

Responding to Students' Questions

- Listen carefully.
- Provide direct, honest, and age-appropriate answers.
- Check back with the student: "Does that make sense to you?" "Does that answer your question?" It is legitimate to say the following and be sure to always follow through:
 - "I'm not sure. I will find out and get back to you."
 - "Let's talk about this after class so that I can have enough time to explain it to you."
- Check back again: "Let's see if I explained that well. Can you answer the question for us now?"
- If you hear students telling derogatory jokes or ridiculing people with HIV/AIDS, or the concept of AIDS in general, intervene quickly and consistently to make clear to students that harmful language is not tolerated. Emphasize that jokes about HIV/AIDS stigmatize and hurt people with the disease. In order to maintain a safe and positive classroom environment, refer to the classroom ground rules (one of which should be "no put-downs allowed. See Appendix B.) Speak with the person who made the comment privately to explain the comment was inappropriate. If the behavior does not stop, issue a warning about expected behavior; consider disciplinary options, including involving a parent or guidance counselor to address the behavior. For more information, go to the NYC Department of Education's (NYCDOE) Citywide Standards of Intervention and Discipline Measures at <http://schools.nyc.gov/NR/rdonlyres/3BE58537-D746-43B6-A7E7-BBF90B27C395/0/DiscCode2012English.pdf>
- The topic of HIV/AIDS often brings up issues of sexual orientation. In accordance with the NYCDOE's Statement of Policy on Multicultural Education and Promotion of Positive Intergroup Relations, remind students that all people deserve respect and to be treated fairly. Remind students that a bias against lesbian, gay, bisexual, transgender, and questioning people is just as serious and damaging to society as a racial, ethnic, or religious bias, and that expression of harassment or discrimination of any kind will not be tolerated in school. For additional materials, principals and teachers may go to <http://intranet.nycboe.net/DOEPortal/Principals/FamSvcs/YouthDevelopment/default.htm>
- The topic of HIV/AIDS often brings up issues related to injection drug use. It is important to stress the danger of injection and non-injection drug use in relation to HIV/AIDS and to a student's general physical and mental health. At the same time, it is important to keep in mind the social factors that lead people to drug use. Stress that individuals who are drug-dependent are in great need of ongoing treatment and societal support to deal successfully with their drug-dependence problems. They need to be supported and encouraged as they learn to make more life-affirming choices and to avoid destructive behaviors.

Answers to Questions Students May Ask About HIV

Q: How do people "catch" HIV?

A: HIV is not the kind of virus that people easily "catch." HIV, the virus that causes AIDS, is present in blood, semen, vaginal fluids, and breast milk of people who are infected. The only way the virus can spread from one person to another is if these infected fluids get into another person's body. The virus can be transmitted through sexual intercourse with an infected partner; through the sharing of needles, syringes/works/skin-popping equipment with an infected person during use of drugs (including steroids); and from an infected pregnant woman to her fetus or to her child during childbirth (perinatal) or through breast milk. However, the possibility of transmission from these different methods varies greatly. Although once an efficient mode of transmission, the incidence of perinatal transmission has been drastically lowered through treatment and advising HIV-positive women against breastfeeding.

Q: Can you get HIV if someone coughs on you?

A: No. HIV is not spread through the air or casual contact. It is not spread by coughing, sneezing, sitting near someone, sharing food or drink with someone, shaking hands, hugging, or touching something an HIV-positive person has touched.

Q: Will I get HIV?

A: Although anyone engaging in high-risk behaviors can get HIV, we are all capable of stopping the spread of HIV. The purpose of HIV education is to provide you with the facts so that you can keep yourself healthy. (After hearing about transmission, if a student is still concerned that he or she has HIV, the student should talk to a parent, teacher, counselor, or doctor.)

Q: What is the difference between HIV and AIDS?

A: HIV (Human Immunodeficiency Virus) is a virus that attacks and weakens the body's immune system, making infected people potentially vulnerable to other diseases. An HIV-positive person may have a brief flu-like illness starting soon after infection. He or she may have other general symptoms of infection (night sweats, swollen glands, fatigue) once in a while. However, many people have few or mild symptoms for as long as ten years or more, even if untreated. AIDS (Acquired Immune Deficiency Syndrome) is not a specific disease, but rather is a collection of related bodily signs and symptoms (syndrome) that occurs in the advanced phase of HIV infection. AIDS is defined by a series of clinical criteria formulated by the Centers for Disease Control and Prevention. These criteria include a diagnosed HIV infection and the presence of one or more of 26 opportunistic infections and clinical conditions, or a T-cell/CD4 cell count below 200 per cubic millimeter of blood. Unless an HIV-positive person shows symptoms that meet these criteria, he or she does not have AIDS. People with HIV infection develop AIDS over varying lengths of time.

Q: If I have friends with HIV, can I still hang out with them?

A: Yes. You cannot get HIV from casual contact with an infected person. You can hug, touch, and kiss your friends. You can eat meals with them. You can talk with them, hang out with them, play games with them, and go to the movies. Sometimes people with HIV/AIDS feel very alone. Friends and family are very important to all of us.

Q: Does everyone who has HIV/AIDS die from it?

A: No. While currently there is no cure, new medical treatments for HIV infection have significantly reduced the amount of HIV in an infected person's body. This means that many people with HIV infection and some people with AIDS can live normal lives for many years. Indeed, these new medications mean that for many people, infection with HIV is becoming a more manageable long-term illness.

Q: Can I get HIV from a blood transfusion?

A: Today, although the blood testing process is not infallible, the chances of anyone becoming infected from a blood transfusion in the United States are remote. Since 1985, the hospital blood supply in New York City has been carefully screened for HIV antibodies and donors screened for risk behaviors. In 1999, many blood banks in the United States began screening blood for the presence of virus (rather than antibodies). Still, some people who are scheduled for elective surgery choose to donate their own blood so that they can receive it should a transfusion be necessary during their operation.

Q: Can I get HIV from a healthcare provider?

A: The risk of becoming infected from contact with an HIV-positive healthcare provider is remote. The CDC (Centers for Disease Control and Prevention) has recommended the use of universal precautions by healthcare workers to minimize the risk of transmitting many diseases, including HIV and Hepatitis. These precautions include general infection control methods (e.g., hand washing), use of a barrier (e.g., latex gloves), proper disposal of "sharps" (e.g., syringes), and other methods that prevent the contact of potentially infectious agents from one person with the skin or mucous membranes of another. The risk of transmission from patient to healthcare worker is far greater than from worker to patient.

Q: How can I help in the fight against HIV?

A: Students can play very important roles. The most important is that they educate themselves as much as possible about how HIV is transmitted and how it is not transmitted. They should personally choose to abstain from sexual intercourse and drug use, and encourage others to do the same, or at least to practice risk-reduction methods. They can initiate discussions with parents, legal guardians, and other caregivers, and share what they have learned. They can fight bias against people with HIV/AIDS by treating them with respect, recognizing that while some may have special needs, all are people trying to live their lives as normally as possible. They might also volunteer to help a person with HIV/AIDS and his or her family. They can work with other young people in peer-education programs that educate young people about HIV/AIDS. They can volunteer their time with community-based HIV/AIDS service organizations or go into the helping professions (education, health, etc.).