

Live Strong: HIV/AIDS, Women, & The African American Church



by Charles B. Cotton Jr.

“While I was loving him, I didn’t know that he was loving me to death.”
—African American woman infected with HIV/AIDS since 1996

In the city of Charlotte, North Carolina, there lives a woman who believes in God with every fiber of her being. She attends church faithfully each Sunday. She can be found sitting in the choir loft singing praises unto God or preaching the Word to a congregation of 500+ members on any given Sunday. Her journey to get to this point was not a walk in the park. It has been a journey of highs and lows, but God has been the source of her strength to overcome all of her challenges.

In 1996, she was introduced to a tall, clean-cut African American male. He was an articulate and intelligent gentleman. As they began to date and learn about one another, they engaged in protected sexual intercourse. As time progressed, they began to have unprotected sex. It was during this time that she started to experience weight loss, yeast infections, and other infirmities.

As an old habit, almost every day this woman would read the obituary section of the local newspaper. She would read the obituaries observing dates and times of funeral services. One day she saw the name of the gentlemen she had formerly dated. In shock and disbelief, she called his mother to find out if what she read was true. His mother responded, “Yes, he died some days ago.” She asked, “What was wrong with him?” His mother responded, “He had the virus. But you shouldn’t be worried because he wasn’t dating you when he got his results.”

Immediately, this woman went to her physician to request an HIV test. As she awaited the results, she prayed and spent much time with God. During her prayer time, the Lord revealed to her that she had the virus. But, she kept denying it and said, “No Lord, I do not have this.” When her doctor called he said, “You knew you had it; didn’t you?” Her doctor encouraged her, but she felt numb to the results. When she returned home that night, she asked God to forgive her of the sins that she committed. As she began to embrace her new health challenges, she began to accept her status.

After accepting her results, she felt God calling her to be a preacher. She knew that the Lord was calling her into the ministry and she knew that God had prepared her for this new

challenge. She was resigned to the fact that some would accept her and some would not. Immediately she scheduled a meeting with her pastor. Days before the meeting, she began praying to the Lord for direction. She knew that God had said, “It’s time to face the music.” But, she also knew of the ignorance of people and their small-minded views regarding HIV/AIDS. With faith and trust in God, she proceeded to her appointment. As she walked in, she prepared herself for the worst, but hoped for the best.

As this woman began to share her testimony with her pastor, he listened intently. She shared with him her calling. She stated that she knew she was called and that God had birthed a word for his people within her heart. As she shared her HIV/AIDS status with her pastor, he responded, “What does that have to do with your calling?” A peace and freedom immediately entered her heart and mind. Her pastor immediately began taking her through a course of studies to prepare her for her first sermon.

By now, it’s the month of December and the first Sunday in December is “World HIV/AIDS Day.” The church is filled with people. The choir is singing praises unto God. The usher board is trying to find room within the pews to seat the overflow crowd. The pastor is prepared to deliver an encouraging word to his worshipping congregation. Suddenly, this woman approaches the microphone. She begins to tell her story. She opens by saying, “While he was loving me, I didn’t know that he was loving me to death.” After she finished, the congregation was emotionally transformed and showed passionate concern for her and her story. Worshipers began hugging her and embracing her. Her family members supported her by standing with her. After months of silence, her story was now told and accepted in the place where she worshipped.

Today, her story is not just her story; it’s the story of millions of African American women across this country. However, not all congregations are as accepting and compassionate as her

congregation. But if we are to be the Church, we are to love as Jesus Christ loved and show compassion to all no matter their infirmity.

African American women are the backbone of our families, our communities, and our churches. For many years, we have depended on them to give guidance in times of trouble, comfort in times of sorrow, and support in times of desperate need. In the midnight hour, if we have to decide to make only one phone call, we know who we will call because we can always depend on Momma. But who can Momma depend on?

In an article published in [The Washington Post](#) it said, “black women are among the country’s most religious groups.”¹ Yet African American women have become the hardest-hit group of persons affected by the epidemic. The Center for Disease Control reports that 66 percent of all women living with HIV in the United States are black; 87 percent of infected black women contracted HIV from having unprotected sex with a man.² These statistics are eye-opening. There must be a response from the African American faith community that gives hope, encourages dialogue, promotes education, and uplifts the soul of African American women infected and affected by this disease.

On June 28, 2012, The United States Supreme Court upheld President Barack Obama’s Affordable Healthcare Act, in a 5–4 ruling. One of the provisions of this act makes it illegal for insurance companies to deny services and benefits to children under 19 years of age and those with pre-existing conditions. However, this provision limits who can be accepted with pre-existing conditions. But, Jesus Christ stands with open arms to all who would believe in him. He says, “Come to me, all you who are weary and are carrying heavy burdens, and I will give you rest” (Matthew 11:28, NRSV). This passage is inclusive of persons with infirmities and incurable diseases. This is the “good news” that we must proclaim to women who have endured HIV/AIDS,



or who have just been diagnosed with this infirmity, and those who will get their HIV/AIDS test results in the coming days. There is hope beyond the results of any test and that hope is found in the safety and peace that only Jesus the Christ can provide.

The African American Church has been an institution that provides guidance, support, and a haven for its members. For centuries, it has fought for civil rights, social equality, and social justice for the African American community. Often it has engaged in protests, marches, and dialogue around important issues and disparities that affect persons within the African American community. Surprisingly, when the topic of HIV/AIDS is mentioned in many religious institutions, especially the African American Church, there is a holy hush that falls upon the mouths of pastors, leaders, and laypersons. This must end. The Church must engage itself in an intentional conversation that leads to action and support for women dealing with the HIV/AIDS epidemic. Women are the source through which our children are birthed and nurtured. If we do not begin to engage in real conversations, and take real action, future generations will be crippled by the absence of our sisters, grandmothers, mothers, and aunts.

Recall the story of the woman with the issue of blood in Luke 8:43-44: “Now there was a woman who had been suffering from hemorrhages for twelve years; and though she had spent all she had on physicians, no one could cure her. She came up behind him and touched the fringe of his clothes, and immediately her hemorrhage stopped.” The woman with the issue of blood had been to every physician in her region. She spent all of her money to find a cure for her disease. She reached a state of desperation. She believed that if she could just get to Jesus, he would be able to heal her. Today, there are women seeking a touch from Jesus to heal them of HIV/AIDS. These women come to our congregations week after week looking for relief, and yet we remain silent to their cries.

The Bible is clear on the responsibility of religious leaders. Acts 20:28 says, “Keep watch over yourselves and over all the flock, of which the Holy Spirit has made you overseers, to shepherd the Church of God that he obtained with the blood of his own son.” If we are to be the Church that God has called us to be, we must engage in dialogue and create action steps to assist women who are dealing with HIV/AIDS.

In a research article entitled “Keeping the Faith: African American Faith Leaders’ Perspectives and Recommendations for Reducing Racial Disparities in HIV/AIDS Infection,” clergy in Philadelphia listed several reasons why the faith community has not engaged in conversations about HIV/AIDS. A few responses to consider are:

- ❖ It’s difficult to talk about HIV at church because we have defined what we will accept as the proper language, the proper subject, and the proper issues to talk about. Sex and HIV are subjects that make many uncomfortable.
- ❖ Homophobia, and fear of being perceived as gay, prevents many African American clergy from discussing HIV/AIDS.
- ❖ There is a code of silence concerning HIV/AIDS in the Black Community.
- ❖ Pastoral experience influences faith leaders’ responses to HIV/AIDS.³

These responses reflect the reality of many pastors and faith leaders across the country. However, church leaders can no longer afford to allow negative and fearful perceptions to affect their response to an epidemic that is killing so many of our women. We need at least enough courage to stand up for those who have always stood up for the Church.

We have heard the statement, “Talk is cheap.” Well, talk isn’t cheap in relation to HIV/AIDS. Talking can lead to plans of action. We do not have to make public announcements concerning our efforts unless we wish to do so. We do not have to publish articles or place signs and posters in our churches. Our grassroots efforts can simply begin with listening to the stories of

the suffering. Opening the lines of communication to leaders in the church and community will begin the process for lessening the devastation of this disease in our community and in the world.

Education is equally important. The church community must provide opportunities for HIV/AIDS education. Providing workshops and courses will empower people through knowledge. Often we fail to care and fail to act because of lack of knowledge. Many women lack the knowledge and know-how to obtain the medical and sexual history of persons they engage sexually. But along with education there must be prevention measures. The Church can provide testing and preventive measures to ensure that women are protecting themselves against HIV/AIDS.

To begin education and prevention efforts in our churches, it appears that the lead will have to be taken by those in the pews, especially young people, as they are not as opposed to homosexuality and gay marriage as their parents and grandparents are. Issues like homosexuality and gay marriage are often elephants in the room that prevent pastors from talking about HIV/AIDS. But, our young people are willing to at least begin conversations on education and prevention without denouncing anyone. The Washington Post published an article entitled “Whither the black church on HIV/AIDS?” The article speaks to the increasing number of black women contracting HIV and the lack of any reasonable response by the black church. It included responses by preachers such as Reverend Anthony Evans, President of the National Black Initiative. Evans said to his congregation, “We want everyone to take a year off from sex and deal with who you are.” He encourages parishioners to find out who they are, to address their sexual practices and their sexuality. However, he also said, the Church will “never accept gay marriage or gay sexuality. There is an order and we will maintain that.”⁴

Certainly, as people there is nothing wrong with exploring who we are. However, encouraging worshipers to explore their sexuality and following that up with non-acceptance of gay people, poisons, confuses, and stops the conversation. Unfortunately, this is the same language and thinking that many pastors and leaders use in the black church. Their close-mindedness will not allow them to understand that having HIV/AIDS is not synonymous with being gay. It is a threat to heterosexuals and homosexuals. Also, one must ask, Reverend Evans, are you encouraging us to accept heterosexual women with HIV/AIDS and turn away homosexual women?

If we are going to fight, let's fight for healing of all people and not the exclusion of some people. If we fight for healing, we can rid our churches and communities of this disease. If we fight to exclude, we will continue to be divided, and remain at the table discussing homosexuality and gay marriage and not moving into action to stop this disease. Joe Martin also says in The Washington Post article: “It speaks volumes about what is the purpose of the church? Of religion? What are the lessons taught in the bible? The lessons of the Good Samaritan . . . sometimes these lessons are right in front of us.”⁵ Joe is right. The lessons from the Good Samaritan story are staring the black church squarely in the face. The question is will we lay aside our personal opinions and deal with the deadly facts? The fact is that the infection rate among African American women is high and growing. While women are being buried every day, we are either failing to muster enough courage to act and/or we are making pronouncements and denouncements that will not save lives. Yet, while we are testifying, so are cemeteries.

The fight to protect our women is not an issue of sex or sexuality. It is an issue of social justice, human rights, and public health. Addressing HIV/AIDS under the umbrella of sex or sexuality is sophomoric and a waste of time. When the church addresses this disease as a social justice concern, it will hopefully rally and mobilize leaders and congregations to educate and act.

The final article I reference from The Washington Post, which is to be lauded for shining a spotlight on this issue, is from David Brown. It was entitled “Everything's different (almost) since last International AIDS Conference in U.S.” Brown says in the article, “AIDS has killed 35 million people. It's caused physical pain and mental anguish for many who live with it.”⁶ Thirty-five

million have died, and our sisters, mothers, aunts, and grandmothers are the group in the United States with the highest rate of new infections!

Sound the alarm, Church! If our male pastors will not act, let those sisters who are the majority in all congregations, and who pay the salaries of these silent and/or unhelpful pastors, move ahead without them. Sisters, and the men who support and love them, can begin to encourage, uplift, and provide support to women infected with the HIV/AIDS virus. Dr. Jawanza Colvin, pastor of the Olivet Institutional Baptist Church in Cleveland, Ohio, says, “We must comfort the afflicted and afflict the comfortable. No longer can we allow our African American women to walk in the shadows of their sickness.” Thank goodness, a few pastors have heard the alarm.

The United States HIV/AIDS epidemic is no longer just a story lived by gay men and intravenous drug users. It is the story of the women of our community, and we must embrace the facts and act. Women are dying daily, and dying too soon, and alone, because they could not reveal their status to families, pastors, churches, and friends for fear of rejection and denouncement. The Church has been and will continue to be a place where sick and hurting people will come looking for support and assistance. What will your church say when an African American woman who has HIV or AIDS makes her infirmity known to you and your congregation? The blood rests on our doorsteps.

Notes

1. Labbé-DeBose, Theola. “Black Women Are Among Country’s Most Religious Groups,” The Washington Post, July 6, 2012. Online location: http://www.washingtonpost.com/local/whither-the-black-church-on-hivaids/2012/07/20/gJQAcB3syW_story.html (accessed 3 August 2012).
2. Brochu, Nicole. “AIDS Campaign Urges Black Women to ‘take charge of their health’,” SunSentinel.com, March 18, 2012.
3. Nunn, Amy, Alexandra Cornwall, Nora Chute, Julia Sanders, Gladys Thomas, George James, Michelle Lally, Stacey Trooskin, and Timothy Flanigan. “Keeping the Faith: African American Faith Leaders’ Perspectives and Recommendations for Reducing Racial Disparities in HIV/AIDS Infection,” PLOS One: A peer-reviewed open access journal. Online location: <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0036172#authcontrib> (accessed 3 August 2012).
4. Boorstein, Michelle. “Whither the Black Church on HIV/AIDS,” The Washington Post, July 20, 2012. Online location: http://www.washingtonpost.com/local/whither-the-black-church-on-hivaids/2012/07/20/gJQAcB3syW_story.html (accessed 3 August 2012).
5. Ibid.
6. David Brown, “Everything’s different (almost) since last International AIDS Conference in U.S.,” The Washington Post, July 21, 2012. Online location: <http://www.washingtonpost.com/newssearch/search.html?st=everything%27s+different+almost+since&submit=Submit+Query> (accessed 3 August 2012).