

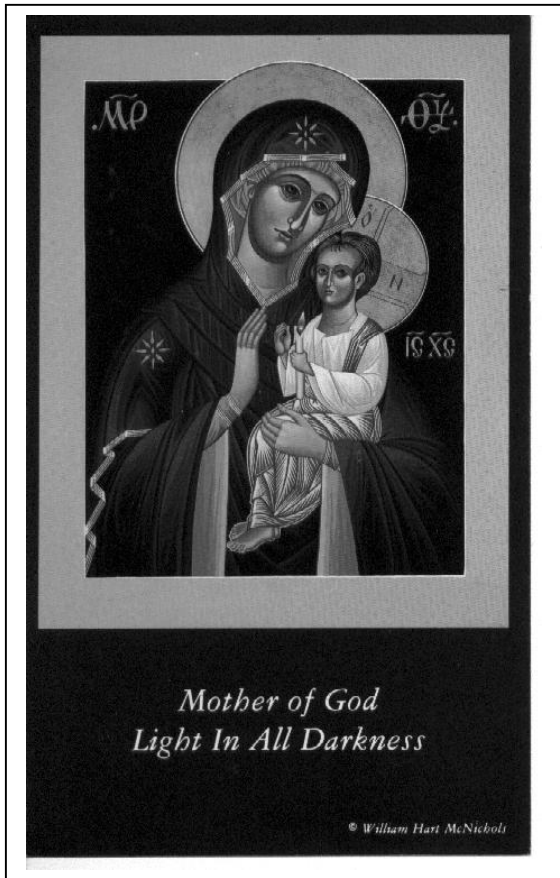
# The People of God Living with HIV/AIDS:

Resources for Education and Pastoral Care



Updated 1.18.2018

Catholic HIV/AIDS Ministry, Roman Catholic Archdiocese of Los Angeles



**Mother of God, Light in all Darkness**

Mother of God, Light in All Darkness,

Shelter Him, our flame of hope,  
With your tender hands.

And in our times of dread and nightmares,  
Let Him be our dream of comfort.

And in our times of physical pain and suffering,  
Let Him be our healer.

And in our times of separation from God and one another,  
Let Him be our communion.

AMEN.

“Mother of God, Light in all Darkness,” is based on the Russian Icon “The Pimen Mother of God”. It was “written” for the National Catholic AIDS Network by Fr. William Hart McNichols, S.J., who worked in AIDS Ministry throughout New York State from 1983-1990.

This icon is used the permission of the National Catholic AIDS Network. It is available through Catholic HIV/AIDS Ministry, Los Angeles Archdiocese.



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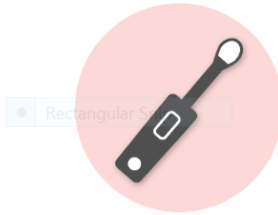
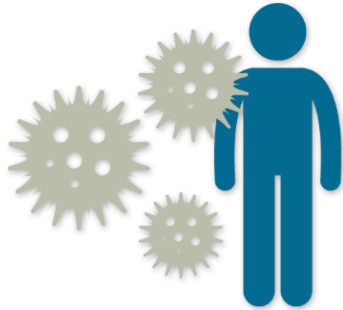
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## About HIV & AIDS (from HIV.gov)

(Abbreviated version from “The People of God Living with HIV/AIDS”, Suggested Materials for Presentations; see HIV.gov website for more details)

**HIV** is a virus that attacks cells of your body’s **immune system**



The **only way** to know for sure that you have HIV is to **get tested**



If left untreated, HIV can lead to AIDS. **Treatment matters!**

HIV stands for *human immunodeficiency virus*. It is the virus that can lead to *acquired immunodeficiency syndrome*, or AIDS, if not treated. Unlike some other viruses, the human body can’t get rid of HIV completely, even with treatment. So once you get HIV, you have it for life.

AIDS is the most severe phase of HIV infection. People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic infections.

**HIV** is spread through direct contact with **certain body fluids** from someone who has HIV:

- + Blood
- + Semen and pre-seminal fluid
- + Rectal fluids
- + Vaginal fluids
- + Breast milk



In the U.S., **HIV** is mainly spread through:

- + Sexual behaviors
- + Needle or syringe use

You **can’t get HIV** through casual contact



You can get or transmit HIV only through specific activities. Most commonly, people get or transmit HIV through sexual behaviors and needle or syringe use.

Only certain body fluids—blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream

(from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

In the United States, HIV is spread mainly by having anal or vaginal sex with someone who has HIV, and sharing needles or syringes, rinse water, or other equipment (works) used to prepare drugs for injection with someone who has HIV.

You can't rely **ON SYMPTOMS** to tell if you have **HIV**.



The only way to know for sure is to

**GET TESTED**

If you think you've been exposed to HIV,

**GET TESTED**

AS  
SOON

**AS POSSIBLE!**



Knowing your HIV status helps you make **healthy decisions** to prevent getting or transmitting HIV.



You cannot rely on symptoms to tell whether you have HIV. **The only way to know for sure if you have HIV is to get tested.** Knowing your status is important because it helps you make healthy decisions to prevent getting or transmitting HIV.

Use HIV.gov's [HIV Testing Sites & Care Services Locator](#) to find a testing site near you.

After you get tested, it's important to find out the result of your test. If you're HIV-positive, you should see a doctor and start [HIV treatment](#) as soon as possible. You are at high risk of transmitting HIV to others during the early stage of HIV infection, even if you have no symptoms. For this reason, it is very important to take steps to [reduce your risk of transmission](#).

Without treatment, HIV advances in stages, overwhelming your immune system and getting worse over time. The three stages of HIV infection are: (1) acute HIV infection, (2) clinical latency, and (3) AIDS (acquired immunodeficiency syndrome).

By using HIV medicines (called antiretroviral therapy or ART) consistently, you can prevent HIV from progressing to AIDS. ART helps control the virus so that you can live a longer, healthier life and greatly reduces the risk of transmitting HIV to others.

**ADDITIONAL HIV INFORMATION AND RESOURCES ARE AVAILABLE AT HIV.GOV,** <https://www.hiv.gov/hiv-basics>

## HIV/AIDS Statistics for U.S. and worldwide

**U.S. estimates**, Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))

**In 2016** in the U.S.:

- **39,782 people received an HIV diagnosis** (more than 100 per day).
  - African Americans 12% of population, but accounted for 44% (17,528) of HIV diagnoses
  - Hispanics/Latinos 18% of the population, but accounted for 25% (9,766) of HIV diagnoses
- Gay and bisexual men accounted for 67% (26,570) of all HIV diagnoses and 83% of diagnoses among males.
- Women accounted for 19% (7,529) of HIV diagnoses (heterosexual contact [6,541] or injection drug use [939]).
- Heterosexual contact accounted for 24% (9,578) of HIV diagnoses.
- People who inject drugs (PWID) accounted for 9% (3,425) of HIV diagnoses
- **18,160 people received an AIDS diagnosis.**

Between 2011 and 2015 in the U.S.:

- The annual number of HIV diagnoses declined 5%
- Among white gay and bisexual men, diagnoses decreased 10%
- Among African American gay and bisexual men, diagnoses **increased 4%**; among Hispanic/Latino gay and bisexual men, diagnoses **increased 14%**.
- Diagnoses among all women declined 16%.
- Among all heterosexuals, diagnoses declined 15%, and among PWID, diagnoses declined 17%.

At the end of 2015, an estimated **1,122,900 adults and adolescents in the U.S. were living with HIV.**

- 162,500 (15% or **approximately 1 out of 7 people living with HIV) had not received a diagnosis.**
- Young people were the most likely to be unaware of their infection. **Among people aged 13-24 who were living with HIV, an estimated 44% didn't know.**

Since the epidemic began in the early 1980s, **1,232,346 people in the U.S. have received an AIDS diagnosis.**

**Worldwide estimates**, Joint United Nations Programme on HIV/AIDS (UNAIDS, [www.unaids.org](http://www.unaids.org))

**In 2016:**

- 1.8 million people newly infected with HIV (160,000 among children)
- 36.7 million people living with HIV infection, 2.1 million of those in children (<15 years)
- 1 million AIDS-related deaths

**76.1 million people have become infected with HIV since the start of the epidemic**

**35 million deaths since the start of the epidemic**

# **Pastoral Care Guidelines for persons with HIV/AIDS**

## **Los Angeles Archdiocese HIV/AIDS MINISTRY**

Fr. Chris Ponnet, Director Catholic HIV/AIDS Ministry Los Angeles Archdiocese

### **1. Let the individual set the agenda.**

Many of us like to be in control of everything, including the direction of our conversations. This approach can sabotage our best efforts. The earlier you are in your relationship with the person you are counseling, the more s/he needs to control the issues that are discussed. If you begin a relationship by making demands of the HIV/AIDS-positive person such as his/her immediate repentance, notification of family/partner(s), and acceptance of death, you are being, at best, unfair and unhelpful. At worst, you are being destructive.

### **2. Confidentiality is a must.**

We must keep the trust people place in us. Disclosing one's HIV/AIDS status is often a difficult decision. It means becoming vulnerable and trusting another with a secret. Pastoral visitors are not free to tell others the secrets entrusted to us. We do not tell spouses, church committees, pastors, or friends. If we break confidentiality, we may hurt the one who trusted us so much that s/he never reaches out for help again. We may also be violating the law.

### **3. Do not ask how someone contracted the virus.**

We do not ask someone who has cancer, lupus, or suffered a heart attack how she or he got sick, so why should we ask that of someone with HIV/AIDS? When people tell us their HIV/AIDS status, they are usually dealing with the present and future more than the past. There may be lifestyle issues that need to be discussed at a future time, but our initial reaction needs to be compassion - not questioning.

### **4. Avoid the "Blame Game."**

Spending time blaming people who are HIV/AIDS positive for their illness distracts from the most important issues. The truth is that we have all done things in our lives that involved risk. For the most part, we have been spared many of the worst potential consequences of those acts. We are hypocritical when we blame others if they suffer the severe consequences of their acts. The "blame game" hinders us from effectively providing pastoral care to those who need it.

### **5. Compassion is the key.**

Compassion is being a channel of God's grace and coming to the side of one who is hurting. We suspend judgment and focus on the needs of others. Compassion is shown in gentleness, kindness, acceptance, and love. Pastoral care that lacks compassion is not helpful. Compassion is the way of Jesus.

### **6. Confront your own fears.**

Fear leads some pastors and churches to reject people infected/affected by HIV/AIDS. They may refuse to visit or care for them. We must confront our fears with facts, put judgment and prejudice behind us, and get on with the privilege of ministry. It is important to get accurate medical information.

**7. Focus on life, not death.**

A person infected with HIV/AIDS will eventually die. So will a person who is not infected by HIV/AIDS. None of us knows when death will arrive. Therefore, our focus needs to be on how we will live the rest of our lives. Focusing only on death gives the impression that we have given up hope and are just waiting for the person to die. Focusing on life declares that the person has a lot of living yet to do.

**8. Communicate hope.**

Every moment lived with meaning and faithfulness is a moment lived in hope. New medications are extending the lives of persons infected with HIV/AIDS. A cure may be found. Prayer and medication can help move us into hope. Spirituality calls us to hope and to live each day of our lives fully.

**9. Affirm the worth of the person.**

All people are created in the image of God. All people inherently have great dignity and eternal worth. God's grace has gone out to all people. God calls all people to a life filled with power, love, joy, and service to others. "God so loved the world," (John 3:16) means that there are no second-class people. We must embody the message of love in the Gospel.

**10. Feel free to show emotion.**

A diagnosis of HIV/AIDS can stimulate concerns about death, prolonged illness, lack of control of our lives, financial stability, transmission of the disease, prejudice, and more. Providing good pastoral care requires that we confront these issues and become aware of our own emotions about them. We must be careful, however, to respond to the needs of the person and not our own anxiety, fear, and pity. Our role is to be a pastor to them, not the reverse. Be emotionally present. Feel free to appropriately cry, laugh, or express other emotions when visiting.

**11. Remember to touch.**

One of the tragedies of HIV/AIDS infection is that many people are reluctant to touch someone who is HIV/AIDS-positive. Some of this hesitation is due to irrational fears about contracting HIV/AIDS through casual contact. Others hesitate because they do not accept the HIV/AIDS-positive person or the lifestyle he or she is believed to have. Whatever the reason, refusing to touch someone who wants to be touched sends the message that we are not emotionally present for the person or that we do not accept the person. We must also be sensitive to times when a person does not want to be touched for any reason or cannot be touched because of a physical condition. Our willingness to touch shows our willingness to care.

**12. Look for the stages of grief.**

People who are infected/affected by HIV/AIDS wrestle with grief. They may deal with shock, denial, anger, bargaining, depression, and acceptance. People go through these stages in differing periods of time and may bounce back and forth between stages. People will grieve over their HIV/AIDS status, an HIV/AIDS diagnosis, the loss of a job, becoming symptomatic, the loss of their future, the death of their friends, and the anticipation of their own death. Our job is not necessarily to move people through these stages but to be present to them in the stage they are presently in.



**13. Be aware of psychosocial issues.**

Those infected with, or affected by, HIV/AIDS deal with a variety of issues such as social isolation, rejection by friends and family, prolonged periods of illness, fear of what tomorrow will bring, the sometimes negative reactions of the religious community, reproductive decisions, guilt, and grieving. As givers of pastoral care, we need to recognize these issues and help people as they work their way through them. We also need to educate our community about HIV/AIDS so that it may respond supportively.

**14. Expressions of spirituality vary from person to person.**

People experience God in various ways. Some people express their faith emotionally; others are quiet and contemplative. Some people enjoy singing; others prefer to listen. Some belong to a particular religious group; others do not. Some are very sure about their spiritual direction; others are searching and have a lot of questions. Such differences are not bad. They demonstrate unique ways God reaches out to each of us.

Since religious expressions differ, we must not require everyone to experience God the way that we do. We cannot assume that we know another person's spirituality just because we know that person is infected/affected by HIV/AIDS. We must be present as pastoral guides who help people to find their own way on their spiritual journey.

**15. Avoid saying, "I know how you feel."**

Even if we have had similar situations, we cannot completely understand how anyone else is experiencing a particular situation. More helpful responses might be: "You are in pain," "I am sorry," "I would like to be supportive of you," "It sounds like this is a difficult time for you," "What can I do to help?" and "How do you feel?" Sometimes a quiet hug is appropriate and needed.

**16. Get educated.**

To give helpful, consistent pastoral care, educate yourself about HIV/AIDS infection. Learn the basic facts about modes of transmission, progression of the infection, common illnesses and medications, and the psychosocial issues that surround HIV/AIDS.

By becoming educated about HIV/AIDS, you communicate to people with the virus that you care about them. You can find out about HIV/AIDS in many ways: books, tapes, seminars, volunteer opportunities, HIV/AIDS hotlines, American Red Cross programs, denominational resources, hospitals, and more. However you choose to become educated, do it today.

**17. Pastoral care is usually a long process.**

We cannot heal every wound and solve every problem in one visit. Pastoral care with someone whose life has been touched by HIV/AIDS requires time, patience, and the development of a relationship. Our role is to come alongside of people and support them, to be present with them. It is not to answer every question and give a solution to every problem. We must be patient as people work through grief and the myriad other life issues.

**18. Know your limits.**

HIV/AIDS brings us into contact with issues such as counseling, bio-ethics, living wills, medical treatment, grief, guilt, stress reduction, and nutrition. None of us can adequately deal with all these issues. We must realize when we have reached our limits and be humble enough to refer to an appropriate professional person.

**19. Every situation can be used by God for growth as God’s people.**

God meets us in the people we encounter. People living with HIV/AIDS, through the issues they raise, help us confront fear, death, frustration, impatience, prejudice, and spirituality. Accompanying them through these issues can be mutually beneficial. We must be open to growth.

**20. Doctrine and dogma do not substitute for sharing and love.**

We all operate within the structure of a religious organization. That does not mean, however, that all we have to offer is that structure. We must add to that framework caring, personal sharing, and love. Unless we become personally involved, we will fail to show God's love to others and fail to follow the example of Jesus.

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**From *The People of God Living with HIV/AIDS: Resources for Education and Pastoral Care***

**V Appendix**

- **Networking Information**

**St. Camillus Outreach/Catholic HIV/AIDS Ministry Los Angeles Archdiocese**

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

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