From Churches to Mosques: We Need to Include Every Faith Community in the Fight Against HIV

June 22, 2015 By Storm Hurwitz

Monté, a sixty-two-year-old gay man and client of GMHC, sat gazing out of the floor-to-ceiling windows overlooking the construction of the new Hudson Yards on Manhattan's West Side and recalled witnessing the tragedies of 9/11. He spoke of his innate desire to help the survivors of the attacks but noted, "I knew they didn't want my blood because I had been [HIV] positive already, and so I wanted to go downtown to help search for people, but they wouldn't even let you below 14th Street. I thought it was such a horror."

On his way home on 9/11, Monté noticed a church flying a rainbow flag, indicating its acceptance of the lesbian, gay, bisexual, and transgender (LGBT) community. The Sunday after 9/11, he returned to that church to attend a service. The experience of attending a church that welcomed him transformed his relationship to faith and God, creating a new desire to explore his spirituality. Shortly thereafter, he began volunteering and ushering at church services.
Tears filled Monté's eyes as he recollected his church's response when he became sick with Pneumocystis Pneumonia (PCP), a serious illness common to those living with HIV and AIDS:

> They put me on the prayer list. The pastor came every other day to pray with me, to talk and see how I was. All of a sudden, there was someone from the church with me, and I was floored by that. It made me feel like I had found the right institution or place that was comforting for my life—for the way I live, for the way I am. It made

me feel, first of all, special. It made me feel that they saw something in me that needed to be held onto. It made me feel part of a family again. You know I haven't had family since I was twenty-one. But, in the past 15 years, I found the place where I have family.

While Monte's story is positive, it represents a minority response to HIV by faith-based communities. According to the New York City Department of Health and Mental Hygiene (NYC DOHMH), "despite the 2010 National HIV/AIDS Strategy's calls for new partnerships with faith-based institutions, evidence-based models for such partnerships are still lacking." To address this deficit, NYC DOHMH has incorporated faith-based organizations (FBOs) in a funding initiative that will split $1.8 million between several contractors each year for the next three years. Grantees will be responsible for subcontracting to between 10 and 50 FBOs, each of whom could receive up to $10,000 annually to provide HIV and Hepatitis C prevention, care, and support, while working to reduce HIV-related stigma.

Monté's story is one of many among GMHC clients that illustrate how faith can be important to people living with HIV and AIDS. Black Americans, particularly men who have sex with men (MSM), are not only disproportionately affected by HIV, but also are more likely to be devout than persons from other racial/ethnic backgrounds. According to a survey by the Pew Research Center, nearly 80 percent of black Americans say religion is "very important" in their lives, compared to 56 percent of all U.S. adults. Nearly half (45 percent) of unaffiliated black Americans say religion is "very important," roughly three times more than the rest of the religiously-unaffiliated population overall. We see from Monté's experience and this available research that faith can play a large role in HIV and AIDS prevention and support services.



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To further learn about current and future efforts to incorporate FBOs in the fight against HIV, I attended a New York State Department of Health's AIDS Institute conference in March titled, Intersection of Faith & Health: Opening the Door to Health and Wellness for Gay Men and MSM. The conference was limited to the framework of black American communities and primarily spoke to the role of Christianity in HIV prevention. While this addressed faith issues for many black Americans, it neglected the large population of black Muslims in the U.S. who are also affected by HIV and AIDS.

It's critical that the role of FBOs in HIV prevention is, as the word 'prevention' indicates, preventative — not solely reactive. In order to accomplish this, the NYC DOHMH, in combination with the organizations that are granted funding for its revised faith-based initiative, must take into account the current and changing religious affiliations of black communities in the New York Metropolitan area. If they do not, they risk designing reactionary measures that fail to account for the large and growing population of Muslim black immigrants coming to the U.S. from Africa.

Immigration from Africa is increasing due to global civil unrest, wars, and economic and social struggles. The Migration Policy Institute found that, in 1980, the total U.S. black, African-born population was approximately 64,000. This number rose to 1.1 million by 2009. According to a report prepared for the Priority Africa Network, immigrants from North Africa accounted for at least 65 percent of the growth of the total African immigrant population in the New York metropolitan area.

Given this significant growth, it's important to consider the religious affiliation of these immigrants, particularly in the context of faith-based HIV prevention efforts. According to the Pew Research Forum, the majority of North African countries are home to over 200 times as many Muslims as Christians. With the level of growth our population is experiencing from this part of the world, it's critical that we integrate Islam into our conversation about the role of FBOs in prevention. One challenge we face in this process is that there are little-to-no data on the prevalence of HIV among Muslims in the U.S.

In an article for The American Muslim, Asghar Ali Engineer recalled his experience attending a 2007 conference, in Johannesburg, South Africa, on the connection between HIV and Islam. Despite popular opinions to the contrary — largely assumed because of Islamic principles regarding sexual activity and drug use — he stated that by the end of the conference he had realized the extent to which Islam is affected by the HIV pandemic.

Asghar recalled being surprised when some of Muslim women declared at the conference that they were HIV positive and spoke of their difficulties navigating the stigma at the intersection of HIV and Islam. Fortunately, this discussion is increasing. For example, the Joint United Nations Program on HIV/AIDS (UNAIDS) hosted a Red Gala Dinner at the Fairmont Hotel in Cairo, Egypt — a majority Muslim country — in 2012.

While these steps are encouraging, how does this increase in HIV and AIDS awareness among Muslims apply to the current and future situation for immigrants to the U.S.? We know immigrants face a wide range of issues and stigma when entering this country, and young black MSM that are North African-born and Muslim likely face overlapping stigma based on their immigration status, religion, sexual orientation, and HIV status, both within and outside of their communities. Specifically, the World Health Organization (WHO) reports that young black MSM are less likely to be tested for HIV, disclose their HIV status, and take antiretroviral medications.

Despite the data indicating the level of need for this population, the NYC DOHMH does not seem to be actively addressing the intersections of immigration, Islam, and HIV. During the 2014 fiscal year, through the previous version of its HIV/AIDS Faith-Based Initiative, only four out of 115 of the FBO sub-grantees were Islamic, and only $27,600 (1.8 percent) of the $1,500,000 total was granted to those Islamic FBOs.

Of course, these are complex issues that extend beyond a single department of health program, and organizations do exist in the U.S. that are directly combating HIV and AIDS in Muslim communities. For example, the Islamic Health Support HIV/AIDS Network's (I.H.S.A.N.), mission statement reads, "[I.H.S.A.N.] will bring awareness to the social issue of HIV/AIDS within the fold of Islam, offering education, prevention, support programs, and referrals to other agencies. We strive to reduce the rate of HIV infection, get more people tested and aware of their HIV status, [and] educate teens and those affected by the virus directly or indirectly." Their website further outlines its work in "An Islamic Perspective on HIV/AIDS" and "The Social Realization in Islam."

In addition to some Islamic organizations directly combating the HIV and AIDS epidemic, others are

calling for a decrease in stigma surrounding LGBT individuals in their faith community. One example is the Islamic Society of North America, the largest U.S.-based Muslim organization, which supported the passage of the Employment Non-Discrimination Act. Extending that milestone to a focus on HIV and AIDS could be the next step. However, government and foundation funders focused on HIV and AIDS also need to take the lead in more actively working with and supporting these Muslim organizations.

The change Monté experienced in his life because of that Christian church flying a rainbow flag is a strong indicator of how powerful the efforts of FBOs can be. However, Muslim young black MSM are far less likely to find a Mosque flying a rainbow flag, so it's critical for HIV prevention and treatment efforts to extend beyond Christian FBOs and include Islamic organizations.

So how can we go about including the black Muslim community in HIV prevention funding and programming? While there is no easy answer, it's important that we do not let the overwhelming nature of this question block us from attempting to solve it. There are many challenges to overcome in order to address stigma and discrimination related to immigration, the Islamic faith in the U.S., HIV, and LGBT people. But it's crucial to remember that these challenges are exactly why it's time for this work to begin. Through partnerships with organizations such as I.H.S.A.N. and the Islamic Society of North America, the U.S. can be a leader in involving Muslim communities in the fight to end HIV and AIDS. By encouraging our health departments, funders and foundations to continue providing resources, services, attention, research, and action to organizations of every faith, we can bring the needed awareness, support, and change to every community required to end this epidemic.

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