

# HIV/AIDS

A Manual For  
Faith Communities



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For more information on this Department of Health and Human Services document, please visit our Web page at <http://www.omhrc.gov/hivaidsobservances/index.html>.

This HIV/AIDS manual for faith leaders was originally developed to target the problem of HIV infection among African Americans and others in the southern region of the United States.



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### **About HHS**

One of the largest federal agencies, the Department of Health and Human Services (HHS) is the principal agency for protecting the health of all Americans. Comprising 12 operating divisions, HHS' responsibilities include public health, biomedical research, Medicare and Medicaid, welfare, and social services.

For more information, please visit the following Web sites: [www.hivtest.org](http://www.hivtest.org), [www.AIDSinfo.nih.gov](http://www.AIDSinfo.nih.gov), [www.hiv.omhrc.gov](http://www.hiv.omhrc.gov), [www.cdcnpi.org](http://www.cdcnpi.org), [www.hrsa.gov](http://www.hrsa.gov), [www.omhrc.gov/hivaidsobservances](http://www.omhrc.gov/hivaidsobservances)

### **About NCPS**

The National Coalition of Pastors' Spouses is a nonprofit, nonpartisan network of multi-denominational pastors' spouses. We are committed to addressing health and social disparities that disproportionately affect African American communities.

For more information, please visit [www.pastorspouses.com](http://www.pastorspouses.com) or call, toll-free, 1-866-35-GOMRS (1-866-354-6677).

# Preface



This manual will give you the truth about the dreaded HIV/AIDS disease that is killing African Americans every day.

After this training, you will know what you need to know about HIV/AIDS, including how you get it, and how you can protect yourself (and the people you care about) from it.

Once you know these things, it's your responsibility to act on what you learn. No one is going to make demands or force you to do anything. Our goal is to give you accurate information and create an environment where you **want** to do what will keep both you and your community safe from HIV/AIDS.

Faith and community leaders will strongly encourage you to be tested, so that you will know your HIV status. They will also help you find counseling if you need it.

We encourage you to participate in class discussions. Please remember — **what is said in the class stays in the class!**

Your honest participation and the establishment of a safe, non-threatening, loving environment are important to provide a win-win situation for everyone.

The lives of African Americans and the health of everyone in our communities and our future generations are at stake.

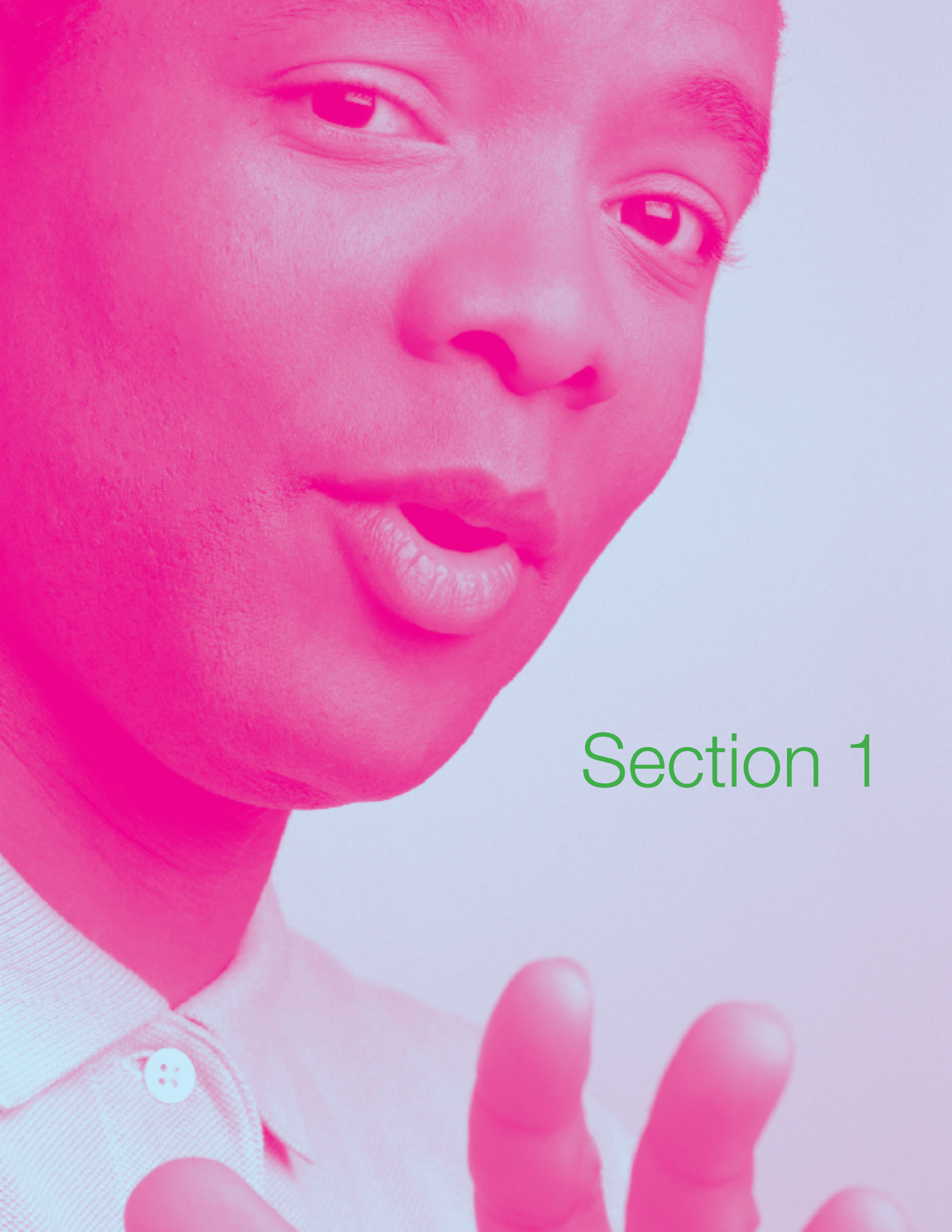
Let's talk!

**Vivian Berryhill**

President  
National Coalition of Pastors' Spouses

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# Section 1

African American faith leaders have always been vital to our community — and have consistently been at the forefront of virtually every major social movement in the United States. Faith leaders and their spouses play an integral role in shaping and directing issues that affect us all.

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**As part of our ministry to our communities, thousands of African American churches and others have stepped up to address health issues that are killing our people.** Many of those leading the charge to improve the health of African Americans are pastors' spouses, or First Ladies. The National Coalition of Pastors' Spouses (NCPS) recognizes that the only way to deal with problems affecting our communities is to meet them with a solution and provide training and education in the place most African American people turn to in times of need — their faith community.

Currently, one of the most urgent threats to the health of African Americans is HIV/AIDS. African Americans, regardless of their age or sex, are **disproportionately affected** by HIV/AIDS compared to other groups.

This means that African Americans get HIV/AIDS more than they should, relative to their numbers in the general population. For example:

- African Americans make up only about 13% of the U.S. population — but in 2002, they made up over 50% of new HIV cases and 42% of all people living with AIDS.<sup>1</sup>
- In 2002, AIDS was the leading cause of death in African American women aged 25-34 and the third leading cause of death in African American men in the same age group.<sup>2</sup>
- In 2003, the rate of HIV/AIDS among African American males was almost seven times higher than that of White men and nearly three times the rate among Latino men.<sup>3</sup> The leading cause of HIV infection among African American men is sexual contact with other men, followed by injection drug use and heterosexual contact.<sup>4</sup>
- In 2003, the rate of HIV/AIDS among African American females was more than 18 times higher than among White women and almost five times higher than among Latina women.<sup>5</sup> The leading cause of HIV infection among African-American women is heterosexual contact, followed by injection drug use.<sup>6</sup>
- For people diagnosed with AIDS since 1994, African Americans had the poorest survival rates of all racial and ethnic groups.<sup>7</sup>
- African Americans have the highest STD rates in the nation. Having an STD greatly increases your chance of getting HIV or giving it to others.<sup>8</sup>



**The number of people with HIV and AIDS in our community is the highest it has ever been, and that number is growing larger all the time.**



In the past, some churches and other faith centers have not dealt with the issue of HIV as openly as they could have. Silence hasn't stopped HIV from spreading, so now it's time to talk openly and honestly about the sensitive subjects of sex, drug use, and behaviors that put people at risk for getting HIV. This is the only way we're going to put an end to this epidemic.

## About the National Coalition of Pastors' Spouses and the HIV/AIDS Manual

As servant leaders in the African American community, pastors' spouses are committed to addressing the spiritual and physical wellness of those in our local congregations, communities, and neighborhoods.

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As leaders and change agents for congregations, NCPS recognizes the value of the “each one, teach one” concept. Our goals are to:

- Educate you about the devastating impact HIV/AIDS is having on the African American community;
- Give you resources and information so that you can make informed decisions about your health; and
- Encourage you to get tested for HIV and to seek follow-up care and counseling if necessary.

We developed this training manual to help us reach these goals. Each section of this manual will give you information you need to know about HIV and AIDS.

## **HIV Prevention Training in Your Faith Community**

Following the leadership of your pastor, NCPS gives supervision and guidance for using this abstinence-focused HIV/AIDS prevention and education training for anyone who wants to participate. Your faith leaders support this manual and they have customized it to meet the needs of your individual congregation and community.

The leaders in your faith community will be in charge of planning and teaching each class. The First Lady may not actually teach the class, but she and the pastor are the leaders and sponsors of this training. They have asked health care professionals and/or faith leaders to manage and teach this program. The First Lady will also recommend local health and community resources to help educate you about your health and health risks.

Class instructors have carefully planned and prepared to teach this class. They are committed to teach in a warm, fair way, and to use as many expert resources as possible. At the end of the training, we will ask you to rate your instructor, the material, and the way that material was presented.

As part of this training, you will take a personal risk test to find out how much you know about HIV/AIDS and how it is transmitted.

You will also get information on ways you can change behaviors that increase your risk of getting HIV. Finally, this training will include monitoring, evaluation, and accountability measures.

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## **The ABC Model of HIV Prevention**

During this course, you will hear a lot about the **ABC** approach to HIV prevention: **A**bstinence; **B**e faithful; or use **C**ondoms if you have not practiced A and B, or if you don't know your spouse's HIV status.

The ABC model of HIV prevention was first used successfully in the east African nation of Uganda. HIV rates in Uganda have declined significantly since 1991, when Ugandan leaders first introduced the approach. Because the ABC model works, a lot of other countries have adopted it.

The National Coalition of Pastors' Spouses supports and strongly encourages this teaching model for HIV/AIDS prevention.

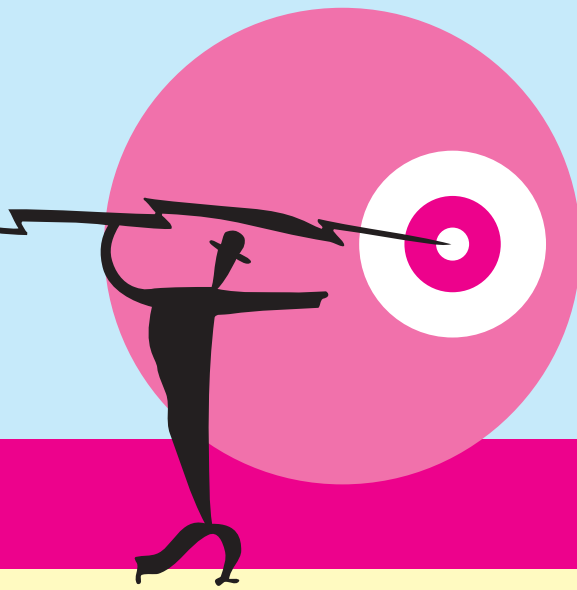


## Section 2

# Personal Risk Pretest

## Circle (T) True or (F) False

1. HIV infection and AIDS are the same thing.	T	F
2. The body of an infected person produces antibodies to HIV.	T	F
3. People with HIV may feel healthy for years.	T	F
4. Stigma and discrimination help spread HIV.	T	F
5. You can't tell if a person has HIV by looking at him or her.	T	F
6. Most of the people who get HIV/AIDS are gay, White men.	T	F
7. You can get HIV from a bug bite.	T	F
8. You can't get HIV by giving blood.	T	F
9. An infected mother can pass HIV to her baby.	T	F
10. Sharing needles ("the works") with friends is safe.	T	F
11. There is an HIV vaccine.	T	F
12. HIV can be spread through sex.	T	F
13. If you take a bath in bleach or douche with bleach after sex, you will protect yourself from HIV.	T	F
14. Straight, African American women are at an increasingly higher risk for HIV.	T	F
15. If you have sex with a virgin, you can cure yourself of AIDS.	T	F
16. You can get AIDS by drinking after someone who has it.	T	F
17. White people developed HIV/AIDS to destroy African Americans.	T	F
18. HIV is no big deal, because there are drugs to treat it now.	T	F
19. Abstinence is the only 100% effective way to protect yourself from HIV.	T	F
20. Having a sexually transmitted disease increases your chances of getting HIV.	T	F



# What Is HIV/AIDS?

## Here's the Real Deal!

First, we'll look at what HIV really is, and then we'll talk about common myths and misconceptions about the virus.

### HIV means "Human Immunodeficiency Virus."

- H** **Human** — Only humans can get this disease.
- I** **Immunodeficiency** — HIV destroys the human immune system. Your immune system is what protects you from infection. Over a period of time, HIV makes the immune system so weak that it cannot fight off other infections.
- V** **Virus** — a freeloading organism that causes disease. HIV is a virus with no cure.

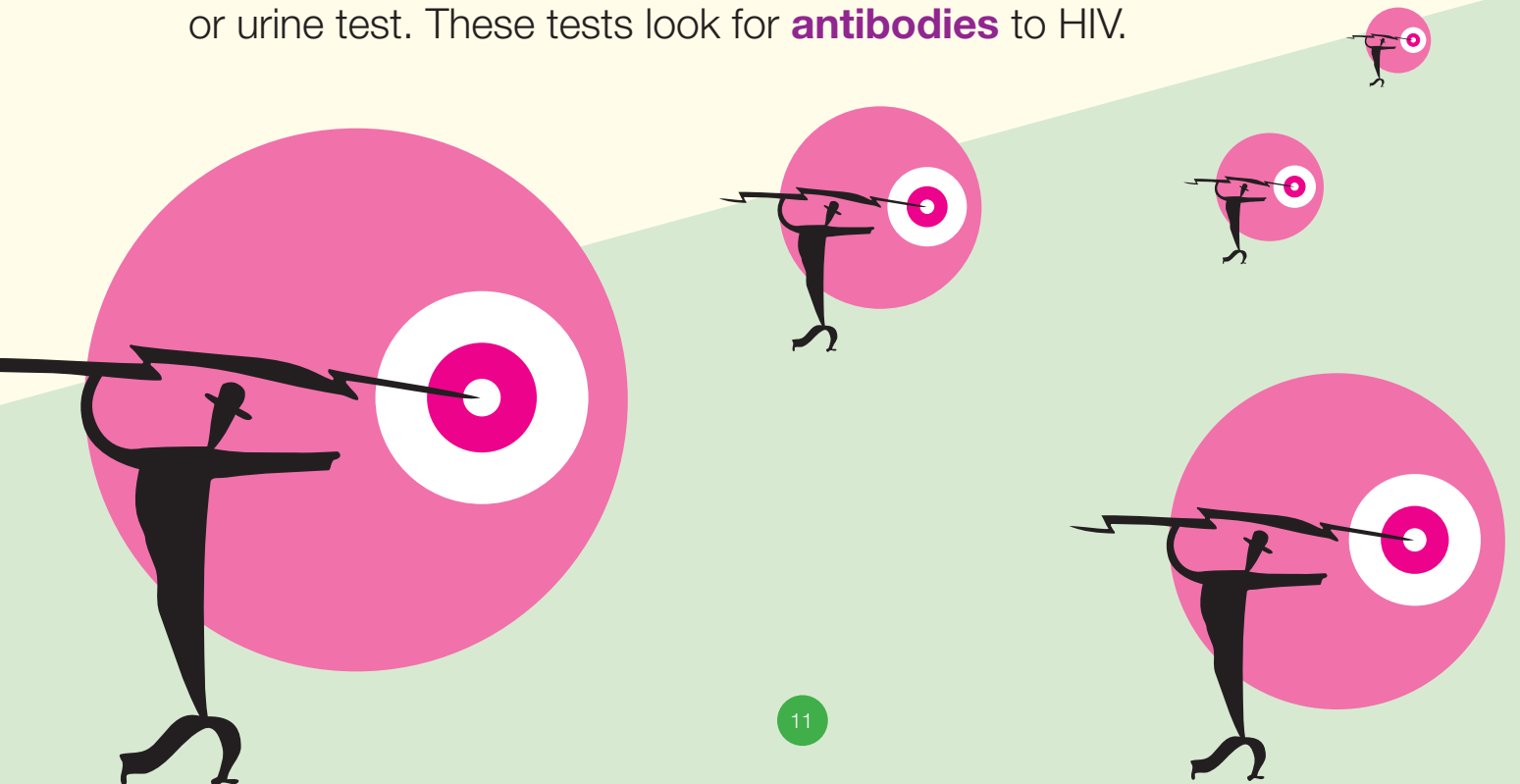
**HIV takes over and destroys the system in your body that protects you from infection.**

Most cells can make copies of themselves — but viruses, including HIV, can't. When HIV enters your body, it invades healthy infection-fighting cells, known as “T-cells,” and uses them to make copies of itself.

This process destroys the T-cells, and your T-cell count goes down. As you lose T-cells, your immune system becomes weak.

A weakened immune system makes it harder for your body to fight infections and cancer.<sup>9</sup> Eventually, your body becomes so weak that it can no longer fight off diseases that would be mild or rare for a person who doesn't have HIV.

You can get tested for HIV infection with a blood, oral fluid, or urine test. These tests look for **antibodies** to HIV.





## There are **four stages** of untreated HIV.

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The “**Window Period**” is the first stage.

On average, it takes about 25 days for HIV antibodies or “markers” to show up in your blood. By three months, they will show up in the blood of most people who are infected with HIV — but in some rare cases, it may take up to six months for them to appear. During this first stage, people infected with HIV can have flu-like symptoms. A person can pass on HIV during this period.

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The second stage is the “**Asymptomatic**” or “**No Symptoms**” stage.

A person in this stage has no symptoms of an HIV infection.

This stage can fool everybody, because people generally look and feel healthy — sometimes for 8-10 years or longer.

The important thing to remember is that people who are infected with HIV may not have symptoms, and may look healthy — but they can still infect others.



The third stage is the “**Symptomatic**” stage.

At this point, symptoms of HIV infection (including night sweats, yeast infections that keep coming back, flu-like symptoms, and diarrhea) begin to show.

## The fourth stage of HIV is AIDS (**A**cquired **I**mmune **D**eficiency **S**yndrome).

- A** **Acquired** — People are infected with the virus, not born with it. You get this virus from or through another human being. (Babies can get the virus from their mothers before, during, or after birth.)
- I** **Immune** — The body's protective system designed to defend it and help it stay healthy.
- D** **Deficiency** — To be without, or to lack.
- S** **Syndrome** — A collection of symptoms, diseases, illnesses, disorders or conditions that defines a disease, such as AIDS.

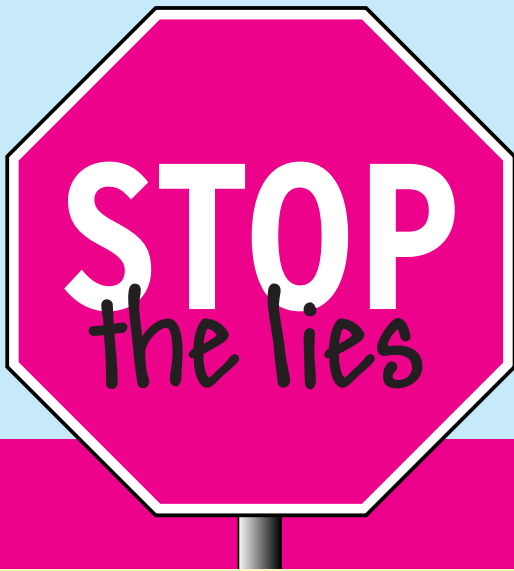
**Full-blown AIDS is when the immune system can no longer fight off the diseases and illnesses.** These illnesses are known as “opportunistic” infections.

This is the stage where the person may appear to be sick. But remember — only a health care provider can determine if someone actually has AIDS.



In full-blown AIDS or HIV disease, people die from some infection or disease that the body can't fight.

**The best defense against HIV/AIDS is prevention.** Avoid risky behaviors. Don't do things that expose you to the virus in the first place.



## Myths About HIV/AIDS

It's time to wake up and know the facts! Misinformation and lack of awareness help the virus to spread, because when people don't know the facts about HIV, they don't protect themselves or get tested.<sup>10</sup>

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Myths about HIV/AIDS make it difficult to get the facts about the virus. There are nine common myths about HIV/AIDS that circulate in African American communities. In order to stop misinformation and prevent the spread of HIV, we have to stop these myths and replace them with facts.



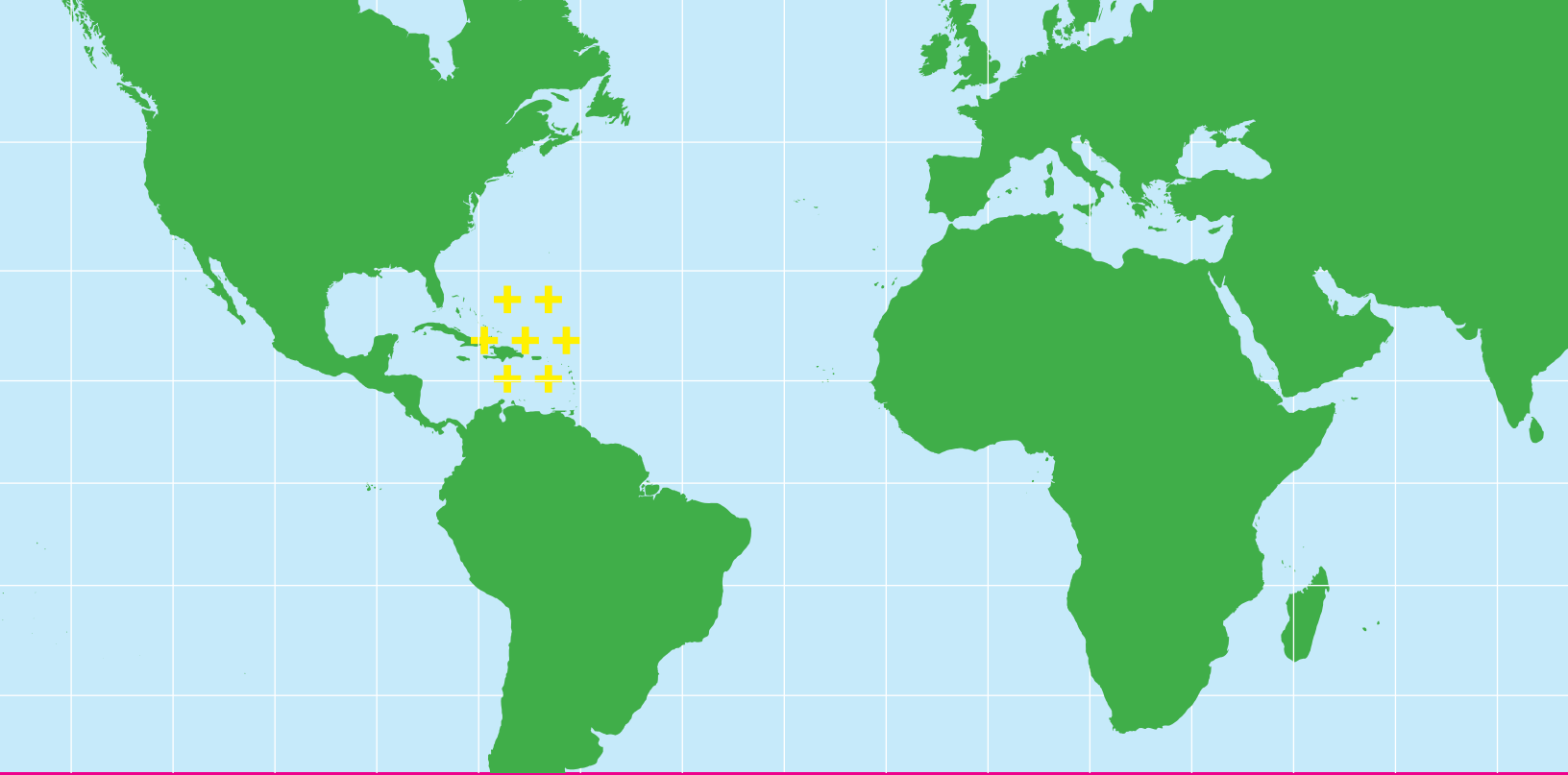
## **Myth 1:** Only gay, white men have HIV.

**The Truth:** Anybody who practices risky behaviors, like the ones below, can get HIV:

- Having unprotected oral, vaginal, or anal sex with someone who is infected with HIV
- Having sex with multiple partners
- Sharing “dope” needles

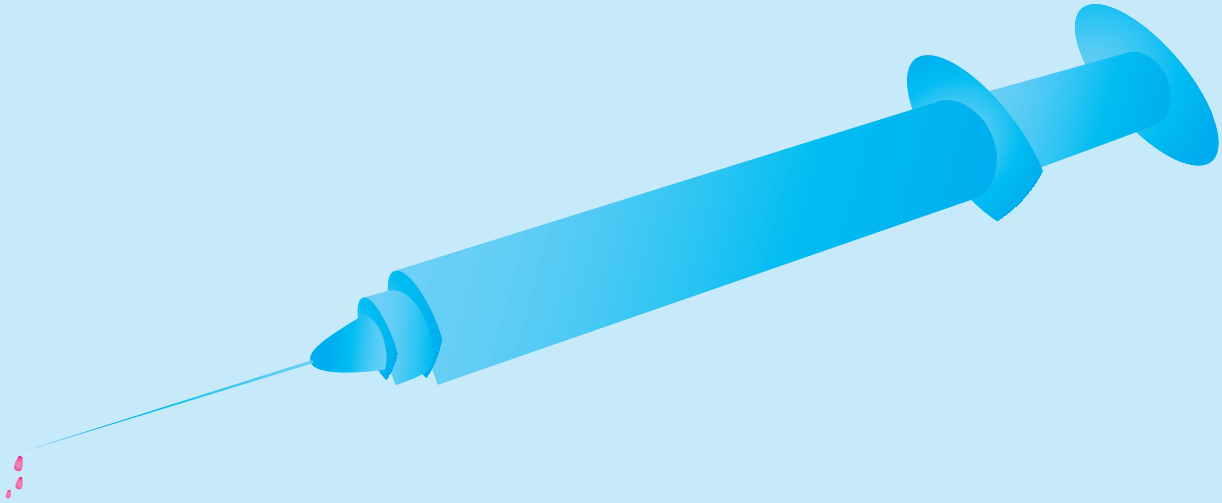
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**The bottom line is that you get HIV/AIDS from exposure to an infected person’s body fluids — mainly blood, semen, vaginal fluids, or breast milk.** You don’t have to be white, gay, or male to get HIV. In fact, among the fastest growing groups of people to be infected with HIV are straight, African American women.



**The Truth:** We don't know exactly where HIV came from — but we know what it's doing.

It kills thousands of people each year, particularly people of color in Africa, the Caribbean, and the United States.



**Myth 3:** Blood transfusions or giving blood causes HIV/AIDS.

**The Truth:** Between 1978 and 1985, some people got HIV after they got blood transfusions of untested blood. But today, the risk of getting HIV from receiving blood is extremely small. Donated blood is tested and retested, and donors are carefully screened.

You cannot get HIV from donating blood, because only sterile, disposable needles are used to draw blood.



**Myth 4:** You can get HIV by kissing someone with it or working around people who have it.

**The Truth:** HIV is not spread through casual contact, such as hugging, casual kissing, holding hands, or sharing forks, spoons, cups, glasses, etc. You can't get it from just being around someone with the virus.

You can only get HIV by coming into contact with the body fluids of someone who is already infected. Those body fluids include blood, semen, vaginal fluid, or breast milk.





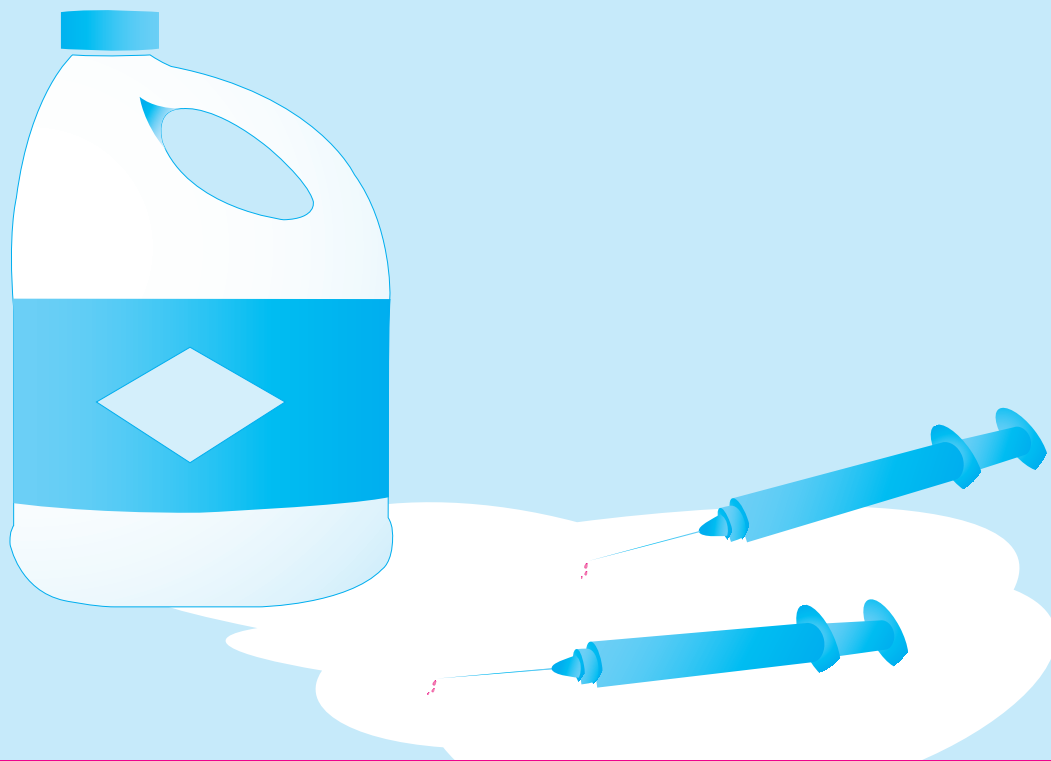
**Myth 5:** You can get HIV from an insect bite.

**The Truth:** Insects can't spread HIV. It can only be spread from human to human, through risky behaviors like having unprotected sex, or sharing needles, with someone who is already infected with HIV.



**Myth 6:** If you have HIV, you can be cured if you have sex with a virgin.

**The Truth:** There is no cure for HIV. If you become infected with the virus, you will always carry it in your body. If you are HIV-positive, and you think that having sex with a virgin will cure you, you're wrong. You may infect the virgin too.



**Myth 7:** You can use bleach to prevent HIV/AIDS.

**The Truth:** Bleach can **only** prevent HIV if you use it to disinfect needles. There is **no other way** to use bleach to prevent HIV.

Remember — for drug users, the most effective way to prevent the spread of HIV is to stop injecting illegal drugs.



**Myth 8:** There is a vaccine or cure for HIV/AIDS.

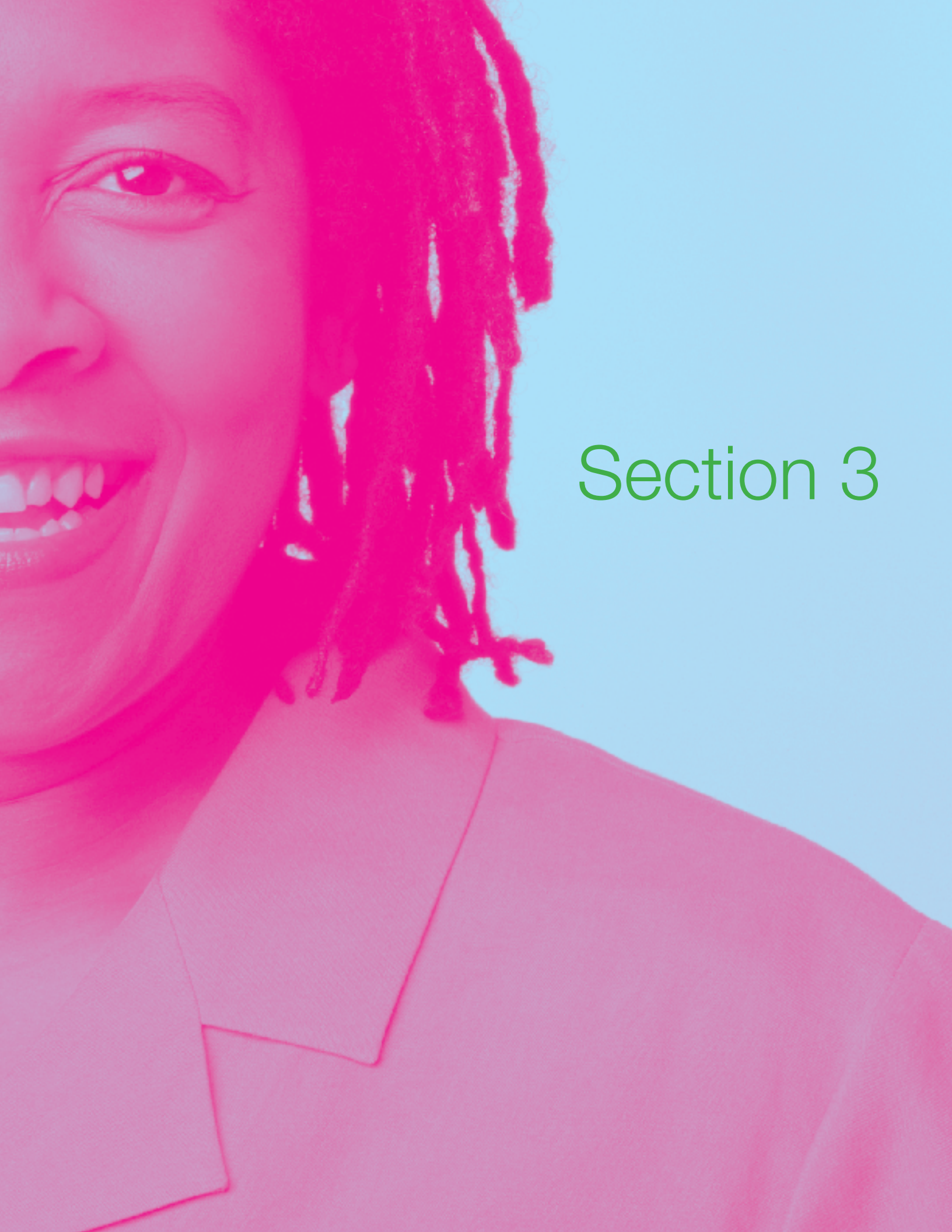
**The Truth:** Scientists continue to look for a cure and a vaccine, but at this time there is **NO** cure for HIV/AIDS.



**Myth 9:** Nobody dies from the disease anymore. If you already have HIV/AIDS, you can just take the new drugs and you'll be fine.

**The Truth:** It's true that the number of people dying from AIDS has dropped. It's also true that the new drugs help a lot of people — but they don't work for everyone. And they only work if you take them **exactly** the way your doctor tells you to. If you forget to take your medicines, they will stop working entirely.

There is no magic bullet for HIV/AIDS. Your best bet is to protect yourself from HIV infection **before** you get it — not after.



# Section 3



# 3 Ways to Get HIV

## 3 Ways to Prevent It

There are three ways you can get HIV:

- 1** You can get HIV if you have contact with infected **body fluids**, such as blood, semen, vaginal fluids, and breast milk.
- 2** Babies can get HIV from their mothers. **Babies born to HIV-positive women** can be infected in the womb, in the birth canal, or through an infected mother's breast milk.
- 3** You can get HIV by **sharing needles**, syringes, or any drug or dope equipment.

Three known ways to help prevent HIV/AIDS infection through:

- A** **Abstain from sex** until you and your spouse know each other's HIV status.
- B** **Be faithful** as a couple.
- C** **Condoms**, used consistently and correctly, each and every time you have sex, will help to prevent HIV infection if you are not abstinent or faithful.

This **ABC** model was developed and used in the east African country of Uganda, after leaders there saw that HIV/AIDS was killing large numbers of people. They emphasized the **A** and **B** (abstinence and being faithful) to everyone, and targeted **C** (condom use) to the highest risk groups.



**ABC** is really nothing new. Most African American faith leaders have always taught, promoted, and strongly supported **“A”** and **“B”** — **abstinence until marriage** and **being faithful to your spouse**.



In African American families, grandmama and mama have preached this same “don’t have sex before you’re married” message from generation to generation.

Often this message was preached to discourage young girls from getting pregnant.

But men and boys need to hear that message too.

Bottom line — **abstinence is the only 100% effective way of avoiding both pregnancy and sexually transmitted infections**, like HIV.

# Risky Behaviors

We can use the ABC model to work to stop the spread of HIV in the African American community. The disease is spreading in our community because people are practicing risky behaviors that increase their chances of getting the virus.

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## These risky behaviors include:

**Multiple sex partners** — Having unprotected oral, anal, or vaginal sex with more than one partner increases your chance of getting HIV.

## **Foreplay with an HIV-infected person**

— Feeling, rubbing, or touching of sexual body parts either by hand or with sex toys. Body fluids from the vagina or penis (commonly referred to as “pre-cum”) are often present during foreplay. If you share these fluids with a person who has HIV, you may be at risk for infection.

**Unprotected sex** — Having sex with your spouse without knowing his or her HIV status. (Use a condom.)



**Sharing/Exchanging Needles** — Placing yourself at risk by sharing needles of any kind, including those used for prescription drugs. Many people think it's okay to share needles they use for insulin or other drugs with family members or friends. Some people, especially the elderly who are on fixed incomes, or people who don't have insurance, share their needles with others. This is not a safe thing to do.

Shooting up illegal drugs puts you at high risk for giving or getting HIV.

You also put yourself at risk of getting HIV if you get body piercings or tattoos with needles that have not been properly disinfected.



**HIV positive and pregnant** — Babies born to women who are HIV-positive can become infected in the womb or in the birth canal. HIV-positive mothers who breastfeed can also pass the virus to the child through breast milk. If an HIV-positive woman receives proper treatment during her pregnancy, she can greatly reduce the likelihood that her baby will be born HIV-positive.

**Occupational Exposure** — People who work in medical clinics, nursing homes, hospitals, or who provide in-home health care should always wear gloves, goggles, etc. when working to avoid contact with an infected person's blood or body fluids.

**Other possible risks that increase your chances of getting HIV:**

- You've exchanged sex for drugs or money
- You've been diagnosed or treated for hepatitis B or C, tuberculosis (TB), or a sexually transmitted disease (STD)
- You've had unprotected sex and you don't know or aren't sure about your partner's HIV status

There is a very small risk of getting HIV if you are involved in fighting or in contact sports where you could be exposed to blood. If you see blood that isn't yours, DO NOT touch it. Remember to use latex gloves to clean up any and all blood spills.



## Stop “Hatin’”

There is a lot of hate and fear directed at people who are HIV-positive — and this is where the faith community has a role to play.

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It’s time for the African American community to stop hatin’. We can’t worry anymore about the way someone got HIV/AIDS. Now we need to think about how the community can come together, stop judging one another, and help stop the spread of HIV.

The faith community can be a positive force in the fight against HIV/AIDS.

# Other Issues in the Spread of HIV

In order to begin to stop the spread of HIV, we've got to come clean, be real, and put all our cards on the table. This means understanding a wide variety of issues — including some that may be hard for us to talk about.

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We have learned that unprotected sex and drug use are the leading causes of HIV infection — but there are other issues that help spread HIV, like attitudes or physical or sexual violence. We can't stop the spread of HIV until we are willing to talk about these issues.

**Some of these factors** (in alphabetical order) include:

**Bisexuality** — Bisexuals are people who are sexually attracted to both men and women.

**Bug chasers, Bug givers** — Bug chasers are people who deliberately try to become infected with HIV. Bug givers are people who know they have HIV and deliberately have unprotected sex with the intent of passing the virus on. (The issue of bug chasers and bug givers has gotten a lot of press, but there is limited information that this is widespread.)

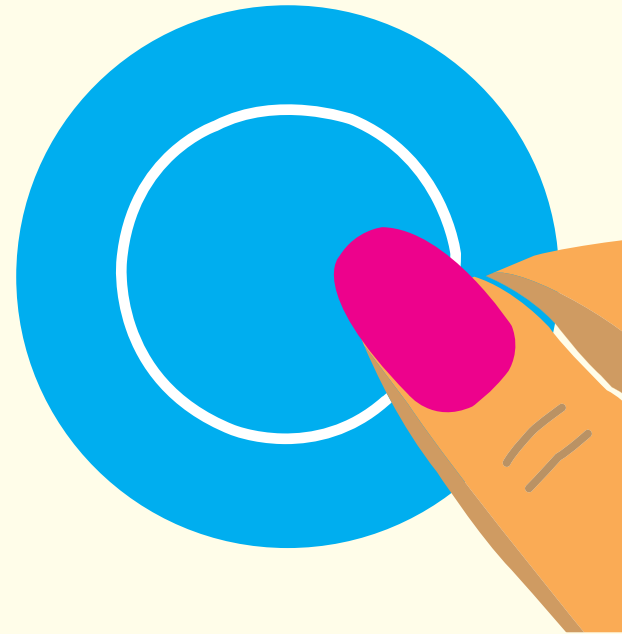
**Domestic violence** — Verbal, physical, or emotional abuse by somebody in your family. Domestic violence can prevent women from protecting themselves from HIV because they may be so afraid of being hurt, hit, or beaten they can't question, challenge, say "no," or even suggest that their husbands use a condom. Women who are in violent situations need to know that the faith community will help and support them.

**Homophobia** — Fear and/or hatred of people, attitudes, and behaviors that have been identified as "gay."

**Homosexuality** — A sexual attraction to (or sexual relations with) people of the same sex.



**Men "on the down low"** — Men who have sex with other men, but don't tell their wives or girlfriends that they do so. This behavior can place the man and both his male and female partners at risk of being infected with HIV.



**Sexual abuse** — Sexual abuse occurs when a person feels forced to engage in sexual activities with someone else. When sexual abuse occurs within families, we call that incest. When an adult sexually abuses a child, we call that pedophilia.

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“Tell an adult, tell a parent, tell a teacher if someone is inappropriately touching or using your body.”



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**Situational sex** — Some men who have been in prison may have been involved in “situational” male-to-male sex. If you don’t know your partner’s history or HIV status, protect yourself from HIV.



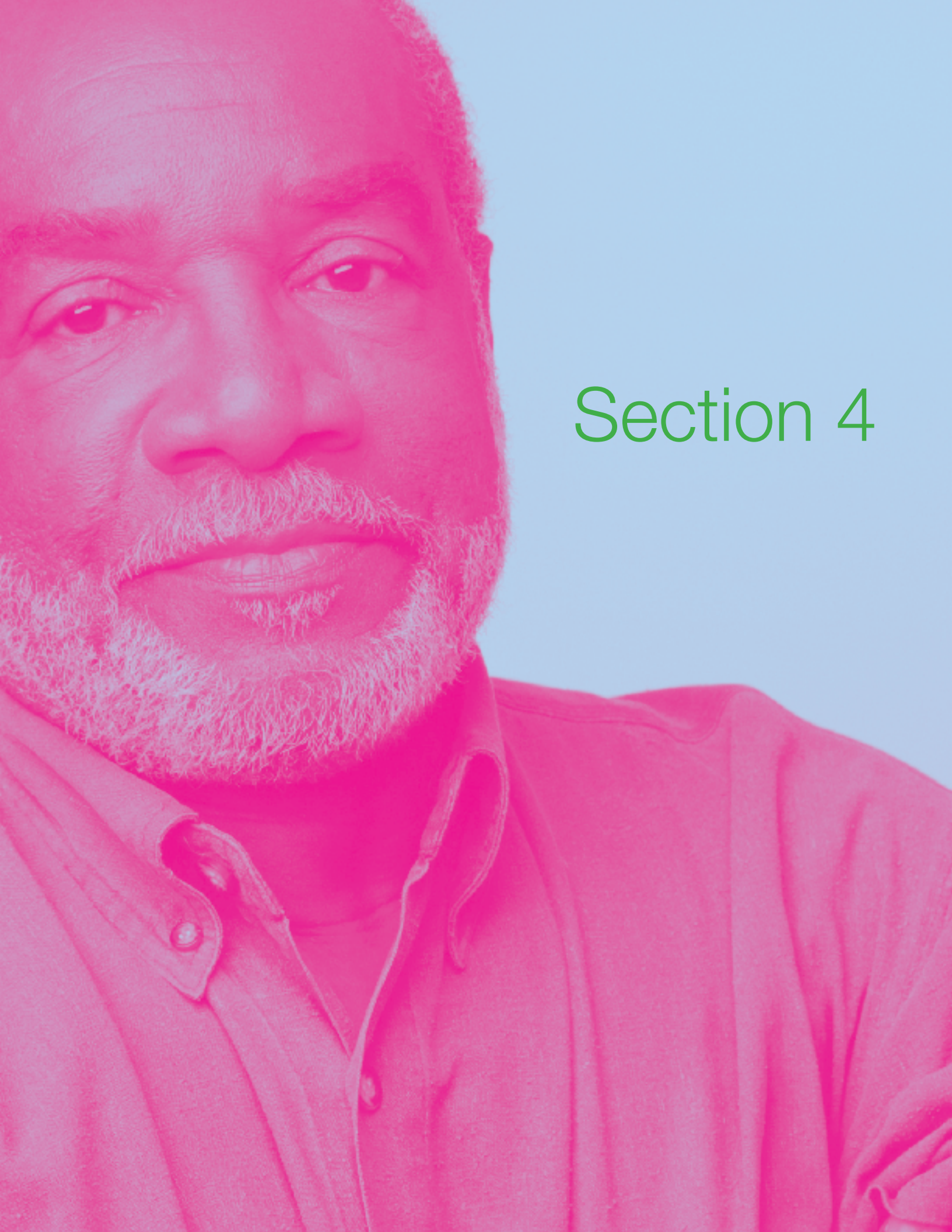
There are other issues that can lead to poor decision-making — which, in turn, can lead to an increased risk of HIV exposure.

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“We must learn  
to hate the virus,  
but love those  
with the virus.”



Some people may not know how to love themselves. Their parents, friends, family members, or members of their faith community may not have helped them to understand how special they are. When a person feels unacceptable to those they love, they can become sad or desperate to find someone or something to take that pain away. This sometimes leads to behaviors or actions that increase their chances of getting HIV.



# Section 4



# Next Steps

If you've had unprotected sex or shared needles, you should get tested for HIV regularly. When you know your test results, you can:

- Start doing things that eliminate or lower your risk and the risk to others, and
- Get the right medical help to live a longer, healthier life.

## It's a fact that **ABC** works!

- A** **Abstinence** from sex is the only sure way to prevent HIV infection. Abstain from sex until you and your spouse know each other's status.
- B** **Be Faithful** to your spouse. And when you get married, stay married.
- C** **Condoms**, used consistently and correctly, each and every time you have sex, will help to prevent HIV infection if you are not abstinent or faithful.

You can also increase your chances of remaining HIV-free if you remember to practice — “**D**” and “**E**”:

- D** **Don't practice** risky behaviors.
- E** **Eliminate exposure** — use universal precautions if you have contact with other people's blood or body fluids.

**Universal Precautions:** You can do even more to protect yourself from HIV by using proper safety rules at all times, especially when handling blood or used needles and syringes:

- Use latex gloves and bleach when cleaning up blood or body fluids.
- Wash your hands thoroughly every time you come in contact with anyone's body fluids, even if you use gloves.
- If you work in a hospital or setting where you provide patient care, do not try to break needles with your hands. Put them in a disposal container designed for needles or other sharp objects.

**Remember** — you can't tell who is infected with HIV by the way they look. It takes an average of 8-10 years for symptoms of AIDS to develop after a person is infected with HIV. With treatment, people can stay healthier even longer. So even people who do not look or feel sick can have the virus. You should always use caution when handling medical waste or cleaning up other people's body fluids.

If you work in settings where you come in contact with blood or body fluids, know your HIV status. If you think you may have been exposed, get tested.

# HIV Testing & Treatment

People use a lot of excuses to keep from taking an HIV test. One major reason is that they're afraid of being stigmatized or mistreated. You may have already seen this happen to people in your community who are living with HIV/AIDS.

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Some people are afraid that, if their HIV test comes back positive, they will be shamed or embarrassed by their families, members of their faith communities, and/or their neighbors. Others are afraid they will be isolated or put down because of their choices.

When people think they will be mistreated if they test positive for HIV — and don't know that early detection can help them stay well — they see no reason to take an HIV test.

Other reasons people won't or don't get tested include:

- Fear of losing their jobs
- Fear of having to deal with a chronic health issue in addition to other life issues

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“You cannot heal what you don't reveal.”



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Some people shy away from getting tested for HIV/AIDS because they don't want to burden mama, spouse, or other family members with having to support or take care of them.

## Knowing your HIV status is crucial and there are 2 ways you can get tested:

- **Anonymously** — This means that your name is not attached to your HIV test in any way. When you take the test, you get a unique number, and you have to have that number to get your test results.

Not all states offer anonymous testing. You can find out what kinds of HIV tests are available in your state and local area by calling the CDC's AIDS Hotline toll-free at 1-800-342-AIDS or by visiting [www.hivtest.org](http://www.hivtest.org).

If you want an anonymous test and your state doesn't offer that type, there is one anonymous HIV testing system that has been approved for use at home. We'll talk more about that testing option on the next page — but you can buy that test at your local drug store or order it online.

- **Confidentially** — This means your name is attached to your test results, but there are state and Federal laws to protect your privacy. Before you take a confidential HIV test, you should ask who will know the results and how they will store the record of your test. At some testing centers, your HIV test results may become part of your medical record and may be seen by health care workers, insurers, or employers.



There are laws that protect your privacy — be sure you know what they are before you take the test.



Getting tested for HIV is very simple. There are different types of tests that will tell you if you have the virus. One common test is a blood test. It involves a needle stick, and results generally take 1-2 weeks to come back from the laboratory.

Urine testing is another method of detecting HIV, and it may be a good alternative for those who are sensitive to needles. This is a simple test, but a doctor must order it. You can usually get the results in 5-7 days.

There are now a variety of rapid HIV tests that are available in the United States. These tests include: Orasure<sup>®</sup>, OraQuick<sup>®</sup>, Reveal HIV-1 Antibody Test<sup>®</sup>, UniGold<sup>™</sup> HIV Test, and Single Use Diagnostic System for HIV-1 (SUDS<sup>™</sup>). These tests are usually given by health care workers, but a number of community

organizations have staff members who are trained to give you the test and provide counseling. You can get preliminary results from some of these very quick and easy tests in as little as 20 minutes.

For people who are homebound, are unable to go to a local HIV screening center, or who simply prefer the privacy of their own homes, there is one HIV test that has been approved for home use. The Home Access<sup>®</sup> test requires you to send a sample of your blood to a licensed laboratory. You are given an identification number and can get the results by phone. The Home Access<sup>®</sup> kit can be purchased at most drug stores.

When possible, get tested at a place that provides testing and counseling.

A counselor can:

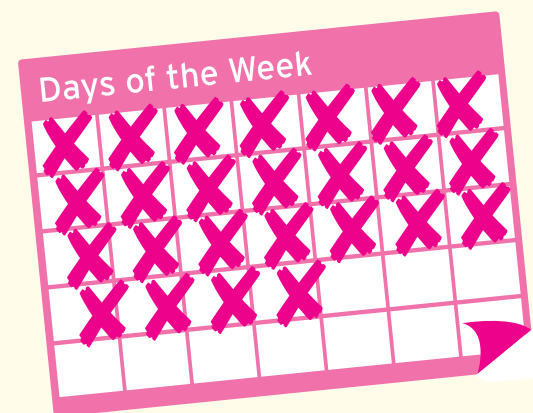
- Answer any questions you may have
- Offer ways to reduce your risk of getting or giving HIV
- Help you understand test results
- Refer you to local health clinics or other resources, as needed



Note: All of the HIV tests listed are considered screening tests and must be verified or confirmed with additional specific tests before a positive diagnosis can be made. The most common test used to confirm HIV antibodies is the Western blot test. This test can help tell the difference between HIV antibodies and other antibodies. When people know they are HIV-positive, most want to be sure they don't infect anyone else.

When people know they are HIV-positive, most want to be sure they don't infect anyone else.

If you think you're at risk for HIV infection, or that you may already be infected, **do the right thing and get tested**. On average, it takes about 25 days after you have been exposed for HIV antibodies to show up in your blood. Within three months, antibodies will show up in the blood of most people with HIV infection. In some rare cases, however, it may take up to six months.



If you think you are at risk for HIV infection, **do the right thing and be responsible**. Abstain from having unprotected sex and other risky behaviors and get tested. If your HIV test comes back

negative, stop any behaviors that increase your chances of getting the virus. Adopt and maintain safer behaviors.

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**Remember — if your HIV test comes back positive, that doesn't mean you have AIDS.**

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If you test positive for HIV, your health care provider will run another test to confirm the results. If that confirmation test shows that you are HIV positive, it means you will have HIV in your body for the rest of your life. It is important to know that you can now infect someone else with HIV — even if you don't feel sick.

If you test positive for HIV, immediate medical treatment and a healthy lifestyle can help you stay well. There are many drugs that treat HIV infection and AIDS-related illnesses. There have been huge improvements in medications for treating HIV, and they are most effective if you start taking them **before** you have symptoms. Prompt medical care may help prevent or delay the onset of AIDS and prevent some life-threatening conditions.

## Treatment

When HIV/AIDS was first reported in the United States in the early 1980s, there were no effective treatments. Recently, however, new drugs have been developed that help people live longer.<sup>11</sup>

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If you are HIV positive, it's important to take necessary steps to protect your health.

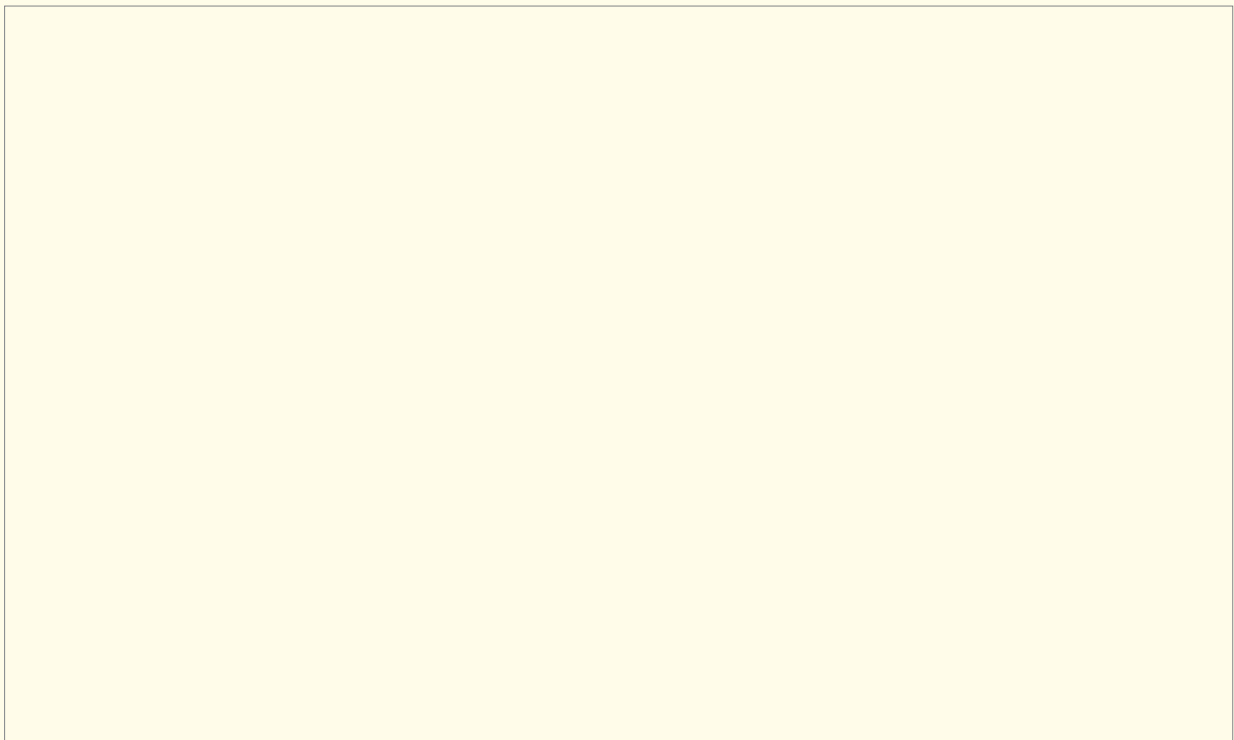
- See a doctor, even if you don't feel sick. Try to find a doctor who has experience in treating HIV.
  - Take a tuberculosis (TB) test. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be treated successfully if you catch it early.
  - Stop smoking cigarettes, drinking too much alcohol, or using illegal drugs because these things can weaken your immune system. There are programs to help you stop using or reduce your use of these substances.
  - Get tested for other sexually transmitted diseases (STDs), such as syphilis and gonorrhea. Undetected STDs can cause serious health problems and increase your chances of infecting your sex or needle-sharing partners with HIV.
- 

There are treatments for HIV/AIDS, but there is no cure.

Your faith community and other groups in your community are fighting on the front lines of the HIV/AIDS epidemic. Faith leaders in your community are dedicated “community stakeholders.” They are committed to helping you get all the information you need to stop the spread of HIV.

Clergy, pastors’ spouses, and other community leaders want you to live a healthy, productive life — but no one can help you unless you choose to help yourself.

Stopping the spread of **HIV/AIDS** begins with **YOU!**



# Personal Risk Posttest

Now that you know more about HIV/AIDS, take the following test again. Compare your answers now with the answers you gave when you first took the test, and see how much you've learned!

## Circle (T) True or (F) False

1. HIV infection and AIDS are the same thing.	T	F
2. The body of an infected person produces antibodies to HIV.	T	F
3. People with HIV may feel healthy for years.	T	F
4. Stigma and discrimination help spread HIV.	T	F
5. You can't tell if a person has HIV by looking at him or her.	T	F
6. Most of the people who get HIV/AIDS are gay, White men.	T	F
7. You can get HIV from a bug bite.	T	F
8. You can't get HIV by giving blood.	T	F
9. An infected mother can pass HIV to her baby.	T	F
10. Sharing needles ("the works") with friends is safe.	T	F
11. There is an HIV vaccine.	T	F
12. HIV can be spread through sex.	T	F
13. If you take a bath in bleach or douche with bleach after sex, you will protect yourself from HIV.	T	F
14. Straight, African American women are at an increasingly higher risk for HIV.	T	F
15. If you have sex with a virgin, you can cure yourself of AIDS.	T	F
16. You can get AIDS by drinking after someone who has it.	T	F
17. White people developed HIV/AIDS to destroy African Americans.	T	F
18. HIV is no big deal, because there are drugs to treat it now.	T	F
19. Abstinence is the only 100% effective way to protect yourself from HIV.	T	F
20. Having a sexually transmitted disease increases your chances of getting HIV.	T	F

If you need counseling or want to talk confidentially about HIV/AIDS, this manual, or any other concerns shared in this session, please call the National Coalition of Pastors' Spouses, toll-free, at 1-866-354-6677, and someone will help you, or refer you to another source.



Participant Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

Please circle your response to the items listed below. Your response to this program is very important to us and is sincerely appreciated. *Thank you.*

---

### 1. I was already aware of most of the information presented in this program.

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

---

### 2. The information presented today was valuable and useful for me.

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

---

### 3. I will encourage others in the community to enroll in this program.

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

---

### 4. The activities and discussion in this course gave me the opportunity to learn important details.

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

---

### 5. The information in this course was easy to understand.

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

**6. The instructor was well prepared.**

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

---

**7. The training location was comfortable.**

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

---

**8. This course lived up to my expectations.**

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

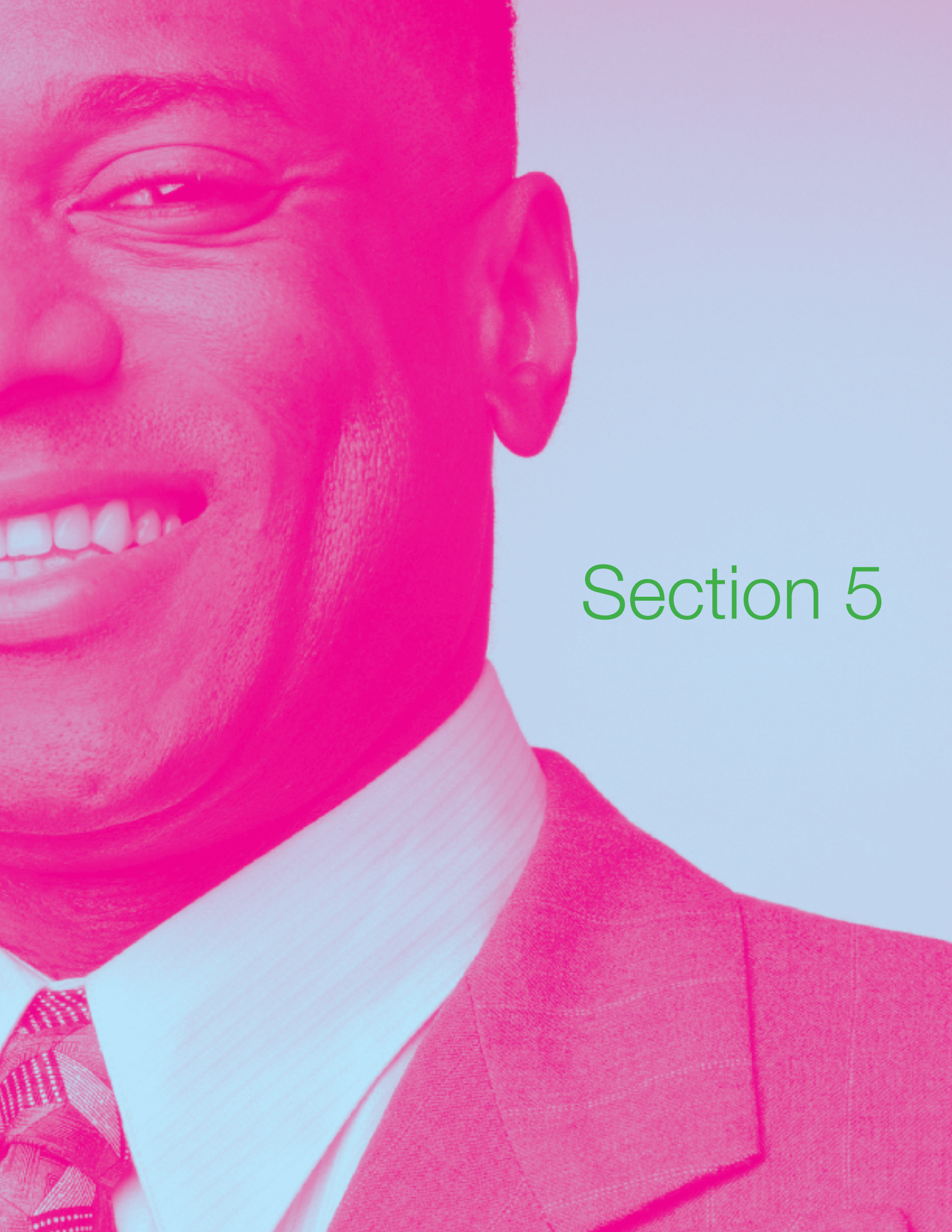
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**9. I was well informed as a result of this course.**

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

---

**10. What was the most valuable thing you learned in today's training?**



# Section 5

# Glossary of Terms

**AIDS** — Acquired Immune Deficiency Syndrome. AIDS is generally the final stage of HIV infection.

**Anonymous testing** — A type of testing for HIV infection. The person being tested offers no identifying information, such as name, address, or phone number. Anonymous test takers are given a number to identify them and allow them to claim their test results.

**Body fluids** — Any fluid in the human body, such as blood, urine, semen, saliva, sputum, tears, breast milk, or vaginal secretions. The body fluids that are most commonly associated with spreading HIV are semen, vaginal secretions, blood, and breast milk.

**Casual contact** — Daily, non-intimate, contact between people at home, school, work, or in the community. Casual contact will not expose you to HIV.

**Community stakeholders** — Individuals, communities of faith, and locally based organizations and groups that have an interest in an issue or problem, such as prevention of HIV/AIDS.

**Confidential testing** — A type of testing for HIV infection. Those people taking confidential tests give personally identifying information (such as their names or social security numbers), which links their identities to their test results.

**Exposure** — The act of coming into contact with HIV.

**HIV** — The virus that causes AIDS.

**HIV test** — Test that spots the presence of HIV or HIV antibodies in the blood.

**HIV-negative** — Status indicating that HIV or HIV antibodies have not been detected in the body at the time of testing. If you take an HIV test during the window period (see below), it is possible to get a false negative test result.

**HIV-positive** — Status indicating that HIV or HIV antibodies have been detected in the body at the time of testing

**Immune system** — Blood and tissue system in the body that fights off infections.

**Maternal transmission** — Passing of HIV from mother to child during pregnancy or childbirth, or through breast milk after birth.

**Opportunistic infections** — Infections that take advantage of immune systems weakened by HIV infection.

**Prevention** — Taking steps to decrease chances of HIV transmission.

**Risky behavior** — Any activity that increases the chances of contracting or spreading HIV. Risky behaviors include: having unprotected oral, anal, or vaginal intercourse with a partner whose HIV status is unknown; having multiple sex partners; and sharing needles.

**Risk reduction** — Using strategies that reduce, but do not necessarily eliminate, risk.

**Safer sex** — Sexual activity that carries little or no risk for contracting or passing on HIV.

**Sexually Transmitted Disease (STD)** — Any disease that is spread through sexual activity, including HIV. If you have another STD, you increase your risk of HIV infection.

**Symptoms** — Any noticeable change in the body or its functions that may indicate the presence of disease.

**Transmission** — Passage of a communicable disease organism from an infected person or animal to an uninfected person or animal. HIV is transmitted from person to person.

**Universal precautions** — Procedures designed to minimize or prevent the transmission of blood-borne diseases, such as HIV.

**Unprotected sex** — Sex without any form of protection (e.g., condoms) to prevent the spread of the disease.

**Virus** — Microscopic organisms that cause disease, such as the common cold, flu, and HIV.

**Window period** — Time period from when HIV first enters the body until HIV antibodies can be detected. During this period, a person taking an HIV test would appear to be HIV-negative. Most infected people will develop detectable HIV antibodies within three months of exposure.



# Section 6



# Resources and Appendices

## State and National Resources

To help people who need additional information, we have compiled the following list of HIV/AIDS resources:

### National Organizations, Foundations, and Coalitions

**American Foundation for AIDS Research (AmFAR)**  
[www.amfar.org](http://www.amfar.org)

**American Red Cross**  
<http://www.redcross.org/services/hss/hivaids/>

**Harvard School of Public Health AIDS Initiative**  
<http://www.hsph.harvard.edu/Organizations/hai/>

**Kaiser Family Foundation**  
<http://www.kff.org/hivaids/index.cfm>

**National AIDS Fund**  
[www.aidsfund.org](http://www.aidsfund.org)

**National AIDS Education & Service for Minorities, Inc.**  
[www.naesmonline.org](http://www.naesmonline.org)

**National Association of People with AIDS (NAPWA)**  
[www.napwa.org](http://www.napwa.org)

**National Minority AIDS Council**  
[www.nmac.org](http://www.nmac.org)

**People of Color Against AIDS Network (POCAAN)**  
[www.pocaan.org](http://www.pocaan.org)

**Public Health Foundation**  
[www.phf.org](http://www.phf.org)

**University of California, San Francisco (UCSF)**  
<http://hivinsite.ucsf.edu/>

### Religious Organizations

**Christian Church (Disciples of Christ) AIDS Ministry Network**  
<http://www.homelandministries.org/AIDSministry>

**Council of Religious AIDS Networks**  
[www.adisfaith.com](http://www.adisfaith.com)

**Lutheran AIDS Network**  
<http://www.lutheranaids.net>

**National Episcopal AIDS Coalition (NEAC)**  
[www.neac.org](http://www.neac.org)

**National Catholic AIDS Network (NCAN)**  
[www.ncan.org](http://www.ncan.org)

**Presbyterian AIDS Network**  
[www.panonline.org](http://www.panonline.org)

**The Body: The Complete HIV/AIDS resource**  
<http://www.thebody.com/religion.html>

**The Balm in Gilead**  
[www.balmingilead.org](http://www.balmingilead.org)

**United Methodist Church**  
[www.gbgm-umc.org/health/aids](http://www.gbgm-umc.org/health/aids)

### Federal Government Agencies

**The Department of Health and Human Services**  
[www.hhs.gov](http://www.hhs.gov)

**The Department of Health and Human Services' National HIV/AIDS Observance Days**  
[www.omhrc.gov/hivaidsobservances/hivaidsinfo.html](http://www.omhrc.gov/hivaidsobservances/hivaidsinfo.html)

**The Centers for Disease Control and Prevention's National Prevention and Information Network**  
[www.cdcnpin.org](http://www.cdcnpin.org)

**The Health Resources and Services Administration's HIV/AIDS Bureau**  
[www.hab.hrsa.gov/](http://www.hab.hrsa.gov/)

**The National Institutes of Health - AIDSinfo**  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)

**The National Institutes of Health Office of AIDS Research**  
<http://www.nih.gov/od/oar/>

**The Office of HIV/AIDS Policy**  
[www.surgeongeneral.gov/AIDS](http://www.surgeongeneral.gov/AIDS)

**The Office of Minority Health's Resource Center**  
[www.hiv.omhrc.gov](http://www.hiv.omhrc.gov)

**Substance Abuse Mental Health Services Administration**

[www.samhsa.gov](http://www.samhsa.gov)

**White House Presidential Advisory Council on HIV/AIDS**

[www.pacha.gov](http://www.pacha.gov)

**White House Office of National AIDS Policy**

[www.whitehouse.gov/onap/aids](http://www.whitehouse.gov/onap/aids)

### Public and Private Resources

**Agency for Health Care Research and Quality (AHRQ)**

[www.ahrq.gov](http://www.ahrq.gov)

**AIDS Community Research Initiative of America**

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

**AIDS Action Council**

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

**AIDSInfo**

[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)

**AIDS Policy Center for Children, Youth, and Families (APCCYF)**

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

**CDC National Prevention Information Network (NPIN)**

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

**National Center for Health Statistics (NCHS)**

[www.cdc.gov/nchs](http://www.cdc.gov/nchs)

**National Conference of State Legislators**

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

**National Information Center on Health Services Research and Health Care Technology (NICHSR)**

[www.nlm.nih.gov/nichsr/nichsr.html](http://www.nlm.nih.gov/nichsr/nichsr.html)

**San Francisco AIDS Foundation**

<http://www.sfaf.org/policy/>

## Red Cross Chapters and Red Cross HIV/AIDS Networks

**The Red Cross Chapters**

<http://www.redcross.org/where/chapts.html>

**The Red Cross HIV Networks****ARIZONA****Central Arizona Chapter**

6135 North Black Canyon Hwy.

Phoenix, AZ 85015

Phone: (602) 336-6691

Fax: (602) 336-5781

E-mail: [sagaral@usa.redcross.org](mailto:sagaral@usa.redcross.org)

**COLORADO****Southeastern Colorado Chapter**

3821 West Pueblo Blvd.

Pueblo, CO 81005

Phone: (719) 561-2614

Fax: (719) 561-2615

E-mail: [johnnyq@puebloarc.org](mailto:johnnyq@puebloarc.org)

**CONNECTICUT****Stamford Chapter**

886 Bedford St., 2nd Floor

Stamford, CT 06905

Phone: (203) 363-1041

Fax: (203) 324-4557

E-mail: [stamfhsdir@crossnet.org](mailto:stamfhsdir@crossnet.org)

**FLORIDA****Broward County Chapter**

521 NE 4th Ave.

Fort Lauderdale, FL 33301

Phone: (954) 779-2900

Fax: (954) 779-2902

E-mail: [lolson@arcbcc.org](mailto:lolson@arcbcc.org)

**GEORGIA****Metropolitan Atlanta Chapter**

1955 Monroe Dr., NE

Atlanta, GA 30324

Phone: (404) 575-3153

Fax: (404) 575-3085

E-mail: [ccoburn@arcatl.org](mailto:ccoburn@arcatl.org)

## Resources and Appendicies (cont.)

### IDAHO

#### American Red Cross of Greater Idaho

254 S. Cole Rd.  
Boise, ID 83709  
Phone: (208) 947-4357, ext. 211  
Fax: (208) 947-4371  
E-mail: muldowneyk@usa.redcross.org

### ILLINOIS

#### Illinois Statewide HIV/AIDS Network

214 North Cottage, #4  
Normal, IL 61761  
Phone: (309) 451-3686  
Fax: (309) 451-3696  
E-mail: stahlk@usa.redcross.org or  
ilhivaidnet@aol.com

### INDIANA

#### St. Joseph County Chapter

3220 East Jefferson Blvd.  
South Bend, IN 46615  
Phone: (219) 234-0191, ext. 33  
Fax: (219) 234-0194  
E-mail: kraner@stjoe-redcross.org

### IOWA

#### Central Iowa Chapter

2116 Grand Ave.  
Des Moines, IA 50312  
Phone: (515) 953-0943  
E-mail: aidsnet\_iowa@uswest.net

### KANSAS

#### Kansas Capital Area Chapter

1221 SW 17th St.  
Topeka, KS 66604  
Phone and Fax: (785) 234-0568  
E-mail: davissha@usa.redcross.org

### KENTUCKY

#### Louisville Area Chapter

510 East Chestnut  
Louisville, KY 40202  
Phone: (502) 589-4450, ext. 3413  
Fax: (502) 561-3617  
E-mail: marilyn timer@Louisvilleredcross.org

### LOUISIANA

#### Northwest Louisiana Chapter

4221 Linwood Ave.  
Shreveport, LA 71108  
Phone: (318) 865-9545  
Fax: (318) 868-4111  
E-mail: breid19191@aol.com

### MICHIGAN

#### Michigan Statewide HIV/AIDS Network

10564 60th Ave.  
Allendale, MI 49401  
Phone and Fax: (616) 895-6744  
E-mail: jcadams@altelco.net

### MINNESOTA

#### St. Paul Area Chapter

176 South Robert St.  
St. Paul, MN 55107  
Phone: (651) 291-4689  
Fax: (651) 290-8993  
E-mail: apalumbo@arcstp.org

### MISSISSIPPI

#### Central Mississippi Chapter

875 Riverside Dr.  
Jackson, MS 39202  
Phone: (601) 353-5442, ext. 110  
Fax: (601) 353-5466  
E-mail: benderme@usa.redcross.org

### MISSOURI

#### St. Louis Area Chapter

10195 Corporate Sq.  
St. Louis, MO 63132  
Phone: (314) 516-2728  
Fax: (314) 516-2820  
E-mail: mrosen@redcrossstl.org

### NEBRASKA

#### Heartland Chapter

2912 So. 80th Ave.  
Omaha, NE 68124  
Phone: (402) 343-7733  
Fax: (402) 343-7777  
E-mail: scottt@usa.redcross.org

### NEW JERSEY

#### Camden County Chapter

312 Cooper St.  
Camden, NJ 08102  
Phone: (856) 365-7100  
Fax: (856) 365-0187  
E-mail: arobinson@camdenarc.org

### NEW MEXICO

#### Sante Fe County Chapter

1213 Mercantile Rd., Suite B  
Santa Fe, NM 87505  
Phone: (505) 424-1611  
Fax: (505) 424-3252  
E-mail: santafe@crossnet.org

### NEW YORK

#### Greater Buffalo Chapter

786 Delaware Ave.  
Buffalo, NY 14209-2088  
Phone: (716) 886-7500  
Fax: (716) 878-2381  
E-mail: sawickit@buffaloredcross.org

### NORTH CAROLINA

#### Greater Carolinas Chapter

2425 Park Rd.  
Charlotte, NC 28203  
Phone: (704) 347-8277 or (704) 358-1792  
Fax: (704) 347-0244 or (704) 343-2809  
E-mail: lewisk@usa.redcross.org or  
oakleyr@usa.redcross.org

### OHIO

#### American Red Cross of Greater Columbus

995 East Broad St.  
Columbus, OH 43205  
Phone: (614) 253-2740, ext. 2299  
Fax: (614) 253-4285  
E-mail: saunierj@usa.redcross.org

### OKLAHOMA

#### Tulsa Area Chapter

10151 E. 11th St.  
Tulsa, OK 74128  
Phone: (918) 831-1197  
Fax: (918) 831-1134  
E-mail: agraaham@arctac.org

### OREGON

#### Willamette Chapter

1290 Hoyt St., SE  
Salem, OR 97302  
Phone: (503) 585-5414  
Fax: (503) 362-3904  
E-mail: rcrosshs@aracnet.com

### PUERTO RICO

#### Puerto Rico Chapter

PO Box 902-1067  
San Juan, PR 00902-1067  
or  
Medical Center Grounds, 2nd Floor  
Rio Piedras, PR 00902-1067  
Phone: (787) 758-8150, ext. 317  
Fax: (787) 758-6086  
E-mail: arcprhiv@yahoo.com

### RHODE ISLAND

(See Massachusetts listing.)

### SOUTH CAROLINA

#### Greenville County Chapter

PO Box 9035  
Columbia, SC 29604  
Phone: (864) 271-8222  
Fax: (864) 282-8663  
or  
2065 Blossom St., Suite 202  
Columbia, SC 29205  
Phone: (803) 779-0960  
Fax: (864) 771-0737  
E-mail: schivnetwork@classic.msn.com

### SOUTH DAKOTA

#### Sioux Empire Chapter

808 West Ave., North  
Sioux Falls, SD 57104  
Phone: (605) 336-2448  
Fax: (605) 336-9630  
E-mail: hiv@midco.net

### TEXAS

#### Greater Houston Area Chapter

2700 Southwest Freeway  
Houston, TX 77098  
Phone: (713) 313-1621  
Fax: (713) 313-1702  
E-mail: [mrugger@ghac.org](mailto:mrugger@ghac.org)

### UTAH

#### Greater Salt Lake Area Chapter

PO Box 3836  
Salt Lake City, UT 84110-3836  
or  
465 S. 400 East  
Salt Lake City, UT 84111  
Phone: (801) 323-7011  
Fax: (801) 323-7018  
E-mail: [hbush@utahredcross.org](mailto:hbush@utahredcross.org)

### VIRGINIA

#### Roanoke Valley Chapter

352 Church Ave., SW  
Roanoke, VA 24016  
Phone: (540) 985-3546  
Fax: (540) 985-3544  
E-mail: [whittakerb@usa.redcross.org](mailto:whittakerb@usa.redcross.org)

### WASHINGTON

#### Benton-Franklin County Chapter

7202 W. Deschutes Ave.  
Kennewick, WA 99336  
Phone: (509) 783-6195  
Fax: (509) 736-0586  
E-mail: [wabfarc@crossnet.org](mailto:wabfarc@crossnet.org)

### WISCONSIN

#### Badger Chapter

4860 Sheboygan Ave.  
Madison, WI 53705  
Phone: (608) 227-1369  
Fax: (608) 233-8318  
E-mail: [ktaylor@arcbadger.org](mailto:ktaylor@arcbadger.org)

## State Hotlines and Contact Numbers

#### National HIV/AIDS Hotline

(1-800-342-2437):  
<http://www.ashastd.org/nah/>

#### Alabama AIDS Hotline

In Alabama: (800) 228-0469

#### Alaska AIDS Hotline

In Alaska: (800) 478-2437  
Nationwide: (907) 276-4880

#### Arkansas AIDS Hotline

In Arkansas: (800) 342-2437

#### Arizona AIDS Hotline

In Arizona: (800) 342-2437

#### California HIV/AIDS Hotline

Nationwide: (800) 367-AIDS  
In San Francisco and outside California: (415) 863-2437  
Information available in English, Spanish, and Filipino  
TDD for the deaf: (888) 225-AIDS

#### Colorado STD/HIV Hotline

Denver only: (303) 692-2777  
In Colorado (toll free): (877) 478-3448

#### Delaware AIDS Hotline

In Delaware: (800) 422-0429

#### District of Columbia AIDS Information Line

(202) 332-2437  
In metro DC & VA: (800) 322-7432

#### Florida AIDS Hotline

In Florida, in English: (800) 352-AIDS  
In Haitian Creole: (800) 243-7101  
In Spanish: (800) 545-SIDA  
TTY: 1-888-503-7118  
Ocala/Marion County Community AIDS Network (OMCCAN):  
(352)-629-5124

## Resources and Appendicies (cont.)

### **Georgia AIDS Information Line**

In Georgia: (800) 551-2728  
Nationwide: (404) 876-9944

### **Hawaii STD/AIDS Hotlines**

In Hawaii: (800) 321-1555  
Nationwide: (808) 922-1313

### **Idaho AIDS Foundation Hotline**

In Idaho: (800) 926-2588

### **Illinois AIDS Hotline**

In Illinois: (800) 243-2437  
In Illinois TTY/TDD: (800) 782-0423

**Indiana** no longer has an AIDS Hotline,  
call: National AIDS Hotline (24/7):  
(800) 342-2437

### **Iowa AIDS Hotline**

In Iowa: (800) 445-2437

### **Louisiana AIDS Hotline**

In Louisiana: (800) 99 AIDS9  
(800) 992-4379  
In Louisiana: (504) 821-6050  
In Louisiana TDD: (877) 566-9448  
Hours: M-F, 10-8 / Sa, 10-4

### **Maine AIDS Hotline**

In Maine: (800) 851-2437  
Nationwide: (800) 775-1267

### **Maryland AIDS Hotline**

In Maryland (Bilingual):  
(800) 638-6252  
In Metro DC & VA: (800) 322-7432  
Hispanic AIDS Hotline:  
(301) 949-0945  
Baltimore only TTY area:  
(410) 333-2437

### **Massachusetts AIDS Hotline**

In Massachusetts: (800) 235-2331  
Hepatitis C Hotline: (888) 443-4372  
Nationwide: (617) 536-7733  
TTY/TDD: (617) 437-1672  
TTY: (617) 450-1427

Hours: M-F, 9-9 / Sa, 10-2  
Spanish spoken. Se habla Español.

### **Michigan AIDS Hotline**

In Michigan: (800) 872-2437  
TTY/TDD: (800) 332-0849  
Spanish: (800) 826-SIDA  
Teen Line: (800) 750-TEEN  
Health Care Workers: (800) 522-0399

### **Minnesota AIDS Line**

Nationwide: (612) 373-2437  
In Minnesota: (800) 248-2437

### **Missouri AIDS Information Line**

Nationwide: (800) 533-2437

### **Mississippi AIDS Hotline**

In Mississippi: (800) 826-2961

### **Montana AIDS Program**

In Montana: (800) 233-6668  
Eastern Montana AIDS Hotline:  
(800) 675-2437  
Western Montana AIDS Hotline:  
(800) 663-9002  
Nationwide: (800) 782-2437

### **Nevada AIDS Information Line**

In Nevada: (800) 842-2437

### **New Hampshire AIDS Hotline**

In New Hampshire: (800) 752-2437

### **New Jersey AIDS Hotline**

In New Jersey: (800) 624-2377  
TTY/TDD: (201) 926-8008

### **New Mexico AIDS Hotline**

In New Mexico: (800) 545-2437

### **New York**

In New York:  
New York State HIV counseling hotline: (800) 872-2777  
(M-F, 2-8 /S&S, 10-6)  
New York State information hotline: (800) 541-2437  
(info tapes, 24 hrs; counselors, M-F, 8-8 / S&S, 10-6)

## Resources and Appendicies (cont.)

New York State Spanish hotline: (800) 233-SIDA  
New York State counseling hotline for the deaf  
and hearing impaired: (800) 369-2437 TDD  
NYC Department of Health AIDS Helpline: 1-800-TALK-HIV  
(counseling, recorded info, and testing info)  
AIDS Institute experimental treatment info line: (800) 633-7444  
GMHC AIDS Hotline:  
(212) 807-6655 (M-F, 10-9 /Sa, 12-3)  
GMHC TDD: (212) 645-7470  
Body Positive Helpline  
(800) 566-6599 (M-F, 2-6)  
Long Island AIDS Hotline:  
(516) 385-AIDS (M-F, 9-9 /tape after hours)  
AIDS Council of Northeastern New York AIDS Information Hotline:  
(518) 445-2437 / (800) 201-AIDS

### **North Carolina AIDS Hotline**

In North Carolina: (800) 342-2437

### **North Dakota AIDS Hotline**

In North Dakota: (800) 782-2437  
Nationwide: (701) 328-2378

### **Ohio AIDS Hotline**

In Ohio: (800) 332-2437  
In Ohio TTY/TDD: (800) 332-3889

### **Oklahoma AIDS Hotline**

In Oklahoma: (800) 535-2437

### **Oregon AIDS Hotline**

Area codes 503, 206 and 208:  
(800) 777-2437  
Voice & TTY: (503) 223-2437

### **Pennsylvania AIDS Hotline**

In Pennsylvania: (800) 662-6080  
Critical Path Project Hotline:  
(215) 545-2212  
(215) 463- 7160 (publications orders)

### **Puerto Rico Linea de Infor SIDA y Enfermedades de Transmision Sexual**

In Puerto Rico: (800) 981-5721  
Nationwide: (809) 765-1010

**Rhode Island** no longer has an AIDS Hotline, call:  
National AIDS Hotline (24/7):  
(800) 342-2437

### **South Carolina AIDS Hotline**

In South Carolina: (800) 322-2437

### **South Dakota AIDS Hotline**

In South Dakota: (800) 592-1861

### **Tennessee AIDS Hotline**

In Tennessee: (800) 525-AIDS

### **Texas AIDSLINE**

In Texas: (800) 299-2437

### **Utah AIDS Information Line**

In Utah: (800) 366-2437  
Nationwide: (801) 487-2100

### **Vermont AIDS Hotline**

In Vermont: (800) 882-2437

### **Virgin Islands AIDS Hotline**

(809) 773-2437

### **Virginia STD/AIDS Hotline**

In Virginia: (800) 533-4148  
In Virginia Hispanic line:  
(800) 322-7432

### **Washington AIDS Hotline**

In Washington: (800) 272-2437

### **West Virginia AIDS Hotline**

In West Virginia: (800) 642-8244

### **Wisconsin AIDS Hotline**

In Wisconsin: (800) 334-2437  
Nationwide: (414) 273-2437

### **Wyoming AIDS Hotline**

Nationwide: (800) 327-3577

Note: Addresses, phone numbers, and Web sites are subject to change. Check local listings for addresses and phone numbers. Check an Internet search engine for current Web addresses.

## Resources and Appendicies (cont.)

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3. Centers for Disease Control and Prevention. (2004). New Data Show Rates of US HIV/AIDS Diagnoses Are Steady; Racial Disparities Persist. Retrieved December 14, 2004 from <http://www.cdc.gov/od/oc/media/pressrel/r041201b.htm>.
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8. Ibid.
9. United States Department of Health and Human Services, National Institutes of Health, AIDSinfo. (2004). Retrieved December 18, 2004 from [http://aidsinfo.nih.gov/other/cbrochure/english/cbrochure\\_en.html#01](http://aidsinfo.nih.gov/other/cbrochure/english/cbrochure_en.html#01).
10. Scavnicky, M. (2004, March). Presentation to the National HIV/AIDS Update Conference, Miami, FL.
11. United States Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases. (2003). HIV Infection and AIDS: An Overview. Retrieved on December 18, 2004 from <http://www.niaid.nih.gov/factsheets/hivinf.htm>.



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This manual was designed for use with the accompanying National Coalition of Pastors' Spouses HIV/AIDS Facilitator's Guide for Faith Communities and National Coalition of Pastors' Spouses Workbook.

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