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HIV/AIDS is undoubtedly one of the most significant global health challenges we face today. The virus is the world's top infectious killer, claiming over 27 million lives to date. The killer is also surprisingly close to home.

ENGAGEMENT OPPORTUNITIES

Metro TeenAIDS www.metroteenaids.org
Works with youth to prevent HIV in DC. You can volunteer to do outreach in the community, tutor youth or help put together kits for sex education programs.

Contact Carmel Pryor
carmel.pryor@gmail.com

Food & Friends www.foodandfriends.org
Provides food to those suffering from illnesses such as cancer and AIDS. You can volunteer to prepare and/or deliver food to clients.

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hiv/aids

ERASE THE EPIDEMIC CARMEL PRYOR

A concentrated epidemic is defined as a prevalence rate that is greater than 1% in the general population. In March 2009, the D.C. Department of Health announced that the HIV rate in D.C. is 3%. We have a state of emergency.

The District's rate is higher than West Africa's and on par with Uganda's and some parts of Kenya. Almost 1 in 10 D.C. residents between the ages of 40 and 49 has the virus as well as 1 in 100 youth.

"In order to solve an issue as complex as HIV and AIDS, you have to step up," then-Mayor Adrian Fenty said at a conference in 2009. "It's the mayor and certainly other elected officials. But it's also the community. You have this problem affecting us, and you tell people how serious it is, and it literally goes in one ear and out the other."

Responsibility to Ourselves and Each Other
Arnita Wilson offers a hopeful message: "You're here and you get to figure out what contribution you will make. We get to support each other and know that we are all doing our part."

Arnita is a prevention health education worker at a local D.C. non-profit called Metro TeenAIDS. She became infected with HIV as a teenager. She wants to do her part to support young people in conversations about their value and worth.

She explains that we cannot ignore the social determinants of health in our city that lead to a disproportionate number of people living with HIV, but we also cannot ignore our responsibility for our health. Ultimately, we are in control of our actions and behavior, which affect us, personally, and the society as a whole.

"It's nice to be able to look down but never nice to be looking up," she says about the privilege that many of us have and do not recognize. To her, this is a barrier to ending AIDS in D.C.

Ignoring the statistics is dangerous, but ignoring the responsibility that we have not only to ourselves but to each other is even more dangerous. Arnita says, "I have lived in the 'hood' but felt like it was not my reality because I chose not to deal with it."

"People fool themselves into thinking that they are connected just by being around something, but you never actually went and talked to anyone, had a conversation, paid attention consistently. You notice the same four people but never say anything to anyone. You are completely disconnected."

Arnita sees us as interconnected on a macro level. "The systems we use will be disabled because you will have a whole population of people who will no longer be here to be able to contribute: sanitation workers, retail services, metro/transportation, public works—the blue-collar workers."

In D.C., much lies beneath the surface of HIV. Social determinants of health create the "perfect storm" for HIV to exist in such an alarming way, namely, the poverty in our neighborhoods east of the Anacostia River, which leads to many social ills.

Local D.C. Church Response to HIV

In his book *The Call to Conversion*, Christian author Jim Wallis writes, "We live in one of the most self-centered cultures in history. Our economic system is the social rationalization of personal selfishness. Self-fulfillment and individual advancement have become our chief goals ... not surprisingly, our self-centered culture has produced a self-centered religion."

Katitia Pitts, executive director of Calvary Healthcare, Inc., which was created by Greater Mt. Calvary Holy Church in Northeast D.C., noticed this about her community in relation to the HIV epidemic and decided to do something about it. "People are engaging in sex! I would be crazy to think that people in church aren't having sex. We need to make sure that we are providing protection, prevention, and understanding. The work of Greater Mt. Calvary is about the essence of being a human being and being in a safe place where they can be loved and be all that God wants them to be. This is the basis of our work."

Greater Mt. Calvary has been addressing HIV since the late 1980s and created an HIV ministry in the '90s to provide compassionate care to those in the congregation who were in the final stage of AIDS. Members of the church visited the homes of those who were dying and made sure they had food. The church's view regarding same-sex practices did not get in the way of caring for one another.

Katitia said, "We have to be there to support one another when we need it most. We saw people passing away and the bishop was going to funerals. He said people should die in dignity and paid for funerals out of his own pocket."

In The Shadow of the White House

Washington, D.C., is a unique place. It is quite small at about 65 square miles and, because it is made up of land requisitioned from Maryland but isn't a state itself and isn't part of another state, it is a city that does not have representation in Congress. Unfortunately, this has resulted in tax laws that are not beneficial for D.C. residents because the men and women making the laws are not from D.C. themselves.

HIV prevention programs suffered from the effects of taxation without representation for many years as they sought in vain for funding for needle exchange programs that are proven to reduce the transmission of HIV. In 2008, the ban was finally lifted.

D.C.'s combined tax burden on local residents, property owners, and businesses is comparable to that of neighboring Maryland and somewhat higher than that of Virginia. However, the Congressional prohibition on taxing nonresident income narrows the District's tax base dramatically because over two-thirds of the income earned in the District is earned by non-residents. In other words, this small central city in the midst of a thriving metropolitan area is deprived of two-thirds of the revenue it could raise by imposing a normal state income tax on income earned within its borders.

In terms of poverty, D.C. is suffering. In 1999, at 20.2 percent, the District had the ninth highest poverty rate of the 25 largest American cities. That rate has not declined since.



By contrast, “extreme poverty” neighborhoods (those with poverty rates of 40 percent or more) were prevalent in the city’s most eastern wards (7 and 8). The east-west divide is apparent. The 2004 Earned Income Tax Credit collections showed that zip codes west of Rock Creek Park had the lowest concentrations of working poor families while zip codes east of the Anacostia River had the highest.

On a national level, according to a Centers for Disease Control and Prevention study in 2010, poverty may account for some of the racial and ethnic disparities found in HIV prevalence rates for the overall U.S. population: 46% of African Americans and 40% of Hispanics live in poverty areas compared to just 10% of Caucasians.

AIDS is D.C.’s Katrina

As alarming as these statistics are, it is not only about the numbers. It is about the people and faces behind the numbers.

Like Hurricane Katrina did for New Orleans, HIV/AIDS reveals many of D.C.’s social ills: lack of access to quality education, lack of access to health care, neighborhood violence, racism, and segregation. The common denominator the world over is poverty. Where there is severe poverty, there is HIV. HIV is primarily a behavioral disease: the leading causes of HIV are unprotected sex and injection drug use. Therefore, unlike victims of breast cancer, victims of HIV are blamed and stigmatized, which can prevent them from talking about their status openly and leave them feeling ashamed and depressed. Shame also keeps people from getting tested and inhibits honest conversations about the virus that is harming our community.

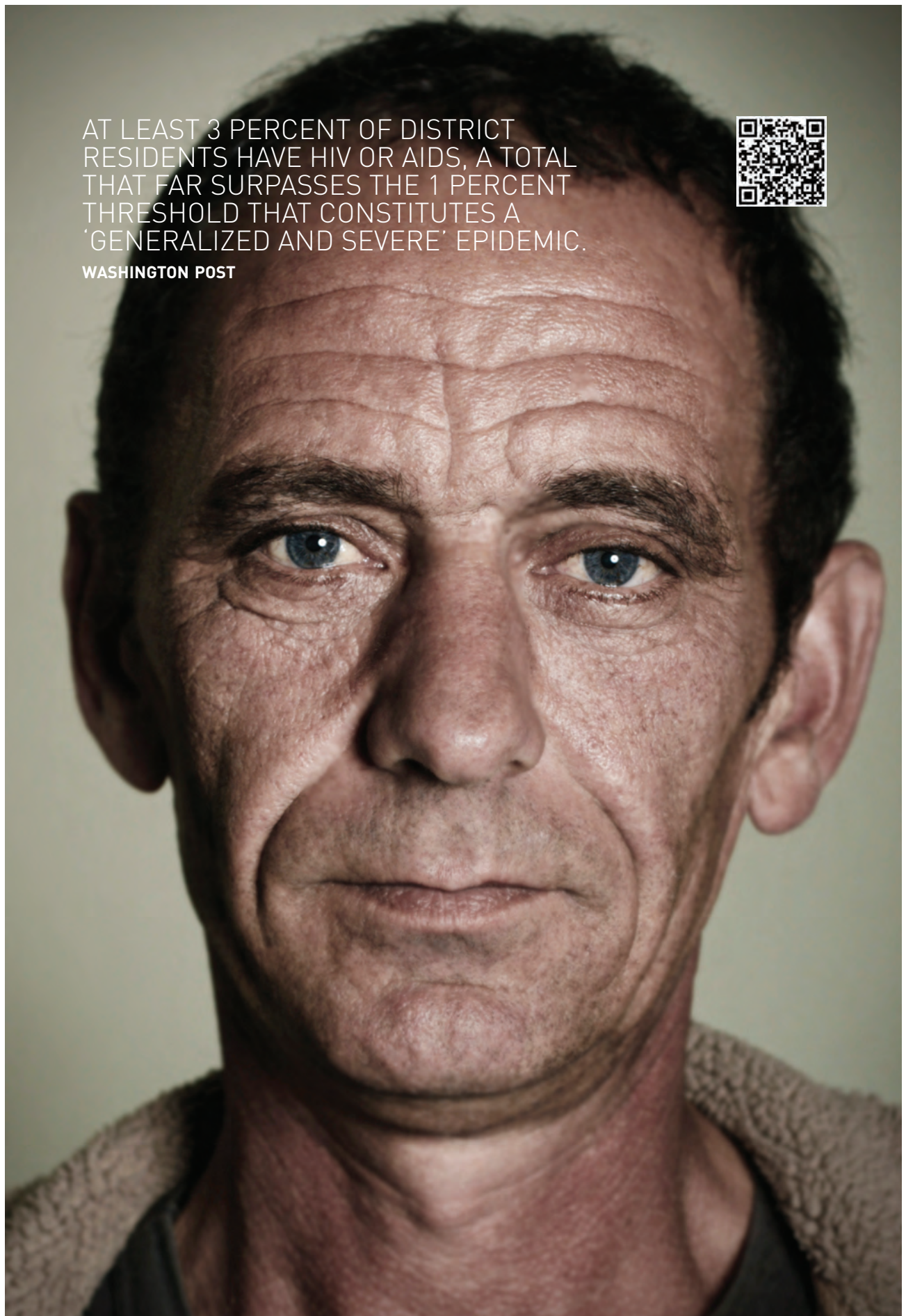
HIV/AIDS is a preventable disease, but prevention requires more than awareness, abstinence, using condoms, and getting tested. A key component to preventing the spread of HIV is honest dialogue, turning to our neighbors to openly address the issues that plague our city: segregation, poverty, and lack of access to services.

We have to face the epidemic before we can erase it. Our nation’s capital city has two different worlds that do not need to be separate: Northwest and Southeast, rich and poor, white and black, D.C. natives and transients. The line is clear. Travel east of the Anacostia River, where few people venture because of fear or ignorance, and the landscape changes: fewer grocery stores, fewer pedestrians on the street, more government housing, fewer schools and hospitals—the DC that is forgotten and hardly seen by those living west of the river.

D.C. has the highest HIV prevalence—1 in 20—in the country. Yet, there is a serious problem of “us versus them.” We think this disease cannot affect us because we know better and we are educated. However, it is our responsibility to recognize not only the disease, but, more importantly, the people in our community who are living with and/or affected by the virus. Who are these people? Look in the mirror. We are these people. Because we work here. Because we ride the metro. Because we go to church here. Because we shop here. Because we live here.

We must see “them” as “us.” This is the only way we will care enough to understand that this epidemic may not be as sympathetic of a disease as breast cancer or as simple of an issue to understand as homelessness. Because AIDS reveals the ugly truth of our personal choices and effects of our social sin, we must fight it together. Until there is a cure, we all have HIV.

{ This is my commandment, that you love one another as I have loved you. JOHN 15:12 }



AT LEAST 3 PERCENT OF DISTRICT RESIDENTS HAVE HIV OR AIDS, A TOTAL THAT FAR SURPASSES THE 1 PERCENT THRESHOLD THAT CONSTITUTES A ‘GENERALIZED AND SEVERE’ EPIDEMIC.



WASHINGTON POST