

DOCUMENT RESUME

ED 391 376

FL 023 533

AUTHOR Lesnick, Henry  
 TITLE It's Up to Us. An AIDS Education Curriculum for ESL Students.  
 PUB DATE 95  
 NOTE 79p.  
 AVAILABLE FROM TESOL Publications, 1600 Cameron Street, Suite 300, Alexandria, VA 22314-2751 (\$3.50 for shipping and handling); on 3.5" disk--both MS Word for PC and Quark Express for Macintosh--from H. Lesnick, English Dept., Hostos Community College, CUNY, Bronx, NY 10451 (self-addressed, stamped disk mailer); may be downloaded from U.S. Centers for Diseases Control, National AIDS Clearinghouse, ON LINE, 1-800-851-7245.

PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052) -- Information Analyses (070)

EDRS PRICE MF01/PC04 Plus Postage.  
 DESCRIPTORS \*Acquired Immune Deficiency Syndrome; \*English (Second Language); \*Health Services; High School Students; \*Instructional Materials; Language Skills; \*Lesson Plans; Second Language Instruction; Second Language Learning; Skill Development

IDENTIFIERS Content Area Teaching

ABSTRACT

This curriculum offers lesson plans for 5 hours of Acquired Immune Deficiency Syndrome (AIDS) education instruction for high school and young adult students of English-as-a-Second Language (ESL). It helps students develop English language skills while it helps them understand the AIDS risk factors. The curriculum is designed to help cope with the social pressures that might lead to behaviors that could put them at risk for HIV infection. Each lesson incorporates specific AIDS education and ESL objectives and develops the critical thinking, reading, writing, listening, and speaking skills at the core of every sound ESL program. Copy-ready background materials, exercises, and activities are provided for each lesson. Appendixes include supplementary exercises and handouts, a copy of the Teachers of English to Speakers of Other Languages (TESOL) resolution on AIDS, and an international AIDS resource list with addresses and telephone numbers. (Author/NAV)

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# It's Up to **US**

## An AIDS Education Curriculum

### For ESL Students



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It's Up to

**An AIDS Education Curriculum  
For ESL Students**

Henry Lesnick



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Design and Illustrations by Melanie Roher

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## Preface and Acknowledgements

Language minority populations in English dominant countries have proven to be particularly vulnerable to HIV infection, in part, because of their limited access to mainstream, English language AIDS education programs. This problem has been acknowledged by the U.S. Centers for Disease Control in its call to develop AIDS education programs for people for whom English is not their primary language (*Guidelines for Effective School Health Education to Prevent the Spread of AIDS, 1988*), and by the international Teachers of English as a Second or Other Language (TESOL) in its *AIDS Education Resolution* (1992). The present curriculum speaks specifically to this need.

This curriculum utilizes insights and materials developed in response to the recent research and experiences of AIDS educators working with English dominant students. It is very much indebted to the work of these health professionals, as well to the efforts of the growing number of English as a Second Language (ESL) colleagues working to bring AIDS education into the classrooms and communities of language minority populations.

In particular I want to acknowledge indebtedness to the work in health education program development and assessment of Peggy Brick, Douglas Kirby, and R.P. Barth.

Many ESL educators working with TESOL have helped to develop awareness of the need to bring AIDS education to ESL learners throughout the world. They include the late Scott Enright, John Dryer, Barbara Martinez, Jean Handscombe, Mary Lou McCloskey, Ernest Hall, and Elizabeth England.

Literally dozens of colleagues working at Hostos Community College of the City University of New York to integrate AIDS education into the ESL instructional program have, through their experiences and insights, contributed to the development of this curriculum. The research of my colleague, Francis Singh, who rediscovered the historical precedents for the relationship between ESL instruction and health education, has been very helpful in establishing the pedagogic legitimacy of AIDS education work with current ESL learners. I also want to thank Hostos College President, Isaura Santiago Santiago, and the Dean of Academic Affairs, Carlos Acevedo for their ongoing support of this work, Dr. Marcos Charles for his review of the curriculum draft, and the City University of New York and the union of CUNY faculty and staff, the Professional Staff Congress (AFT), for the research grant that hastened completion of the project.

Debbie Doherty of the National AIDS Clearinghouse of the U.S. Centers for Disease Control (CDC) helped put together the list of U.S. and international resources included in the Appendix. Pomeroy Sinnock of the CDC has provided continued support for this work, directing us to materials and resources early on, and, more recently, reviewing the accuracy of the final draft of the text.

Alice Brover Andrews' toil and critical intelligence given to this project in her capacity as research assistant have been crucial to its progress at every turn—long after the meager funding for her work was exhausted. Melanie Roher's drawings and design contribute significantly to rendering a mass of otherwise daunting text inviting and, we hope, useful.

H.L.

Bronx, N.Y.,

June, 1995

# Introduction

*This curriculum provides lessons for five hours of acquired immunodeficiency syndrome (AIDS) education instruction for high school aged and young adult students of English as a Second Language (ESL). The curriculum helps students develop English language skills as it helps them understand AIDS risk factors. It helps them develop skills to cope with social pressures that might lead to behaviors that would put them at risk for HIV infection, and it helps them make decisions that will preserve their health and the health of their families and communities. Each lesson incorporates specific AIDS education and ESL objectives and develops the critical thinking, reading, writing, listening, and speaking skills at the core of every sound ESL program. Copy-ready background materials, exercises, and activities are provided for each lesson.*

According to the World Health Organization, half of the 14 million people with human immunodeficiency virus (HIV) worldwide were infected between the ages of 15 and 24, the majority through unprotected heterosexual intercourse (*Pediatrics*, January 1995). In the U.S., teenagers have the highest rates of sexually transmitted diseases (STDs), with females between 15 and 19 years of age having a rate of gonorrhea 22 times that of women 30 and over (*Morbidity and Mortality*



*Weekly Report*, August 13, 1993). As HIV becomes more widespread among teenagers and young adults, the chances of a person in this age group having an infected sexual partner from whom the virus may be transmitted will continue to increase.



The need for an AIDS education curriculum for ESL students in this age group is recognized by the international organization of Teachers of English as a Second or Other Language (TESOL). The TESOL organization declared at a recent conference that, 1) "language minority people in countries where English is the dominant language are less well-informed about and more vulnerable to AIDS because they are linguistically and economically more removed from mainstream AIDS education programs, 2) education is presently the only defense against HIV infection, and 3) integration of AIDS education into the ESOL curriculum can enhance our students' language learning experience by providing them content-rich language instruction essential to the preservation of their health and the health of their communities." Therefore, the TESOL organization has resolved to make integration of AIDS education into the ESOL curriculum an organizational priority (TESOL Resolution to Promote AIDS Education Through Content-Based ESOL Instruction, Appendix II).

Whenever possible, AIDS education is best presented in a student's native language by specially trained health education instructors. However, very often, ESL learners don't have the opportunity to receive AIDS education in a setting that can provide them this health education in their native language. Only a handful of HIV curricula used in public schools in English dominant countries have been translated into ESL students' native languages. Adult education students, out of school youth, employees receiving work-site instruction, and many students in settings with limited instructional resources may find in their ESL instruction the only opportunity for any kind of intelligible AIDS prevention education.

Dating back to the TB epidemic in the U.S. at the beginning of the twentieth century, the ESL program has been the medium for orienting immigrant students to their new country and to solutions to the health problems they encounter in their new surroundings (Singh, *College ESL*, May, 1992). ESL students see their teacher as a major source of information about life in their new country. The ESL teacher is a trusted guide to the unfamiliar territory of the new country's values, customs, and health hazards, as well as to its language.

The integration of AIDS education into the ESL program can provide an empowering experience. AIDS education enables our students to understand and to exercise control over a part of their world that would otherwise remain dangerous and frightening. To the extent this understanding is achieved through ESL instruction, this instruction assumes greater value.

Many forces exist beyond the reach of the ESL classroom that influence the individual behavior by which HIV is spread, such as biological drives, religious beliefs, community norms, and socioeconomic forces. Underdevelopment, unemployment, poverty, and illiteracy are directly associated with lack of access to adequate health education and health care, which in turn contributes to greater incidence of disease. Political leaders, whether because of simple indifference or fear that acknowledging the existence of the AIDS epidemic among their constituents might damage their image or that of their community, are often slow to speak out in the fight against AIDS. The people most vulnerable to HIV are usually the people whose voices are most often inaudible in the debate over how society's resources should be appropriated. Television bombards us with hundreds of images throughout the day which promote sex with every soap opera and beer commercial, while in the two countries in the western hemisphere where the AIDS epidemic is most devastating, the U.S. and Brazil, there is a total ban on network television advertising of condoms. These factors have a powerful influence on individual behavior and on the overall shape of the AIDS epidemic worldwide and may not be immediately or significantly altered by our work in the ESL classroom.

However, we can help our students better understand the ways in which these larger forces influence the AIDS epidemic and its impact on our communities. The curriculum suggests strategies and provides activities that enable students to address these forces and to exercise some degree of control over some of them.

**T**he ESL instructor does not need to be an AIDS expert. The curriculum focuses on a very few simple concepts necessary to an understanding of HIV/AIDS and the safe behaviors that protect us from HIV infection:

**HIV IS ONLY TRANSMITTED THROUGH BODILY FLUIDS EXCHANGED IN**

- a) sexual intercourse (vaginal, anal, and oral);**
- b) sharing needles that come in contact with blood, as in injecting drug use;**
- c) the birth process, breast feeding, or during pregnancy — if the mother is infected, the virus may be passed to her fetus or infant;**
- d) by transfusion of infected blood (though this is highly unlikely since screening of the blood supply began).**

**AIDS IS NOT "A GAY DISEASE"**

**Any person exposed to contaminated bodily fluids may become infected. (The largest group of people in the world infected with HIV are married women.)**



**BECAUSE AIDS HAS A LONG INCUBATION PERIOD—SOMETIMES 5 TO 10 YEARS OR MORE AFTER INFECTION WITH HIV**

- a) most people presently infected with the virus look and feel perfectly healthy;**
- b) you can not tell they are infected by looking at them;**
- c) they don't know that they are infected, unless they have been tested;**
- d) but they can infect others.**

**YOU CAN PROTECT YOURSELF FROM HIV INFECTION IF YOU AVOID RISKY BEHAVIOR:**

- a) avoid unprotected sexual intercourse — the safest way is to abstain , but if you have intercourse,**
- b) practice safer sex, including the correct use of latex condoms every time you have intercourse;**
- c) don't use drugs in risky situations — all drugs, including alcohol, reduce good judgment needed to avoid risky behavior;**
- d) don't inject drugs—if you do, don't share needles, or, if you must share needles, clean them thoroughly with bleach and water.**

The most important lesson students will learn from the curriculum is that avoiding HIV infection can be much more within their control, once they learn the simple facts about HIV transmission and acquire the basic skills needed to practice healthy behavior. The curriculum helps students understand what they must personally do to protect their own health, and helps them develop the skills necessary to translate such understanding into healthy behavior. While individual behavior may be influenced by many outside forces, it is each individual's decision whether he or she chooses behavior which is healthy or life endangering.

The curriculum relies heavily on small group learning strategies. Role playing, small group discussions, and problem solving activities give students the opportunity to anticipate and analyze the high risk situations that they face beyond the classroom. They are able to formulate decisions and practice responses that they will use in real life situations. No student who is exposed to this curriculum should become involved in high risk behavior because of a lack of preparedness.

Students develop greater confidence and self esteem as part of a small group where their input is respected and valued, and where they are able to develop effective responses to challenging circumstances. The small group is well suited for ESL students, who will be less intimidated using their new language in such a setting than they would be speaking with a larger audience. It is particularly appropriate for the discussion of sensitive, AIDS-related topics like sex and drug use.

It is important to treat AIDS-related issues with an explicitness that was, before AIDS, considered inappropriate. Family planners tell the story about the young woman who was being interviewed by a counselor: "Are you sexually active?" the counselor asked. "No," she replied. Two months later, the woman was pregnant. "I don't understand," said the counselor. "You told me you weren't sexually active." "I'm not!" she sobbed. "All I do is just lie there!" The need to be direct and specific and to avoid euphemisms is even greater when presenting AIDS prevention instruction to ESL students.

When we talk about sexuality and drug use in class, we must pay particular attention to some guidelines that help to make any class work better. Personal boundaries should be respected. Students and teachers should be free to withhold personal opinions about sexuality and their own personal experiences. The topic is potentially embarrassing. Embarrassment can be minimized if we maintain good classroom decorum and display mutual respect. People must feel free to express themselves and ask questions without fear of ridicule. Our experience presenting this material suggests that it is better to approach the rather sensitive issues addressed in this curriculum after a period of several weeks of more traditional ESL instruction during which classroom rapport and trust have been established.



The five lessons that follow begin with an exercise game that illustrates the exponential manner in which HIV is spread. The lesson then examines the scope of the AIDS epidemic, the nature of the disease, the ways it is transmitted, and the ways it can be prevented. The next three lessons present activities and exercises that clarify students' understanding of the relative risks of various behaviors, examine their attitudes toward risk reduction behaviors, describe the value of testing, counseling, and treatment, develop students' ability to respond appropriately to specific HIV risk situations by analyzing each step of the decision making process; identify social pressures and barriers to effective communication that place them at risk, and develop strategies for resisting these pressures and overcoming these barriers. The final lesson enables students to utilize their newly acquired knowledge and skills to extend AIDS education from the classroom into their communities.



Each lesson includes reading, writing, and discussion activities designed for use with high school-aged and young adult ESL students.

An appendix includes materials and exercises which can be used to supplement the five basic lessons or used as free standing activities. A list of agencies and additional sources of information and services is also included. The curriculum has been prepared with the view of making the integration of AIDS education into the ESL program as useful as possible in preserving the health of our students and our communities and in developing students' English language skills. Now it's up to us.

# **Lesson 1**

## **Transmission of HIV**

### **THE EPIDEMIC GAME**

#### **Rational:**

One of the greatest deterrents to the practice of safer sex among teens and young adults is the mindset, "It can't happen to me." This lesson dramatizes the rapid geometric progression possible in the spread of HIV and helps students understand how exposure to possible infection or avoidance of infection is within their control.

#### **AIDS Education Objectives:**

1. Students will become aware of the geometric patterns of infection in epidemics and see how rapidly HIV, as well as other sexually transmitted diseases (STDs), can be spread through unprotected intercourse.
2. They will have the opportunity to imagine what it feels like to learn that they have been infected with an incurable, fatal disease, or to imagine what it feels like to learn that they have avoided infection by practicing safer sex.
3. They will learn the difference between casual contact and high risk behaviors.
4. They will learn that a person can not tell by appearance whether someone is infected with HIV.

#### **ESL Objectives:**

1. Students will have the chance to discuss, describe, analyze, and write about several topics of current social interest.
2. They will review the use and form of present and past tense verbs and consider which forms are appropriate under the different circumstances presented by the writing assignment.
3. They will practice note taking.

## Procedure:

Begin the class by announcing that we are going to have several lessons on AIDS education. Tell students that AIDS is a sensitive and very important issue requiring discussion of sexual and drug-related topics and that it is necessary for every person during these discussions to show complete respect toward classmates and not to embarrass anyone with inappropriate, "street talk" regarding sex or drug use.

1. Now ask students to spend five minutes writing in their notebooks everything they know about AIDS. While they are writing, give each student a card or small piece of paper marked in the following way. For a class of about 25.

**a) put a small "v" (for virus—HIV positive) on the back of 2 cards, and "v—IDU" (for virus—injecting drug use) on the back of one card;**

**b) put a "c" (for condom use) on the back of 5 cards,**

**c) put an "o" (for "outcourse," sexual intimacy, without sexual intercourse: kissing, hugging, touching) on the back of 5 cards,**

**d) put a "no s" (for no sexual relationship at present) on the back of 5 cards.**

2. After giving out the cards, ask several students to read what they wrote. Write **HIV → AIDS** on the board. Explain **AIDS is caused by a virus called HIV, which is found in the blood, semen, and vaginal fluid of an infected person. Anyone with the virus can pass it on to another person during sex or when sharing needles. There is no cure for AIDS. Education is our best protection against this disease.**

3. Tell students that this exercise is designed to teach participants how people get HIV infection and to practice English conversation on three topics with three different partners. These topics, written in boldface, 2a), b), and c) below, should be put on the chalkboard.

**a) ask students to get a partner and discuss (not too loudly) Sex in the Media (TV, movies, magazines, etc.) and How it Affects Us;** (if the class members have not had experience working with partners they may require some direction from the instructor to get them paired up); after three or four minutes ask students to shake hands with their partners and move on to a new partner;

**b) students should now discuss Sexual Attitudes in This Country Today (the host country, if they are immigrants) Compared With Sexual Attitudes in Your**

**Native Country When You Were Growing Up**, (if students are not immigrants, they can discuss Sex Today compared to Sex When Our Parents Were Young); after three or four minutes they should shake hands and move on to a new partner;

c) students should now discuss **How Would Your Life Change If You Learned You Were Infected With HIV**; after three or four minutes, ask students to shake hands and return to their seats.

4. The next ten minutes should be spent in full class discussion summarizing the major points generated by the students' discussions with their partners. Put the major points on the board under their appropriate topic headings. Ask students to take notes on this information and other information you will put on the board. Tell them it will be useful later. Explain that good note taking is an important study skill. **Good notes summarize complex thoughts in single words or short phrases.** Demonstrate this as you write discussion points on the board. If students have more discussion points to relate than time permits, allow 30 seconds for them to add to their notes what they haven't had the chance to tell the class before moving on to the next topic.

5. At the conclusion of the 10 minute discussion of these three topics, ask students to stand and take out the papers with codes on the back given to them at the beginning of the class. Announce that this is a game (you may need to explain "game") to show how HIV is spread. Explain that the "v" on the papers held by three students represents HIV—transmitted by unprotected sexual intercourse, or by sharing a needle for Injecting Drug Use, represented by the "v—IDU" (put **unprotected sexual intercourse** and **sharing needles** on the board, explain that **protected intercourse means correctly using a latex condom from start to finish every time you have sex**, and that you will talk more about protection later.). Ask these first three students to be seated. Tell them that you are sorry but they are out of the game.

Then ask the three students who shook hands with the first three to sit down also. Explain that **for the purposes of this game only, shaking hands represents unprotected sexual intercourse or sharing of needles**, the behaviors by which HIV is spread. Make clear that **shaking hands in real life is a form of casual contact**, which, along with kissing, hugging, touching, insect bites, and sharing toilet seats or eating utensils, can not spread HIV (put **casual contact** on the board). Then ask the six who shook hands with those already seated to sit. Then ask the 12 who shook hands with those seated to also sit. At this point as many as 24 students may be seated with HIV—perhaps fewer, if some already "infected" became "re-exposed."

Make the point here that it is possible for a person to become infected with HIV from a first and only lover. However, by the laws of chance, the more people a person has risky sex with (or shares a needle with), the greater the chance of meeting a partner infected with HIV and becoming infected too. In the same way, the more people a person's partner has had risky sex with (or shares a needle with), the greater the partner's chance of being infected with HIV.

Take time now, with almost all of the class seated and "out of the game" to ask students how they would feel if this were not a game and they had actually become infected with HIV through unprotected intercourse or needle sharing. Point out that just as they could not tell by looking at a classmate if s/he was infected with HIV, so too in real life **you can not tell by looking at a person if s/he is infected** (put this on the board and explain the s/he notation) and most of those who are infected can not tell that they are without being tested for HIV.

Now ask the students who had a "c" on the back of their paper to stand. Explain that this means that they were able to avoid becoming infected with HIV because they practiced safer sex by using a condom every time they had sexual intercourse. Congratulate them. Write **safer sex—use a condom correctly every time** on the board.

Next ask those with an "o" to stand. Explain that this means that they were able to avoid becoming infected with HIV because they practiced safer sex by not having vaginal, anal, or oral intercourse but had sexual intimacy without penetration, "outercourse." Congratulate them. Write **outercourse** on the board under "use a condom."

Finally, ask those with a "no s" to stand. Explain that the "no s" means no sex—they are not involved in a sexual relationship at present. Write **abstinence—no sex** on the board. Congratulate them. And once again congratulate all who preserved their health. Express your regrets for all those who lost the game and tell the class that you hope that everyone understands and will do what is necessary to avoid HIV infection and stay healthy in real life.

6. Ask if there are any questions or comments.

## Homework:

Ask students to copy the following from the board.

1. Describe and evaluate this lesson. How did you feel during the game when you or people you care about became "infected" with an incurable, fatal disease? How did you feel if you avoided infection by practicing safer sex or abstinence? How do you think a young person your age feels when s/he first learns that s/he really has HIV? What did you learn from this lesson?

2. Interview a parent or someone else your parents' age to learn more about the differences in sexual attitudes and behaviors when they were your age and now. Write a summary of what you learned from the interview.

This interview can be used by younger students to tell their parents that the class will be working on five AIDS lessons and that the ESL instructor hopes parents and students will discuss this work at home.

Point out to students the appropriate verb tenses for these topics and, if necessary, review these tenses: simple past to describe the lesson and how students felt during the lesson, and simple present to describe how a person who really has HIV probably feels; simple past to describe attitudes about sex when your parents were younger and simple present to describe sexual attitudes now.



## **Lesson 2**

# **Assessing Risk/Reducing Risk**

### **PROBABILITY AND PREDICTION**

#### **Rationale:**

Understanding the consequences of our behavior is a critical part of organizing our lives.

#### **AIDS Education Objectives:**

1. Students will learn the difference between safe behaviors and behaviors that put them at risk for HIV infection.
2. They will understand that degree of risk is a matter of the behaviors they choose or avoid.
3. They will identify strategies for reducing risk.
4. They will identify the obstacles that exist to adopting these strategies.

#### **ESL Objectives:**

1. Students will practice speaking, listening, writing, and reading.
2. They will learn new vocabulary.
3. They will understand the relationship between cause and effect and the concept of probability.
4. They will review the comparative and superlative forms of adjectives.
5. They will review the modal auxiliary and future forms of verbs.

## Procedure:

Begin the class by inviting volunteers to read homework.

*(No more than 3 volunteers, 7-8 minutes).*

Introduce the concept of **probability and prediction** and explain that **the ability to accurately predict future events depends on our understanding of the relationships between a cause and its effects or between a choice and its consequences. The development of this understanding is an essential part of our education, especially as we take more and more responsibility for our lives and the lives of our loved ones.**

Explain that babies soon learn to avoid touching a hot stove in order to avoid the painful burn. With the guidance of elders who help us imagine the probable consequences of strolling into traffic, we learn how to cross the street safely. Our understanding of the consequence of applying heat to water enables us to make our morning coffee or tea. Ask the class for additional examples of how our understanding of the relationship between a cause and its probable effect helps us to lead our lives more rationally. *(7-8 minutes)*

Next, draw a straight line across the blackboard labeled as follows:

0% \_\_\_\_\_ 100%

Explain that the line on the board represents a **continuum of probabilities** (write this on the board, explain "continuum") for some future event occurring. Ask students for an example of an event that will likely occur in their lives with a near 100% probability as a result of some choice they make or action they take (for example, they will become successful students of English if they practice English every day). Ask for an example of an event that has a close to 0% probability of happening sometime in the near future (for example, they will become millionaires as a result of buying a lottery ticket). Ask for examples of events having a 50% chance of occurring. *(10 minutes)*

Make clear that there are some events in life over which we have more personal control than others (e.g., becoming better English students vs. winning the lottery).

Now tell students that the idea of a continuum of probabilities can also help to illustrate the degree of risk of HIV infection of various kinds of behavior. Rename the continuum, the **continuum of risk**. Relabel the continuum "no risk," "reduced risk," and "very risky." Remind students that **HIV is hard to catch**—it can enter the body in these four ways:

- by having sexual intercourse with an infected person;
- by sharing needles, syringes or other instruments containing even microscopic amounts of infected blood;
- by being born to an infected mother or being breastfed by an infected mother;
- by transfusion of infected blood (though this is highly unlikely since screening of the blood supply began).



Hand out copies of "HIV Risk Behavior Questionnaire." (Page 51 for copy-ready handouts.)

## HIV RISK BEHAVIOR QUESTIONNAIRE

Would you please take a few minutes to answer the questions below. Your answers will help us to educate the community more effectively to avoid this disease.

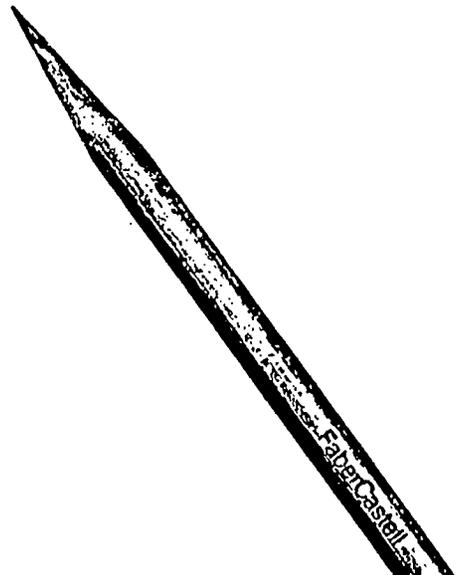
### Which of the following increases a person's chances of getting HIV?

Please check each correct answer.

(Associated with sex)

- a)  Having sexual intercourse with someone who was exposed to HIV five years ago, but who looks and feels healthy and has never shown any sign of the illness
- b)  Having sexual intercourse with someone who is infected with HIV
- c)  Massaging someone who has HIV or AIDS
- d)  Hugging someone who has HIV or AIDS
- e)  Kissing someone who has HIV or AIDS
- f)  Properly using latex condoms
- g)  Using a condom with oil or Vaseline instead of a water based lubricant
- h)  Using the same condom twice
- i)  Unprotected oral sex
- j)  Unprotected vaginal sex
- k)  Unprotected anal sex
- l)  Having many sexual partners

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(Associated with drugs and use of needles)

- m)  Using alcohol, marijuana, crack, or other drugs that affect good judgment
- n)  Sharing needles for injecting drugs
- o)  Sharing needles for injecting steroids or vitamins or for ear or body piercing or tattooing
- p)  Sharing a needle that has been cleaned with water
- q)  Sharing a needle that has been properly cleaned with bleach or alcohol

(Associated with other modes of transmission)

- r)  Receiving a blood transfusion today
- s)  Being born to or breastfed by an infected mother
- t)  Being born to a mother whose husband was exposed to HIV five years ago, but who looks and feels healthy and has never shown any sign of the illness

Answer the questionnaire with the class. Ask students to imagine behaviors on a continuum of risk, from "no risk" to "reduced risk" to "very risky" and to consider why some behaviors are more risky than others.

Some latitude in recognizing the relative risk of these behaviors is acceptable, as long as the basic distinctions between high risk, reduced risk and no risk behaviors are recognized. The first and last, a) and t) are high risk activities and illustrate the danger of HIV transmission during latency; b), of course, is a high risk activity, to which a) might be equivalent; c) through e) are forms of casual contact, through which the virus can not be transmitted; f) is lower risk, (because of the small possibility of condom failure); g) through l) are higher risk sexual activities; m) is a high risk activity related to any drug use that affects judgment; n), o) and p) are high risk needle sharing activities; only q) significantly reduces the risk of sharing needles; receiving blood, r), is almost totally without risk since the blood supply began to be tested for HIV antibodies; s) and t) are significant risk factors, although it is important to note that a recent study has shown that **babies born to HIV positive mothers, who were treated with AZT during pregnancy, were only a third as likely to be born with HIV as were babies of HIV mothers who were not treated with AZT.**

Make clear to students that **all of these behaviors** that can put us in danger of HIV infection or may endanger others **are within our control**. Point to the continuum and reiterate that the risk of a person contracting HIV may be very high or near zero, depending on his or her behavioral choices. Each person's individual level of risk lies somewhere on this continuum. **The choice is ours**. Adolescents, in particular, need help understanding that **there are no second chances when it comes to HIV infection**. Answer any questions. (15 minutes)

Tell the class, now that we understand what behaviors put a person at risk for HIV infection, we can see what we should do to reduce our risk of getting or spreading HIV. Ask students to make a list of what they can do now and (particularly, for younger students) will do in the future to reduce their risk.

At this point the instructor should review the modal auxiliary and future verb forms:

can (can't) + simple form of the main verb

will (won't) + simple form

After seven or eight minutes create a list on the board. Subdivide the list into things that we can do now and things we will do in the future (this concern for future risk reduction is particularly appropriate for younger people who may not now, but soon may be, inclined to higher risk activities). Make sure the list includes (We can, We will):

### **Reduce the Risk** (*p. 52 for copy-ready handout*):

- 1. Abstain from sex;**
- 2. Have "outercourse" instead of intercourse;**
- 3. Stay with one partner for life who is not infected and who does not use injecting drugs, and who only stays with you;**
- 4. Openly discuss with a partner the possibility of HIV infection. Listen for clues of past or present risk behaviors;**
- 5. Avoid having more than one sex partner. The more sex partners a person has, the greater the chance of contracting HIV;**
- 6. Avoid contact with a partner's blood, semen or vaginal secretions with proper use of latex condoms every time you have sexual intercourse;**

**7. Avoid sharing needles or other sharp piercing instruments for drug injecting, tattooing, piercing or acupuncture unless they are sterilized.**

**8. Avoid using alcohol, marijuana, crack, or other drugs that impair judgment;**

**9. Get the HIV test if you think you (or your partner) might have ever been exposed to HIV infection. If you have been infected, the free, confidential test will tell you, so that you can get the treatment to help you stay healthy longer. If you are pregnant or planning to have a baby, your treatment can protect your baby.** (Put the Hotline Counseling and Testing telephone number for your country or area listed in Appendix III on the board; ask everyone to copy it in their notebooks for use in a later assignment.)

Now ask the class which is the hardest and which the easiest risk reduction behavior to adopt? Why are some easier than others? The instructor will probably want to review the comparative and superlative adjective forms:

**A** is taller than **B**. **A** is taller.

**A** is more beautiful than **B**.

**B** is taller than **C**.

**A** is the tallest.

**A** is the most beautiful.

## Homework:

Put these questions on the board. Ask students to answer them in their journals. Tell them that you will not collect this assignment from anyone who wants to keep this assignment private, but that it is very important for everyone to do it.

- a. What are the most important strategies for you personally? Why?
- b. What are strategies that you think are most difficult for you to adopt? Why?
- c. What is your own individual probability of infection given your current attitudes and behavior? How does that make you feel?



# Lesson 3

## Recognizing Obstacles to AIDS Prevention



### OVERCOMING OBSTACLES TO THE USE OF AIDS PREVENTION STRATEGIES

#### BUYING CONDOMS: ANTICIPATING AN UNCOMFORTABLE SITUATION

#### Rationale:

Once we come to an understanding of high risk behavior and of the obstacles to preventing this behavior, we should develop the strategies to help us overcome these obstacles. As we practice examining, discussing, and negotiating the way we conduct our lives, we gain greater control over our lives.

#### AIDS Education Objectives:

1. Students will review the most important AIDS prevention strategies and reasons why we don't readily adopt them.
2. They will examine ways of overcoming obstacles.
3. They will gain insight into some of the difficulties experienced in purchasing condoms.
4. They will learn the proper way to use condoms.

#### ESL Objectives:

1. Students will practice listening, speaking, reading and writing.
2. They will analyze complex social situations and practice problem solving.
3. They will practice use of the future modal "would."
4. They will prepare a short demonstration speech.
5. They will practice use of prepositions of place.

## **Procedure:**

Begin the lesson by inviting a few students to read from their homework. Pay particular attention to their responses to question a) above: **What are the most important AIDS prevention strategies?** Divide the board into two parts. On the left half of the board, list the AIDS prevention strategies. Ask students to add to the list. Make sure the following are included in some form:

### **AIDS Prevention Strategies**

- a) avoid sexual intercourse, or if you do have intercourse,**
- b) avoid exchange of body fluids by using condoms the right way every time;**
- c) select partners carefully, reduce the number of partners;**
- d) don't use drugs, but if you do,**
- e) avoid sharing of drug needles and syringes.**

*(10 minutes)*

Now ask students to identify the most important obstacles to AIDS prevention, or reasons why people do not utilize the AIDS prevention strategies. For example, what are the reasons why many couples don't practice sexual abstinence, and what keeps them from using condoms? Remind students that these obstacles were identified in their homework, question b) "what strategies are most difficult to adopt?" and "Why?" Put these on the board. *(10 minutes)*  
Obstacles to prevention strategies could include:

### **Obstacles to Prevention Strategies** (explain "obstacles")

- a) inability to resist pressure to be sexually active;**
- b) embarrassment talking about sexual matters with a partner;**
- c) belief that sex is not pleasurable with condom use;**
- d) embarrassment buying or getting condoms;**
- e) not knowing how to use condoms properly;**
- f) not knowing that a person may look and feel fine and yet have had HIV and been capable of infecting others for years before s/he gets sick;**

**g) fear of ridicule or rejection by a partner who does not support the idea of practicing safe behaviors;**

**h) low self-esteem, depression, no sense of a future worth living for self or family;**

**i) laws prohibiting needle possession or needle exchange programs;**

**j) not knowing how to clean needles (see Appendix i).**

### **Prioritizing Obstacles**

Once all of the obstacles have been listed on the chalkboard, have students choose the five most important obstacles to utilization of HIV prevention methods for a group of people such as this class. *(5 minutes)*

### **Finding Solutions to Eliminating the Obstacles**

Divide the class into five groups. Assign one of the five major obstacles to each group. Through discussion, the groups are to create solutions for eliminating the obstacle assigned to them. Students should use their imagination in creating solutions. Possible solutions might be to prepare young people to resist pressure to be sexually active, enable people to increase their comfort level in purchasing condoms through role playing, instruct people in the proper method for using condoms. Encourage each group to come up with as specific and detailed a solution to their obstacle as they can in the 10 minutes allotted.

### **Discussion of Solutions**

Have a spokesperson for each group report his or her group's solution to the entire class. Discuss the solutions and ask for other possible solutions from other class members. Note solutions on board next to obstacles. *(10 minutes)*

## **Anticipating an Uncomfortable Situation: Buying Condoms**

First explain to students that this exercise is about protection that they need now if they are sexually active or will need when they decide to have sex, and while that might not be for a long time, it is important information that they will need sometime.

Next ask students to write how they imagine they would feel if they were involved in a relationship, and prior to intercourse a partner took out a condom and suggested they use it. Explain that their responses will not be collected.

Tell students that **in studies of young people, both males and females reported that when a partner suggested condom use, they felt it demonstrated caring and they liked the person better for this.** Ask students if their own responses were similar or different from this research. Tell students, **you should feel good about buying condoms. You are protecting yourself, your partner, your family, and your future.**

Next, ask students to write a description of the following situation:

Imagine that you are going to a pharmacy or clinic to buy or ask for latex condoms.

Now **imagine:**

- 1. What would you say to the pharmacist or clinic employee?**
- 2. What would it feel like?**
- 3. Why would you feel that way?**

The instructor can use this as an opportunity to **review the future conditional modal, would + simple form of the main verb.**

*(10 minutes)*

Ask students if they think thinking about the future helps us deal with it more effectively? Will it make the actual buying of condoms any easier? Remind the class that our ability to think ahead enables us to prepare for the future.



## Homework:

1) Put the following on the board: **write directions to the pharmacy or clinic closest to the school or to your home.** Explain that accurately giving and receiving directions and knowing how to get and properly use condoms are both very important skills in modern society. (The instructor should **review the prepositions of place, from, to in, on, at, next to, across from, in front of, behind, etc.)**

2) Hand out *How to Use a Condom* (p. 53). Ask students to prepare a short demonstration speech. If this might be too embarrassing for students, the instructor can assign each student one step in the "How to use a condom" process. The class can then work together to present the steps in proper order.

3) Hand out the Role Play, *A Failure In Communication* (p. 54). Ask the class to read it for homework and try to learn what caused the failure.

## Role Play

### **A Failure In Communication** (p. 54 for copy-ready handouts)

#### SITUATION:

You and your boyfriend (girlfriend) have been going out for a while. From the beginning you touched and kissed a lot. On his (her) birthday, you are alone and feel very close. You begin kissing and touching and feeling excited. Your boyfriend (girlfriend) wants to have sex with you, but you want to tell him (her) that you are not ready.



FRIEND: Why are you stopping now?

YOU: Wait. I'm not sure I'm ready.

FRIEND: It isn't my birthday every day, you know.

YOU: Yeah, I know.

FRIEND: There's no reason to wait. It will mean even more now. What's the difference, now or later?

YOU: Well, I'm not sure.

FRIEND: I thought this was what we both wanted.

YOU: Do you love me?

FRIEND: Yes, and sex is part of love. Right?

YOU: I guess you're right.



- (They stop talking and go back to kissing—this direction should only be read.)

What happened? Make a list of things the character "You" might do or say differently to be effective and get what s he wants. Everyone should understand that the failure of "You" in the role play was a failure to **clearly and firmly say NO.**

# Lesson 4

## More Effective Communication

### SAYING NO

### GETTING WHAT YOU WANT

#### Rationale:

Few models for effective communication in sexual situations exist for young people, and few opportunities to practice such communication exist. Avoiding discussion of sexual matters with a partner is one of the most widespread sexual taboos. In the Age of AIDS, observance of this taboo can be fatal.



The goal of role playing is to provide models for effective communication in sexual situations and to produce changes in the participants' perception and behavior. Sometimes just watching another member of the group play a role may produce changes in perceptions and attitudes. For some people and some issues it may be necessary to personally play the role and to experience what it feels like to be in a situation like the one portrayed in the role play. Role playing may also help make people more tolerant of a position they publicly uphold in role playing, but with which they initially disagree. The conclusion derived from the research on role playing is that active participation is more effective in changing attitudes and behavior than is passive exposure to persuasive arguments by themselves.

Tell students that being able **to know in advance what you want and then to clearly express what you want helps you to get what you want.** This is a very important part of effective communication. The following series of role plays will give students practice in clearly expressing their wishes and protecting their health in HIV risk-related situations.

### **AIDS Education Objectives:**

1. Students will be involved in handling and discussing condoms in order to develop proficiency in and demystify their proper use.
2. They will examine a faulty model of communication in order to understand the most significant communicative elements that keep us from safer behavior.
3. They will learn to say "No."
4. They will learn to anticipate and effectively respond to high risk situations.

### **ESL Objectives:**

1. Class members will deliver a short demonstration speech.
2. They will read and critically evaluate written material.
3. They will rewrite this material.
4. They will practice affirmative and negative forms of past tense verbs.

### **Procedure:**

Begin class by asking if two people would like to volunteer to read, *A Failure In Communication*. If possible, assign the role of "Friend" to a female, and the role of the character "You" to a male. Tell students that the talented, young male actors in Shakespeare's theater played women. Also explain that assuming sexual roles that are different from those people play in real life will help us better understand how other people think and feel. Switching sexual roles or having partners of the same sex during role play can also neutralize any inclination some students might have to use the exercise to embarrass or flirt with other students. Tell the students that **these role plays are exercises designed to help all students preserve their health and the health of their families and communities while practicing their English. Role plays must not be used to embarrass classmates. All classmates must always respect each other.** If students are eager to volunteer to act this role play, it can be done again by a second pair, using a male for "Friend" and a female for "You."

Following this performance, ask students to answer the question (referring to their homework), **"What went wrong?"**

**What can the character "You" do to get what s/he wants?** Make sure the class understands that the failure of "You" in the role play was a failure to **clearly and firmly say No**. Ask,

Is this the way many young people decide whether or not to have sex?

Why didn't the character "You" stick to the decision not to have sex?

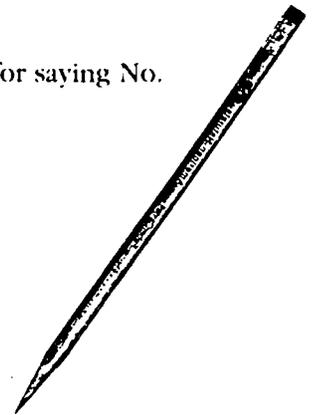
What makes it difficult to say no?

*(15 minutes)*

Explain that the **ability to say No clearly and firmly is a very important skill that gives us a lot of control over our lives. This lesson will give us practice in saying No without losing a friendship but saying it so that our partner or friend knows we mean No.** Put *The 4 Ways to Say No* on the board (review use and form of imperative) Ask students to copy these in their notebooks now and memorize them for homework tonight.

### **The 4 Ways to Say No** *(p. 55 for copy-ready handout)*

- 1) Say **No**. (No thank you. No, I don't want to.) There is no substitute for saying No.
- 2) Repeat No as often as is necessary.
- 3) Use Body Language that says No
  - a) Serious facial expression that shows you mean No.
  - b) Hands up, hands out gesture that says Stop.
  - c) If everything else fails, use your strength to push away and say Stop.
- 4) Suggest alternatives that can build the relationship  
(Let's go to a movie, Let's go for a walk, Let's make dinner together.)



Ask for a volunteer to demonstrate Body Language. Ask what "You" didn't do or did wrong in *A Failure In Communication*. (Review past affirmative and past negative for regular and irregular verbs.) Put the answers on the board. They should include the character "You":

didn't say no;

didn't repeat the first objection;

asked questions like "Do you love me?" rather than stating her or his view;

expressed doubt;

didn't suggest other alternatives;

didn't use body language; and

gave up.



Ask if there are any questions.

(10 minutes)

Now ask students to form groups of three and rewrite *A Failure In Communication*, to make it *A Successful Communication*. Ask them to use some of what they learned in *Rules for Saying No*. Allow no more than 10 minutes for the rewrite.

**Ask students to perform their rewritten role plays three times**, so that everyone gets to rotate through each role, including the observer, evaluator. **Then ask the students to perform again, this time with the character "You" not using the script.** Explain that for this learning activity to be most effective students must be able to make the correct responses without looking at the script. **In real life situations which threaten their health they will have no script to rely on — they have to rely on themselves.** Remind students that this is an exercise in which **classmates work together to help each other preserve their health and practice their English**, and that they must **maintain, as always, proper respect for their classmates.**

(15 minutes)

Invite volunteers to perform their rewritten version of *A Successful Communication*. Ask the class what the differences between the unsuccessful and successful versions are. Point out that **these behaviors seen in the successful version are the same behaviors that protect them from HIV infection in real life.**

Conclude by reminding students that today they practiced making **a clear NO statement** in a way that tells a person they mean no without losing a friendship.

## Homework:

1) Ask students to memorize *The 4 Ways to Say No*.

2) Hand out The "*Lines*"/*Your Responses* Worksheet (p.56-57). Explain the idiomatic meaning of a "line," as insincere talk meant to manipulate or deceive. **Review comparatives and superlatives.**

3) Hand out *Plan Ahead* Role Play Worksheet (p. 57-58). Tell the class that **most young people do not know how to talk to another person about sexual matters or AIDS prevention.** There are few, if any, models for them to follow. This activity will help create some verbal models that can be used to discuss HIV risk-reduction with a romantic partner, and **to be clear and direct, without hurting a partner's feelings.** The exercise also provides practice in insisting on abstinence or condom use in spite of a partner's statements that he or she is not at risk. Ask students to read the role play worksheet and write in one or two examples of what a person might say in each of the situations included on the worksheet.

Explain to the class that both of these activities include exercises about protection that people will need when they decide to have sex; and while that might not be for a long time, it is important information that we will need eventually.

Tell the class to be sure to do the "*Lines*" worksheet before *Plan Ahead*.



## The "Lines"/ Your Responses *(pp. 56-57 for copy-ready handouts)*

Imagine that you and a romantic friend are together and the Friend says some of the things written below to try to persuade you, even though you don't want to, to have sexual intercourse or to have unprotected intercourse. Put a check next to the responses that you think are good; put two checks next to the responses you think are even better; and put a star next to the one response you think is the best.

FRIEND: You would if you loved me (or)

If you love me, you'll do it with me (or)

But I love you!

YOU: If you love me, you'll respect my decision (or)

If you love me, you'll help me wait.

FRIEND: Everybody is doing it.

YOU: I'm somebody, and I'm not doing it (or)

50% of U.S. teenagers, 17 and younger, have not yet had sexual intercourse — they're not doing it.

FRIEND: What's your problem?

YOU: I think we should wait. There's nothing wrong with that.

FRIEND: If you won't do it, I'll find somebody who will.

YOU: I'm sorry I don't mean more to you than that.



FRIEND: But I love you!

YOU: If you love me, respect my health (or)  
 Condoms protect, love doesn't (or)  
 It's so sexy when a man cares (or)  
 Do it for me.

FRIEND: I'm not gay and I don't shoot drugs. You won't catch HIV from me.

YOU: You don't have to be gay or shoot drugs. More than half the people in the world with the virus are married women.

FRIEND: Do I look sick?

YOU: Most people who have HIV look and feel healthy and don't know that they have the virus.

FRIEND: It takes too long.

YOU: You'll be turning me on every second (or)  
 I love it when you take your time (or)  
 What's the rush? (or)  
 I'll wait.

FRIEND: Just this once.

YOU: It only takes once (or)  
 Only kids make decisions like that (or)  
 This isn't up for debate (or)  
 No way.

FRIEND: It doesn't feel good.

YOU: AIDS feels worse (or)  
 I'd feel better (or)  
 When I feel safer I go wild (or)  
 Just wait.

FRIEND: It spoils the mood.

YOU: It puts me in the mood (or)  
 So does worrying (or)  
 Not if I help (or)  
 We could always go to a movie.



## **Plan Ahead Role Play Worksheet** *(pp. 58-59 for copy-ready handout)*

### **SITUATION:**

John and Chris started dating recently and have begun to feel more close physically, but have not had sexual intercourse. Neither is sure about the lifestyle of the other before they began dating. Chris believes that they will become more sexually involved and is worried about being exposed to HIV. Chris wants to talk about AIDS virus prevention, but does not know how. Chris needs practice. So do we. Create one or two different examples of what Chris might say to John:

1. What could Chris say to get the conversation started? That is, how could Chris begin to express her his concerns about possible exposure to HIV? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

2. One option that Chris has is not to have sexual intercourse with John. What can Chris say to John if Chris does not want intercourse even though John does? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

3. Another option for Chris is to insist that John wear a condom if they have intercourse. What can Chris say? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:



4. What can Chris say in asking John if he has been exposed to HIV through high-risk sexual or drug-using behavior? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

5. What can Chris say if John insists that there is no chance that he has been exposed to HIV and that there is no need to worry? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

## Lesson 5

### Continue Developing More Effective Communication

#### How Can We Help? —Taking AIDS Education Out of the Classroom and Into the Community

##### Rationale:

The more preparation people have in anticipating high risk situations and practice they have in responding to them, the more effective they will be in dealing safely with them in real life. The opportunity for students to share their newly acquired and valuable competency with members of their community will help clarify the personal and social value of these AIDS education lessons as it contributes to AIDS prevention in the community.

##### AIDS Education Objectives:

1. Students will practice effectively communicating health preserving responses to a series of typical high risk situations.
2. They will contribute to AIDS awareness of their community.

##### ESL Objectives:

1. Students will practice listening, speaking, reading, writing, and group problem solving.
2. They will practice interviewing techniques.
3. They will practice note taking in their journals in preparation for a formal report on their AIDS education interviewing in their community.
4. They will write a report based on their interviewing, in which they assess the AIDS awareness of their interviewees and the AIDS education needs of their community.

##### Procedure:

Begin the lesson by reviewing the homework. Ask students to discuss some of the **better** responses to *The Lines*. Which is the **best?** (5 minutes)

Now discuss the *Plan Ahead* Role Play. Ask: **What are some good responses you came up with?** Write some of the better answers on the board, noting the situation, 1-5, to which the response corresponds. Ask students to write down some of the **better responses for future use.** (5 minutes)

Form groups of three. Have one student play Chris, one play John, and the third, evaluate the "discussion." Create one or two different examples of what Chris might say to John. Rotate roles twice so that everyone has a chance to play each role. (15 minutes)

Ask the class: **What was most difficult about this exercise? Why was it difficult?** What kinds of things get in the way of communicating about sex and AIDS? Would anyone like to demonstrate their role-play for the class?

**What are the best situations (time and place) for young people to discuss AIDS prevention?** (5 minutes)

### **How Can We Help?**

Hand out *Rara and Meredith* (p. 60). Ask the class to read this handout. Ask for volunteers to read to the class. Ask what they liked about it. (10 minutes)

#### **RARA AND MEREDITH**

For Rara and Meredith Blank, after-school activities mean more than school clubs, team sports, and part-time jobs. That's because Meredith, 15, and her sister Rara, 16, are volunteers at the Teen AIDS Hotline in Rockville, Maryland. The hotline provides callers with facts and counseling about AIDS.

The hotline volunteers, mainly teenagers and young adults, answer several thousand calls a month. "Some nights," Rara says, "the phones just don't stop ringing." Most of the calls come from people in their 20s. "Most of the callers are people who think they have AIDS," Meredith says. A lot of the teenagers who call ask if you can get it from kissing. [Scientists consider this highly unlikely.]

The saddest phone calls come from people who have just discovered that they have AIDS. "The first time it happened, I was shocked," Meredith recalls. "The person was really upset and he needed somebody to talk to. He was angry too." Hotline volunteers usually refer these callers to a counseling service.

The sisters decided to work at the hotline to fulfill a community service requirement at their school. And once they started, they didn't want to stop. Rara says, "With the hotline, you can educate yourself and everyone you come in contact with."

The two sisters' training included a seminar about AIDS, as well as practice sessions in which volunteers ask each other possible questions. They also keep up with the most recent scientific articles on AIDS, which are available at the center. "Since we've been working here, I am always reminding my friends of the dangers of AIDS," Meredith says. "It's kind of a joke among us, but it's important to hear the advice coming from other people your age."

Even with the warnings, Meredith and Rara say some of their friends still take chances with their health. "A lot of people just say 'I don't think it's going to happen to me,'" Meredith warns. "What young people have to realize is that it's not who you are. It's how you choose to protect yourself."

Meredith and Rara believe they are making a difference. "This is one case where young people can help save lives," says Rara.

*(adapted from Alex Wohl, Washington, DC, for Scholastic Update.)*

### **AIDS Education: From the Classroom Into the Community**

Now announce to the class that they can help, too. Tell students that for homework you want them (put the following on the board):

1. to administer the HIV Risk Behavior Questionnaire and interview at least one friend, family member, or person in the community,
2. to use the questionnaire as a focus of discussion to find out how well the people they interview understand HIV risk behavior,
3. to give people copies of AIDS education literature (if available),
4. to record in their notebooks the main points of their interviews,
5. to write a report on their interviews



Tell students that their **interviews will be anonymous**, that they **can not identify the people they interview**, and they should **make this clear to them**. However, students should include in their reports the important demographic information on the people they interview: age, sex, education, native language, level of English, source of previous information regarding AIDS, etc. **Students should approach people they wish to interview by asking them if they would be willing to help in an AIDS education project by answering a short questionnaire** for a couple of minutes. Students should be **sensitive to and respectful of a person's wish not to be interviewed**, although most people are happy to cooperate.

Tell students that the lessons they learn from their interviews and report in their papers will be sent on to the public health department and will help health workers deal more effectively with AIDS in their communities. Instructors may arrange a swap of AIDS education materials for reports. Public health workers are always happy to have contact of this sort with the community.

Tell students that through these interviews they will have the opportunity to explore and better understand the AIDS educational issues raised in these lessons, and **by actively participating in the AIDS education of others, they are performing a socially useful service that will help preserve the health of their communities, as well as their own health, while developing their English language skills**.

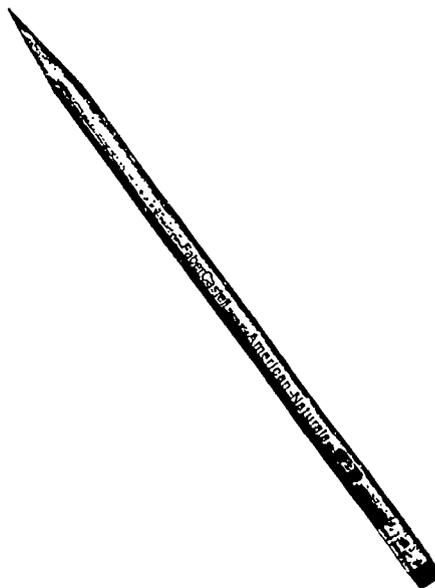


# Appendix I

## SUPPLEMENTARY EXERCISES AND COPY-READY HANDOUTS

- A. Dear Abby *pp. 40-41*
- B. Sex in the Media *p. 45*
- C. The Deadly Silence *pp. 46-47*
- D. Needle Exchange Programs *pp. 48-50*
- E. HIV Risk Behavior Questionnaire (Lesson 2, 5) *p. 51*
- F. Reduce the Risk (Lesson 2) *p. 52*
- G. How to Use a Condom *p. 53*
- H. Failure in Communication (Lesson 3) *p. 54*
- I. The 4 Ways to Say No (Lesson 4) *p. 55*
- J. The "Lines"/Your Responses (Lesson 4-5) *pp. 56-57*
- K. Plan Ahead Role Play Worksheet (Lesson 4, 5) *pp. 58-59*
- L. Rara and Meredith (Lesson 5) *p. 60*
- M. How to Clean Needles *p. 61*
- N. Agreement for a Safer Sexual Life *pp. 62-63*

The following exercises, A-D, may be introduced as supplements to the the homework assignments included in the five main lessons, or as additional lessons.



## **A. Dear Abby**

The following can be used, if time allows, as an additional lesson.

### **RATIONALE:**

By dealing with hypothetical situations in the classroom that are similar to those they are likely to encounter in real life, students will be better able to cope with actual high risk situations when they occur.

### **AIDS EDUCATION OBJECTIVES:**

Students gain experience handling complex, AIDS related problems.

They develop judgment and problem solving skills.

They develop awareness of HIV risk factors.

They develop awareness of barriers to HIV risk reduction.

### **ESL OBJECTIVES:**

Students practice reading, writing, speaking, and listening.

They develop critical thinking skills.

### **PROCEDURE:**

Divide the class into groups of three or four. If possible, beginning students should be grouped with a more advanced student of the same native language who can help with translation. Give each group a copy of one of the letters to Abby printed below, each of which describes an AIDS risk situation that young people are likely to confront.

Ask students to examine and discuss the problem presented in the letter to which they are responding, and then to write a reply that provides good, healthy advice. When students are finished writing their replies, a representative from each group can read the group's reply, and other class members should offer their comments.

Here are several letters that indicate typical risk situations in which young people may find themselves:

**1. Dear Abby:**

I am a 17 year old guy and I've been going out with this terrific girl who is 2 years younger than me. We have a really good relationship. We're really in love, and I think we're going to have sex soon. She even went and got birth control pills, so we don't have to worry about her getting pregnant.

So what's the problem? We both agree we don't want to use condoms, and since we're both practically virgins, we think we're safe. But she doesn't know that I was shooting up steroids last year while I was on the wrestling team. I'm not sure if I used the same needle as my buddy, but he is in great shape, so I guess there is no need to worry. Right?

Please don't ask me to tell her about this. I think she'd stop going out with me if she knew I used to shoot drugs, even though I don't do it now and won't do it ever again. Besides, I'm in great health, so there is probably nothing to worry about. Right?

Tell me. What do you think I should do?

*Willie the Worried Wrestler*



## 2. Dear Abby:

I'm a 16 year old girl who is very popular and good looking, too. I look 19 or 20. I have already had a few boyfriends and am no longer a virgin.

Now I'm going out with Tony, who is really cool. All the girls like him but I think he likes me the best. He's kind of shy. He even told me recently that he has never "gone all the way" with a girl. The other night, after we went dancing, we were making out in the back of his friend's car, and we came pretty close to "doing it."

The next day at lunch he asked me if I was a virgin. Lucky for me, two of his friends came over before I had to answer.

I'm afraid to tell Tony that I've had sex with other guys before, because I don't want him to think I'm a whore and leave me for somebody else. I really want him and love him a lot, but I can't tell him about what happened before.

What should I do if he asks me again about my past?

*Not so Innocent in Ipswich*



**3. Dear Abby:**

My boyfriend and I have been going steady for two months. We are going to a big party soon and I think we are planning to have sex afterwards. We want to use condoms, but we're both too embarrassed to get them. He says I should get them. I say he should.

Who should get them? Where can you buy them? What do you say if you don't see them on display in the store? What else can you tell me that will make it easier to get these strange things and use them right?

*Wondering in Washington*



#### 4. **Dear Abby:**

My name is Carlos, and I am a 17 year old student. I have some good friends and have gone on dates with some very nice girls. So what's the problem? Well, to tell you the truth, I am not sure. I just haven't met any girls that really turn me on, but there are some guys that I like a lot.

I think I might be gay. I've even had a couple of sexual experiences with guys, but I am too embarrassed to talk about them with anybody or even to write about them in this letter.

With all this talk about AIDS and all the things people say about gays, I am hoping this is just a passing thing. Actually, I am a little worried. But the guys I was with looked fine. So I don't have to worry about AIDS, do I?

Are my feelings normal? Will they pass? What do I need to know? Do other people feel like this?

*Confused Carlos in Caracas*

Adapted from J. Dryer, *TESOL Journal* (Summer 1992)



## B. Sex in the Media

This assignment can accompany the homework included in lesson 1. It should take several days. Ask students to watch English language TV to determine the prevalence of sexually suggestive imagery and situations on network TV during prime time programming, programming for children, and programming for teens. Ask students to pay attention to commercials, too. They should note the frequency in their journals of the occurrence of sexual imagery in a given period of time (How many sexual images in a 30 second beer commercial?— for example) as well as the quality of the imagery—How suggestive is it? How subtle? (These may require some explanation.) Perhaps students could compare the treatment of sexuality on English language TV and TV in their native language.

Tell the students that this exercise is designed to increase awareness of the degree to which TV and other popular media like movies, magazines, and recordings encourage sexual behavior, but devote very little, if any resources to promoting safer sexual behavior. Make clear that you are not opposed to sexual behavior, or to its presence in the media, only to the lack of media attention to safer sexual behavior in the Age of AIDS.

Ask students to discuss their observations with classmates. Ask what the reasons might be for media fondness for open sexuality and for their aversion to safer sex. Ask them if they feel this is socially responsible behavior on the part of the TV industry.

Ask students to write to programming directors and news directors of local TV stations expressing their concern on this issue. Mail the letters for the class.



### **C. The Deadly Silence**

Pat and Steve were in love, but they didn't have intercourse. In fact, neither had intercourse with anyone. They had lots of fun together and were taking it slow. Then Pat went away to work at a resort for the summer. They planned to write, talk on the phone, and resume their relationship in the fall.

At the resort Pat met Willie — a gorgeous guy — Willie was anybody's dream and VERY experienced. The relationship became very sexual very quickly. Willie made it very clear that sex was a necessary part of the relationship, and even as Pat was thinking about how to say "NO," they had intercourse. Pat was swept away with the excitement of being with Willie. But when the summer was over, Willie made it clear that their romance was over. He had other plans back at college.

Pat returned home, confused, guilty, and unable to tell Steve anything about the summer romance. A week later Willie called to say that an old sexual partner had tested positive for HIV. Willie said he was going to get a test for HIV and he thought Pat should get one, too. Pat didn't know what to do, and waited a week for some symptoms. When none appeared, Pat decided that everything was probably okay.

Meanwhile, Pat and Steve resumed their relationship and Pat realized that love for Steve was real. When Pat and Steve began to move towards intercourse, Pat said they'd better use condoms. Steve refused — absolutely. Condoms were for people who slept around! Pat tried to persuade him, but couldn't change his mind. Pat didn't know what reason to give for using condoms — without telling Steve about the summer romance.

Pat tried to talk with Mom, and told her that a friend was worried about being infected with HIV. Mom said, "That's exactly what happens with all these kids having sex these days!" Pat decided to drop the conversation.

And in health class they were due for some lessons on AIDS, but the teacher was not very comfortable talking about sex. Furthermore, he thought that all this teaching about "safer sex" really gives young people permission to go ahead and do it! Somehow, he used up the 8 weeks of health teaching about the dangers of drugs and alcohol.

Finally, Pat gave in. Pat and Steve had intercourse without using a condom for protection.

Form groups of three. Tell students, Discuss your feeling about these five characters with the group. Rank their behavior from 1-5. Number (1) would be the person who behaved most responsibly, down to number (5) the person whose behavior was least responsible from your point of view. (Explain the difference between responsible behavior and responsibility, meaning culpability.) Point out that we do not know Pat's gender from the story. Ask if it makes any difference if Pat is male or female. Ask students to give reasons for their judgments on all characters. Everyone doesn't have to agree.

\_\_\_Pat

\_\_\_Willie

\_\_\_Steve

\_\_\_Mother

\_\_\_The Health Ed teacher

When students are done ranking, allow two or three volunteers to summarize their group discussion. Then ask each group to rewrite this story so that the characters behave more responsibly. Ask each group to give the rewritten story a new title (like Speak Up for Safer Sex). Solicit the reading of rewrites, with brief discussion.

**Homework:** Ask class to describe and evaluate this lesson, and to underline irregular verbs in the past tense in the reading. The instructor may wish to review difference between past tense forms of regular and irregular verbs before asking students to underline irregular verbs.

Adapted from *Teaching Safer Sex*, Brick, et al, 1989



## **D. Needle Exchange Programs**

These two selections that follow recently appeared in the *New York Times*, the first as an editorial and the second as a letter to the editor.

Taken together, they are well suited for work with more advanced ESL students and can be presented at the end of Lesson 4 or 5. Ask the class to read them for homework and decide which of these conflicting arguments is more persuasive, and why. Ask the class to write a letter to an elected official supporting or opposing needle exchange.

### **CLEAN NEEDLES SLOW AIDS**

Researchers in New York City have found the most persuasive evidence yet that providing clean needles to drug addicts can slow the spread of HIV. The results, though preliminary, strengthen the case for needle exchange programs, not only in New York but in all cities with injecting drug users at risk of infection with HIV. Such programs are banned in some states and only allowed as an experiment in New York.

The logic behind needle exchanges has always seemed plausible. In many cities, addicts who inject drugs have been devastated by AIDS, largely because HIV can be spread from person to person through the sharing of needles and syringes. One way to slow this spread, the reasoning goes, is to give addicts clean needles in exchange for used ones that could be contaminated. The addicts may remain hooked on their drugs, but at least they are less likely to spread HIV.

However, it has been a long, slow struggle to prove that such needle exchanges would really work.

Previous studies have shown that needle exchanges reduce the sharing of dirty equipment, cut the percentage of equipment that is contaminated and cut the infection rate for some diseases that are spread through shared needles. But no study has previously measured a significant decline in HIV infections among drug addicts that is attributable to needle exchanges.

That is why the latest findings from the first two years of a three year study of needle exchanges in New York City seem especially encouraging. The city has some 200,000 injecting drug addicts, of whom perhaps half are infected with HIV. More than 26,000 of the injecting addicts are enrolled in five needle exchange programs run by community groups. The two year evaluation, led by researchers at Beth Israel Medical Center, covered some 2,500 of these enrollees.

The most striking finding was a low HIV infection rate among needle exchange participants. Only 1 to 2 percent of those enrolled in the program became infected with HIV each year, compared with 4 to 5 percent of those not enrolled.

Equally important, the study found no evidence that needle exchanges increased the rate of drug injecting by participants or attracted newcomers to take up drug injecting—two of the chief fears that have stirred opposition to needle exchanges in many communities.

One explanation for the lower rate of infection among participants may be that they are more highly motivated than other addicts to avoid risky behavior; that is why they went to the needle exchanges in the first place.

But surely the provision of clean needles and the added motivational support provided by the programs' staff members and counselors played a major role. Once in the program, participants greatly reduced their use of rented or borrowed syringes.

The researchers believe regular participation in exchange programs can cut the risk of infection in half. If their early findings are confirmed, states everywhere should add needle exchanges to the arsenal of weapons deployed against HIV and AIDS.



## NEEDLE EXCHANGES DESTROY NEIGHBORHOODS

To the Editor:

Re your Nov. 26 front page article, "On the decrease in human immune deficiency virus infection among addicts in New York's needle exchange programs:"

Ever since the Lower East Side Harm Reduction Center, a needle exchange program, began operating in a storefront in a residential population of working poor, our community has witnessed drug abuse not seen since Operation Pressure Point cleared the area of drugs in the 1980's. Needle exchange is a link in a chain called "one stop shopping." You can receive your government sponsored clean needles (there is no limit to the number), rob and steal to get money for drugs (or sell your clean needles), buy cocaine in storefronts or heroin on any corner, then leave behind a pool of blood, dirty syringes, glassine bags, alcohol swabs and bottle caps: the debris of depraved indifference.

**The needle exchange program has legitimized drug use on the Lower East Side and by its tacit approval has invited a population of predators into our community. Statistics on the spread of AIDS cannot be the only criteria for measuring the success of the program.**

*N.S., New York, Dec. 1, 1994 (The writer is a member of Community Board 3.)*

*New York Times, 12 6 94*

## E. HIV Risk Behavior Questionnaire

Would you please take a few minutes to answer the questions below. Your answers will help us to educate the community more effectively to avoid this disease.

Which of the following increases a person's chances of getting AIDS?

*PLEASE CHECK EACH CORRECT ANSWER.*

(Associated with sex)

- a)  Having sexual intercourse with someone who was exposed to HIV 5 years ago, but who looks and feels healthy and has never shown any sign of the illness
- b)  Having sexual intercourse with someone who has HIV
- c)  Massaging someone who has HIV or AIDS
- d)  Hugging someone who has HIV or AIDS
- e)  Kissing someone who has HIV or AIDS
- f)  Properly using latex condoms with spermicide
- g)  Using a condom with oil or Vaseline instead of a water-based lubricant
- h)  Using the same condom twice
- i)  Unprotected oral sex
- j)  Unprotected vaginal sex
- k)  Unprotected anal sex
- l)  Having many sexual partners

(Associated with drugs and use of needles)

- m)  Using alcohol, crack, marijuana, or other drugs that affect good judgment
- n)  Sharing needles for injecting drugs
- o)  Sharing needles for injecting steroids or vitamins or for ear or body piercing or tattooing
- p)  Sharing a needle that has been cleaned with water
- q)  Sharing a needle that has been properly cleaned with bleach or alcohol

(Associated with other modes of transmission)

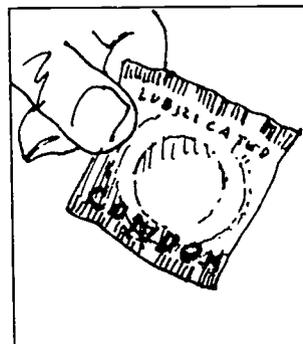
- r)  Receiving a blood transfusion today
- s)  Being born to or breastfed by an infected mother
- t)  Being born to a mother whose husband was exposed to HIV 5 years ago, but who looks and feels healthy and has never shown any sign of the illness

## **F. Reduce the Risk**

- 1. Abstain from sex.**
- 2. Have "outercourse" instead of intercourse.**
- 3. Stay with one partner for life who is not infected and who does not use injecting drugs, and who only stays with you.**
- 4. Openly discuss with a partner the possibility of HIV infection. Listen for clues of past or present risk behaviors.**
- 5. Avoid having more than one sex partner. The more sex partners a person has, the greater the chance of contracting HIV.**
- 6. Avoid contact with a partner's blood, semen, or vaginal secretions with proper use of latex condoms every time you have sexual intercourse.**
- 7. Avoid sharing needles or other sharp piercing instruments for drug injecting, tattooing, piercing or acupuncture unless they are sterilized.**
- 8. Avoid using alcohol, crack, marijuana or other drugs that impair judgment.**
- 9. Get the HIV test if you think you (or your partner) might have ever been exposed to HIV infection. If you have been infected, the free, confidential test will tell you so that you can get the treatment to help you stay healthy longer. If you are pregnant or planning to have a baby, your treatment can protect your baby. (Put the telephone number for counseling and testing information on the board; ask everyone to copy it in their notebooks for use in a later assignment.)**

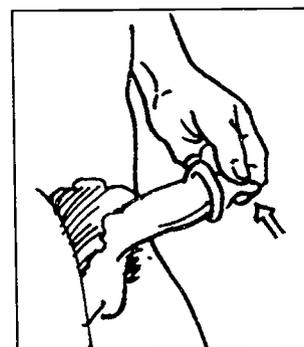
## G. How to Use a Condom

- Condoms are highly effective in preventing the transmission of HIV and other Sexually Transmitted Diseases (STDs).
- Condoms can greatly reduce a person's risk of getting or giving STDs, including HIV infection. HIV is the virus that causes AIDS.
- But for condoms to provide maximum protection, they must be used *consistently and correctly*.
- Consistent use means using a condom from start to finish **EVERY** time you have sex.



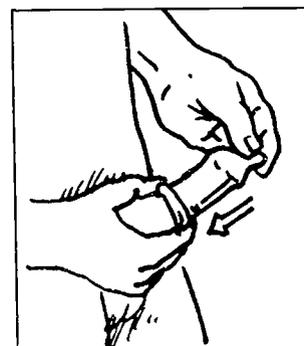
### TO CORRECTLY USE A CONDOM:

1. Use a new condom each time you have sex — whether vaginal, anal or oral.
2. Put the condom on after the penis is erect and before any sexual contact. Hold the tip of the condom to squeeze out the air.
3. The rolled rim of the condom should be on the outside. Leave space at the tip of the condom for semen, but make sure that no air is trapped in the condom's tip.



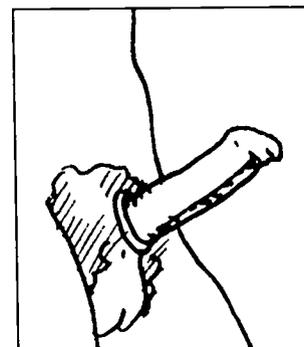
4. Unroll the condom all the way down the erect penis.
5. If additional lubrication is needed, lubricate the outside of the condom if it is not pre-lubricated. Use only water-based lubricants. You can purchase a lubricant at any pharmacy. Your pharmacist can tell you which lubricants are water-based.

Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, cooking oil or baby oil weaken the condom and should not be used.



6. The penis should be withdrawn while it is still erect. Hold the condom firmly to keep it from slipping off.
7. Throw the used condom away in the trash. **Never re-use a condom.**
8. If the condom breaks during sex, the penis should be withdrawn and a new condom put on.

*Always keep condoms handy, but store them in a cool, dry place that is out of direct sunlight. Do not use a condom after its expiration date or if it has been damaged in any way.*



*Adapted from New York State Health Department.*

## H. A Failure In Communication, Role Play

### SITUATION:

You and your boyfriend (girlfriend) have been going out for a while. From the beginning you touched and kissed a lot. On his (her) birthday, you are alone and feel very close. You begin kissing and touching and feeling excited. Your boyfriend (girlfriend) wants to have sex with you, but you want to tell him (her) that you are not ready.

FRIEND: Why are you stopping now?

YOU: Wait. I'm not sure that I'm ready.

FRIEND: It isn't my birthday every day, you know.

YOU: Yeah, I know.

FRIEND: There's no reason to wait. It will mean even more now. What's the difference, now or later?

YOU: Well, I'm not sure.

FRIEND: I thought this was what we both wanted.

YOU: Do you love me?

FRIEND: Yes, and sex is part of love.

YOU: I guess you're right.



(They stop talking and go back to kissing—this direction should only be read).

What happened? Make a list of things the character "You" might do or say differently to be effective and get what s he wants. Everyone should understand that the failure of "You" in the role play was a failure to **clearly and firmly say No**.

## I. The 4 Ways to Say No

### 1) Say **No.**

(No thank you. No, I don't want to.) There is no substitute for saying No!

2) Repeat No as often as is necessary.

3) Use Body Language that says No.

a) Serious facial expression that shows you mean No

b) Hands up, hands out gesture that says Stop.

c) If everything else fails, use your strength to push away and say Stop.

4) Suggest alternatives that can build the relationship.

(Let's go to a movie, Let's go for a walk, Let's make dinner together.)

## J. The “Lines”/ Your Responses

Imagine that you and a romantic friend are together and the Friend says some of the things written below to try to persuade you, even though you don't want to, to have sexual intercourse or to have unprotected intercourse. Put a check next to the responses that you think are good; put two checks next to the responses you think are even better; and put a star next to the one response you think is the best.

FRIEND: You would if you loved me (or)

If you love me, you'll do it with me (or)

But I love you!

YOU: If you love me, you'll respect my decision. (or)

If you love me, you'll help me wait.

FRIEND: Everybody is doing it.

YOU: I'm somebody, and I'm not doing it (or)

50% of U.S. teenagers, 17 and younger, have not yet had sexual intercourse—they're not doing it.

FRIEND: What's your problem?

YOU: I think we should wait. There's nothing wrong with that.

FRIEND: If you won't do it, I'll find somebody who will.

YOU: I'm sorry I don't mean more to you than that.

### CONDOM SENSE

FRIEND: But I love you!

YOU: If you love me, respect my health (or)

Condoms protect, love doesn't (or)

It's so sexy when a man cares (or)

Do it for me.

FRIEND: I'm not gay and I don't shoot drugs. You won't catch AIDS from me.

YOU: You don't have to be gay or shoot drugs. More than half the people in the world with the HIV virus are married women.



FRIEND: Do I look sick?

YOU: Most people who have HIV look and feel healthy and don't know that they have the virus.

FRIEND: It takes too long.

YOU: You'll be turning me on every second (or)  
I love it when you take your time (or)  
What's the rush? (or)  
I'll wait.

FRIEND: Just this once.

YOU: It only takes once (or)  
Only kids make decisions like that (or)  
This isn't up for debate (or)  
No way.

FRIEND: It doesn't feel good.

YOU: AIDS feels worse (or)  
I'd feel better (or)  
When I feel safer I go wild (or)  
Just wait.

FRIEND: It spoils the mood.

YOU: It puts me in the mood (or)  
So does worrying (or)  
Not if I help (or)  
We could always go to a movie.



Adapted from New York State Department of Health publications

## K. Plan Ahead Role Play Worksheet

### SITUATION:

John and Chris started dating recently and have begun to feel more close physically, but have not had sexual intercourse. Neither is sure about the lifestyle of the other before they began dating. Chris believes that they will become more sexually involved and is worried about being exposed to HIV. Chris wants to talk about AIDS virus prevention, but does not know how. Chris needs practice. So do we. Create one or two different examples of what Chris might say to John:

1. What could Chris say to get the conversation started? That is, how could Chris begin to express her his concerns about possible exposure to HIV? What might John say?

CHRIS:

JOHN:

CHRIS

JOHN:

2. One option that Chris has is to not have sexual intercourse with John. What can Chris say to John if Chris does not want intercourse even though John does? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:



3. Another option for Chris is to insist that John wear a condom if they have intercourse. What can Chris say? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

4. What can Chris say in asking John if he has been exposed to HIV through high-risk sexual or drug-using behavior? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

5. What can Chris say if John insists that there is no chance that he has been exposed to HIV and that there is no need to worry? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

Adapted from E. Saunders, J. De Muo, D. Fonte. *AIDS Instructional Guide for Teachers*. New Jersey Department of Health and Education.

## L. Rara and Meredith

For Rara and Meredith Blank, after-school activities mean more than school clubs, team sports, and part-time jobs. That's because Meredith, 15, and her sister Rara, 16, are volunteers at the Teen AIDS Hotline in Rockville, Maryland. The hotline provides callers with facts and counseling about AIDS.

The hotline volunteers, mainly teenagers and young adults, answer several thousand calls a month. "Some nights," Rara says, "the phones just don't stop ringing." Most of the calls come from people in their 20s. "Most of the callers are people who think they have AIDS," Meredith says. "A lot of the teenagers who call ask if you can get it from kissing." [Scientists consider this highly unlikely.]

The saddest phone calls come from people who have just discovered that they have AIDS. "The first time it happened, I was shocked," Meredith recalls. "The person was really upset and he needed somebody to talk to. He was angry too." Hotline volunteers usually refer these callers to a counseling service.

The sisters decided to work at the hotline to fulfill a community service requirement at their school. And once they started, they didn't want to stop. Rara says, "With the hotline, you can educate yourself and everyone you come in contact with."

The two sisters' training included a seminar about AIDS, as well as practice sessions in which volunteers ask each other possible questions. They also keep up with the most recent scientific articles on AIDS, which are available at the center. "Since we've been working here, I am always reminding my friends of the dangers of AIDS," Meredith says. "It's kind of a joke among us, but it's important to hear the advice coming from other kids your age."

Even with the warnings, Meredith and Rara say some of their friends still take chances with their health. "A lot of people just say 'I don't think it's going to happen to me,'" Meredith warns. "What young people have to realize is that it's not who you are. It's how you choose to protect yourself."

Meredith and Rara believe they are making a difference. "This is one case where young people can help save lives," says Rara.

Adapted from Alex Wohl, Washington, DC, for Scholastic Update



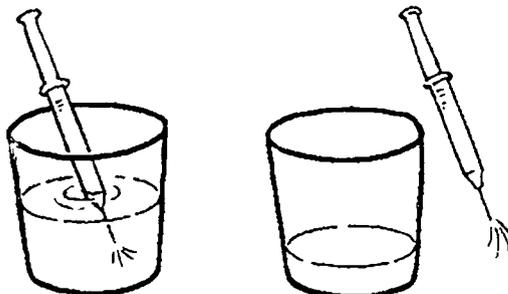
## M. How To Clean Injecting Drug Works

**FOLLOW ALL 3 STEPS  
BEFORE AND AFTER USE:**

### STEP 1. CLEAN WATER

Fill syringe to the top and empty it  
at least 3 times.

*Shaking and tapping the syringe  
when it's full of bleach or water is good.*



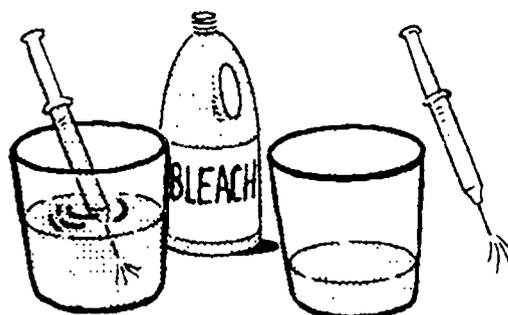
### STEP 2. STRAIGHT BLEACH

Fill syringe to the top and empty it  
at least 3 times.

*The longer the bleach or water is in the  
syringe to the top, the better.*

*Leave the bleach in the syringe and  
count slowly to 30.*

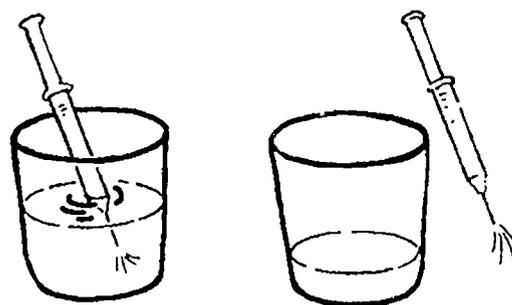
*When bleach is used, water must be  
used before injecting.*



### STEP 3. CLEAN WATER

Fill syringe to the top and empty it  
at least 3 times.

*Don't share cotton, cookers, water or  
other equipment or drug mixtures.*



**THE MORE YOU DO, THE BETTER.**

**DOING SOME CLEANING IS BETTER THAN DOING NO CLEANING.**

*This "Agreement" form is distributed at the end of the final AIDS education lesson. You should read it and understand the different options. If you do not wish to sign it now, please keep it for possible use in the future.*

# Agreement

## Three options for a Safer and Healthier Sexual Life ...

*Choose the option which will protect you the best:*

1. **Abstinence** will be the easiest and safest protection against HIV for some individuals. For many individuals abstinence fits best into a person's belief about what is right or wrong for that individual to do. There are other ways of being closer with a partner if a person chooses abstinence.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

2. **Absolute monogamy** between partners is safe for those who engage in sexual intimacy or plan to, assuming that neither is currently infected with HIV. For some individuals it may be important to be tested for infection prior to having intimate sexual contact. Neither individual can have intercourse outside of this relationship if monogamy is to protect the two individuals from being infected. Neither individual can share needles, or use needles which were shared.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

3. **Consistent use of condoms** is the best form of protection for individuals having intercourse who are not in a monogamous relationship or for couples beginning a new monogamous relationship. Condoms may break and are not 100% effective against spreading infection.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

**For everyone about to become involved in an intimate sexual relationship:**

**I**n order to protect and take care of myself

**I** promise to have the courage to ask a new partner about his or her past sexual history before engaging in sexual intercourse.

**I** will also act responsibly and will disclose anything in my own history which may place him or her at risk.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_



## **Appendix II**

### **TESOL Resolution**

#### **TO PROMOTE AIDS EDUCATION THROUGH CONTENT-BASED ESOL INSTRUCTION**

WHEREAS the number of AIDS cases is rapidly increasing worldwide and

WHEREAS the public health educational effort has been unable to control the rate of increase in AIDS throughout the world and

WHEREAS language minority people in all risk categories in countries where English is the dominant language are less well-informed about, and therefore more vulnerable to, AIDS, because of their linguistic and economic remove from mainstream AIDS education programs and

WHEREAS education is presently the only defense against HIV infection and

WHEREAS integration of AIDS education into the ESOL curriculum can enhance our students' language learning experience by providing them content-rich language instruction essential to the preservation of their health and the health of their communities and

WHEREAS TESOL has formed, within its Sociopolitical Concerns Committee, a subcommittee on AIDS Education, whose work includes identifying, producing, and disseminating effective AIDS education materials and strategies, and working with the TESOL membership and with other professional organizations and agencies to further AIDS prevention education among ESOL students and their communities;

BE IT RESOLVED BY THE LEGISLATIVE ASSEMBLY OF TESOL THAT

- 1) TESOL promote AIDS prevention instruction aimed at ESOL students, their parents, and other adolescents and adults, particularly in communities with high concentrations of people with AIDS;
- 2) TESOL promote the integration of this instruction into the ESOL curriculum; and
- 3) TESOL collaborate with other organizations and agencies to advance these goals.

*adopted 3/5/92*

# Appendix III Resource List

## AIDS EDUCATION, HEALTH, AND SUPPORT SERVICE PROVIDERS

(list ed alphabetically, by country)

ORGANIZATION  
**Parents Family and Friends of Lesbians and Gays Western Australia Chapter**  
6105 Australia  
PHONE: (613) 769 1681  
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ORGANIZATION  
**Australian AIDS Memorial Quilt, Limited Quilt Project**  
New S. Wales 2010  
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ORGANIZATION  
**Gamma Project**  
11A Churchill St  
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ORGANIZATION  
**Quilt Project**  
Victoria  
Trades Hall,  
54 Victoria St., Rm. 57  
Arts Workshop  
South Carleton  
Victoria 3053 Australia  
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ORGANIZATION  
**AIDS Council of New South Wales**  
188 Goulburn St  
Sydney  
New South Wales 2010  
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ORGANIZATION  
**Het AIDS Team vzw**  
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ORGANIZATION  
**Commission of the European Communities**  
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Brussels 1049 Belgium  
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ORGANIZATION  
**European Union AIDS Task Force**  
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Bte 7, 1e etage  
Brussels 1140 Belgium  
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ORGANIZATION  
**ACT TOGETHER**  
BP 54 1010 Bruxelles-  
Etterbeek 1  
Bruxelles, Belgium  
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ORGANIZATION  
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Rue de Haerne 12 B  
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Belgium  
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ORGANIZATION  
**NAMES Project-Brussels**  
91 Bosweg  
Wezembeek Oppem  
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ORGANIZATION  
**Samaritan Ministries Bahamas**  
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ORGANIZATION  
**Projeto Tereza**  
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**Grupo de Apoio a Prevencao da AIDS**  
Rua Luiz Afonso, 234  
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ORGANIZATION  
**NOMES Projecto Fundos do Parques Infantil Leonor M. de Barros**  
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ORGANIZATION  
**Nucleo de Estudos de Pesquisas em Atencao do Uso de Drogas**  
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ORGANIZATION  
**Secretaria De Saude Do Estado Da Bahia**  
Central Administrativo  
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ORGANIZATION:  
**AntiAIDS Bulgarian Society**  
J. Sakazov St., #52  
Sofia 1504 Bulgaria  
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FOREIGN PHONE: 35 92 44 2191

ORGANIZATION  
**Canadian Public Health Association National AIDS Clearinghouse**  
1565 Carling Ave.,  
Ste. 400  
Ottawa, Ontario  
K1Z 8R1 Canada  
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FAX: (613) 725 9826

ORGANIZATION  
**Southdown**  
1335 St. John's Side Rd. E.  
RR #2  
Aurora, Ontario  
L1G 3G8 Canada  
PHONE: (905) 727 1211  
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ORGANIZATION:  
**AIDS Calgary Awareness Association**  
1021 10th Ave. SW,  
Ste. 300  
Calgary, Alberta  
T2R 0B7 Canada  
PHONE: 1-403-228-0198  
OTHER PHONE: (403) 229 2077 Fax

ORGANIZATION:  
**Alberta Community and Occupational Health**  
10105 109th St. 10th Fl  
Edmonton  
Alberta T5J 1M8  
Canada  
PHONE: (403) 427 2830  
TOLLFREE PHONE: (800) 772 AIDS Alberta only

ORGANIZATION  
**Feather of Hope Aboriginal AIDS Prevention Society**  
11150 Jasper Ave  
Edmonton  
Alberta T5K 0M1  
Canada  
PHONE: (403) 488 5773  
OTHER PHONE: (403) 488 5735

ORGANIZATION  
**New Brunswick Department of Health and Community Services Health Promotion and Disease Prevention AIDS New Brunswick**  
Fredericton  
New Brunswick  
E3B 5G8 Canada  
PHONE: (506) 453 3092  
OTHER PHONE: (506) 453 2726 Fax

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ORGANIZATION  
**SIDA Nouveau  
 Brunswick / AIDS  
 New Brunswick**  
 65 Brunswick St  
 Fredericton  
 New Brunswick  
 E3B 1G5 Canada  
 PHONE (506) 459 7518  
 TOLL FREE PHONE  
 (800) 561 4000  
*Information*  
 OTHER PHONE  
 (506) 459 5782 FAX

ORGANIZATION  
**AIDS Committee of  
 Guelph and  
 Wellington County**  
 73 D'Elhi St., Ste. 202  
 Guelph, Ontario  
 N1E 6L9 Canada  
 PHONE (519) 763 2255

ORGANIZATION  
**People With AIDS  
 Coalition of Nova  
 Scotia**  
 2093 Gottingen St  
 Halifax, Nova Scotia  
 B3K 3B2 Canada  
 PHONE (902) 429 7922  
 OTHER PHONE  
 (902) 422 6200 FAX

ORGANIZATION  
**Hamilton AIDS  
 Network for Dialogue  
 and Support**  
 143 James St., S.,  
 Ste. 900  
 Hamilton, Ontario  
 L8P 3A1 Canada  
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 OTHER PHONE  
 (416) 528 6311 FAX

ORGANIZATION  
**Kelowna and Area  
 AIDS Resources  
 Education and  
 Support Society**  
 145 2359 Highway 97 N  
 Box 134  
 Kelowna, BC V1X 4H9  
 Canada  
 PHONE (604) 862 2137

ORGANIZATION  
**Kingston AIDS Project**  
 113 Johnson St  
 Kingston, Ontario  
 K7L 1V6 Canada  
 PHONE (613) 545 3698  
 OTHER PHONE  
 (613) 546 0981 FAX  
 ORGANIZATION  
**Parents Family  
 Friends of Lesbians  
 and Gays  
 Kingston Chapter**  
 Ontario K7L 5J6  
 Canada  
 PHONE (613) 546 0267  
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 613 546 0267

ORGANIZATION  
**AIDS Committee of  
 Cambridge,  
 Kitchener, Waterloo  
 and Area**  
 123 Duke St. E.  
 Kitchener  
 Ontario N2H 1A1  
 Canada  
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 OTHER PHONE  
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ORGANIZATION  
**AIDS Community  
 Care Montreal**  
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 Ste. 806  
 Montreal  
 Quebec PQ H2Y 1M6  
 Canada  
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 OTHER PHONE  
 (514) 843 5147  
 Medication Fund  
 FAX (514) 844 3228

ORGANIZATION  
**Centre for AIDS  
 Services of Montreal**  
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 Ste. 202  
 Montreal, Quebec  
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 OTHER PHONE  
 (514) 954 4855 FAX

ORGANIZATION  
**Groupe Haitien pour  
 la Prevention du SIDA**  
 8000 Leune Ave  
 Montreal, Quebec  
 H1Z 2V9 Canada  
 PHONE (514) 722 5655  
 PHONE (514) 874 7674  
 TOLL FREE PHONE  
 (800) 363 0263 Canada  
 only  
 FAX (514) 874 1620

ORGANIZATION  
**AIDS Committee of  
 North Bay and Area**  
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 Ste. 202  
 North Bay, Ontario  
 P1B 8J1 Canada  
 PHONE (705) 497 3560  
 TOLL FREE PHONE  
 (800) 668 2347  
 Ontario AIDS Hotline  
 OTHER PHONE  
 (800) 267 7432 Ontario  
 AIDS Hotline (French)

ORGANIZATION  
**Positive Youth  
 Outreach**  
 399 Church St., 2nd Fl  
 Ontario  
 Ontario M4E 2C9  
 Canada  
 PHONE (416)  
 5061 400  
 OTHER PHONE  
 (416) 506 1401 FAX

ORGANIZATION  
**AIDS Committee  
 Durham**  
 78 Simcoe St. N  
 Oshawa  
 Ontario L1G 4S2  
 Canada  
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 OTHER PHONE  
 (905) 723 5544 FAX

ORGANIZATION  
**Health and Welfare  
 Canada**  
 301 Elgin St  
 Ottawa  
 Ontario K1A 0L2  
 Canada  
 PHONE (613) 957 1803

ORGANIZATION  
**Parksville  
 Educational AIDS  
 Society**  
 BC A9P 2G7  
 Canada  
 PHONE (604) 248 1171

ORGANIZATION  
**Peterborough AIDS  
 Resource Network**  
 312 George St. N  
 Ste. 202  
 Peterborough  
 Ontario K9J 7H7  
 Canada  
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 TOLL FREE PHONE  
 (800) 361 2895  
 OTHER PHONE  
 (705) 749 6310 FAX

ORGANIZATION  
**AIDS Regina,  
 Incorporated**  
 2237 Smith St  
 Regina  
 Saskatchewan S4P 2P5  
 Canada  
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 OTHER PHONE  
 (306) 525 0904 FAX

ORGANIZATION  
**AIDS Saint John**  
 115 Hazen St  
 Saint John  
 New Brunswick  
 E2L 3L3 Canada  
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 OTHER PHONE  
 (506) 652 2438 FAX

ORGANIZATION  
**AIDS Saskatoon**  
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 Saskatoon  
 Saskatchewan S7K 4E3  
 Canada  
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 TOLLFREE PHONE  
 (800) 667 6878  
 Information  
 OTHER PHONE  
 (306) 244 2134 FAX  
 PHONE (306) 373 7766

ORGANIZATION  
**AIDS Committee of  
 Niagara**  
 541 Glenridge Ave  
 St. Catharines, Ontario  
 L2R 6S5 Canada  
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ORGANIZATION  
**Newfoundland and  
 Labrador AIDS  
 Association**  
 69 Hayward Ave  
 St. John's  
 Newfoundland  
 A1C 5K8 Canada  
 PHONE (709) 579 8656  
 TOLL FREE PHONE  
 (800) 563 1575  
 Newfoundland and  
 Labrador only

ORGANIZATION  
**AIDS Committee of  
 Toronto**  
 399 Church St., 4th Fl  
 Toronto, Ontario  
 M4Y 2L4 Canada  
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 TTY TDD PHONE  
 (416) 340 8122  
 OTHER PHONE  
 (416) 340 8224 FAX

ORGANIZATION  
**Alliance for South  
 Asian AIDS  
 Prevention**  
 399 Church St., 3rd Fl  
 Toronto, Ontario  
 M5B 2J6 Canada  
 PHONE (416) 351 0131  
 OTHER PHONE  
 (416) 351 8994 FAX

ORGANIZATION  
**Black Coalition for  
 AIDS Prevention**  
 597 Parliament St.,  
 Ste. 103  
 Toronto, Ontario  
 M4X 1W3 Canada  
 PHONE (416) 926 0122  
 OTHER PHONE  
 (416) 926 0281 FAX

ORGANIZATION  
**Gay Asians of Toronto Gay Asian AIDS Project**  
17 St. Joseph St.  
Ste. 212  
Toronto  
Ontario M4Y 1J8  
Canada  
PHONE: (416) 963-1300

ORGANIZATION  
**Street Outreach Services**  
622 Yonge St., 2nd Fl.  
Toronto, Ontario  
M4Y 1Z8 Canada  
PHONE: (416) 926-0744  
OTHER PHONE:  
(416) 926-9552 FAX

ORGANIZATION  
**Toronto People With AIDS Foundation**  
491 Yonge St.,  
Ste. 201B  
Toronto, Ontario  
M4Y 1X3 Canada  
PHONE: (416) 566-1400

ORGANIZATION  
**Toronto Prostitutes' Community Service Project Prostitutes' Safe Sex Project**  
Ontario M4Y 2T8  
Canada  
PHONE: (416) 964-0150  
FAX: (416) 964-9653

ORGANIZATION  
**Voices of Positive Women**  
Ontario M6J 3P5  
Canada  
PHONE: (416) 324-8703  
FAX: (416) 324-9701

ORGANIZATION  
**Aboriginal AIDS Project Healing Our Spirit**  
2555 E. 6th Ave  
Vancouver  
BC V5M 1R1 Canada  
PHONE: (604) 879-0906

ORGANIZATION  
**British Columbia Ministry of Health Centre for Disease Control Division of STD Control**  
828 W. 10th Ave  
Vancouver, BC V5Z 1L8  
Canada  
PHONE: (604) 660-6172  
OTHER PHONE:  
(604) 775-0808 FAX

ORGANIZATION  
**Persons With AIDS Society of British Columbia**  
1107 Seymour St  
Vancouver  
BC V6B 5S8 Canada  
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OTHER PHONE:  
(604) 893-2251 FAX

ORGANIZATION  
**Vancouver Island AIDS Society**  
304733 Johnson St.,  
Ste. 304  
Victoria, BC V8W 3C7  
Canada  
PHONE: (604) 384-2366  
TOLL FREE PHONE:  
(800) 665-2137 BC Wide  
FAX: (604) 3809411

ORGANIZATION  
**Victoria AIDS Respite Care Society**  
620 View St., Ste. 609  
Victoria  
BC V8W 1J6 Canada  
PHONE: (604) 388-6220  
OTHER PHONE:  
(604) 388-0711 FAX

ORGANIZATION  
**Victoria Needle Exchange**  
609 Johnson St  
Victoria, BC V8W 1M5  
Canada  
PHONE: (609) 384-1345

ORGANIZATION  
**Yukon AIDS Program Skookum Jim Friendship Centre**  
3159 Third Ave.  
Whitehorse, Yukon  
Y1A 1G1 Canada  
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OTHER PHONE:  
(403) 668-4160 FAX

ORGANIZATION  
**AIDS Committee of Windsor**  
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Windsor, Ontario  
N8AY 4R8 Canada  
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TTY/TDD PHONE:  
(519) 973-0265  
TOLL FREE PHONE:  
(800) 265-4858  
from Essex, Kent, and  
Lambton  
OTHER PHONE:  
(519) 973-7389 Fax

ORGANIZATION  
**Body Positive Coalition of Manitoba**  
c/o Village Clinic  
668 Corydon Ave.  
Winnipeg, Manitoba  
R3M 0X7 Canada  
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OTHER PHONE:  
(204) 453-5214 FAX

ORGANIZATION  
**Village Clinic Winnipeg Gay Community Health Centre**  
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R3M 0X7 Canada  
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(204) 453-5214 Fax

ORGANIZATION  
**North West Territories Department of Health AIDS Program**  
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Yellowknife  
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2R3 Canada  
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ORGANIZATION  
**Centro de Educacion y Prevencion en Salud Social**  
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ORGANIZATION  
**Corporacion Chilena de Prevencion del SIDA**  
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ORGANIZATION  
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ORGANIZATION  
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14700  
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ORGANIZATION  
**Navneprojektet**  
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ORGANIZATION  
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**Patronato de Lucha Contra el SIDA Incorporado**  
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**Irish Names Quilt Avoca House**  
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ORGANIZATION  
**Fundacion Nacional de Prevencion de Educacion y Control del Paciente VIH/SIDA**  
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ORGANIZATION  
**Association for the Rights and Duties of HIV Positive and AIDS Victims**  
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31330  
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61 82 67 47

ORGANIZATION  
**Crois Rouge Francais  
Comite de  
Coordination des  
ONG pour la lutte  
Contre**  
le SIDA dans les pays  
en voie de developpe-  
ment  
1 Place Henry Dunant  
Paris 75008  
France  
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ORGANIZATION  
**Le Patchwork des  
Noms France**  
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ORGANIZATION  
**Inter Med Assistance**  
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75010 Paris  
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42 39 28 88

ORGANIZATION  
**Association Pour les  
Appartements de  
Relais Therapeutique  
et Social**  
15, Rue Rebeval  
Escalier C Entresol  
75019 Paris  
France  
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42 45 24 24

ORGANIZATION  
**Les Seropositifs au  
service des  
Seropositifs**  
B.P. 250  
75865 Paris  
CEDEX 08  
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ORGANIZATION  
**German Society for  
Technical  
Cooperation Health,  
Population, and  
Nutrition**  
Division  
Dag Hammarskjold  
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Postfach 5180  
Eschborn  
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ORGANIZATION  
**Max von Pettenkofer  
Institute, Department  
of Hygiene and  
Medical Microbiology,  
Germany Collaborating  
Centre on AIDS**  
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Pettenkoferstrasse 9 A  
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ORGANIZATION  
**Hellenic Association  
for the Study and  
Control of AIDS**  
115 21  
Greece  
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ORGANIZATION  
**Asociasion  
Solidaridad**  
Apartado Postal 1636  
6a Avenida 1453 zona 1  
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ORGANIZATION  
**Commission  
Nationale de Lutte  
Anti SIDA Ministere  
de la Sante Publique  
et de la Population**  
Division d'Hygiene  
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Delmas 19  
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PHONE No main  
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ORGANIZATION  
**AIDS Concern Hong  
Kong**  
3 Lok Man Rd  
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Chai Wan  
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FOREIGN PHONE  
0852 898 4111

ORGANIZATION  
**Hong Kong AIDS  
Foundation**  
5 F Shaukewan Jockey  
Club Clinic  
Shaukewan  
Hong Kong  
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FAX (852) 560 4154

ORGANIZATION  
**National Institute of  
Virology India World  
Health Organization  
Collaborating Centre  
on AIDS**  
20A Dr. Ambedkar Rd  
Pune  
411 001 India  
PHONE No main  
phone available  
ORGANIZATION  
**Israel AIDS Task  
Force Project  
HaShemot**  
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P.O. Box 33602  
Tel Aviv Israel  
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ORGANIZATION  
**Associazione  
Solidarieta AIDS**  
Via Panzeri 11  
Milano 20136  
Italy  
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39 2 581 0 7084

ORGANIZATION  
**Memorial Quilt Japan**  
2828 Chikko  
Minatoku  
Osaka 552  
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81 6 572 6085

ORGANIZATION  
**Robert A. Mayer  
Medical Center**  
Reading  
Jamaica  
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TOLL FREE PHONE  
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ORGANIZATION  
**Association of People  
with AIDS in Kenya**  
Kenya  
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603 420 1

ORGANIZATION  
**Women Fighting AIDS  
in Kenya**  
Kenya  
FOREIGN PHONE  
254 2 212 366  
FAX (254) 271 8513

ORGANIZATION  
**Companeros en  
Ayuda Voluntaria  
Educativa Ave de  
Mexico**  
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ORGANIZATION  
**Solidaridad y Vida,  
A.C.**  
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ORGANIZATION  
**Sociedad y SIDA**  
Queretaro 219 G  
Colonia Roma  
Mexico City  
Distrito Federal 06700  
Mexico  
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52 5 564 3580

ORGANIZATION  
**Planned Parenthood  
Federation of Nigeria**  
Lagos  
PMB 12567  
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ORGANIZATION  
**Gemeentelijke  
Geneeskundige and  
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Drug Department**  
1000 HE  
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ORGANIZATION  
**HIV Vereniging  
Nederland**  
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Amsterdam  
NL1001  
Netherlands  
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31 20 664 4076

ORGANIZATION  
**Municipal Health  
Service Drug  
Department  
Methadone Clinic for  
Prostitutes  
and Foreigners**  
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31 20 55 55 50

ORGANIZATION  
**Het Mamio Namen  
Projekt Nationaal  
AIDS Programma**  
Rode Kruislaan 22  
Paramaribo  
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ORGANIZATION  
**New Zealand Quilt  
Project**  
New Zealand  
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ORGANIZATION  
**Parents Family and  
Friends of Lesbians  
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Christchurch Chapter**  
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ORGANIZATION  
**VIA LIBRE  
Association**  
Jr. Paraguay 178  
Lima 1 Peru  
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398 7967  
OTHER PHONE  
(511) 430 8081 FAX  
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51 11 33 1396

ORGANIZATION  
**Associacao de Apoio  
aos Docentes com  
SIDA**  
Trav. do Corpo Santo,  
3234  
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FOREIGN PHONE  
31 23208

ORGANIZATION  
**Associacao do  
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ORGANIZATION  
**Associacao de  
Direitos e Deveres de  
Positivos e  
Portadores de SIDA**  
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ORGANIZATION  
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ORGANIZATION  
**Asociata Romana  
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1 688 2759

ORGANIZATION  
**Parents Family and  
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48106 South Africa  
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03 128 2739

ORGANIZATION  
**AIDS Support and  
Education Trust  
NAMES Project South  
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(27) 21 22 1960

ORGANIZATION  
**Associacio SIDA  
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Barcelona 08007  
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31 3 487 34 90

ORGANIZATION  
**Noah's Ark Red Cross  
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Drottninggatan 61  
Stockholm S111 21  
Sweden  
FOREIGN PHONE  
16 8 23 5060

ORGANIZATION  
**International  
Federation of Red  
Cross and Red  
Crescent Societies**  
17, Chemin des Crêts  
Petitsaconnex  
1211Switzerland  
FOREIGN PHONE  
022 730 42 22

ORGANIZATION  
**Swiss AIDS  
Foundation NAMES  
Project Schweiz**  
c/o Aide suisse contre  
le sida  
Kornradstrasse 20  
Zurich  
8005 Switzerland  
FOREIGN PHONE (41)  
1 273 4242  
FAX (41) 273 4262

ORGANIZATION  
**Community Action  
Resource**  
33 Murray St.  
Woodbrook P.O.S  
Trinidad & Tobago  
PHONE (800) 6281338  
OTHER PHONE (809)  
6222792 FAX number

ORGANIZATION  
**Hotline HIV  
Organization of  
Thailand**  
90 269  
Viphawadeerungst  
20 Rd  
Chatuchak  
Bangkok 10900  
Thailand  
OTHER PHONE (662)  
2758354 FAX number  
FOREIGN PHONE  
662 276 2950

ORGANIZATION  
**Project NAAM Chewit**  
Concrete House  
57 60 Thwanont Rd  
Nonthbun  
Bangkok 11000  
Thailand  
FOREIGN PHONE  
(662) 526 8311

ORGANIZATION  
**Traditional Medicine  
Unit Nansio Office**  
Bumai  
Tanzania  
FOREIGN PHONE  
255 068  
ORGANIZATION  
**AIDS Support  
Organisation**  
Plot 21 Kitante Rd  
Kampala  
Uganda  
FOREIGN PHONE  
(256) 41 530 038

ORGANIZATION  
**AIDS Support  
Organisation Masaka  
Office**  
Uganda  
PHONE No main  
phone available

ORGANIZATION  
**Coventry Youth  
Action on HIV**  
c/o The HIV Network  
12 Park Rd  
Coventry  
Coventry CV1 2LD  
United Kingdom  
FOREIGN PHONE  
4420 322 9292

ORGANIZATION  
**AIDS AHEAD**  
c/o BDA Health  
Promotion Svcs  
Unit 17, Macon Ct.  
Herald Dr.  
Crewe  
Cheshire CW1 1EA  
United Kingdom  
FOREIGN PHONE  
(0270) 250 736

ORGANIZATION  
**Scottish AIDS  
Monitor National  
Office**  
61a Broughton St  
Ednburg  
United Kingdom  
PHONE No main  
phone available

ORGANIZATION  
**Scottish AIDS  
Monitor Glasgow  
Office**  
22 Woodside Terr  
Glasgow  
G3 7XB  
United Kingdom  
FOREIGN PHONE  
44 41 553 51 33

ORGANIZATION  
**Men Who Have Sex  
With Men Action in  
the Community  
Leicester Black MES-  
MAC**  
Department of  
Sociology  
University of Keele  
Keele  
Staffordshire ST5 5GB  
United Kingdom  
FOREIGN PHONE  
0533 855 955

ORGANIZATION  
**AIDS Care, Education  
and Training**  
SW15 2BQ  
United Kingdom  
FOREIGN PHONE  
0818 407 870

ORGANIZATION  
**Black HIV/AIDS  
Network**  
BM BHAN  
London  
WC1N 3XX  
United Kingdom  
FOREIGN PHONE  
0817 420223

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U S I P T O I S

**ORGANIZATION**  
**International Planned Parenthood Federation AIDS Prevention Unit**  
 Regent's College  
 Inner Circle  
 Regent's Park  
 London  
 NW1 1LQ  
 United Kingdom  
**FOREIGN PHONE**  
 (+44) 1860741  
**OTHER PHONE**  
 (081) 503 0205  
 Punjabi, Urdu, and Turkish

**ORGANIZATION**  
**Positively Women**  
 5 Sebastian St  
 London  
 EC1V 0HE  
 United Kingdom  
**OTHER PHONE**  
 (071) 4905501  
**FOREIGN PHONE**  
 (071) 490 5515

**United States Centers for Disease Control National AIDS Clearinghouse**  
 PO Box 6003  
 Rockville, MD  
 20849-6003  
 (800) 458 5231

**CDC National AIDS Hotline**  
 (800) 342 AIDS

*(state hotlines without the United States)*

**Alabama AIDS Hotline**  
 (800) 228-0469 AL only.  
 State HIV/AIDS Hotline  
 Mon-Fri., 8am-5pm  
 Hotline hours: Mon-Fri., 8am-5pm

**Alaskan AIDS Assistance Association Alaskan HIV/AIDS Hotline**  
 (907) 276-8880  
 (800) 1782437 AK only  
 State HIV/AIDS Hotline  
 Mon-Fri. 9am-5pm  
 Hotline hours: Mon-Sun., 24 hours

**Arizona AIDS Hotline**  
 (602) 2342752  
**State HIV/AIDS Hotline**  
 (800) 3523792  
 Nationwide, State HIV/AIDS Hotline  
 Mon-Fri., 8:30am-5:30pm

**Arkansas AIDS Hotline**  
 (800) 3612437 State HIV/AIDS Hotline.  
 Available in AR only  
 Mon-Fri., 8am-4:30pm

**San Francisco AIDS Foundation Northern California Trilingual AIDS Hotline**  
 (415) 863 2437  
 Philippines  
 (800) 345 AIDS  
 (800) 367 2437  
 No. California only.  
 State HIV/AIDS Hotline  
 (800) 367 2437  
 No. California only.  
 State HIV/AIDS Hotline  
 Mon.-Fri., 9am-6pm  
 Hotline hours: Mon.-Fri., 9am-9pm, Sat.-Sun., 11am-5pm  
 Spanish hotline hours: Mon.-Fri., 9am-9pm, Sat.-Sun., 11am-5pm  
 TDD TTY hotline Hours: Mon-Fri., 9am-9pm; Sat-Sun., 11am-5pm  
 Filipino hotline hours: Mon.-Fri., 9am-9pm.

**Southern California HIV/AIDS Hotline**  
 (213) 876 2437  
 State HIV/AIDS Hotline (So CA only)  
 (800) 9222437 So CA only, State HIV/AIDS Hotline  
 (800) 4208IDA  
 Mon, Sun., 9am-10pm  
 Hotline hours: Mon-Fri. 9am-9pm, Sat-Sun., 9am-5pm  
 TDD TTY hotline hours: Mon-Fri. 9am-9pm, Sat-Sun. 9am-5pm

**Colorado Department of Health AIDS Education and Training Program**  
 Colorado AIDS Hotline  
 (303) 7825186 Hotline for callers in Denver  
 (800) 2522437  
 Available in CO only  
 State HIV/AIDS Hotline  
 Mon-Fri., 8:30am-5pm  
 TTY and Hotline 24 hours

**Connecticut Department of Public Health and Addiction Services**  
 (800) 203 1234 State HIV/AIDS Hotline  
 Mon.-Fri., 9am-7pm.

**Delaware AIDS Hotline**  
 (800) 422 0429 DE only, State HIV/AIDS Hotline  
 Mon-Thurs., 10am-10pm, Fri., 10am-7pm.

**District of Columbia AIDS Information Line**  
 (202) 332 2437 State HIV/AIDS Hotline  
 Mon-Fri., 9am-6pm  
 Hotline hours: Mon-Fri., 10am-9pm, Sat., Sun., 10am-5pm.

**Florida AIDS/HIV Hotline**  
 (800) 352AIDS  
 State HIV/AIDS Hotline, FL only  
 (800) 2437101 FL only, Haitian Creole, State HIV/AIDS Hotline  
 (800) 5458IDA FL only  
 Hotline hours: Mon-Sun., 9am-11pm  
 Spanish Hotline hours: Mon-Fri., 2pm-9pm, Sat., 9am-2pm  
 Haitian Creole Hotline hours: Mon-Fri., 5:30pm-11pm, Sat., 9am-2:30pm  
 TDD TTY Mon-Sun., 9am-11pm

**Georgia Information Line**  
 (404) 8769944  
 (800) 5512728 GA only, State HIV/AIDS Hotline  
 Mon.-Fri., 9am-9pm, Sat.-Sun., 9am-5pm  
 Hotline hours: Mon-Fri., 9am-9pm, Sat.-Sun., 9am-5pm  
 Spanish hotline hours: Mon-Fri., 9am-9pm, Sat.-Sun., 9am-5pm  
 TDD TTY hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 9am-5pm

**Hawaii STD/AIDS Hotline**  
 (808) 9221313 State HIV/AIDS Hotline  
 (800) 321 1555 HI only, State HIV/AIDS Hotline  
 Mon.-Thurs., 9am-8pm; Fri.-Sat., 9am-4pm.

**Idaho AIDS Foundation Hotline**  
 (208) 3452277 ID only, State HIV/AIDS Hotline  
 (800) 677 2437 ID only, State HIV/AIDS Hotline  
 Mon.-Fri., 5:30pm-9:30pm

**Illinois AIDS Hotline**  
 (800) 2432437 IL only, State HIV/AIDS Hotline  
 (800) 2432437 IL only, State HIV/AIDS Hotline  
 Mon.-Sun., 10am-10pm  
 Hotline hours: Mon-Sun., 10am-10pm, Spanish hotline hours: Mon-Sun., 10am-10pm, TDD TTY hotline hours: Mon.-Sun., 10am-10pm

**Indiana Department of Health**  
 Division of HIV/STD  
 (800) 8482437 IN only, State HIV/AIDS Hotline

**Iowa Statewide AIDS Hotline**  
 (800) 4452437 IA only, State HIV/AIDS Hotline  
 (800) 4452437 IA only, State HIV/AIDS Hotline  
 Mon.-Fri., 8am-4:30pm  
 Hotline hours: Mon.-Sun., 24 hours

**Louisiana AIDS Hotline**  
 (504) 944 2437 State HIV/AIDS Hotline  
 (800) 99AIDS9 State HIV/AIDS Hotline, Nationwide  
 Mon-Fri., 8:30am-6pm, Hotline hours: Daily, 10am-10pm, Spanish hotline hours: Tues., 6pm-8pm, Sun., 2pm-4pm  
 TDD TTY hotline hours: Mon-Fri., 12 noon-12 midnight.

**AIDS Project Maine AIDS Hotline**  
 (800) 7751267 Hotline outside ME.  
 (800) 8512437 ME only, State HIV/AIDS Hotline  
 Mon., and Wed., 9am-7:30pm; Tues., Thurs., Sat., 9am-5pm  
 Hotline hours: Mon. and Wed., 9am-7:30pm; Tues., Thurs., Sat., 9am-5pm.

**Maryland AIDS Hotline**  
 (410) 945 2437  
 Baltimore area only  
 800 322 7432 VA metro DC  
 (800) 638 6252 MD only, State HIV/AIDS Hotline, Bilingual  
 (301) 949 0945  
 Hispanic AIDS Hotline  
 Mon.-Fri., 9am-12 mid night, Hotline hours: Mon-Fri., 9am-12 midnight  
 TDD TTY hotline hours: Mon-Fri., 9am-12 midnight

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**Massachusetts AIDS Hotline / AIDS Action Hotline**

AIDS Action Committee  
(617) 536-7733 MA only. State HIV/AIDS Hotline  
(800) 255-2341 MA only. State HIV/AIDS Hotline  
Mon-Fri., 9am-9pm.  
Sat., 10am-1pm. Sun., 12 noon-4pm

**Michigan AIDS Hotline**

(800) 872-2137 MI only. State HIV/AIDS Hotline  
(800) 826-SIDA  
Mon.-Fri., 9am-9pm.  
Sat.-Sun., 12 noon-6pm  
Hotline hours: Mon.-Fri., 9am-12 midnight.  
Sat.-Sun., 9am-9pm.  
Spanish hotline hours: Mon.-Fri., 10am-6pm  
TDD/TTY hotline hours: Mon.-Fri., 9am-12 midnight;  
Sat.-Sun., 9am-9pm  
Healthcare Workers hotline hours: Mon.-Fri., 9am-5pm

**Minnesota AIDS Project**

**Minnesota AIDS Line**  
(612) 870-7000  
(800) 248-2437 MN only. State HIV/AIDS Hotline  
Mon.-Fri., 9am-10pm  
Sat., 9am-5pm.

**Mississippi AIDS Hotline**

(800) 826-2961 MS only. State HIV/AIDS Hotline  
(800) 826-2961 MS only. State HIV/AIDS Hotline  
7 days, 7am-10pm

**Missouri Department of Health Missouri AIDS Information Line**

(800) 533-2437  
Nationwide. State HIV/AIDS Hotline  
(800) 533-2437  
Nationwide. State HIV/AIDS Hotline  
Mon.-Fri., 8am-5pm  
Hotline hours: Mon.-Fri., 8am-5pm

**Montana Department of HESAP**

**Montana AIDS Program**  
(800) 233-6668 MT only. State HIV/AIDS Hotline 24 hours

**Nebraska AIDS Project**

**Nebraska AIDS Hotline**  
(800) 782-2437  
Nationwide. State HIV/AIDS Hotline  
Mon.-Fri., 9am-5pm. and 6pm-11pm; Sun., 6pm-11pm  
Hotline hours: Mon.-Fri., 9am-5pm. and 6pm-11pm; Sat.-Sun., 6pm-11pm  
Spanish hotline hours: Mon.-Fri., 9am-5pm

**Nevada AIDS Information Line**

(800) 842-2437 NV only. State HIV/AIDS Hotline  
(800) 842-2437 NV only. State HIV/AIDS Hotline  
Mon.-Fri., 8am-5pm

**New Hampshire AIDS Hotline**

(800) 752-2437 NH only. State HIV/AIDS Hotline  
(800) 752-2437 NH only. State HIV/AIDS Hotline  
Mon.-Fri., 9am-5pm  
Hotline hours: Mon.-Fri., 8am-1:30pm

**New Jersey AIDS Hotline**

(800) 624-2377 NJ only. State HIV/AIDS Hotline  
(800) 624-2377 NJ only. State HIV/AIDS Hotline  
Office: Mon.-Fri., 8:30am-4:30pm  
Hotline Hours: 24 hours a day  
Spanish hotline hours: 24 hours a day  
TDD/TTY hotline hours: 24 hours a day

**New Mexico AIDS Hotline**

(800) 545-2437 NM only. State HIV/AIDS Hotline  
(800) 545-2437 NM only. State HIV/AIDS Hotline  
Mon.-Fri., 8am-5pm.

**New York State AIDS/HIV Hotlines**

(800) 872-2777 NY only: counseling  
(800) 544-2437 NY only: tape system. State HIV/AIDS Hotline  
(800) 233-SIDA (in Albany)  
English Speaking Hotline hours: Mon.-Fri., 8am-9pm; Sat.-Sun., 10am-6pm.  
HIV counseling hours: Mon.-Fri., 1pm-8pm; Sat.-Sun., 10am-6pm

**North Dakota AIDS Hotline**

(701) 224-2376  
(800) 472-2180 ND only. State HIV/AIDS Hotline  
Mon.-Fri., 8am-5pm.

**Columbus AIDS Task Force**

**Ohio AIDS Hotline**  
(800) 332-2437 OH only. State HIV/AIDS Hotline  
(800) 332-2437 OH only. State HIV/AIDS Hotline  
Mon.-Fri., 8am-6pm; Sat. & Sun., 9am-6pm.  
Hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 9am-6pm  
TDD/TTY hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 9am-6pm

**Cascade AIDS Project Oregon AIDS Hotline**

(503) 223-2437 State HIV/AIDS Hotline  
Voice and TTY  
(800) 777-2437  
Available in area codes 503, 206, and 208  
Mon.-Fri., 10am-9pm.  
Sat.-Sun., 12 noon-6pm  
Hotline hours: Mon.-Fri., 10am-9pm; Sat.-Sun., 12 noon-6pm.  
Spanish hotline hours: Wed.-Thurs., 4pm-8pm  
TDD/TTY hotline hours: Mon.-Fri., 10am-9pm; Sat.-Sun., 12 noon-6pm

**Pennsylvania Department of Health**

(800) 662-6080  
PA only. State HIV/AIDS Hotline  
(800) 662-6080 PA only. State HIV/AIDS Hotline  
Office: Mon.-Fri., 8am-1:30pm; 800 number 24 hours

**Línea de Infor SIDA y Enfermedades de Transmisión Sexual**

Centro Latinoamericano de Enfermedades de Transmisión  
Centro Médico  
Puerto Rico Department of Health  
(809) 765-1010  
(800) 981-5721 PR only  
State HIV/AIDS Hotline  
Mon.-Fri., 7am-11pm

**Rhode Island Project AIDS Hotline**

(800) 726-3010  
Nationwide. State HIV/AIDS Hotline  
(800) 726-3010  
Nationwide. State HIV/AIDS Hotline  
Mon.-Fri., 9am-8pm.

**South Carolina Department of Health and Environmental Control**

HIV/AIDS Division  
SC HIV/AIDS Hotline  
(800) 322-2437 SC only. State HIV/AIDS Hotline  
(800) 322-2437 SC only. State HIV/AIDS Hotline  
Mon.-Fri., 8am-8pm  
Hotline hours: Mon.-Fri., 8am-8pm

**South Dakota AIDS Hotline**

(800) 592-1861 SD only. State HIV/AIDS Hotline  
(800) 592-1861 SD only. State HIV/AIDS Hotline  
Mon.-Fri., 8am-5pm.

**Tennessee AIDS Hotline**

Tennessee HIV/AIDS Program  
(800) 525-AIDS TN only. State HIV/AIDS Hotline  
(800) 525-2437 TN only. State HIV/AIDS Hotline  
Mon.-Fri., 8am-1:30pm  
Hotline Hours: Mon.-Fri., 8am-1:30pm

**Texas Department of Health**

**Public Health Promotion**

Texas AIDSLINE  
(800) 299-2437 TX only.  
State HIV/AIDS Hotline  
(800) 299-2437 TX only.  
State HIV/AIDS Hotline  
Educational taped messages 24 hrs  
TTY hotline Mon-Fri.  
8am-12pm.  
1pm-5pm Office  
Mon-Fri., 8am-12pm.  
1pm-5pm Hotline  
(AIDSLINE) hours  
Mon-Fri., 8am-5pm  
Spanish hotline hours  
Mon-Fri., 8am-5pm  
TDD TTY Hotline  
hours 8am-5pm

**Virgin Islands AIDS Hotline**

Mon-Fri., 9am-5pm

**Utah AIDS Foundation**

AIDS Information  
Hotline  
(800) 487-2100  
(800) 366-2437 UT  
only, State HIV/AIDS  
Hotline  
Mon-Fri., 8am-5pm  
Hotline hours, Mon-Fri.  
10am-8:30pm Sat.,  
10am-2pm

**Vermont Department of Health**

(800) 882-2437 VT  
only, State HIV/AIDS  
Hotline  
(800) 882-AIDS VT  
only, State HIV/AIDS  
Hotline  
Mon-Fri., 8am-4:30pm

**Virginia Department of Health**

Virginia STD/AIDS  
Hotline  
(800) 371-7455  
(800) 533-4148 VA only  
State HIV/AIDS Hotline  
(800) 322-7432 VA only  
Hispanic AIDS Hotline  
Mon-Fri., 8:30am-5pm  
Hotline hours  
Mon-Fri., 8am-7pm  
TDD TTY Hotline  
Hours Mon-Fri.,  
8am-7pm

**Washington HIV/AIDS Hotline**

(800) 272-2437 WA  
only, State HIV/AIDS  
Hotline  
(800) 272-AIDS WA  
only, State HIV/AIDS  
Hotline  
Mon-Fri., 8am-5pm

**West Virginia Office of Health and Human Resources**

West Virginia AIDS  
Hotline  
AIDS Program  
(800) 642-8244 WV  
only, State HIV/AIDS  
Hotline  
(800) 642-8244 WV  
only, State HIV/AIDS  
Hotline  
Mon-Fri., 8:30am-  
4:30pm Hotline Hours  
Mon-Fri., 8:30am-4:30pm

**Wisconsin AIDS Hotline**

(610) 273-2437 State  
HIV/AIDS Hotline  
(800) 332-2437 WI  
only, State HIV/AIDS  
Hotline  
Mon-Thurs., 9am-9pm;  
Fri., 9am-5:30pm;  
Spanish available Tues.  
and Thurs., 3pm-6pm

**Wyoming AIDS Hotline**

(800) 327-3577  
Nationwide, State  
HIV/AIDS Hotline  
(800) 327-3577  
Nationwide, State  
HIV/AIDS Hotline  
24 hours

**ORGANIZATION Resurrexit Final Calle Urape al lado de Instituto Urologico**

Caracas 1011A  
Venezuela  
FOREIGN PHONE  
91-10-70

**ORGANIZATION Scripture Union AID for AIDS**

45 Heyman Rd  
Bulawayo  
Zimbabwe  
FOREIGN PHONE  
71555

**ORGANIZATION National Association of AIDS Orphans**

15 Badlab Rd.,  
Lochinvar  
PO Southerton  
Harare  
Zimbabwe  
FOREIGN PHONE  
263-4-1161716

**ORGANIZATION Salvation Army Harare Office**

45 Josiah Chiamano  
Harare  
Zimbabwe  
FOREIGN PHONE  
736-666  
FAX (011) 726-658

**ORGANIZATION Women and AIDS Support Network**

Stemar House, Rm. 203  
132 Harare St. and  
Speeke Ave  
Harare  
Zimbabwe  
PHONE No main  
phone available