

LATINOS/AS & HIV/AIDS

Pastoral Resources for Action

WHAT DOES THE BIBLE SAY?

Read Luke 17:12-19

The parallels between leprosy and HIV/AIDS are staggering. Both are dreaded, encumber shame, blame, and are seen as death sentences that cast the victims away from community and family. Hence, Christ's encounters with lepers set 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 their return.
- Jesus engenders praise, thanksgiving and glory to God.
- A definite process geared towards God's glory

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 Resolutions, #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 Resolutions, #3243, "The Church and the Global HIV/AIDS Pandemic,"

WHAT DO THE FACTS SAY?



According to the United States Centers for Disease Control and Prevention (CDC), there are more than 1.1 million people living with HIV/AIDS in the USA.

Hispanic/Latinos represent 21 % of the new HIV/AIDS infections, three times more

than their white counterparts.¹

Among Latinas, new infections are 15%; this is four times more than white women. Twenty percent of the new infections are between the ages of 13-24.²

Disproportionate Impact: Latinas remain disproportionately impacted by the HIV/AIDS epidemic acquiring the virus from their male partners. Latinas also face barriers to health care and HIV testing, preventing them from knowing their status. Because of infrequent HIV testing, Latinas then are often diagnosed during a very late stage of HIV infection and as a result develop AIDS sooner than white women. As a consequence, AIDS has become a major cause of death for Latinas—in 2004, HIV infection was the 5th leading cause of death for Latinas aged 35-44 years.³

Barriers to Care: Hispanics/Latinos have the highest rate of uninsurance of any racial/ethnic group in the country, with more than 30% lacking insurance in 2010. Language barriers pose an additional challenge as U.S. Census 2012 data found that 74% speak a language other than English at home, and 33% are not fluent in English. This diminishes their ability to understand and navigate the health care system and utilize HIV prevention, testing, and treatment services, particularly if translation services and bilingual staff are unavailable. Finally, immigrants may be less likely to access HIV care due to fear of disclosing immigration status and possible deportation.⁴⁵

Stigma: The stigma associated with HIV and homosexuality may help to spread HIV in Latino/a communities. In some communities, the cultural value of machismo may create reluctance to acknowledge sensitive, yet risky behaviors, such as male-to-male sexual contact or substance abuse. Fear of disclosing risky behavior or sexual orientation may prevent Latinos from seeking testing, treatment and prevention services, and support from friends and family. As a result, too many Latinos lack critical information about how to prevent infection.

Cultural factors: There is no single Latino culture in the United States. Research shows that Latinos born in different countries have different behavioral risk factors for HIV. For example, data suggest that Hispanics born in Puerto Rico are more likely than other Hispanics to contract HIV as a result of injection drug use or high-risk heterosexual contact. By contrast, sexual contact with other men is the primary cause of HIV infection among men born in places such as Mexico and the 50 U.S. states.

¹ CDC. HIV Surveillance Supplemental Report, Vol. 18, No. 5; October 2013

² CDC. HIV Surveillance Supplemental Report, Vol. 17, No. 4; December 2012.

³ CDC. "HIV/AIDS Among Women: Factsheet". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. <http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm>

⁴ CDC. HIV Among Latinos. Available at: www.cdc.gov/hiv/risk/raciaethnic/hispanidatinos/facts/index.html

⁵ CDC. h : www.cdc.gov/nchhst/newsroom/docs/CDC-HIV-Latinos-508.Ddf

WHAT CAN THE CHURCH DO?

The church must go beyond charity and bring transformation that reflects our faith that empowers for God's glory, addresses the social injustices of inequality, poverty, and sexual violence, which are silent factors in the spread of HIV/AIDS.

Radically reaching out, inspired by the unity of the Acts 2 church, through worship and all ministries of the church that stand up against structures and policies that continue inequalities, poverty and gender disparity. How?

- Developing programs that provide long term communal care for those affected by HIV, from advocacy of health care to assistance with daily care.
- Integrating maternal and child health care, family planning, sex education, within the Sunday school curriculum, sermons, youth group, and intergenerational activities
- Breaking the silence and cultural taboos of openly and objectively discussing sex, contraceptives, HIV/AIDS and other STIs
- Teaching our adolescents about the ills of gender inequalities, sexual violence and unsafe sex, and drug use.
- Be Christ's true ambassadors, willing to live the faith and risk that comes with the true practice of being Christ's presence for such a time as this • The church's goal has to be to END THE STIGMA / END AIDS • Advocate for funding for the elimination of HIV/AIDS.

CONTACT US:

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