

HIV/AIDS



CHURCH & SOCIETY

General Board of Church and Society

THE UNITED METHODIST CHURCH

Pastoral Resources for Action Native American/American Indian

Read Luke 17:12-19

The parallels between leprosy in scripture and HIV/AIDS are staggering. Both are dreaded, because there is stigma, shame, blame, and are seen as death sentences that cast the victims away from community and family. Hence, Christ's encounters with lepers sets standards for ministry with those infected with HIV/AIDS.



- Jesus hears and responds to the loud cry for mercy.
- Jesus immediately brings hope to what appears to be a hopeless situation.
- Jesus enables return to community.
- Jesus acknowledged the person's return.
- Jesus engenders praise, thanksgiving and glory to God.

For bible study questions see guided questions for Luke 17:12-19.

WHAT DOES THE UNITED METHODIST CHURCH SAY?

"The global AIDS pandemic provides a nearly unparalleled opportunity for witness to the gospel through service, advocacy, and other healing ministries. United Methodist public health specialists, health workers, social workers, teachers, missionaries, clergy, and laity live and work in areas where the AIDS pandemic is spreading. United Methodist congregations, schools, health facilities, women's, men's, and youth groups can play a major role by providing awareness, support, education, and care to those affected by HIV/AIDS."

2012 Book of Resolution, #3243, "The Church and the Global HIV/AIDS Pandemic"

In response to the HIV/AIDS crisis in the world, The United Methodist Church commits itself to a holistic approach of awareness, education, prevention, treatment, community organizing, public advocacy, and abstinence.

2012 Book of Resolution, #3243, "The Church and the Global HIV/AIDS Pandemic"

WHAT DO THE FACTS SAY?

In 2013, Native Hawaiian and other Pacific Islanders had HIV diagnoses rate of 12,700 per 100,000 people in the United States.¹

In 2011 of the 3,700 American Indians and Alaskan Natives (AI/NA) estimated to be living with HIV, 18.9% or 700 persons are estimated to be undiagnosed.²

In 2013, the rate of HIV diagnoses in Native Hawaiian and Other Pacific Islanders was almost twice as high as rates among whites.³

¹ HIV Among Native Hawaiians and Other Pacific Islanders in the United States. (2015, August). Retrieved October 20, 2015, from <http://www.cdc.gov/hiv/group/raciaethnic/nhopi/index.html>

² HIV/AIDS Among American Indians and Alaska Natives. (2015). Retrieved October 20, 2015, from <http://www.cdc.gov/hiv/group/raciaethnic/aian/index.html>

³ HIV/AIDS Among Native Hawaiians and Other Pacific Islanders in the United States. (2015, August). Retrieved October 20, 2015, from <http://www.cdc.gov/hiv/group/raciaethnic/nhopi/index.html>

Native Americans and Alaskan Natives face HIV prevention challenges, including poverty, high rates of STIs, and stigma.⁴ Prevention of Sexually Transmitted Infections may be one of the most effective ways to prevent HIV.


In the United States in 2013 AI/AN had the highest percent of estimated diagnoses of HIV infection attributed to injection drug use, compared with all races/ethnicities.⁵

Stay informed and retrieve additional resources-<https://www.aids.gov/news-and-events/awareness-days/native/>

WHAT CAN THE CHURCH DO?

- Host a bible study to discuss and identify the ways Luke 17:12-19 calls your community to respond.
- Form a small group of people who are passionate about issues of social injustice, inequality, poverty, and sexual violence, which contribute to the spread of HIV/AIDS.

Prevention

- 
- Know your HIV/AIDS status.
 - Promote the awareness of the nearest testing center and what services are provided. This information can be shared through tribal newspapers, radio and TV stations.
 - Reduce stigma by creating space for people to share their status and story. This will help with prevention and normalization.
 - Find ways in our tradition to talk about reproduction, family planning, and Sexually Transmitted Diseases.
 - Due to the high number of new infections due to drug usage, promote and support safe needle exchange programs.

Education

- Encourage tribal clinics to reduce barriers to sexual health services for teens and young adults and update its HIV/STD screening, treatment policies and practices.⁶
- Teach adolescents about gender inequalities, sexual violence and unsafe sex, and drug use. Identify who in your community will be responsible for comprehensive sex education.
- Connect with: elders, educators, school administrators, providers, youth, clinic patients and providers.

Call Attention To

- Create a plan of action, gather information, and review policies that relate to HIV/AIDS prevention and treatment while generating community support.
- Lobby to increase funding for the Indian Health Service and Community Health Representatives.
- Plan an event for National Native HIV/AIDS Awareness Day on March 20th
- **Get connected.** The General Board of Church and Society can support your efforts. Contact **Susan Greer Burton** at sburton@umcjustice.org

⁴ HIV/AIDS Among American Indians and Alaska Natives. (2015). Retrieved October 20, 2015, from <http://www.cdc.gov/hiv/group/raciaethnic/aian/index.html>

⁵ HIV/AIDS Among American Indians and Alaska Natives. (2015). Retrieved October 20, 2015, from <http://www.cdc.gov/hiv/group/raciaethnic/aian/index.html>

⁶ http://www.ihs.gov/hiv aids/docs/Training_Kit-Information_and_Resources.pdf

Pastoral Resources for Action

Guided Questions for Luke 17:12-19

In your community what gets in the way of people experiencing hope?

What does it feel like when you are shunned or excluded from your community?

How is shaming and stigma visible?

Why do we blame victims of HIV/AIDS? How do we benefit from this blame?

How do we make those who are infected and affected seem estranged?

If we were to be more like Christ we would offer healing, and care for those living with HIV/AIDS and those who are affected; how have you been a part of this healing?

In your community a place of welcome or does it hold on to the fear and stigma associated with HIV/AIDS? How could you change this culture of misinformation and fearful?

What traditions or customs do we have to welcome people back to the community?

How will you celebrate God's presence among you as you work to end HIV/AIDS in our community?



DOMESTIC VIOLENCE

Pastoral Resources for Action – Native American/American Indian

WHAT DOES THE BIBLE SAY?

The frequency and acceptance of domestic violence within our communities is sometimes overlooked. Yet it weighs down, isolates, creates pain, seems endless, and limits vision, making life unbearable for the survivor of the abuse. Luke 11:46 tells of loading people with burdens that are hard to bear, grievous and undesirable by others; yet no one is willing to lift a finger to help them. Such is domestic violence.

In Luke 13: 10-17, Jesus encounters the woman who had been bent over for eighteen years, unable to stand straight. She was so overcome with the burdens that she could only see the ground, she saw feet rather than faces, was alone, helpless and appearing to be worthless. That is what the burden of domestic abuse does, as it grips, immobilizes, and keeps victims oppressed. It is the role of the church to intervene and stop the abuse.

Jesus calls, not waiting to be asked, a gracious initiative that would change her life. He gives a kind yet powerful touch, speaks to her situation, brings freedom and courageously goes against cultural norms. God was glorified, and a woman and daughter who was bound for a long time was set free.

Everyone did not celebrate. Jesus shamed those gathered because their excuses for keeping her a victim were not acceptable. Something wonderful had happened – that which bound the woman had been broken. Christ touched one who was doubled over in pain and enabled her to walk upright again. May we go and do likewise and remove the burdens of violence, and abused suffered by so many, allowing freedom and glorifying God.

WHAT DOES THE UNITED METHODIST CHURCH SAY?

We recognize that family violence and abuse in all its forms—verbal, psychological, physical, sexual—are detrimental to the covenant of the human community. We encourage the Church to provide a safe environment, counsel and support for the victim. While we deplore the action of the abuser, we affirm that person to be in need of God’s redeeming love.”

161.G Social Principles of the United Methodist Church

The United Methodist Church affirms the sacredness of all persons and their right to safety, nurture and care. It names domestic violence and sexual abuse as sins and pledges to work for their eradication. The church commits itself to listen to the stories of battered spouses, rape victims, abused children, adult survivors of child sexual abuse, and all others who are violated and victimized. The church further commits itself to provide leadership in responding with justice and compassion to the presence of domestic violence and sexual abuse among its membership and within the community at large.

2012 Book of Resolutions, #3423, “Violence against Women and Children”

WHAT DO THE FACTS SAY?

Native American and Alaska Native women are 2.5 times more likely than the general U.S. female population to experience sexual assault.

According to the National Violence Against Women Survey, 37.5% of Native American women are victimized by intimate partner violence in their lifetime. Intimate Partner Sexual Violence (IPSV) is defined as any unwanted sexual contact or activity by an intimate partner with the purpose of controlling an individual through fear, threats or violence.



A national survey found 15.5% of Native American couples reported violence within their marriage, 7.2% of that was severe violence

The stalking rate of Native American and Alaska Native women is so high that 17% will be stalked during their lifetime.

All the statics above are from the Washington Coalition of Sexual assault programs <http://www.wcsap.org/native-american-community>.

American Indian children suffer from disproportionately high rates of abuse and neglect.¹

Studies show that men who batter their companion also abuse their children in 49% to 70% of the cases.²

- **We cannot normalize domestic violence.** We cannot accept abuse as the norm or a symptom of a never ending cycle. Native traditional values celebrate balance and harmony between genders, between relations and in the community. Those persons who are causing disruption and abuse in the community should be held accountable.
- **Domestic violence and alcohol.** Alcohol use increases the severity and occurrence domestic violence Excessive drinking by one partner can exacerbate childcare and family stressors. Children who witness violence or threats of violence between parents are more likely display harmful drinking patterns later in life.³
- **Not wanting to report.** Many women do not feel safe reporting their abuse to law enforcement. Others feel like they will bring shame to their community by reporting their maltreatment.
- **Abuse in rural areas.** Living in rural areas contribute to the isolation and vulnerability of women who are facing domestic abuse. These small communities are insular. Being in a rural area makes it harder to access those resources that could help the abused seek safety and support.


WHAT CAN THE CHURCH DO?

- The church must be a place of support by providing safety and healing.
- The healing process must include the community as a whole.
- Believe the person who has been abused.
- Share tribal and biblical teaching that uplift the sacredness of women and children.

¹ The Shocking Rates of Violence And Abuse Facing Native American Kids. (2014). Retrieved November 2, 2015, from <http://thinkprogress.org/health/2014/11/18/3593300/violence-native-american-kids/>

² Responses to the Co-Occurrence of Child Maltreatment and Domestic Violence in Indian Country: Repairing the Harm and Protecting Children and Mothers. (2011) Retrieved November 2, 2015, from http://www.tribal-institute.org/download/OVWGreenbookReportHVS_TD_7-18.pdf

³ World Health Organization Intimate Partner Violence and Alcohol Fact Sheet.(p 1-2) Retrieved November 4, 2015'from http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf

- 
- Encourage the family to be involved and support the abused and abuser.
 - Help men to see their role in ending domestic violence. Work to shape positive identities for boys.
 - Create comprehensive community solutions that include men.
 - Train law enforcement and other governing groups about domestic violence. This will help cut down on fear of judgment that keeps women from naming their abuse.
 - Work to build trust between law enforcement and the community.
 - Learn the complexities of the tribal government and other government policies that contribute to multi-layers of seeking justice.
 - Lobby for fair enforcement of domestic violence laws.
 - Women in rural areas do not always have access to adequate, proper and continued care such as safe houses and legal assistance. Create access for all women who need these services.
 - Lobby to have the US government spend more to provide resources and support in Indian Country.

CONTACT US!

For more information, please email

Susan Greer Burton, Director of Women's & Children's Advocacy, sburton@umcjustice.org

SEXUAL VIOLENCE

Pastoral Resources for Action – Native American/American Indian

WHAT DOES THE BIBLE SAY?

And Tamar put ashes on her head and tore the long robe she wore. And she laid her hand on her head and went away, crying aloud as she went (*II Samuel 13:19-20*).

The horrors of sexual and gender based violence (SGBV) are brutal. SGBV is a demonstration of power and control that ignite deep emotional and physical wounds that scar one's life. Scripture records this in the stories of Tamar, (*II Samuel 13*), the victim of Judges 19, and Dinah (*Genesis 34*). All are grim reminders of the need to practice and affirm the sacredness of all and each person's right to safety and loving care.



The history of our faith is the history of attempts to recover the insight of Genesis 1, that all creation is sacred in God's sight, and all human beings are made in the image of God. Jesus was an advocate for the sacred worth of all. In the account of the woman caught in adultery (John 7:53-8:11), we see Jesus actively oppose violence against women. Jesus saw beyond the stigma and blame that her accusers imposed on her. Unlike King David, Jesus did not employ his power to conceal the injustice, but instead recognized her dignity, interrupted the proposed violence and sought to restore her to community. Jesus' response expresses his commitment to abundant life (John 10:10) and his call to create circumstances in which abundant life can thrive. Jesus' gracious response reaches for the redemption of both victim and perpetrator and stops the cycle of violence.

WHAT DOES THE UNITED METHODIST CHURCH SAY?

Violent, disrespectful, or abusive sexual expressions do not confirm sexuality as God's good gift. We reject all sexual expressions that damage the humanity God has given us as birthright, and we affirm only that sexual expression that enhances that same humanity.

¶161.H *Social Principles of the United Methodist Church*



WHAT DO THE FACTS SAY?

Native Women experience three times more violence than any other group of women in the United States.¹

85% of alleged perpetrators of violent acts of sexual assault and domestic violence against American Indian women are non-Indian.²

Living in rural communities can make it harder for women to feel comfortable reporting they are a victim to sexual violence. Small communities can be tight knit and the closer the relationship between

¹ Yee, J. (2012, Spring). Voice from the Field. Connections A Biannual Publication of Washington Coalition of Sexual Assault Programs, Vol XV, 2 http://www.wcsap.org/sites/wcsap.huang.radicaldesigns.org/files/uploads/resources_and_pubs/SPRING%202012%20CONNECTIONS.pdf

² Yee, J. (2012, Spring). Voice from the Field. Connections A Biannual Publication of Washington Coalition of Sexual Assault Programs, Vol XV, 9 http://www.wcsap.org/sites/wcsap.huang.radicaldesigns.org/files/uploads/resources_and_pubs/SPRING%202012%20CONNECTIONS.pdf
3/29/16



the assailant and the victim the less likely the crime will be reported.³ Being in a rural area makes it harder to access those resources that could help the person who is abused seek safety and support.

Alcohol is often a factor in violence where the attacker and the victim know each other. Two-thirds of victims who were attacked by an intimate partner reported that alcohol had been involved, and only 31% of victimizations by strangers are alcohol-related.⁴

WHAT CAN THE CHURCH DO?

Be a place of healing

- We must seek balance and harmony in community by uplifting the sacredness of women and children.
- As church leaders we must be prophetic in sermons and Bible study; speaking truthfully about the violence in our communities and the call of scripture to live differently.
- The church should be an intergenerational place of healing and safety. Caring for survivors, reaching out to those experiencing harm and perpetrators alike.
- Perpetrators must be supported by the church to foster communal healing.
- The healing that happens within and working through trauma is sacred work.

Teach and take steps

- Create awareness about sexual violence, dating violence, rape, stalking and their harmful effects. Talking about sexual violence in small communities can be difficult. Be sure to combine education and awareness events with other activities to help participants build trust and build openness.
- Include men in preventing and speaking out against sexual violence. Encourage boys to develop positive identities as they foster harmony in the family and community.
- Create or look for comprehensive, culturally based, sex education that covers reproductive rights and violence prevention.⁵
- Train tribal law enforcement officers, judges, court personnel prosecutors, social service staff, and health care providers to identify and respond to violent crimes.⁶

Ask for more

- **Advocate** for victim services which should include: legal, medical, and counseling services, housing assistance, emergency shelter and transportation.⁷
- **Get connected** the General Board of Church and Society can support your efforts. Contact **Susan Greer Burton, Director of Women's & Children's Advocacy**, sburton@umcjustice.org

³ In Brief: Sexual Assault in Rural Communities (September 2003) 8 .VAWnet.org

⁴ Alcohol, Drugs and Crime. Retrieved November 9, 2015, from <https://ncadd.org/about-addiction/alcohol-drugs-and-crime>

⁵ Yee, J. (2012, Spring). Voice from the Field. Connections A Biannual Publication of Washington Coalition of Sexual Assault Programs, Vol XV, 9 http://www.wcsap.org/sites/wcsap.huang.radicaldesigns.org/files/uploads/resources_and_pubs/SPRING%202012%20CONNECTIONS.pdf

⁶ Henry, M. (2012, Spring). Effective Outreach and System Advocacy. Connections A Biannual Publication of Washington Coalition of Sexual Assault Programs, Vol XV, 9 http://www.wcsap.org/sites/wcsap.huang.radicaldesigns.org/files/uploads/resources_and_pubs/SPRING%202012%20CONNECTIONS.pdf

⁷ Ibid.

FAMILY PLANNING

Pastoral Resources for Action Native American/American Indian

WHAT DOES THE BIBLE SAY?

I came that they may have life and have it more abundantly. *John 10:10*

Motherhood

Scripture reiterates the sacredness and significance of motherhood. God honors Eve, Hannah, and Elizabeth, whose roles as mothers are essential to our faith. Similarly, we also have stories of the sorrow and grief of maternal mortality, as seen in the lives of Rachel (*Genesis 35:16-20*) and Eli's daughter-in-law (*1Samuel 4:19-20*).



Sadly, maternal and infant mortality are common tragedies for many women and families in developing countries. As frequently as once every 2 minutes, a woman dies while giving birth or in the days right after birth. Such tragedies can be prevented through interventions such as family planning, good prenatal and post-natal care, and skilled birth attendants.

Jesus' call to abundant life demands that his example, hearing the cries of those who bear great sorrow, cannot be ignored. Despite social isolation and rejection, the woman who is bleeding placed her faith in Jesus and reached out to touch his garments in order to be healed. Jesus' acceptance of her (*Matthew 9:20-22*) revealed his compassion, his acknowledgment of her suffering, and his boldness to challenge the status quo and intervene for her to have life in all its abundance.

The church is called to do the same.

WHAT IS FAMILY PLANNING?

Family planning matters, despite barriers of culture, misinformation, and gender inequalities. Since the formation of the Millennium Development Goals in 1990, the global community, through the United Nations, has proven that the decrease in maternal mortality is attributed to effective family planning made accessible in spite of economics or other hindrances.

Family planning:

- Enables spacing and timing of children so that a woman's body recovers, enhancing a healthier pregnancy
- Is a key factor for reducing infant and maternal mortality
- Promotes a clear understanding of sexual and reproductive health
- Prevents sexually transmitted infections (STIs)
- Gives tools to make the decisions that prevent unplanned pregnancies and the spread of HIV/AIDS, and reduces abortions
- Contributes to the wellbeing of women and girls increasing their opportunities for education, economic growth and contributions to the church and the nation.

WHAT DOES THE UNITED METHODIST CHURCH SAY?

Women, who are crying out for not only their own survival but also the survival of their families and communities, deserve access to services and care that empower their personal decision-making. As a global church, we are called to eradicate systems of oppression and marginalization that inhibit women's health and well-being.

2012 Book of Resolution, #3203, "Maternal Health: The Church's Role"

We affirm the right of men and women to have access to comprehensive reproductive health/family planning information and services which will serve as a means to prevent unplanned pregnancies, reduce abortions and the spread of HIV/AIDS.

162.G Social Principles of the United Methodist Church

WHAT DO THE FACTS SAY?

- Social and economic conditions, such as high rates of poverty, income inequality, unemployment, low educational attainment and geographic isolation can make it more difficult for individuals to protect their sexual health.¹
- American Indian/Alaska Natives have the highest rate of poverty of any other racial group in the nation.²
- According to an Adolescent Health Survey one in five teens live below the federal poverty line.³
- The majority of teen births are unplanned. The teen birth rate was 27.3 per 1,000 among American Indian or Alaska Native teen girls in 2014. This birth rate has fallen by 12% since 2013.⁴
- Capacity Builders a nonprofit in Indian Country reminds us that preventing teen pregnancies in Indian Country will reduce child poverty, increase individual and family wellness, encourage young people to plan their futures, improving education, and helping ensure that parents are ready to care for a baby.⁵
- In 2012, the chlamydia rate among American Indians/Alaska Natives was 728.2 cases per 100,000 population. The gonorrhea rate was 124.9 cases per 100,000 population, which was 4 times the rate among whites.⁶
- Native Americans and Alaskan Natives face HIV prevention challenges, including poverty, high rates of Sexually Transmitted Infections (STIs), and stigma.⁷ Prevention of STIs may be one of the most effective ways to prevent HIV.
- Most Native American women do not have access to or information about the varying types of emergency contraception.⁸
- Most tribal and Indian Health Service clinics are closed over the weekend. This shuts down the seventy-two hour window a woman has to work within if she is going to be able to use emergency contraceptives.⁹

¹ <http://www.cdc.gov/std/stats12/minorities.htm>

² American Indian Children and Families. Retrieved November 12, 2015, from http://www.nicwa.org/children_families/

³ http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast-facts-teen-childbearing-in-the-us-2014-birth-data_2.pdf

⁴ http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast-facts-teen-childbearing-in-the-us-2014-birth-data_2.pdf

⁵ Native American Teen Pregnancy Prevention Resource Center. Retrieved November 11, 2015, from <http://capacitybuilders.info/prevention/>

⁶ STDs in Racial and Ethnic Minorities. Retrieved November 10, 2015, from <http://www.cdc.gov/std/stats12/minorities.htm>

⁷ HIV/AIDS Among American Indians and Alaska Natives. (2015). Retrieved October 20, 2015, from <http://www.cdc.gov/hiv/group/raciaethnic/aian/index.html>

⁸ <http://www.nativeshop.org/images/stories/media/pdfs/Plan-B-Report.pdf>


⁹ Ibid.

WHAT CAN THE CHURCH DO?

Be a space that cultivates community

- The church should encourage women and girls to live life abundantly, celebrating the gifts that they are, and encourage teaching that the body is a sacred gift from God.
- The church can be a space for intergenerational discussions of traditional and emerging concepts of family in tribal society. Concepts for open discussion could include: identity, gender roles, sexuality, relationships, family structure, arranged marriages, and childrearing.

Teach and take steps

- 
- Know what resources are available by meeting with healthcare providers and social services agencies that focus on women's health, hygiene, and reproductive rights.
 - Expand the resources available to your community. Link to The Native Youth Sexual Health Network <http://www.nativeyouthsexualhealth.com/guidelines.html>
 - Ensure that there is comprehensive, culturally based, sex education that covers sexual orientation, how to prevent sexually transmitted infections, pregnancy and awareness of reproductive rights.¹⁰ This could be used to educate youth and young adults.
 - Educate tribal leaders about the options available to women in crisis.¹¹
 - Native American women should be informed about emergency contraception and care they have access to in order to clarify expectation.¹²
 - Prioritize access to condoms and birth control to prevent unwanted pregnancy, to reduce sexually transmitted infections and HIV/AIDS.

Ask for more

- Increase funding for Indian Health Services and Community Health Representatives in order to ensure availability and access to maternal health and family planning services.
- Work to expand Indian Health Services. Most IHS hospitals and clinics are located primarily on tribal lands in rural areas. Therefore, many Native people living in suburban and urban areas have limited access to IHS services.¹³
- Demand that Indian Health Service include consumers in the process of consultation in the development of Standardized Sexual Assault Policies and Protocols and other health issues of Native American women by restating the Native American Women's Health Advisory Committee.¹⁴
- **Get Connected.** Contact **Susan Greer Burton, Director of Women's & Children's Advocacy,** sburton@umcjustice.org

¹⁰ Yee, J. (2012, Spring). Voice from the Field. Connections A Biannual Publication of Washington Coalition of Sexual Assault Programs, Vol XV, 9 http://www.wcsap.org/sites/wcsap.huang.radicaldesigns.org/files/uploads/resources_and_pubs/SPRING%202012%20CONNECTIONS.pdf

¹¹ <http://www.nativeshop.org/images/stories/media/pdfs/Plan-B-Report.pdf>

¹² <http://www.nativeshop.org/images/stories/media/pdfs/Plan-B-Report.pdf>

¹³ http://thenationalcampaign.org/sites/default/files/resource-primary-download/ss39_nativeamericans.pdf

¹⁴ <http://www.nativeshop.org/images/stories/media/pdfs/Plan-B-Report.pdf>