

HIV Risk Reduction

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The Power of Inclusiveness: *Standing Up to HIV/AIDS and Stigma*

The year 1984 was a watershed year for Reverend Edwin Sanders and the Metropolitan Interdenominational Church in Nashville, Tennessee. That is when the first member of the congregation died.

His death was the result of complications of HIV/AIDS. At the time, AIDS was a mysterious and lethal disease made even more dreadful by severe stigma. Confronting that deadly mix, most sought to distance themselves from the epidemic.

But in keeping with their values and tradition, the Nashville church had an awakening says Sanders. “We had to acknowledge that a disease that was still being thought of as a gay white male disease was having impact beyond that stereotyped way of thinking.”

“The teachings of Jesus are at the heart of what we do,” says the faith leader, noting that as those biblical stories unfold, at the center are people who have been “in one way or another kicked to the curb of life. If we’re going to follow the path of Jesus, we have to respond to the needs of those who have been marginalized, left out, disinherited, discounted, and dismissed.”

Speaking as Senior Servant and Founder, Sanders describes the calling of the church this way: “We are a community of believers, inclusive of all and alienating to none, leading the way to spiritual growth by sharing God’s love with the world. That’s fundamental. So no matter what we do at Metropolitan Church, that is who we see ourselves as being.”

“In the beginning, our response to HIV/AIDS meant providing basic education.” What Sanders calls HIV 101. Then came the realization that it was going to take more than education to keep people safe. So

the church initiated prevention efforts. “In the early stages that meant no more than things like talking about condom use and about how safe sex practices needed to be a part of the awareness of persons who were most vulnerable.” At that point, says Sanders, the list of those considered most vulnerable included adolescents, young adults, injection drug users, and “same-gender-loving persons.”

“We also began to look at the social determinants that put people at risk for infection. For instance, the whole question of scarce resources and the socio-economic forces that pressure some people into survival sex”. While survival sex can be overt says Sanders, it can also be an unspoken agreement - part of the way in which people behave in order to survive.

Over time it became clear that what made people vulnerable to HIV touched on a wide gamut of social justice issues. “High risk often meant being without full opportunity and full advantage of education. High risk could mean low income. High risk could mean little or no access to healthcare. High risk could be a byproduct of falling disproportionately into the ranks of those who end up within the prison industrial complex and the criminal justice system.”

The more he learned about HIV, the more Sanders began to recognize an opportunity to empower. He realized that in order to deal effectively with HIV/AIDS, the church would have to address “all of the

things which haunt us in our communities and compromise the full development of the people we serve.”

For example, says Sanders, responding effectively to HIV/AIDS involves grappling with a wide range of issues from healthcare and education to economic



HIV/AIDS can be an opportunity to deal with “all of the things which haunt us in our communities and compromise the full development of the people that we serve.”

opportunity and housing. Further, “if you’re going to deal with HIV/AIDS you have to confront the ‘isms’ and phobias. You’re going to deal with sexism, racism, homophobia, and misogyny. All of the stuff that ends up being a part of what’s troubling to us. If we deal ef-

fectively with HIV, we’re going to speak to all of these issues. So in that way, rather than seeing it as a curse that’s been visited upon us, it becomes perhaps an opportunity for us to deal forthrightly and honestly with a whole array of issues which continue to undermine and cripple our communities in terms of being able to realize our full potential.”

Following his lead, the congregation began to see HIV/AIDS in a new way. They learned to understand that “this is a disease that is impacting us and the people that we love and care for.” And the realization that emerged in this spiritual community was that “we are a part of - we are connected to - those who are vulnerable. It was too easy for people just to say ‘oh, that’s not me. That’s not my child, that’s not my congregation, that’s not my neighborhood.’”

“What we began to see was: when you look at those things that really put people at risk, it brought all of us into that circle of impact.”

Faith leaders can have a powerful influence on their congregations, especially in the South, and particularly in black communities. And Sanders sees issues around sexuality as integral to all the things that are historically problematic in the South. To combat those problems, he wants to engage those clergy who, unwittingly, continue to stigmatize and alienate people based on issues of sexuality.

“One of the things we have discovered is that it’s very important to learn how to talk about issues of sexuality. If you’re looking for a point of engagement, that is where the conversation begins. One of my dear friends, researcher Dr. James Hildreth, often says that there are three things you can be sure that all people are going to do. They’re going to drink water. They’re going to eat food. And they’re going to have sex.”

One of the most highly stigmatized aspects of human sexuality is the expression of love between two people of the same gender. In light of the fact that black men who have sex with men (MSM) are bearing the most severely disproportionate burden of this disease, the correlation between stigma and the spread of HIV is hard to ignore.

Sanders encourages clergy who want to address HIV/AIDS to ponder the meaning of the word “whosoever” as used in scripture. “If there’s any note that we continue to sound, any mantra that we continue to voice, any word that we continue to put forth in the scriptures, it is that word in John 3:16, perhaps the most famous text in the biblical literature. Try to unravel what the word ‘whosoever’ means in that context.”



Attitudes Influence Risk Behavior

According to the CDC, negative attitudes about homosexuality, which tend to lead to rejection by friends and family as well as discrimination and violence toward MSM can:

- Limit MSM’s ability to access health care
- Affect income, employment, health insurance
- Contribute to poor mental health, substance abuse, risky sexual behaviors, and suicide
- Affect MSM’s ability to establish and maintain long-term relationships that reduce HIV & STD risk
- Make it difficult for some MSM to be open about same-sex behaviors, which can increase stress, limit social support, and negatively affect health

The effects of stigma can be especially hard on the young. A 2009 study found that gay, lesbian, and bisexual young adults who experienced strong rejection from their families were:

- 8.4 times more likely to have tried suicide
- 5.9 times more likely to report depression
- 3.4 times more likely to use illegal drugs
- 3.4 times more likely to have risky sex

And one of the most potent antidotes to stigma is social support. Research indicates that MSM who have support from family and friends have higher self-esteem and more positive mental health.

Source: www.cdc.gov/msmhealth

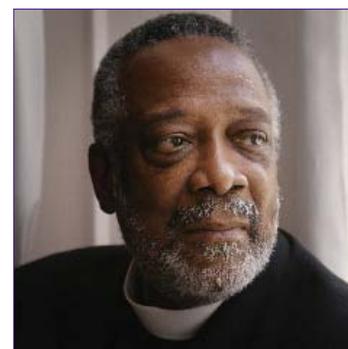


How to Engage Faith Leaders

We asked Reverend Sanders to share his thoughts about how HIV Early Intervention Services workers can effectively collaborate with local faith leaders. While HIV testing may be your goal says Sanders, he suggests starting with a conversation:

- Provide accurate, pertinent information. Convey how this disease is impacting our communities and our future.
- Make it clear that you want to stem the devastating impact that this disease is having on the community that you have in common.
- Let them know that this is not just your job – that you are committed to helping rid your community of HIV/AIDS.
- Ask for help, acknowledging the powerful role that faith leaders can play in ending the spread of this disease.
- Keep in mind that what's called for is an on-going conversation. The first encounter is only the beginning; be ready to engage in a long-term relationship.
- Conversations don't just happen – you need to create an opportunity and a context, perhaps around a national awareness event.

One annual event that speaks to virtually all faith leaders is the Week of Prayer for the Healing of AIDS, an initiative “that went from engaging two or three people walking around one block in Harlem to close to 10,000 churches worldwide. The one thing you can get any (faith leader) to agree on is you need to pray about it. And that has a profound impact.”



Reverend Edwin Sanders is Senior Servant and Founder of the Metropolitan Interdenominational Church in Nashville, a congregation with the mission of being “inclusive of all and alienating to none.” Metropolitan has outreach ministries in the areas of substance abuse, sexual violence, and harm reduction, in addition to providing services to persons infected with and affected by HIV/AIDS.

He has served three presidential administrations, currently supporting the Obama Administration White House Office on AIDS' implementation of the National AIDS Strategy.

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