceptions exist. One example is the belief that having sex with a virgin can cure HIV.

Vulnerability Card

Gender: Women and girls

- Economic, social and cultural barriers prevent women and girls from making decisions about their lives since they are mostly dependent on their husbands or partners and families.
- Women often have less control over when, where, whether and how sexual relations take place and, therefore, when they will have sex with their husband or whether he uses a condom. Child marriage may make it nearly impossible for a young wife to negotiate the terms of these relationships. Violence and abuse may force women to submit to their partners' wishes. Many HIV+ women in Sub-Saharan Africa and Asia have only had sex with their husband.
- Girl children are more likely to be pulled from the school system to look after sick parents, which affects their future ability to support themselves economically and increases the likelihood of engaging in commercial sex work and other unsafe practices.

Vulnerability Card

Gender: Men and boys

- Stereotypes placed on men and boys may pressure them to be sexually experienced. It is often a status symbol for men to have more than one sex partner.
- Men are often encouraged to seek women for sex at a young age and encounter fewer restrictions on their sexuality. In some countries, many boys have their first sexual experience with a commercial sex worker and brothel visits are a social activity for men.
- Men are often encouraged to initiate and control sexual interactions and decision-making. However, they are generally not the targets of reproductive health information.

Vulnerability Card

War and conflict: Part 1

- Forced migration and military movements in conflict zones are contributing to the more rapid transmission of the virus.
- Soldiers spending long spans of time in high-stress contexts far from their families and homes are more likely to engage in high-risk behaviours such as paying for sex or abusing drugs. When soldiers return home, often without any HIV testing or counselling, they may transmit the virus to their partners and future children.
- When rape is used as an instrument of war, HIV can spread rapidly among men, women and children. HIV/AIDS rates are 2-5 times higher among combatants, who are the main perpetrators of sexual violence in conflict areas.
- War also destroys a country's health infrastructure, limiting access to condoms, decreasing treatment for sexually transmitted infections like HIV and eliminating the availability of drugs to prevent mother-to-child transmission.

For more about the effect of war and conflict on the spread of HIV see
www.unicef.org/aids/index_armedconflict.html

Vulnerability Card

War and conflict: Part 2

- A desperate need for blood and a severely weakened and overburdened health infrastructure may mean that stringent requirements for blood donors are not adequately enforced, increasing the risk of getting HIV through contaminated blood supplies.
- War and conflict increases hopelessness — people turn to drugs and alcohol to escape. Drug runners often move large quantities of illicit drugs through war-torn countries, greatly increasing availability and lowering cost. Drug use plays a major and growing role in the spread of HIV.
- The priorities of conflict also make it difficult to mobilize the political will and resources needed to fight the spread of HIV and AIDS. The primary institutions used to teach young people how to prevent HIV/AIDS — schools, newspapers and radio and television — are often shut down or destroyed during armed conflict. Medical professionals and humanitarian workers are diverted from any work they might have done on HIV-prevention or treatment because they must deal with the critical needs of war-affected people.

For more about the effect of war and conflict on the spread of HIV see
www.unicef.org/aids/index_armedconflict.html

HIV/AIDS Priorities for Canada and the G8

As Canada began to prepare for the G8 Summit in Scotland in July 2005, the Interagency Coalition on AIDS and Development (ICAD), of which PWS&D is a member, prepared a brief for the Canadian government on priorities for Canada and G8 countries in addressing HIV/AIDS and development.

First ICAD recognized the steps the government has already taken, including:

- enabling compulsory licensing of pharmaceutical patents and the export of generic pharmaceutical products to countries with insufficient domestic manufacturing capacity through Bill C-9
- contributing significantly to help the World Health Organization and Global Fund to Fight AIDS, Tuberculosis and Malaria increase access to treatment for HIV/AIDS in developing countries
- contributing to the International Partnership for Microbicides to support the development of new HIV prevention technologies
- increasing funding to community-based organizations responding to HIV/AIDS in Canada
- providing resources to support the XVI International AIDS Conference in Toronto in 2006.

ICAD then recommended that Canada and the other G8 countries:

Provide additional resources to fight HIV and AIDS by fully funding the Global Fund to fight AIDS, Tuberculosis and Malaria and increasing overseas development assistance to 0.7% of GNI.

Improve workplace standards by adopting and promoting the minimum standards recommended by the International Labour Organization with respect to HIV/AIDS and showing leadership by adopting progressive and comprehensive workplace policies — including the provision of ARV treatment when needed — for locally engaged staff working in Embassies, High Commissions and other ancillary offices throughout the world. They can also encourage G8 companies and NGOs working overseas to adopt such policies for overseas staff and dependants.

Invest in and protect public health systems in developing countries, strengthening and expanding this infrastructure where it exists and creating it where it currently is lacking.

Address gender issues by increasing efforts to address gender-related HIV vulnerability factors in all international policy and programs, and by providing additional development assistance in areas that would reduce women's vulnerability to HIV — such as women's leadership programs, legal reforms, land and property rights, affordable and safe housing, and protection from gender-based violence, trafficking and exploitation.

Immediately and unconditionally cancel the debts owed by all impoverished countries that need debt cancellation to meet the Millennium Development Goals.

Support new research initiatives by investing resources to develop microbicides and commit to significantly increasing funding for AIDS vaccine research.

For the full recommendations look for Advocacy Dialogue under Publications at www.icad-cisd.com

Session Six

Living life positive

Photo: Carl Hiebert

Objectives

1. To learn from our partners about what it means to live with HIV and still live significant and hopeful lives.
2. To consider ways to support people living with HIV and AIDS.
3. To make plans to share the information that the group has learned about HIV/AIDS in this study.
4. To remember people living with HIV and AIDS in a special candlelight worship service.

Materials

- Bibles and hymn books.
- Supplies to make red ribbons (scissors, 3/8 in. wide red satin ribbon and straight pins) or, if some group members are experienced beaders, make beaded pins (safety pins, red and white glass beads, bead needles and nylon thread). See photos of AIDS red ribbon and beaded pin with the red ribbon and white background.
- 1 large Christ candle and matches; 10-20 white candles if you are holding a candlelight vigil service.

Prepare

- Make a sample AIDS red ribbon or beaded pin for the group and prepare instructions for them.
- Have four people prepared to read the four stories of people living with HIV or photocopy the stories for each group member.
- Choose stories and prayers from the study to use for a candlelight vigil service.

WORSHIP

Call to worship

Divide the group into four or have four members be the readers.

Reader 1: If you remove the yoke from among you,
The pointing of the finger, the speaking of evil,
If you offer your food to the hungry
and satisfy the needs of the afflicted,
Reader 2: then your light shall rise in the darkness
and your gloom be like the noonday.
Reader 3: The Lord will guide you continually,
and satisfy your needs in parched places,
and make your bones strong;
Reader 4: and you shall be like a watered garden,
like a spring of water, whose waters never fail.
All: **Restore us, O God of hosts;**
show the light of your face, and we shall be saved.

From *Point of Light: A Vigil for World AIDS Day December 1, 2004*, produced by Primates World Relief and Development Fund, The Anglican Church of Canada. Used with permission.

Sing one or more of the following

227 God is love, and where true love is
229 Jesu, Jesu, fill us with your love
250 I danced in the morning/Lord of the dance

Bible study

Turn to Matthew 26:36-47. In some Bibles this section begins with the title "Jesus prays in Gethsemane." Together browse over the preceding passages in Matthew 26 and talk about what is going on for Jesus at this point in his life. Have someone read aloud verses 36-47 and another person read aloud Luke 22:41-46. Then take turns reading paragraphs of the reflection.

Reflection: A Gethsemane moment

I suspect that for many of us the facts and figures of the HIV/AIDS epidemic are daunting. Perhaps like Jesus in Gethsemane we will find our souls overwhelmed with sorrow. How very much we would rather live in a world that HIV/AIDS had never entered. And from heaven I hear God's compassion echoing that. How very much I long for that world too. We may groan like Jesus, 'Must we drink this cup?' But we must. That is the world in which we find ourselves. This is the Gethsemane the world must pass through.

Many are simply asleep — like the disciples, a stone's throw from Jesus — simply unaware or unconcerned about the relentless threat in parts of the world far from them. And in streets very close to them.

Others come armed, as soldiers were preparing to do to Jesus. Armed with hatred; armed with prejudice; armed with selfish desire to distance themselves; armed with the potential to make money from the difficulty in which people find themselves.

And there are others who come as angels, as Luke tells us happened in Gethsemane, bringing strength to the one who had become weighed down with human frailty.

But even with ministers from God to strengthen and to comfort, this is a crisis which the world must endure. It is a cup we must drink. And just as crucifixion lay ahead for Jesus before he was raised to life, so there is a journey that the world must go — through death — before this epidemic is at an end.

Christians have a genuine role to play in being God's ministers in this Gethsemane. The lesson of Gethsemane is that God does not expect us to do what is impossible, but he does call us to be faithful in what we can do.

By Peter Graystone © Christian Aid, London, UK. Used with permission.

Discuss

1. Gethsemane is a time and place in Jesus' life. What has it come to symbolize for Christians?
2. How do you feel about comparing Jesus' Gethsemane crisis with the world's HIV/AIDS crisis? What are the similarities and differences?
3. What is the hope in Jesus' Gethsemane experience? What is the hope for today's world overwhelmed by HIV/AIDS?

ACTIVITY

Making red ribbons or beaded pins

The red ribbon is a familiar symbol of the fight against AIDS. In one of this session's stories we meet Maria Silo who makes beaded pins to sell to people so they can show support for people living with HIV and AIDS.

a) Prepare red ribbons by cutting red satin ribbon into 5in. lengths, taking each length and crossing over its ends and then pinning it at the crossover point, or
b) Make beaded pins like the one shown in the picture or design your own.

Sell the ribbons and pins to members of the congregation (e.g. sell for two to five dollars each) to raise money for an HIV/AIDS program in your community or for the PCC *Towards a World Without AIDS* campaign. Remind people that in wearing the ribbons and pins they are showing others that it is important to support people living with HIV and AIDS.

Continue making the ribbons or pins while you listen to the stories of our partners.

Photo: Tim Faller

Photo: Carl Hiebert

LEARNING FROM OUR PARTNERS

Have three people read aloud the following stories or divide into three groups with each taking one story. Share your reactions. Then in the large group discuss using the questions that follow.

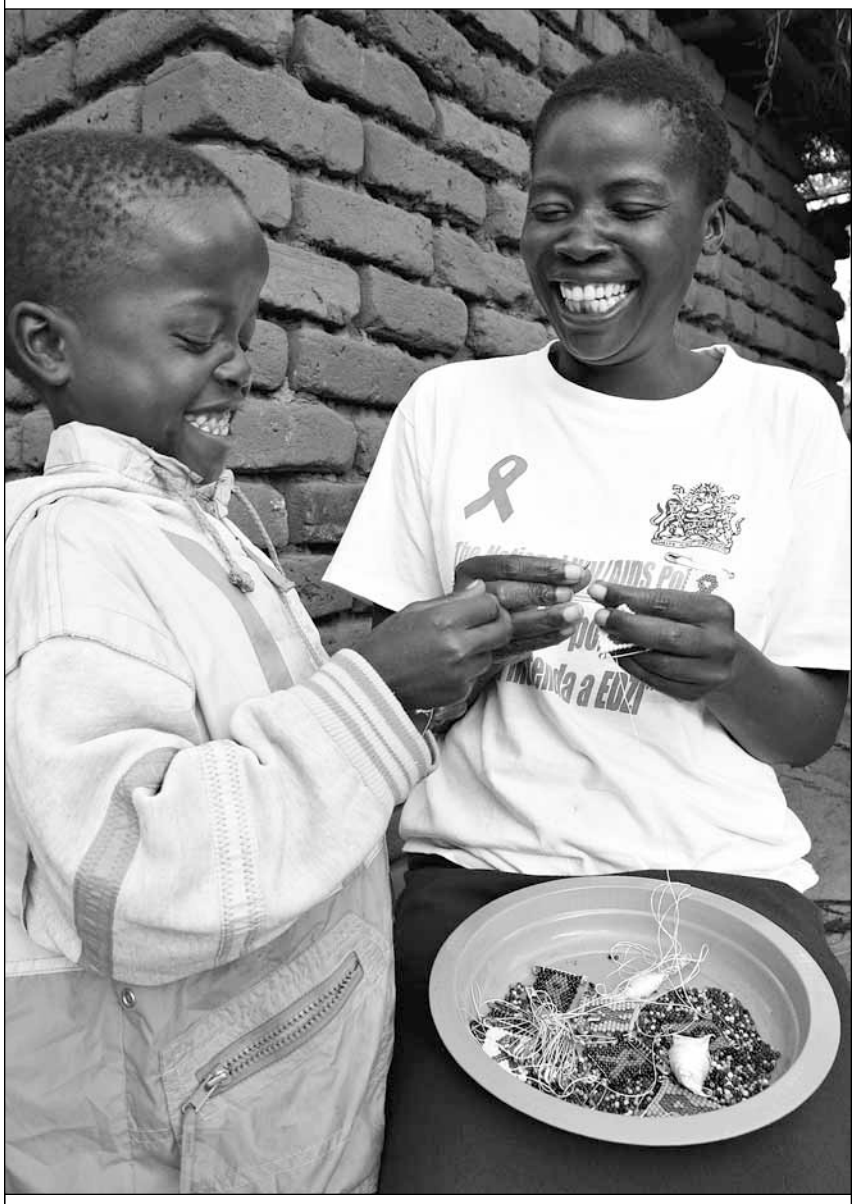
Maria's story

Maria Silo, like so many other Malawians living with HIV, has not had an easy life. Maria is 36 years old and has four children aged 18, 15, 12 and 7.

About seven years ago, one thing after another happened to Maria: her husband died in a car accident; her baby, Edward, became sick with tuberculosis; Maria tested positive for tuberculosis; Maria's mother died from breast cancer and then her sister and her brother died. Then, on top of all of this, Maria and Edward tested positive for HIV.

Maria was already struggling to provide food, clothing and education for her children, as well as shelter since her house had collapsed in a rainstorm. Now she faced the reality that has hit so many other families in Malawi — that of HIV/AIDS. At first she was sad, angry and discouraged. But friends and family visited her, prayed with her and encouraged her to live with hope.

Photo: Carl Hiebert



Maria Silo and her youngest son, Edward, making beaded AIDS pins.

Frequent illness led Maria to ask Ekwendeni Hospital to put her on antiretroviral (ARV) drugs. She was admitted to the hospital every week, and had to wear diapers because of constant diarrhea. When she was put on a pill that combines Lamivudine, Nevirapine and Stavudine (three ARV drugs), she immediately improved. She tried to eat nourishing food, some of which is provided by the AIDS Program. Seeing how discouraged so many people living with HIV and AIDS were, and how they just acted like they were going to die, Maria decided to go public with her HIV positive status. She wanted to show them that being HIV positive does not mean that "it is the end of life"; rather, they are "starting a new life."

Recently the Ekwendeni Hospital AIDS Program hired Maria as Assistant Home-Based Care Supervisor. She visits people confined to their homes by AIDS, and trains volunteers to do the same. The volunteers work together to give people living with HIV and AIDS hope and dignity. Maria visits the communities around Ekwendeni,

Photo: Carl Hiebert

teaching people the importance of knowing their HIV status. She also runs the hospital's AIDS support group, which gives HIV positive people the opportunity to assist and encourage each other. It meets once a week and has 108 members, mostly women, ranging in age from 18-59. They support each other through talking and sharing stories. Group members also carry the message of HIV/AIDS to their communities, encouraging people to go for voluntary counselling and testing.

In addition to her hospital job, Maria makes and sells beaded pins with the AIDS ribbon on them to raise awareness and concern about HIV/AIDS in Malawi. The pins provide her family with a little extra income.

Maria continues to face many challenges. She still gets sick and is unable to carry on her activities from time to time. School fees continue to be expensive; her youngest child Edward is HIV-positive; her eldest child, at 18, worries a lot. However, Maria's hope, energy and optimism are infectious. Her ability to live positively is an inspiration to all those around her. Laura Smith, a Canadian Presbyterian intern at Ekwendeni Hospital in 2004-2005 says, "Maria greeted me with a smile every day at the hospital, and was constantly expressing her thanks to God for the love he has shown her." Maria wants others to know that people living with HIV/AIDS can live life positively.

Jerome's Story

Told by Helen Smith, Director, Outreach Programs, Evangel Hall, Toronto.

Jerome is a member of the Evangel Hall Community. He helps set up and clean up for Community Dinners. He keeps the staff informed about events and opportunities for people on the street. He brings in extra donations he has picked up from the overnight van or

festivals at City Hall, so these can be shared with others. He works hard, as hard as he can. Jerome is a person with AIDS.

He contributes the time and the energy he has to the work of the Hall. Once, through no fault of his own, his disability pension was cut off. This meant no means for covering the costs of his ARV drugs that somewhat control the virus. The staff at the hall was able to advocate for him and get his pension reinstated.

Advocacy is only one means of walking with people who have AIDS. Support groups, prayer, home visits and nutritious meals are other ways of walking with people with AIDS. Underlying all is mutual respect, mutual encouragement and mutual acceptance.

Someday there will be a memorial service for Jerome at Evangel Hall. His life will be recognized and celebrated and we will thank God for him. In the meantime, the community, including Jerome, celebrates and thanks God for life together.

Gracia's story

by Gracia Violeta Ross Quiroga, a Bolivian advocate for people living with HIV. Excerpts from her address at the Ecumenical Pre-Conference prior to the International AIDS Conference in Bangkok, Thailand, July 2005.

In Spanish my name means "grace." My parents named me Gracia due to their understanding of "God's Grace" — that wonderful attribute of God, which enables human beings to be saved. My father is an evangelical Pastor. He founded principal churches in Bolivia. I have been learning the Bible and attending Sunday school since I was a child. However when I was 18, I became rebellious and decided to live my life according to my will. I was involved in sexual activity without accurate information about the risk of AIDS.

Gracia Violeta Ross Quiroga

In 2000, I discovered I was HIV positive. The hardest challenge I ever faced was telling my family about my status. I felt I was going to ruin my father's leadership and that my family would reject me. I was touched when my father told me, "We do not want to know how this happened, we have no questions, we only know you are our child and we are going to be with you every single day."

The second important challenge I faced being HIV positive was telling my church. I planned not to tell them at all even though I became a public speaker and an advocate for people living with AIDS in Bolivia and Latin America. We have no access to ARV in most of the countries. We are expecting the Global Fund to help with important changes in this.

Because of an earlier event with another person in the church, I thought the church would expel me. Then the moment came. I had become so famous that I could no longer hide the story. My family and I decided to pray; we prayed for a long time, we had many questions as a family, many objections, and doubts. I remember we had family meetings and discussions. My mother said, "You cannot sacrifice her for the sake of the leadership of your father."

My father said: "If the members of the church do not understand this AIDS issue it is because they do not have compassion, then they are not real believers; they are only religious people. In case they reject you, it will be evident that they are not Christian."

It was really a difficult situation. We had to trust that God was going to touch their hearts, even though most of them did not have basic knowledge or information about HIV/AIDS risk. We failed on this. We did not trust God as we had to. We became anxious people during this time. I told them the truth and asked them as a church to forgive me because I offended God's sanctity with my wrong choices. The response was overwhelming; they reacted with love and support. They cried with my family and me for two hours. It was so amazing to see a routine-based church transformed into a source of love.

Unfortunately, my church would never have considered the AIDS issue if I had been HIV negative. Why do we wait until the problems affect our lives to become involved?" See also the box "The issue of access."

The issue of access

"As a person living with HIV I consider one of the most important challenges we still have to face is the access to treatment care and support for people living with HIV and AIDS. We demand accountability on the global commitments to scale up treatment."
Gracia Violeta Ross Quiroga at the closing ceremonies of the 2004 International AIDS Conference in Bangkok, Thailand

Terry's story

by Terry Boyd, member of Lafayette Park United Methodist Church, St. Louis. Terry died in 1990 from AIDS-related complications. Excerpt from his article in HIV/AIDS Ministries Network Focus Papers, a publication of the Health and Welfare Ministries, General Board of Global Ministries, The United Methodist Church, New York.

I vividly recall a night in December about a year ago. It was 6:00 p.m., very cold and getting dark. I was waiting for a bus to go home, standing behind a tree for protection from the wind. I had recently lost a friend to AIDS. From whatever measure of intuition God had given me, I knew suddenly and quite certainly that I also had AIDS. I stood behind the tree and cried. I was afraid. I was alone and I thought I had lost everything that was ever dear to me. In that place, it was very easy to imagine losing my home, my family, my friends and my job. The possibility of dying under that tree, in the cold, utterly cut off from any human love seemed very real. I prayed through my tears. Over and over, I prayed: "Let this cup pass." But I knew. Several months later, in April, the doctor told me what I had discovered for myself.

The challenge of having AIDS is not dying of AIDS, but living with AIDS. I didn't come to these realizations easily and, unfortunately, wasted precious time caught up in what I thought was the tragedy of my impending demise.

Back when I lost the first of my friends to AIDS, I knew that one friend, Don, had been sick. It seemed like he was in and out of the hospital with this and that and didn't seem to be getting any better. Finally, the doctors diagnosed AIDS. By the time he died, he had been

Photo: Mark Watts

affected with dementia and was blind. When his friends found out he had AIDS, many of us did not visit him while he was in the hospital. Yes, that included me. I was afraid, not of catching AIDS, but of death. I knew I was at risk and that in looking at Don I could be looking at my own future. I thought I could ignore it, deny it, and it would go away. It didn't. The next time I saw Don was at his funeral. I am ashamed and I know that none of us, even those with AIDS, are exempt from the sins of denial and fear. If I had just one wish, just one, it would be that none of you would have to experience the death of a loved one before you realize the extent and seriousness of this crisis. What a terrible, terrible price to pay.

I can tell you truthfully that I have seen Christ. When I see someone holding a person with AIDS who is crying desperately, I know I am in the presence of holiness. I know Christ is present. He is there in those comforting arms. He is there in the tears. He is there in love, truly and fully. There stands my Saviour. Critics notwithstanding, He is here in the church, in the person sitting next to me in the pew on Sunday, in my pastor who has shared tears with me on more than one occasion, in the widow at church who is helping us to set up an AIDS caring network. And you can be a part of that …

Soon after I had discovered I had AIDS, the most important person in my life brought home a small package of seeds. They were sunflowers. We lived in a small apartment with a tiny patio with a bare patch of earth — really more of a flower box than any sort of a garden. He said he was going to plant the sunflowers in the "garden." Okay, I thought. Our luck with growing things had never been tremendous, especially such large plants as pictured on the package in such a small plot of ground. And I had much more important fish to fry. I was, after all, dying of AIDS and I had never paid much attention to anything as mundane as flowers in a flower box.

He planted the seeds and they took hold. By summertime, they stood at least seven feet high with glorious, bright yellow blooms. The blossoms followed the sun religiously and the patio became a hive of activity as bees of all descriptions hovered relentlessly around the sunflowers. Out of row upon row of apartments, which were indistinguishable from one another, it was always easy for me to spot our patio with those great halos of yellow towering high above the fence. How precious those sunflowers became. I knew I was coming home: home to someone who loved me. When I saw those sunflowers, I knew that everything, in the end, would be all right.

For those of you who do care and find yourself ready to make this kind of Christian commitment, I would like it very much if you could come to my house. We wouldn't do a whole lot. We would just sit on kitchen chairs, have some iced tea, and watch the bees in the sunflowers.

Discuss

1. What did you learn from these stories about how people living with HIV/AIDS can live?
2. Maria believes that life's challenges, including HIV/AIDS, are opportunities to start a new life and live it positively. How has she demonstrated this?
3. Gracia asks, "Why do we wait until the problems affect our lives to become involved?" and wonders why people are not committed to treatment and support for people living with HIV/AIDS. How would you answer her?

4. Terry and Jerome challenge us to be the comforting arms of Christ and advocates for people living with HIV/AIDS. How could we do that?
5. How can you, your group, and your congregation apply what you have learned in this study to your day-to-day life as you seek to follow Christ?

ACTIVITIES

Getting involved

We are all living with HIV and AIDS. The suffering of one is the suffering of many. People across Canada and around the world are carrying out actions to:

1. Break the silence.
2. Prevent fear and prejudice.
3. Support people living with and affected by HIV/AIDS.
4. Strengthen social values and policies.

Which of the four categories of actions might be most appropriate for your group or congregation to get involved with? Brainstorm specific ideas and then select one or two of them. Plan what steps will be carried out by what people in order for your group or congregation to act on these ideas. For specific examples of actions in these four categories, read "Supporting People Living with HIV/AIDS" at the end of this session.

Reflecting on the learning

Refer to the points compiled in Session One about what everyone wanted to learn about HIV and AIDS. Has everyone acquired the information wanted? If not, together browse through the resources in Session Two through Six and the Additional Resources. How might you gather the information wanted?

Hand out paper and pens and have everyone complete individually, and in as many different ways as possible, each of the following three sentences.

I want to tell the world
that HIV/AIDS is …

I want to tell the world
that people living with
HIV/AIDS are …

I want to share
what I've learned about
the HIV/AIDS pandemic with …

Quietly reflect on how the exploration of the global pandemic through this study has affected your responses. What has stayed the same? What has changed?

Invite each participant to share one or more of the "I want to …" sentences that they have written.

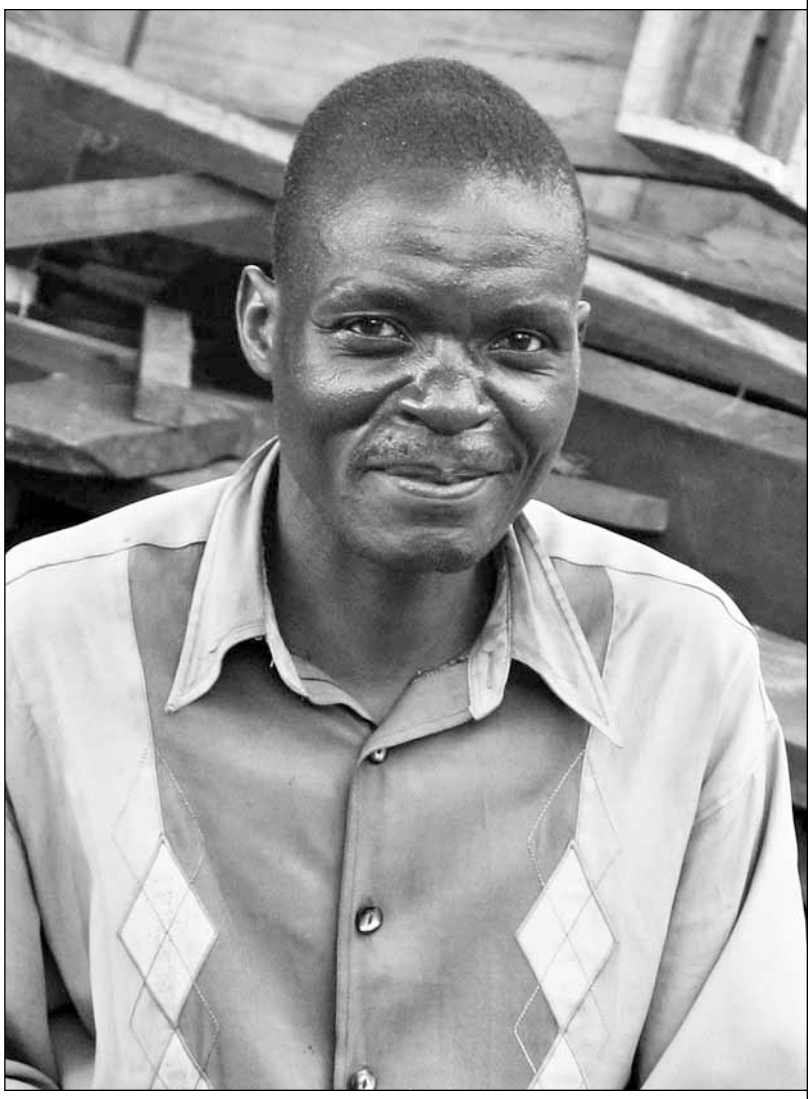


Photo: Carl Hiebert

Inspired by others

The following are just a few examples of what Presbyterians in Canada have been doing to raise awareness and funds for the campaign *Towards a World Without AIDS*.

- In Baddeck, Nova Scotia, Reverends Lloyd and Shirley Murdock hosted a Christmas house tour. Visitors donated $5.00 to tour seven rooms decorated with the many unique Christmas ornaments, nativity sets and decorations they have collected over the years.
- Armour Heights PC, Toronto, sold CDs recorded by their choir for the campaign.
- Westmount PC, London, Ontario, sold meat pies, using the community service booth at Westmount Mall for one week to promote the campaign and take orders for the frozen pies.
- Kerrisdale PC, Vancouver, hosted a concert with internationally recognized pianist Jane Coop and congregation member Andrew Dawes, a violinist and founder of the Juno Award Winning Orford String Quartet.
- The Presbytery of Ottawa launched its fundraising and awareness efforts with a candlelit concert titled *Songs of Love: Hearts of Compassion* on the Saturday before Valentine's Day.
- The youth groups from Knox, Waterloo and St. Andrew's, Kitchener, Ontario, worked together to stage a citywide concert geared to youth. Five local rock/punk/ska bands donated their time to play for 200 youth.
- At St. Andrew's PC, New Glasgow, Nova Scotia, as members contributed to the project, tissue paper leaves were taped onto the bare branches of a chokecherry bush in the church, each leaf representing $1. More than 1200 leaves appeared. Two local papers wrote about this "Giving Tree."
- Knox PC in Stratford, Ontario, hosted a photo exhibit of images of the HIV/AIDS epidemic. Entitled "A Story of Beauty and Tragedy," the photos by Carl Hiebert depict the hope and resilience people in Malawi are showing in the midst of AIDS. The photos are available from PWS&D for churches to stage an exhibit of their own.

Raising awareness and funds

Since the launching of the *Towards a World Without AIDS* campaign in June 2004, Presbyterian presbyteries, congregations, church groups and members across Canada have been raising funds and awareness in many creative ways. What stories have you heard about these efforts? Brainstorm a list of what your group or congregation could do to participate in the campaign. For ideas, take turns reading the brief accounts of the activities of other Presbyterians in Canada in "Inspired by others." What creative action might your congregation enjoy doing to raise awareness about HIV/AIDS in your community, and to raise funds for the campaign. (Note: 90% of the campaign funds will go to mission partners overseas, 10% will go to mission partners in Canada.) How would you get this started?

World AIDS Day

The World Health Organization, supported by the United Nations General Assembly, declared December 1 as World AIDS day in 1988. Plan a special worship service on the Sunday closest to World AIDS day or have a community service on World AIDS Day, inviting people living with and affected by HIV/AIDS. Check out worship resources at www.presbyterian.ca/pwsd/aworldwithoutaids/resources.html

Holding a candlelight vigil

Plan to hold a candlelight service for your Sunday morning worship service at the end of your study or as a special evening service. (See box "World AIDS Day.") Prepare this yourselves using material from the study and what you have learned. Include some partner stories in the service. Set up 10-20 white candles around the worship space. Alternatively, you may wish to use the sample candlelight order of service posted at: www.presbyterian.ca/pwsd/aworldwithoutaids/resources.html or order a copy from PWS&D.

CLOSING PRAYER

Gather around a large Christ candle. Light it and then say together:

All: In the power of the Spirit of God,
we light a candle of hope
in the hearts of all the people who are faced with hopeless situations.
We are God's instruments to bring hope.
The Lord is the everlasting God,
the Creator of the ends of the earth.
He will not grow tired or weary,
and His understanding no one can fathom.
He gives strength to the weary,
and increases the power of the weak.
Even youth grow tired and weary,
and young men stumble and fall;
But those who hope in the Lord
will renew their strength.
They will soar on wings like eagles;
they will run and not grow weary,
they will walk and not be faint. Amen.

From *Point of Light: A Vigil for World AIDS Day December 1, 2004*, produced by Primates World Relief and Development Fund, The Anglican Church of Canada. Used with permission.

Photo: Carl Hiebert

Supporting people living with HIV/AIDS

1 Break the silence

- Using the basic facts, talk openly in the family and faith community about the reality and danger of HIV/AIDS.
- Talk to individuals and groups of people living with HIV and AIDS to determine their needs and the potential they may have to provide inspiration or strength to others in similar situations.
- Remember in religious services and prayers those living with HIV and AIDS and those who have died.
- Team up with medical and public health professionals to make information widely available in the community.

2 Prevent fear and prejudice

- Lead by example by visiting and ministering to people with HIV and AIDS.
- Discuss how people living with HIV and AIDS have the same inherent human dignity as other people and deserve the same protection against discrimination.
- Call for tolerance, understanding and reconciliation within families, places of worship and the society at large.

3 Support people living with and affected by HIV/AIDS

- Strengthen home- and community-based care for people living with HIV and AIDS. Remember that caregivers of people with HIV and AIDS are especially in need of emotional support.
- Promote or support the establishment of services that are needed to prevent HIV/AIDS and to provide for those affected. These include education, counselling, health services, social and spiritual services, and outreach. Encourage people to use them.
- Expand efforts to reduce poverty. The spread of HIV/AIDS is being fuelled by economic hardship and inequality. The reverse is also true: HIV/AIDS impoverishes families and communities. More than ever we need to forge partnerships with the government, private sector, non-governmental organizations, assistance agencies and others for support to income-generating, skills training, self-help and other activities.

4 Strengthen social values and policies

- Ensure that people living with HIV and AIDS are involved in planning and carrying out relevant programs and services.
- Support policies to provide antiretroviral treatment for pregnant women and to all people with HIV or AIDS who need them.
- Protect the property, land and working rights of people living with HIV and AIDS.
- Create forums for discussion about issues related to HIV/AIDS. Begin with local groups or institutions by bringing up issues in organizational or administrative meetings and retreats. Move on to discuss issues in public with members of religious assemblies and communities in regular meetings and through schools for religious instruction. Air the facts and develop consensus on appropriate theological and ethical responses and systems of support.
- Support voluntary, confidential testing and encourage members of religious communities and their leaders to get tested for HIV. Many religious, political and social leaders have courageously set a good example and gone a long way to de-stigmatize HIV by getting tested and publicizing their own results, or by standing up with people living with HIV and AIDS.

Additional Resources

WEB SITES

- Christian Aid: www.christian-aid.org/indepth/hivaids.htm
- Health Canada: www.hc-sc.gc.ca/dc-ma/aids-sida/index_e.html
- Ecumenical Advocacy Alliance: www.e-alliance.ch
- InterAgency Coalition on AIDS and Development (Includes fact sheets and information on development and AIDS): www.icad-cisd.com
- Mennonite Central Committee: www.mcc.org/aids
- National Council of Churches USA mission education: www.ncccusa.org/missioneducation
- The Presbyterian Church in Canada campaign *Towards a World Without AIDS*: www.presbyterian.ca/pwsd/aworldwithoutaids/index.html
- The United Methodist Church AIDS Ministries in Health and Welfare Ministries of the General Board of Global Ministries: http://gbgm-umc.org/health/aids
- United Church of Canada campaign *Beads of Hope*: http://united-church.ca/beads
- UNAIDS: www.unaids.org
- World Health Organization HIV/AIDS information: www.who.int/hiv/en
- Canadian HIV/AIDS legal network: www.aidslaw.ca

OTHER WEB SITES

For information on

Hourly updates on HIV news from around the world: www.aegis.com/main

Needle exchanges: www.aidslaw.ca/Maincontent/issues/druglaws.htm

Statistics: www.avert.org/canstatg.htm

Interfaith resource: *What religious leaders can do about HIV and AIDS — Action for Children and Young People*. This workbook is a result of the collaboration of UNICEF, the World Conference of Religions for Peace and the Joint United Nations Program on HIV and AIDS (UNAIDS). It draws from information sources of various faith communities. Download this resource at: www.unicef.org/publications/Religious_leaders_Aids.pdf

AVAILABLE FROM THE BOOK ROOM

The Presbyterian Church in Canada, 50 Wynford Dr., Toronto, ON M3C 1J7
Telephone 416-441-1111, 1-800-619-7301, Fax 416-441-2825 Email:
bookroom@presbyterian.ca

Partners — Meeting Friends in Malawi: A special focus on HIV/AIDS. A mission learning/sharing experience for children and youth by Audrey Little, The Presbyterian Church in Canada, 2005.

The Skeptics Guide to the Global AIDS Crisis. Tough Questions. Direct Answers. Dale Hanson Bourke, Authentic Media, 2004. A short book that provides quick, short, but detailed answers about the most frequently asked questions about AIDS.

The Hope Factor: Engaging the Church in the HIV/AIDS Crisis. Edited by Tetsunao Yamamori, David Dageforde and Tina Bruner, Authentic Media, 2003. Different stories of hope.

The Heaven Shop. Deborah Ellis, Fitzhenry & Whiteside, 2004. *The Heaven Shop* is a fictional account of the impact of HIV/AIDS on a family in Malawi. It was written to dispel myths about HIV/AIDS and to recognize the children coping with the circumstances in which HIV/AIDS has placed them. It deals with stigma and discrimination, prostitution, myths and taboos about HIV/AIDS and much more. Set in Blantyre, Malawi, this book shows how circumstances over which people have no control can make people vulnerable to HIV/AIDS in a very real way.

We Are All The Same: A Story of a Boy's Courage and a Mother's Love. Jim Wooten, Penguin Press, 2004. Jim Wooten, a senior correspondent for ABC News, tells the story of Nkosi Johnson, a young South African boy infected at birth with HIV. Wooten tells how he was changed by his friendship with this boy who, born with AIDS, fought for AIDS awareness until his death at age twelve.

ACRONYMS

ABC Abstain, Be faithful, or use Condoms

AIDS Acquired immunodeficiency syndrome

ARV Antiretroviral

CSW Commercial sex worker

FBO Faith based organization

HAART Highly active antiretroviral therapy

HIV Human immunodeficiency virus

MTCT Mother-to-child transmission

PMTCT Prevention of mother-to-child transmission

NGO Non-governmental organization

VCT Voluntary counselling and testing

WHO World Health Organization

UNAIDS The Joint United Nations Programme on HIV/AIDS (UNAIDS) is a joint venture of the United Nations family. The Programme brings together the efforts and resources of ten UN system organizations to help the world prevent new HIV infections, care for those already infected and mitigate the impact of the epidemic. The ten UNAIDS cosponsoring organizations are:

- Office of the United Nations High Commissioner for Refugees (UNHCR)
- United Nations Children's Fund (UNICEF)
- World Food Programme (WFP)
- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations Office on Drugs and Crime (UNODC)
- International Labour Organization (ILO)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- World Health Organization (WHO)
- World Bank

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