

PROVIDING HIV/AIDS EDUCATION FOR JEWISH ADOLESCENTS

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AIDS: Jewish Voices, a program of the Boston JFCS, aims to increase Jewish communal support and involvement in HIV/AIDS issues through educational workshops, a speaker's bureau, and support groups. This article describes an education and preventive program for Jewish adolescents offered in Jewish school settings that uses an interactive script format to engage participants in discussion and self-reflection.

To date, there is no cure for AIDS. However, as treatment strategies become increasingly successful in slowing the replication of HIV (human immunodeficiency virus) and the progression of AIDS-related illness, a false sense of security has evolved. Combination drug therapies have enabled many people receiving this treatment to resume healthier, productive lives, but not everyone who is infected with HIV or is sick with AIDS is able to benefit from this treatment. Some people find these medications too toxic, some are unable to adhere to the very strict compliance schedule necessary to ensure results, and many people cannot gain access to facilities that provide this type of medical care nor afford its costs. Others have resumed engaging in unsafe behaviors, and the incidence of HIV/AIDS is once again rising.

AIDS is a national problem. As of December 1997, 641,086 Americans were diagnosed with AIDS, including 8,086 children under age 13. More than half that number have died from the disease (Centers for Disease Control, 1997). AIDS is now the sixth leading cause of death in youth aged 15 to 24 and the second in the 25- to 44-year-old group (CDC, 1997).

Hopefully, one day, AIDS will become a manageable chronic disease (Altman, 1997), and research continues on the development of a vaccine that will prevent infection with HIV and ultimately end AIDS. However, until a vaccine is developed, education continues to be the most effective method of prevention.

AIDS educational programs reflect the secular and religious values of each commu-

nity. These values shape the focus of factual information and prevention strategies included in curriculum material. Parents seek environments that promote sound values, health, and safety for their children and that foster a positive self-image, self-confidence, and the ability to make wise decisions within the rapidly changing world in which we live. Educators are challenged by the need to provide factual information and promote the healthy development of students. AIDS education should be provided in a manner that is mutually respectful of potentially conflicting values (Merz, 1997; Price et al., 1993).

There are no accurate statistics on the number of Jews with HIV/AIDS because reporting mechanisms do not require religious information, and cause of death is often listed as a specific illness, such as cancer or pulmonary disease (International Jewish AIDS Network Conference, 1996). However, numbers don't really matter. What matters is the need for an organized Jewish communal response to everyone who is affected by HIV/AIDS (Solomon, 1988).

AIDS AND THE JEWISH COMMUNITY

Several Jewish concepts and values guide the Jewish response to AIDS (Goldstein, 1994; Katz & Haase, 1993; Swartz, 1992)

- *Tikkun olam*: repairing our broken world
- *Kol yisrael arevim zeh bazeh*: every Jew is responsible for every Jew
- *Bikur cholim*: visiting the sick
- *Pikuach nefesh*: saving lives

- *Shituf betsa'ar*: empathy
- *Chesed ve'emet*: responding to death with loving-kindness and integrity

Because AIDS generates fear, shame, apprehension, and prejudice, there is ongoing controversy about AIDS testing, disclosure, and confidentiality (Chanes, 1989; Rose, 1987). However, the National Jewish Community Relations Advisory Council (NJCRAC) developed a policy statement on AIDS that addresses public health and civil liberty concerns. This policy statement notes the "Jewish moral imperative to care for the sick and dying...its deep and longstanding commitment to the preservation of civil liberties that are fundamental to our security" (Chanes, 1989, p. 209). It also supports programs that promote voluntary testing and recommends education, service, counseling, and prevention programs developed under Jewish sponsorship.

AIDS: Jewish Voices is an innovative program developed by Jewish Family and Children's Service (JFCS) of Boston to increase Jewish communal support and involvement in HIV/AIDS issues. JFCS is a non-profit human service and home health care agency with a 133-year history of providing social, psychological, and health care services to Jews and non-Jews within the Greater Boston area.

AIDS evokes feelings of fear and anger, attitudes of prejudice and denial, and behaviors of exclusion and distance from people who are infected (Rose, 1987). JFCS developed *AIDS: Jewish Voices* to address these feelings and behaviors and to ensure that Jewish people infected and affected by AIDS receive the communal and spiritual support they seek.

AIDS: Jewish Voices promotes heightened awareness of Jewish and humanitarian concerns about HIV/AIDS through several initiatives: workshops that increase awareness and provide educational and prevention information, a Jewish AIDS Speaker Bureau, and support groups for Jewish people infected and affected by AIDS. Educational programs include seminars for clergy and health care

workers on addressing AIDS within a Jewish perspective and interactive scripts that are presented to adults and youth within Jewish settings. Two different scripts, *Jewish Voices from the AIDS Memorial Quilt* and *Voices of Jewish Youth Affected by AIDS*, are used to address the dilemma of HIV/AIDS issues within the Jewish community. The *Quilt* script, developed by the Cincinnati Jewish Family Service, is used with adults and college students. The *Youth* script, developed by Boston's JFCS, is used with eighth- to twelfth-grade students.

ADOLESCENCE AND THE JEWISH AIDS CURRICULUM

Adolescence can be viewed both as a time of turmoil, disequilibrium, and distress and as a period of increased self-confidence, contentment, and opportunity (Children and AIDS, 1990; Harter, 1990; Hechinger, 1992; Pipher, 1996). These differing views may be related to the widely varying attitudes and behaviors of adolescents as they respond to the many personal and societal challenges they experience as they mature. Adolescents tend to hold on to egocentric views as they develop independence and increased social awareness. They tend to focus primarily on the present and on themselves and adamantly deny their personal mortality and vulnerability. They engage in risk-taking behaviors, such as drinking, drugs, fast driving, and unprotected sex. Because the latency period for HIV infection is approximately 10 years, the cavalier attitudes and unsafe behaviors in which some teens engage make adolescence a potentially dangerous developmental period. If a teen becomes infected with HIV, he or she may be asymptomatic throughout adolescence (Ericson, 1985; Hechinger, 1992; Kann et al., 1991; Price et al., 1993; Schauder, 1996).

Information about the cause, mode of transmission, and prevention of HIV has been widely disseminated and has remained essentially unchanged for the past decade. Educators have developed a wide range of AIDS educational materials, videos, books, and teens-teaching-teens programs. The televi-

sion industry has produced documentaries, soap operas, sitcoms, infomercials, and commercials about condoms, safe-sex practices, and decision-making skills. Weekly news magazines (*Newsweek* and *Time*) have featured cover stories about sports heroes (Magic Johnson, Arthur Ashe, Greg Louganis), Hollywood stars (Rock Hudson), and rock music stars (Freddie Mercury, lead singer of "Queen") who are infected with HIV or died from AIDS-related illnesses. Despite the proliferation of information adolescents continue to engage in unsafe sex, experiment with drugs, and are hesitant to tell others when they personally become infected or affected by HIV/AIDS.

Jewish adolescents need (1) educational programs that provide basic information and guidance in personal decision making, (2) help in integrating Jewish values into their attitudes and behaviors, and (3) opportunities to become actively involved in addressing AIDS issues within the Jewish community. Some Jewish communities have convened task forces and community programs to develop HIV/AIDS curriculum materials for their youth. An annotated list of Jewish AIDS curriculum materials developed in Baltimore, Chicago, Cincinnati, New York, Michigan and San Francisco is presented in Appendix A.

VOICES OF JEWISH YOUTH AFFECTED BY AIDS

The goals of *Voices* are to increase HIV/AIDS awareness about the cause, transmission, prevention, and presence of AIDS within the Jewish community; to facilitate dialogue about Jewish values that guide the Jewish response to AIDS; and to develop a plan of action that adolescents can use to address AIDS issues within the Jewish community.

Overview

Voices of Jewish Youth Affected by AIDS is an education and prevention program for Jewish adolescents that is presented within Jewish school settings. Several features make this program especially effective:

- Adolescents are invited to express what they know, think, feel, and believe about AIDS as they share information they have learned and heard in the media, school, and social environments.
- Peers are involved in the presentation of the program.
- Adolescents relate to stories of real-life experiences and AIDS issues.
- Adolescents think about their own behaviors and decision-making dilemmas and are challenged to problem-solve alternative responses to difficult situations.
- Adolescents are encouraged to become personally involved in addressing HIV/AIDS issues within their own community.
- Parents are invited to attend and participate.

The fact that *Voices* is presented within Jewish educational settings conveys an important message to Jewish youth. It shows that the Jewish community assumes responsibility for guiding the healthy development of its youth. Adolescents, parents, educators, and clergy benefit from the shared experience of hearing and discussing HIV/AIDS information together. In a familiar, safe, and nurturing environment, such difficult issues as drugs, sexual identity and sexual behaviors, interpersonal relationships, and the consequences of unsafe behaviors are addressed. The presence of adults helps contain anxiety associated with potentially overwhelming realities and provides trusted guidance and supportive reassurance. Adults and youth learn that it is possible to talk about uncomfortable topics with each other. Jewish values that guide the response to HIV/AIDS are identified. Everyone is encouraged to explore personal feelings, beliefs, and attitudes and to examine their behaviors toward people who have HIV/AIDS.

Voices of Jewish Youth Affected by AIDS presents examples of Jewish teens who experimented with drugs in high school and subsequently became sick with AIDS. It also identifies risk-taking behaviors, discusses alternate behaviors, and reviews preventive measures. Participants identify with the teens

and situations, becoming self-reflective and identifying risk-taking behaviors in themselves, friends, and relatives; parents become more aware as well. In the participants' own words, they describe the impact of the *Voices* program:

- It touches home:

16-year-old male: "AIDS is a Jewish issue. I never thought about it in this light before."

16-year-old female: "It's strange how we see AIDS so 'out there' and it's right in our own backyard."

- It is real:

15-year-old male: "Most HIV/AIDS programs are given in gym class and all they talk about is what it is and how you get it; this one talks about real kids and really makes you think about yourself and your friends."

15-year-old female: "It's so realistic. It could happen to anyone. I never really thought about it much. I guess it's more than just stories and statistics."

- It changes attitudes:

14-year-old female: "My theory was that all people with AIDS should be thrown onto an island so we can get rid of the disease. It has changed now because of this program."

14-year-old female: "I learned that not all gay people have AIDS."

- It increases self-awareness:

15-year-old female: "Done pot, done alcohol, don't want to do anything else; don't want to end up like Sarah. I want to go somewhere with my life. AIDS can stop that."

15-year-old female: "I have done a lot of those things with my friend and hearing about this girl has got me thinking. Maybe the 'bad girl' act just isn't cool anymore!"

- It connects parents and adolescents:

Parent: "I now realize how fearful teenagers are about AIDS...while at the same time needing more awareness programs and knowledgeable adults to share concerns with."

Parent: "It is hard for parents to talk about sexuality with kids. This scene might be a good way to open up discussions on this subject."

Format

The *Voices* program, which lasts between 45 to 60 minutes, uses an interactive script with six scenarios that represent the real-life experiences of Jewish youth. Personal reactions are written down immediately after each scenario reading and a discussion period follows.

The six specific HIV/AIDS issues faced by these Jewish teenagers are (1) disclosure that a favorite uncle has AIDS, (2) confusion about a teenager's personal sexual identification, (3) pain and anger related to the bisexuality of a parent, (4) a decision-making process engaged in by two teens about becoming sexually active, (5) the dilemma of a young mother who is HIV-positive, and (6) the anguish of a 24-year-old whose excessive use of alcohol and drugs as a teenager has had dire consequences.

Each script is read by volunteer "readers." During the first year of this program volunteers included Brandeis graduate students from the Hornstein Program of Jewish Communal Service and the Heller Graduate School for Advanced Studies in Social Welfare, as well as students from each hosting class. Before each presentation, volunteers meet with the program presenter to discuss the role of reader, preview the script, and discuss personal reactions. Anyone who does not feel comfortable is excused from the role of reader.

Immediately after each scenario is read, participants are asked to write down personal reactions on 4x6 index cards. Each participant receives a packet of six response cards: each card has a printed heading indicating the number of the scenario (1-6) and boxes to be checked indicating the participant's age and sex and whether he or she has attended any previous HIV/AIDS education programs. Adults are asked to indicate the age of their children or of the children they teach.

All responses are anonymous. Recorded

comments become part of the discussion period following the reading. Because AIDS is a sensitive topic, all participants are requested to respect each other's privacy and treat any disclosure of personal information in a confidential manner. Completed response cards are transcribed and returned to hosting educators. Samples of responses to each scenario are presented in Table 1.

A discussion period immediately follows the completed script reading. "Readers" are first invited to share any feelings they experienced reading their scenario, and then participants are invited to discuss their reactions to the issues raised by the script. Some people choose to share comments on their response cards. Others share personal stories, feelings, worries, and confusion evoked by the program. When parents participate, the discussion period is divided into two parts. In the first part parents and youth are separated. The discussion among parents is facilitated by the program presenter, and the teenagers' discussion is facilitated by the religious educator and/or rabbi. In part two, parents and youth reconvene. The program presenter facilitates the sharing of issues raised in each discussion group and clarifies any misconceptions. The religious leader facilitates a discussion of Jewish values that guide the Jewish response to HIV/AIDS issues. All participants join in developing a plan of action and are also advised that the presenter is available for questions and support as needed following this program.

Follow-up meetings occur approximately three to four weeks after the program presentation. Prior to these meetings, transcriptions of the response cards are sent to the host educators for review. The goals of these follow-up meetings are to provide an opportunity to address attitudes and behaviors and to clarify any misinformation and misunderstandings that are recorded on the response cards. It is also an opportunity to discuss the status of the plan of action and problem-solve any obstacles that might be impeding its progress.

RESULTS

Within an eight-month period, *Voices of Jewish Youth Affected by AIDS* was presented in ten programs to a total of 417 youth aged 12–17 years, their educators, and parents. When told they were to participate in an AIDS education program, most students expressed a "not again" response to "yet-another-AIDS-program." They reported that they already knew everything about AIDS, having heard all about AIDS in their secular schools, on television, and "all over the place." This feeling was acknowledged by the presenters, who told the students that the goals of *Voices* are to hear what they already know and to talk about how this disease has affected some Jewish kids.

Reactions to the program format and content and feelings about HIV/AIDS issues were addressed in an informal discussion period immediately following the presentation. In addition to the written responses on response cards, evaluation forms were completed at the conclusion of each program.

These themes emerged from the discussion periods and written comments:

- feelings—fear, anger, shame, loss, guilt
- worries—personal safety, family, members, and friends
- attitudes—denial, homophobia, judgmental responses to lifestyle choices
- behaviors—rejection, distancing, isolation, discrimination, stigmatization, risk taking
- responsibility—for self and others

Specific needs that were identified include providing ongoing leadership and HIV/AIDS education within a Jewish context; helping facilitate communication between parents and teens; continuing the discussion of HIV/AIDS issues and clarification of misunderstood information; presenting forums to support Jewish people who are living with HIV/AIDS; and providing opportunities for youth to become actively involved in addressing HIV/AIDS issues within the Jewish community.

Table 1. Sample Response Cards

Scenario No. 1

Two 14-year-old girls discuss the recent disclosure that one girl's uncle has AIDS.

- 13 yr M: Even though I have taken classes about AIDS, I would have been afraid to go near Uncle Joe.
14 yr F: You hear all this stuff about AIDS but you never think you'll know somebody with AIDS.
14 yr F: I recently had a friend who got AIDS through the use of dirty needles.
15 yr M: It's so realistic. It could happen to anyone. I never really thought about it much. I guess it's more than just stories and statistics.
Parent: Kids think they're invincible and it can't happen to them. My fear as a parent is unprotected sex—no matter how much you talk about it—it is never enough.

Scenario No. 2

A teenage boy discusses confusion about his sexual identity with his best friend.

- 14 yr F: It's very true that kids would feel that they have to be secretive about being gay. Many kids are very intolerant and against gays.
15 yr F: This made me think that I should never make fun of homosexuals because one of my friends could be one.
16 yr F: The skit voiced the fears of many gay teens out there today. It's scary for kids to let others know if they aren't straight. It was well portrayed.
17 yr M: There's an intense fear of homo and bisexuals and it's pervasive everywhere. I believe that people need to be educated about things like this along with AIDS education.
Parent: Underscored the lack of support for gay teens even if they try to come out to someone close to them. The high rate of teen suicides (a large percentage of which are among gay teens) is also a Jewish issue. "Shalom Bayit" can be established if Jewish agencies take the lead in normalizing and validating what is frequently a family crisis.

Scenario No. 3

A teenager is struggling with his father's bisexuality and his own feelings.

- 14 yr F: There's no difference between a father cheating on his wife—with a woman or a man, it's still cheating.
15 yr F: There's 3 things to be upset about: Dad's having an affair; he's bi; he has AIDS.
23 yr: Bisexuality is such a gray area and there are so many issues here. The hope/belief of things returning to normal was interesting.
Parent: This scenario highlights the need to reach out to families of HIV/AIDS infected individuals. You hear in this story everything from anger to projection to denial.
Parent: A youngster wants the routine to be resumed rather than have the disruption. It's difficult to fathom the level of pain and concern in this situation (for the teenager). A person makes a choice, but it's hard to foresee the subsequent consequences for all people involved. It's deeply painful for everyone.

Scenario No. 4

A teenage couple discuss becoming sexually active.

- 13 yr M: Very well done. Really relates to reality and tying AIDS into it. Example of peer pressure.
14 yr F: You shouldn't be pressured into having sex or anything else you don't want to do. Adam said he knew all about it but he didn't.
15 yr F: When I made the decision not to, STDs, AIDS and pregnancy all on my mind, but especially I was not sure if I loved the person.
16 yr F: Most teenagers today have to decide whether to or not at some point and it's sometimes hard to make the right decision.
17 yr M: I think this is good—in terms of its discussion on abstinence.
Parent: The best thing we can do for our kids in my opinion is to keep talking, keep listening, and let them know both by our guidance of them and our own example that we understand these are tough choices!

Scenario No. 5

A 21-year-old HIV-positive mother worries about her baby.

- 14 yr M: It makes me afraid that someone won't be honest with me.
15 yr F: I find it very frightening that throughout your entire life, you still have to worry about contracting AIDS.
15 yr M: I think that before everybody marries there should be a law that the bride and groom have an AIDS test.
16 yr F: People who are infected with HIV may not realize that they're harming others. Decisions you make when you're young may affect you later.
Teacher: My 9th graders talk sometimes as if getting their driver's license is a million years off. How can they relate to HIV?
Parent: Shows need for communication between partners. No one is immune; it's not just stereotypes.

Scenario No. 6

A 24-year-old talks about the consequences of teenage drugs and drinking.

- 13 yr M: I know someone in my class that takes drugs, by injection. She's always stoned.
14 yr F: I feel scared. I'm not sure I'm strong/smart enough not to give in to peer pressure.
14 yr F: This was a great scenario. I can relate. I think needles are bad. I do a lot of these things but not drugs. Maybe I should stop.
16 yr M: Hopefully, AIDS programs such as this one can prevent similar tragedies from happening in the future.
17 yr M: "Stupid" is just about the only word that comes to mind. Stupidity is a disease; the only cure is education.
Parent: This highlights how hard we need to work to help our kids understand there are certain mistakes you don't get a chance to "un-make."
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Summary

Some people still deny that AIDS is a problem in the Jewish community. Jewish people who are living with HIV/AIDS need the compassion of family, friends, and colleagues—they need acceptance and love. Adolescents need HIV/AIDS education within Jewish schools that focuses on values that guide the Jewish response to illness. In response to the concern that there is information overload about AIDS, one 14-year-old young male participant in *Voices*, observed, "I think that people, although they learn everything about AIDS, they don't really understand it."

Educators within Hebrew day schools and afterschool programs are being challenged to respond when students bring HIV/AIDS issues into their classrooms. Some teachers are comfortable with their own feelings and knowledge about AIDS, and they may respond in a supportive, soothing manner. Others are not comfortable talking about AIDS-related issues and quickly terminate these discussions. Ideally, educators should

view discussions about HIV/AIDS as an opportunity to explore Jewish texts and values that guide the Jewish response to HIV/AIDS.

RECOMMENDATIONS

HIV/AIDS education should be provided for Jewish adolescents within a Jewish environment. Educational programs should present basic facts about cause, transmission, and prevention; information about Jewish values that guide the Jewish response to HIV/AIDS; and specific action plans to support Jewish people living with AIDS-related issues. Formats should be informal, interactive, and participatory.

To help ensure that HIV/AIDS program for Jewish adolescents, will be successful, these actions should be taken:

1. Gain the support of the sponsoring agency's Board of Directors.
2. Identify and meet with "gatekeepers" within the local Jewish community—rabbis, clergy, executive directors of education, Hillel, and Big Brother and Sister

agencies, and youth leaders.

3. Collaborate with the local AIDS Agency.
4. Develop informational press releases for local Jewish newspapers.
5. Hire staff and recruit volunteers who have experience with HIV/AIDS issues and are familiar with Jewish values related to this disease.
6. Secure a funding source, preferably within the local Jewish community.
7. Become aware of what other Jewish communities have developed and adapt their programs, e.g., *Voices of Jewish Youth Affected by AIDS* is replicable and available from the author.

In addition to educational programs that integrate HIV/AIDS material into curricula for youth, it is recommended that concurrent programs provide HIV/AIDS information for adults within the Jewish community. Updated seminars for clergy; training for Jewish educators; informational meetings hosted by synagogue Sisterhood, Brotherhood, and Social Action committees; and specific efforts to support Jewish families living with AIDS are examples of ways some communities have responded to HIV/AIDS.

HIV/AIDS challenges the Jewish community to respond with care and compassion. Working collaboratively with Jewish educators, clergy, community leaders, and parents, we can and must make a difference for Jewish people living with HIV/AIDS issues.

ACKNOWLEDGMENTS

Development of this program was supported in part by the AIDS Action Committee of Massachusetts. The writer gratefully acknowledges Ira Schor, JFCS Director of Community Programs for his vision to address HIV/AIDS issues within the Greater Boston Jewish community; Seymour Friedland, JFCS Executive Director and Judith Kaye, President JFCS Board of Directors for their commitment to ensure continued support; the many rabbis and clergy who provided guidance with Jewish text interpretations; Julie Schultz and the "Brandeis Players" for their creative energy in the presentation of this program within 10 communities; and family and colleagues who participated in the development of *Voices of Jewish Youth Affected by AIDS* and reviewed this manuscript.

REFERENCES

- Altman, L. K. (1997, January 19). With AIDS advance, more disappointment. *The New York Times*. pp. 1, 14.
- Centers for Disease Control and Prevention. (1997, December). *HIV/AIDS Surveillance Report*. Atlanta: CDS.
- Chanes, J. (1989, Spring). AIDS: Issues for the Jewish community relations field. *Journal of Jewish Communal Service*, 204-209.
- Children and AIDS. (1990, January 5-6). Facts for families, *American Academy of Child and Adolescent Psychiatry*.
- Ericson, E. H. (1985). *Childhood and society*. New York: W. W. Norton.
- Goldstein, Rabbi H. R. (1994). *Being a blessing: 54 ways you can help people living with AIDS*. California: Alef Design Group.
- Harter, S. (1990). Self and identity development. In S. Feldman & G. Elliot (Eds.), *At the threshold: The developing adolescent* (pp. 352-387). Cambridge, MA: Harvard University Press.
- Hechinger, F. M. (1992, Fall). Adolescent health: A generation at risk. *Carnegie Quarterly*.
- International Jewish AIDS Network Conference (1996). Washington, DC.
- Kann, L., Anderson, J. E., Holtzman, D., Ross, J., Truman, B. I., Collins, J., & Kolbe, L. J. (1991). HIV-related knowledge, beliefs, and behaviors among high school students in the United States: Results from a national survey. *Journal of School Health*, 61, 397-401.
- Katz, B., & Haase, L. (1993). *AIDS: Insights and strategies*. New York: Reform Curriculum Resource of the UAHC Department for Religious Education, New York.
- Merz, J. (1997). The role of churches in helping adolescents prevent HIV/AIDS. *Journal of HIV/AIDS Prevention and Education for Adolescents & Children*, 1, 45-55.
- Pipher, M. (1996). *The shelter of each other: Rebuilding our families*. New York: Putnam.
- Price, H. P., Cioci, M., Penner, W., & Trautlein, B. (1993). Webs of influence: School and community programs that enhance adolescent health and education. *Teachers College Record*, 94, 513-518.

Rose, A. (1987, Fall). Jewish agencies provide services to people with AIDS and their families. *Journal of Jewish Communal Service*, 52-55.

Schauder, S. (1996, Fall). Halachic implications of condom availability in Jewish community

centers. *Journal of Jewish Communal Service*, 73, 76-82.

Solomon, J. (1988, Fall). AIDS and the Jewish communal challenge for the 90's. *Journal of Jewish Communal Service*, 45-51.

Swartz, M. (1992). *AIDS and the Jewish community*. (draft: not for distribution)

APPENDIX A. Jewish AIDS Curriculum Materials

Baltimore

The S.C.H.O.O.L. Project

Steven Kaufman AIDS Outreach Project Jewish Family Services, Baltimore, 1996.

Contact: Diane Israel—410-466-9200

Provides community service opportunities to students interested in volunteering in the AIDS community. It offers the religious schools in the Jewish community an opportunity to incorporate community service in their curricula.

Cincinnati

Living Jewish Values: Our Response to AIDS

Cincinnati Jewish Community Coalition on AIDS, 1995.

Contact: Terry Susskind—513-469-1188

Provides activities, themes for discussions, resources for inclusion in Jewish curriculum (K-12). Appendix provides information about community resources, HIV/AIDS, Jewish sources, bibliography. Curriculum is categorized into six topics (holidays, life cycle, *klal yisrael*, *tfillot*, rituals, anti-Semitism).

Michigan

Choose Life So That You May Live: A Jewish Family HIV/AIDS Educational Experience

Michigan Jewish AIDS Coalition, 1996.

Contact: Mary Ann Siegel—810-594-6522

Curriculum based on understanding that education plays a major role in preserving life. Activities are presented for children aged 9 years through teens. Topics: icebreakers, basic AIDS information, prevention/protection, AIDS awareness activities, Jewish and human values. Specific information (including demonstrations about condom use when permitted) is presented. Supplemental materials (list of videos, overhead flyers, sample letters to parents and students) are also included.

Chicago

AIDS: Insights and Strategies

Dr. Betsy Katz and Linda Haase, Joint Task Force on AIDS, Chicago Federation of UAHC, 1993.

Contact: UAHC Press—888-489-8242

Provides overview of AIDS including biblical and rabbinical references to caring for people who are sick. Presents curriculum material in three grade levels: K-3; 4th-6th; 7th-12th. Each grade level includes adult involvement, age-appropriate activities, sources. Congregational education is included.

New York

The Trainers' Manual

Coordinated AIDS Education and Training Program, UJA-Federation, 1993 (2nd ed).

Contact: Roberta Beer—212-836-1504

Motivated by *pikuach nefesh*, saving lives, and the critical need to provide compassionate care for people affected by AIDS, presents basic AIDS information and transmission, impact on Jewish and general communities, Jewish perspective, strategies for beginning discussion of these difficult subjects in Jewish settings. Detailed information about sexual transmission and methods of prevention not included. Provides workshop units to guide trainers and supplemental materials.

San Francisco

Let's Talk About AIDS

AIDS Project, Jewish Family and Children's Service, San Francisco, 1994.

Contact: Phina Tobin—415-561-1228

Curriculum addresses the impact of HIV on the Jewish community and encourages an understanding of how Jewish values can be used to respond to HIV/AIDS. Personal involvement and decision-making skills are presented. Format for this curriculum consists of lessons, each from 0.5 to 1.5 hours. Designed to prepare students for talks given by Jewish people with AIDS.