



Presbyterian AIDS Network
A Network of the Presbyterian Health, Education & Welfare
Association (PHEWA)

Dear PAN Members and Friends,

We honor World AIDS Day on December 1, 2015. Not long ago HIV and AIDS looked unbeatable. It devastated entire generations, leaving behind countless orphans and ravaging many countries, especially sub-Saharan Africa. But partners came together to counter the deadly disease and we have made great progress. Over 17 million lives have been saved and now 8.1 million people are on antiretroviral therapy for HIV. (1) However, this is no time to relax our efforts. Despite advances in science and innovative solutions, tremendous challenges still confront us. Adolescent girls are contracting HIV at a terrible rate in southern Africa. We have made little progress in eliminating new cases in the United States and world-wide the global epidemic infects about 6,000 people each day. Many more lives are still at risk. The “graying” of HIV raises important questions for the care and management of HIV through the aging process. A recent outbreak in rural Indiana and Kentucky has reignited debate over syringe service programs. We must concentrate on several key areas including adolescent girls and women, advancing human rights, decriminalizing the disease, as well as building resilient and sustainable systems for health.

As world leaders work to formulate Sustainable Development Goals to improve the lives of billions of people, we know what can be achieved within a context of faith. If you and members of your congregation are not yet a part of PHEWA’s [Presbyterian AIDS Network](#), we strongly encourage your membership and participation.

Please use our World AIDS Day resources to provide relevant educational activities within your church communities as well as advocacy, fund raising, direct service or partnering with other concerned churches and organizations. Seize the momentum and the magnificent display of human spirit that has brought us to this point. Develop a special service honoring the faithful advocates. Let’s come together near World AIDS Day to raise awareness and increase support. Join us as a member of PAN and share with us the vision of an AIDS free world.

Sincerely,

Ann Jones and George Kerr, co-moderators for Presbyterian AIDS Network

(1)Results Report 2015



FACT SHEET: The National HIV/AIDS Strategy: Updated to 2020

In July of 2015, President Obama signed an Executive Order releasing the National HIV/AIDS Strategy: Updated to 2020, detailing principles and priorities to guide our collective national work to address HIV in the United States over the next five years.

In 2010, the President launched the nation's first comprehensive National HIV/AIDS Strategy. The Strategy has changed the way the American people talk about HIV, prioritize and organize HIV prevention and care services locally, and deliver clinical and other related services that support people living with HIV and encourage their engagement in treatment and care.

This updated Strategy reflects the accomplishments and the lessons learned since the original Strategy was released in 2010. Looking ahead to 2020, this Update retains the Strategy's original vision and four main goals:

Goal 1: Reducing New HIV Infections

Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV

Goal 3: Reducing HIV-related Disparities and Health Inequities

Goal 4: Achieving a More Coordinated National Response

The Update calls for particular focus on the following priority activities through 2020:

Widespread HIV testing and linkage to care, enabling people living with HIV to access treatment early.

Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence.

Universal viral suppression among people living with HIV, since it benefits their health and reduces transmission of the virus to others.

Full access to comprehensive pre-exposure prophylaxis (PrEP) services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP. As one of

the tools in the HIV prevention toolkit, PrEP is a way for people who don't have HIV to prevent HIV infection by taking a pill every day.

Continuing on the path set by the 2010 Strategy, the Update also recognizes that—for a variety of reasons—HIV does not impact all Americans equally. **The HIV epidemic in the United States is concentrated in key populations and geographic areas** and the Update guides our response to prioritize the following groups:

- Gay, bisexual, and other men who have sex with men of all races and ethnicities, noting the particularly high burden of HIV among Black gay and bisexual men
- Black women and men
- Latinos and Latinas
- People who inject drugs
- Youth aged 13 to 24 years, noting the particularly high burden of HIV among young Black gay and bisexual men
- People in the Southern United States
- Transgender women, noting the particularly high burden of HIV among Black transgender women

Leveraging Major Scientific and Policy Advances:

The 11 Steps and 37 Recommended Actions in the updated Strategy integrate and leverage the major scientific, policy, and other advances that have occurred since 2010. These include:

- **Implementation of the Affordable Care Act:** The Affordable Care Act has increased the number of Americans—including persons living with and at risk for HIV—who have access to health care coverage including preventive services such as HIV testing that are covered without cost sharing.
- **High Impact Prevention:** Since 2010, Centers for Disease Control and Prevention (CDC) has pursued an approach that concentrates limited HIV prevention resources on the most cost-effective and scalable interventions that are aligned geographically and demographically with the burden of HIV.
- **HIV Testing:** The past five years have seen the development of new HIV diagnostic tests and expanded testing efforts. In addition, screening all persons aged 15 to 65 years for HIV is now a grade “A” recommendation of the independent U.S. Preventive Services Task Force. This means that, as of April 2014, new health plans under the Affordable Care Act must offer HIV screening without cost sharing.



- **Benefits of HIV Treatment:** Results from the National Institutes of Health (NIH)-supported Strategic Timing of Antiretroviral Treatment (START) study recently provided clear evidence that early treatment promotes improved health outcomes for those with HIV. It also demonstrated that starting HIV therapy early not only protects individuals against opportunistic infections associated with AIDS, but also from AIDS-related cancers as well as other non-AIDS outcomes.
- **Treatment as Prevention:** The NIH-funded HIV Prevention Trials Network 052 study showed that, in addition to benefiting their own health and longevity, people living with HIV who adhere to effective antiretroviral therapy and have a suppressed viral load can reduce the risk of sexual transmission of HIV by 96 percent. Antiretroviral therapy for pregnant women with HIV also dramatically reduces the risk of transmission during pregnancy and childbirth.
- **Ryan White HIV/AIDS Program (RWHAP):** The RWHAP is the largest Federal program solely dedicated to providing a comprehensive system of care to people living with HIV who do not have sufficient health care coverage or financial resources to cope with HIV. It touches the lives of over half of all people living with HIV in the United States, by taking a public health approach to provide medical care and essential support services to people living with HIV who do not have sufficient health care coverage or financial resources to cope with HIV infection. Doing so not only improves the health outcomes for individuals with HIV, it serves the public health benefit of helping to prevent HIV transmission. Since 2010, critical funding increases for the AIDS Drug Assistance Program have been provided to ensure access to lifesaving treatment.
- **PrEP:** In 2012, the FDA approved the use of Truvada for use as PrEP after several clinical trials demonstrated its efficacy. To make best use of this new HIV prevention tool, the U.S. Public Health Service released clinical practice guidelines in 2014 to assist clinicians in providing PrEP and associated services to their patients at substantial risk for HIV infection. When taken consistently, PrEP can reduce one's risk for acquiring HIV by up to 92%.
- **Digital Tools and Technology:** Digital technology and social media have changed how health-related information is delivered, opening new opportunities to use digital tools to extend the reach and deepen the impact of our efforts to provide information and promote HIV testing as well as to help link and retain individuals in care.
- **Integrating previous Executive Actions:** In 2012, President Obama signed a memorandum forming an Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities and in 2013,



signed an Executive Order launching the HIV Care Continuum Initiative. The recommendations from these initiatives have increased our focus on these areas, and they have been fully integrated into the Update.

HIV Care Continuum Data Indicate Areas of Greatest Need:

Despite these advances, there is still an HIV epidemic and it remains a significant health issue for the United States. Today, 1.2 million people in the United States are living with HIV and the most recent national estimates point to areas where further improvements are needed.

- **Awareness of Status:** An estimated 1 in 8 people living with HIV in the United States are unaware of their infection and, thus, are not receiving regular medical care to manage the disease. Many individuals are also diagnosed late. In 2013, 24 percent of persons diagnosed with HIV had a stage 3 (AIDS) classification at the time of diagnosis.
- **Linkage to care:** Being linked to HIV care as soon as possible after diagnosis allows people with HIV to gain the full benefits of early treatment. Yet, issues such as poverty; unemployment; intimate partner violence; unstable housing, including homelessness; hunger; lack of access to transportation; and other issues often prevent people from accessing the health care they need. In 2013, 82 percent of those newly diagnosed with HIV infection, were linked to HIV medical care within 3 months of their diagnosis.
- **Engagement in care:** For people living with HIV, staying engaged in medical care is an important precursor to becoming virally suppressed. Key social and structural supports are necessary to make it possible for affected individuals to visit a medical provider, take medications, and stay healthy. Yet, in 2012, only 39 percent of all persons living with HIV infection were engaged in care.
- **Viral suppression:** Being virally suppressed—which means that HIV is under control at a level that keeps people healthy and reduces the risk of transmitting the virus to others—not only improves a person with HIV’s health and enhances their lifespan; it also significantly reduces their risk of transmitting HIV to partners. In 2012, only 30 percent of all persons living with HIV infection in the United States achieved viral suppression.

These data clearly indicate areas where increased attention is needed to ensure that all individuals living with HIV in the U.S. are aware of their infection and able to realize the full benefits of available care and treatment.

Indicators of Progress toward 2020:

Responding to these challenges and taking full advantage of the many advances requires a more coordinated national response to HIV in the United States. Together, by aligning Federal and

community efforts on the principles and priorities detailed in the updated Strategy, we aim to achieve the following outcomes by 2020:

1. Increase the percentage of people living with HIV who know their serostatus to at least 90 percent.
2. Reduce the number of new diagnoses by at least 25 percent.
3. Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least 10 percent.
4. Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent.
5. Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.
6. Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.
7. Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.
8. Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent.
9. Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black women, and persons living in the Southern United States.
10. Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent.

To guide implementation of the updated Strategy across the U.S. government, the many Federal agencies and offices engaged in HIV activities will develop a Federal Action Plan detailing the specific steps they will take to implement the priorities set by the Update. The Federal Action Plan will be released in December.

An action plan framework, similar to the Federal Action Plan structure, will be created to assist other stakeholders—such as state, Tribal, and local governments, community-based organizations, coalitions of persons living with HIV, the scientific and medical communities, faith communities, schools and universities, industry, philanthropy, and other stakeholders—in developing their own action plans, tailored to their own specific missions and priorities.

By working together to achieve the outcomes of the updated Strategy, Federal and community partners will bring us closer to realizing the Strategy’s vision:

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination.



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For more information about HIV and AIDS, visit

www.pepfar.gov

<http://www.AIDS.gov>

<http://www.ACTAGAINSTAIDS.org>

www.blackaids.org

www.aidsunited.org

www.balmingilead.org

www.gaychurch.org

World Council of Churches website: <https://www.oikoumene.org>

<http://www.e-alliance.ch>

www.unaids.org

www.theblackchurchandhiv.org

www.hivcaucus.org

To find an HIV testing site near you, go to: <http://www.HIVTest.org>

or call 1-800-CDC-INFO

HIV and AIDS website descriptions

www.pepfar.gov

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government initiative to help save the lives of those suffering from HIV/AIDS around the world. This historic commitment is the largest by any nation to combat a single disease internationally, and PEPFAR investments also help alleviate suffering from other diseases across the global health spectrum. PEPFAR is driven by a shared responsibility among donor and partner nations and others to make smart investments to save lives.

PEPFAR is the cornerstone and largest component of the U.S. President's Global Health Initiative. With a special focus on improving the health of women, newborns and children, the Global Health Initiative's goal is to save the greatest number of lives by increasing and building upon what works and, then, supporting countries as they work to improve the health of their own people.



On July 30, 2008, **H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008** was signed into law, authorizing up to \$48 billion over the next 5 years to combat global HIV/AIDS, tuberculosis, and malaria.

This global epidemic requires a comprehensive, multi-sectoral approach that expands access to prevention, care and treatment. As PEPFAR works to build upon its successes, it will focus on transitioning from an emergency response to promoting sustainable country programs.

- **Sustainable programs must be country-owned and country-driven.** Given that the AIDS epidemic represents a shared global burden among nations, the next phase of PEPFAR represents an opportunity for the United States to support shared responsibility with partner countries. To seize this opportunity, PEPFAR is supporting countries in taking leadership of the responses to their epidemics. In addition, to support an expanded collective impact at the country level, PEPFAR is increasing collaboration with multilateral organizations.
- **Sustainable programs must address HIV/AIDS within a broader health and development context.** PEPFAR must be responsive to the overall health needs faced by people living with HIV/AIDS (PLWHA), their families, and their communities, linking the HIV response to a diverse array of global health challenges. As a component of the Global Health Initiative, PEPFAR will be carefully and purposefully integrated with other health and development programs.

Integration expands country capacity to address a broader array of health demands and to respond to new and emerging challenges presented by HIV. Strategic coordination furthers the reach of bilateral assistance, leverages the work of multilateral organizations, promotes country ownership, and increases the sustainability of national health programs.

- **Sustainable programs must build upon our strengths and increase efficiencies.** PEPFAR is renewing its emphasis on a "whole of government" response, ensuring that agencies focus on core competencies and better coordination to maximize the effectiveness of U.S. Government (USG) assistance. It is also identifying and implementing efficiencies in its work at both field and headquarters levels to ensure value for money. To build upon the strengths of proven programs, PEPFAR is scaling up effective interventions, particularly in prevention. Finally, it is working to ensure that increased access to coverage is accompanied by an emphasis on quality of services.

PEPFAR's Goals:

1. Transition from an emergency response to promotion of sustainable country programs.
2. Strengthen partner government capacity to lead the response to this epidemic and other health demands.
3. Expand prevention, care, and treatment in both concentrated and generalized epidemics.



4. Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems.
5. Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes.

Programmatic Strategy:

In this second phase of PEPFAR, a new program strategy is underway that supports the Administration's overall emphasis on improving health outcomes, increasing program sustainability and integration, and strengthening health systems. Some of these changes are already being implemented with planning and programming for FY 2010. Over the next year, PEPFAR will be working closely with country teams in order to translate, prioritize, and implement this strategy in a manner appropriate to the country context. More information on the broader strategic framework for PEPFAR activities can be found in the strategy annexes which will be made available at www.pepfar.gov/about/strategy.

<http://www.AIDS.gov>

[AIDS.gov](http://www.AIDS.gov) is a gateway to all domestic U.S. government HIV & AIDS testing, treatment, & research information.

OBJECTIVES

- Expand visibility of timely and relevant Federal HIV policies, programs, and resources to the American public.
- Increase use of new media tools by government, minority, and other community partners to extend the reach of HIV programs to communities at greatest risk.
- Increase knowledge about HIV and access to HIV services for people most at-risk for, or living with, HIV.

A large number of Federal agencies and programs are engaged in HIV/AIDS prevention, testing, treatment, policy, and research efforts in the United States. AIDS.gov serves as a gateway for information about these Federal efforts, with a focus on domestic programs.

Since the launch of AIDS.gov on December 1, 2006 (World AIDS Day), there has been a growing interest in using new media tools to disseminate information about HIV/AIDS and improve prevention, testing, treatment, and research outcomes. AIDS.gov created this blog to address that interest, and has since expanded content areas to include key US Government HIV/AIDS-related research and policy posts, among other topics. This blog serves as a forum to foster public discussion on using new media effectively in response to HIV/AIDS, as well as HIV/AIDS research and policies. The intended audiences for the blog include, but are not limited to: Individuals and organizations using, or wanting to use, new media tools in the response to HIV/AIDS, including minority public health leaders; Members of the public and Federal staffers who would like to see the Federal government adopt emerging technologies, when appropriate, to improve information delivery and services Public health professionals, healthcare providers,



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and consumers looking for Federal HIV policy and research news - See more at:
<https://blog.aids.gov/about#sthash.BtwdN4dd.dpuf>

<http://www.ACTAGAINSTAIDS.org> .

Act Against AIDS (AAA) is an initiative launched by the Centers for Disease Control and Prevention (CDC) and the White House to combat complacency about HIV and AIDS in the United States. Launched in 2009, *Act Against AIDS* focuses on raising awareness among all Americans and reducing the risk of infection among the hardest-hit populations – gay and bisexual men, African Americans, Latinos, and other communities at increased risk.

Act Against AIDS consists of several concurrent HIV prevention campaigns and uses mass media (TV, radio, newspapers, magazines, and the Internet) to deliver important HIV prevention messages. All campaigns support the comprehensive HIV prevention efforts of CDC and the [National HIV/AIDS Strategy \(NHAS\)](#). *Act Against AIDS* also supports the [Act Against AIDS Leadership Initiative \(AAALI\)](#)(<http://www.cdc.gov/actagainstaids/partnerships/index.html>), a network of national-level organizations that focus on African Americans, black men who have sex with men (MSM), and the Latino community.

www.blackaids.org

Founded in May 1999, the Black AIDS Institute is the only national HIV/AIDS think tank focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black institutions and individuals in efforts to confront HIV. The Institute interprets public and private sector HIV policies, conducts trainings, offers technical assistance, disseminates information and provides advocacy mobilization from a uniquely and unapologetically Black point of view.

Our motto describes a commitment to self-preservation: "Our People, Our Problem, Our Solution."

www.aidsunited.org

Mission: AIDS United's mission is to end the AIDS epidemic in the United States. We seek to fulfill our mission through [strategic grantmaking](#), [capacity building](#), [policy/advocacy](#), technical assistance and formative research.

History: AIDS United's grantmaking portfolio dates back to the founding of the National AIDS Fund in 1987. For more than two decades, we have supported community-driven responses to the HIV epidemic around the country that reach the nation's most disproportionately affected



populations, including gay and bisexual men, communities of color, women, people living in the deep South and people living with HIV/AIDS. To date, our strategic grantmaking initiatives have directly funded more than \$91 million to local communities, and have leveraged more than \$115 million in additional investments for programs that include, but are not limited to, syringe access, access to care, capacity-building, HIV prevention and advocacy.

AIDS United's policy and advocacy roots were born out of coalition in 1984, when AIDS service organizations (ASOs) across the country came together to form AIDS Action. AIDS Action Foundation (AAF) was formed as the education arm a few years later. AAC and AAF together formed AIDS Action, decades later, AIDS Action merged with the National AIDS Fund, the coalition of organizations involved in AIDS United's policy work continues to grow. AIDS United advocates for people living with or affected by HIV/AIDS and the organizations that serve them. We house the most seasoned and respected domestic AIDS policy team in Washington DC, and our public policy work is informed by a [Public Policy Committee](#) that includes a broad array of organizations from all regions of the country engaged in helping to end AIDS in America.

www.balmingilead.org

The Balm In Gilead develops educational and training programs specifically designed to meet the unique needs of African American and African congregations that strive to become community centers for health education and disease prevention.

The Balm In Gilead is known for its insightful understanding of religious cultures and values and extraordinary ability to build strong, trusted partnerships with faith communities. The Balm In Gilead has been entrusted to build the capacity of national faith structures to utilize their existing relationships to deliver comprehensive health services.

www.gaychurch.org

The intent of our Affirming Church Directory™ is to provide an online directory so people can locate and visit welcoming Christian churches around the world. We list congregations that meet on a regular basis in a physical location for worship, prayer, service and fellowship. All churches in this directory have confirmed that their congregation, in some form or fashion, is an *affirming Christian church*.

We define the word “affirming” as meaning the church does *not* view homosexuality in and of itself as a sin, and therefore they would welcome and treat a homosexual person no differently than any other person who walked through their church doors seeking Christ. We also believe that a fully affirming congregation allows ALL people the ability (as much as denominational polity allows) to be involved in all aspects of the life of the community.

[Visit the World Council of Churches website:](https://www.oikoumene.org) <https://www.oikoumene.org>

What is the World Council of Churches?



The World Council of Churches is a fellowship of churches which confess the Lord Jesus Christ as God and Saviour according to the scriptures, and therefore seek to fulfill together their common calling to the glory of the one God, Father, Son and Holy Spirit.

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It is a community of churches on the way to visible unity in one faith and one eucharistic fellowship, expressed in worship and in common life in Christ. It seeks to advance towards this unity, as Jesus prayed for his followers, "so that the world may believe." (John 17:21)

The Ecumenical Advocacy Alliance: <http://www.e-alliance.ch>

The Ecumenical Advocacy Alliance is an international network of churches and church-related organizations committed to campaigning together on common concerns. Current campaigns focus on HIV and AIDS and Food. [Their resources for observing World AIDS Day](#) can be used throughout the year.

www.unaids.org

[UNAIDS](#) , the Joint United Nations Programme on HIV/AIDS, is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support.

www.theblackchurchandhiv.org

The Black Church & HIV: The Social Justice Imperative is a **project of the NAACP**.

www.hivcaucus.org

the united states people living with hiv (plhiv) caucus

The United States People Living with HIV (PLHIV) Caucus is a group of organizations, coalitions, networks, client groups and individuals with HIV who advocate for people living with HIV (PLHIV) in the U.S. Formed in January 2011, the Caucus includes diverse and accountable representation by people living with HIV from throughout the United States. "Since the early days of this epidemic, people living with HIV have demanded inclusion in decision making processes. The U.S. PLHIV Caucus is our vehicle to make sure our voices are heard in the policy and advocacy discussions that so profoundly affect our lives," said Caucus Steering Committee President, Cecilia Chung.

How can the church love and support our brothers and sisters living with or at risk of HIV and AIDS?

SERVICE

- S- Seeds
- E- Embedded
- R- Relationship
- V- Vision
- I- Illustration
- C- Christ's
- E- Example



Photo credit: NCFL-Wonderopol

‘A farmer went out to sow his seed. As he was scattering the seed, some fell along the path; it was trampled on, and the birds ate it up. Some fell on rocky ground, and when it came up, the plants withered because they had no moisture. Other seed fell among thorns, which grew up with it and choked the plants. Still other seed fell on good soil. It came up and yielded a crop, a hundred times more than was sown.’ Luke 8:5-8

Consider how serving is similar to a farmer planting seeds. As a farmer expects to put in the time needed to create quality soil and purposefully place seeds with care and attention, so should our service. We as the body of Christ should be planting **Seeds** of service **Embedded** in fertile soil built in **Relationship**, through clear **Vision** in seeing others as Christ sees them, and **Illustrating** His love through His **Example**. Only then can we grow as one body in love and support.

What are practical ways we can be involved?

1. Educate yourselves and others about HIV/AIDS.
 - a. More than 1.2 million people in the U.S. are living with HIV, with nearly 1 in 8 unaware of their status.²
 - b. Whether or not infected, we are all affected. Education reduces the spread of HIV and its stigma!
2. Locate local organizations who serve brothers and sisters living with HIV/AIDS, and simply get involved as volunteers.
 - a. Examples of ways volunteers can be involved: Peer support counseling, HIV testing, meal preparation and delivery to those who are homebound
3. Consider how existing or new ministries within your church can reach out in support of our brothers and sisters living with or at risk for HIV in your communities.
 - a. Become an Open Table Model supported church, where 8-10 individuals build a relationship with a brother/sister either living with HIV or at risk, to create and accomplish a life plan.

Contact **HopeSprings** (info@hopesprings.org) or **PHEWA/PAN** (phewainfo@gmail.com) to learn how your church can participate in educational trainings to become more aware of HIV, as well as learn about ways to volunteer.

¹ National Center for Families Learning (NCFL) (2015). Wonderopolis: How do seeds sprout? Retrieved at <http://wonderopolis.org/wonder/how-do-seeds-sprout/>.

² CDC (7/2015). HIV in the United States: At a glance. Retrieved at <http://www.cdc.gov/hiv/statistics/basics/ataglance.html>.

World AIDS Day Litany by Rev. Tim Jessen

When Secretary of State John Kerry spoke at Indiana University on October 15, 2015, he shared his hope with the largely student group that that they would be the first AIDS-free generation. With that in mind, I wrote this Litany for World AIDS Day, 2015.

Leader: We are gathered here today to remember, those that have suffered with HIV and AIDS, those that have cared for them, those that have grieved for them, those that have prayed and interceded for their healing and welfare:

All: Lord, hear our prayers, and let our cries come unto Thee.

Leader: We are gathered here to pray for those still suffering and nations still in pain,

All: Touch and heal all who are suffering with HIV and AIDS, and grant that the day may come soon when it is banished from our earth.

Leader: We are gathered here today to grieve: for lives cut short in the prime of life, for talents that are no longer able to be used and enjoyed, for families that still miss a loved family member and friend,

All: Blessed are those who mourn; for they shall be comforted.

Leader: We are gathered here to admit our complicity and guilt in not doing enough to fight and combat the devastation and heartbreak of the AIDS epidemic worldwide:

All: Forgive our sin, cleanse us from our guilt, and focus our attention on what we can do now to bring health and healing to your world.

Leader: WE are gathered here to say "No" to prejudice, discrimination, and all the evil that separates us from You:

All: Change our hearts, minds, and spirits, that we may live lives that are well-pleasing and satisfying to You.

Leader: We are here to say "Yes" to life and love, even in the midst of the overwhelming sense of evil, pain, and violence we see in our world:

All: Make us instruments of your peace, in all we think, say, and do.

Leader: We are here to pray a world without HIV and AIDS, that this may be the first generation to live free of its scourge, destruction, and death,

All: Grant that all your children may live long, fruitful lives. And inherit abundant, everlasting life.

Leader: Lastly, we are here to Celebrate: All the victories that have been won, all the lives that have been reclaimed and restored, all the scientific advancements that have brought us to this place, and all the efforts that have made us more tolerant and understanding of each other and all our brothers and sisters in the global community:

All: We give thanks and rejoice, celebrating life, hope, and peace for all humankind! Through Jesus Christ our Lord. Amen.



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Encounter: No Ordinary Meeting

A World AIDS Day Sermon

Note : Illustrations in this sermon may be adapted. Scripture is in red. Emphasis and illustrations are in blue and purple.

Introduction: Encounter, No Ordinary Meeting

Today, we remember World AIDS Day and stand together with the 1.2 million brothers and sisters here in the US who have felt stigma and discrimination because of a virus. Through scripture, we intentionally step into an encounter that Jesus had with a woman that was no ordinary meeting. As we look into this encounter, I pray that God would examine our hearts and make aware any stigma and discrimination we may have. I also pray that if we are the hurting woman in this story, we would encounter an experience with Jesus like no other.

Let's jump in.

Encounter means:

- A chance meeting
- A meeting of conflict

It is more than a casual run in at Wholefoods

- Perhaps it started that way but it became something more.
- It became a significant event... an encounter.
- A moment in time

Today we are exploring ordinary women who had an "encounter" with Jesus.

- This encounter speaks directly into some of the ways we may question who Jesus is.

This week we will talk about a Samaritan woman who encountered Jesus at a community well.

First let me give a quick background -it sets the stage

In 722 B.C. Assyria conquered Israel

- They took most people into captivity.
- They brought in Gentile (non Jewish) outsiders to resettle the land. (2 Kin. 17:24)
- These outsiders brought pagan idols.
- The remaining Jews began to worship these idols alongside the God of Israel (2 Kin. 17:29-41).
- This caused tensions with Jews who were not in Israel
- Intermarriages also took place (Ezra 9:1-10:44; Neh. 13:23-28).

Later... a remnant of 43,000 Jews were permitted to return and rebuild Jerusalem.

- The people who now inhabited the former northern kingdom—the Samaritans—vigorously opposed the reinstatement and tried to undermine the attempt to reestablish the nation.
- For their part, the full-blooded, monotheistic Jews detested the mixed marriages and worship of their northern cousins.
- So walls of bitterness were erected on both sides and did nothing but harden for the next 550 years.

So much hatred existed between these two cultures.

- When Jews would travel north they would go around Samaria.
- The Jews wanted nothing to do with Samaria.
- Extreme racism and hatred existed.

This story is about Jesus (a Jew) having a conversation with a Samaritan woman.

- A woman with a past
- A woman with some type of reputation.
- As we heard the reading, she was married 5 times.
- That's unusual in this culture.
- It was extraordinarily unusual in her culture.
- Also, she was now living with a guy who was not her husband.

- She had a public past.
- We don't know her story.
- Maybe her husbands left her for other women.
- She could have had 5 husbands that died.
- Even so - this would have been considered a curse.
- Maybe she was barren. Maybe her heart was broken and she desperately wanted children.
- In this culture you were viewed as worthless if you could not bear a child.

We don't know if her situation was from her own doing or from other.

What we do know is... SHE WAS THIRSTY

- Life had left her thirsty.
- Not for water... but for something more.

John gives us great detail in the story

John 4

5 So he came to a town in Samaria called Sychar, near the plot of ground Jacob had given to his son Joseph. 6 Jacob's well was there, and Jesus, tired as he was from the journey, sat down by the well. It was about noon. 7 When a Samaritan woman came to draw water...

(VS 6) She came to the well at noon.

- No one ever goes to the well at noon.
- For the same reason you don't cut your grass at noon.
- IT'S HOT!
- Normally women would come to the well in the morning or evening when it was not hot.
- They would often come in groups for protection or to socialize.
- She came at noon... by herself

This woman has learned how to survive.

- She is not all that different than us.
- She is skillfully maneuvering to avoid any interaction.
- If she knew she was going to have an encounter with Jesus... she may have rescheduled.
- She has learned to survive in a world that has caused her pain.
- The only reason she was at the well that day was she needed water.
- Little did she know... she was about to have an ENCOUNTER with the savior of the world.
- All she knew, was she was thirsty.

7 When a Samaritan woman came to draw water, **Jesus said to her, "Will you give me a drink?"** 8 (His disciples had gone into the town to buy food.)

Can I just ask ... How many guys does it take to get lunch?

- Jesus was setting the stage

"Will you give me a drink?" Seems like an ordinary dialogue.

- It wasn't
- If this was an Old Western film:
- When Jesus said "give me a drink"
- The room would have gotten quiet
- The soundtrack would have struck a still chord
- There would be a silent tension
- The prejudice is off the charts.
- It's cultural prejudice
- It's religious prejudice
- It's ethnic prejudice
- It's gender prejudice
- Jesus was a Jew - she was a Samaritan women
- This DID NOT HAPPEN - notice her response

9 The Samaritan woman said to him, **"You are a Jew and I am a Samaritan woman. How can you ask me for a drink?"** (For Jews do not associate with Samaritans.)

She's Thinking - Say what?

- A Jewish man, is asking for a drink from me.
- To touch what I have touched.
- To drink from the cup I drank from.
- She may be wondering "Is he instigating?"
- He's crossed the line - when someone crosses the line...

Jesus' Motive -In His request, Jesus was making a statement.

- I view you as one who is worthy to drink after
- I view you as someone I am not afraid to touch
- I have gone out of my way to have an encounter with you.

10 Jesus answered her, "If you knew the gift of God and who it is that asks you for a drink, you would have asked him and he would have given you living water."

11 "Sir," the woman said, "you have nothing to draw with and the well is deep. Where can you get this living water? 12 Are you greater than our father Jacob, who gave us the well and drank from it himself, as did also his sons and his livestock?"

Let's remember she has been married 5 times.

- It is very likely that the only thing she is counting on from a man is her basic needs - food and shelter.

Jesus is offering her something better than what she came to get for herself.

- This well was dug by Jacob and has supplied the community's physical needs for hundreds of years.
- Are you saying you have something better than this?

This woman knows Jesus is offering something great... she is not quite sure what it is yet.

ILLUSTRATION - Sometimes when I lose my cellphone, I will have my wife call it.

- I'm downstairs and hear it upstairs, so I move closer.
- Then in the bedroom, move closer.

- While in the bedroom I can hear it, I know I am close but I can't quite pinpoint where it is coming from, I start moving things.
- There it is... under a pile of unfolded clothes.

I feel like this is the picture of what is happening in this dialogue.

- She hears something, moves closer...
- This is often the way our journey looks.
- Often times an encounter begins by hearing something and moving closer.

Then Jesus starts filling in the lines.

13 Jesus answered, "Everyone who drinks this water will be thirsty again, 14 but whoever drinks the water I give them will never thirst. Indeed, the water I give them will become in them a spring of water welling up to eternal life."

Up until this point, she has strategized ways of getting around the hurt that life has brought her.

- She is at the well at noon...
- To avoid people
- To avoid shame
- She is on her own treatment plan.
- A plan that helps her avoid future pain but does nothing about the shame of her past.
- She's medicating and He offers the cure.

I can relate to this woman.

- Maybe not the 5 husbands and boyfriends.
- Maybe not the potential barrenness but I can relate.
- I relate to her shame.
- That black mark in our past that we don't want anyone to know about.
- The abuse you suffered.
- Crazy college years.
- Maybe it was something you did
- Maybe it was something that was done to you.

Jesus unveiled more than a treatment... a cure.

- Jesus is telling her... and us
- "I have something that will quench the thirst in you"
- Your plans haven't worked
- Through a relationship with me... I can quench that thirst once and for all.

15 The woman said to him, "Sir, give me this water so that I won't get thirsty and have to keep coming here to draw water."

I am sure she has heard every sales pitch

- She has no doubt heard many promises.
- We don't know if she is excited or if she is agreeing just so she can get to the end of the pitch.
- Just 130 payments of \$19.99

Then Jesus changes the tone.

- Up until this point, this has been an unusual meeting.
- This is the moment where the unusual meeting turns into a full blown encounter.

16 He told her, "Go, call your husband and come back."

Awkward!

- Jesus...how insensitive of you...Do you not know that she has been suffering?
- Illustration: It's like that moment I go see my Physician and he starts poking around, and hits a spot that makes me want to kick him across the room...
- That's not supposed to hurt.

So she does exactly what we do... she has framed up a neat response.

17 "I have no husband," she replied.

Socially, this is where you get the clue... Don't ask any more questions.

- But you're not talking to the neighbor who just moved in.
- You're talking to Jesus.

17 "I have no husband," she replied. Jesus said to her, "You are right when you say you have no husband. 18 The fact is, you have had five husbands, and the man you now have is not your husband. What you have just said is quite true."

Jesus did to her what he would like to do to each of us this morning.

- He suddenly... painfully... insensitively put her in touch with her thirst.
- Life has let you thirsty.
- Your attempts to quench your thirst have left you empty.

I love the emotional conflict.

- She just got called out by Jesus.
- Normally this would evoke a defensive response.
- But in this moment she has to realize Jesus knew her past and still was willing to:
 - Sit with her.
 - Talk with her
 - Drink from her cup

Then

19 "Sir," the woman said, "I can see that you are a prophet."

I can see you are different.

Then she goes on a bit of a rant.

- She changes the subject.
- Jews worship here - we worship there...
- What I hear her saying is...
- I am confused.
- I don't really want to talk about this.
- Give me time and I will excuse every one of my bad decisions.

- I am religiously aware but don't know where to start.
- We all experience shame . . . some of it is internal anguish some of it is external avoidance.

Jesus kind of goes along with it - whew!

I would sum up Jesus' response as:

- You can start here... right now

Then she deflects a little... seems like she has been to this place before.

25 The woman said, "I know that Messiah" (called Christ) "is coming. When he comes, he will explain everything to us."

26 Then Jesus declared, "I, the one speaking to you—I am he."

((PAUSE))

The Disciples Rejoin Jesus

27 Just then his disciples returned and were surprised to find him talking with a woman. But no one asked, "What do you want?" or "Why are you talking with her?"

28 Then, leaving her water jar,

I love that the writer (John) includes this detail.

- She leaves behind her short term remedy to her thirst.

28 Then, leaving her water jar, the woman went back to the town and said to the people, 29 "Come, see a man who told me everything I ever did. Could this be the Messiah?"

"He told me everything I ever did"???

- This was not likely a secret.
- Her past was public.

There is something about the way she said this.

- With transparency.

- No more hiding
- No more shame
- In the beginning of this story she was arranging her day to avoid a sliver of interaction.
- Now she is going into town, into public.
- What is different?
- She had an encounter with Jesus.
- She came to the well full of shame and regret.
- She left the well with hope.
- In this moment she has experienced a transformation.
- Even still, she is not sure she fully gets it.

30 They came out of the town and made their way toward him.

The beauty of this whole story is God took what could have destroyed her and redeemed it.

- Now others are able to have an encounter with Jesus because of her story.

Conclusion

In conclusion, I want to point you back to the beginning of this story.

John 4 4 Now he had to go through Samaria.

He did not HAVE to go through Samaria.

- Everyone knew - you just go around Samaria.
- Jesus knew
- From the woman's perspective, this was a chance meeting.
- From Jesus' perspective this was a planned encounter.
- In this story we get a picture of how God views the thirsty.
- If we are honest with ourselves, many of us are thirsty.
- Thirsty because of our own decisions.
- Thirsty because of other's decisions.
- There is something missing, and I have tried other things to quench that thirst.
- Today, is your opportunity to encounter Jesus or to share in the incarnational work of Jesus by actively seeking to encounter

brothers and sisters who are vulnerable or who society or even church has pushed aside.

The remarkable part of the story is... while she was taking her walk of shame through the village that day, Jesus was making plans to have an encounter at a well.

Today, as we honor and remember World AIDS Day, we invite you to be a part of restoring our HIV+ brothers and sisters back into community. We invite you to engage with the most vulnerable. We invite you to enter Samaria instead of going around the city. And if you are sitting here this morning, having an encounter with Jesus for the first time, Jesus is able to remove any guilt or shame. He does not see you and attach stigma. He sees you and sets you free so that you may proclaim His work in your life.

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