

HIV/AIDS and the Black Church: Are We the Problem or the Solution?

by Jimmy Rowe

For Black Americans, spirituality has been our anchor in the midst of slavery and darkness, and the strongest single factor in our lives. Historically, the Black church has been the single most important organization advocating for public policy improvements for Blacks: in health, in education, and in the financial quality of life. Unfortunately, it has also been one of the greatest impediments in the fight against HIV/AIDS and other sexually transmitted diseases (STDs). That is because the church has been silent when it comes to issues of dangerous sexual behavior, homophobia, and death due to STDs.

Given the church's shining record in the field of pastoral care, why is the escalation of the HIV/AIDS epidemic accompanied by accusations that churches are contributing to the spread of the disease rather than its prevention? The answer takes us to the heart of the Christian church's identity and self-understanding. Historically, the Black church has conducted health care at arm's length, through semi-autonomous organizations run by primarily secular health care professionals.

At that level, church hospitals and clinics have echoed Christ's own special concern for the poor and the outcast, and can be proud of their record in opening their doors to people whom the world has rejected. But the serpent in the garden is the stigmatization and discrimination and denial that

occur within the local churches. By denying the truth about HIV/AIDS's existence among us, our churches have all too often sided with the forces of death that exist within our culture. By reinforcing silence and denial, the Black church has failed to take a stand for the forces of life!

The HIV/AIDS epidemic has created a new situation for the church. We are being forced to struggle with a new social application of the gospel. We are being called to be a constructive force within our disease-infected communities. Today has to be a different day for the Black church: we can no longer avoid responding to the HIV/AIDS problem. The church must develop and apply a new, critical, social consciousness that will foster hope. We must bring a fresh, new joy and power to the lives of our HIV+ parishioners who now live in conditions that make them feel hopeless, helpless, isolated, and in a state of total despair.



But first, some definitions. For instance, what do we mean by "spirituality"? Spirituality is a complex and multidimensional part of the human experience. It has cognitive, experiential, and behavioral aspects: (1) the cognitive or philosophic aspects include the search for meaning, purpose, and truth in life, plus the beliefs and values by which an indi-

vidual lives; (2) the experiential or emotional aspects involve feelings of hope, love, connection, inner peace, comfort, and support. These are reflected in the quality of an individual's inner resources, the ability to give and receive spiritual love, and the types of relationships and connections that exist with self, the community, the environment and nature, and the transcendent; and (3) the behavioral aspects involve the way a person externally manifests individual spiritual beliefs and a person's inner spiritual state. In sum, spirituality involves the way a person externally manifests his or her individual spiritual beliefs and inner spiritual state.



Next, how do we describe the church? Before we can begin, we must first come to grips with what the church is and what the church is not. The Bible does not use the word *church*, so we must turn elsewhere. I like the definitions offered by Dietrich Bonhoeffer and Karl Barth. Bonhoeffer described the church as "Christ existing as community."¹ Karl Barth offered a similar understanding when he spoke of the church as God's earthly form of existence.² Ultimately, the church is *not* an exclusive club or a "social enclave" of friends and associates. It is God's fellowship, open to all who believe. At the heart of the gospel is the affirmation that "God so loved the world" (John 3:16).

Some of us have gotten confused, believing that the church can operate as a two-tiered entity, one tier for the haves and one tier for the have-nots. What we must understand is that God's church is not limited to those who make up the so-called "institutional church"; God's church includes some who stand outside of it. The church is first and foremost the family of God. As such, the church cannot

What we must now understand is that God's church is not limited to those who make up the so-called "institutional church"; God's church includes some who would stand outside of it. The church is first and foremost a family of God. As such, the church cannot preach unconditional love and practice conditional love.

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Most people who are infected with HIV/AIDS are seeking authentic answers to their questions regarding life and death and their relationship with God. Those answers can be found only in the embodiment of the gospel. We must never forget that the gospel is the most fundamental driving force in our daily lives. It is not enough for people infected with HIV or living with AIDS to know the correct answers if those answers are not spoken by the Shepherd (pastor) of their church. The Shepherd is the leader of the flock. If the Shepherd is silent

when it comes to HIV/AIDS, the flock will be led astray. Our faith must bring to life the historical, cultural, and spiritual elements of the gospel; it must offer a transforming dynamic that meets the daily challenges of those with HIV/AIDS. The church is mandated to respond in ways that bear witness to Jesus' own compassionate ministry of healing and reconciliation, so that we might extend to everyone that same unmeasured and unconditional love embodied by him.

The church is supposed to be concerned about and deal with all of life. The church and its members have to feel the needs, concerns, and problems faced by those living with HIV/AIDS. Being able to feel for another human being is, unfortunately, not easy for us human beings in general, or as Christians in particular. Have we suppressed, or even lost, our ability to have compassion for someone with HIV/AIDS? The apostle Paul was alluding to this kind of empathy when he encouraged us to "rejoice with those who rejoice, weep with those who weep" (Romans 12:15).

The question that we must pose is whether we are serving the right God if we are devoid of com-

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passion for those with HIV/AIDS. I am grateful that when the God of my faith touches a life, one not only "feels" God but also develops an empathetic "feeling" for other people — for their needs, for their concerns, for their humiliation, for their problems, for their liberation, for their salvation. The church must minister not only to those like us — our friends and neighbors — but also to the poor, the hungry, the lonely, the despised, and those who suffer with HIV/AIDS.



In order to build Christian communities that include those afflicted with HIV/AIDS, we must develop a Christian consciousness. This Christian consciousness must deliver a new and different message — one that forcefully invokes a gospel of liberation for oppressed people. It must be a message to the poverty-stricken in the ghettos of our land and a proclamation of liberty to the captives in our inhumane prisons. This message must be sight for the blind, strength for the lame, and community for the lonely and depressed. It must be a message of freedom for those stigmatized and discriminated against because of their sexual, political, and cultural preferences. This message must be doubly emphasized, for this is all the gospel there is. There are not two gospels — one for those who are down and out, and one for those who are up and about. There is not one Christianity for those who need freedom and another Christianity for those who don't. There is one gospel of Jesus Christ. It is a gospel of liberation offered to all those who identify themselves as oppressed.

The death of a loved one or an unexpected tragedy often forces us to reconceptualize our lives, to live and act differently. Similarly, AIDS must force

us to recontextualize the function of the church. Although HIV/AIDS is one of the most dangerous diseases in human history, it also presents us as the Black church with our greatest opportunity to rise up and address the underlying issues of inequality, racism, homophobia, and gender inequality that have fueled this disease.

I believe that the spread of HIV/AIDS has become the conspiracy of our time. I'm not talking about conspiracy theories about the origin of the HIV virus; I'm talking about the conspiracy of silence, stigma, and shame, and the global neglect that has fueled its spread. Black lives have been devalued and marginalized in response to AIDS. The miracle of Western medicine has brought many HIV-infected persons and persons living with AIDS from the brink of death back to life and has transformed AIDS into a manageable disease. Yet for a majority of our African brothers and sisters, AIDS still represents a death sentence. Thus the spread of HIV and its disparate consequences — depending on where you are born in this world — represent some of the greatest and most pressing issues of social injustice of our time. But we cannot fully understand the AIDS crisis in Africa without understanding the devastating impact of colonialism, slavery, and the bondage of debt that has kept so many Blacks in poverty. We cannot address AIDS in the Black community without first talking about our suspicions around the disease, our homophobia, and the problem of unprotected and premarital sex.

Let me draw upon a text from the Bible that may place everything into perspective:

The body is a unit, though it is made up of many parts; and though all its parts are many, they form one body. So it is with Christ. For we were all baptized by one Spirit into one body — whether Jews or Greeks, slave or free

— and we were all given the one Spirit to drink. Now the body is not made up of one part but of many. . . . But God has combined the members of the body and has given greater honor to the parts that lacked it, so that there should be no division in the body, but that its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it. Now you are the body of Christ, and each one of you is a part of it.” (1 Corinthians 12: 12-14, 24-27, NIV)

The above text speaks about our covenant. AIDS is fueled by the weaknesses and divisions within the body of Christ itself, and stopping the HIV/AIDS epidemic will require nothing less than the church becoming the body of Christ that is portrayed in the text of Paul. The weaknesses and divisions within the body of Christ must be recognized, and the process of healing must be instituted. But for the church, healing the body is not just about a single virus or cancer. HIV/AIDS represents a manifestation of a deeper spiritual malady that prevents the body of Christ from performing its healing function. The text of Paul offers ways in which we as the church can address HIV/AIDS in the Black community and the greater global arena and, in the process, bring healing to the body of Christ.

First, healing the body requires that we overcome our fears regarding “otherness.” What do I mean by “otherness”? In Paul’s time the “other” referred to the leper, the prostitute, the sick, the poor. In modern times and in the context of HIV/AIDS, the “other” is the sexually promiscuous; the intravenous drug user; the gay, lesbian, bisexual and transgendered person; the unfaithful; and the irresponsible. Corinth was a city like many urban centers today that stood at the center of commerce and was renowned for both its bustling commercial activity and its sin and moral laxity. Paul became very concerned about the church at Corinth because it was rife with weakness and divisions. The church was arguing over marriage laws, and the quarrels divided the church and kept it from performing its redemptive function in society. Due to these divisions, the

church was stripped of its power to serve its redemptive purpose.

Like the church at Corinth, Black churches are divided in their response to HIV/AIDS. Too many of these churches fall back on negative moral judgment that closes the door to those most at risk for HIV infection. Many of these churches believe that HIV/AIDS represents a punishment for sin, just as lepers were often blamed for their condition in the time of Christ. Too often these opinions are not rejected or challenged because HIV/AIDS confronts many of the churches’ (and even our own) fears and prejudices around sex and sexuality. Yet the problem is that the disease grows exponentially as we ignore these issues. To maintain an attitude of “us” and “them” is contrary to the word of Christ; there can only be “us” when it comes to HIV/AIDS and the body of Christ.

There exists a striking parallel between the spread of AIDS in Africa and in the Black American community. In both communities, HIV/AIDS is still shrouded in denial and stigma around “otherness”. Too often it is viewed as a disease of white gay men or, in some African cultures, as “witchcraft”. Yet HIV/AIDS is in the midst of Black humanity, and it will continue to thrive if we push the topic away. The Black churches’ divisions over sex and sexuality only drive the disease underground and hamper our response. By not talking openly about sex in the Black church, we lose one of the most critical opportunities to strike a blow at the proliferation of HIV/AIDS. Instead of closing our eyes, we must make a paradigm shift in our thinking to truly model Christ in order to overcome our otherness. We must promote personal responsibility, social justice, and most importantly, love. The Black church must become the citadel of hope, and its mission must be both prophetic and redemptive. Lives will continue to be stolen from us if we do not speak out as the people of God!

The power of the church as the body of Christ lies in our hands. We are called to serve as the salt of the earth and the light of the world. To truly heal the body and address the HIV/AIDS epidemic, we must overcome our otherness and begin to center

our efforts on loving others unconditionally. We must direct the power of the Church's body into a force for political and social change. The Black church must state unequivocally that we are no longer willing to die; that we have decided to fight for freedom, dignity, and humanity.

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ENDNOTES

- ¹ Dietrich Bonhoeffer, *Sanctorium Communio: A Theological Study of the Sociology of the Church*. Minneapolis: Augsburg Fortress, 1998
- ² Karl Barth, *Dogmatics in Outline*. London: SCM Press, Ltd, 1949.

What Can the Church Do?

There are many ways in which churches and faith-based entities can contribute to HIV prevention and care. These include:

1. Shaping family and community values around sexual behavior and other behaviors associated with HIV risk;
2. Supporting families and communities in the enforcement of norms and values;
3. Providing direct guidance and accurate information to parishioners regarding HIV risk behaviors;
4. Providing pastoral care to HIV-infected persons and their families;
5. Identifying in connecting parishioners to HIV-related services;
6. Creating faith-based networks and cooperating with other community-based organizations involved in HIV-related services;
7. Conducting outreach to individuals and groups (youth and seniors) at high risk of HIV.

Shepherds of the church can re-examine church doctrine regarding specific norms of sexual behavior and how that doctrine affects the types of messages communicated from the pulpit and the types of outreach missions promoted. In addition, church outreach missions can alter the conditions and norms of their community in ways that indirectly help to prevent the spread of HIV/AIDS – safer streets, stronger families, and moral development strategies consistent with the action necessary to transform people's lives to Christ.