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In 1966, Bishop Stephen Bayne, writing about mission, said that the only question we can ask is, “What is God already doing?” He went on to say that our mission is utterly dependent on God’s will and purpose, and that our planning must be to discern God’s purposes, to identify God’s work, and then to take our stand as close to God’s side as we can come. (Stephen F. Bayne, Jr., *Mission Is Response*, Seabury Press, New York 1966)

AIDS is not asking anything new of us; rather, it is confronting us with the necessity of becoming more fully the kind of people we have been called to be.

One might ask, “Why should the church respond?” Despite all the so-called openness about sexuality, young people receive very little help in understanding themselves as sexual beings in a Christian context. What they have most often had from the church is pronouncements about what they should not do, with little emphasis on a positive response to God’s goodness. We hope that this program will give you a place to begin a healthy conversation about sexuality and faith.

The first version of *Youth Ministry in the Age of AIDS* was written in 1988 and reviewed by a number of groups in the church for accuracy and appropriateness. Since that time, much has changed. Facts about AIDS are taught in most schools and are widely available on the Internet and from many community agencies. The original work, aimed primarily at high school youth, is now intended for both junior and senior high-age children. One thing that has not changed, however, is that young people think they are immune to risk. That sense of invulnerability is a natural and necessary part of growing up, but it also makes educating young people about safe behavior a challenge. Facts are not enough to motivate safe behavior. Another constant is that we are still living in the age of AIDS, with our children increasingly at risk. We hope that this program will be useful to you and the young people for whom you care.
Dear Youth Ministers,

I am pleased to offer you a resource that can help save the lives of young people while creating a safe environment for honest discussions about sex and sexuality. Youth Ministry in the Age of AIDS II is a second edition of a popular resource that was written in the 80’s entitled Youth Ministry in the Age of AIDS. In the past years, the numbers of young people being infected with HIV have risen. How can we share good prevention information with young people and slow down the infection rate of a preventable disease?

It has been my experience that the church is one place we should be talking about HIV/AIDS, sex, and relationships. The church is where we can discuss more than the scientific facts of contracting the disease. We can be with young people as they make choices in their relationships. For example, we have an incredible foundational document in the Episcopal Church, the Baptismal Covenant. The Baptismal Covenant asks us to respect the dignity of every human being. This edition of Youth Ministry in the Age of AIDS reflects on the question: “What does it mean to respect one’s own and others’ dignity within a sexual relationship?”

Teaching young people about HIV/AIDS prevention can be frightening. You may feel uncomfortable discussing sex with anyone, let alone leading discussions. My hope for those choosing to use this material is that they choose to teach about HIV/AIDS prevention out of a great love for young people.

In closing, I will include the prayer for Young People found in the Book of Common Prayer.

God our Father, you see your children growing up in an unsteady and confusing world: Show them that your ways give more life than the ways of the world, and that following you is better than chasing after selfish goals. Help them to take failure, not as a measure of their worth, but as a chance for a new start. Give them strength to hold their faith in you, and to keep alive their joy in your creation; through Jesus Christ our Lord. Amen. (Book of Common Prayer, p. 829)

Sincerely,

Betsy C. W. Boyd
Staff Officer for Youth Ministries
From The Youth Ministry in the Age of AIDS Project Coordinator

It's finally here!!! This project has been long in the making. As a volunteer youth AIDS educator since the late 1980s, I have spent many an hour speaking to young people about HIV/AIDS and to youth leaders about the importance of HIV/AIDS education for young people. Though youth leaders and Christian educators were often interested in addressing HIV issues in their gatherings with young people and in Christian education settings, they felt limited by time and their own knowledge of HIV/AIDS. This resource is intended to be used by the Christian educator or youth leader-no prior experience with HIV Education necessary! The guide is also intended to be flexible-easily allowing you to adapt the materials to your available time.

Though our young people continue to make up an increasingly large percentage of new HIV infections every year, funding for comprehensive HIV education has decreased substantially. This new resource would not have been possible without the generous support of United Thank Offering and The Diocese of Texas HIV/AIDS Commission. I would like to thank several people without whom this project would never have gotten off the ground: Randy Kimmler for his grant-writing skills; Tom Chu and Betsy Boyd for their unfailing support and encouragement of this project since I presented it to them several years ago; Carla and Reed Acol of St. Paul’s Episcopal Church, The Dalles, OR, who used the guide first and provided feedback in its early stages; and, of course, The Rev. Canon Gene Robinson and Esther Walter. I would also like to thank those people who made the resource richer for their participation in its construction: Episcopalians infected with and affected by HIV who offered their personal stories for inclusion here; and Dr. Barbara Korth of Indiana University for her skills in the design of educational materials.

Additionally, I’d like to thank Amanda Hughes, Lisa Kimball and Marnie Shrader for their careful reading and in-depth responses to the resource materials, providing valuable input for the final revision processes; Donna Rochon, Amy Dolph Leonard and Kim Lopez for additional public health information; The Rev. Douglas Fenton for theological clarifications; and Kristina Feliciano for her quick editorial work. I offer a deep personal thank you to NEAC administrator The Rev. Richard Brewer for “being there.” Finally, I can not adequately express my gratitude for the lifelong ministry of Esther Walter, whose work has helped to make the very possibility of resources such as this a reality within the church, whose words make up a significant portion of this resource and whose encouragement prevented me from giving up on seeing it through to publication. My efforts to create and have this Educational Resource available to parishes are dedicated to my godfather, The Rev. Wade Wright Egbert, who died of AIDS.

This resource reflects the hard work and dedication of many, and for that I am very grateful. We hope that this resource will increase the response to our 73rd General Convention’s call for “the life-saving work of prevention education in the Episcopal Church to be continued.”

Sincerely,
Elizabethe C. Payne, M.Ed, Ph.D.  
National Episcopal AIDS Coalition Education Coordinator
An Educational Response

There are two major problems at which this effort is aimed. Our Christian faith gives us a good understanding of how we might we respond to each.

The Problems

The threat and agony of illness and its spread

In June 1981, the first cases of what came to be called Acquired Immunity Deficiency Syndrome (AIDS) were reported in the U.S. Over the next 20 years, about 1,400,000 people in the U.S. were reported infected, and there were 467,910 reported deaths (Centers for Disease Control and Prevention). As drugs to treat HIV, the virus that causes AIDS, became more available, the death rate slowed. However, these drugs do not cure the infected person; they only reduce the symptoms.

The Centers for Disease Control and Prevention (CDC) estimated in April 2000 that between 800,000 and 900,000 Americans (approximately 1 in 300) were living with HIV, and about 40,000 people become infected each year. New treatments have extended the lives of some people with HIV, leading to a rise in the number of people living with HIV/AIDS in the U.S.

Did you know:

AIDS is one of the leading causes of death among people ages 25 to 44, many of whom were infected as youth. (At least half of all new HIV infections are among people under the age of 25.) The majority of young people are infected through heterosexual sex.

(From National Institutes of Health, National Institute for Allergy and Infectious Diseases, May 2000)

For Internet Exploration:
In other parts of the world, including many African nations, 20% of the population is infected, and millions are sick and dying. (If your diocese or parish is linked with one overseas, have your young people explore the Internet to see how serious their epidemic has become.)

Barriers to Christ-like responses

Fear, a barrier to a humane, sensitive and compassionate response to most crises, is perhaps the greatest problem in understanding and responding appropriately to AIDS. But we as Christians are called out of love to overcome that fear for the sake of our young people at risk. In the midst of this crisis, it is imperative that we reach young people-with both (1) information about infection and prevention and (2) decision-making skills within the context of a Christian community. Young people generally
feel invulnerable to risk, illness and death. The combination of a feeling of invulnerability and the desire to experiment puts them at risk for contracting HIV. We can help to lower their risk by educating them and improving their decision-making skills.

**Responses to the Problems**

First, **nobody needs to contract HIV, the virus that causes AIDS.** If people know the facts about the behaviors that put them at risk for HIV, and if they eliminate those behaviors, they will not get HIV.

Changing human behavior through education is not easy. (Note the number of people who still smoke.) One of the goals of this program is to start the process of making wise decisions and changing behavior.

Second, we are asking people to respond to the question, “What am I called upon to do as a Christian and an Episcopalian in response to the AIDS crisis? Is there some ministry, however small or great, that I might have?” This ministry could be as simple as speaking out against jokes or hate speech or as direct as being a friend to someone living with AIDS.

Whatever the response, it seems clear that we must respond in some way if we are going to acknowledge as Lord the One who reached out to anyone in need.

**HIV/AIDS and the Episcopal Church**

The Episcopal church has passed several resolutions that are relevant. The following resolutions were passed during the 73rd General Convention:

- Resolution A050 on prevention education for young people and young adults
- Resolution A051 on making AIDS-related drugs available to poorer people and nations
- Resolution A052 on justice issues and oppression as they affect the spread of HIV

General Convention began addressing HIV/AIDS at its 69th gathering in 1988, and every Convention since then has spoken on this subject.

The first resolution, B006 in 1988, called for “AIDS Education in every congregation...and models of AIDS Education programs that promote abstinence or monogamy as well as candid and complete instruction regarding disease prevention measures...”

Subsequent Conventions continued to support such education, for youth, young adults, and congregations, in English, Spanish and other languages.

These and other resolutions concerning HIV and AIDS passed at General Conventions can be found on the NEAC website: http://www.neac.org
This program has been developed as an educational ministry in the service of young people in the age of AIDS. It is organized into seven parts in order to make it as easy to use as possible.

I. Introduction
   Includes information about how to introduce the program to parents and statements of the church’s position and interests in programs such as this.

II. Preparing to Lead: Youth Ministry and Christian Education
   Specific information to support the leaders’ preparation.

III. About AIDS and HIV: Extending Our Knowledge and Understanding
   Basic information and facts about HIV and AIDS.

IV. Reality, Risk, Sex and Youth
   Intended to confront the reality of risky youth sexual activity and needle use.

V. Sessions for Youth in the Age of AIDS
   Four specific sessions are suggested for use. These may be used as they are presented or adapted to fit the needs of the group.

VI. Mobilizing for Ministry
   Suggestions for incorporating HIV/AIDS concerns into worship and for conducting healing services.

VII. Resources
   Websites, films, pamphlets and other resources that can supplement this guide and assist in developing ideas for the most appropriate and effective use of this material.
We have decided to respond to the HIV/AIDS problem by accepting a call to clarify and share information with our young people. It would be ideal if this program were part of a larger effort to assist young people in understanding and making appropriate decisions about their sexuality, but that is beyond the scope of what we can offer here. Nevertheless, resources have been noted in the final part of the guide that might be useful for this larger project.

Goals

1. To teach young people what they need to know if they are to protect themselves and others from HIV/AIDS

2. To create a safe, Christian environment to talk about HIV/AIDS and related aspects of human sexuality

3. To help young people make the connection between their Christian beliefs and their behavior, especially as it concerns risk to themselves and others

4. To encourage young people to become involved in AIDS ministries

Strategies

1. Impart facts about HIV transmission

2. Identify common myths about HIV transmission and explain why those myths are harmful

3. Engage young people in issues of faith and moral decision-making

4. Help young people identify possibilities for personal ministries in the area of AIDS
The parents of your young people will want to be informed about what you are doing. Depending on your circumstances and your history with them, you may want to invite them to an explanatory meeting—perhaps after Sunday worship, to make it easier for them to attend. Or you may be able to send them a letter explaining the purpose of the program and inviting their questions. Inform them that they have the option to remove their young people from this learning opportunity, without overemphasizing this option and thus making the program sound more sensitive than it really is. Most parents will be delighted that this program is taking place.

**Recommended Resources for Parents**

Sexuality Information and Education Council of the United States (SIECUS) (see Resources) has a good pamphlet titled “How to Talk to Your Children About AIDS” that could be given to each family. (Check in cases of joint custody to make sure that both parents are included.)

Mothers’ Voices (see Resources) publishes a $5 book titled *Talking With Our Children About Sexuality and AIDS*. It also has good advice on its website, www.mvoices.org.

Another good book for parents is *From Diapers to Dating: A Parent’s Guide to Raising Sexually Healthy Children* by Debra W. Haffner. It includes some age-specific ideas for talking about AIDS. Debra was executive director of SIECUS and is an ordained minister. (SIECUS was the first professional organization for sexuality professionals to take religion seriously.)

**Letter to Parents**

Good communication with parents will enhance the support and participation the program receives. It is a good idea to send a letter to parents, being careful to include those who do not live with the child but are nevertheless important participants in the young person’s life. You may also wish to involve godparents. You might want to include the following kinds of information in the letter:

- The Episcopal church is asking us to serve young people through this program
- A brief description of the program and its goals
- A warm invitation to participate and ask questions
- Specific information about the meeting and ways to contact leaders to discuss the program and the curriculum.
Dear Parents:

We are embarking on a new ministry with our young people. We are offering a program titled “Youth Ministry in the Age of AIDS.” It has been previewed and approved by our congregation’s leadership and is intended to do three things:

- Give our young people facts and concepts they need in order to protect themselves and others from infection with HIV.
- Help them see the connection between their Christian beliefs and their personal behavior.
- Help them find a way to exercise a personal AIDS ministry as members of this faith community.

We feel that this is critically important at a time when our young people (ages 15 to 25) are at the highest risk of contracting HIV. They are God’s precious gift to us, and we want to help keep them safe.

The program will run for (#) sessions. It will involve a lot of dialogue and reflection. The material is specially prepared for our Christian young people with the purpose of providing them with an opportunity to explore informed Christian responses in a world challenged by HIV/AIDS.

We invite you to come on... at... in... to see the resource materials and ask questions about the course before we start.

We look forward to seeing you there. And we are always available for questions.

Your name.......  
Your phone/email, etc. ....

Parental Permission Slip:  
I give my child.................................. permission to attend the sessions on HIV/AIDS prevention. I understand that issues of sex and risky behaviors will be openly discussed.  
Signed  
Dated
• This resource is limited in scope.
This program and resource guide is one of many tools that can be used to teach HIV/AIDS prevention in our congregations. It is designed to be shorter than the more comprehensive programs, such as The Episcopal Guide to Teen AIDS Prevention (TAP), a ten-session peer-education resource available from Episcopal Parish Services. An updated version of the secular pages can be downloaded from the Advocates for Youth website: www.advocatesforyouth.org.

Trying to produce an educational program on the subject of AIDS is like taking a still photograph of a speeding car—information about AIDS changes daily. Additionally, each church group is unique, and your members will have their own personal associations with the subject and will have had varying amounts of AIDS education in school. We can’t give you a recipe that will fit each setting. What we can do is offer suggestions from which you can take what you need.

• This resource can be used whether your group is small or large.
You can adapt it to fit your needs, whether you have three or twenty members.

• You don’t have to be an expert to use this resource.
If you think you need to know everything about AIDS and must feel perfectly comfortable talking with young people about sex, drugs and faith before using this resource, you will never use it. We all start somewhere, and nothing authentically deepens a relationship more than an adult admitting to young people, “I don’t have all the answers. Let’s find out together.” Perhaps the most profound thing you have to share is your own struggle with the issues raised by this resource. We invite you to take the plunge and do something now about AIDS.

• This resource is dynamic.
It is a place to begin. You will want to change, add or delete; feel free to do so. You will want to stress some parts of the program more than others; please do. You know your young people’s needs best. You have our blessing to do whatever it takes to impart the information and appropriately engage your young people in the issues of faith and moral decision-making.

• For the sake of the youth, do it!
You may be somewhat intimidated by the task before you. We are indeed walking some fine lines. It sounds difficult to advocate abstinence and talk about condoms at the same time, to urge young people not to use drugs and instruct them to clean their needles if they do. But if we don’t take the risk, if we don’t walk these fine lines, young people are going to die—many young people and many adults. So take the risk, and just do it. And please, do it soon.
This section is aimed at preparing youth leaders and/or Christian educators for the ministry that lies ahead. It contains program-development ideas and answers to basic questions, like “Why me?”

This chapter was prepared for you—the youth group leader, Christian educator, clergy or interested adult—to help you educate your young people about HIV and AIDS. (For the purposes of this resource, we use the term “youth leader” to refer to the adult leading these sessions.)

Young people are in the process of developing their identities and their relationships with the rest of the world. Therefore, programs such as this help them explore their thoughts and questions and how to relate to their own beliefs and value system.

Why Us?

There are two questions that come up regularly when people are faced with the task of educating youth about HIV/AIDS:

1. “Why me? I’m not their parent. I only help with the youth group or Sunday school. How can I teach about something as sensitive as AIDS?”
2. “Why these young people? These are good young people—certainly not involved in risky sex or drug use. Aren’t they too young? Why not concentrate on older youth?”

The church is called to:

• Receive young people’s special gifts as the sign of the Reign of God. When the church listens to young people, they believe they matter, and the church benefits from their wisdom.

• Foster community beyond the family unit, in which young people and adults know each other by name, minister to each other and are partners together in serving Christ in the world.
• Appreciate young people’s abilities and readiness (1) to represent Christ and his church, (2) to bear witness to Him wherever they may be and according to the gifts given to them, (3) to carry on Christ’s work of reconciliation in the world, and (4) to take their place in the life worship and governance of the church (Ministry of the Laity, p. 855, Book of Common Prayer).

Youth leaders are significant adults.
You have a special role to play precisely because you are not the children’s parent. You may remember from your own adolescence that it was often much easier to raise sensitive issues first with adults who were not your parents—people who did not have as personal a relationship with you. You are one of those significant adults who are crucial to the health and well-being of young people.

You have opportunities to talk informally with young people. Sometimes these informal moments have more learning potential than a fully developed program. Youth Ministry in the Age of AIDS is meant to give you and your group information that may be helpful to you at these opportune moments. When it comes to AIDS—with its association with sexual behavior, drug use and disease—young people may be willing to talk to you, seeking information and advice from one Christian to another, before they are comfortable talking with their parents.

Young people need education about sexuality and behavior.
Educators, health providers and young people themselves stress that education about sexual behavior should begin early—before the challenging situations arise. Work with junior and senior high school students has two equally important dimensions: the present and the future.

Did you know:
More than half of the young people in the U.S. have had sexual intercourse by the time they are 17. “Sexual and Reproductive Health: Women and Men” Facts in Brief, 2002 Alan Guttmacher Institute

While many of them say that it is important to delay sexual activity and equally acceptable to be abstinent, the fact remains that young people will find themselves pressured to engage in all kinds of risky behavior. Alcohol is the most common “drug” and is readily available even to junior high students who want it. In most communities, other drugs are also there for the taking. Television programs, movies and popular music are increasingly explicit about sexual behavior. Sexual intercourse is presented as a normal activity for young people, and consequences are rarely shown.
But even if the best-case scenario exists for your young people, and none of them are having sex or drinking or using drugs, they are still going to grow up and leave home and face new freedoms. They will have to make vital decisions on their own. Will they have the facts and the insight they need? AIDS is a hidden disease, and its attendant risks may not be obvious, especially among one’s peer group. A young person who becomes infected in the teenage years may not show symptoms until his or her 20s.

Did you know:

Individuals who were infected with HIV as young people, and exhibit full-blown AIDS ten years later, are the fastest-growing population of U.S. residents with AIDS. This group is 15 to 25 years of age.

(Kaiser Family Foundation Briefing Series, based on CDC data)

You are a Christian youth leader.

You care deeply about the Christian faith, and you care deeply about young people. You want to communicate a sound Christian perspective on sexuality to your young people to help them appreciate and adopt as their own the values of the church. You cannot assume that young people will automatically understand how to apply their faith beliefs to their sexual behavior—they may need help to make that connection, to express their faith in their lives.

Help You Can Give

1. You can get assistance from institutional sources such as your clergy, your diocese and the national church. You can draw on the diversity of occupations represented in your congregational family, people with skills in education or health who may be willing to assist you.

2. You are operating in an environment of Christian love. An atmosphere of love and grace will help members of your group talk frankly, without fear of judgment or condemnation. You have the role of concerned helper rather than of authoritarian lecturer.

3. And finally, the current concerns about the threat of HIV/AIDS may help smooth your path, opening up possibilities for conversation and learning and creating the kind of consensus that makes both parents and young people receptive to your message.

But what about the parents?

Share your motivation for providing AIDS education with the parents. Help them see that you, as youth leaders, are partners with them in this effort. It is important for young people to know that their parents’ values are not merely quirky opinions.
Young people need to see that these moral and practical norms arise from an ancient tradition-an ancient and long-standing “peer group” who think and believe differently from what they see in the movies. Young people want to belong to a group but also to be distinctive, to be authentic and individual. The church must be one such place for them to do this.

It is also important to explain why the church needs to respond to this epidemic. In the introduction, we suggested that you tell the parents how you plan to approach the program.

- Ask them what they themselves learned about sexual behavior from the faith community in which they grew up, and whether they would have appreciated more than they received.
- Ask them how they want their children to feel about themselves and to act as Christians.
- Answer their questions. Listen to them and adapt these materials in good faith, confident that in an emergency, we adults must do what we can to protect the children. The parents have already entrusted you with their children. If you honor their questions and concerns about this kind of education, that trust will usually be reaffirmed.

There are differing ways of deciding about Christian values. Certainly, the guiding principle is one of love for God, self and others. But some young people may need more specific guidelines. You have the church’s teachings (for example, Scripture, the Baptismal Covenant and General Convention resolutions as a framework for expectations about sexual behavior) to draw upon.

One important value is that of fidelity, the lifelong commitment of two people who will be faithful to each other. Many people would define this as marriage between a man and a woman. Others might include a committed relationship between two men or two women. A commitment between two people who have been abstinent and drug-free before making a lifelong pledge of fidelity to one another is not only a
Christian value but the safest context for sexual expression. What is gained through fidelity extends far beyond the benefit of safe sex, however, and that too should be stressed.

Recognize that young people today live in many different family situations, and they see many types of relationships that may not include fidelity or commitment. It is important not to alienate young people from their own personal and family experiences, while still making clear how they can best keep themselves safe.

Beyond that, love for self and others requires taking responsibility for actions that could cause harm. An understanding of the concepts involved in safer sex, beginning with HIV tests for those who might have been exposed and the use of condoms in each sexual contact, gives young people the means to take that responsibility. This knowledge is important for those who are sexually active now and for those who will take it with them into their future, when new freedoms will present them with new challenges. It is also important for a group of peers to share this knowledge and set a climate of expectations: **Postpone sexual involvement. Or be responsible for your sexual partner as well as yourself.**

**How can you present** safer-sex information without diluting your main point, which is the Christian value of limiting sexual relationships to those based upon the commitment to lifelong fidelity?

This is not easy to answer, but the following clues may help:

1. Remember that your task is to create an environment in which dialogue about faith and values can take place. You can make “I believe...” statements, and you can make clear what the church has said. For instance, “I believe that God is about forgiveness.” However, demanding that people subscribe to certain positions without question will be counterproductive. People truly own Christian values only after wrestling with them.

2. Present these values in their context of theology, Scripture and history, rather than as moralisms. The purpose is not to be judgmental, but to deal with the “why” of our values—and the why grows from our relationship with a grace-filled God to whom we want to respond thankfully.

3. Spend plenty of time talking together about these values and their rationale. Young people will challenge and question, but that is exactly the process that helps them adopt the values as their own. If they are living at home, they may want to behave according to certain values because they don’t want to disappoint their parents. This motivation is an important one, but it is not the last phase of value development. The goal is to make the values part of oneself, so that when the members of your group leave the protected environment of home, they “own” these values.

4. Recognize that not everyone lives by these values. Not everyone accepts the same theological rationale to support those values. Thus, we must make choices: Our values are not automatic. Each decision we make both reflects and helps to form our values.
5. Frankly address our theological understanding of human beings as both sinners and saints, detailed in the Catechism, page 849 in the Book of Common Prayer. Explore the dimension of forgiveness and renewal presented to us by God in Christ, especially as expressed through the Baptismal Covenant. Although we constantly fall short of who God would have us be, God’s forgiveness is always available.

6. Explain that although we are Christians, perhaps even very sincere and committed Christians, God does not free us from temptation, nor are we guaranteed success in our efforts to uphold our highest standards.

7. Point out that Christians who intend to hold to the church’s standards still need to know about safer-sex practices. On the one hand, none of us can ever be so confident of our commitment to an ideal that we never need to consider the possibility of behavior that misses that mark. On the other hand, we know people who are sexually active, and in love, and we may have a chance to help them by encouraging them to protect themselves and their partner. Approaching the subject along these lines may help you to both uphold the ideal and provide help for those who need it.

8. Always deal with sexuality and AIDS within the context of God’s love. Young people who see the ideal behavior may feel that God rejects them when they don’t follow it. God doesn’t, as we know. But feeling as if God will reject us only adds to despair. Young people need to sense God’s continuing acceptance and the ongoing possibility of change in their lives.

**Did you know:**

Your first value is to love your young people enough to help them stay alive.

**Biblical and Christian response to suffering and disease.** The point is not the morality of the method of HIV transmission, and if the conversation begins to focus on blaming those infected, the leader should steer the discussion back to the Christian response to illness. (Many diseases—lung cancer, strokes, heart attacks, etc.—happen in part because of choices that people made about their behavior. Blaming them afterward is pointless.) Jesus did not perceive sickness as punishment for sin. In John 9, Jesus clearly rejects the notion that God punishes us through illness and pain. Jesus’ response was to be present to those afflicted, touching and healing them. As his followers, we are called to do the same.
Session Formats

Each session contains possible activities, suggested discussion questions and other opportunities for learning. You will need to select from each part the material that meets the needs of your young people and your time constraints. As you choose, keep in mind that there is a certain amount of basic learning that needs to happen; this will be made clear at the beginning of each section. Wherever possible, use examples that represent the lived experience of your congregation and community. Additional support for the sessions is included in Resources.

Some possible formats:

**Four 90-Minute Sessions**
You might want to use four successive youth meetings or three Sunday-morning education forums. There are four sessions specifically designed for this format.

- Facing Our Fears: HIV/AIDS Awareness and Let’s Talk About Sex
- Facing Our Fears: Christian Action
- Christian Responses: Caring
- Christian Responses: Healing

Follow-up Extensions:
- Film nights
- Healing Service

**Three 3-Hour Sessions**
For example: Three youth-group sessions or an evening series in a congregation.

1. Introduction and Sessions One and Two
2. Sessions Three and Four
3. Mobilizing for Ministry and closing worship

**Weekend Retreat**
Begin with food Friday evening, of course, and end with lunch on Sunday.

Friday evening: Introduction and Session One
Saturday morning: Sessions Two and Three
Saturday afternoon: Session Four Free time
Saturday evening: Mobilizing for Ministry
Social/fun time
Sunday morning: Unfinished business
Eucharist incorporating healing, AIDS-related sessions, etc., with plans for ministry presented as part of the offertory
**Overnight Retreat**

Friday evening: Introduction and Session One  
Saturday morning: Sessions Two and Three  
Saturday afternoon: Session Four and Mobilizing for Ministry/Closing Worship incorporating AIDS-related materials

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### Group Guidelines

Consider the following in deciding the makeup of the group:

- Some sense of community is necessary if discussions of sensitive issues are to work. You will need to establish some guidelines about respect and behavior in any case, but it will be easier if members of the group are already comfortable with each other.

- If the group does not have an established sense of community and you are using shorter sessions, you may need to add a session at the beginning just for this purpose.

- Many youth groups incorporate friends from other denominations who have no church affiliation at all. This is all right as long as these friends understand that the worship and the Bible study is shaped by the Episcopal church’s understandings and ways of doing things.

- Parents should be informed and given a chance to remove their child from this learning opportunity. While this will almost never happen, it is important to have their trust.

- Avoid talking about these issues with your youth one on one. In accordance with Church Sexual Misconduct guidelines, in no case should 1 adult and 1 young person ever be alone together. If a young person wishes to ask a question privately, be certain that you are in public view.

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### Leadership

This resource may be best used with co-leaders. Two people can pick up on group reactions more easily and can bring differing perspectives to the discussion. You should be familiar with HIV/AIDS, although you don’t need to be an expert, and you should be able to talk about the issues involved-especially the sexual behaviors that lead to HIV transmission.

There may well be resource people in your congregation or community who can bring expertise on the disease and who can help you with your own education, or act as a resource for the group. Check AIDS programs, the Red Cross, the local and state health departments and other sources for this kind of help. However, in spite of the
temptation, you should not turn the program over to these experts, even to those experienced in teaching young people. This is a church program, designed from a religious perspective, and you are in charge. (It would be ideal to find an active member of your congregation who is already knowledgeable about HIV.)

Using This Program With Middle School Youth

The first edition of this program was completed in 1988 and addressed to senior high youth. Now, fifteen years later, much has changed, including the needs of our children. The present edition is aimed at junior high as well as senior high students. Consider some of the changes over this last decade. Basic knowledge of AIDS is much more common (although not often integrated into behavior changes). Some students are initiating sexual activity at younger and younger ages, while others are deciding to postpone sexual involvement. Popular culture has become increasingly explicit in terms of sexual behavior, without putting it into a context of responsibility and consequences. Middle School girls read Seventeen Magazine and High School girls read Cosmopolitan. Movie producers deliberately include sex scenes in films that would otherwise be rated PG, because no self-respecting young person would be seen paying money to view a PG film.

All of these changes have implications for the planning and delivery of your programs.

• Allow ample time for young people to formulate questions and responses. They often take longer than adults to express themselves. Silence may connote thinking rather than boredom.

• Middle School youth can be wonderful, creative and funny. They also can have short attention spans. Consider this when choosing a video to use with your group. Everything after the first ten minutes, for example, must be compelling. Also, you may not be able to find a film that is completely contemporary, but it shouldn’t look and sound like something intended for a prior generation.

• A message from someone near their own age is usually far more effective than one from an adult.

• Many junior high students are still concrete thinkers; they’re not yet dealing well with abstract concepts. Messages need to be clear and illustrated in a way they can connect with. Language also needs to be concrete. “Bodily fluids” is not a phrase that communicates well. Instead, list the bodily fluids. Even the term “sexually active” can be misunderstood. Most young people who have initiated sexual activity have one partner at a time, for a period of months. They practice serial monogamy and don’t see themselves as promiscuous. Needless to say, euphemisms are useless in two ways: They don’t communicate the message, and they do convey embarrassment.
Senior high youth may be better able to handle abstract concepts, but the above advice still applies.
The purpose of this chapter is to provide a basic understanding of HIV and AIDS so that we will have a common starting point.

Some Preliminary Questions

What is it?
HIV is short for Human Immunodeficiency Virus. This virus gets into a person’s body and slowly attacks the immune system, sometimes taking several years to make the person really sick.

AIDS, short for Acquired Immune Deficiency Syndrome, is the end stage of a long infection with the virus called HIV. A person with AIDS does not have an immune system to protect him or her from infections. Common germs, like those most of us can easily fight off, can be fatal to people with AIDS.

How do you contract HIV?
HIV lives in human blood, in a man’s semen, in the fluid in a woman’s vagina and in breast milk. Contact with these bodily fluids from an infected person transmits the virus. The virus dies quickly outside the body when exposed to air. This means that dried blood and other dried bodily fluids do not pose a risk.

One way that people contract HIV is by having sexual contact with an infected person. Sexual contact includes oral and anal sex, as well as sexual intercourse. This can be sexual contact with someone of the opposite sex or with someone of the same sex. The virus doesn’t care who you are.

HIV is also passed when somebody injects something into his or her body with a needle that contains blood from an HIV-infected person. This needle can be used for drugs, for chemicals used for athletic performance, for tattooing or for body piercing. The virus doesn’t care why you are using the needle. All it needs is blood-to-blood contact.
created in the syringe, the virus can live for a longer period of time outside the body. This is why bleach is necessary to kill the virus inside the syringe.)

Mothers who are HIV-infected can pass the virus to their baby before or during birth, or through breast milk.

People who are HIV-infected are called HIV-positive, or HIV+, because they test positive for the virus.

**Can HIV/AIDS be cured?**

No. There are drugs that can slow down the disease in some people, but these people still have the virus in their bodies. For many people, the drugs do not work or have such serious side effects that they cannot be taken. There is no cure.

**How can you keep from contracting HIV?**

If you don’t do the things that can pass the virus to you from another person, you won’t catch it. Don’t have sex with a person who might be infected. If your sexual partner has had sex with somebody else, he or she might be infected. If you do have sex, always use a condom, but know that a condom does not make sex safe—it makes sex safer. Never stick a needle that somebody else has used into your body.

**Did you know:**

There is no vaccine to protect people from the virus.

**How can you find out if you are infected?**

You can get a simple blood test that will show whether or not you have the virus in your body. If you are HIV+, you can get medical treatment to help slow down the disease.
HIV/AIDS has had a significant impact on young Americans, including teenagers and young adults.

HIV/AIDS is one of the leading causes of death among people ages 25 to 44, many of whom were infected with HIV when they were in their youth and early 20s.

At least half of all new HIV infections are in young people under the age of 25, the majority of whom are infected heterosexually.

Young women are particularly at risk, representing half of new AIDS cases among 13- to 19-year-olds.

*(Kaiser Family Foundation Briefing Series, based on Centers for Disease Control data)*

The role of fear

We must clearly understand the element of fear of AIDS, a fear deeper than any other associated with teenage sex. In fact, a national survey of young people finds that most 13- to 18-year-olds, many of whom have not yet had sexual intercourse, say they are extremely worried about getting a sexually transmitted disease, and especially about AIDS. *(Kaiser Family Foundation, “Hearing Their Voices,” 1999)*

This fear may motivate you and your young people and their parents to address the issues of sexual behavior openly and directly. If so, you are making a creative use of fear. However, *using fear alone to motivate behavior is not effective.* Most young people have a mental switch that goes to “off” when they see adults trying to scare them into conformity. If we want to succeed in communicating with our young people, it is critically important to understand how they perceive the issues that affect their lives and to help them find positive reasons for actions that also protect them from this epidemic.

First of all, youth in our culture is a time for taking risks, for spreading wings and trying new things. Their sense of personal immortality, which terrifies adults, is perfectly normal. Second, and equally important, is our role as youth leaders and the ways in which we reflect our faith. The image of God the judge, waiting with a big
stick to punish our failings, is a poor reflection of our faith. We want our children to live in ways that show their positive response to God’s grace.

We don’t live in an ideal world. In the real world of sinful humanity, fear does shape our behavior to some extent. There are many things we avoid doing for fear of the consequences. The questions young people ask about sexuality include a mixture of fear, wonder, misunderstanding, joy and idealism. However, as adult leaders, we don’t want to over-emphasize fear. It is part of the picture, but it shouldn’t appear in the center of the canvas.

**Does modern AIDS treatment remove the reason to fear infection?**

There has been much publicity about drugs that can be used to sustain the immune systems of people infected with HIV and keep them alive longer. Such drugs can even be taken by pregnant women to help keep them from infecting their unborn babies. The fact that treatments exist has led some people to stop worrying about contracting HIV, thinking that it is now a treatable disease.

There are some realities that your young people need to consider about HIV treatments. In the first place, the treatments are not a cure. They don’t kill off the virus. They simply boost the immune system for a limited time. In the second place, they are not easy to use. Complex drug combinations for HIV treatment are very expensive, easily costing $10,000 or more a year for some patients. They are hard to take correctly and many have severe side effects. When people stop taking them, the virus usually begins spreading through their bodies again.

Even if a person living with HIV has successfully retarded the pace of the disease, he or she still harbors the virus and is still capable of infecting a sexual or needle-using partner.

Scientists are working very hard to find new treatments for infected people and to find a vaccine that will protect against infection. Vaccines are very difficult to develop because HIV is capable of changing its outer coating, and there are several strains of the virus. A vaccine that targets one form of one strain may not work against the others. Scientists say that it will be many years before an effective vaccine is available.

At this time in our history, and for the next decade at least, the only protection against HIV/AIDS lies in safe behavior. Luckily for humanity, **safe behavior** is highly effective. It is hard to imagine what would happen if HIV were as easy to catch as the common cold.
Sexuality and AIDS

Probably the greatest challenge in teaching about AIDS and its prevention is navigating the way in which young people—and much of our culture—understand human sexuality. Because AIDS in the U.S. was first identified in gay men, the myth that it happens only to gay men persists—even in the face of overwhelming evidence that the virus is not at all interested in the sexual orientation of its victims. Almost all of the many millions of AIDS cases in the world are from heterosexual contact. Any unprotected sexual contact with an infected person puts you at risk, no matter who that person is. The epidemic in this country long ago moved out of the gay community. People who inject drugs or steroids or performance-enhancing drugs with infected needles have passed HIV on to their spouses and partners and babies. Men and women who have sexual partners with unknown histories are vulnerable to HIV infection.

Yet the pervasive culture in our nation’s schools mocks any suggestion of homosexuality, leading to a tremendous denial of the risks taken by young people. Young people’s fear of being labeled homosexual can obscure their reporting of risk-taking behavior. That fear can also lead them into risk-taking behavior, engaging in sexual acts to “prove” their heterosexuality. They are more afraid of being bullied than of contracting HIV.

Young people and homosexuality

Young people are often insecure about their sexuality. One response to this insecurity is to be as punitive as possible toward those who seem to represent that which they fear in themselves. Gay-bashing is the all-too-common result. There are few settings today in which racial slurs are acceptable, yet words that deride homosexuality are commonly used. There are many people who see a sexual orientation toward the same sex as normal. Others see it as wrong. However we feel personally, as Christians we know that we cannot attack and demean other people. We are called to respect the dignity of every human being.

What do we know about homosexuality from the social and medical sciences?

The American Psychiatric Association long ago removed homosexuality from its list of disorders. Most contemporary researchers believe that about 8% of men and 4% of women have had same-sex partners, falling in love with and being physically attracted to members of their own gender since puberty. Some people experience attraction to their own gender at some point in their lives and the opposite gender at another time. Most researchers believe that gender orientation is not chosen but is inherent in our natures.
What does the Episcopal church say about homosexuality?

Our General Convention (the only body that can speak for the whole Episcopal Church) said in 1976 that “homosexual persons are children of God who have a full and equal claim with all other persons upon the love, acceptance and pastoral concern and care of the Church.” (Note that our Baptismal Covenant, on pages 303 and 304 of the Book of Common Prayer, calls us to “strive for justice and peace among all people, and respect the dignity of every human being.”)

Discussing homosexuality with your group.

It can be scary to guide young people through discussions about homosexuality, but it is very important—both to those in your group who may tend to condemn anything that is different and to those young people who believe themselves to be lesbian or gay. Every word you say must be spoken with the awareness that someone in your group may be applying it to themselves. Gay and lesbian young people are under enough social pressure without experiencing it in the church as well. They usually hide their feelings and thus could be present in any group without our knowing it. Fear of societal rejection is a primary contributor to the higher suicide rates for gay and lesbian youth.

Did you know:

There is a gay and lesbian suicide-prevention packet available through the Ministries With Young People Cluster of the Episcopal Church. Call (800) 334-7626, ext. 6156, to order.

The words they hear and the affirmation they experience in their church community may be life-saving instead of life-destroying. And other members of your group may learn to be less afraid of those different from themselves. Whether or not homosexual people are accepted comfortably, one truth is that hatred and violence are unquestionably wrong.

AIDS and Bisexuality

Although most bisexuals have a primary sexual orientation for public presentation, they also engage in more or less frequent episodes with the other gender.

In the course of their sexual development, many young people develop deep attachments to people of their own gender, and these affections sometimes lead to sexual activity. Adolescence is a period of experimenting with new abilities and sensations, including the remarkable new capacity for sexual expression. Bisexual episodes sometimes figure into this experimentation but do not
always continue. It is the behavior and not the label that puts young people at risk. Many young people engage in sexual behavior with both sexes but do not label themselves as bisexual or homosexual.

Some youth reject all orientation labels, refusing to classify themselves as heterosexual, homosexual or bisexual. What they do understand is that they are sexual, and when adult communities acknowledge that basic sexuality, regardless of how they orient it, there is the possibility of talking again about the values of fidelity, safety, compassion, respect and dignity.

**The Experienced Date**

Most parents urge their daughters to keep away from older boys and men. That has always been good advice, and it makes more sense than ever in this age of AIDS. Young women in junior high and high school, developing and maturing at a faster pace than their male peers, often feel a powerful attraction for older boys and even mature men. Some boys and men learn to exploit that attraction. Young men experimenting for the first time with same-sex partners can also be exploited.

If we look at how HIV spreads, we can appreciate the problem. The risk of exposure multiplies with the increasing number of sexual partners. Of course, one encounter can pass on the virus, but the probabilities of infection increase with the number of partners and the degree of risk those partners represent. A younger person, whether straight or gay, who has sex with an older, more experienced partner, inherits the whole sexual history of that partner, which may be very extensive and very high-risk.

In 1997, a Centers for Disease Control survey found that more than 20% of high school students in eight U.S. cities had a history of four or more sexual partners. People beyond that age may have a longer list.

More mature men and women may learn to question a new partner about past history or will simply assume at the outset that any sexual contact will contain risk, and will therefore insist on using condoms. The same cannot be expected of a 14- or 17-year-old caught up in the excitement of attracting the attention of an older partner. AIDS adds a powerful impetus to take seriously the advice about dating solely within one’s age group.

**Drugs and HIV**

The most efficient way to transmit HIV is with a needle already used by someone who is infected. That person can then pass the virus both to someone else who shares his or her syringe and needle and to a sexual partner. In many cases, that partner is a wife or girlfriend, who then infects an unborn child.
This method of HIV transmission is especially worrisome for teenagers. Even if they do not continue drug use, when they are infected without knowing it, they can infect others through sexual contact. Even those who don’t use drugs themselves can be infected by sexual partners who have used them, or who were infected by a previous drug-using partner.

Another group of young people who would not consider themselves IV drug users, and thus not at risk for HIV infection, are athletes or body builders. In many communities, boys feel as much pressure as girls to have stereotypically perfect bodies. They use needles to inject steroids or other performance-enhancing chemicals, operating under the assumption that they are simply making themselves more “healthy” or “sexy,” and they have few qualms about sharing needles among themselves. Heroin is used by some teenagers to lose weight or maintain thinness. Other teenagers give each other tattoos or do body piercing. The virus doesn’t care why the needle penetrates the skin, of course. The infection route is just as efficient. Needle use and risk have no social or economic limitations, and it is not always detectable through appearance or behavior that someone is using IV drugs.

Younger people should be made aware of the risks in using IV drugs and must realize that even one needle-sharing episode in the past could have infected a person who is now clean of drugs. Young people who have shared needles should be counseled about taking the HIV antibody test at an anonymous test site, if one is available, where counselors will explain what the test means and provide appropriate support and education. (Confidential-as opposed to anonymous-test sites do not ensure anonymity, and their records could have negative consequences in the future.)

**Take Note:**

Locate the drug information and treatment programs in your community, and the HIV test sites and AIDS support programs, before you begin using this material with your young people. Find out what drug use is common in your community. Find out if there is a local program that makes clean needles available to drug users. Get advice about the use of bleach to clean infected works. The age group you are teaching may have particular difficulty facing the reality of their behavior, so the services to which you refer them should have a good track record with young people. You are not going to have time in this short AIDS-education program to provide significant drug education, but you may have a group member who needs further help and finds your program a safe setting in which to ask for it.
People with HIV/AIDS are all around us today—in school, at work, in public, in the movies, on the buses, as our neighbors or in our families and our congregations, living their lives as normally as possible. But AIDS is a scary disease. Even with today’s treatments (which do not work for everyone), there is an immediate mental connection between AIDS and death. But the fact is that if HIV were truly as contagious as the common cold, we would all be sick. You need to share blood or semen or vaginal fluids (or breast milk) with an infected person in order to catch HIV.

Stories such as this one are used throughout the guide.

**A Personal Story:**

**Living with HIV — The Price: Buce’s Story**

I have been living with HIV for nearly 21 years. I was infected in 1982. To look at me, one would have no idea that I was infected with HIV. It doesn’t “show” at all. There is nothing obviously physical that would give it away.

I am alive and quite healthy—no infections, no illness, and living pretty much a “normal” life. But it’s a normalcy that comes with a price, and that price presents itself in many forms. There’s the price of living with HIV—not knowing how much longer I will live, not knowing whether I will be stricken with an opportunistic infection. Just plain not knowing. (Although many can rightly claim that none of us know our fate.)

There’s the price of stigma. Some people will not date those who are infected with HIV. Others don’t want to be around people with HIV—true even after more than two decades of HIV being in the world.

Then there’s the price of being a survivor. It brings a degree of guilt—why am I still here when so many others have died? Surviving also means losing those dear to you. So grief is also part of the price of living with HIV.

And there is the price of living with the regimen of medications I have to follow each day. Remembering to take three HIV medications in the morning—remembering which ones I can take with food, which I must take with food and which I can’t take with food. Remembering to take another round of medications at bedtime. (Again, which with food, which without, which can, which can’t…) Just remembering carries a price. What if I don’t remember? What if I take something twice? The side effects also take their toll. Why does my stomach hurt? Why doesn’t food taste right? And then I end up taking another five medications every day to counteract the side effects of the HIV meds. What’s the impact on my body of all of
these meds? How long will any of it last? If these stop working, what is available to replace them? Some of the drugs I once took I can no longer take. What happens when there aren’t any left that I can take?

And finally, what is the literal price of living with HIV? The three HIV medications I take cost $3,538.87 for a three-month supply. That’s $14,155.48 a year just for the three HIV medications. That doesn’t include the other drugs to supplement or counteract the effects of those medications. If I didn’t have excellent insurance coverage, where would I be? My visits to the doctor every four months average more than $1,000 each. The cost of lab work alone is astronomical. But I have to have that lab work done for the doctor to know if the medications are still working or if we need to make a change. Sure, the marvels of medical science make living with HIV easier these days, but look at the price. Wouldn’t it be a lot cheaper to have never gotten infected?

That wasn’t really an option when I became infected. We didn’t even know what was out there. You know what’s out there. What’s your excuse? Is it going to be worth the price for you? Is it worth the price for someone you love? Is it worth the price of a condom? It’s still worth the price of a condom for me to make sure I don’t get any further infection from HIV or infect someone with the virus. I wish the only price I had to pay was just for that condom...

by Bruce Garner, parishioner at All Saints’ Episcopal Church, Atlanta

You can touch someone with AIDS, hold an infant sick with AIDS, eat at the same table, take communion, drink next out of the water fountain, use the same bathroom and so on without being infected.

In fact, a person with HIV and a crippled immune system is more at risk from others than others are from him or her. The kind of everyday infections that we fight off as a matter of course can become deadly for a person with AIDS. Not all people infected with HIV, or living with full-blown AIDS, can use the treatments that are available today.

Young people normally shy away from anyone who is different, not to mention someone who is dying, which compounds the difficulty in dealing with those who are living with AIDS. Fears can be overcome, however, and ministry begins with the realization that we, as Christians, owe respect and compassion to our fellow human beings. There is no magic formula for easing fears. The best tactic is simply meeting someone with AIDS, getting to know him or her, seeing past the disease to the person, being a friend. You can ask your local AIDS programs if there is someone they know who would be willing to come be with your group for part or all of these sessions. Seeing and talking with someone who has this disease may make the danger real as nothing else can, just as knowing one person badly injured in an accident persuades people to consider using their seatbelt or wearing a helmet.
You will need to prepare the group ahead of time if you do enlist the help of someone with HIV. Ideally, you could find someone under 25, but personality counts more here than age. If this person is a gay man, you will need to go to extra lengths to get past the stereotypes concerning who contracts HIV, and communicate more powerfully that anyone is at risk if they engage in unsafe behavior. There are personal stories of Episcopalians whose lives have been affected by HIV throughout this guide that can be used to add a human connection for your young people.

Many middle school aged youth have a false sense of security when it comes to HIV/AIDS, so we cannot wait until they are older to discuss the risks they face. Youth are engaging in at risk behaviors at increasingly younger ages and though the youth in your group may not be engaging in these behaviors, peers at school may be already doing so. We need to educate them at an early age so that they can be prepared to make the right choices as their circle of acquaintances widens and they are presented with new opportunities to explore life.

There is another important reason for reaching your students now. College-age people are the most resistant of any group to the idea of safer sex. Younger students may listen and try to learn. Young people often recognize the risks and are willing to take responsibility for their behavior. Many college students, on the other hand, have a newfound sense of freedom and an unrealistic confidence in their safety. If you can help your group to take the concept of safer sex seriously, even if it may be a theoretical issue for some of them at the moment, you can help them prevent a disaster two, three or even ten years in the future.
Over the past decade, the number of AIDS cases reported each year among U.S. youth (13 to 19 years of age) has increased substantially. In 1986, 53 adolescents were reported with AIDS. By 1996, the number of adolescent AIDS cases reported within that year had risen to 403. Through June 1997, a total of 2,953 AIDS cases among adolescents (ages 13 to 19) had been reported. (Centers for Disease Control and Prevention)

Being infected with HIV is the first step in HIV disease. A person can remain unaware that the virus is in his or her body for as many as twelve years because there are usually no signs or symptoms of illness. AIDS means that a person’s immune system is becoming depleted and that he/she may be getting ill with serious opportunistic infections. HIV is the term used to describe the entire range of disorders associated with this disease. A person can be infected with HIV without having AIDS. It is important to understand the difference between HIV and AIDS, since most of the statistics refer to AIDS cases; the Centers for Disease Control and Prevention has only recently begun to keep track of the number of HIV infections, but this statistic remains deceivingly low because not all people get tested so, there is no way to accurately track the total number of HIV infections in the U.S.

Since the period between HIV infection and AIDS diagnosis can be 12 years long, it is clear that large numbers of people who develop AIDS in their 20s became infected with HIV as adolescents.

Through June 1997, more than 22,000 AIDS cases among people ages 20 to 24 and more than 85,000 among those ages 25 to 29 have been reported to the CDC.

It is estimated that at least 40,000 new cases of HIV infection occur each year in the U.S. As many as 50% of these may be among young people under the age of 25, and as many as 25% may be among young people under age 22.
Among adolescents reported with AIDS, older youth and racial and ethnic minority youth are disproportionately affected. Although African-Americans and Hispanics represent approximately 25% of the U.S. population, they account for 56% of adolescent males with AIDS and 82% of adolescent females with AIDS. The proportion of females among U.S. adolescents with AIDS has more than tripled in recent years—from 14% in 1987 to 46% of the reported cases in 1996.

**Youth Pregnancy Paradox**

The United States continues to have the highest rates of adolescent pregnancy, birth, and abortion in the industrialized world. The adolescent birth rate is 13 times higher than that of the Netherlands and the U.S. adolescent abortion rate is nearly nine times that of Germany. Over 80% of U.S. teenage pregnancies are unintended. In 1996, just over 54% of adolescent pregnancies ended in live birth, 29% ended in abortion and 15% in fetal loss—that is, in spontaneous abortion, miscarriage or stillbirth.

Interestingly, adolescent rates for pregnancy, birth, and abortion declined steadily in the U.S. after 1991. Declines in youth pregnancy and birth rates occurred among all ages, in all racial/ethnic groups, and in every state and the District of Columbia. Does this mean that young people have stopped having unprotected sex? The answer is a resounding “No.” The good news is that both male and female youth report increased condom use, but young women also report increased use of long-acting hormonal contraceptive methods, such as injectable contraception (Depo-Provera) and the implant (Norplant). Researchers attribute 75% of the decline in teenage pregnancy to better contraceptive use and 25% of the decrease to a decline in sexual activity among young people.

The bad news is that increased contraceptive use indicates that young people are still having sex. And the methods they are using—hormonal agents—provide absolutely no protection against HIV or other sexually transmitted diseases (STDs). Currently, young people are experiencing skyrocketing rates of STDs. Every year, three million young people, or almost a quarter of all sexually experienced young people, will contract an STD. The long-term impact of STDs can include sterility and cervical cancer. Chlamydia and gonorrhea are more common among young people than among older adults. It should be pointed out that engaging in behavior that puts one at risk for STDs means also putting oneself at risk for HIV infection. The only form of birth control that serves the dual purpose of preventing HIV and STDs is barrier methods—namely, condoms.

Although most young girls (about 66%) have sex with partners who are close to their age, about 7% of sexually active girls ages 15 to 17 have partners who are six or more years older. It has been suggested that men are taking advantage of their younger, more vulnerable partners. That theory, backed by data released in 1995, sparked a controversial call to crack down on statutory rape and predatory men who lure...
teenage girls into sex. Power differences, particularly between younger girls and older men, lead girls into risky situations, like unwanted sex or involuntary sex, or sex with no protection. Earlier studies have found that as men get older, they are less likely to use condoms. So a young girl with an older partner is particularly at risk for pregnancy and STDs, including HIV.

How Youth Are Putting Themselves at Risk for HIV Infection

Adolescence is a developmental period marked by discovery and experimentation that comes with myriad physical and emotional changes. Sexual behavior and/or drug use are often a part of this exploration. During this time of growth and change, young people get mixed messages. They are urged to remain abstinent while surrounded by images on television and in movies and magazines of glamorous people having sex, smoking and drinking. Symbols of authority, such as church, school, government and parents, stress abstinence, while the media, symbols of pleasure and entertainment, present sex as a no-risk good time. Double standards exist for girls, who are expected to remain virgins, and boys, who are pressured to prove their manhood through sexual activity and aggressiveness. And in the name of culture, religion or morality, young people are often denied access to information about their bodies and health risks that can help keep them safe.

Many American young people are engaging in behaviors that may put them at risk of acquiring HIV infection and other sexually transmitted infections. Both younger and older youth are equally likely to have been in situations where they felt pressure to engage in sexual activity, but older youth are more likely to have given in to the pressure. In other words, “going too far” becomes more common as young people get older. CDC studies conducted every two years in high schools (grades 9 to 12) consistently indicate that:

- approximately two-thirds of high school students have had sexual intercourse
- about half of sexually active 12th graders report using latex condoms all of the time
- nearly one-quarter of 12th graders have had four or more sex partners

A recent national survey of young people in school showed that from 1991 to 1997, the prevalence of sexually activity decreased 15% for male students, 13% for white students and 11% for African-American students. However, sexual experience among female students and Latino students did not decrease. Condom use increased 23% among sexually active students, but only about half of sexually active students (57%) used condoms during their last sexual intercourse.

In addition, many students report using alcohol or drugs when they have sex, and one in 50 high school students report having injected an illegal drug.
Alcohol, the most readily available of drugs, can seriously impair judgment. Depending on how much is consumed, feelings of euphoria, confidence, depression or confusion may occur. Anger and violence can also result. Alcohol is a depressant and should never be mixed with drugs, including prescription drugs, as there can be serious or even fatal consequences. According to a study by the American Federation of AIDS Research (2001), the sexual behavior of young people is highly influenced by the use of alcohol and drugs, which decreases decision-making skills and has a negative effect on behavior. Most young people recently infected with HIV are exposed to the virus through sexual intercourse. Through June 2001, U.S. HIV surveillance data suggest that one-half of all HIV-infected adolescent males are infected through sex with men. The same data suggest that one-half of all adolescent females who are infected with HIV were exposed through heterosexual contact, and a very small percentage through injection drug use. It is important to remember that percentages provide only a partial picture of disease rates in a given population; the numbers do not add up to 100% because we are looking at a small portion of infected adolescents, not the entire population. Further, we have not included percentages for hemophiliacs or for cases classified as unknown because the mode of transmission has not been determined.

Approximately one quarter of the 15 million cases of sexually transmitted diseases (STDs) reported in the United States each year are among teenagers. This is particularly significant because if either partner is infected with another STD, the risk of HIV transmission increases substantially. If one of the partners is infected with an STD that causes the discharge of pus and mucus, such as gonorrhea or chlamydial infection, the risk of HIV transmission is three to five times greater. If one of the partners is infected with an STD that causes ulcers, such as syphilis or genital herpes, the risk of HIV transmission is nine times greater.

Young people need to get prevention messages in lots of different ways and in lots of different settings. Schools alone cannot do the job. In the U.S., many schools are being hampered by laws and funding that prohibit comprehensive sexuality education. The federal government earmarked $50 million per year for school-based abstinence-only programs that emphasize values, character building and refusal skills but do not discuss contraception or safer sex. Although abstinence programs are effective at delaying the onset of sexual activity, they typically do not decrease rates of sexual risk activity among young people the way that safer-sex interventions do.

What does self-esteem have to do with HIV and safer sex? Self-esteem is how we feel about ourselves; it affects how we act and the kinds of decisions we make about many things, including sex. Low self-esteem can lead to fear of rejection. Most teenagers have probably heard about HIV prevention and may even know how to protect themselves from infection, but they may not always act in their own best interests. Increasing teenagers’ self-esteem will help them to follow through on their decisions to protect themselves from HIV. This means that young people must be shown how to
remain in charge of sexual situations; they need to learn to respect their bodies and be taught how to avoid situations (drinking, using drugs) where it may be difficult to stick to their decisions.

HIV is transmitted through blood, semen, vaginal fluids and breast milk; it is not transmitted through saliva, sweat, urine and other body fluids. The low concentration of HIV in these nonprotein-based fluids makes it virtually impossible to transmit the virus through casual contact, including kissing. However, if any of these low-risk body fluids contain visible blood, they are considered infectious, and the risk of transmission of the virus increases substantially. Oral sex can pose a threat for HIV infection. Gum disease, daily brushing or flossing of the teeth or the rub of braces can cause tiny tears in the mouth. Therefore, if there is free-flowing blood in the mouth, the virus has a way to enter the bloodstream and cause infection.

To what extent does adolescent sexual activity consist of noncoital behaviors—that is, mutual masturbation, oral sex and anal intercourse—that are not linked to pregnancy but involve the risk of STDs? There is no easy answer. Some of these activities may also be precursors to vaginal intercourse, yet health professionals and policymakers know very little about their prevalence among teenagers. There are several explanations for this dearth of information. One is the perceived difficulty of getting parents to consent to surveys on the sexual activity of their minor children (ages 17 and younger). Another is a generalized fear that asking young people about sex will somehow lead them to choose to have sex. The conflicts and passions usually surrounding the appropriateness of asking young people about sex, especially in public settings such as schools as compared with private households, become even more inflamed when the questions go into behaviors “beyond” intercourse.

It has become increasingly clear, however, that the narrow focus on sexual intercourse is missing a major component of early sexual activity. There is growing evidence that young people might be turning to behaviors that avoid pregnancy risk but leave them vulnerable to acquisition of many STDs, including HIV. Although there are only limited data about how often young people engage in oral sex, some of the information suggests that many young people who engage in oral sex do not consider it to be sex. Therefore, they may use oral sex as an option to experience sex while still, in their minds, remaining abstinent.

In one study with 282 12- to 17-year-olds, definitions of abstinence ranged from “kissing is probably okay” to going only as far sexually as one wanted to or felt comfortable with. Most respondents ended a long list of acceptable behaviors with, “To me, the only thing that would take away my virginity is having sex. Everything else is permitted.”

Experts say there are multiple, interrelated reasons for why youth might be turning to oral sex.
Deborah Roffman, a sexuality educator at The Park School in Baltimore, asserts that “middle-school girls sometimes look at oral sex as an absolute bargain—you don’t get pregnant, they think you don’t get diseases, you’re still a virgin and you’re in control since it’s something that they can do to boys (whereas sex is almost always described as something boys do to girls).”

Many youth consider oral sex to be a safe or no-risk sexual practice. In a national survey of young people conducted for The Kaiser Family Foundation, 26% of sexually active 15- to 17-year-olds surveyed responded that one “cannot become infected with HIV by having unprotected oral sex,” and an additional 15% did not know whether or not one could become infected in that manner. A story in The Washington Post described an unsettling new fad in which suburban middle-school students were regularly engaging in oral sex at one another’s homes, in parks and even on school grounds. Experts believe that the oral sex practiced by younger young people is mostly fellatio (mouth to penis), not cunnilingus (mouth to clitoris/vagina). This also raises questions of exploitation of young women if the young women are performing oral sex to make boys happy or when alcohol is involved.

Many sexually transmitted diseases (STDs) can be transmitted orally, although some are more easily passed than others. Since saliva tends to inactivate HIV, transmission through oral intercourse is unusual, but it can happen, especially if there is a cut, abrasion, or gum disease that allows the virus to enter directly into the bloodstream. Other viral STDs can also be transmitted; these include human papillomavirus (HPV), herpes simplex virus and hepatitis B. Bacterial STDs that can be transmitted orally include gonorrhea, syphilis, chlamydia and chancroid.

Some clinicians say that they are seeing new types of STDs and new types of patients—young people who have not initiated coitus but who come in with fears and anxiety over having acquired an STD orally. Many researchers believe that young people who have not initiated coitus may be especially reluctant to seek treatment for orally acquired infections. Moreover, young people virtually never use condoms or dental dams to protect against orally acquired STDs.

A recent study by the Urban Institute focused on the sexual practices of 15- to 19-year-old boys and found that two-thirds of the more than 3,000 boys interviewed had experience with oral sex, anal intercourse or masturbation by a female. Unprotected anal sex is considered particularly risky because the rectum is lined with mucosa that are likely to tear upon penetration, causing blood to mix with semen. Anal sex may be practiced by some teenage girls as a way to save their virginity and avoid pregnancy.
“Technical virginity” is a physical state that for boys involves never having inserted the penis into a vagina but having performed or experienced other forms of sexual gratification, and for girls never having had vaginal penetration by a penis but having performed or experienced other forms of sexual gratification. In a study of “virginity pledges” by the National Institute of Child Health and Human Development, it was found that more and more young people believe that oral and anal sex can be indulged in without relinquishing one’s virginity. Pledgers who, according to the study, jealously guarded their “virginity” for an average of 18 months longer than non-pledgers could well have been having sex of another kind—every other kind—for years before “breaking” their pledge. The dangerous, and sad, aspect of this is that a “virginity pledge” is “effective” in dealing with youth pregnancy, sexually transmitted diseases and participation in other risk activities like smoking, drinking and substance abuse. However, it fails to acknowledge the role of the pledge movement in promoting oral and anal sex among teenagers while denying them any education about either. The disturbing part is that this notion perpetuates the concept of “technical virginity,” a state that is likely to be just as confusing and burdensome for a 16-year-old as sexual intercourse, if not more so, given its uncomfortable and much-talked-about proximity to untruth, and the questions it presents for the young people as to whether they are engaged in “at risk” behaviors.

One study showed that in high school youth, steroid use was a problem among athletes of both genders. Steroid use, including injecting steroids, occurs more often among young people who are involved in physical training because anabolic steroids increase muscle mass, strength and stamina. The fact that steroids can be injected intravenously places users at risk for contracting HIV/AIDS and hepatitis C. People sometimes take injections of anabolic steroids to augment oral dosages, using large-gauge, reusable needles normally obtained through the black market. If needles are shared, users run the risk of transmitting or contracting HIV infection.

**Physical and Behavioral Side Effects of Steroids.** Anabolic steroids can halt growth prematurely in young people. Because even small doses can irreversibly affect growth, steroids are rarely prescribed for children and young adults, and only for the severely ill. The Office of the Inspector General in the U.S. Department of Health and Human Services has gathered anecdotal evidence that young people taking steroids may be at risk for developing a dependence on these drugs and on other substances as well.

Scientists are just beginning to investigate the impact of anabolic steroids on the mind and behavior. Many athletes report “feeling good” about themselves while on a steroids regimen. The downside to their use, according to Harvard researchers, is
wide mood swings ranging from periods of violent, even homicidal, episodes known as “roid rages” to bouts of depression when the drugs are stopped. The Harvard study also noted that anabolic steroid users may suffer from paranoid jealousy, extreme irritability, delusions and impaired judgment stemming from feelings of invincibility.

Sextasy: Ecstasy and Viagra

Club drugs widely used by party and rave goers include Ecstasy, amyl nitrate and amphetamines. But a new and unexpected drug is appearing at parties across the country. A story by Gina Kim describes a trend of mixing Ecstasy with Viagra, a prescription drug for erectile dysfunction, as well as other potentially dangerous combinations.

Mixing drugs or taking multiple drugs at the same time has been going on for some time. However, the new combination of Ecstasy and Viagra-dubbed “Sextasy,” “Trail Mix” or “Hammerheading”-has drawn attention globally and has health officials renewing their warnings about the dangers of drugs and the heightened risks when they are combined. Using club drugs in combination with Viagra can even result in death.

Using drugs in combination can be hazardous, depending on how they are metabolized, or broken down by the body, said drug-addiction expert Dr. Akira Horita. Sometimes the breakdown of one drug will interfere with the breakdown of another drug. People do not know what they are getting when they buy the illegal drug Ecstasy. There might be toxic side effects from a drug when taken with another drug that normally would not produce them. Called synergism, the two substances acting together can have a greater effect than the sum of their individual effects. Ecstasy may increase the risk of Parkinson’s disease, according to research published in the journal Science in September. Plus, overlapping side effects, such as seizures, anxiety and high blood pressure, create more hazards.

The reason behind the Sextasy combination is that while Ecstasy can enhance feelings of empathy and closeness, it can prevent or hinder erections in men. But men who use Viagra and do not need it are susceptible to a very painful, unpleasant erection that will not go away for up to four hours. Vaginal abrasions caused by prolonged intercourse resulting from a Viagra-induced erection can increase the risks of HIV transmission since tears in the wall of the vagina allow HIV to enter the bloodstream directly. Damage to the penis from prolonged intercourse also can lead to increased risk of infection.
“Poppers” is the street name for amyl, butyl and isobutyl inhalants. The name comes from the sound that the glass vial makes when crushed between the fingers to release the inhalant. Amyl nitrates became popular because their use prolongs and intensifies orgasm, it makes anal penetration easier by relaxing the sphincter muscles and deadening the sense of pain, and it gives euphoric “highs.” Although most young people are not using poppers, these drugs are beginning to appear at parties and raves. These drugs are risky for a number of reasons. They affect the body by suppressing the immune system, which can put a person at greater risk for HIV infection and other STDs. Poppers have been linked to strokes and heart, lung and brain damage; heart attacks; and mutations of cells, causing damage to cells that can lead to cancer. Combining medications is always dangerous: Viagra mixed with poppers can cause unconsciousness, strokes and even heart attacks.

Note: STD (sexually transmitted disease) is now referred to in many public health publications as STI (sexually transmitted infection). We chose to use STD because it is a more familiar term.
References

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Ministries with youth take place in all kinds of settings-ranging from rooms that look like the schoolrooms young people use during the week to a sanctuary or basement. Wherever you meet, what you do to make the space a welcoming one for youth is important.

Before you meet for the first time, spend some quiet time alone in your learning space imagining how you want it to look and feel. Consider bringing in art, comfortable chairs or pillows. Posters, chairs and plants can be changed around to give a personal touch. You might set up a small table covered with a colorful cloth with a candle and a cross or icon and a Bible as a focus for worship. Some leaders use music or snacks as ways of welcoming youth. Consider having young people contribute to arranging the space.

Think back to your own youth and consider experiences that shaped you or made you feel welcome. Think also of your own home and features that give you comfort. As you spend quiet time in the space for your group, pray for God’s guidance as you prepare. Imagine your first session: greeting the youth as they arrive, what you will share with them, how you will encourage and affirm their questions as well as address their doubts.

Setting group norms and expectations is part of establishing a safe space. If you don’t already have norms set for your group, consider these suggestions:

- Each voice in the group is valued—take turns, and do not cross-talk.
- Listen to one another with one’s full attention.
- Speak in personal “I” statements—none of us can speak for an entire group.
- Prepare for and be on time for all sessions.
- Take care of our own personal needs (rest, using the washroom, etc.).
- Remind them that we are each responsible for our own learning, including asking for clarification or more information.
- Honor confidentiality within the group (this probably will need definition...
and negotiation, e.g. how to convey facts and one’s experiences while protecting a group member’s personal story and integrity).

- Reserve the right to collectively renegotiate our plan and schedule.
- Reserve the right to collectively review and add to this list of norms and expectations.

**Preparing Yourself**

Through Prayer and Bible Study

Try to set aside time before engaging the sessions for prayer and scripture in preparation, alone or with your team. Give yourself time to feel blessed and welcomed by God to carry out this ministry that you have accepted. Pray for God to accompany you in your leading. If anxieties or concerns come up in your preparations, share them with other leaders and those who support you.

It is also helpful for you to be personally grounded in scripture as you enter this process, to know that your work is in part a response to God’s “love song” to us. Using a text from the current lectionary or daily office, you might allow the words chosen for the cycle to speak to you and through you. Read the selections several times slowly, with silence and contemplation between each turn. Ask yourself: “What word or words jump out at me?” followed by “What is God saying to me through this text?” followed by “What is God calling me to do?” It is often surprising how the least obviously related texts can inspire us in our work.

Alternatively, you might look at Galatians 5:1, 13-18, (22-23). You will likely recognize the words “You shall love your neighbor as yourself.” Try to read these words from a fresh perspective. As you read, examine the connection between this law and the freedom as described in verses 13-15. As a leader reading this text from Galatians, you have already responded to the call to serve that comes from God’s gift of love. You already have a sense of that freedom that comes from service. Reflect on your experience of serving as a leader. What signs can you read from your experience?

In hearing the call to “love your neighbor as yourself,” it’s important for people to love themselves. In both creation narratives in Genesis 1 and 2, God created human form among all created beings and blessed it all as “good.” Not all youth with whom you work are sure that they love themselves. Some have serious questions about their own ability to be lovable and loved. Many youth don’t see qualities in themselves that others might love. Even when they appear to be pleased with themselves, some youth may be concealing a very fragile self-esteem and much doubt.
Some signs that you might detect include:

- Putting themselves down.
- Comments about peers being better than themselves.
- Self-destructive behavior, such as substance abuse.

These signs indicate a need for special attention. All youth need to experience the love of others. Knowing that they are loved enables them to love themselves and, in turn, to love others. Youth often look to the church as a source of safe, nonexploitative love. You are called to be an agent of that love.

Another way that youth experience the love of self is through service to others. Acting on their love for a neighbor is a way of using freedom as a witness to their faith. *A Healing Response and Mobilizing for Ministry* feature strategies for you and the youth in your program to give and receive God’s gift of love beyond your typical setting.

**Bridging the Emotional, Spiritual and Factual**

You will be covering a lot of information in the sessions. It is crucial that you review all of the material in this resource thoroughly in advance and identify the resources that you will need, material as well as personal. It is essential that your congregational leadership (clergy staff as well as elected leaders) review and endorse this resource before you invite participation. As you (and your co-leader) will be the only ones in the group with the complete information, only you can anticipate the possible interactions of the emotional, spiritual and factual in the experiences you will facilitate. In many ways, the Christian environment that you are hosting for implementing *Youth Ministry in the Age of AIDS* offers the possibility of making the connections between these kinds of learning. Your personal preparations will determine your capacity to do this integrative work. The participants themselves come as whole persons, and your ability to meet and respond to those whole persons honestly and authentically will make for a successful experience. While you will need to be clear about the factual information that you will be conveying, you will also need to exercise a spirit of discernment and a healthy tolerance for ambiguity.
There is an introductory session, followed by four active sessions. Each of these sessions is organized in a similar fashion and can be lengthened, shortened or adapted in other ways to fit the needs of your particular group. *Youth Ministry in the Age of AIDS* is intended to be flexible as well as relevant and useful.

- Introduction: Creating a Safe Community
- Session I: HIV/AIDS Awareness
- Session II: Let’s Talk About Sex
- Session III: Making Choices
- Session IV: Mission and Ministry

**Session Format**

Each of the sessions employs the following format. Adapt this format to fit the context and personalities of your own group.

**Materials Checklist**

- Session Goals
- Focusing Activity
- Opening Prayer
- Questions That Young People May Be Asking
- Teaching the Session
- Session Reflection
- Closing

**Primary Goals of the Sessions**

- Reinforce facts about HIV/AIDS already learned
- Correct misinformation and dispel myths
- Help participants to value fidelity
- Encourage participants to postpone sexual intercourse
• Teach HIV prevention through abstinence or correct use of condoms
• Educate about the risks of infection through IV drug use, and advocate preventive health measures
• Examine our responses to AIDS as Christians in an Anglican context

**Supplies**
(Additional supplies are listed within the sessions.)

• VHS or DVD player and TV
• Easel, newsprint, markers, tape
• Pamphlets and handouts (you will need to gather pamphlets from local sources for the most current information available)
• Video (see Resources)
• Index cards, pencils and box for anonymous questions
• Name tags, if needed

**Biblical Resources**

Which version should you use? The New Revised Standard Version (NRSV) is in official use by the Episcopal church, so it is the one you will probably hear in church on Sunday. Alternatively, there are other translations whose language may be easier for your participants to read and understand. Choose the version based on the needs of your particular situation.
Materials Checklist

- Index cards and pens (one for each participant)
- Bible
- Scripture handout (see Appendix A)
- Newsprint and markers or chalkboard and chalk
- Copies of “A Personal Story”

Additional Resources

The use of a video is recommended as a focal point for discussion and information. See Resources for guidance on choosing an appropriate one.

Session Goals

- Convey purpose for active sessions
- Establish community norms
- Create an environment where young people feel comfortable enough to share information about HIV/AIDS
- Reinforce our grounding in Scripture

This introductory session might be helpful if the group is meeting for the first time or if members do not know each other well or don’t have a history of learning and doing things together.

Focusing Activity

Begin by introducing yourself to the group (if necessary) by name, and say why you are leading a learning experience about AIDS. Invite others to introduce themselves and answer the question “Where have I received accurate information about HIV/AIDS?”

Opening Prayer

Creator, we give you thanks for all you are and all you bring to us for our visit within your creation. In Jesus, you place the Gospel in the center of this sacred circle, through which all of creation is related. You show us the way to live a generous and compassionate life. Give us your strength to live together with respect and commitment as we grow in your spirit, for you are God, now and forever. Amen.
Questions That Young People May Be Asking

Is the group a safe place for me to talk, or will I be judged?
Can I trust the information I learn here?
What will I gain by participating in this discussion?

1. Hopes and Fears Exercise
Provide index cards so that participants can anonymously write down hopes and fears they have for the experience. Be certain that all the pens and cards provided for this exercise are identical. Ask participants to record hopes on one side of the card, fears on the other. For example:

- **Hope:** I hope that I will be able to share good information with my friends.
- **Fear:** I am afraid that I will feel embarrassed talking about this.

Collect the cards, and then shuffle and redistribute them. Invite the group to honor all the hopes and fears by reading them aloud. As participants take turns reading, ask them to place the cards in the middle of the circle as a collective prayer.

Note to the Leaders:

In order to make this group a safe place for all participants, remember that some among the group may be gay, lesbian or bisexual, or they might have significant people in their lives who are. Also keep in mind that young people live in a variety of family situations, some involving marriage, some not. Likewise, it is possible that participants may be infected with HIV or may know someone with HIV.

- Use language that does not assume that everyone is heterosexual. For example, you might use “partner” rather than “boyfriend” or “girlfriend.”
- When you talk about “marriage,” you might add “or committed relationship.”
- Use the term sexual “orientation” rather than sexual “preference,” as the latter assumes that homosexuality is just a choice that one makes.
- Don’t use the term “those people [with HIV or AIDS]” because it implies a separation that need not exist.

2. Creating a Safe Community
Developing Safe Discussion Guidelines
If this has not already happened in the life of your group, develop a contract of behavior that will permit effective communication based on respect for one other. Even if
there is a history of this with your students, it won’t hurt to reinforce it. When uncomfortable subjects are introduced, young people can react in a variety of ways, including with laughter or silence. At a minimum, contract with the group to follow these guidelines. These norms are intended to be enforced by any member of the group.

On newsprint or board, write the following:

• We will listen to each other without interrupting.
• We will speak for ourselves, saying “I think that...”
• We will not attack someone because of his or her ideas, and we will not, by word or reaction, call anyone’s ideas “stupid, idiotic,” etc.
• We will respect each other. We will not use derogatory terms, whether speaking of people in the group, or of people in general.
• The only dumb question is the one not asked.
• Silence is o.k.
• We will accept and respect others’ experiences as real and valid for them.
• We reserve the right to revisit, add to or modify this list.

3. Listening to Stories

a) Read the following Susan Polis Schultz poem, if you like:

We must talk
Until there are no more words
We must explain
Until everything is understood
We must be honest
Until nothing is hidden
We must listen
Until everything has been said
We must question
So that we know why
We must be fair
So that everyone’s basic needs are met
If there is not communication there will be no bond
If there is no bond
There will be no friendship


b) If you can, tell a personal story about how you have been touched by AIDS. You can say why you think AIDS is a scary subject. This model is giving us permission to feel fear. It also demonstrates that one does not have to be limited by fear.

Participants in the group might then introduce themselves in a similar manner, indicating any connection to AIDS in their own experience, whether through someone they know or something they saw on TV or read about.
Living with HIV - The Price: Bruce’s Story

I have been living with HIV for nearly 21 years. I was infected in 1982. To look at me, one would have no idea that I was infected with HIV. It doesn’t “show” at all. There is nothing obviously physical that would give it away.

I am alive and quite healthy-no infections, no illness, and living pretty much a “normal” life. But it’s a normalcy that comes with a price, and that price presents itself in many forms. There’s the price of living with HIV-not knowing how much longer I will live, not knowing whether I will be stricken with an opportunistic infection. Just plain not knowing. (Although many can rightly claim that none of us know our fate.)

There’s the price of stigma. Some people will not date those who are infected with HIV. Others don’t want to be around people with HIV-true even after more than two decades of HIV being in the world.

Then there’s the price of being a survivor. It brings a degree of guilt-why am I still here when so many others have died? Surviving also means losing those dear to you. So grief is also part of the price of living with HIV.

And there is the price of living with the regimen of medications I have to follow each day. Remembering to take three HIV medications in the morning-remembering which ones I can take with food, which I must take with food and which I can’t take with food. Remembering to take another round of medications at bedtime. (Again, which with food, which without, which can, which can’t...) Just remembering carries a price. What if I don’t remember? What if I take something twice? The side effects also take their toll. Why does my stomach hurt? Why doesn’t food taste right? And then I end up taking another five medications every day to counteract the side effects of the HIV meds. What’s the impact on my body of all of these meds? How long will any of it last? If these stop working, what is available to replace them? Some of the drugs I once took I can no longer take. What happens when there aren’t any left that I can take?

And finally, what is the literal price of living with HIV? The three HIV medications I take cost $3,538.87 for a three-month supply. That’s $14,155.48 a year just for the three HIV medications. That doesn’t include the other drugs to supplement or counteract the effects of those medications. If I didn’t have excellent insurance coverage, where would I be? My visits to the doctor every four months average more than $1,000 each. The cost of lab work alone is astronomical. But I have to have
that lab work done for the doctor to know if the medications are still working or if we need to make a change. Sure, the marvels of medical science make living with HIV easier these days, but look at the price. Wouldn’t it be a lot cheaper to have never gotten infected?

That wasn’t really an option when I became infected. We didn’t even know what was out there. You know what’s out there. What’s your excuse? Is it going to be worth the price for you? Is it worth the price for someone you love? Is it worth the price of a condom? It’s still worth the price of a condom for me to make sure I don’t get any further infection from HIV or infect someone with the virus. I wish the only price I had to pay was for that condom...

by Bruce Garner, parishioner at All Saints’ Episcopal Church, Atlanta

After the reading, ask the following questions:

• With which parts of the story did you identify?
• What would this person fear in telling his story in this community?

SCRIPTURE READING AND SESSION REFLECTION

The First Letter of John is a sermon to a community of Christians, perhaps new Christians, who are seeking to be faithful. The writer encourages them to know the divine love of God the Father manifested in his Son Jesus Christ as Savior of the world, and this love is given to the Christian community through the Holy Spirit. The Christian community is characterized by God’s love for them and their love for God and for each other. In such a community where God’s love dwells, there is no room for hate nor fear. Love overrides such imperfection. Love is the supreme characteristic of God.

READING
1 JOHN 4:16B-21 (ask two volunteers, one male and one female, to slowly read the text aloud)

God is love, and those who abide in love abide in God, and God abides in them. Love has been perfected among us in this: that we may have boldness on the day of judgment, because as he is, so are we in this world. There is no fear in love, but perfect love casts out fear; for fear has to do with punishment, and whoever fears has not reached perfection in love. We love because he first loved us. Those who say, “I love God and hate their brothers or sisters are liars; for those who do not love a brother or sister whom they have seen, cannot love God whom they have not seen. The commandment we have from him is this: those who love God must love their brothers and sisters also.

After the text is read aloud, ask participants to share the words or phrases that caught their attention. Invite students to finish these sentences...
1. For me the scripture...
2. What does God want me to do or be during these sessions?

Hand out another set of blank index cards, one card per person, and ask the participants to respond by writing:

- What holds us back from creating a safe community?
- What is one gift that I can contribute to this group to help create a safe community?

As the responses are read aloud, transcribe them onto newsprint or chalkboard.

**CLOSING PRAYER**

Gracious God, be in the midst of our learning and our sharing. Bless us with your Spirit of wisdom and courage as we seek answers to questions we may be uncomfortable in asking. In Jesus’ name we pray. Amen.
Love Casts Out Fear

In dealing with AIDS, it is not only sickness that we fear. Two issues that trouble our society even more deeply, inherent in the AIDS crisis, are sexuality and death. The complexity of fear surrounding these two issues compounds our fear of AIDS. It also makes it easy to practice denial of the realities of HIV infection when the media report on new treatments. In this section of the program, the fear barrier is addressed by combining knowledge of the facts with discussion about these issues. The third session begins the process of helping young people figure out what to do as Christians during this age of AIDS.

Fundamental to a Christian approach is our belief that “love casts out fear” (1 John 4:18). With understanding, we are free to love because we are free from fear. “We love, because He first loved us” (1 John 4:19).

You may wish to use this personal story to discuss how love and awareness cast out fear.

A Personal Story:

The Story of Donna, An Episcopalian from North East Pennsylvania

AIDS changed my life in September and October 1991, which is when my brother Rick died from AIDS complications.

Before Rick’s death, I knew little about HIV and AIDS, and the media and people whose opinions I respected shaped what I knew. I remember being at a Pittsburgh Steelers game at the beginning of the United States awareness of AIDS and listening to the person on the PA system telling fans not to share beverages, toothbrushes, silverware and dinnerware with anyone infected with HIV. I remember my priest telling members of the vestry that precautions must be made to protect the congregation from persons unknown to us who may have AIDS. He talked about the possibility of doing away with the chalice for wine. This all made me very angry that people would choose a lifestyle that would allow this terrible disease to exist.

That all changed when my dad told me over the phone that my brother was coming home from Florida—that he had AIDS and was coming home to die. I wanted to talk to my brother, but he was too sick to discuss what was going on in his life. I never saw him alive again.
After Rick’s death, I decided I needed to learn all that I could about this terrible disease that could take my brother from me. I don’t know how he contracted AIDS. I know he was not a drug user, and I suspect that he was homosexual but I will never know for sure.

I attended group meetings through our cathedral. I took a course through the Red Cross so I could teach the public about HIV/AIDS. I talked with and listened to people in my congregation about the disease as it became more widespread. My children and I designed and presented a panel for the Names Project AIDS Memorial Quilt, and I spoke at a local college about how AIDS has affected me.

This disease has affected not just me but my entire family. My parents never speak about it and tell others my brother died of cancer. My other brothers and sister chose to ignore the cause of his death and have not told their children. My sister feels I have not respected my parents’ wishes because I told my own children.

I feel my children have benefited from their knowledge of Rick and his disease. They don’t tolerate prejudice or ignorance in any form about the subject of HIV/AIDS and homosexuality and respectfully give correct information. I will always miss Rick, but his death gave me the opportunity to educate myself and to grow as a person. If he were alive, he would be proud.

Note to the Leaders:

To see the Names Project Quilt panel Donna and her children made for Rick, log on to the Names Project Website and request the panel of Richard Joseph Stevenson, block number #03581.
For Shorter Films
- “In Our Own Words” (This video is available for “check out” from the Youth Ministries Office, and is very effective for use in this program.)
- “Lest We Forget”

For Longer Films
- “The Cure”
- “In My Own Country”

About Africa
- “ABC Africa”
Session One:

Facing Our Fears: HIV/AIDS awareness

**MATERIALS CHECKLIST**
- Newsprint and markers
- Video, video player and TV
- Answers to the four questions, one copy per person (see Appendix B)
- Pamphlets on safer-sex practices, IV drug use, condom use, needle sharing, treatment options and HIV test sites (from your local sources)

**Session Goals**
- Discover truths about HIV/AIDS and transmission
- Share accurate information on disease prevention
- Dispel myths about HIV/AIDS

**Focusing Activity**

- Have blank newsprint on the wall or easel, with a line drawn down the center of the page. The following four questions should be listed, with space for answers:
  - What is AIDS?
  - Who can get AIDS?
  - How can you get AIDS?
  - How can you make sure you don’t get AIDS?

- Ask participants to give you answers for each question in turn. Tell them you are looking not only for the correct answers but also for the various answers they hear from other people. What rumors are circulated as answers to these questions? Every response is OK. Participants can voice any answer they have heard—or feared—with-out worrying about being wrong.

- Write down every response on the left side of the center line, no matter how silly. The casual contribution may be a test to see if you are going to take every person’s contribution seriously.

If young people are nervous about voicing responses, you could have them write responses on the newsprint next to the questions, or have them write responses anonymously on index cards. Then, you can collect and read through the various responses (those on the newsprint or on the index cards).
• You may wish to keep this newsprint and post it for the remaining sessions

**Opening Prayer**

God of mercy and Creator of all, we pray for the young people who are and who will be infected with HIV, for all those who put themselves at risk, and for all those living with HIV and AIDS, their loved ones, and all caregivers and researchers, that from suffering, rejection and loss may come strength, compassion and faith; and that we may be healed of fear and moved to give support to those in need; in the name of Jesus, the healer and friend of all. Amen.

**Questions That Young People May Be Asking**

- What is myth?
- What is fact?
- What fears are realistic?
- Which fears are not realistic?
- I already know all of the information—why am I here?

**Teaching the Session**

For this session, you will show the video selected and then discuss answers to the four questions posed on the newsprint.

1. **Showing the Video**

Briefly introduce the video and ask viewers to keep in mind:
- the four questions listed on the newsprint
- how the movie might be different if it were made specifically for Christians

Show the video. You might want to take a break partway through if you have chosen a longer piece.

2. **Discussing the Video and HIV/AIDS**

After the video has been shown, return to the newsprint and ask the group to look at the questions again. There are many myths about HIV and AIDS, so assure the young people that incorrect answers and misconceptions are common. Have someone volunteer the correct answer for each question. Cross out all the incorrect answers on the left side of the newsprint chart and rewrite (in a different, bright color) the correct answer on the right side of the center line. Clarify any confusion about the answers.

Since some of the participants may have had AIDS education in school, they may think they know it all. However, even for professionals it takes at least three times through an educational session before they really internalize
important information. If someone complains about the repetition, gently suggest that their input can help others.

Answers to the four questions

- HIV is a virus (human immunodeficiency virus). It destroys a person’s immune system—their ability to fight off infections. AIDS (Acquired Immunodeficiency Syndrome) is the end stage of HIV infection, when the body’s immune system is so weakened that people can get sick and die from almost any kind of infection.

- Anyone can contract HIV, the virus that causes AIDS.

HIV is transmitted by:

- Having sexual intercourse with an infected person. (The virus is carried in the man’s semen, a woman’s vaginal fluids and in blood that may result from sexual activity.)

- Sharing needles with an infected person, including needles used for street drugs, sport or body-building drugs, or body piercing or tattooing done without sterile equipment.

- Being born to an infected mother (with treatment of the mother, fewer than 30% of babies are infected).

- Being breast-fed by an infected mother.

- Before it was possible to screen the blood supply, some people contracted HIV from blood transfusions. This is almost impossible now in this country, or in any country with modern techniques for handling donated blood.

- Some medical personnel face risk of infection through accidental needle sticks, cuts or splashes of blood from an infected person. Immediate treatment can greatly reduce the risk of infection.

- You won’t catch HIV if you don’t do the things that transmit it.

- Don’t have sex. If you do have sex, use a condom.

- Don’t use needles to inject drugs or steroids into your body. If you do use drugs, use a new, sterile needle. (Check with your local AIDS project or pamphlets about current ideas on cleaning works with bleach.) Don’t share your equipment with anyone, and don’t use someone else’s equipment.

Clarifying some important points

The following need to be specifically mentioned. We want people to leave the session clear on these points.

- You contract HIV because of risky behavior, not because you are a member of a group. For example, some people who say they are not IV drug users will shoot up once or twice at a party. Some athletes will use performance-enhancing drugs and may share needles. It’s not who you are or who you think you are; it’s what you do! If you share a needle, you are at risk for HIV infection and AIDS.

- Some teenagers will have one sexual relationship at a time, each lasting sever-
al months. They think of themselves as monogamous because they are faithful to that one person during that time, and they don’t see themselves as promiscuous or at risk. They are still at risk if they have unprotected sex, however, and the more partners they have over time, the greater the risk. Every new partner, unless he or she has never had sex or shared an IV drug needle, may carry some risk of HIV infection. Partners do not always tell the truth about, or even know the truth about, their own risk caused by risky behavior of their past partners. Symptoms may not appear for as long as 12 years in infected people.

- Some men, teenage or older, don’t consider themselves gay or bisexual. However, they may find themselves having sex with a male friend or even a chance acquaintance. They might say that they are just experimenting or were drunk, but they don’t consider themselves gay. It is not what you call yourself that puts you at risk; it is the activity.

- When someone is first infected with HIV, it is impossible to tell by his or her appearance. They may feel, look and act perfectly healthy because the infection has not yet reached a critical point. You can’t tell by looking at someone if he or she has HIV.

- Birth-control methods, such as the pill, don’t protect people from HIV infection or other sexually shared infections. Even if a girl is already using birth control, the couple should also use condoms.

- Young people often use oral and anal sex in order to avoid pregnancy risk. While oral sex is not as high-risk as vaginal or anal intercourse, it does pose risk for HIV infection. Anal intercourse presents the highest risk for the sexual transmission of HIV.

3. Debriefing after the video

Young people may want to talk about how they feel about the film. This part of the session can provide students with an opportunity to describe things that surprised them or didn’t surprise them, feelings they might have experienced and so on.

4. Information that young people should have

Condom use and the church. General Convention, in its resolutions about AIDS education, made it clear that instruction on the use of condoms in sexual intercourse is important (Resolution 1988-B006). You may wish to demonstrate with samples. Young people who postpone sexual intercourse will have friends who don’t. They can set an example of the expectation of taking responsibility for the health of their partner. Young people who do have sexual intercourse must have this life-saving information. You have the responsibility—as well as the right—to talk frankly with them.

Condom use. Of course, condoms are not 100% safe, but using one is a lot safer than not using anything at all. That is why we use the term “safer” sex. No sex outside of a faithful relationship between two uninfected people is safe. The key to preventing dis-
ease transmission in other settings is using a condom correctly.

Persons who do have sexual intercourse (oral, anal, vaginal) should protect themselves and their partner with a latex condom. The condom must be made of latex, not animal skin, in order to serve as a barrier to HIV transmission. A condom covers the penis during intercourse and prevents the exchange of bodily fluids that transmit HIV. Only water-based lubricants (for example, K-Y) should be used with a condom. Oil-based lubricants (including Vaseline) will weaken a latex condom and may cause it to break.

Note to the Leaders:

Saran Wrap, a popular condom and dental-dam substitute, does not work. It has small holes large enough to allow the virus through. Other household products used as lubricants, such as cooking oils, cause condoms to break down.

How to get tested for AIDS. Ideally, a person with questions about their own risk will be tested before putting a sexual partner in danger. Find out where people can go for anonymous testing, sites where the staff will do appropriate pre-test and post-test counseling. Some states or locations may not have anonymous tests available but rather confidential locations in which some information may be reported. Be prepared to share this information, but in a way that does not require young people to identify themselves as in need of the information.

Handouts. You will need handouts on safer-sex practices—especially condom use and on IV drug use, needle sharing and treatment options, HIV test sites, etc. See Resources for ideas on where to obtain these handouts.

5. The Question Box

If you think members of the group have been hesitant to ask questions out loud, or if a few members overwhelm the others in the discussion, give everyone a few minutes to write down on index cards the questions raised by the video or that they have not yet asked. Collect the cards, and respond. Most groups, however, will be very willing to ask questions, especially if you (the leaders) come across to them as open, honest and nonjudgmental. Tell the group that the only dumb question is the one not asked. Invite them to ask questions they think their friends might have, based on what they have heard their friends say. It is important to repeatedly present opportunities for questions.

SCRIPTURE READING

In the passage from the Sermon on the Mount, Jesus reminds His disciples to notice how God cares for all of creation. Jesus poses the rhetorical question: “If God cares for everything He has made, will He not care for each of us as well?” Jesus encourages His disciples to strive for God’s kingdom of righteousness. Instead of worrying and
being fearful, become engaged in building God’s kingdom of justice, equality, peace and perfect wholeness. Rather than imagining the worst, embrace the best possibility: the kingdom of God.

READING
MATTHEW 6:25-30
“Therefore I tell you, do not worry about your life, what you will eat or what you will drink, or about your body, what you will wear. Is not life more than food, and the body more than clothing? Look at the birds of the air; they neither sow nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not of more value than they? And can any of you by worrying add a single hour to your span of life? And why do you worry about clothing? Consider the lilies of the field, how they grow; they neither toil nor spin, yet I tell you, even Solomon in all his glory was not clothed like one of these. But if God so clothes the grass of the field, which is alive today and tomorrow is thrown into the oven, will he not much more clothe you—you of little faith?

Session Reflection
What word(s), idea(s) or sentence(s) stand out for you in the reading? What is Jesus (through the Gospel) saying to you? What is Jesus (through the Gospel) calling you to do? How would you tie the reading into what you have just learned about HIV?

Closing Prayer
Lord, in your mercy, be in the midst of our questions and our journey to find the answers. Cast out the fear that we carry within us, and replace it with peace. In your name we pray. Amen.
Session Two:

Facing Our Fears: Let’s Talk About Sex

MATERIALS CHECKLIST
- Brown paper lunch bags
- Hershey’s Kisses® in Almond and Plain, Hershey’s Hugs®
- Colored markers (one per participant)
- Index cards and pencils/pens (at least two cards per participant)
- Newsprint and markers
- Copies of Scenarios (see Appendix C)

SESSION GOALS
- Explore detailed and personal questions about sex and sexuality
- Examine myths and fears about sex and sexuality

Focusing Activity
This exercise serves as a good tension reducer as you begin a difficult session.

Transmission Game
Before the young people arrive, prepare one brown bag for each of the young people participating.

A. Set one bag aside with:
   - a few plain Hershey’s Kisses® (in the silver wrappers)
   - few Hershey’s Hugs®
   - a handful of Almond Kisses® (in the gold wrapper)

Make an inconspicuous “x” on a bottom corner of this bag so that you may identify it later. This will be the ONLY bag with the gold Kisses in it.

B. In the remaining bags, distribute plain Kisses® and Hugs® in equal proportion. Put all the bags together.

When the young people arrive in the learning space, give each a brown bag and ask everyone to delay eating the candy until instructed. Be sure to give out the bag with the “x,” but do not reveal that this bag is different from the others.

Give the following instructions:
- Each person approaches half of the total number of people in the group and shares one piece of information they have heard about HIV/AIDS or about
sex (for example, “I have heard you can get HIV from mosquitoes,” “I’ve heard that you can’t get pregnant while you are on your period,” “I’ve heard you can not get HIV from oral sex”). It is not important that the young people know whether or not the statement is true; it just needs to be something that he or she has heard about sex or HIV/AIDS.

- After the young people have exchanged information, each puts her or his hand into the bag of the other person and takes some Kisses®, placing them into their own bag.
- Each initials the bag of the other with a felt pen.

After each participant has exchanged information and Kisses® with the designated number in the group, ask them to sit down but to still delay eating the candy. Ask about what sort of information was passed along in the exchange and whether they thought the information was mostly accurate or inaccurate. This may help you get a feel for what types of information the young people have accepted as true.

- Ask the participants to empty out their candy bags onto a table where they can examine the contents.
- Ask how many young people have gold Kisses® in their bags.
- Ask them to look at the bottom of the bags to identify who has the bag with the “x.”
- All gold Kisses® were originally in the bag with the “x” only. The gold Kisses® represent STDs such as HIV.
- If many people have gold Kisses® in their bags, ask them to check the names on their bags to see if the name of the person with the “x” appears-otherwise, the “virus” was passed to them through someone who had contact with “x.”
- Each contact they had with another person in the exercise represents a sexual contact. Through this exercise, young people can visualize the transmission of the HIV virus and other STDs through sexual contact.
- Now...the participants can eat the candy.

**Opening Prayer**

Offer a prayer that asks support for honesty in facing our fears related to sex and sexual activity among participants.

*Lord, it is difficult for us to speak openly and honestly about things that we fear, things that embarrass us, and so often we are silent. Give us strength to face our fears, let knowledge empower us and help us to be responsible for our actions, and to grow and respect ourselves as your beloved children. Amen.*
Questions That Young People May Be Asking

- What actually is considered “having sex”?
- How easy is it to get STDs?
- Do I really need to be afraid?
- When is it rape?
- What is monogamy?

Teaching the Session

I. Addressing the Physical and Psychological Aspects of Sex

A. Index Card Shuffle: Questions, Concerns, Fears

- Give each participant an index card.
- Have the participants write their questions, concerns or fears about sex and HIV, labeling the cards “sex” and “HIV,” and return the cards to the center of the learning space.
- Shuffle the cards, and redistribute them among the participants.
- With the group, read the cards aloud and together answer all the questions frankly and honestly.
- If an answer is not known, tell the group that you will find an answer and report back at the next session.

As the sex scenarios and psychological reasons for sex listed below are named, transcribe them onto newsprint or chalkboard and explain them as necessary. You should list sex scenarios on one sheet and psychological motivations on another. Do not label the sheets.

Note to the Leaders:

Some young people may delight in trying to shock you. Answer all the questions frankly and honestly. Be prepared for sensitive questions, such as those involving abuse or rape, and have information available for yourself and the young person should these issues surface, and be sure to follow up. You may also get sexually sophisticated questions about practices such as: “rimming” (oral-anal sex), “fisting” (insertion of the sex partner’s fist into the vagina or anus), “fingering” (a common adolescent sex practice of inserting fingers into the vagina.) Manual manipulations of a sex partner’s genitals falls into the “mutual masturbation” category and is a safe practice if the hands are free of any skin injury. Rimming does present risk for HIV infection.
B. Identifying Sexual Practices: What does it mean to have sex? What does it mean to have “safe” sex? The Physical aspects of sex

Identify different forms of engaging in sex: anal, oral, masturbation and intercourse are the primary forms to be covered in this exercise. Stress that all these are indeed sex. Be prepared to explain these sex acts if necessary. It is important that young people understand that sex is not only intercourse and that other types of sex also present risk.

Ask the young people to list different types of sex scenarios, incorporating the types of sex you have identified and what they have learned about safer sex. Write the scenarios down on newsprint. Go through the list and ask the participants to call out “Safe,” “Safer” and “Unsafe” for each. Your complete list should include but not be limited to:

- Oral sex (mouth to penis) with a condom - safer
- Abstinence - safe
- Unprotected anal sex - unsafe
- Self-masturbation - safe
- Oral sex (mouth to vagina) using Saran Wrap - unsafe
- Sexual intercourse using a condom and Vaseline as a lubricant - unsafe
- Anal sex using a latex condom and a water-based lubricant - safer
- Sexual intercourse within a faithful relationship between two uninfected people - safe

Understand that when you say “safer,” what you are really saying is “not-so-safe.” While “safer” is commonly used in current sex-education practice, young people may be thinking, “What can I actually get away with?” Make it clear to them that risk is still present in “safer” sex.

C. What does it mean to have sex: the psychological aspects of sex

Ask the participants to articulate some reasons young people chose to have sex. Record on newsprint participants’ ideas of various reasons for having sex. Reasons for having sex might include:

- “I love her/him.”
- “I felt like it was time.”
- “I didn’t want him/her to break up with me.”
After this is done, go through each one and have the participants identify the underlying psychological or emotional motivation. Sample motivations for the reasons above are:

- “I love him/her” - the person wants to be/feel loved
- “I felt like it was time” - the person wants to fit in with the peer group
- “I didn’t want him/her to break up with me” - fear of rejection

This is a good place for a youth led discussion. Try to get the young people to address these underlying motivations. Listen carefully and use what you learn in the remaining sessions.

II. Decision Making and Sex

A. Practicing Decision Making Through Scenarios: What Does It Mean to Have Sex?

The young people in your group need practice in making choices about their sexual behavior (and other risk-taking behaviors) in light of their Christian values. Please don’t avoid this subject. Alternatives to the scenarios below are to use a short section of a movie to stimulate discussion or to write one or two short narratives about situations with which members of your group can identify.

Choose one of the following scenarios dealing with decision-making and sex. Ask participants to volunteer to role play the scenario. There are additional instructions for the use of role-play in the appendix.

**SCENARIO #1**

Judy and Bob are juniors in high school and have been dating for four months. Bob is an athlete, and all the girls at school are envious of Judy’s relationship with him. Bob wants Judy to have oral sex with him, but Judy is very uncomfortable about having a sexual relationship at this point in her life. Bob dated girls before Judy with whom he had oral sex, and Judy knows that there are others girls who would like to date Bob who would be willing to have sex with him.

**Role-Play:**

Have volunteers act out the exchange between Judy and Bob as he asks her to have oral sex with him. If your group is too uncomfortable to role-play the scenarios, talk through Judy’s and Bob’s possible responses.

After the role-play is finished, ask the participants how they felt in each of their roles. Examine the goals of each character in the interaction. Have the group analyze the decision-making process, and reflect on how the situation was or could have been handled. What part of the decision-making process was motivated by fear, by self-esteem issues, by love and respect? What are the emotional consequences of the character’s decision? What are the physical con-
sequences? What are the social consequences? Have them articulate any situations that involved risk for HIV.

HIV risks: Bob has had previous sexual partners and could be infected with HIV. HIV can be transmitted through unprotected oral sex.

SCENARIO #2
Mark moved to a new city before his senior year of high school. It was a difficult time for Mark to move, but he made new friends at school through his involvement in football. Mark felt lucky to be accepted and make friends quickly. After the last football game of the season, Mark and his teammates went to a celebration where there was a lot of alcohol and girls from another school who were rumored to be “loose.” Mark’s teammates encourage him to enjoy the party, to lighten up, have a drink. They challenge him to consider the party activities his final initiation into the group.

Role-Play:
Have volunteers act out the exchange between Mark and his buddies at the party.

After the role-play is finished, ask the participants how they felt in each of their roles. Examine the goals of each character in the interaction. Have the group analyze the decision-making process, and reflect on how the situation was/could be handled. What part of the decision-making process was motivated by fear, by self-esteem issues, by love and respect? What are the emotional consequences of the character’s decision? What are the physical consequences? What are the social consequences? Have them articulate any situations in the scenario that involved risk for HIV.

HIV risks: Alcohol reduces a person’s ability to make good decisions. If a person decides to have sex while under the influence of alcohol, that person may not remember to protect himself or herself with correct consistent latex condom use. The girls at the party are rumored to be “loose,” which implies that they have had multiple sexual partners. The more partners a person has had, the more opportunities he or she has had to contract a sexually transmitted disease.

B. Fear, Love, Self-Esteem

Have an open discussion about the role loving and respecting self and others plays in choosing sexual involvement. Discuss the meaning of monogamy as a faithful long-term relationship between two persons who have had sex only with each other.

Discuss the role of fear, love and self-esteem in their own sexual opportunities or those of their friends. Ask again why it is that young people have sex, perhaps refer-
ring back to the earlier exercise. Introduce the context of the Baptismal Covenant, asking how it might have an impact on decisions. Listen intently, and let their responses direct the remainder of the discussion.

**Scripture Reading and Session Reflection**

We are created in God’s image and through our baptism are made full and equal members of Christ’s body, the Church. In this way, no matter whether we are young or old, rich or poor, black or white, we all share the same and equal stature before God. In the First Letter to Timothy, the writer reminds Timothy of his special place within the Christian community. He has been commissioned to be a witness. His actions are to be an example to others. Timothy has a mission, a purpose, and he is a valued member who has as much to teach as a model of what it is to be a faithful witness. He is esteemed by his teacher and the community of which he is a member. His youth is not a reason to be dismissed, but instead he is encouraged to be a model to follow. His full and equal status in the community gives him both the privilege and responsibility to be as one who bears witness to God’s love in Christ Jesus.

**READING**

1 TIMOTHY 4: 12-16

Let no one despise your young people, but set the believers an example in speech and conduct, in love, in faith, in purity. Until I arrive, give attention to the public reading of scripture, to exhorting, to teaching. Do not neglect the gift that is in you, which was given to you through prophecy with the laying on of hands by the council of elders. Put these things into practice, devote yourself to them, so that all may see your progress. Pay close attention to yourself and to your teaching; continue in these things, for in doing this you will save both yourself and your hearers.

Give the young people an opportunity to tie the scripture reading in with their own experiences. What does it mean to conduct yourself “in love, in faith, in purity?” How can one’s actions “save both yourself and your hearers?”

Ask the participants, “What does a relationship hallmarked by strength, love and self-control look like?” Ask the young people if they have models for that kind of relationship. Who do they know who lives that ideal? How long have they been together? What can you learn from them? How do they describe their relationship? Was their relationship always based upon these values, or did it grow into what it is? If you don’t have a model for such a relationship, how would you approach developing your own relationship? These responses need not be documented.

**CLOSING PRAYER**

Dear Lord, you have created us as beings in need of relationships with you and one another. Be with us as we make healthy decisions about how to express our sexuality. Amen.
Session Three:

Facing Our Fears: Making Choices

Materials Checklist
- Copies of Scenarios (see Appendix D)
- Copies of the Baptismal Covenant (see Appendix E)
- Newsprint and markers or chalkboard and chalk

Session Goals
- Explore the foundational document of the Baptismal Covenant of the Episcopal Church in responding to HIV/AIDS and sex
- Discover what it means to make choices in seeking and serving Christ in all persons and to love one’s neighbor as oneself
- Understand what it means to respect the dignity of every human being

Focusing Activity
Ask participants to share an experience of baptism, whether their own or someone else’s. Guide the sharing with these questions:
- Who was there?
- What happened?
- What were the promises made by the candidate?
- What were the promises made by the sponsors or godparents?
- What promises were made by the congregation?
Record the responses of the participants on newsprint or chalkboard.

Opening Prayer
Living God, we praise you for your truth, which we cannot always understand but which changes our lives. We praise you for coming to us in Jesus Christ and making us your sons and daughters. We praise you for the promise that: broken hearts should be mended; those who are frightened can be given confidence; and those in despair can find hope. Amen.
Questions That Young People May Be Asking

• How can I respect myself and others?
• How can I make good choices?
• Will I still be loved by God if I “mess up”?
• Who can I talk to if I need help?

Teaching the Session

I. Discerning what it means to love and respect oneself and others

A. Distribute copies of the Baptismal Covenant to participants. As they read the document to themselves, write on newsprint or chalkboard the following headings (the descriptions are for your use):

• Believe (what do we believe?)
• Continue (what will we continue to do?)
• Persevere (how will we persevere?)
• Proclaim (what are we proclaiming?)
• Seeking and Serving (whom are we seeking, and whom are we serving?)
• Striving (what are we striving for?)

Ask the participants to call out in their own words the answers to the questions in parentheses above. Record the responses below the headings.

B. Ask the young people to identify any concepts in the Baptismal Covenant that would help them to make better choices about sexual relationships and keeping themselves safe from HIV infection. Record these thoughts on newsprint or chalkboard.

C. There are three actions in the Baptismal Covenant that are difficult for young people to relate to themselves: “seeking and serving Christ in all persons, loving your neighbor as yourself” and “respecting the dignity of every human being,” especially in regard to their own bodies and sexual activity. The following questions and reflections may help them begin to think about these three.

What does it mean to love your neighbor as yourself?

While the discussion of “who is my neighbor” is one your young people have probably encountered before, adolescence is a time of in-group identification that for many young people means being ostracized.

This is also an important idea in HIV education, because concern for others should equal concern for self.
What does it mean to respect the dignity of every human being?

Ask how it is that we respect ourselves. What does it mean to respect your own dignity? How does one show respect for self? How does one show respect for others? What does it mean to not respect the dignity of others? What kind of behaviors would be disrespectful of someone’s dignity?

Can you have an intimate relationship without a sexual relationship? What would that look like? What do we mean by “sexual”? What do we mean by “relationship”? What is the difference between sex and sexuality?

Sex is an act. Sexuality is part of our being. This question asks the young people to consider the distinction between the intimate and the sexual.

There are joys and risks when we decide to be emotionally and physically intimate with another person. As children of God, how do we celebrate the joys and minimize the risks when we decide to be intimate with another person?

No relationship is ever risk free, but young people can practice protecting themselves by clearly articulating what would be a healthy and fulfilling relational experience for them, and opposing it to what would not. Here again, respect and dignity are key concepts.

What does it mean to respect your own body? When you hear people say, “Your body is a temple of the Holy Spirit,” what do you think that means? How is this idea related to the idea that we are “made in the image of God”?

The HIV-transmission risk factors addressed in the previous discussion questions are primarily sexual, though some could be related to drug use. This question strives to broaden the discussion into an examination of respect for self, to address not only direct risk factors (needle use), but indirect ones, such as alcohol consumption.

How do we seek Christ in all persons?

All persons are created in the image of God. In the fullness of God Christ exists for where God is Christ is, too. The First Letter of John 4:16 also tells us that God is love and if we love then God dwells in us we dwell in him. Within each of us Christ is present because God’s unconditional love is already present. When we seek Christ in others we are looking to behold that image of God and respond accordingly to the love it represents.
II. Risk-taking and making choices

A. Read the following passage from First Corinthians 6: 12- 14

You may say, “I am allowed to do anything.” But I reply, “Not everything is good for you.” And even though “I am allowed to do anything,” I must not become a slave to anything...

Then ask: How do you know if something is “good for you?” What types of things do you see people do that are not “good for” them? What skills do you need to resist the temptation to do things that are not good for you? How can you practice those skills?

B. Remind the young people of these four important points about contracting HIV:

- HIV is hard to contract.
- You can get HIV from needles, so don’t shoot up.
- You can get HIV from having sex with an infected partner.
- Risky behavior creates HIV risk. Period.

Note to the Leaders:

Relating to Culture: The dominant value in American culture today is captured in the slogans of our nation’s top brands: “No bounds” and “Just do it.” There is a lot of interest in “extreme” risk-taking, with special television shows and even new Olympic sports, as well as the ordinary thrill-seeking sports of automobile and motorcycle racing, mountain and cliff climbing, etc. The love of speed, the thrill of climbing, the excitement of catching just the right picture of a tornado seem to help people overcome fear. Our society rewards the risk-takers with fame and applause. You may want to add the following exercise.

- Tell the young people that we often take chances in our daily lives as well...risking our health or our safety, because it is easier to do so than it is to be careful or because we feel we are invincible. From the group, elicit a list of current television shows that highlight risk as a theme. Examining the list, ask participants what they think is appealing about these shows. Some responses might include:
  - challenging
  - exciting
  - pushing the limits
  - no control

- Ask the participants, “How does a culture of extreme risk-taking affect good decision-making”? These responses need not be recorded. Ask them to relate this to the
earlier discussion about the Baptismal Covenant.

III. Addressing Fears and Risks: Opportunities to Practice Good Decision-Making Through Role-Play

Role-Play:
Have volunteers act out the scenarios. If your group is too uncomfortable to role-play the scenarios, talk through the possible responses of each character. There are additional suggestions for the use of role-play in the appendix.

SCENARIO #1:
A 14-year-old girl in your congregation has always hung out with friends her own age. Now those friends are starting to go to parties with boys and girls who are two to three years older. Her parents are worried about their daughter being put into social or sexual situations she is not mature enough to understand or handle. The father wants to forbid her to go to these events with her friends. The mother wants to explain to her about the risks she faces. Characters: Mother, father, daughter.

Suggested Questions:
• What fears do you think the parents are facing? (examples: fear of losing control of their daughter; fear their daughter will be hurt)
• What fears might the daughter be facing? (examples: fear that she will lose friends; fear that her parents will be unhappy with her)
• What might their individual responses be through practice of their Baptismal Covenant? (example: honest, open communication about their fears and a response that respects the dignity of each character)

SCENARIO #2:
Brad and Sarah are 17 and going into their senior year of high school. They started dating junior year, shortly before school was out. Over the summer, Sarah went away to camp, the same camp she has attended every year since junior high. Sarah found that her cabin mates had changed since she had last been with them and that she was the only one who admitted she was still a virgin. The girls seemed consumed with talking about their sexual experiences, and Sarah felt left out. When Sarah returns in August, she tells Brad that it is time for her to lose her virginity. Characters: Sarah, Brad.

Suggested Questions
• What fears might Sarah be facing? What fears might this interaction raise for Brad? How might their discussion go if one or both of them were practicing Episcopalians honoring their Baptismal Covenant?
The Introduction

This introduction combines the careful study of Scriptures related to the topic of caring as a Christian Response in the time of AIDS and the personal story of a person ministering to those with HIV to begin the reflection on Christian responses to suffering and sickness.

Have volunteers read the following Scripture passages. Then use the Scripture reflection to open a dialogue on Christian responses.

**READING**

**I JOHN 4: 16B - 21**

God is love, and whoever lives in love lives in union with God and God lives in union with him. Love is made perfect in us in order that we may have courage on the Judgment Day; and we will have it because our life in this world is the same as Christ’s. There is no fear in love; perfect love drives out all fear. So then, love has not been made perfect in anyone who is afraid, because fear has to do with punishment. We love because God first loved us. If someone says he loves God, but hates his brother, he is a liar. For he cannot love God, whom he has not seen, if he does not love his brother, whom he has seen. The command that Christ has given us is this: whoever loves God must love his brother also.

**Scripture Reflection**

What motivates us, inspires us, compels us must in all things be love. This is what Jesus teaches the scribe who, in testing his credibility as a teacher of the Law, inquires of Jesus what is to be considered the most important commandment. When we love God, we then can love our neighbors and love ourselves wholly. By loving completely, Jesus tells the scribe and tells us that there is nothing more important, more sacred, or more essential. This is what God’s kingdom will look like when it is fully realized: a place where all are loved completely as they dwell in the presence of the Divine Love. Today we know this love as God’s perfect gift to us in His Son Jesus, the Christ. It is this same love that calls us as Christians to live out this love in all that we do and say.

**READING**

**MARK 12:28-34A (cf. Deuteronomy)**

One of the scribes came near and heard them disputing with one another, and seeing that he answered them well, he asked him, “Which commandment is the first of all?” Jesus answered, “The first is, ‘Hear, O Israel: the Lord our God, the Lord is one; you shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength. The second is this, ‘You shall love your neighbor as yourself. There is no other com-
mandment greater that these.” Then the scribe said to him, “You are right, Teacher; you have truly said that ‘he is one, and besides him there is no other’; and ‘to love him with all the heart, and with all the understanding, and with all the strength,’ and ‘to love one’s neighbor as oneself’; this is much more important than all whole burnt offerings and sacrifices. When Jesus saw that he answered wisely, he said to him, “You are not far from the kingdom of God.”

**Scripture Reflection**
Throughout the Gospels, Jesus was especially attentive to those who had been cast out of the social and religious community of his day. Jesus placed himself directly in their midst and, in doing so, bore witness to who God is and where God is. If we are to bear witness in our time, we must also be where God is.

**A Personal Story:**

**Valerie’s Story, Clergy, Diocese of Florida**

Nineteen years ago, I found myself 40, single and on the dating scene. Things were quite different from when I was a teenager. I was working part-time in the office of a physician, who became my new adviser and began informing me about a new virus called HIV. At the time, he wasn’t sure if women would or could be infected, but he warned me nevertheless.

Two years later, I was married and forgot about HIV for a while. My husband took a job on the road working for a publishing company. I spent many hours alone in hotel rooms watching talk shows. A lot of the programs-Oprah, etc.-devoted entire hours to the subject of AIDS. As a nurse, I was very interested. Not long after, I got work transcribing medical reports for a large hospital in Miami. I noticed that more and more reports concerned women and children infected with the virus. I found myself reading anything and everything I could on this mysterious phenomenon.

In 1990, my granddaughter was born. By then, I was so concerned with the rapid rate of infection that I decided to become involved in the fight against AIDS. I knew that if my granddaughter ever asked why people didn’t do something to combat this virus, I did not want to have to answer, “We thought about it but just didn’t know what to do.” I began volunteering at the HIV clinic of the University of Florida’s pediatric department. Many of the kids at the clinic lacked even the basics-shoes, shampoo, soap. And most of them were cared for by foster parents. If they were with their mothers, their mothers were very sick. I was profoundly touched by my experiences with these children.

I remember my first day at the clinic. There was an 8-year-old girl with huge brown eyes and bright-pink glasses that were almost as big as her face. Her blonde hair was pulled back in a ponytail. She sat in a wheelchair, and there was an oxy-
gen tank attached. I could feel her eyes penetrating my very soul. She said, “Take off my shoes.” I did. “Take off my socks,” she said. And I did. “Scratch my feet.” Gingerly, I did. Then she said, “Nails.” I replied, “I might hurt you with my nails.” She said, “Use your nails and get in between my toes.” I wanted to get up and run out of the room. I don’t scratch in between my husband’s toes, let alone a child with full-blown AIDS. I sat there knowing I was experiencing the most important test I would face as I began this ministry. Then a little voice in my heart spoke out: “You can wash your hands afterward.” I scratched her feet and in between her toes. From that point forward, I was involved in AIDS ministry.

Over the next years, I was called to the hospital at all times of the day and night. I even brought children home to live with my husband and me so they didn’t have to stay in the hospital for IV therapy. I visited a home where 17 people lived. There were no doors; they would push the sofa in front of the living-room door to keep people out at night. I cried with young mothers who did not discover they were HIV-positive until they’d become pregnant and were tested. I cried for a baby born positive to a local prostitute. When I went to the healing services, I cried for the young men, physically wasted and weak. I also went to many funerals. It just went on and on. I railed at God for allowing this to happen. I railed at the system for not doing more for women and children.

But I thanked God when drug trials improved and viral loads went down. It was a long time coming, and we still have a long way to go. I have been affected by this virus to the point of being ordained specifically to minister to those living with HIV/AIDS. There are days when I think I will quit, when I think I can’t do it anymore, but then I remember a quotation from John Claypool—“What breath is to the physical body, hope is to the human spirit”—and I hope. For where there is life, there is hope—and, more important, where there is hope, there is life.

Scripture and Session Reflection
Discuss the following points
• What does this Bible passage say to the situation of HIV/AIDS?
• What new insights do I have about Jesus?
• What do I think Jesus is calling me to do?
• How is Valerie living out Christ’s love in the world through fulfilling her Baptismal Covenant?

Closing Prayer
The Lord’s Prayer
Session Four:
Caring Responses

MATERIALS CHECKLIST
- Newsprint
- Markers
- Scenario (see Appendix F)

SESSION GOALS
- Invite participants to contemplate the healing ministry of Jesus.
- Understand the role of healing in our Christian responses.

Focusing Activity
1) On newsprint, write the questions: What does it mean to be involved in a healing ministry or a healing response in the time of AIDS? Write the responses on the newsprint.

Then ask young people to name all the various ways they can think of that people could be involved in the healing ministry or in a healing response to persons with HIV/AIDS and their loved ones. Accept all answers, and record them on newsprint.

Opening Prayer
Merciful God, we remember before you all who are sick this day, and especially all persons with AIDS or an HIV infection. Especially...[name people known by the young to be HIV-positive]. Give them courage to live with their disease. Help them to face and overcome their fears. Be with them when they are discouraged. And touch them with your healing Spirit that they may find and possess eternal life, now and forever. Amen.

Note to the Leaders:
If you have the names of local people or members of your parish who are living with HIV/AIDS and can share their names with the youth, you could have each student(s) say the name(s) during the prayer, as in a roll call.
A Personal Story:

“I was a health educator and knew all about how you could catch AIDS, but the first time I actually knew someone in the church who was infected, I learned the difference between knowing with the mind and knowing with the heart. We took communion in a circle, with each person passing the bread and wine to the next. When David turned to me with the cup, and said, “The blood of Christ, the cup of salvation,” I took it and drank and passed it on. My mind told me that I was safe from infection. But I was surprised to discover afterward that my gut had some cold little butterflies of fear. The next time we were in the same group, I made it a point to go to the altar and stand on David’s left. This time there were no butterflies. This whole experience taught me something about the need for more than facts when we are faced with something as scary as AIDS.”

Teaching the Session

Ask the young people to make notes as they listen to the case study about who the characters are, what the issues are, and what kind of responses are called for. Tell the young people that they are going to act out two responses to the scenario. One response would be what they think would “really happen” in the parish and what they hope “could happen.” There are additional suggestions for the use of role-play in the appendix.

I. Scenario and Role-Play

There are new members of your congregation—a mother and a 14-year-old (or the age of the participants) daughter. You find out that the mother is infected with HIV. You don’t know about the daughter.

Characters to role-play in a response: you, the priest, a youth group or campus group, parents, other members of the congregation.

Ideas to stimulate role-play:

- What concerns do people have about the possibility of infection?
- How will youth-group members react to the daughter joining in their activities?
- How will the congregation feel about taking communion with the mother?
- What would happen if the mother baked cookies or made pizza for the daughter to bring to church?
II. Share the following personal story.

My HIV Story:

By an active parishioner of a large Episcopal parish in Middle America

I am grateful for this opportunity to share my story. I was raised in a small town and “came out” to myself as a gay person at the age of 19. Like many kids, I moved away from home to go to college and learn more about the world. I finished my education and today I live an average middle-class life in a first-ring suburb. I am now 31 years old and gainfully employed, and I live with my partner of over nine years with three cats and a dog on the way.

Just over a year ago, my whole life changed when I was diagnosed with HIV. It has been the most difficult time of my life. I am one of those persons who never should have become infected. I grew up learning about HIV and how to protect myself. I was trained as a Red Cross HIV instructor. I had been volunteering for HIV/AIDS causes for over 10 years. There was no good excuse for my becoming infected.

Yet, I slipped up, I took risks and I ended up infected. The truth is I thought it couldn’t happen to me. I was young. HIV was something that only affected older gay men. I lived with the same false feelings of invincibility experienced by most other young gay men, and young people in general.

Over a year ago, I went to the doctor with what felt like a bad flu. My muscles were sore. I had a low grade fever with terrible headaches. I had a mysterious rash on my chest. And I felt really run down. My doctor informed me that he was ordering an HIV antibody test as well as a viral load test (a procedure that measures the level of HIV virus in the body). When the lab technician drew my blood, I fainted I was so scared.

I went to the doctor a few days later to hear my results. The antibody test came back negative. I was relieved. We just needed to wait for the results of my viral load test. My doctor said he would call when he received the results. I went back to my office and continued to work, until I received the phone call. He said, “I’m afraid I don’t have very good news. Your viral load test came back ‘extremely high.’ Can you come back to the office right away? I would like to draw some more blood for further testing.”

I panicked. I began to cry. I left work and rushed to the doctor’s office. I contemplated crashing my car and ending it all right then and there. I really shouldn’t have been alone at that point.

My viral load was indeed high, over 750,000 copies per milliliter (of blood), suggesting that I was undergoing acute retroviral syndrome. That meant that I was likely recently infected and my body hadn’t begun making HIV antibodies yet,
hence the negative HIV antibody test. My doctor told me that HIV isn’t the “death sentence” that it used to be, and that he wanted to start me on antiretroviral medicines within the new week. I still felt like my life was essentially over. How could I tell my partner that I am HIV-positive? How could I tell my friends and family? Will I live to be older than 45 or 50? Will I suffer the horrible side effects from the HIV medicines that I had read about, such as facial wasting and other strange body-shape changes, chronic diarrhea or peripheral neuropathy? I still do not know the answers to most of these questions.

The doctor prescribed for me a mild anti-anxiety medicine and said he would write me a note to take a few days off work if I felt I needed it. I declined the doctor’s note, but didn’t return to work that day.

Upon leaving the doctor’s office, I called a dear priest friend and went to his home and cried in his arms for the next hour. He called another of my friends to come over as soon as he could to help comfort me. Then I called my partner and told him that we needed to speak in person. He of course could tell that I was upset. When we met face to face, I didn’t have to tell him; he instinctively knew what was wrong with me. He held me for a long time and said that we would get through it together. A year later, we are still together and very much in love and supportive of each other.

My family is another matter. I still have not been able to tell anyone in my family. I come from a conservative background, and they are already not fully accepting of my being gay. Coming out to them as HIV-positive would only make matters worse. My partner’s family also does not know. They certainly would not understand, and they would, understandably, be concerned for my partner’s health. My partner continues to test HIV-negative, incidentally.

At this point in my life, I do not intend on sharing my status with my family. I have shared with select friends and with most of the clergy of my parish, including one dear priest who is no longer at my parish but who continues to support me immensely. But I still feel very isolated. I live in a low-incidence and low-prevalence state with regard to HIV, so there aren’t many people close to my age, religious tradition or socioeconomic situation to whom I can relate. Some people with whom I have shared my status have been judgmental, but most have been supportive.

Now that HIV is part of my life, I pray that this will allow my ministry in the church to be more effective. As an active person of faith, I will continue to serve and bring the light of Christ to others who are living with this dreaded disease and help bring hope and compassion to those who have been forgotten, misunderstood or marginalized by the church.

I am now doing okay on my current medicine regimen. I take eight different prescription medicines to fight HIV and to counter some of the side effects. I see my doctor at least four times a year for blood work and flu shots and other vaccinations to keep my immune system strong and monitor the disease’s progression. But I am grateful that modern medicine has advanced as far as it has. And I hope for a day when we no
longer have to worry about preventing or curing HIV. But until then, I will fight to ensure that my church is supportive of those who live with this terrible disease and that prevention education is available for everyone in our society who is at risk.

I hope my story will help others better understand what it is like to live with HIV and help keep people who are at risk from getting infected. Unfortunately, I learned the hard way that it can happen to you.

After the reading, ask the following questions:

• How does our congregation support people in times of crisis?
• How can the church assist in the healing process of the persons infected, the people they love and their families?
• Ask participants to identify ways they have responded with caring in other situations in their lives and ways they might imagine themselves responding with caring in the time of AIDS.
• If anyone wants to discuss a particular real-life HIV/AIDS situation within which they might be able to respond with caring, allow them to do so.

III. Opening a Dialogue on Compassion and Caring

In their book AIDS and the Church (Shelp and Sunderland, Westminster Press, Philadelphia, 1987), the authors stated:

Illness and disability are seen in Scripture as opportunities for God’s people to provide compassionate care and protection. The record of the church’s ministries of visitation, health care and asylum demonstrates the seriousness with which the biblical examples and admonitions have been taken. These ministries are extensions of Jesus’ ministry and represent creative responses to the command to love one’s neighbor.

You may wish to read the following poem by Susan Polis Schultz

**A Poem**

We all cry the same tears
Tears of fright
Tears of sadness
Tears of loss
Tears of frustration
Tears of disappointment
Tears of loneliness
Lands are flooded with our tears
We need one another’s kindness, compassion, trust and respect
To survive

Share information about the suffering related to HIV/AIDS. Talk about what it means to be compassionate in this world. In Lost and Found, compassion is defined as “actions appropriate to the needs of the other.” Ask the youth to give their definitions of compassion. Ask the young people to describe what they feel compassion is and to give examples of compassionate acts.

**Note to the Leaders:**

There are probably local AIDS hospice houses and community-service agencies that can be used as examples of caring—maybe your parish is involved with one of these.

**Scripture**

The Good News Jesus brought to poor and outcast people was that they are invited to God’s festive meal. He dramatized his meaning in action—most impressively by his table fellowship with outcasts. He invited them into his house (Luke 15:1-7) and ate with them in feasts. (Mark 2: 15-17) It was an honor to be invited to a meal. An invitation was an offer by the host of peace, trust, brotherhood and forgiveness. By this table fellowship, by lodging with a tax collector (Luke 19:5-9) and by calling tax collectors to be his disciples (Mark 2:14), Jesus showed that God had accepted the despised, the outcast and the poor.

*Luke 10:29:38*

But wanting to justify himself, he asked Jesus, “And who is my neighbor?” Jesus replied, “A man was going down from Jerusalem to Jericho and fell into the hands of robbers, who stripped him and beat him and went away, leaving him half dead. Now by chance a priest was going down that road, and when he saw him, he passed by on the other side. So, likewise, a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan while traveling came near him; and when he saw him, he was moved with pity. He went to him and bandaged his wounds, having poured oil and wine on them. Then he put him on his own animal, brought him to an inn, and took care of him. The next day he took out two denarii, gave them to the innkeeper and said, ‘Take care of him; and when I come back, I will repay you whatever more you spend.’ Which of these three, do you think, was a neighbor to the man who fell into the hands of the robbers?” He said, “The one who showed him mercy.” Jesus said to him, “Go and do likewise.”

**Scripture Reflection**

What are the characteristics of those who participate in Christ’s ministry? How did they respond? How do we respond to those whom we respect, value and love?
Session Reflection
What does it mean to have a healing response in the time of HIV/AIDS? What does it mean for each of us personally?

Closing Exercise and Prayer
On newsprint, list very specific things that each of us can do or things we can do as a group. Pray about the list. Be prepared to respond. Locate local service agencies and organizations.

We humbly beg you, O God, mercifully to look down upon your young people as we grow up in a world where HIV infects us, our friends, our world. Strengthen us in our choices to be safe in our own behavior and to be compassionate to those who are infected and who suffer from this disease; protect the healthy, calm the frightened, give courage to those in pain, comfort the dying, grant to the dead everlasting life, console the bereaved, bless those who care for the sick and hasten the discovery of a cure. Walk with those of us who are afraid. And grant that in this and all our troubles and fears, we may put our whole trust and confidence in your steadfast love.
Amen.

CONCLUDE WITH A MESSAGE OF EMPOWERMENT! As you wrap up the session, remind the group that truth and information are very empowering. You and they have shared information that can and will save lives. Not only do they know these facts about how they can avoid getting AIDS, but they can also share that same information and potentially save the lives of their friends, family and those in their community—and that is a ministry. Make sure that participants can get copies of written materials you have used throughout the sessions to take home and to share with friends.

Let participants know that you will hang around for a short while in case there are any further questions. There is always the possibility of the question that was too embarrassing to ask out loud in the group. (Note that one of the first long words young people learn to spell correctly is “embarrassing.”) Or there may be a question or concern that is too personal or scary to be voiced in front of others. Assure them of the confidentiality of your conversation, and in the weeks to come, voice your openness to addressing questions they may have had after the sessions ended.
Our ministries in the age of HIV/AIDS are multiple. It could be good to establish a congregational ministry that coincides with our youth program. This ministry can include worship. In this section of the program, we share ideas for developing a congregational ministry and prayer and healing worship services.

**Take a Personal Video Story**

Tell the real-life story of your parish’s response to HIV/AIDS by make a video. You can videotape...

- a ministry in action, such as a Care Team Ministry
- interviews with church leaders as to what the church has done in HIV ministry
- a retelling or reenactment of a life story based on a parishioner’s experiences as someone infected with HIV or of a parent with a child who has HIV or who has passed away with AIDS
- Young People can report on what the community needs and how the young people might help as individuals and as a team.

When this video is completed, present it to the entire congregation, perhaps during the sermon, prayers of the people or a forum.

**Developing a Congregational Ministry**

The following structure might be useful for creating an informed congregational ministry through study and dialogue.

**Looking into the possibilities and creating involvement**

You might want to share the task of preparing for a congregational meeting by allowing people to look up some important information prior to meeting together. A few participants could use the Internet to look up information. They could be encouraged
to provide printouts and copies for other participants. Things people might explore online include:

- What are the current Episcopal church (General Convention) resolutions on HIV/AIDS?
- If you have a companion parish or diocese, what is the incidence of HIV infection or AIDS in that area of the world? Is there a church-based program on HIV/AIDS?
- What are the problems associated with the epidemic, especially as they affect young people?
- What is known about behavior among youth in the U.S. that would put them at risk for infection with HIV?

A few other participants might explore the following, in preparation for a meeting.

- Our congregation: Does this parish have a policy on HIV/AIDS? What does it cover?
- Our diocese: Does our diocese have a policy on HIV/AIDS? What does it cover?
- Our community: What AIDS-prevention programs exist in our area? What services are there for people infected with HIV?
- HIV test sites: Where is the nearest location that has anonymous testing? What kind of counseling is available there both before the test and after the results are known?
- Our state laws: Are there laws making HIV tests available to minors?

**Meeting: Coming Together in Congregational Ministry**

This meeting format suggests several features of developing a congregational ministry. This does not need to happen in one meeting, but we will present it as if it could so that you can see various aspects in the conversation in the process of creating your congregation’s ministry. The aspects include establishing a commitment and needs, discussion (with possible discussion points) and deciding on a response.

**Establishing an interest**

At this point in the conversation, it could be important to make sure people have information about HIV/AIDS-related needs, both locally and globally. AIDS is devastating much of Africa and is quickly spreading to places like Asia, Central America and the Caribbean.

Sandra Thurman, former director of the U.S. Office of National AIDS Policy at the White House (and an Episcopalian of whom we may justly be proud), says: “My greatest fear is I’m not sure that we recognize that we’re at the tip of the iceberg. We are at the beginning of a pandemic, not at the middle or at the end.
We have no vaccine and no cure in sight... More than likely, we’ve never seen anything like this in the history of the world.”

Our own young people may have a more immediate impact on their local families, congregations and communities. However, we can do everyone a great service by making sure that they, and all of us, are not in denial about the reality of this epidemic. It will influence our lives for years to come in ways we can only begin to imagine.

Engaging in a Discussion

Starter: Now that we know facts about HIV/AIDS, how are we as Christians going to respond in this parish/congregation and community? List all the ideas on newsprint, adhering to the brainstorming rules that all suggestions be included.

Discussion Points: There are various points of organization that might be useful as starting places for the discussion.

Our congregation: What is our own AIDS policy? Does it cover employees? Does it say anything about confidentiality of information? What about welcoming HIV-infected people into our midst? Are you satisfied with what we have? What would you like to see included?

• What steps would this group have to take in order to encourage the vestry or congregation to adopt the policy we prefer?
• Would we have to do some AIDS education for the adults in this congregation? How would we go about raising awareness or doing AIDS education? Whose support would we need?
• Are people concerned about catching AIDS by sharing communion with an infected person? Can we educate them about AIDS and the common cup?
• What about including AIDS in our regular healing service, if we have one, or scheduling a special day for AIDS prayer near World AIDS Day (Dec. 1)?

Other churches: Are we cooperating now with other churches, or are we sharing youth-group activities? Are there opportunities for joint activities in the area of AIDS ministry?

Our diocese: Is there an existing AIDS policy? What does it cover? (Background information could include the General Convention resolutions on AIDS.) Does your diocese have a diocesan AIDS ministry?

Our community: What is available in our area for AIDS-prevention education, for services to people who are infected, for testing for HIV infection? Do the education or services programs need volunteers? Are there things that people our age could do with the proper training? Are there group homes or hospitals that have babies and young children with AIDS? Do they need volunteers? Is there a need for help with
finding HIV-infected people places to live? Are there joint projects we might do with other churches in our community?

Other parts of the world: What did the researchers discover, either about a companion parish or diocese, or about the developing world in general? (For example: As of June, 2000, 60% of South African youth between the ages of 15 and 25 are infected with HIV. The southern part of Africa has 12,000,000 AIDS orphans now. The only hope for some nations is to do effective prevention education with children who are still under age 15. In some nations, the churches are the only effective source of HIV/AIDS education and care.) What can we do here to help our fellow church members overseas?

Deciding what to do

Brainstorming the possibilities: Start by looking at your full list of possible actions for responding in ministry to those who are affected directly or indirectly by AIDS.

Have one or more of these ideas surfaced in your discussions as priorities for your group?

Invite participants to make a case for actions they think the group should take.

Prayer: Pause and pray for the guidance of the Holy Spirit, that whatever is chosen will be God’s will for you and your ministry.

Decide to Act: Decide on one or two things to try. Instead of going with a vote, have people talk about the option they find most compelling until you get a consensus. Not everyone will have the same opinion, but everyone should be willing to live with the choices. Remind participants that you can do one or two smaller things now and do a good job, and can choose to do more later. It is better to do this than to bite off more than you can chew and become discouraged.

Planning

To carry out an action, decide:

• What will we do? What steps are included?
• Who will do it? To whom will they report that it has been done?
• When will each step be done?
• What other resources are needed—other people, more facts, training, funds, etc.?
• Whose permission do we need to do it? How will we get it?
Stay Encouraged: As leaders, you will find opposition or support where you didn’t expect it. Some people will welcome your efforts, and others won’t. Just don’t be surprised if your suggestions are not universally popular.

Also, we need to face our own discomforts and fears. For example, if your plans call for working directly with people who have HIV, don’t be surprised to be a little uncomfortable at first. No matter how much we know, we still have our emotions to deal with. As Christians, we are called to get over it and get on with our ministry. As we do this, the fears tend to go away.

**Prayer Ministry**

There are many ways in which people living with AIDS can be brought into the worship life of your group or congregation. You can use the prayer from the NEAC website during the Prayers of the People. The youth group can write a collect or short litany to be used during regular services or in occasional healing services that are already scheduled. (Often the people most touched by such prayers—even in small congregations—are the family members of people living with HIV, who may not have heard the word AIDS spoken in church before.)

A Sample Prayer:

*We humbly beg you, O God, mercifully to look upon your people as we suffer from this dread disease; protect the healthy, calm the frightened, give courage to those in pain, comfort the dying, grant to the dead everlasting life, console the bereaved, bless those who care for the sick, and hasten the discovery of a cure. And grant that in this and all our troubles we may put our whole trust and confidence in your steadfast love. Amen.*

*God of Mercy and Creator of all, we pray for all those with HIV and AIDS, their loved ones, and all caregivers and researchers, that from suffering, rejection and loss may come strength, compassion and faith; and that we may be healed of fear and moved to give support to those in need; in the name of Jesus, the healer and friend of all. Amen.*

**Healing Services**

If you have enough potential participants, you could plan a special AIDS healing service. Often, these are done ecumenically, sharing with other local churches. Some are even interfaith, drawing on Jewish and Muslim and other groups. You can choose an approach that fits your local community and the customs of your own congregation.
General Suggestions for a Healing Service
(These draw on Resources for Healing Services, edited by the Rev. Don Page and The Rev. Anne Wrider, as well as on the experience of others.)

- **Styles of worship** Are people coming who are from other denominations? Plan a service that is sensitive to the differences in styles of worship, without including the Eucharist.

- **Physical limitations** People with HIV or AIDS may be handicapped and need easy access to the building and to bathrooms. At the time of laying on of hands, some ministers of the service may need to go to the congregation for those who cannot come forward.

- **Length of the service** Length should not exceed one hour, since people get tired. (Guest preachers not accustomed to short sermons may need to be reminded ahead of time.)

- **Participating in the service** If you have people who are not accustomed to juggling prayer books and hymnals, print out the entire service in a folder to make it easier for all to follow and participate.

- **Publicity** If this is a one-time event, you will need plenty of time to get the word out. Some communities do monthly joint healing services, but you can’t assume that everyone is aware of them. Publicity in the right places is very important.

- **Explanation** You may wish to print an explanation of the laying on of hands in the service leaflet for those not familiar with this practice. For example: “All are invited to come forward (or to participate from their seats) to join in prayer and the laying on of hands; not only those who are sick, but those who wish to pray for their healing, and those who minister to them are welcome. In this way, we express our desire, together, to be healed by God’s power-healed of fear, anxiety, prejudice and, if it be God’s will, of physical and mental anguish and disease. Those who seek laying on of hands may pray in silence or share concerns with the appointed ministers.”

### Music

In recent years, the Episcopal church has added a number of music resources to *The Hymnal 1982*, including *El Himnario; Lift Every Voice and Sing; Wonder, Love and Praise*; and *Songs for Celebration*. These add a great richness to the music we can draw upon for healing services. While many more traditional hymns work very well, and those paraphrasing Psalm 23 (645, 646 and 664 in *The Hymnal 1982*), there are many others we can draw upon. “Shall we gather at the river...” and “There’s a sweet, sweet Spirit in this place...” are two that come to mind.

“God of Hope and God of Healing” was written for the National Episcopal AIDS Coalition. A copy of the hymn and permission to print it in a service bulletin can be obtained by calling (800) 588-6628. (Permission to include the music and text with this guide is being sought.)
The hymns should reflect God’s love and healing power and be joyful and strong. Those that are overly concerned with sin should be avoided. There is enough pressure to equate AIDS and other illnesses with sin without adding to it in the service music.

**Suggested Service Plan that does not include the Eucharist**

One option is to use the order of service suggested for healing services in the Book of Occasional Services.

Another option is the following order:

- Hymn
- Opening Sentences
- Collect
- Scripture (one or two readings)
- Sermon or homily
- Hymn
- Litany for healing
- Confession of sin and absolution (if desired)
- Laying on of hands
- Closing Prayers
- Blessing
- Hymn.

**Suggested Service plan that does use the Eucharist**

Rite II or one of the alternative rites would be particularly appropriate. If you already have a form for healing services in your congregation, it is probably better to use it rather than doing something different, so that people are following a familiar pattern of worship.

There are prayers in the Book of Occasional Services. The Book of Common Prayer contains some that might be useful:

- 8th Sunday after Epiphany
- Ministration to the Sick (pp. 458-461)
- For a Person in Trouble or Bereavement (p. 831)
- For Guidance (p. 832)
- For Quiet Confidence (p. 832)
- St. Francis (p. 833)
- Prayers from Compline
- Collects of Evening Prayer
- Collect for those who suffer (p. 279)
Aspects of the Service Tailored for HIV/AIDS Healing Services

**Prayers**

A form of the Lord’s Prayer from the *New Zealand Prayer Book* is particularly appropriate for these services:

*Eternal Spirit,*  
*Earth-maker, Pain bearer, Life-giver*  
*Source of all that is and that shall be,*  
*Father and Mother of us all,*  
*Loving God, in whom is heaven;*  

*The hallowing of your name echo throughout the universe!*  
*The way of your justice be followed by the peoples of the world!*  
*Your heavenly will be done by all created beings!*  
*Your commonwealth of peace and freedom sustain our hope and come on earth.*

*With the bread we need for today, feed us.*  
*In the hurts we absorb from one another, forgive us.*  
*In times of temptation and test, strengthen us.*  
*From trials too great to endure, spare us.*  
*From the grip of all that is evil, free us.*

*For you reign in the glory of the power that is love, now and forever. Amen.*

Another Ecumenical Prayer taken from Worship Resources for HIV and AIDS Ministries, by Patricia D. Brown and Adele K. Wilcox, Health and Welfare Ministries, General Board of Global Ministries, United Methodist Church:

(In unison) Loving God, you have created each of us in your own image and called that creation good. You have redeemed us to be at peace with our own selves and with our neighbors. You sustain us and hold each of us in your care, and you know our deepest needs. Be with us as we learn to see one another with new eyes, hear one another with new hearts and treat one another in a new way. Amen.

**Scripture Readings Appropriate for Healing Services**

If you are not using the proper of the Eucharist for the day, these are some choices:

**Old Testament**

- 2 Kings 20: 1-5 (I will heal you)
- Isaiah 42: 1-7 (The suffering servant)
- Isaiah 61:1-3 (Good tidings to the afflicted)
New Testament
- Acts 3:1-10 (Healing of the lame man)
- Romans 8:31-39 (Nothing can separate us from Christ)
- Colossians 1:11-20 (May you be strengthened)

Gospel
- Mark 6:7, 12-13 (They anointed with oil many who were sick)
- Luke 17:11-19 (Your faith has made you well)
- John 6:47-51 (I am the bread of life)

A Litany of Healing

The people are invited to name, aloud or silently, those for whom they are praying.

God the Creator, your will for all people is health and salvation;
We praise and thank you, O Lord.

God the Redeemer, you came that we might have life, and have it more abundantly;
We praise and thank you, O Lord.

God the Sustainer, you make our bodies the temple of your presence;
We praise and thank you, O Lord.

Most Holy God, in you we live and move and have our being;
We praise and thank you, O Lord.

Lord, grant your healing grace to all who are sick, injured or disabled, and especially those who are living with AIDS or HIV disease, that they may be made whole;
Hear us, O Lord of life.

Grant to all who seek your guidance, and to all who are lonely, anxious or despondent, a knowledge of your will and an awareness of your presence;
Hear us, O Lord of life.

Mend broken relationships, and restore those in emotional distress to soundness of mind and serenity of spirit;
Hear us, O Lord of life.

Bless physicians, nurses and all others who minister to the suffering, granting them wisdom and skill, sympathy and patience;
Hear us, O Lord of life.

Grant to the dying peace and a holy death, and uphold by the grace and consolation of your Holy Spirit those who are bereaved;
Hear us, O Lord of life.
Restore to wholeness whatever is broken by human sin, in our lives, in our nation and in the world;  
*Hear us, O Lord of life.*

You are the Lord who does wonders;  
*You have declared your power among the peoples.*

With you, O God, is the well of life;  
*And in your light we see light.*

Hear us, O Lord of life.  
*Heal us, and make us whole.*

**Celebrant:** We humbly beg of you, O God, Mercifully to look upon your people as we suffer from this and all other diseases: Protect the healthy, calm the frightened, give courage to those in pain, comfort the dying, grant to the dead everlasting life; console the bereaved, bless those who care for the sick, and hasten the discovery of a cure. And finally, O compassionate God, grant that in this and all our troubles we may put our whole trust and confidence in your steadfast love; through Jesus Christ our Savior. AMEN.

**A Blessing**

May God the Creator bless you,  
May God the Redeemer heal you,  
May God the Sanctifier give you strength,  
May God the holy and undivided Trinity  
guard your body, save your soul,  
and bring you safely to that heavenly country;  
where God lives and reigns for ever and ever. Amen.

**Confession**

(In unison) Merciful God, you who know us as we are and still love us. We confess that we are afraid to admit the fear that lies in the depths of our souls. Help us to face that which we want to hide even from ourselves. Instill in us a sense of active compassion. Humble us to see and name our inadequacy, and call upon your presence in the midst of this perplexing need. Give us the courage to find ways to be faithful disciples. Awaken us to your presence and your support in affliction, so that we do not envision illness as a sign of your absence. May your piercing knowledge of us lead us to healing. Break down barriers we have built. Forgive our sins. Amen. (Taken from *Worship Resources for HIV and AIDS Ministries*, by Patricia D. Brown and Adele K. Wilcox, Health and Welfare Ministries, General Board of Global Ministries, United Methodist Church)
The Words of Assurance

**Leader:** You are gracious and full of compassion, O Lord, slow to anger and of great kindness.

**People:** You are loving to everyone, and your compassion is over all your works.

**Leader:** You are near to those who call upon you, to all who call upon you faithfully.

**People:** You fulfill the desire of those who fear you; you hear their cry and help them.

(Taken from *Worship Resources for HIV and AIDS Ministries*, by Patricia D. Brown and Adele K. Wilcox, Health and Welfare Ministries, General Board of Global Ministries, United Methodist Church)

A Benediction

**Leader:** Receive blessing for all that may be required of you, that love may drive out fear, that you may be more perfectly abandoned to the will of God, and that peace and contentment may reign in your hearts and through you may spread over the face of the earth.

**People:** The blessing of God, Giver of Life, Bearer of Pain, Maker of Love, Creator and Sustainer, Liberator and Redeemer, Healer and Sanctifier, be with us and all whom we love, both living and departed, now and forever. Amen.

(Taken from *Worship Resources for HIV and AIDS Ministries*, by Patricia D. Brown and Adele K. Wilcox, Health and Welfare Ministries, General Board of Global Ministries, United Methodist Church)

Resources

We want to support your efforts to get more information and to provide additional resources to those involved in your program. Still, it is important to investigate local resources that extend beyond those mentioned here and to make personal local connections possible.

General Information

If you sign up with the Kaiser Family Foundation for their daily AIDS posting, you will get a series of brief and informative articles about current issues. Other sites go into greater depth. Also listed below are a couple of resources that are especially good for parents.

AEGIS: http://aegis.org. This is the gold standard for current AIDS information and has excellent links to all kinds of resources.
The Episcopal Church, USA
http://www.ecusa.anglican.org
- Diocesan and congregational websites
- Church-related organizations and links
- General Convention resolutions

The National Episcopal AIDS Coalition
http://www.neac.org
- The Rev. Richard Brewer, Administrator, 520 Clinton Avenue, Brooklyn, NY 11238-2211, (800) 588-6628, neac@neac.org See “AIDS and the Common Cup,” General Convention Resolutions, the Prayer for Healing, a report from Honduras and other information.

The United Nations AIDS Organization
http://www.unaids/org
- The U.N. AIDS orphans project: http://www.unicef.org.uk/breakthesilence

The Centers for Disease Control and Prevention:
http://www.cdcnpin.org (prevention-information network)
http://www.cdc.gov/hiv/pubs/mmwr.htm (data on infection numbers/rates)
(Also check the site http://www.cdc.gov/epo/mmwr for risk-behavior surveys.)

The Body
http://www.thebody.org
- They have information about living with HIV/AIDS and bulletin boards and other information. Note especially the bulletin board for young people.

Kaiser Family Foundation: Outstanding daily news briefs and occasional in-depth reports.
http://www.kff.org
- 2400 Sand Hill Road, Menlo Park, CA 94025

World AIDS Day resources
http://www.kaisernetwork.org/spotlight/hivaids

The Harvard AIDS Institute, http://www.aids.harvard.edu, is rich in helpful information. The Harvard AIDS Review for Spring/Summer 2000 is about children and AIDS, including young people, around the world. The examples they give with each article bring the topic to life. 651 Huntington Avenue, Boston, MA 02115, (617) 432-4400.

Check newspapers online, like The New York Times, which has good AIDS coverage and links: http://www.nytimes.com

SIECUS, http://www.siecus.org

The White House Office of National AIDS Policy:
http://www.whitehouse.gov/ONAP/


The AIDS Orphans Assistance Database
http://orphans.fxb.org/db/

**Video Resources**

Youth leaders and Christian educators might decide to extend the learning by offering a film night, during which popular videos are shown and discussed. But AIDS-education videos intended for young people are usually not produced by faith communities. What you need to assess is whether or not the information contained in the video is true. The decision-making about behavior, in light of the facts and as Christian young people, is what you are here to discuss.

An effective video should tell the stories of young people who are infected. It may not be possible to find the perfect film, but you can recognize and compensate for some imperfections.

When choosing a film, consider the following:

- Never, never, never use a film you have not previewed yourself and feel comfortable using. Don’t use any resource based solely on the recommendation of this guide, or of anyone else.
- It should be interesting to your audience. It should contain people who will hold their interest and who resemble them as much as possible. If it is boring, the facts will never reach their intended target. If in doubt about an older film, ask one member of the group to preview it with you.

The following suggested programs and comments may help you. And, of course, your budget will influence your choices as well. (Can’t find a video? Talk about a TV program or a news story, or some other situation known to all that illustrates the issues.)

**Commercial Films**

Check the [Internet Movie Data Base](http://www.imdb.com) for films about AIDS. You can sort films by putting “AIDS” into the plot search. Be sure to examine more details about the titles you consider, so that they are appropriate for age of viewer and theme. There are two that might be useful:

*The Cure* is a movie about two 11-year-old boys, one lonely and one with AIDS. They become friends, and the healthy one becomes obsessed with finding a cure for AIDS.
in time to help his friend. The movie does not have discrete segments that can be lifted out and used. It is as much about family, friendship and death as it is about AIDS, but there is good content about irrational fear of infection. If you have time and don't have other resources, you might want to show it to the group. Of course, you will preview it first for suitability. There is some name-calling-use of derogatory language about homosexuals in association with AIDS-that should be processed. One powerful scene shows the infected boy using his blood as a weapon to defend himself and his friend, calling it poison that threatens death to anyone who touches it. The look in his eyes after he says this is heartbreaking.

*Philadelphia* has a scene, beginning about 20 minutes into the movie, in which Tom Hanks’ character, who has AIDS, comes into Denzel Washington’s office looking for legal representation. It shows clearly the fear of infection, as does the boardroom scene in which Hanks-seated as far as possible from the rest of the group-is fired by his law firm. This segment lasts about 8 minutes and would be a good focus for discussing the fear of being around someone with AIDS. The downside of using this excellent film is that the main character is an adult gay man. Straight young people shouldn’t think they are not at risk, and gay young people may have decided that adults don’t have anything positive to tell them. If you use this movie, keep these things in mind.

**Educational Videos**

Contact local health departments, AIDS service agencies, the Red Cross and so on for possible videos. As always, be sure to preview carefully anything you use.

*ABC Africa* is a recent 84-minute documentary about children orphaned by AIDS and war in Uganda. Uganda is the African nation that is doing the best job of AIDS prevention-largely because the Anglican church, with initial help from the Episcopal church in the U.S., has taken prevention seriously, as has Uganda’s present government. If you are looking at the worldwide impact of the epidemic, this movie might be helpful.

*In Our Own Words* is a film by and about five young people who are infected with HIV. Since the movie was completed, some of them have died. The film is good in that it shows real people of both genders and various ethnic backgrounds. It is available in English or Spanish for $99.95 + $1 stamps and handling from ETR Associates, 4 Carbonero Way, Scotts Valley, CA 95066-4200, (800) 321-4407, http://www.etr.org

*THIS VIDEO CAN BE BORROWED FROM Ministries With Young People Cluster of the Episcopal Church. Call (800) 334-7626, ext. 6156, to order.*

*Lest We Forget* is a 30-minute film about the quilt display in 1996 in Washington, D.C. It costs $15. It might be helpful as you try to give an idea of the impact of the epidemic. You can explain that each quilt section is 3 by 6 feet and is made by those who loved the person who died. Some panels incorporate clothing or Teddy bears or other personal items. These sections are then sewn together in 12-by-12 foot panels.
You can ask the viewers to watch for the quilt panel that has musical notes, made in memory of babies who died in a hospital pediatric unit, with each one note representing a baby. The church scenes at the end are in our own National Cathedral. The program includes young people who help unfold the quilt and talk about how it feels to be part of this event. (See the Names Project Foundation, below.)

The layout of the quilt reflected the history of the epidemic in this country. At one end, with the oldest panels, almost all those who were memorialized were gay men, and the slogans tended to be angry. As you traveled down the mile length of the display, toward the most recent additions, there were more and more straight men, women and children included.

Teen AIDS: In Focus is a 20-minute video made in 1989 by the San Francisco Department of Public Health. It is still available from some Red Cross chapters and other locations. While the clothing may be a little out of date, the message is not. It emphasizes that heterosexual young people are at risk, uses a variety of HIV+ young people to tell their stories and covers the loneliness of those who are infected and their need for friendship and community. This gives you an opportunity to talk about ministry. Treatment was not yet available when this program was made, but that does not change the basic message. Condom use is encouraged. This is one of the better older programs that include white young people as well as those from other backgrounds.

Spread the Word: Teens Talk to Teens About AIDS is a 28-minute program made in 1991. It is a little long and slow for today’s young people. However, it has segments showing hearing-impaired young people signing among themselves about AIDS and making a quilt panel for one of their teachers, and these portions could be used selectively for appropriate audiences. It is available from some Red Cross chapters and was made by Cumulus Productions, Sebastapol, CA (707) 829-7067, cloud@monitor.net.


Pandemic: Facing AIDS runs 42 minutes, and uses documentary footage that follows individuals affected by AIDS in various ways in Uganda, Russia, Brazil, Thailand and India. It humanizes the enormous numbers given as statistics and covers the bases of the issues - orphans, denial of risk, prejudice, family rejection or acceptance, the desire to bear children. It is long for younger viewers, but OK for junior high through adult. Discussion guides included with the video. http://www.pandemicfacingaids.org.

**Pamphlets and Other Print Materials**

You will need pamphlets on basic AIDS facts, prevention, safer sex, condom use and needle precautions. Ideally, these will be written for the age level of your group, but the content still needs to be concrete and explicit. See what you can find locally.
Allow time for orders to arrive. Some sources of good information, including some with online catalogs, are:

1931 13th St. N.W.
Washington, D.C. 20009
(202) 483-2009

**ETR Associates**: [http://www.etr.org](http://www.etr.org)
P.O. Box 1830, Santa Cruz, CA, 95061-1830, (831) 438-4060
Their catalog and website have many pamphlets relating to HIV/AIDS. Be careful to preview any of their videos you use for compatibility with your group and negative messages.

**SIECUS**: [http://www.siecus.org](http://www.siecus.org)
130 W 42nd St., Suite 350, New York, NY 10036-7802, (212) 819-9770
Check out “How to Talk to Your Children About AIDS.” This may be one you would like to get for the parents of the children in your group. This is a national sexuality education organization that takes religion seriously. Also look at their fact sheets. They have a program on parent-child newsletter called “Families Are Talking.” Download it at: [http://www.siecus.org/pubs/Families_Newsletter4.pdf](http://www.siecus.org/pubs/Families_Newsletter4.pdf).

**Planned Parenthood Federation of America**: [http://www.ppfa.org](http://www.ppfa.org)
They have a good pamphlet on condoms, if you can’t get one locally that you like. It may be less expensive for you to buy this from Planned Parenthood of Minnesota/South Dakota, since you won’t need large quantities. [http://www.ppmsd.org](http://www.ppmsd.org)

**Advocates for Youth**: [http://www.advocatesforyouth.org](http://www.advocatesforyouth.org)
1025 Vermont Ave. N.W., Suite 200, Washington, D.C. 20005, (202) 347-5700. They have online session plans as well as pamphlets, etc.

**The Urban Institute**: [http://www.urban.org](http://www.urban.org)
Data on risk behaviors in groups of young people.

**The National Campaign to Prevent Teen Pregnancy**: [http://www.teenpregnancy.org](http://www.teenpregnancy.org)
They have fact sheets that can be downloaded for free, including “The Cautious Generation...” on abstinence and “The Next Best Thing...” on using contraception.

**The Names Project Foundation**: [http://www.aidsquilt.org](http://www.aidsquilt.org)
P.O. Box 5552
Atlanta, GA 31107
(404) 688-5500
Using a quilt panel in your congregation: You can contact the Names Project Foundation to request a quilt section. Then you can contact Episcopal Parish
Services and ask for the program for use by parishes in connection with the panel.

Mothers’ Voices: http://www.mvoices.org
165 West 46th St., Suite 701
New York, NY 10036
1-888-MVOICES

A resource for parents: Finding Our Voices: Talking With Our Children About Sexuality and AIDS, $5 a copy

Sandra Thurman, Episcopalian and former director of the White House AIDS Office, is executive director.

Speakers

A local AIDS program may be able to provide a speaker for your group. Remember to prepare the members for an HIV+ speaker. You may be able to get someone from a group like an AIDS Project, the Red Cross or a Health Department to talk about safer sex and needle use. Many such speakers are accustomed to coming in and doing an entire program. You need to reach an understanding with them that you are facilitating learning in a faith context, and that you are in charge. You may have to reassure the speaker that explicit instruction about safer sex and needles is important and appropriate—even in a church setting. It may be helpful to use the question box for young people to ask anonymous questions of the speaker.

Referrals

Locate sources for HIV testing and counseling, and for drug and alcohol treatment, in case you need to share that information with a participant.

Youth Websites on Sexuality-Related Issues

There are many such sites on the Internet, not all giving reliable advice. This list contains a few that give age-appropriate and accurate information. Other sites can be found in the links section of the SIECUS website. One advantage of such sites is that boys, who might be reluctant to seek out information from adults or peers, can find answers without being embarrassed.

Some of these websites contain message boards and chat rooms. These are generally unsupervised and can contain inaccurate information. Younger youths using these features should be supervised.

• The Coalition for Positive Sexuality has information in English and Spanish for young people who are sexually active or considering sexual activity. http://www.positive.org
• **For Youth** is sponsored by SIECUS. http://www.siecus.org

• **Go Ask Alice!** is maintained by the Columbia University Health Education Program. Visitors can search the database or ask anonymous questions. http://www.goaskalice.columbia.edu

• **It’s Your (Sex) Life** is sponsored by the Henry J. Kaiser Family Foundation and talks about pregnancy, birth control, sexually transmitted diseases and related issues. http://www.itsyoursexlife.com

• **Iwannaknow** is sponsored by the American Social Health Association and deals with sexual health. It includes a chat room and also provides guidance for parents. http://www.iwannaknow.org

• **Scarleynouth** has two sites-Pinkslip for girls and Boyfriend! for guys, targeting youth ages 14 to 18. Both have links and information for parents. http://www.scarleynouth.com/pink and http://www.scarleynouth.com/boyfriend

• **Youth Scene** is part of the Advocates for Youth website. In addition to information, it has a link to “Do Something”-a national nonprofit that encourages young people to believe that change is possible. http://www.youthscene.com

There are many other similar sites. You should check these out for yourself before recommending them to young people or parents.
Using Scenarios in a Thoughtful Way

BEFORE HANDING OUT THE SCENARIO: Invite the participants to:

- Take note of who the characters are, what the issues are and what kind of response is called for
- Make notes on their handout after listening to the case
- Signal when they are done
- Take their time.

READ THE SCENARIO

LOOK AT THE SCENARIO: Noting their responses on newsprint, invite participants to:

- Identify and briefly describe the characters
- Focus on the concerns of various people involved.

PREPARE FOR ROLE-PLAY

- Divide the participants into a group for each character in the story.
- Invite each group to discuss the feelings, motivations and possible actions of “their” characters.
- After a few minutes, have each group select a representative to play “their” character. (Have them make name tags identifying the people they are playing. Note: It is important that the roles are voluntarily played and not assigned to a youth whom the group may have perceived as similar to the character.)
- Seat the representatives in chairs in the middle of the group; each is identified with a large name tag to designate that the participants are not playing themselves but the roles they have been given.
- Set up the situation, and let them take it from there.

ROLE-PLAY Act out the case and its various possibilities.

DE-ROLE This is very important. It must be made clear that the role-play is over and that the volunteers are once again themselves and not their roles. They should return to the large circle and remove their role name tags.

- Ask the characters how they felt playing their roles. What made it hard? Easy? Did they gain any new insights from playing their role? What was it like being that character?
- Ask someone in the group to respond to the role-play. What surprised them? What did they notice? What was helpful or not helpful in resolving the situation? What would they have done differently?
1 JOHN 4:16B-21
God is love, and those who abide in love abide in God, and God abides in them. Love has been perfected among us in this: that we may have boldness on the day of judgment, because as he is, so are we in this world. There is no fear in love, but perfect love casts out fear; for fear has to do with punishment, and whoever fears has not reached perfection in love. We love because he first loved us. Those who say, “I love God and hate their brothers or sisters are liars; for those who do not love a brother or sister whom they have seen, cannot love God whom they have not seen. The commandment we have from him is this: those who love God must love their brothers and sisters also.
Answers to the four questions (from Session One)

- HIV is a virus (human immunodeficiency virus). It destroys a person’s immune system-their ability to fight off infections. AIDS (Acquired Immune Deficiency Syndrome) is the end stage of HIV infection, when the body’s immune system is so weakened that people can get sick and die from almost any kind of infection.
- Anyone can contract HIV, the virus that causes AIDS.
- HIV is transmitted by:
  - Having sexual intercourse with an infected person. (The virus is carried in the man’s semen, a woman’s vaginal fluids and in blood that may result from sexual activity.)
  - Sharing needles with an infected person, including needles used for street drugs, sport or body-building drugs, or body piercing or tattooing done without sterile equipment.
  - Being born to an infected mother (with treatment of the mother, fewer than 30% of babies are infected).
  - Being breast-fed by an infected mother.
- Before it was possible to screen the blood supply, some people contracted HIV from blood transfusions. This is almost impossible now in this country, or in any country with modern techniques for handling donated blood.
- Some medical personnel face risk of infection through accidental needle sticks, cuts or splashes of blood from an infected person. Immediate treatment can greatly reduce the risk of infection.
- You won’t catch HIV if you don’t do the things that transmit it.
- Don’t have sex. If you do have sex, use a condom.
- Don’t use needles to inject drugs or steroids into your body. If you do use drugs, use a new, sterile needle. (Check with your local AIDS project or pamphlets about current ideas on cleaning works with bleach.) Don’t share your equipment with anyone, and don’t use someone else’s equipment.
APPENDIX C
(Scenarios from Session Two)

SCENARIO #1
Judy and Bob are juniors in high school and have been dating for four months. Bob is an athlete, and all the girls at school are envious of Judy’s relationship with him. Bob wants Judy to have oral sex with him, but Judy is very uncomfortable about having a sexual relationship at this point in her life. Bob dated girls before Judy with whom he had oral sex, and Judy knows that there are others girls who would like to date Bob who would be willing to have sex with him.

Role-Play:
Have volunteers act out the exchange between Judy and Bob as he asks her to have oral sex with him. If your group is too uncomfortable to role-play the scenarios, talk through Judy’s and Bob’s possible responses.

After the role-play is finished, ask the participants how they felt in each of their roles. Examine the goals of each character in the interaction. Have the group analyze the decision-making process, and reflect on how the situation was or could have been handled. What part of the decision-making process was motivated by fear, by self-esteem issues, by love and respect? What are the emotional consequences of the character’s decision? What are the physical consequences? What are the social consequences? Have them articulate any situations that involved risk for HIV.

HIV risks: Bob has had previous sexual partners and could be infected with HIV. HIV can be transmitted through unprotected oral sex.

SCENARIO #2
Mark moved to a new city before his senior year of high school. It was a difficult time for Mark to move, but he made new friends at school through his involvement in football. Mark felt lucky to be accepted and make friends quickly. After the last football game of the season, Mark and his teammates went to a celebration where there was a lot of alcohol and girls from another school who were rumored to be “loose.” Mark’s teammates encourage him to enjoy the party, to lighten up, have a drink. They challenge him to consider the party activities his final initiation into the group.

Role-Play:
Have volunteers act out the exchange between Mark and his buddies at the party.
APPENDIX D
(Scenarios from Session Three)

SCENARIO #1:
A 14-year-old girl in your congregation has always hung out with friends her own age. Now those friends are starting to go to parties with boys and girls who are two to three years older. Her parents are worried about their daughter being put into social or sexual situations she is not mature enough to understand or handle. The father wants to forbid her to go to these events with her friends. The mother wants to explain to her about the risks she faces. Characters: Mother, father, daughter.

Suggested Questions:
• What fears do you think the parents are facing? (examples: fear of losing control of their daughter; fear their daughter will be hurt)
• What fears might the daughter be facing? (examples: fear that she will lose friends; fear that her parents will be unhappy with her)
• What are the risks faced by each of the characters? (examples: the parents trusting their daughter to practice her faith is a risk; the parents also risk alienating their daughter with their response; the daughter runs the risk of encountering situations she is not ready for through the older group)
• What might their individual responses be through practice of their Baptismal Covenant? (example: honest, open communication about their fears and a response that respects the dignity of each character)

SCENARIO #2:
Brad and Sarah are 17 and going into their senior year of high school. They started dating junior year, shortly before school was out. Over the summer, Sarah went away to camp, the same camp she has attended every year since junior high. Sarah found that her cabin mates had changed since she had last been with them and that she was the only one who admitted she was still a virgin. The girls seemed consumed with talking about their sexual experiences, and Sarah felt left out. When Sarah returns in August, she tells Brad that it is time for her to lose her virginity. Characters: Sarah, Brad.

Suggested Questions:
• What fears might Sarah be facing? What fears might this interaction raise for Brad? How might their discussion go if one or both of them were practicing Episcopalians honoring their Baptismal Covenant?
APPENDIX E

The Baptismal Covenant

Celebrant
Do you believe in God the Father?
People
I believe in God, the Father almighty, creator of heaven and earth.

Celebrant
Do you believe in Jesus Christ, the Son of God?
People
I believe in Jesus Christ, his only Son, our Lord. He was conceived by the power of the Holy Spirit and born of the Virgin Mary. He suffered under Pontius Pilate, was crucified, died, and was buried. He descended to the dead. On the third day he rose again. He ascended into heaven, and is seated at the right hand of the Father. He will come again to judge the living and the dead.

Celebrant
Do you believe in God the Holy Spirit?
People
I believe in the Holy Spirit, the holy Catholic Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting.

Celebrant
Will you continue in the apostles’ teaching and fellowship, in the breaking of bread, and in the prayers?
People
I will, with God’s help.

Celebrant
Will you persevere in resisting evil, and, whenever you fall into sin, repent and return to the Lord?
People
I will, with God’s help.

Celebrant
Will you proclaim by word and example the Good News of God in Christ?
People
I will, with God’s help.

Celebrant
Will you seek and serve Christ in all persons, loving your neighbor as yourself?
People
I will, with God’s help.

Celebrant
Will you strive for justice and peace among all people, and respect the dignity of every human being?
People
I will, with God’s help.
APPENDIX F
(Scenario from Session Four)

Scenario and Role-Play
There are new members of your congregation—a mother and a 14-year-old (or the age of the participants) daughter. You find out that the mother is infected with HIV. You don’t know about the daughter.

Characters to role-play in a response: you, the priest, a youth group or campus group, parents, other members of the congregation.

Ideas to stimulate role-play:
- What concerns do people have about the possibility of infection?
- How will youth-group members react to the daughter joining in their activities?
- How will the congregation feel about taking communion with the mother?
- What would happen if the mother baked cookies or made pizza for the daughter to bring to church?