

Women Over 50 and HIV/AIDS

Starting the Discussion



In the United States, the number of new cases of HIV among women 50 years of age and older has been increasing at an alarming rate. This is a population well represented within our organization and denomination, and among our friends and family. Therefore, this short program addresses the need for people over 50 to know how to protect themselves and help their neighbors learn how to protect themselves.

Named the “single greatest reversal in human development” in modern times, the HIV and AIDS crisis has already claimed more than 25 million lives. While tremendous advances continue to be made, there is much more to be done. In 2009, the Church Council of the Evangelical Lutheran Church in America (ELCA) adopted the ELCA Strategy on HIV and AIDS and called on the ELCA to respond faithfully and effectively to this pandemic.

On Women of the ELCA’s Web pages you will find additional information and helpful links to support you as you support other women in ministry and action, and promote healing and wholeness in our church, society and world.

As stated in the ELCA’s Strategy on HIV and AIDS, the ELCA has the potential to contribute in ways proportionate to its wealth, size and assets, to support and reach the following goals of the wider human community:

- to halt the spread of HIV through effective prevention, treatment and care;
- to eliminate the stigma and discrimination experienced by those who are HIV positive; and
- to reduce the conditions of poverty and marginalization that contribute to the spread of HIV.

This short program starts the conversation and addresses an immediate need: the need for people over 50—a population whose rate of HIV infection and AIDS is increasing—to learn about the virus and disease.

How has the church responded to the AIDS crisis?

Initially the church did not respond well. The ELCA's Strategy on HIV/AIDS says it this way: The church first responded "with denial and inaction, often based on simplistic judgments." The ELCA's strategy also states that this response resulted in the church unintentionally contributing "to the spread of HIV and the discrimination of those living with HIV."

This response was fed by the incorrect perception that AIDS is a disease of affliction upon "others" because of their "sinful" sexual activity. In this way, the church supported a "moral diagnosis" on top of a medical diagnosis "that intensified stigma and discrimination against those affected by and living with HIV."

This made our churches unwelcoming and painful places rather than reflections of God's healing love. As a result, not only have we disenfranchised people living with HIV and AIDS from God's church, we have also disenfranchised their families.

"Many small or rural churches may feel this strategy does not apply to them. It's that, 'We don't have that problem here!' attitude. While many people in rural areas with HIV and AIDS move to major cities, these individuals often have family members in these communities. Many of these relatives live in fear that friends or neighbors will discover they have an HIV-positive relative. As a result, these congregations have an opportunity to provide a support system for these families. These congregations also have the opportunity to reach youth with prevention messages and methods, prior to their becoming a part of an "at risk" group. I strongly believe, had my family in rural Nebraska had a knowledgeable, informed and supportive church community, we might have been able to have some type of communication rather than our stilted conversations about the weather."

—Robert Schrader, member of Our Savior's Lutheran Church, Denver, Colorado (as quoted in the ELCA Strategy on HIV and AIDS)

Today's perspective

We can thank God that with bold faith in Jesus Christ and new knowledge, we can pull our congregations into the healing light of God's love and compassion. The ELCA has made many marvelous commitments within its strategy on HIV/AIDS that we can support!

Among the potentially fruitful goals the ELCA has committed itself to is practicing a "renewed engagement with the vulnerable and excluded" with an "ever-deepening biblical and theological reflection" so that we may learn "to recognize the face of Christ in the 'other.'" This recognition allows us "to understand and proclaim more clearly the Good News of God's love for all."

Women of the ELCA seeks to engage in ministry and action that promotes healing and wholeness in the church, society and world. One way we can do this is by providing education about the prevention of the disease and by speaking out against the stigma and discrimination suffered by individuals who are HIV positive or have AIDS.

First group discussion

A discussion on starting the discussion

Let's take a moment to think about when we first heard about AIDS or HIV. Perhaps it was when we heard that someone we knew, maybe a public figure, was infected.

How to Use This Resource

Leaders: Carefully read through all the material. Note that some information gets repeated. Practice your own delivery to suit your style.

Familiarize yourself with Women of the ELCA's Web pages and scan through the ELCA'S HIV and AIDS Strategy pages (www.elca.org/aids) for additional ideas.

Decide how you will "lighten" the discussion of such a serious topic by creating a comfortable environment and arranging for some refreshments. For example: If your women are members of the purple/red/lavender hat societ(ies) ask them to wear their hats!

What did we hear, learn or believe about the virus or disease when we first heard about it?

Share this first knowledge of AIDS or HIV with one another.

This sharing can be done in pairs or in the large group, depending on your number and time. In either case, as leader, practice listening with compassion as you note common misconceptions and impressions as well as highlight the diverse experiences of the women in your group.

Then, continue:

Women of the ELCA seeks to support women in congregations who wish to create “a safe space where people living with HIV are empowered, their human dignity respected, and their many gifts to the community are welcomed.” This short program supports these goals by having us share our experiences, by clearing up common misconceptions and myths, and by teaching us new and helpful information about the virus (HIV) and the disease (AIDS).

Learning and re-learning with a true or false quiz

This is not a test but a learning tool, so we will not be sharing our individual responses. The answers are on the back, so please do not look at the answers before we all have taken the quiz.

Distribute the quiz and pens/pencils if needed. Encourage participants to answer the quiz using the first response that comes to mind as you read each of the nine statements aloud.

When everyone has completed the quiz, take a couple minutes to go through the answers.

Then prompt further discussion by asking:

Which of these answers were most surprising? most interesting?

Allow a couple minutes for participants to share comments.

Women of the ELCA and HIV/AIDS

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Second group discussion

What do we know about HIV and AIDS now?

Ask the women to discuss in the larger group what they know now about HIV and AIDS. Allow about 5 minutes. Expect to hear some of the information from the quiz just completed. This is a good way to review new information. Encourage open discussion, but compassionately correct any myths or misconceptions you may hear.

Please be sure that the following information is shared during the discussion, either by the participants or by you as the leader:

- HIV and AIDS are not the same thing. The first one is a virus, the second is a disease.
- HIV is a virus that reduces the body's ability to fight illness and leads to AIDS.
- AIDS is a disease that develops in people who have HIV when their immune systems gets so weak that they cannot fight diseases or infections without medicine.
- HIV is no longer considered a death sentence but a chronic condition for which there is no cure. People can live with HIV for many years if they take good care of themselves and get proper treatment.
- AIDS has no cure.
- You cannot tell if a person has HIV from looking at him or her.



Third group discussion

Distribute the HIV and AIDS fact sheet. Allow a few minutes for participants to read the handout, or read it aloud by having participants each read aloud a section. Depending on how you are going to facilitate this discussion, you may:

- Invite individuals to mark any item that is surprising to them or about which they are curious (do this if you have the time and intend to ask participants to share those items that surprise them or make them curious).
- Stop after each section as it is read and invite feedback.

Regardless of which method you use, ask the following question after the reading of the HIV and AIDS Fact Sheet:

How is HIV spread?

- unprotected sexual contact
- direct blood contact, including injection drug needles, blood transfusions, accidents in health care settings or certain blood products
- mother to baby (before or during birth, or through breast milk)

Then ask:

Who is in danger of HIV infection?

The answer: any one of us!

Perhaps the fact sheet told you something you had not known before. Keep the HIV/AIDS fact sheet handy and refer back to it as needed. Also check reputable Web sites for additional information about HIV and AIDS.

We can see from the fact sheet that progress continues to be made in treating the virus. For example, transmission of the virus to babies can be nearly eradicated with antiretroviral therapies (ART for short). So any time we have the opportunity to support increased access to ART by pregnant women, we are making a helpful difference.

Hopefully, we have all learned that the only way to *know* we are negative is to be tested and then not have any possible exposure. Each possible exposure

carries with it real risk! And we see that while a cure has not been found, effective treatments have been discovered. So there is clearly some good news, but there is still quite a bit further to go! Next, we will look at one more important step.

HIV/AIDS and the over-50 generation

According to the ELCA's HIV/AIDS Strategy, in the United States in 2006, "individuals age 50 and older accounted for 10% of all new cases of HIV among men and 11% of new cases of HIV among women. Furthermore, individuals 50 and older are one-sixth as likely to use a condom as compared to their younger 20-something peers. Of the over 4.7 million ELCA members in the United States, approximately 60 percent are 50 and older. As part of its AIDS campaign, the ELCA will target this population with appropriate prevention messages."

The Centers for Disease Control notes that while teens are having fewer sexual partners and using condoms more, among senior citizens AIDS has risen 17%.

These sobering statistics tell us how deeply rooted our sexual patterns are and how much the over-50 crowd has been left uneducated about our risk. If we only associate HIV and AIDS with certain *other* populations, we are leaving ourselves unprotected. The truth is, unless we ourselves are tested for HIV, we can only *assume* we are HIV negative! For many of us this *may* be a safe assumption, but is this the kind of life or death assumption we want to be making?

The only sure way to know we are HIV negative is to be tested. After that, to remain HIV negative, we must remain in a monogamous relationship with someone who also has tested negative and, thereafter, remains monogamous. (Sounds like a wonderful relationship, doesn't it?)

Living in an imperfect world

The ELCA has never moralized that HIV and AIDS are deserved retribution from a hostile and judgmental God (even if individual members may have). In the

ELCA Strategy on HIV and AIDS, the church affirms the claim made and shared by 349 member churches of the World Council of Churches who recognize that *the body of Christ has AIDS*. Those living with HIV and AIDS are members of this church; they are our brothers and sisters around the world.

The education of how to protect oneself from exposure to HIV must be shared with everyone because we all live in an imperfect world. We must share with everyone what it takes to avoid exposure.

Fourth group discussion

Ask the women to discuss this question given what they have learned about HIV infection and the reality that there is a measured increase in HIV infection in people over 50.

Why are people age 50 and older exposing themselves to HIV?

Discuss as a large group for about 5 minutes. Allow participants to come up with their own answers and explanations.

Stay focused on the increase in infections among people 50 and older. Suggest that the statistics prove that we live in an imperfect world and that we are living in that world without taking the necessary precautions.

Continue:

It may or may not be surprising to realize that the same generation that came up with free love has grown into a generation unable to go for HIV testing, let alone ask their partner to use a latex condom. But let's take another look at this generation together.

First, the over 50 group did not all come up as free-loving spirits; some of us lived pretty conservatively and expressed our sexuality shyly. So for some of us, talking about our “bedroom behavior” or sharing what needs to go on “down there” is as hard as running a four-minute mile. This subject can turn the most articulate among us into euphemism-using, stuttering and shy fourteen-year-olds!

Yet—we fit the demographic!

What this means is that many of us will have to shake off our timidity for the sake of our health and lives. We must learn how to speak about safe sex practices. We must learn what safe sex practices *are*. And we must learn how to insist upon safe sex practices.

Second, we have to admit that the stigma around HIV and AIDS has hurt us all greatly. We've believed the nonsense that only *certain* people are in danger of being HIV positive or contracting AIDS. As long as we think only drug users, prostitutes or homosexuals can have HIV or AIDS, we are leaving ourselves vulnerable to infection.

Here is one example of how the mythologies around HIV and AIDS are not serving us well: When the ELCA churchwide organization was gathering names of ministries and organizations from across the country that serve people who are either HIV positive or have AIDS, more than once they were told that there were no people of *that sort* in a particular area, or that an area was *just too rural* for there to be any people with HIV or AIDS.

The stereotypes about what an HIV-infected person looks like, where an HIV-infected person lives, what careers people infected with HIV have, or what kind of house an HIV-positive person lives in have contributed to the spread of the infection. Our misconceptions about HIV and AIDS have seriously threatened us all, and as a result of this ignorance, more and more of us are HIV positive or have AIDS.

Third, women of this generation (50 years and older) grew up regarding condoms as being for birth control. And men of this same generation grew up supporting the myth that condoms reduced their pleasure. Now that our “monthly visitor” is no longer showing up, we can mistakenly think and live as though we do not need any protection ... right? Wrong!

Married women continue to outlive their husbands, and many women end up alone due to divorce. Finding love and companionship requires effort for most single women 50 and older, and when the moon

hits our eye like a big pizza pie, who wants to ask, “Darling, have you been tested for the HIV?”

Of course abstinence is the sure-fire way to avoid transmittal, but celibacy may not be everyone’s gift. Many of us seek long-term sexual intimacy with one special person. We call it being in love.

So, to simply say this one more time:

Big lesson number one: Sexually transmitted diseases are spread by people who don’t know they are infected. Therefore, always use protection every time you have sex, including oral sex, until you and your partner are tested to make sure neither of you is infected with an STD.

Big lesson number two: Get tested for HIV. Knowing your status is life-saving! And it also says to any potential love interest that you do not ask for anything you are not willing to provide! Being tested yourself declares your sincerity as well as your seriousness.

One Lutheran congregation, St. Paul Lutheran Church in Wheaton, Ill., came together to get tested for HIV and AIDS. Their purpose was simple: to bring a face to this disease that strikes millions of people across the globe and in our own backyards every year. This could be a project for your unit.

Conclusion

This resource was created to address an immediate need: to make all women, and women over 50 in particular, aware of their risk of becoming infected with HIV. But Women of the ELCA never looks at an issue *only* from the perspective of how a specific issue affects us. The AIDS pandemic is killing people in our country and around the world. Our church has made a marvelous commitment to address this universal need. This is a commitment we can support!

As stated in the ELCA’s Strategy on HIV and AIDS, the ELCA has the potential to contribute in ways proportionate to its wealth, size and assets, to support and reach the following goals of the wider human community:

- to halt the spread of HIV through effective prevention, treatment, and care;
- to eliminate the stigma and discrimination experienced by those who are HIV positive; and
- to reduce the conditions of poverty and marginalization that contribute to the spread of HIV.

What can you do to help?

In far too many places, the stigma of HIV/AIDS causes the rate of infection to increase. This becomes true in the United States wherever people mistakenly believe that we have to be an injecting drug user, homosexual, prostitute or sexually promiscuous person to be infected with HIV. So education as well as counseling is critical to our goals.

The stigma of HIV and AIDS and the need for human rights for all people was addressed repeatedly at the 2010 International AIDS Conference in Vienna, Austria. We can be grateful for the availability of antiretroviral treatment (ART), which suppresses the human immunodeficiency virus (HIV) that causes AIDS and can delay illness for many years, in our country and other wealthy countries. This makes it possible for a person with HIV to live a long and healthy life, just as other people with other chronic conditions do.

But we cannot allow ourselves to forget that this is not the universal model. Far too many people are unnecessarily suffering and dying because of lack of access and lack of human rights. In some countries, those who seek to alleviate the suffering of people living with HIV and AIDS are criminalized. For example, two Iranian brothers, Drs. Kamiar and Arash Alaei are imprisoned in Iran for providing AIDS treatment.

In other countries, people infected with HIV or with AIDS are persecuted and abused. We each must find ways to support human rights around the world.

But what can we really do? Together, as God's people, we can transform this church into a safe space for people living with HIV and AIDS. Give a gift today to support the ELCA World Hunger HIV and AIDS fund.

Your gift will be used to:

- train pastors in HIV and AIDS counseling;
- get anti-retroviral medicines to remote rural health clinics;
- make free HIV testing available; and
- provide HIV and AIDS education (to prevent new infections).

Learn more about HIV and AIDS ministries supported by the ELCA at www.elca.org/aids.

Write your check to Women of the ELCA, with HIV and AIDS in the memo line. We'll pass it on in full, and demonstrate and document the difference being made by the women of this church! Mail it to: HIV/AIDS, Women of the ELCA, 8765 W. Higgins Rd., Chicago, IL 60631.

But you don't have to stop there—take this further by organizing ways that you, your unit, your church, your conference or your synod can support the ELCA's efforts in bringing the light of God's love to all people. Act boldly on your faith in Jesus Christ!

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HIV/AIDS True or False Quiz

This is not to be used as a test but as a learning tool.

Check your first response to each of the following:

1. People who are infected with HIV look different from everyone else.
 TRUE FALSE
2. If I were infected with HIV, I would know it. I would feel sick or would suddenly start having bouts of unexplained fatigue, or I would start to tire quickly.
 TRUE FALSE
3. People who do not inject drugs and share needles do not need to get tested for HIV.
 TRUE FALSE
4. The global face of AIDS is becoming younger, poorer and more female.
 TRUE FALSE
5. The connections between armed conflict, poverty and the spread of HIV and AIDS are well established.
 TRUE FALSE
6. Women are at greater risk for AIDS than men.
 TRUE FALSE
7. Most correctional facilities in the United States distribute condoms when requested.
 TRUE FALSE
8. Saliva, tears and sweat are three bodily fluids that can carry HIV.
 TRUE FALSE
9. It is impossible to contract AIDS through casual contact.
 TRUE FALSE
10. Female condoms are readily available.
 TRUE FALSE

HIV/AIDS True or False Quiz (continued)

Check your answers:

1. **False.** *Many people with HIV look and feel perfectly healthy. You cannot tell by looking at someone whether he or she is HIV positive.*
2. **False.** *Some people who contract HIV experience very strong symptoms, but many others experience none. Those who do have symptoms generally experience fever, fatigue and often a rash. Other common symptoms occurring within days or weeks of initial exposure include headaches, swollen lymph nodes and a sore throat.*
3. **False.** *To become infected with HIV, (1) a non-infected person must encounter an infected person, (2) the virus must be present in sufficient quantity, and (3) it must get into the bloodstream. HIV can enter the body only through an open cut or sore, or through contact with the mucous membranes in the anus and rectum, genitals, mouth and eyes. An infected person can transmit HIV to another through blood (menstrual blood and blood remaining in and on needles or things like razor blades), semen, vaginal secretions and breast milk. Blood contains the highest concentration of the virus, followed closely by semen, followed by vaginal fluids. These are the three basic fluids that infect adults with HIV.*
4. **True.** *62% of young people ages 15-25 living with AIDS are female. Specifically, in sub-Saharan Africa, women ages 15-24 constitute 77% of all new HIV infections. Of the estimated 2.8 million people who died of AIDS in 2005, 1.3 million were women, according to the United Nations and World Health Organization 2006 Report on the Global AIDS Epidemic.*
5. **True.** *The factors that predispose people to HIV infection are aggravated by poverty, which creates an environment of risk. War aggravates all the factors that fuel the HIV/AIDS crisis because it destroys families and communities, creates millions of refugees and places women and children in great peril of sexual attack as a weapon of war. In war, high-risk sexual behavior contributes to the spread of HIV because awareness of HIV/AIDS is low; denial and stigma are widespread.*
6. **True.** *Globally, due to gender inequality, discrimination and stigma, women and girls are at greater risk of HIV/AIDS. Women and girls often are unable to talk with their sexual partners about abstinence, faithfulness and condom use. Many face sexual or physical violence or the threat of violence. They often are blamed for causing AIDS and other sexually transmitted infections and are shunned once they have the disease. Many women and girls lack access to prevention and health care services.*
7. **False.** *Even though foreign governments and international health organizations have long recognized the need to provide inmates with condoms and information about HIV/AIDS, the vast majority of corrections systems in the United States either decline to distribute condoms or bar them outright, on the grounds that sex behind bars is against prison rules. In addition, there is discomfort among prison officials with the idea of men having sex with men. Some officials deny that it occurs. Most correctional facilities in the U.S. do not distribute condoms citing three major concerns: (1) condoms would be used as weapons, (2) condoms would be used to hide contraband, and (3) the distribution of condoms implicitly suggests sex is permitted. The text of the Prison Rape Reduction Act of 2002 estimates that the percentage of individuals who are sexually attacked at least once during their incarceration is a national median of 13.6%.*
8. **False.** *HIV can be transmitted only when a sufficient amount of HIV enters the body. Saliva, tears, sweat and urine either contain no HIV or contain quantities too small to result in infection. To date, contact with saliva, tears or sweat has never been shown to result in transmission of HIV. These body fluids would pose a risk only if they had blood in them.*
9. **True.** *Diverse studies have shown that HIV is not transmitted through casual, everyday contact, such as shaking hands or sharing eating utensils, even when people are living in close quarters with someone who is HIV positive or has AIDS.*
10. **True.** *The female condom is a thin sheath or pouch worn by a woman during sex. Two types of female condom are available.*

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HIV/AIDS Fact Sheet

How does a person contract AIDS?

By first being infected with HIV.

How does a person become infected with HIV?

For the most part, it is a result of what are called high-risk behaviors. These are:

- having unprotected sex (sex without a male or female latex condom) with a person who is HIV positive;
- sharing needles and syringes to inject drugs, or sharing drug equipment used in preparing those drugs, with someone who has HIV;
- receiving HIV-infected blood or blood products before 1985. Since 1985, all blood used for transfusions in the United States has been tested for HIV and is generally considered safe; and
- carrying, giving birth to or breast-feeding a child while HIV positive.

Will a person immediately feel sick if they are HIV positive?

No. HIV can initially cause flu-like symptoms, but this is not always the case. The infected person is capable of infecting others at any time. From the original infection (unless treated with antiretroviral therapies) there is usually a period of 8 to 10 years before the clinical manifestations of AIDS occur, though this period may be two years or less. Approximately 10% of HIV positive patients succumb to AIDS within 2 to 3 years.

What is the difference between HIV and AIDS?

HIV is a virus (human immunodeficiency virus). AIDS is a disease (acquired immune deficiency syndrome). Human immunodeficiency virus (HIV) causes AIDS. The HIV attacks the body's immune system, making the body vulnerable to life-threatening infections and cancers, from sources that include bacteria, yeast, parasites and viruses that ordinarily do not cause serious disease in people with healthy immune systems.

How does a person find out if he or she has HIV?

The only sure way is to have a blood test done by a health-care professional. The most commonly used test is an HIV antibody test. This test checks for antibodies produced by the immune system to fight HIV. If antibodies to HIV are found, the person is HIV positive. If no antibodies are found, the person is HIV negative.

Should a person be tested immediately following possible exposure?

No. There is a 6- to 12-week window of time between infection and the measurable manifestation of HIV antibodies. Waiting three to six months to be tested after possible exposure is recommended (it *can* take up to six months for antibodies to be detectable). Abstaining from unprotected sex or injection drug use during that window is also recommended; during the period when the antibodies are not detectable, a person can still have high amounts of HIV in his or her blood, semen, vaginal fluids or breast milk and so can pass the virus on to other people.

Is one test enough?

No. The Centers for Disease Control (CDC) recommends retesting. During the window period, an antibody test can give a "false negative"—the test will be negative even though a person is infected. To avoid false negative results, antibody tests are recommended three months after potential exposure. A negative test at three months almost always means a person is not infected with HIV. If an individual's test is still negative at six months and he or she has not been at risk of HIV infection in the meantime, they are not infected with HIV. It is very important to note that a person infected with HIV can transmit the virus to others during the window period.

Only when a second test is also reactive is the result reported as HIV positive. Reputable test sites automatically follow the CDC procedure of confirmatory testing. It is also important to note that if someone tests positive through the use of a rapid

HIV/AIDS Fact Sheet (continued)

HIV test (with results provided in 20 minutes or less), that result is considered *preliminary*. A confirmatory (second) test that takes several days must be done.

How can antiretroviral therapy (ART) prevent mother-to-child transmission of HIV?

HIV can pass from the mother to her unborn baby during pregnancy or during delivery. It can also be transferred by the mother's breast milk. There are a range of things that can be done to greatly decrease the likelihood of transmission, so it is important to make sure that all pregnant women have an HIV test. Statistics vary, but ART greatly reduces the chances. If an HIV positive woman takes no preventive drugs and breastfeeds, then the chance of her baby becoming infected is around 20-45%. Even where resources are limited, a single dose of medicine given to mother and baby can cut the risk in half. But with ART and substitute feeding (formula), the risk of transmission falls below 2%.

What are the symptoms of AIDS?

A person is diagnosed with AIDS when they have developed an AIDS-related condition or symptom, called an opportunistic infection, or an AIDS-related cancer. The infections are called "opportunistic" because they take advantage of the opportunity offered by a weakened immune system. It is possible for someone to be diagnosed with AIDS even if they have not developed an opportunistic infection. AIDS can be diagnosed when the number of immune system cells (CD4 cells) in the blood of an HIV-positive person drops below a certain level.

How is AIDS treated?

Antiretroviral therapy (ART) can prolong the time between HIV infection and the onset of AIDS. Modern combination therapy is highly effective, and people with HIV who are receiving treatment could live for the rest of their lives without developing AIDS. An AIDS diagnosis does not necessarily equate to a death sentence. Many people can still benefit from starting ART if they have developed an AIDS-defining illness. Better treatment and prevention for opportunistic infections have also helped to improve the quality and length of life.

How does ART work in someone who is HIV positive?

Our immune systems protect us from developing infections and cancers. HIV is a virus that infects the cells of the immune system and destroys or impairs their function. This infection results in the progressive deterioration of the immune system, leading to "immune deficiency." Combination ART prevents HIV from multiplying inside a person. If this growth stops, then the body's immune cells—most notably the CD4 cells—are able to live longer and provide protection from infections.

Why has it been so difficult to find a cure?

Although antiretroviral treatment (ART) suppresses HIV and can delay illness for many years, it cannot clear the virus completely. There is no confirmed case of a person getting rid of HIV infection. The latency of the virus makes it difficult to cure.

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