

INSIDE

THE FAITHFUL RESPOND: THREE VIEWS

- *A Critical Lens on the African-American Church and HIV* 5
- *Catholics and Condoms* 8
- *Jewish Responses to HIV* 10



Personal Perspective: LOVE LIFTED ME! 12

*"God is love, and love is for everyone!"
My church family has exemplified that statement.*

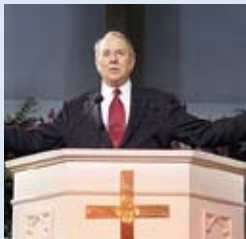


SYRINGE EXCHANGE: A MORAL ISSUE 14

Communities of faith have not consistently embraced HIV prevention among injection drug users.

Personal Perspective: CATHOLIC, GAY, AND LIVING WITH HIV 17

He was saying that people dying from AIDS were getting what they deserved and no one should try to help them.



THE CHRISTIAN RIGHT: WRONG ON AIDS 18

Approaches to HIV based on belief, not fact, remain and continue to hamper HIV prevention.

EDITORIAL 23

*Achieve is a joint publication of
ACRIA and GMHC.*



by Jacqui Patterson

I've enjoyed ten years of working in faith-based organizations (FBOs) that fight AIDS, and have seen much to inspire, educate, and horrify me. I'll base my comments on human rights and love, both of which are biblical principles, even if "human rights" isn't stated in those terms in the Bible.

There is a lot that is compelling about the work of FBOs in AIDS and a lot that, while compatible in theory, is quite contradictory and damaging in practice. Because FBOs have received millions of dollars from the U.S. and other nations, and from other funding sources such as the Global Fund to Fight AIDS, it is critical to examine how they are working and what their impact is on nations, communities, families, and individuals.

Faith-Based Organizations and AIDS

The Good, the Bad, and the Ugly

"Come unto me all ye that labor and are heavy laden and I will give thee rest."

As a Christian and a proponent of social justice for all, I have some questions regarding churches' response to AIDS.

Why are Faith-Based Organizations Engaged in AIDS Work?

The Bible offers a clear mandate to care for people in need of help and to attempt to balance the scales of justice. Matthew 25:40 says, "Whatsoever you do unto the least of these, you do unto me"; Micah 6:8 states, "What do I require of you...to live justly"; and 1 John 3:17 asks, "If anyone has enough money to live on and sees a brother or sister in need and refuses to help – how can God's love be in that person?"

So it is not surprising that in sub-Saharan Africa, Latin America, and the Caribbean, FBOs provide up to 40% of all health care, and churches are present in many communities. At times there is no other health institution of any sort. In the U.S. there are also many faith-based health centers and other HIV service providers. The sheer presence and capacity

continued on page 2

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Faith-Based Organizations *cont. from first page*

of FBOs puts them in a good position to offer a range of services. Also, in many communities in Africa, Latin America, the Caribbean, the U.S., and to some extent Asia, there are very high percentages of Christians – so the influence that FBOs and faith leaders have in the community is significant, for better or worse.

What Has Worked?

My first entrée to global work in AIDS was through an FBO. I was focused on supporting home-based care and hospices through Interchurch Medical Assistance World Health and its member organizations (a variety of mainline Protestant churches). The reach of these churches and FBOs into communities was tremendously helpful – outreach workers were there for families and individuals in need of support and comfort in their final months. I also witnessed how the spiritual component offered great comfort, resulting in a peaceful death for many.

I've also seen churches have a very positive influence in the policy arena. The United Methodist Church, Lutheran Church, Church World Service, and others invested significant resources in policy analysis and mobilizing their congregations to advocate for increased funding for AIDS, as well as related issues like debt cancellation, which

afforded countries the flexibility to assign more resources to health programs.

Similarly I've seen the establishment of the African Network of Religious Leaders Living with AIDS, which has worked to destigmatize HIV by having religious leaders speak out, offering messages of love and compassion, without judgment. Cristo Greyling and Gideon Byamugisha have encouraged language such as "The Body of Christ has AIDS" to signify that when one of us is infected, we all are, and that we need to address AIDS as a community issue – not singling people out for blame.

In the last two years of my work with IMA World Health, I managed the organization's PEPFAR (President's Emergency Plan for AIDS Relief) treatment program. In theory, this should have gone well. FBOs have the reach, health facilities, relationships, and understanding of communities – all of which should lead to a successful endeavor.

Indeed, the infrastructure afforded by the extensive networks of faith-based hospitals, clinics, and mobile units was a fantastic resource. Several of our partners were already successfully running treatment programs using generic drugs. At first the glut of resources and the prospect of being able to serve the hundreds of thousands in need of treatment was all very exhilarating. But those of us who were concerned about nuance came into conflict with the restrictions on reproduc-

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People who have taken HIV meds will take Intelligence with Reyataz and an NRTI for 48 weeks.

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Pregnant women who are already taking Isentress will give several blood samples on two separate days in order to find the optimum dose of the drug during pregnancy. Compensation is provided.

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tive health services, the inability to use generic drugs, and the “Anti-Prostitution Loyalty Oath,” which restricts how organizations can use their funds to engage in speech or programs related to sex work. I found that many FBOs were not ready to buck the system on behalf of those they were supposed to serve. This strongly interfered with my ability to work, and I found myself in constant conflict. So, hundreds of thousands are receiving treatment through FBOs, and that’s a good thing. But I put this on the cusp of the “What Hasn’t Worked” section because I still ask, “At what cost?” and “Could we have done it better?”

What Hasn’t Worked?

In their AIDS response, churches have clearly been constrained by judgment and dogma. Kay Warren of the Saddleback Church rightfully pointed out, “The Church is more known for what it is against than what it is for.” A friend of mine, Dazon Dixon Diallo of SisterLove in Atlanta, once said she wants to make a bumper sticker that reads, “Jesus Please Come Back and Save Us from Your Followers!” The words of Martin Luther King Jr. are also very apt: “Yes, I see the Church as the body of Christ. But, oh! How we have blemished and scarred that body through social neglect and through fear of being nonconformists.”

On one hand there has been judgment regarding people with HIV and rhetoric around “the wages of sin equal death” and “you reap what you sow.” At the 2008 Ecumenical Advocacy Alliance in Mexico City, one religious leader spoke of the condemnation and judgment she has faced since declaring her HIV status. There has also been stigma around certain high-risk populations, leading to damaging programs or outright neglect.

There are many examples of the influence of conservative Christian ideology and personalities on policy development. When PEPFAR was being designed, there were multiple forces influencing its policies, such as the Institute for Youth Development and the Children’s AIDS Fund, which had an ideology rooted in conservative Christianity. This challenge to the separation of church and state should have been revealed early on and dealt with head on. Instead, it led to policies that didn’t follow the scientific literature or



the actual experience of gender inequality and other dynamics. Ideological polices masqueraded as evidence, like the Anti-Prostitution Loyalty Oath and the emphasis on HIV prevention through abstinence and fidelity to the exclusion of the proven effectiveness of condoms.

The gender inequality in many churches also permeates the societies where they are influential. This has played out in messages stating that being faithful is protection against HIV, when for many married women this is a death sentence. *Both* partners have to be HIV negative *and* monogamous for this to be effective. Yet people are offered simple messages without caveats. Church-based instruction on submission to one’s husband has led women to stay in relationships with unfaithful husbands and to suffer violence at their hands. Often, churches do not offer guidance on the protection of women, focusing instead on the “sanctity of marriage” and “‘til death do us part,” regardless of the risk to the often powerless woman.

At the 2008 Ecumenical Pre-Conference in Mexico City, I appreciated the dialogue around gender, and specifically patriarchy, in the church. But there was no space in the program for the LGBT community and its issues – unfortunate, given the early and continued epidemiology of HIV as well as the continued discrimination against LGBT

people. How can there be an entire HIV conference without space for LGBT matters when we have had activists like Sizekele Sigasa and Salome Moosa, champions for HIV justice, who were murdered in South Africa in a vicious hate crime? When we have Solomon Adderly Wellington, a noted gay HIV activist in the Bahamas, murdered? When we have the President of the Gambia vowing to lop off the heads of gay people and criminalize any who offer safe harbor? When we have Steve Harvey, a gay HIV activist from the Jamaica Support Services slain in a country where there are more churches per capita than anywhere in the world? (Jamaica is my country of origin, yet I’m embarrassed to say that I would warn my gay friends about even visiting there, knowing that they risk life and limb due to homophobia.) And when we now have Uganda attempting to pass a law similar to that in Gambia, with the instigation of this legislation allegedly resting at the feet of certain U.S. evangelical churches.

Where are the voices of churches on these issues? Where is the high-profile public statement condemning such heinous hate crimes? Instead, there is much condemnation of same-sex relationships, and the intensity of Christian leaders’ words, deeds, and attitudes seem to indicate that they are more concerned about these acts of

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love than acts of hate. One colleague spoke about being invited to dinner and learning mid-meal that his host was gay. He said, “There I was eating the food...” And this is a person who is in charge of HIV programs for his denomination! A participant in a workshop I facilitated stated that many in the church are only ready to embrace people who are “like us” by whatever notion of self-proclaimed sanctity “we” in the church define ourselves. My purpose here is not to sway those in the church who find a biblical basis to oppose homosexuality but rather to question their application of biblical principles. I ask them, what would Jesus do?

At Rick Warren’s 2006 Saddleback Church conference an awkwardly titled session, “Loving Homosexuals as Jesus Would?” led to hopes that this evangelical leader was questioning attitudes toward LGBT people. Instead, it was a panel of speakers from the “ex-gay” movement, not a workshop offering guidance on how churches could be safe spaces that welcome all and uphold justice within a range of beliefs. They went beyond many churches in even holding such a workshop, but they need to take it further.

Does being known more for condemnation of individuals (and cozying up to big pharma and other questionable allies) instead of fighting for justice and human rights match the scene of Jesus in the temple overturning the tables of the money changers? Does it fit with the image of Jesus embracing and blessing a sex worker? His directive to her was to “go and sin no more.” Repentance wasn’t a precursor for his embrace. His championship of justice was not selective.

One of the conflicts I experienced in my work with the AIDS Relief Consortium was the need to include prevention programs with the treatment work we were doing, as it makes little sense to be doing treatment alone. That would be like trying to plug holes in a dam while more spring open. A group that was in charge of \$330 million of AIDS funding was constrained in the prevention resources it could provide. The restrictions came from the ideologically driven PEPFAR guidelines, which mandate how much funding can be used for treatment and what emphasis

must be placed on abstinence and fidelity. In addition, the organizational policies of Catholic Relief Services don’t allow condom distribution or a full range of reproductive health services.

Many in the church refer to the AIDS pandemic as an “opportunity for evangelism.” Ken Isaacs of Samaritan’s Purse stated “AIDS has created an evangelism opportunity for the body of Christ unlike any in history.” Community Health Evangelism offers a presentation entitled “HIV/AIDS in Asia: A Window of Opportunity for Community Health Evangelism.” This is troubling on at least two levels. First, there’s the notion that people could be celebrating such a dread disease – as if it was sent so that they could save more souls. Second, the idea of “bread in one hand and the Bible in the other” could lead to the coercion of people who are in a vulnerable position.

People within organizations should expose the underlying forces driving their agendas, and coalitions should be encouraged to offer up a statement of principles so that hidden biases can be revealed.

Recommendations

There are critical roles for FBOs that contribute substantially to the well-being of communities, families, and individuals with HIV. Some FBOs have used their influence to advocate for needed policies, including debt cancellation and universal access to treatment. Religious groups have also used their reach in communities to ensure that there is a comprehensive web of support for people with HIV. I applaud these efforts and hope that these initiatives persist and multiply.

But FBOs should establish guiding principles so that everyone knows where each organization stands. I pushed for the establishment of such principles and values at the Pan African Christian AIDS Network. All were enthusiastically in favor. But when we completed the process, it included a clause saying, “Marriage should only be between a man and a woman.” I decided then that it was time to bid adieu, as I am an uncompromisingly staunch ally of LGBT rights.

People within organizations should expose the underlying forces driving their agendas, and organizations operating in coalition should be encouraged to offer up a statement of principles so that hidden biases can be revealed.

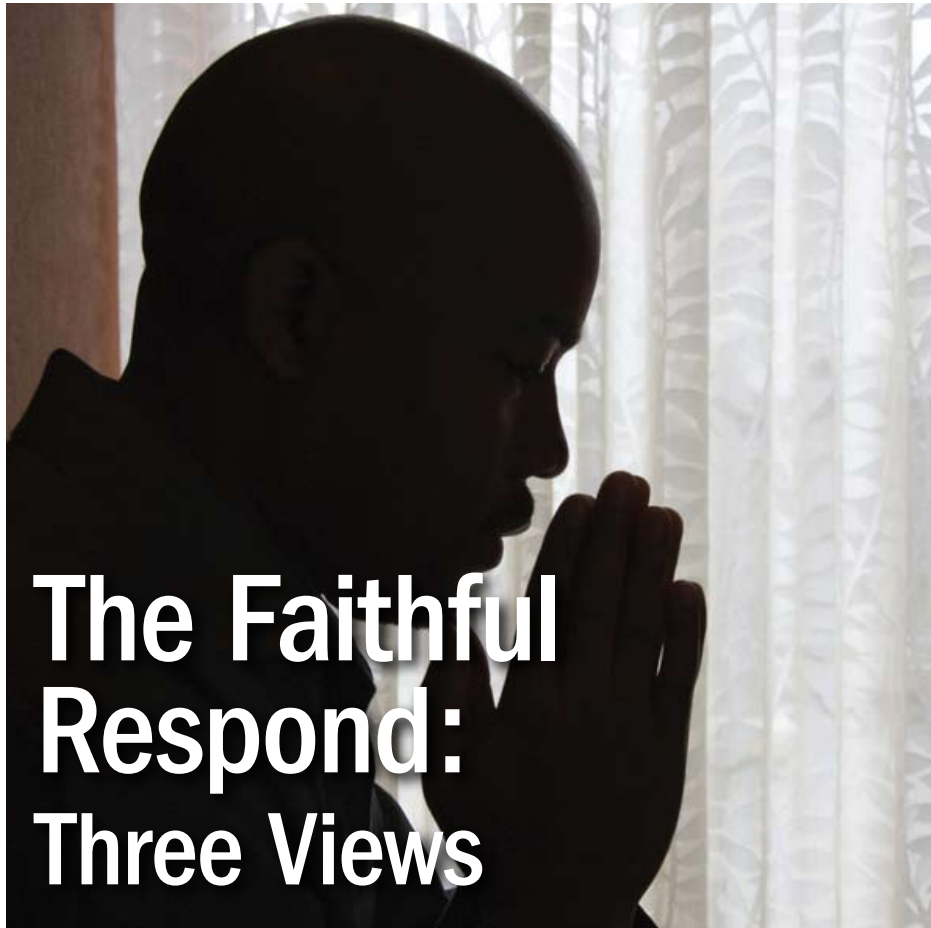
Advocacy conducted by FBOs should be based on principles of human rights. If this is the guideline, the automatic corresponding principle is “do no harm.” The judgment-based advocacy that has resulted in such policies as the Anti-Prostitution Loyalty Oath and hateful anti-gay legislation such as that being discussed in Uganda that proposes the death penalty for loving persons of the same sex would not pass the “do no harm” test.

There is a role for abstinence in HIV prevention. It’s possible to choose abstinence and it’s good to have support in adhering to that choice. But doctrines and societal edicts are not enough if

someone makes another choice or if people find themselves in situations where they have little or no choice. People who are in these circumstances need to know the options for keeping themselves as safe as possible.

Finally, let’s reward FBOs that are doing good work, replicate those practices, and emphasize these positive models. There are churches that have articulated biblical bases for supporting women’s rights and gay rights, and who promote a broad range of social justice issues. There are others who have devoted themselves to treatment, the care of orphans and vulnerable children, economic development, peace work, and hospice care through highly effective work. We need many more like them. ■

Jacqui Patterson is an activist and policy analyst working on women’s rights, racial justice, and public health globally.



church has been slow to respond to this challenge of truly epic proportions and that there is much work yet to be done.

The Early Years

During the 1980s, black churches did not address AIDS since many blacks believed the disease was not a threat for them. Most often, African-Americans believed that AIDS occurred only in gay white men. As the years passed, many in our communities began to see their friends, families, and associates become ill. Often the nature of their illness was misrepresented or not discussed above a whisper.

A pattern of denial exists in middle-class and working families on this issue; many do not want to admit that they are affected by it at all. Many leaders preach and congregants feel that those who have HIV somehow deserve their condition or are being punished by God because they “did something wrong.” More education is needed on how HIV is actually transmitted, and on the relationship of factors like mental health, substance abuse addiction, and power in relationships, and how to manage life stressors. Our communities need information and support not only to obtain treatment but act as self-advocates in health care. We must go further than simply providing correct information. We must become empowered to own the issue by organizing ourselves beyond our labels as Baptists, Protestants, Jews, Methodists, etc., to address this common foe – a disease called AIDS. We need to devise strategies that will enlighten our “walk” and give life to our religious “talk,” moving us forward, empowered to navigate health care access and treatment and to engage in preventive health and health maintenance.

Leaders can move their churches from a closed structure to an open one. I have personally witnessed this transition taking place in church after church over the last several years. It is in large part a shift that occurs first within the leadership and is then manifested through “The Word.” This is evident in churches where the leaders have come to accept their own differences from the traditional thinking and practices of their parent churches. They then are less apt to interpret oppressive political and religious ideas rigidly.

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A Critical Lens on the African-American Church and HIV

by Carolyn L. Massey

“Eleven o’clock Sunday morning is the most segregated hour, and Sunday school is still the most segregated school of the week.”

Those words from Martin Luther King Jr. remain true; even today, African-Americans generally worship in congregations and churches mainly or entirely composed of black people.

Throughout our history, blacks in the U.S. have sought safety within the walls of the physical church. It is a place to plan, to share our resources, experiences, and hopes, and it provides an economic base of operations. It offers a safe haven for speech on the larger issues of the day and has been a venue to feed our need for biblical perspective and direction. It is also a gathering place to organize ourselves around issues of safety, economic empowerment, and familial unity, and where we conduct many types of political activities.

“The African-American church” as such does not exist as a strictly religious entity. What does exist are many, very diverse people who choose various forms and places of worship, organized in different ways and to varying degrees. African-Americans worship in a variety of ways, as do members of most other racial and ethnic groups. Most frequently, African-Americans worship as Baptists, Protestants, Methodists, Muslims, Catholics, Seventh-Day Adventists, and Jehovah’s Witnesses. They also worship as Scientologists, Episcopalians, and Jews. Nevertheless, for purposes of discussion within this article, we will continue to refer to the phenomenon of places of worship utilized mostly by African-Americans as “the African-American church.”

Although frequently misunderstood and sometimes misrepresented, the African-American church plays a crucial role in our nation’s response to the ongoing decimation of African-American communities by HIV. That said, we must also acknowledge that the African-American

New Churches

Many African-American churches arose from the need to create a separate, independent place of worship for black people that was free from the scrutiny and influence of whites, and responding to racial oppression is a common priority. Similarly, new religious institutions are rising in response to the AIDS epidemic, providing a safe space for gay, bisexual, and transgender communities of color. But there is little similarity between these new African-American churches and their more traditional predecessors beyond having a predominantly African-American base. Even the racial demographics differ, with more traditional churches consisting of almost all African-Americans while the newer ones usually include a small but not insignificant proportion of Latinos and whites. Most often, the more traditional churches tend to have working-class and middle-class congregations who are, presumably, more educated than their counterparts and less economically impoverished. The contrast between facilities and resources is tangible evidence of these differences.

Most African-American churches represent a male-centered, heterosexist culture, reinforcing gender and sexual hierarchies. Pamela Leong, author of the study “Sexuality, Gender, HIV/AIDS, and the Politics of the Church: A Comparison of Two Churches,” shared her findings: “Moreover, while the church does address the AIDS problem, it only does so peripherally—by focusing on the more acceptable ‘victims’ of AIDS—heterosexual women. Religious leaders fail to address AIDS at all in their Sunday sermons, and they also avoid frank discussions of sexuality and intravenous drug use, the behaviors traditionally linked to HIV/AIDS. Frequent references to guilt, sin, and the ‘devil’ suggest likely stigmatization of those affected by HIV/AIDS and/or those who engage in HIV-related behavior. These conservative tendencies then have the unfortunate effect of oppressing and further marginalizing the community members who are in most need of assistance.”

Churches and Political Action

The black church is an agent for social action by and for African-Americans. It offers meaning, hope, and love—all important for everyone, and particularly for inner-city and rural African-Americans, who are often marginalized in the U.S.

Most traditional churches are led by older persons and heavily influenced by generations of family groups that can date back to the founding of their churches. This phenomenon does not bode well for newcomers who wish to introduce more inclusive approaches to building the congregation. Traditional churches are also usually conservative. AIDS may not be

“Religious leaders fail to address AIDS at all in their Sunday sermons, and they also avoid frank discussions of sexuality and intravenous drug use, the behaviors traditionally linked to HIV/AIDS.”

discussed at all from the pulpit, there may not be HIV ministries in the church, and there may be few instances where HIV prevention messages are integrated into the churches’ programs. Usually, a church’s involvement may be limited to aligning itself with an organization that will introduce the church leadership to the issue of AIDS and provide helpful hints on establishing an AIDS ministry. This may be promoted as legitimate engagement on the issue of HIV, but is normally not a sustained effort.

While many churches are capable of delivering HIV prevention and treatment services, this is not a requirement to be effective at educating their congregations and integrating messages that discourage judgmental attitudes in their communi-

ties. The only requirement is a determination against exclusion.

Few studies have explored religion and its impact on political action. This is especially true of African-Americans, who have been stereotyped as having an “otherworldly” religious orientation that deflects attention away from “worldly” concerns, such as politics. But using the 1987 General Social Survey, Frederick C. Harris argues that religion among African-Americans serves as both an organizational and a psychological resource for political action. He demonstrates how individual religious beliefs affect political action like voting as well as collective action, and how this differs between black and white Americans.

Each of us decides how to combine or separate our roles as congregants and citizens. Many people fear that religious controversy in politics may result in polarization and extremism. Perhaps the more dangerous concern is that fundamentalism will define gray areas as black or white, oversimplifying cultural and religious issues.

Black churches could use congregational organizing to take on poverty, unemployment, lack of housing, and racism—and many have done so. This approach could also include the sick and those who are on the outside looking into our church windows...they too are worthy. If God opens doors and windows for the least of us, who are we to close them to those who seek what has been given to all? The factors that feed HIV disease—poverty, unemployment, lack of housing, addiction, community economic decay, decades of poor health habits—must be addressed, for AIDS is a disease of the body, not the spirit.

The spiritual assault occurs when stigma is perpetuated. Many people with HIV are distressed that their church considers theirs a “special” issue that must be separated from the issues of other congregants. More churches must answer the call just as they did in the fight for civil rights. These institutions are beginning to respond, but must normalize their conversations around HIV so that congregants begin to own the truth that HIV has already hit home.

Although the churches are well positioned to affect the degree to which AIDS

affects African-Americans, their leaders continue to face multiple constraints. The African-American church is one of the most conservative institutions in the U.S. After distancing itself from the moral issues around the behaviors that feed the disease, the church finds itself caught in a quandary. How does it justify continued silence in the face of its biblical call to acknowledge God's sovereignty? How does it claim its place as the self-pronounced cornerstone of the African-American community when it has failed to stand on behalf of the least of us? This amounts to a second marginalization of society's least "desirable" community members (which, depending on the day of the week, could be any of us).

Taking Action

The foundation has been laid for African-American churches to wage a massive assault that will galvanize our people around a movement to end HIV among us. We are the people who survived slavery, Reconstruction, and Jim Crow – our vigilance has been unceasing. HIV is another opportunity to put our faith into action, and this is happening. Balm In Gilead in New York City and Gospel Against AIDS/Global Research Education and Training Networks in Michigan support excellent faith-based initiatives. The Maryland and D.C. Departments of Health are helping churches to organize themselves and identify the resources that they need to move forward with providing services. Churches in both states are working to establish all-denominational, interracial, nonpartisan coalitions of churches, community-based organizations, governmental agencies, and businesses working together to serve their regions.

In 2007, the National Black Leadership Commission on AIDS conducted the First National Conference to End HIV/AIDS Among African-Americans. Co-chaired by Bishop T.D. Jakes of The Potter's House and Rev. Dr. Calvin Butts of Abyssinian Baptist Church, it brought together government, education, health care leaders, and clergy in an historic meeting. In 2009, the first annual HIV/AIDS Conference to Engage and Support Faith Communities was held in Washington, D.C., sponsored by the Trinity Development Corporation,

Black Leadership Commission on AIDS, D.C. Places of Worship Advisory Board and the D.C. Dept. of Health and offered workshops on engaging youth, women, men, and senior citizens in faith communities.

While these efforts are important first steps, they are just that: first steps. The fight against HIV cannot be and is not an activity – *it is a movement!* There has to be actual connection, on a grassroots level and using a myriad of approaches, to people as diverse as the stereotypical drug addict and the functioning sex addict, to the people who engage in multiple "monogamous" relationships, to the aging adult in a long-term relationship who may



be infected but mistakes HIV symptoms as signs of aging. The shroud of secrecy and mystery must be removed from this disease, and this must be done boldly so that there is no doubt that our leaders believe that "We Shall Overcome."

Some churches are successfully integrating prevention messages into their ministries. Women's support groups like Life Support, Older Women Embracing Life, and public gatherings such as the fundraising walk Sista Stroll provide venues to talk and put real faces to the disease. Food banks and clothing closets that connect with housing facilities serving people recently released from prison can open the door to conversations about HIV testing. Events like Testing for Turkeys, in

which people who return for their HIV test results get vouchers they can redeem for holiday turkeys, have been very successful in many urban settings.

Some churches have formed interdenominational coalitions that set out to accomplish ambitious goals, including training community care workers and connecting with public training sources to prepare volunteers as HIV testers and care navigators for community members. Still other churches have gone further and established care centers of their own. All these activities and efforts provide the relationships that are essential to influence people, especially people of color. Since

HIV is a preventable disease, our role must begin by pulling down strongholds of fear.

Faith-Based Organizations

There is no official federal definition of a faith-based organization (FBO). Whoever declares themselves to be "faith-based" are, *de facto*, faith-based. The intent is to encourage any organization that has a faith-inspired interest in providing services to apply for government funds and that faith-based charities should be able to compete on an equal footing for public dollars to provide public services. It is not uncommon for a church to establish separate community-based organizations – often they are community development corporations established to develop eco-

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The Faithful Respond *cont. from previous page*

conomic programs and provide financial support for a community.

The decisions of the Obama administration and Congress will have a substantial effect on the continuation and expansion of the Faith-Based Initiative, which allows government funding for social services to be channeled through religious organizations. Rulings in the courts will also shape the course charted by the new White House Office of Faith-Based and Neighborhood Partnerships.

Several studies have estimated the replacement costs of the social services offered by churches. An Urban Institute study of FBOs in five cities estimated they spent between \$2.4 million and \$6.8 million on employment-related services annually per city. The Census of Philadelphia Congregations study calculated the replacement value of social services provided by congregations in Philadelphia – taking into account the value of paid and volunteer labor and the use of buildings and services as well as monetary contributions – at \$246 million annually.

But the Roundtable document “Taking Stock: The Bush Faith-based Initiative and What Lies Ahead” contains no mention of the word “HIV,” and no mention was made of HIV prevention as a service being provided by FBOs. There is a reference to a Baltimore treatment study that focused on understanding the role of religion in substance abuse treatment programs. In fairness, there is a high likelihood that people with HIV are represented in the study – certainly individuals at high-risk for infection are represented – but there is no specific mention of HIV prevention and treatment in this exhaustive and influential study. And this is the case even though HIV is devastating African-American communities with a church on almost every corner.

The question of whether better results come from encouragement of FBOs as providers of public services is still open. Many well-meaning institutions grapple with issues such as:

- “Where is the line of our involvement?”
- “We want to help, but we don’t know what to do.”

- “How will taking on this issue be perceived among the congregation?”
- “Is this something that we should be doing, since there are already service providers doing this work?”
- “Will we lose members because of our decision to become involved in HIV prevention?”

It is important that we acknowledge that churches are already involved in HIV prevention to the extent that they feed the hungry, provide premarital counseling, clothe the needy, and provide meaningful social connections for our people. But the only answer that can be offered to any of the questions here is yet another question: “What would Jesus do?”

Conclusion

Whether they choose to address HIV by integrating prevention and care messages into sermons and church activities or by establishing organizations to offer more formal programs, the takeaway point is that African-American churches must do more on this issue. The opportunities to engage as community partners in reducing the impact of the disease are limited only by the imagination and commitment of faith leaders and congregants.

This article represents the perceptions of an African-American Christian who is also an HIV-positive person, a lay leader, a mother, a sister, an aging adult, a student, an entrepreneur, a health advocate, and an activist. It is vital that, as African-Americans, we speak, engaging in dialogue and frank exchanges about HIV in our communities and how we can reduce its impact. It is especially important that those of us with HIV join in those conversations. Without our collective voice, we will continue to be a people silent in the face of our fears, caught in the grip of misinformation, and traumatized by stigma.



Catholics and Condoms: Why What the Pope Says Matters

by Jon O'Brien

During his 2009 trip to Cameroon, a country with an HIV prevalence rate of over 5%, Pope Benedict XVI made a shocking assertion on condom use to prevent HIV. He told reporters, “You can’t resolve it with the distribution of condoms. On the contrary, it increases the problem.”

This false and dangerous assertion caused an immediate uproar from governments around the world. The German Health and Development Ministers issued a joint statement that expressed the “crucial role” condoms play in preventing the transmission of HIV. They stated simply, “Condoms save lives.” French officials suggested that the Pope’s remarks denouncing condom use “endanger public health policies and the imperative to protect human life.”

The development minister of the Netherlands noted, “It is extremely harmful and very serious that this Pope is forbidding people from protecting themselves.” He also suggested that the Pope was “out of touch with reality.” The Spanish health ministry took it a step further. Beyond issuing a statement that characterized condoms as a “necessary element in prevention policies and an efficient barrier against the virus,” it also sent one million condoms to Africa to fight the spread of HIV.

Belgium’s response to the Pope’s remarks tipped the scale, forcing the Vatican to respond. The minister of public health stated, “His statements could undo years of prevention and awareness and endanger many lives.” The Belgian Parliament also issued a resolution calling Pope Benedict’s remarks “unacceptable” and encouraging official protest by the Belgian government.

These responses did not go unnoticed. The Vatican issued a statement denouncing these critics, calling their words an attempt to “dissuade the Pope from expressing himself on certain themes of obvious moral relevance.”

By and large, however, these critics are not out to silence the Pope; rather, they are trying to speak the truth about HIV prevention in order to save lives. It is one thing, after all, to disagree with condom use, but it is another thing entirely to spread misinformation about their efficacy in preventing the transmission of HIV.

Several bishops in Africa, including especially Bishop Kevin Dowling of South Africa, have been outspoken in their support of the use of condoms. Anecdotal evidence also suggests that many people who work with Catholic relief agencies distribute condoms to those at risk of infection.

Pope Benedict’s words – and the Vatican’s hard line against homosexuality – further harm prevention efforts. When the Vatican says homosexual sex is “intrinsically disordered” and tells people with “deep-seated homosexual tendencies” not to have sex, it exacerbates the stigma and shame many people feel, resulting in secrecy and denial about their sexual lives. The Vatican’s statements do not encourage honesty between sexual partners, nor with health professionals who can advise their patients about safer sex, the correct use of condoms, and HIV

prevention. If we’ve learned anything about HIV prevention, it’s that secrecy about sexual activity, sexual history, and sexual health endangers people’s lives.

What do Catholics Think?

Catholics around the world also disagree with the Pope’s stance on condoms. According to a recent poll commissioned by Catholics for Choice, which interviewed Catholics in Ghana, Ireland, Mexico, the Philippines, and the United States, support for condom use among Catholics is

Belgium’s minister of public health stated, “The Pope’s statements could undo years of prevention and awareness and endanger many lives.”

overwhelming. When asked if “using condoms is pro-life because it helps save lives by preventing the spread of AIDS,” 90% of Catholics in Mexico, 86% in Ireland, 79% in the U.S., 77% in the Philippines, and 59% in Ghana agreed.

When questioned about the church’s responsibility to help prevent the spread of HIV in a health care context, 87% of Irish Catholics, 86% of Mexican Catholics, 73% of US Catholics, 65% of Filipino Catholics, and 60% of Ghanaian Catholics believe that “Catholic hospitals and clinics that the government funds should be required to include condoms as part of AIDS prevention.”

While condoms are not a panacea for the spread of HIV, they are a critical part of the campaign to reduce the impact of the virus. Medical experts agree that the condom can be a life-saving device: It is highly effective in preventing HIV transmission if used correctly and consistently, and it is the best current method of HIV prevention for those who are sexually active and at risk.

Just as condom use is not the only method of HIV prevention, prevention is not a cure-all for the HIV epidemic. Only when prevention is combined with care,

treatment, and education will the epidemic unlock its grip on so many societies.

So, if governments, bishops, medical experts, and rank-and-file Catholics disagree with the Pope’s assertion on condoms, then do his words hold any weight? Unfortunately, they do. Quite a bit of weight, in fact, especially in the global South.

The Catholic hierarchy’s position holds the most sway in the countries least able to deal economically and medically with HIV disease. Whereas Catholics in Ireland (79%), the U.S. (63%), and Mexico (60%) overwhelmingly agree that “the church’s position on condoms is wrong and should be changed,” in the Philippines (47%) and Ghana (37%), support for this change was not as high. These results are not surprising, especially in the Philippines, where the ultraconservative bishops conference has tremendous political influence.

These results show that in many countries outside Europe and North America the Catholic Church’s teachings can profoundly influence people’s behavior, even if following those teachings endangers their health. Ghana, which demonstrates the most support for the Vatican’s position, has the highest HIV rate of all the countries surveyed.

The Church’s Work in AIDS

It must be said that the institutional Catholic Church remains a key direct service provider to people with HIV. And though most Catholic relief agencies and organizations working on the ground do not provide condoms, these organizations do extensive work in terms of care and treatment both internationally and domestically. Catholic Relief Services, the U.S. bishops’ development aid arm, for instance, operates 280 HIV and AIDS projects in 62 countries in Africa, Latin America, and Asia. In 2009 alone, these programs had an expenditure of \$170 million. The Catholic Agency for Overseas Development operates in 60 countries, addressing issues of poverty, working to prevent the spread of HIV, and working to change the current global systems that negatively affect people living with or at risk of HIV. That organization provides educational programs aimed at risk reduction as well as holistic care for people with HIV. Caritas International is active in 107 countries providing food,

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counseling, medicine, employment, and education, as well as working to eliminate stigma. Caritas is also involved in advocacy to government entities and pharmaceutical companies to produce lifesaving child-friendly HIV treatment.

Domestically, Catholic agencies provide extensive services to people with HIV across the U.S. Catholic Charities' Children's Youth Organization provides permanent supportive housing as well as a medical residential care community for people with HIV in San Francisco. Catholic Charities' AIDS Services of Albany, New York, serves all individuals and communities affected by HIV in that region. It provides clients with access to the COBRA case management program and the Ryan White Part D Outreach program. Additionally, it runs a Project Safe Point syringe exchange and access program that provides access to drug treatment programs and HIV testing.

A Powerful Lobbyist

At the same time, however, the institutional church continually lobbies governments to exclude condom promotion from development aid, and the impact of the Vatican's stance on condom use is far reaching and perilous.

The bishops' efforts have not been limited to the global South. In 2008, the U.S. Conference of Catholic Bishops successfully used its lobbying power on Capitol Hill to remove family planning from the President's Emergency Plan for AIDS Relief (PEPFAR).

Provisions in the final PEPFAR bill not only allow faith-based groups to abstain from distributing condoms, but also to refrain from providing referrals to agencies that do. Catholic Relief Services is one of the top recipients of PEPFAR funding: \$103 million in 2007. Through its far-reaching programs, the Catholic church has been able to impose its myopic anti-condom stance on those countries most affected by the HIV epidemic.

Condoms4Life

In order to stem the national and international impact of the church's teaching on condoms, Catholics for Choice's Condoms4Life campaign provides a vocal counterpoint to the Vatican's stance on condom use. Using the core message "Good Catholics Use Condoms," the campaign supports Catholics and non-Catholics in using and promoting the use of these lifesaving and life-affirming devices and calls on the hierarchy to join others in the active prevention of the spread of HIV throughout the world.

The Catholic hierarchy proclaims its opposition to condom use in the name of the "pro-life" cause. Pope Benedict and the Catholic hierarchy are unable, however, or perhaps unwilling, to acknowledge that condom use is pro-life. From the World Health Organization to the United Nations, experts agree that condom use goes a long way to reducing the transmission of HIV. Not only the experts, but Catholics around the world, agree that condom use as a means to combat HIV is indeed pro-life.

Jewish Responses to HIV: A Mitzvah

by Alana Krivo-Kaufman

"It is not upon you to finish the work. Neither are you free to desist from it."

—Rabbi Tarfon

There is no single Jewish response to HIV, just as there is no single Jewish community. Jews and the communities they build contain complex and at times contradictory histories, traditions, beliefs, and perspectives on justice. There is, however, a strong Jewish tradition that leans toward justice, provides a foundation for valuing individual human worth, and motivates many to act as caretakers and change makers. This tradition draws on Jewish values passed down between generations, interpreted and enacted anew on a daily basis.

The Jewish concept of *tikkun olam* – repairing the world – acknowledges that we are living in an imperfect world and emphasizes a Jewish commitment to taking action. *Mitzvot*, which are sometimes translated as good deeds, are actually commandments. These serve as a guide for addressing the many ways in which our world could be made better. While some Jews define their daily lives by these commandments, other use them as a source of inspiration, choosing which ones remain relevant. Either way, *mitzvot* provide a basis for understanding our interconnectedness. They bind us to one another and outline our societal responsibilities.

In addressing sickness and disease, Jewish teaching emphasizes the importance of focusing on the needs of those affected on a physical, social, and spiritual level. On the physical level, the saving of a life is seen as the highest of obligations – an important *mitzvah*. The saving of a single life is seen as equal to saving an entire world, recognizing the infinite value of every human life. The tradition of visiting the sick recognizes that those who are ill can often experience extreme isolation from their communities; it is therefore the responsibility of their communities to reach out to them, to provide them with support and comfort, and to cultivate a sense of belonging.

These teachings create the foundation for responding to HIV in such a way that those affected are fully valued, supported, and included. The obligation to save a life does not require each of us to take on superhuman powers, or to become doctors. Rather, it demands that when we have the ability to take an action that could save someone else's life, we do it, and that we seek out opportunities to save human life. Jewish tradition also bars individuals from intentionally risking their own lives or well-being. Thus HIV prevention has a strong grounding in the Jewish tradition.

As solemn as these obligations are, we have sometimes fallen short. The Jewish community's response to HIV has certainly not always been supportive. Like most faith communities, ours contains a vast array of viewpoints and practices, from the radically progressive to the most socially conservative. Although the teachings of our tradition offer clear guidance for action, people with HIV have not always felt the support that Jewish tradition demands. In some Jewish communities, stigma around homosexuality and drug use is a barrier to support for people affected by HIV. Traditional Jewish law prohibits drug use as well as anal sex between men, the two most risky behaviors for HIV.

A Need For Change

In the past three decades, various movements have created space for lesbian, gay, bisexual, and transgender (LGBT) Jews. The Reconstructionist movement was the first to ordain openly gay rabbis in 1984, followed by the Reform movement in 1990 and the Conservative movement in 2006. While all of these movements have created rituals to recognize same-sex unions, the Conservative movement still formally condemns anal sex between men.

LGBT synagogues often served as havens for the community during the early years of the epidemic, and were shaped by their losses from and responses to HIV. These included Congregation Beth Simchat Torah (CBST) in New York, Congregation Sha'ar Zahav in San Francisco, and Congregation Beit Chayim Chadashim (BCC) in Los Angeles. They provided community, information on HIV prevention, and pastoral care, as well as funerals and memorials that honored the lives of gay men who died of AIDS, including those rejected by their families and

communities. Prominent AIDS activists among their ranks have included several of the founders of GMHC and ACT UP.

In the early years of the HIV epidemic LGBT congregations saw their membership increase drastically. Many men in the gay community were living with HIV or with the reality that their friends were dying. They turned to welcoming and responsive Jewish institutions to seek care and support in these unexpected and devastating times. CBST hired its first clergy, Rabbi Sharon Klienbaum, in response to the need for pastoral care for the large number of members affected by HIV. Sha'ar Zahav dedicated a fund to its first congregant lost to AIDS, to

Although the teachings of our tradition offer clear guidance for action, people with HIV have not always felt the support that Jewish tradition demands.

provide resources to members dealing with HIV and grants to HIV service organizations. The congregation also sponsored a monthly Sunday morning brunch at the main HIV hospital in San Francisco to support family and caregivers. BCC created its *Nechama* ("comfort") program, which delivered food to people with HIV. It has now become Project Chicken Soup of the Los Angeles Jewish AIDS Services.

Both CBST and Sha'ar Zahav created memorial walls to honor the memory of those they had lost. These walls listed the names of all the members of their community lost, so that those whose families had left them were not forgotten. Both congregations lost so many members that the congregations had to purchase space for their own graveyards much sooner than they had expected. HIV is a profound part of the fabric of these communities. It remains present among their membership, as well as in the consciousness that they lost generation of leaders.

The legacy and continued presence of HIV has shaped these congregations, visible at CBST through the AIDS quilt that

hangs in its sanctuary, its World AIDS day ritual of honoring positive members, and HIV-specific liturgy in its prayer book. The "AIDS and World AIDS Day" portion of the prayer book notes:

"More than one fourth of the male membership of CBST has died of AIDS. World AIDS Day is not an abstract, amorphous, anonymous day of commemoration in our community. We don't have to set aside one day a year to acknowledge AIDS and what it has done to us. For many of us, AIDS touches every day and every event. Many of us can't look at ourselves in the mirror without seeing AIDS. We have lost lovers. We are bereft. We have lost friends. Many of us are sick. Many of us are facing death. Many of us are touched by the loss."

Rabbi Klienbaum continues to recognize the need to create Jewish spaces to talk about safer sex and to speak about condoms. To this day, a basket of condoms is present at every CBST service.

A Call To Action

In 1985, Judaism's Reform movement issued a "summons to action" calling for increased resources for prevention and treatment and an end to HIV-related discrimination. The leadership of the Reform movement has reaffirmed its dedication to HIV by passing numerous resolutions, including support for antidiscrimination laws, HIV prevention, and needle exchange. It has consistently advocated for increased federal domestic HIV funding, comprehensive sex education in schools, and greater global and domestic access to HIV treatment. In the past year, the Reform movement has focused its advocacy on prevention efforts, including supporting the passage of the Responsible Education About Life Act, which creates a funding pool for states to teach sex education that emphasizes both abstinence and safer sex.

Reconstructionist congregations began buddy programs to support people living with HIV, and rabbis provided pastoral care as well as traditional burial and memorial services. Congregations in Philadelphia and Los Angeles did outreach to affected communities. In 1991, the United Synagogue of Conservative Judaism issued a resolution on HIV. This document identified HIV as "one of the most devastating public health crises of all times" and provided guidance for synagogues to conduct congregational outreach.

Love Lifted Me!

by Deacon Jae Quinlan

I arrived back in New York in the summer of 1989, tired and dazed after what seemed like an eternity. I was 27 years old and had been away from home for 10 years. I left to go to school and returned home fully engulfed in active addiction. I returned to begin the arduous process of getting clean and sober. I was “tore up from the floor up” as they say. All I wanted was to put a few days together without the running and to be a part of my family again.

It did not go easy. Yet the process put me right where I needed to be. During my first attempt at sobriety I became very ill. I lost 20 pounds in nine days. After taking every test you can imagine with no answer, I asked to be tested for HIV. They were doubtful that I could be HIV-positive, telling me I was in lowest risk category because I am a lesbian and crack was my drug of choice. However, they grudgingly agreed to test me to make me feel better.

My faith community at the time was not supportive, and that took a terrible toll on me. They worked with me as a “special project,” and had very alienating views on AIDS, as well as zero tolerance of my sexual orientation.

I will never forget the day I tested positive. What stands out to me through my experience with HIV is the love and support that I received from my families. I jumped at the chance to share my story because, unlike many of the friends I have lost over the years due to complications from the virus, I have been extremely blessed with support. This support has come from my biological family as well as from the faith community where I worship and serve as a Deacon and Minister of Music.

It started with the love and support I received unconditionally from my parents who are both United Methodist

Pastors. They never skipped a beat. In fact, my mother was the first person in my family with whom I shared my status. I vividly remember waiting for a reaction from her as I told her, with the support of a counselor by my side. Her eyes welled up and one giant teardrop fell onto my arm. I rubbed it in. Then she looked up at the counselor and said, “All right, tell me what we do now? How do we best support her?”

I struggled for a number of years after that with my sobriety. My faith community at the time was not supportive, and that took a terrible toll on me. They worked with me as a “special project,” and had very alienating views on AIDS, as well as zero tolerance of my sexual orientation. It felt like they did not want to embrace the truths, and so were comfortable moving in ignorance and perpetuating self-hate. At the same time I was watching everyone I knew with the virus die. I was in so much pain in mind, body and spirit. I was sure I would be next in line; it seemed inevitable.

I was depressed. I remember sitting on my windowsill five stories up, my cat in my lap. All I could think of was just leaning forward so it would all be over in a second. Then the phone rang – it was my mother. She was all the way across town, but she spoke to me like she was across the street looking at me in my window. She had no way of knowing where I was sitting, yet she asked me to sit on my bed. She then proceeded to tell me about her friend who had just opened a church in Newark. It was a place where I would be affirmed in all that I am: a brown lesbian living with “the virus.”

To my surprise and delight the church my mom spoke of was a space that not only affirmed me as a lesbian loved by God, but had a very active AIDS ministry. A completely affirming HIV stigma-free church has a huge impact on a person struggling to find acceptance in either of those areas. It was an overwhelming experience that was almost unbelievable

After becoming involved in this church I began to experience some serious changes in my life. I believe everything is divinely orchestrated. Being led to my faith community in New Jersey was the perfect set up. It catapulted me into a center of love and support I needed to get through the most challenging times.

I was immediately drawn to the choir. For me, music is that universal language that soothes the spirit and touches the soul. I would strategically sit right behind the choir every Sunday. They were so powerful, almost hypnotic. I would sing along once I learned the communal songs. Soon the choir director approached me to join, and my journey with Liberation in Truth Unity Fellowship Church began.

I was still struggling with addiction issues and my health was quite fragile. I believe that if I had not been a part of such an intensely loving and supportive community, I would have never found my way into recovery. Their love gave me a reason to live. My mother made sure that if I ever truly needed anything from my family it was never denied. Even though I always knew that they loved me, throughout my addiction I managed to separate myself from my family.

By 1995 my family had been dealing with my addiction for nine years. I was in and out of programs and they worried about me recklessly putting myself in danger everyday. They were devastated by my inability to stay clean. It was painful for them to watch as I slowly wasted away. I had crossed many lines and hurt people that I loved deeply through my using. They had to protect themselves. On top of all of that, the fact that I had contracted the virus was a lot for them to deal with.

I believe everything is divinely orchestrated. Being led to my faith community in New Jersey was the perfect set up. It catapulted me into a center of love and support I needed to get through the most challenging times.

My church family filled in the gaps. They still had standards, but it was a more understanding environment. Our commonalities and the faith that exuded from the clergy and the congregants allowed people to be more tolerant and accepting. I was able to trust them and open myself up to get the help I needed. My health was in serious decline. Without making these changes I surely would have died.

It has been almost 15 years since I walked through those church doors. I have never experienced being passed by or ignored while in distress. When I was sick, someone was right there to nurse me back to health. When I was hungry, someone was there to feed me. When I was broke and had trouble paying my bills, God made sure someone from my community knew and helped handle that too. We have a slogan that "God is love, and love is for everyone!" My church family has exemplified that statement and taken it to a whole new level.



I continue to be amazed each day about the tremendous things we do in our community. I came up through the ranks slowly, recovering from the inside out. I had so much support with the work of mending my spirit. That work allowed me to grow from choir member to Deacon in a remarkable journey. Through their love and support, my church family helped me to reach many of the goals I have aspired to over the years. Sometimes, when I sit to reflect on where I have come from to where I am now, it makes me cry tears of joy. Through renewed inspiration, faith, and support I am thriving as I live with this virus. I am a multiple cancer survivor with ten years drug free. I am sure that love lifted me! Love lifted me from the grip of addiction, love lifted me to a renewed sense of myself, and love let me know that I am love and worthy of being loved. ■

Syringe Exchange: A Moral Issue

by Benjamin Shepard, PhD, LMSW, and Erica Poellot, MSSW

When thinking about HIV prevention, it is useful to consider a few statistics. More than a quarter of AIDS cases in the U.S. among people 13 and older are directly linked to the use of injection drugs. Among women, 40% of AIDS cases are due to injection drug use or sex with someone who contracted HIV through injecting. Injection drug users (IDUs) account for some 30% of all people with AIDS in the U.S. Once infected, IDUs have the highest illness and death rates and progress to AIDS faster than any other group. IDUs account for 70% of people with the hepatitis C virus (HCV), and a third of all people with HIV also have HCV. And much of this takes place among already at-risk groups. “African-Americans and Latinos face disproportionately high rates of HIV due to injection drug use,” notes the Harm Reduction Coalition. “Pervasive stigma towards drug use among health care providers results in unequal treatment for people with a history of drug injection, leading to suboptimal care.”

When thinking about HIV and about health in general, we must also consider social and economic gaps. One in five New Yorkers lives in poverty. In the U.S. as a whole, the richest 1% of the population controls more of the nation’s wealth than the bottom 90% combined. Such inequality directly affects the general health and HIV risk factors of the poor. “We carry our history in our bodies” explained one doctor, reflecting on the effects of income and social issues on health. Economic policy is health policy. This is particularly true with regard to HIV and HCV.

The greater prevalence of HIV among women and drug users in African-American and Latino communities complicates an already difficult situation. To be at all effective, HIV prevention efforts must attempt to curb HIV stigma, sexism, homophobia, racism, and other social injustices, such as poor education and lack of housing. All of these factors fuel high-risk behavior, which increases the risk of HIV and HCV exposure. Social stigma, discrimination, the invisibility of drug users in public health policies, and “abstinence-only” approaches based on ideology rather than evidence all serve to limit access to HIV prevention services and quality health care. But there are options out there.

Syringe Exchange

The single most effective means of HIV prevention among IDUs is syringe exchange. This harm reduction approach offers tools

to protect the health and well-being of drug users and their sexual partners, loved ones, and communities. Syringe exchange programs (SEPs) provide tools, resources, and education to assist people who inject drugs by helping them learn about and use safer injection and safer sex practices. They have had a tremendous impact on the HIV epidemic, and the annual incidence of new HIV infections among IDUs has dropped roughly 80% since the late 1980s.

Despite their remarkable effectiveness in reducing HIV, SEPs are not as widespread as they should be, and significant gaps and challenges remain. Stigma, community opposition, and severely limited funding sources, have worked to prevent SEPs from meeting the growing needs of their communities. National studies have found that areas with high rates of HIV infection often do not offer legal access to sterile syringes. Even in states where syringe exchange is openly available, regulations can be onerous. Jamie Favaro, Executive Director of the Washington Heights Corner Project, noted providers must jump through a number of hoops to get such programs off the ground: “A lot of work goes into getting a syringe exchange program started. And I found that through doing that, who I was as an activist and my work really changed.” Many such programs are forced to confront a constant onslaught of questions and concerns by those who view drug use in terms of morality rather than public health.

“Needle exchange offered us a way to say that drug addicts are people and they have an illness that merits concern and love.”

Faith-Based Barriers

Compounding this, communities of faith have not consistently embraced HIV prevention among IDUs. Very few have stepped forward to support syringe exchange or commonsense HIV prevention. For example, on a recent trip to Africa, the Pope reiterated his longstanding opposition to condom use, even to fight HIV. Gay and bisexual men, IDUs, and other groups at high risk of HIV infection are often not represented among religious communities. Moralizing HIV infection and drug use has significantly restricted the dialogue around HIV and IDUs, with negative effects on public health policy and funding for SEPs.

While syringe exchange has long been recognized by the public health community as a valuable and effective tool in HIV prevention, communities of faith have historically been ambivalent about supporting it. “Religious traditions had a paradoxical impact on the social response to the epidemic: both a source of stigma and the basis of enormous concern and compassion,” writes sociologist Susan M. Chambré. “Some religious leaders used AIDS as an object lesson illustrating moral decline. Others preached compassion and emphasized the obligation to care for the sick and dying.” Generally speaking, opposition to syringe exchange has been rooted in the

belief that supporting syringe exchange is an endorsement of drug use. Despite the fact that it has been shown that syringe exchange does not encourage or increase drug use, the condemnation of drug use has been a primary barrier to its acceptance.

Faith-Based Efforts

Yet there are examples of faith-based efforts to support these programs. For example, CitiWide Harm Reduction began operations in 1995 with the support of La Resurrection United Methodist Church, providing services in areas of Upper Manhattan and the Bronx that few service providers had reached out to. St. Ann's Corner of Harm Reduction in the Bronx was founded with a similar mission. Judson Memorial Church in Manhattan has long facilitated and supported harm reduction training and practices. Other religious groups, including the Episcopal Church, Presbyterian Church USA, The United Church of Christ, the Unitarian Universalist Association, and the Union for Reform Judaism have come out in support of harm reduction and SEPs. Some congregations have even blessed condoms and syringes in the hopes of curbing the spread of the virus. Others have facilitated harm reduction outreach.



The HIV work of religious groups has its roots in a holistic concern for preventive health care, respect for the dignity of those affected, and a fundamental belief that each person has an essential worth. Houses of worship first offered care and treatment for people with HIV and their families, and gradually shifted into sexual health efforts to address HIV and other STIs. Eventually, they began HIV prevention efforts for high-risk-populations, including IDUs.

Churches in hard-hit communities have been compelled to confront their own theologies. For many years, traditional moralism had a negative impact on HIV prevention and care. Father Errol Harvey, formerly of Manhattan's St. Augustine Church, explained: "There is more awareness for the issue now. Not sure if the needle exchange issue is passé now. Many leaders in the black church are still learn-

ing. I would like to think that this has changed/is changing. To take a stand in endorsing needle exchange is a big jump."

Catholic Charities in San Francisco took over an HIV housing program that had run into financial troubles. The program provided housing, services, and stability for people in need. But they were unable to support harm reduction efforts such as providing condoms. The result was uneven, which typifies the Catholic Church's response. While many saw harm reduction in terms of permissiveness, others saw it as part of a theology of care, blessing syringes and condoms as part of comprehensive outreach.

Personal Responses

Reverend Stacey Latimer is the Founder/CEO of Love Alive International Inc., a faith-based nonprofit committed to empowering those affected by HIV and other health problems that plague the black community. "HIV has become the teacher," he explains. "It has caused us to have to deal with issues we have not wanted to deal with including drug use. Our own theologies have paralyzed us. God has raised up nonprofits which have taught the church theology of human compassion. No one can one look at who they are as separate from our struggles." Given this, Latimer has been able to embrace harm reduction. "Drug users are a people who are a part of us. When one is suffering, when one is hurt, we are all hurt. Leaders don't want to talk about drug use because they don't want to talk about their own drug use. When I talk to you I have to talk about me. Help them see who they are and where there are holes in the fence that they are trying to build up and you do it through love."

Father Harvey saw the AIDS battle as part of a larger struggle for social justice, and in a biblical context similar to leprosy. "How are we to treat people who have been afflicted by a terrible disease," he asks. "People moralize AIDS, and the church needed to step up and take leadership on this issue." So Harvey viewed harm reduction efforts within a similar humanist view. "Needle exchange offered us a way to say that drug addicts are people and they have an illness that merits concern and love. Needle exchange was a reality. Until we get people in [drug] treatment then this is a way to take care of them."

In 1993, Father Robert Arpin wrote a book of letters entitled *Wonderfully, Fearfully Made*, about his experience of living with HIV as an openly gay priest. "AIDS is a sickness, a disease – not a moral judgment, not God's wrath," he wrote to his congregation: "Tell [those with AIDS] that they are loved, not by God, but by you. Because the only hands God has to touch them with are your hands. And the only heart God has to love them with is your heart." Arpin would die the following year, but not without planting a seed of tolerance that spread. When Geneva Bell's son died of AIDS in the early 1990s, she wrote about her experience in *My Rose: An African American Mother's Story of AIDS*. Jeremiah Wright of Trinity United Church of Christ in Chicago reflected on her experience: "[R]eading her story may awaken us to the true meaning of Jesus' words: 'Inasmuch as you have done it to the least of these my little ones you have done it unto me.' It is certainly my prayer that the latter will be the case." Many – but not all – faith communities have taken his words to heart.

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Conclusion

As these stories attest, the response of faith communities to HIV and syringe exchange has been mixed and complicated. Bob Arpin noted that the Catholic Church was homophobic and tolerated him only because of his illness. As the current Pope's speech in Africa suggests, hard-line theology still often trumps evidence-based HIV prevention. Yet, on the ground, people from a wide range of perspectives have learned from their

experience of coping with HIV. As this article was being completed, Catholic Charities New York announced that for the first time it would support SEPs in New York State. "I understand there will be questions, but this is common sense," said Sister Maureen Joyce, CEO of Catholic Charities. Many have turned away from hard-and-fast positions to support any program they can find, including syringe exchange, that will curb the epidemic. Yet, moralism dies hard, and continues to impede public health efforts. ■

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The Faithful Respond *continued from page 11*

In addition to congregations, a broad range of organizations provide support and resources. The Tzvi Aryeh AIDS Foundation, founded in the mid-90s in New York City, works in the Orthodox and Chassidic communities to provide discreet support networks for HIV-positive community members and their families, along with information on HIV care and treatment. In these communities, the only method of transmission that can be openly talked about is blood transfusions. Gay and bisexual men either leave the community or marry women. If they are married, as most men who remain in these communities are, their wives are then at higher risk for HIV.

The San Francisco Jewish Family and Children's Services initiated its first HIV project in 1986. Serving as a model for other communities, it provided services to Jews living with HIV, enlisted volunteers from the community, and provided HIV education and outreach. That same year, the New York Jewish Board of Family and Children's Services began supporting those affected by HIV through its AIDS Project, which provided guidance, training, and education to ensure that Jewish social service providers were able to offer a continuum of HIV care. The AIDS Project also developed resources to help Jewish organizations like schools and summer camps implement HIV policies.

In 1988, the United Jewish Appeal Federation (UJAF) responded to the HIV epidemic by supporting research and access to treatment, and advocating for public policies related to HIV. The UJAF network also began providing services and community education to clients of all backgrounds.

Global Efforts

Through the work of the American Jewish World Service (AJWS), the Jewish community has shown significant leadership in responding to HIV as a global pandemic. For the past decade, AJWS has focused on working with communities devastated by HIV in the Americas, Asia, and Africa. Currently, one-quarter of AJWS's local partners are doing HIV-related work. AJWS supports grassroots efforts to fight HIV by providing local partners with grants and volunteers. These partners work to prevent and treat the disease as well as to build community, fight stigma, and empower people with HIV legally, socially, and economically. One such organization, the Foundation for the Development of Needy Communities, trains community-based HIV educators in Uganda. Other local partners use grants to advocate for access to drugs, safer sex education, and midwife training to prevent HIV transmission during birth.

The life-changing effects of these efforts is probably best expressed in the words of Yalemzewd, a client of AJWS grantee Mekdim, Ethiopia's first association of people with HIV: "At one point in my life AIDS was beating me, leaving me bedridden for more than a year. I didn't have [a] plan for the future except waiting for my death and thinking about the virus, crying every day. With the availability of free treatment...I was able to get well again. But in order to maintain my health, I needed to earn money to support myself and my family. This motivated me to be a member of this group. Now, I don't have the time to think about the virus. I'm busy every day and surrounded by others in the same situation as me. As

I am living with the community, community members are changing their attitudes towards people living with the virus."

Yalemzewd did not just receive essential medical assistance. She was also empowered to support herself economically. She connected with people facing the same challenges as her own, and, perhaps most critically, by simply living and working with dignity she was able to help change her community's response to HIV.

The numerous individuals, communities, congregations, and organizations described above have each, in different ways, taken on the call to action to repair our world, to practice *tikkun olam*, by responding to HIV in their communities and in other communities affected by HIV. As much as there is a history of neglect, of negligence, and of silence among Jewish communities, there is also a history of organizing, of action, of caretaking, and of advocacy. This history shows that as long as HIV continues to affect individuals and their communities throughout our country and around the globe, an array of Jewish responses to HIV will continue to do their part to repair our world.

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Catholic, Gay, and Living with HIV

by Joseph

From the time I was a young boy, religion was a very important part of my life. I remember my father's look if I was acting up during Mass, and I knew that I should be quiet and listen to what the priest had to say. My father died when I was nine, but I had absolutely no doubt that he had gone to heaven and took comfort in the fact that I would see him again.

Around this same time, I began to have feelings for other boys. Although my mother never talked about homosexuality, I remember hearing derogatory things about gay people and I did not want to be one. I hid these feelings for a couple of years, and then in seventh grade I was reacquainted with my best friend from years earlier. Our friendship grew and we began an intimate relationship.

During these years, I felt extremely conflicted. I was an altar boy and was very close to our parish priest. I recall hearing him preach that he could understand aid for starving people or for homeless people, but aid for people with AIDS was taking things too far. He was basically saying that people who were dying from AIDS were getting what they deserved and no one should try to help them. I also remember a family friend – a doctor – saying that AIDS was God's way of getting rid of homosexuals.

When I was 19, I remember making a conscious decision that I would never tell anyone about my feelings. My friend went off to college and never mentioned our relationship again. I began to drink and drug to bury my feelings and prayed that God would make me straight. I gained a lot of weight and struggled for many years with a food addiction. At age 25 I decided that I needed to get sober and had several meetings with a priest, who I tried to talk to about my feelings toward men. I had heard in Alcoholics Anonymous that I needed to be honest about who I was. He told me that it was wrong and that I needed to pray to God for help. This kept me in the closet for another six months, until my older brother came out to me. I also came out to him, but I believed that being gay was wrong, and that I had to leave my church and my friends behind. (Several years later, I saw that same priest coming out of the "dunes," an area in Provincetown where men go to have sex. I resented him for a while, until I realized that he was as much a victim as I was.)

For years, I had sex with men but could never stay in a committed relationship because I did not believe I was worthy of being loved. I had anonymous sex just to feel good, but I was so ashamed of my behavior I compartmentalized my life. In my mid-30s, I got involved in the equal marriage rights issue and built strong relationships with several politicians – I like to believe that I had some influence over several votes.

I remember standing in the Massachusetts State House in 2004 with thousands of equal marriage advocates, singing songs, standing side by side with Senators who were putting their careers on the line to fight for my civil rights. At the same time, I remember thinking, "If they really knew what I have done, they would not be on my side."

Guilt and shame were eating me up inside. Shortly after that, after many years of sobriety, I picked up crystal meth for the first time and became addicted right away. Not only did it give me energy and a false sense of self confidence, but I also lost weight and was the thinnest I had ever been. Over the next couple of years, my life got progressively worse. I contracted HIV, withdrew from friends and family, and left a great job. I was physically and spiritually bankrupt and suicidal. Memories of my priest talking about people with AIDS haunted me. I had a lot of shame about my HIV and I started

to believe what I had heard as a child. Using meth made these feelings go away and seemed to be the only way to make my life tolerable. My health deteriorated from my drug use, but I felt it was from my HIV and accepted this as my fate. Being at the lowest point in my life and not sure what to do, I asked my family for help and this is where my life took a dramatic turn.

I checked into an addiction treatment facility, where I heard someone explain the difference between religion and spirituality. He said that religion is for people who do not want to go to hell and spirituality is for people who have already been there. Since that time, I have been through several treatment programs and several relapses. I have learned a lot about recovery, spirituality, and loving myself for who I am.

Today, I have been clean and sober for over 18 months. I attend Alcoholics Anonymous or Crystal Meth Anonymous meetings almost every day. I work regularly with my sponsor and I take my HIV medications regularly and consistently. I believe in a loving, nonjudgmental God who takes care of me each and every day. I no longer pray for material things, but rather ask God to give me guidance so that I may find my purpose in life. I used to go to the Jesuit Urban Center in Boston, because they were gay-friendly. But a nun there christened the baby of a lesbian couple and the cardinal cracked down on them, so I stopped going. I don't belong to any church or religion today.

Finally, I no longer feel guilt or shame for anything that I have done in the past. The Ninth Step Promise in the Big Book of Alcoholics Anonymous says, "No matter how far down the scale we have gone, we will see how our experience can benefit others." I do believe that just as "coming out of the closet" was easier for my generation than the previous generation, it will be still easier for the next. If my story helps someone else, then today is a good day. ■

I recall hearing our parish priest preach that he could understand aid for homeless people, but aid for people with AIDS was taking things too far. He was basically saying that they were getting what they deserved and no one should try to help them.

The Christian Right: Wrong on AIDS

by Sean Cahill and Lyndel Urbano

The last decade has seen huge funding increases for the international fight against HIV. Increased funding has effectively reduced deaths from AIDS. But despite this progress, approaches to preventing HIV based in belief, not fact, remain and continue to hamper HIV prevention. Policies promoted by Christian right groups from the U.S. have been detrimental on two fronts: They limit the use of proven and effective prevention methods, and they oppose the human rights of women and gay people worldwide. Anti-gay bias and stigma help drive the epidemic both in the U.S. and internationally. Christian right groups fuel existing stigma to achieve their ideological goals. The U.S. Christian right emboldens anti-gay local leaders with their backing. They give them the credibility to oppress gay people and other groups at high risk for HIV.

Gender inequality is a key force driving the HIV epidemic. Women and girls are particularly at risk for HIV because they are often deprived of the rights to make decisions about their own bodies and economic well being. According to UNAIDS, half of all people in the world with HIV are female, and in sub-Saharan Africa they account for 59% of all cases. The Christian right continues to oppose key international efforts to protect women's rights since they view these efforts as promoting abortion and prostitution while contradicting traditional values.

The U.S. Christian Right

The U.S. Christian right is a social movement working to impose so-called traditional values into public policy. The term describes a variety of right-wing Christian organizations whose membership is concentrated among evangelical Protestants. The groups that

pagan idolatry. White evangelicals, Hispanic evangelicals, and Catholics disagree on immigration reform. On issues including war and peace, torture, and welfare policy, the evangelical right is often at odds with Catholic leaders.

Some of the leading Christian right groups based in the U.S. are Concerned Women for America, Focus on the Family, the Family Research Council, the Traditional Values Coalition, and leaders of the Southern Baptist Convention.

Influence on the International Response to AIDS

U.S.-based Christian right groups have a large impact on HIV prevention efforts. They promote policies that ignore scientific proof on what HIV prevention methods work. They prioritize their religious beliefs over what works on the ground. These groups provide incorrect information and discredit prevention methods that work, such as condom use.

One example of misinformation is the statement that, “Condoms are not 100% perfect protective gear against HIV, and this is because condoms have small pores that could still allow the virus through.”

make up this movement vary in theological beliefs but share concerns about specific social issues and support conservative social and political values. The movement originated in the 1970s and its most prominent areas of focus were opposition to sex education, homosexuality, and abortion.

Although the various sectors of the Christian right agree on these three points, they also have internal political divisions. In recent years, the leadership of the Roman Catholic Church hierarchy has led efforts by the Christian Right and has been at the forefront of pushing to ban abortion, fight sex education, and oppose legal equality for LGBT people. The evangelical-Catholic alliance against gays is ironic. While they are united on this issue, they actually have serious religious conflict. Many evangelical Protestants consider Roman Catholicism

The U.S. Christian right has fought contraception and family planning efforts as well as science-based HIV prevention around the world for decades. Its moral position was codified as long ago as the Reagan administration in the “global gag rule,” which prevented U.S. funding to be used toward accessing abortions. Organizations receiving funds for family planning or women's health were severely limited in providing services and could not provide abortion or information about access to abortion services. Christian right groups have fought contraception and family planning efforts, as well as science-based prevention. President Clinton rescinded this gag rule, only to see it reinstated by the second President Bush. President Obama has once again rescinded the rule. Additionally Bush-era abstinence-

only restrictions on HIV prevention funding were weakened in 2008 when the global AIDS relief program was reauthorized.

Another concern is the sole focus on heterosexuals in HIV prevention messaging. Currently only heterosexual people are portrayed in information about risks for HIV. This has led homosexually active men in Kenya, Uganda, and elsewhere to believe they are not at risk for HIV.

PEPFAR and the Christian Right

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has been the primary U.S. response to the global epidemic. This program started under President Bush in 2003 and provides funding abroad. PEPFAR targets countries with high HIV prevalence, primarily in Africa. This initiative has increased funding, successfully lowered death rates from AIDS, and expanded access to medication. PEPFAR funding provides antiretrovirals to nearly 2 million people in Africa. One study shows that the plan has averted an estimated 1.2 million deaths from AIDS. The same study, however, found that PEPFAR has not lowered rates of HIV infection. While successful at lowering AIDS death rates, the prevention portion is not working.

PEPFAR's prevention efforts fail mainly because of their basis in religious dogma rather than proven facts. It allows ideology to direct HIV prevention while ignoring scientific evidence. Studies repeatedly show that abstinence-only prevention education does not work. Yet until 2008 PEPFAR required that fully one-third of prevention funds be directed toward such programs. This is partly due to the strong influence of the Christian right. The abstinence-only component of PEPFAR was by far the most ineffective.

While changes have been made, problems remain. Even after the 2008 reauthorization, funding is still determined by ideological positions. PEPFAR requires the Office of the Global AIDS Coordinator to monitor the funding of non-abstinence programs. If organizations use more than half of their HIV prevention funds for non-abstinence prevention, they must inform Congress. This rule discourages organizations from having comprehensive prevention programming for fear of losing funding.

There are also other PEPFAR funding requirements that have a negative impact on HIV prevention. Organizations are required to pledge opposition to prostitution and sex trafficking publicly. This provision creates difficulties for organizations doing prevention work by limiting their ability to work effectively with individuals involved in sex work – a population already marginalized and at high risk for HIV. The pledge limits provision of prevention, care, and treatment services for this vulnerable population.

PEPFAR was amended in 2008 to improve HIV prevention among men who have sex

with men (MSM) by calling for HIV prevention efforts designed specifically for them. It also calls for more research to understand HIV among MSM better in the global epidemic.

ization's Mobilizing for Life project received \$9.7 million from PEPFAR to fund a faith-based approach to HIV prevention in Haiti, Kenya, Mozambique, and Rwanda. World Relief promotes "sexual morality" – abstinence until marriage – and "teach[es] God's design for a faithful, monogamous relationship within marriage." Teenage participants make public pledges of abstinence and virginity. This practice has been proven ineffective in the U.S. Condoms are not actively promoted, but are made available to pastors upon request.



with men (MSM) by calling for HIV prevention efforts designed specifically for them. It also calls for more research to understand HIV among MSM better in the global epidemic.

Christian Right Groups Funded by PEPFAR

Under PEPFAR, religious groups with little or no public health experience have landed lucrative federal grants. These funds support the provision of AIDS education, prevention, and services in Africa, Vietnam, and the Caribbean. The following is a profile of some of the main Christian right recipients of PEPFAR AIDS education funding.

- **World Relief** is run by the U.S. National Association of Evangelicals. World Relief's mission is "to work with, for and from the Church to relieve human suffering, poverty and hunger worldwide in the name of Jesus Christ." The organ-

- **Catholic Relief Services** promotes HIV prevention in Africa, Haiti, and Guyana with PEPFAR funds. It does not promote the use of condoms because of religious objections. CRS received \$102 million of PEPFAR funding in 2007. Samaritan's Purse is "a nondenominational evangelical Christian organization providing spiritual and physical aid to hurting people around the world," Run by Franklin Graham, son of evangelist Billy Graham. Samaritan's Purse uses "Bible-based education" and is one of nine faith-based organizations to receive funding under the USAID "HIV/AIDS Prevention Through Abstinence and Healthy Choices for Youth" program.
- **Fresh Ministries** is a multi-faith organization based in Florida. In October 2004 Fresh Ministries received \$10 million from PEPFAR. In partnership with the Anglican Church in southern Africa,

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Fresh Ministries runs Siyafundisa, which teaches abstinence-only prevention education and combats AIDS-related stigma. Siyafundisa focuses on children and young adults in South Africa, Mozambique, and Namibia.

- **The Christian AIDS Fund** receives PEPFAR funding for its work. It works closely with Ugandan First Lady Janet Museveni, an outspoken abstinence-only-until-marriage proponent. The U.S. points to Uganda's ABC model (Abstain, Be Faithful, Use Condoms) as a successful indigenous approach. Under PEPFAR, however, the U.S. has undercut the model changing the focus to abstinence only. The U.S.-funded program in Uganda now follows a model like U.S. abstinence-only programs that misstates the effectiveness of condoms. One example of misinformation is the statement that, "Condoms are not 100 percent perfect protective gear against STDs and HIV infection, and this is because condoms have small pores that could still allow the virus through." Officially, the Ugandan ABC policy has not changed, but Ugandan teachers report that U.S. contractors tell them not to mention condoms in school.

The Christian Right at the U.N.

Religious right groups like the Mormon World Family Policy Center, Focus on the Family, and Concerned Women for America closely monitor U.N.-sponsored international gatherings, paying particular attention to meetings focused on women. They actively promote their religious agendas and oppose homosexuality, abortion, and contraception. To their credit, some are active in efforts to prevent human trafficking.

Anti-gay groups pressure the U.S. government to oppose sexual orientation non-discrimination resolutions at the U.N. They have also lobbied against the candidacy of gay rights groups for membership in the U.N. Economic and Social Council (ECOSOC). United Families International, a Christian right group, has ECOSOC status, giving it a formal role in U.N. deliberation.

Several religious right groups got together at the United Nations High Level



Meeting on AIDS in June 2008. This forum included "ex-gay" groups, including the Catholic Family and Human Rights Institute and Families Watch International. Also present were the National Association for Research and Therapy of Homosexuality and Jews Offering New Alternatives to Homosexuality (JONAH). Speakers portrayed equal rights for LGBT people as a threat to "family rights." They argued that all same-sex relationships are promiscuous and high risk. Speakers also contended that homosexuality is a choice and argued that people can become heterosexual through therapy and religious conversion.

Opposing Women's and Children's Rights

According to the World Health Organization (WHO), AIDS is the leading cause of death and disease among women of reproductive age in low- to middle-income countries, particularly in Africa. Women and girls in these countries are particularly at risk for HIV infection, since they face both gender-based inequalities and biological factors that make them more susceptible. According to UNAIDS, economic and social dependence on men often limits women's power to refuse sex or to ask for condoms. In unprotected sex, heterosexual women are twice as likely as men to acquire HIV, and this is particularly so in girls, whose genital tracts are not fully mature.

The inequalities faced by women and girls are evident across the world in deeply embedded discrimination. Women often have unequal access to education and information that would help them learn about how to avoid infection. They can face violence or may lack the right to make decisions that affect their own bodies. WHO reports that the most important risk factors for death and illness among women are lack of contraception and unsafe sex. These factors result in unwanted pregnancies, unsafe abortions, complications with pregnancy and childbirth, and sexually transmitted diseases, including HIV.

Some Christian right groups oppose key international conventions that seek to address these inequities. They have historically blocked U.S. ratification of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). This convention is an international bill of rights for women that defines what constitutes discrimination against women and sets an agenda for national action to end such discrimination. Concerned Women for America has been highly active in opposing ratification since President Carter signed the treaty in 1979. The organization claims that the treaty is dangerous and anti-family, and that it is bad for women because it could promote abortion, decriminalize prostitution, and redefine "family." It points to

the CEDAW committee's statement in support of legalization of lesbianism in Kyrgyzstan to justify their position.

Christian right groups have blocked U.S. ratification of other important international treaties. They opposed the United Nations Convention on the Rights of the Child, which sets out the civil, political, economic, social, and cultural rights of children. It requires nations to respect, protect, and fulfill the rights of children. The Heritage Foundation opposes it as a "potential infringement of U.S. sovereignty." President Clinton signed the treaty in 1995, but the U.S. has still not ratified it. The U.S. and Somalia are the only countries in the world that have not ratified this convention.

Concerned Women for America is particularly active in promoting its agenda at the U.N. "I believe abortion, pornography, premarital sex, and homosexuality are schemes of the devil," said its founder Beverly LaHaye. The group has a budget of nearly \$8.5 million, claims 500,000 members, sends delegates to the U.N., and seeks to impose its beliefs worldwide. CWA's agenda includes:

- Teaching creationism and abstinence-only sex education in schools
- Opposing easy access to emergency contraception, even in the case of rape
- Opposing abortion, except to save a mother's life
- Decrying daycare and working mothers
- Opposing comprehensive sex education (even going so far as to equate its proponents with pedophiles)
- Promoting efforts to end human trafficking

Opposition to efforts to ensure equal rights for women is particularly troubling given the harsh realities faced by women and girls in places where they are particularly at risk for HIV. Violence against women continues to be a problem – during times of war, or even peace, women can be victims of rape and violence. In places such as the Congo, Sierra Leone, and Sudan, rape and beatings have been used as tools of war. Displaced populations are particularly at risk, and by some estimates, in Africa alone there are up to 6 million refugees and 15 million internally displaced persons.

In the Middle East and in parts of South Asia and Africa, women who are seen as having brought dishonor to the family can be killed by any man in the family. Honor

killings happen even in countries where they are officially illegal, as is the case in India, Pakistan, and Egypt. They also sometimes occur in migrant communities in western countries such as France, Germany, and the U.K. Typically these women are perceived as having crossed the limits of social behavior. Offenses include refusing the sexual advances of their husbands, refusal to accept arranged marriages, unacceptable dress, adultery, and in some cases having been raped.

Studies have shown that better educated young girls start having sexual relations later. Unfortunately, in many parts of the world, cultural and social conditions prevent women from receiving education, and many girls are denied the right to inform themselves about their sexual and reproductive rights and options. By

Christian right groups opposed the U.N. Convention on the Rights of the Child, which sets out the civil, political, economic, social, and cultural rights of children.

opposing comprehensive sex education, contraception, and reproductive rights on the international level, the Christian right contributes to the disempowerment of women. Lack of empowerment fuels the spread of HIV. Youth are under the control of adults, and girls in particular tend to have sex with people older than themselves. Due to the power inequalities between young girls and adult men, it is hard for youth to negotiate safer sex. This is why societies have age-of-consent laws.

The Christian Right, HIV, and Anti-Gay Policy

A number of groups address gay issues:

- **Focus on the Family** (FOF) is the largest U.S.-based Christian right advocacy group, claiming to reach 220 million people in 162 countries through radio and TV broadcasts. Its goal is to "conduct 196 'impact

projects' (such as abstinence training) in 75 countries." FOF has spent tens of millions fighting marriage equality in Canada. Focus on the Family Canada's 2005 budget was \$10.3 million. In 2006, FOF established an Institute on Marriage and Family Canada in Ottawa. Focus on the Family is also active in Latin America. While abortion is largely illegal in Latin America, abortion rates per capita are similar to those of the U.S. Enfoque al la Familia broadcasts in Spanish in 34 nations and operates Christian counseling sessions. Additionally, it has lobbied the Puerto Rican Senate against same-sex marriage.

- The U.S. **Knights of Columbus** is a Roman Catholic group based in New Haven, Connecticut, that distributed 2 million anti-gay marriage postcards to Catholic parishes in Canada in 2005.
- **World Congress of Families** (WCF) is based in Rockford, Illinois, and is a project of the Howard Center for Family, Religion and Society. WCF "affirms and defends...the natural family, both nationally and globally" and "coordinate[s] the efforts of pro-family groups from more than 60 countries." In the mid-2000s WCF worked with Latvia's parliament to oppose sexual orientation nondiscrimination laws. (Latvia was asked to pass these laws to join the European Union.) WCF convenes a conference every few years and since 1997 has met in Prague, Geneva, Mexico City, and Warsaw.
- Polish President **Lech Kaczynski** gave the keynote address at the 2007 WCF Warsaw conference and served as the conference's "Patron." Kaczynski gives frequent exclusive interviews to Radio Marya, a Catholic radio station that regularly broadcasts anti-gay and anti-Semitic content. Also speaking at the conference was Education Minister Roman Giertych, who described his political party's attempts to criminalize the teaching of "homosexual propaganda." In recent years small gay pride parades in Poland, Russia, and other Eastern European nations have been attacked by both neo-fascists and police. In January 2010, Moscow's mayor again vowed to prevent a gay pride rally.
- **United Families International** is based in Gilbert, Arizona. The organization opposes gay rights, sex education, and abortion rights and is an ECOSOC member. Its affiliate Restore Marriage,

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Canada! seeks the reversal of marriage equality and has published a *Guide to Family Issues: Sexual Orientation*, which contains inaccurate claims about homosexuality and gay people. Chapters are titled “Unhealthy practices,” “Unstable relationships,” “Child abuse,” and “Treatment of homosexuality.”



Uganda's Anti-Homosexuality Bill of 2009

In 2009 Ugandan Parliament member David Bahati introduced the Anti-Homosexuality Bill of 2009. Under current Ugandan law, homosexual acts are a crime punishable by a prison term of up to 14 years. The proposed legislation raises that to life in prison. In addition, anyone who fails to report the identity of any lesbian, gay, bisexual, or transgendered person faces serious consequences. Failing to make such a report within 24 hours can result in a jail term of up to three years. Most disturbingly, the bill creates a new offense: aggravated homosexuality – defined as one partner being a minor, HIV positive, or a serial offender (a repeat homosexual). The sentence for this offense is death.

Mr. Bahati has close ties to U.S.-based Christian right organizations. So do most of the Ugandan legislators involved in writing this bill. International media have exposed these connections. *The Times of London* and *The New York Times* reported that politicians in Uganda, including Mr. Bahati, are connected to a Christian right organization called

The Family, a secretive U.S.-based group of influential politicians and business leaders that actively promotes the objectives of the Christian right movement. The Family acts both within the U.S. and internationally. Its members include prominent politicians from both major U.S. political parties, and international decision makers are also included in its ranks. Other groups involved in stirring up homophobic sentiment in Uganda include

Exodus International and FOF. There is no claim that these groups actually wrote the proposed legislation, but they have been known to exploit existing homophobia and fear to further their political goals.

This draft bill has obvious implications for HIV treatment and prevention efforts in Uganda. Its provisions would further stigmatize HIV. It would also impede efforts to implement HIV prevention programming with MSM. In response to this

legislation, Uganda stands to lose a chance to host a major research institution. Currently the African AIDS Vaccine Programme (AAVP) is based in Geneva, Switzerland. On December 14, 2009, the U.N. and Ugandan health officials announced that AAVP headquarters would be moved to Uganda. UNAIDS chief scientific advisor for UNAIDS Catherine Hankins, however, has made clear that “Criminalizing adult consensual sex is not only a human rights issue....[I]t goes against a good HIV strategy. If the bill passes, UNAIDS and WHO would have to decide what happens to see whether this is an appropriate place.”

In a December 2009 speech at Georgetown University, U.S. Secretary of State Hillary Clinton decried the bill, stating, “Governments should be expected to resist the temptation to restrict freedom of expression when criticism arises, and be vigilant in preventing law from becoming an instrument of oppression, as bills like the one under consideration in Uganda to criminalize homosexuality would do.” Secretary Clinton has called President Museveni dir-

ectly to express the profound concerns of the U.S. about the proposed law.

U.S. Christian right organizations initially refused to use their influence in Uganda to stop passage of this harmful legislation. Finally, after weeks of pressure that brought international attention to their connection with Ugandan groups behind the bill, politicians and leaders in The Family and other organizations spoke out against the proposed legislation. They even wrote letters to the Ugandan President Yoweri Museveni urging him to stop its passage. Exodus International, an ex-gay organization affiliated with FOF, sent a letter to President Museveni on November 16, 2009, that said: “The Christian church...must be permitted to extend the love and compassion of Christ to all. We believe that this legislation would make this mission a difficult if not impossible task to carry out.”

In January 2010, President Museveni came under pressure from international leaders. He responded to the advice of the President of the United States, the Prime Ministers of Canada, and leaders from Australia and the United Kingdom. He expressed his opinion that the bill had become a foreign policy issue and urged his cabinet to take into account Uganda's foreign policy interests when considering the bill.

The Ugandan anti-homosexuality bill provides two crucial lessons. It shows the influence of Christian right groups on an international scale, and demonstrates how their ideological approaches obstruct effective HIV prevention. The reauthorization of PEPFAR made important changes: “abstinence-only” requirements were weakened. Groups particularly prone to HIV infection, such as MSM, were included. These steps show progress. The removal of the global gag rule by President Obama was also a huge milestone. But we are still not truly efficient at using limited HIV prevention funding. To do so, international HIV prevention efforts must fully fund and utilize proven prevention methods. They must also defund approaches and groups that continue to emphasize disproven methods and approaches. ■

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President Obama's First Year

The election of Barack Obama ushered in a new era of political leadership. Despite a crumbling economy, two wars, and a tumultuous battle with conservatives to reform the nation's health care, the Obama administration has been able to bring about progressive change in the lives of many Americans, particularly the most vulnerable among us. Significant progress has also been made in the fight against the nation's HIV crisis.

Early in his tenure, President Obama appointed Jeff Crowley as Director of the Office of National AIDS Policy. Formerly a Senior Research Scholar at Georgetown University's Health Policy Institute and the former Deputy Executive Director of Programs at the National Association of People with AIDS, Crowley's appointment was an early indicator of Obama's commitment to address the domestic HIV crisis adequately. One of Crowley's top priorities is the design and implementation of a National AIDS Strategy. When enacted, it is hoped it will set specific, measurable goals to reduce infections, increase access to care, and reduce health disparities among those most affected, including men who have sex with men and African-Americans.

Increased funding for HIV-related resources was also included in Obama's 2010 budget, including an additional \$53 million for HIV prevention programs at the CDC and reauthorization of the Ryan White CARE Act. These resources ensure that the nation's system of HIV treatment, testing, and other support services remains available. The CDC had not seen a funding increase in over nine years. In fact, due to inflation, the CDC's HIV prevention budget shrank 20% in real dollar terms during the Bush-Cheney administration.

In addition, the Obama administration rescinded a policy imposing a two-year lifetime cap on the use of Ryan White funding for housing. Thousands of low-income people living with AIDS would have faced evictions if this change had not been made. But while the President included a \$5 million increase for Ryan White housing in his 2011 proposed budget, he also called for a much larger reduction in funding for persons with disabilities, known as Section 811.

The practice of increasing funding to one program and then decreasing a directly linked program has been seen elsewhere in this administration. Case in point: Obama's 2010 budget froze spending for global AIDS at 2009 levels, and the President's 2011 budget also essentially flat-funds global AIDS programs, including a \$50 million cut from last year's funding for the Global Fund to Fight AIDS, Tuberculosis, and Malaria. While \$180 million is added to global AIDS care, treatment, and prevention, \$100 million of that is redirected into a new, undefined "Global Health Initiative Plus Fund." It is unclear whether this Fund will invest in the AIDS response.

In real dollars, \$80 million in new funding for AIDS is actually a funding decrease, since inflation in Africa is running about 7 to 10%. No new funding for health care workers is promised, and there is no funding to correct the double standard in HIV treatment in Africa, where poor people start on outdated treatment regimens and must wait until they are sicker to get better drugs. These funding cuts are now being translated into long waiting lists for people to get lifesaving treatment.

Thankfully, the Obama Administration has turned an eye to older adults affected by HIV. In December 2009, the Centers for Medicare

and Medicaid Services announced that preventive HIV screening tests for Medicare beneficiaries will be covered. This responds to trends showing increased rates of HIV among older adults.

Obama promised during his campaign to repeal a ban that prohibited federal funding of syringe exchange programs. These programs have proven to reduce new HIV infections and increase the likelihood of HIV testing, counseling, and substance use treatment among injection drug users. But Obama's 2010 budget proposal kept the ban in place. In July 2009, the House Appropriations Subcommittee voted to overturn the 22-year-old ban, and it was finally lifted when President Obama signed the budget. Also, in January of 2009, the U.S. HIV travel and immigration ban was finally lifted. This was a huge victory for HIV-positive and LGBT communities, allowing people with HIV to enter the U.S. freely.

The 2011 budget also includes the elimination of funding for

"abstinence-only" sex education programs. These programs have been proven ineffective at reducing sexual activity in teens by government-funded studies and were ultimately a waste of taxpayer dollars. Additionally, such programming promoted sexist gender stereotypes, provided misinformation about contraception and HIV prevention, and demonstrated anti-gay bias.

Fulfilling another campaign promise, Obama signed the Matthew Shepard and James Byrd, Jr., Hate Crimes Prevention Act in October of 2009. The new law extends the federal hate crimes statute to include actual or perceived sexual orientation and gender identity. It delivers long overdue protections to lesbian, gay,

bisexual, and transgender people.

More recently, in his first State of the Union address, Obama called for the repeal of the "Don't Ask, Don't Tell" policy, which has unjustly terminated the careers of many lesbian, gay, and bisexual service people. With the support of Defense Secretary Robert Gates and Joint Chiefs Chairman Mike Mullen, the 15-year-old policy may well be at the end of its road. A review is currently under way to strategize the transition to a military force in which gay Americans can serve without having to lie about their sexual orientation.

Perhaps the most notable accomplishment of the Obama administration is the recent passing of the health care reform bill, which is projected to expand insurance coverage to 32 million Americans who are currently uninsured. The bill, which constitutes the greatest expansion of federal health care guarantees since Medicare was first enacted in 1965, will limit increases to insurance premiums and require large employers to provide coverage to their employees. Moreover, the bill prohibits insurers from denying coverage based on gender or pre-existing conditions—a huge victory for people living with HIV.

President Obama has proven himself a progressive leader even when popular opinion may be resistant. Science-based HIV prevention now has a momentum not experienced in decades. With several bills currently in the pipeline, including a health care reform bill that would allow states to extend Medicaid benefits to thousands of low-income people with HIV, there is much to be optimistic about – and much for which continued advocacy is vital. ■



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