Faith, Hope and Charity

The black church takes a seat at the HIV/AIDS table.

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The Reverend Savalas Squire Sr., an ordained Baptist minister and heterosexual black man, learned he was HIV positive in 2010. He got the news in a letter from the Red Cross a few weeks after he donated blood at a church-sponsored health fair. With the love and support of his wife, he eventually came to see his diagnosis as an opportunity.

Squire has opened himself and his congregation to a dialogue about God, the church and HIV/AIDS. He preaches against the lack of engagement on the issue among the clergy and their congregations. Like many other African-American faith leaders, he has committed his life and ministry to overcoming HIV stigma and discrimination.

At Gethsemane Hope Baptist Church in Winston-Salem, North Carolina, Squire is the music director. He sits at an organ in the one-story church and leads the congregation in song. He also conducts the HIV Hope Project, a collaboration with local churches. “We’re doing workshops and trainings with pastors and congregants to equip them to understand HIV/AIDS so that we can have an intelligent conversation about it,” he says.

When he began his HIV/AIDS ministry, Squire was amazed by how little people knew about the virus. “So many people are just ignorant about the facts associated with HIV, and without those facts, they spread untruths. So many live in fear, and that unnecessarily increases the stigma that we see.”

Another goal of the HIV Hope Project is to connect people living with the virus with a faith community or a specific person or church. “This is to help with the treatment process,” Squire explains, “because so many of us understand the importance of a person being able to live with faith, placed in the context of knowing, just in a simple way, that God still cares and loves them even if they have HIV.”

The intersection of HIV/AIDS with black churches began more than 30 years ago with some of them mobilizing their congregants. Pernessa Seele was among them.

In the late 1980s, Seele was an immunologist who worked at Brooklyn's Interfaith Medical Center as well as Harlem Hospital. In the PBS documentary The Age of AIDS, Seele says she was "shocked and disappointed" to see not one pastor from any of the more than 350 churches in Harlem come to the bedsides of those who lay dying at the beginning of the epidemic, even though they were "hungry for prayers."

"They did not know how to respond to this epidemic that was so wrapped up in sexuality, so wrapped up in drug addiction and all those things that we just don't talk about in church," she says. So Seele organized an event called the Week of Prayer for the Healing of AIDS. Her organization The Balm In Gilead flowered out of that opportunity.

The issue progressed slowly until 2007, when the National Black Leadership Commission on AIDS (NBLCA) convened leaders from across the country, including African-American faith leaders. The meeting yielded what became The National Black Clergy for the Elimination of HIV/AIDS Act of 2009, a comprehensive piece of legislation created by clergy leaders, along with health officials and politicians, to battle HIV/AIDS in black communities. The U.S. Congress has yet to enact the bill.

During that 2007 gathering, the Reverend Calvin O. Butts, senior pastor of the Abyssinian Baptist Church in New York City, declared that "the clergy has always been involved" in caring for those affected by the virus, but "people have not been paying enough attention."

Although an increasing number of black churches have heeded the call to action, the issue still defies easy solutions for many of them.

"Where [faith leaders] struggled was with what their role should be," says Shavon L. Arline-Bradley, MPH, the senior director of health programs for the National Association for the Advancement of Colored People (NAACP) and one of the architects of the civil rights organization's program titled The Black Church & HIV: The Social Justice Imperative.

"[Some wondered] should they be passing out condoms," she says. "Some were concerned they'd be considered gay because they were addressing HIV. Instead of it just being a human issue, it became a sexual orientation issue."

Another huge issue, Arline-Bradley says, was concern about having a lack of congregational support. Many pastors felt HIV needed to be addressed, but said they didn't know if their churches were ready. "Some were worried they might be removed from their post," she says.

Historically, the predominant message black churches have given to African Americans is basically the same one the NAACP has championed since its inception: They have a mandate to take action and end injustice in the black community. This goal of social justice is one the NAACP feels it has in common with black churches. From that standpoint, this initiative made sense.

According to a survey by the Pew Research Center's Forum on Religion & Public Life, 87 percent of

African Americans describe themselves as belonging to a religious group. As a result, faith institutions are a powerful tool for public health. In addition to teaching people about HIV transmission and prevention, churches also can provide a path to medical and social services.

When the NAACP reached out to faith institutions about its HIV initiative, it commissioned focus groups in Atlanta, Baltimore, Detroit, Houston, Los Angeles, Miami, Fort Lauderdale, New Orleans, New York City, Philadelphia and Washington, DC—all major cities with high HIV rates. The meetings drew a national group of pastors, elders, bishops and other clergy, along with people living with HIV/AIDS and lay leaders.

As a result of the yearlong discussion, the NAACP released an educational manual about the virus. The program is slated to expand in 2014 and will involve 30 cities that make up about two-thirds of the locations where the HIV epidemic is rooted.

In addition, the program initially targets five seminaries of historically black schools with the eventual goal of making HIV/AIDS a required core topic for graduation.

Squire believes that giving seminarians HIV training is a smart move. “When I was in seminary, we discussed the Bible, the church and church history and theology,” he says. “But making that connection of the social responsibility that comes with the gospel, many times that element is left out in our schools.”

The Reverend Tony Lee isn’t resisting these kinds of conversations. Lee is the kind of cool, young brother it’s easy to associate with the hip-hop generation. He is senior pastor of the Community of Hope African Methodist Episcopal Church in Hillcrest Heights, Maryland.

He says there are a lot of churches doing good HIV work. “Maybe they don’t get an ‘A,’ but they don’t get an ‘F’ because churches are doing a lot more than they’ve done in the past [to address the epidemic]. We would love to do even more.”

They often get no credit because they don’t have the capacity for promotion, Lee says. He adds that churches also often are expected to do the work that the health department isn’t doing well. Not to mention the difficulty churches have finding good partners and meeting funding shortfalls.

Prince George’s County, where Lee’s church is located, ranks second in Maryland for HIV cases. In 2006, Lee launched his church in a local strip club. Before services, church members would cover the bottles of booze with a white sheet and line up folding chairs on the club floor. The space was temporary, just a place to preach the gospel until the church’s permanent location—just about a mile away—was completed.

Four times each year, Lee takes an HIV test in front of his congregation. His church began doing HIV testing the first Sunday the congregation attended services in its new home. The quarterly ritual is conducted during church services. Nearly 4,000 people have been tested.

“We’re shaping an atmosphere in the church to say that this is something we deal with as a community together,” he says. “This is part of what we do as Christians to take care of our bodies, and our bodies are part of our worship experience as well to God.”

At Lee’s church, the flock also helps the shepherd when and where necessary. Church street teams visit barbershops and beauty shops where they leave harm reduction information. Community of Hope also does trainings on basics about the virus and other sexually transmitted infections (STIs), and the street teams venture into clubs to hand out prevention materials and condoms, and to occasionally conduct HIV tests.

In addition, his church helps other churches with HIV/AIDS work. Lee also has appeared in a documentary called The Gospel of Healing about the HIV/AIDS work being done by some faith-based churches in the United States. Lee uses the movie during workshops.

One of his big goals is reaching out to young people, a group Lee worked closely with as the head of his previous church’s youth ministry. He says the church is working to destigmatize HIV/AIDS and help youth build leadership and decision-making skills.

In Fayetteville, North Carolina, Art Jackson, a bridge counselor and care coordinator at Southern Regional-Area Health Education Center, works with members of Williams Chapel Church, in Spring Lake, North Carolina, to offer the Prevention for Positives program.

The program is composed of Positive Connections II and The Aya Project. Each uses rich cultural imagery to help HIV-positive, African-American patients build self-esteem and better understand how to safeguard their physical and mental health.

The program goals for clients include achieving positive health outcomes for managed CD4 counts, viral load suppression, medication adherence and acquiring skills to interrupt or relieve addiction to negative behaviors and substances.

“If you educate people about taking their medication, being virally suppressed and building up their CD4s, the chances of them infecting other people goes down,” Jackson says. “Then they can also educate people in their families and circles.”

Shirley Wilson, a youth director at Williams Chapel Church, oversees the spiritual aspects of the programs. Clients examine their behaviors to see what they need to change in their lives. “Deliverance comes out of it, sometimes,” she says. “When they share whatever it is that’s bothering them, this can also connect to the next person.”

At the church, there’s also a youth program called RAP: Resistance Against Pressure. This faith-based program deals with abstinence, HIV/AIDS and other sexually transmitted infections. “Of course, abstinence is not what everybody does, so we share the other fights we’re up against,” Wilson says.

“The program is a preventive measure for teenagers that introduces them to the struggles they’ll be faced with in their lives,” she says. “And it teaches them how to have open conversations with their parents so they can feel comfortable and get the information they need.”

But delivering these programs to churchgoers wasn’t easy, says Yvonne Early, one of the developers of the Prevention for Positives program. Finding funding to keep the program active is an ongoing challenge. Clients are allowed to repeat the series “as many times as they need because we want them to get it,” Jackson says.

Once they do, the payoff usually follows quickly. “Their viral loads go down, and their CD4s go up,” Jackson says. “Plus, they become more active in advocacy and they become more active in their care. That’s what we want.”

Further west in Charlotte, Jaysen Foreman, the youth care manager at the Regional AIDS Interfaith Network (RAIN), ran a program called the Trinity Project, which was aimed at women and federally funded by the Office of Women’s Health. It trained first ladies and female pastors and leaders of 36 churches in Charlotte to become HIV educators. “In the South, black churches have a huge amount of stigma that goes along with HIV/AIDS,” Foreman says.

To get into these churches, Foreman and his colleagues made cold calls asking to speak with pastors. “Getting on their calendars was very difficult,” Foreman says. “It took a good year for us to really have our first training session.”

But the wait was worth it. “The biggest program that we offered is HIV 101,” he says, explaining that it spelled out the basics of how the virus worked and also allowed the educators to dispel a lot of ignorance. “And when churchgoers met HIV-positive people it was a real eye-opener—for them and us. That’s why the program was so successful.”

After completing the Trinity Project, the first ladies of faith who attended went back to their churches to teach others what they learned. They tackled misconceptions about HIV that still persist, such as the ideas that you could avoid the virus by not eating on plates and utensils an HIV-positive person used, or by not using the bathroom after them.

Geneva Galloway, the project’s director, found that when she shared with people in faith communities that she‘s been HIV positive for more than 28 years, they wanted to learn about the virus even more. “I definitely wanted to let them know that a lot of my work is because of who I am,” she says.

But Galloway faced other challenges. One pastor asked if she was going to bring his people to Christ, she says, and another wanted to know if she planned to teach abstinence. Galloway said no to both pastors and explained that, although she had the utmost respect for the church, her job was to introduce faith leaders to HIV prevention, especially since “the Charlotte area had the highest rate of infection.”

Foreman says it was important for the project not to sugarcoat the issue. “We used real words and didn’t try to baby people or cover up the realities,” he says. During the project’s first session, Foreman recalls dumping out a trunk filled with dildos on the table and hearing gasps so loud “it would have been enough to give everyone a heart attack.”

But the first ladies remained stoic. “These very spiritual, powerful black women church leaders took the next step and learned why it was important to be able to demonstrate in front of a room full of people how to use a condom, why lubricant is important, how to recognize secondary STIs and why it’s important to get an HIV test every six months,” he says. “And they took the lead, and now they’re continuing this program even though we’re not funded.”

Galloway says her upbringing in the church helped her tremendously when she called pastors to interest them in the project. “Being a Christian myself, I knew the approach to the clergy leaders needed to be very respectful and very mindful of how the church works,” she says. “That was a plus going in.”

Despite the increased receptivity of many black clergy to the idea that the church urgently needs to address HIV/AIDS in a more inclusive and less judgmental way, some hesitate to smash the old taboos that promote stigma and impede prevention efforts. These taboos grew out of church ideologies that surround sexuality and health, according to Columbia University study findings published in a 2011 issue of the journal Global Public Health.

The findings identified three prominent themes: “(1) ‘Love the sinner, hate the sin’—distinguishing behavior and identity; (2) ‘Don’t ask, don’t tell’—keeping same-sex behavior private; and (3) ‘Your body is a temple’—connecting physical and spiritual help.” In addition, study authors found that these ideologies “may both impede and facilitate church dialogue around sexuality and heightened responses to the HIV crisis affecting black MSM [men who have sex with men].”

In another report titled Searching for a Balm in Gilead: The HIV/AIDS Epidemic and the African American Church, the authors assert church preaching that condemns homosexual behavior contributes to homophobia in the black community. What’s more, the church’s view of HIV/AIDS as a gay male disease perpetuates and justifies prejudice against MSM.

The Reverend Irene Monroe, an ordained minister, motivational speaker and media pundit on LGBTQ issues, believes that many black churches continue to see HIV as a gay disease. “Homophobia itself continues to be one of the major barriers to ending the AIDS epidemic,” she says.

Monroe believes that many churches have changed their attitude because many of their members came out. “Those churches where black mothers have been in the center of the dialogue about how to keep black children safe, that’s where we’ve seen less vitriol coming from the pulpit directed at LGBT people,” she says.

Sexual scandals connected with prominent black clergymen aside, Monroe has a broader point.

“Sexuality has just never been a comfortable topic of discussion in the African-American community,” she says. “What we need that would be very helpful in educating our people is a faith-based sex-ed curriculum that embraces the concept that sexuality is God given.”

The church, Monroe continues, is in a unique position to “significantly affect morals, attitudes and beliefs.” This is another reason why she thinks the collaboration between the NAACP and black faith leaders will help churches view the problem through less moralistic lenses. “Whatever the NAACP can do on a national level to change these attitudes is wonderful,” she says.

Squire believes that, in a general sense, the willingness of more black churches to speak candidly and nonjudgmentally about all aspects of the disease, and to partner with each other and secular organizations such as the NAACP, can only help the African-American community defeat HIV/AIDS.

“We have made some progress,” he says. “But that’s relative to where we’ve been versus where we need to go.”

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