
SEARCHING FOR A BALM IN GILEAD: THE HIV/AIDS EPIDEMIC AND THE AFRICAN AMERICAN CHURCH

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Is there no balm in Gilead, Is there no physician there? Why then is there no recovery for the health of the daughter of my people?
(Jeremiah 8:22)

In the African American community, the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are major health threats (Center for Disease Control and Prevention [CDC], 2001; Hill, 1999). African Americans represent disproportionately more than half of the newly diagnosed cases of HIV (Balm in Gilead, 2001). The threat of HIV/AIDS to African Americans reaches across every age group. For instance, out of all the pediatric AIDS cases, the majority (65%) of the children in the United States living with AIDS are African American (CDC, 2001) and among adolescents between the ages of 13 and 19, African Americans represent over sixty percent of the reported cases (CDC, 2001). The infection rates among African American adults is equally alarming and surpassing cancer, heart disease, and homicide, HIV/AIDS ranks as the leading cause of death for African American adults between the ages of 25 and 44 (Balm in Gilead, 2001). In addition, African American elderly account for the majority of AIDS cases of individuals over the age of 55 (CDC, 2001). Given these alarming statistics, traditional messages about the messengers for this epidemic are not reaching the African American community. More effective strategies for disseminating the public health message are necessary if lives are to be saved. One historical resource in the African American community that has endured since slavery is the African American church. The purpose of this paper is to discuss the African American church's ability to collaborate with public health officials concerning HIV/AIDS prevention in African American communities, to identify barriers to collaboration, and to describe three examples of successful national faith-based interventions as models for future efforts in this area.

As the most recognized, trusted, and stable social institution in the African American community (Lincoln & Mayima, 1990; Parks, 1998), we contend that the African American

can church is prepared to undertake the challenges associated with HIV/AIDS. The church not only spreads the Gospel, it is a socially responsive institution. Historically, the church has been involved in social change efforts to ameliorate the structural conditions experienced by African Americans. For example, the literature has documented the multifaceted roles and benefits of the church as providing educational and employment opportunities (Billingsley & Caldwell, 1994; Kunjufu, 1994), developing social support networks (Brown & Gary, 1985), encouraging political participation (Harris, 1994), and increasing psychosocial well-being (Ellison, 1993; McAdoo, 1995).

In addition, research from the National Survey of Black Americans (NSBA) found that eighty-four percent of African Americans report they are extremely or fairly religious (Mattis, Taylor & Chatters, 2000), and the majority (78%) of African Americans stated they prayed almost everyday (Taylor & Chatters, 1991). With an estimated seventy percent of African American adults belonging to a faith community (Billingsley & Caldwell, 1994), the African American church is a powerful resource and a potential collaborator with public health officials to gain access and educate the African American community concerning the transmission of HIV/AIDS, HIV/AIDS prevention efforts, as well as provide social support to individuals directly and indirectly affected by the disease (Randolph, Billingsley & Caldwell, 1994).

Barriers Hindering the African American Church and HIV/AIDS Prevention

HIV/AIDS continues to be an extremely difficult health issue for some African American churches to address. Unlike cancer and cardiovascular disease, the transmission of HIV/AIDS through sexual contact has led to AIDS-related stigmas for people living with HIV/AIDS, their family members, and caregivers (Kadushin, 1996; Lounsbury, 1997; Boyle, Hodnicki & Ferrell, 1999; Wright, 2000). One group which carries the burden of the HIV/AIDS-related stigma is African American males who have sex with men. Fullilove and Fullilove (1999) assert that homophobia is the greatest barrier to HIV/AIDS prevention in the African American community as they purport the church contributes to homophobia and stigmatization by preaching and instilling values about the condemnation of homosexual behaviors. Since the first reported cases of AIDS in 1981, HIV/AIDS has been viewed by the African American church as well as other American institutions as a gay male disease which has perpetuated and justified prejudice by the African American church toward African American men who have sex with men (Fullilove & Fullilove, 1999). This misperception has delayed the church's involvement in developing faith-based interventions for African Americans affected and infected by the disease.

Moreover, intravenous drug users represent another HIV/AIDS group which is stigmatized (Herek & Capitanio, 1999). Second to men who have sex with men, intravenous drug users contribute a substantial proportion of AIDS cases in the African

American community (CDC, 2001; Fullilove & Fullilove, 1999). Therefore, like the stigma projected against homosexuality, intravenous drug use is a major contributor to the HIV/AIDS-related stigma in the African American community (Herek & Capitanio, 1999). In a study examining attitudes toward AIDS, some African American clergy reported that the stigma against substance abusers inhibited faith communities' involvement in the HIV/AIDS crisis (Fullilove & Fullilove, 1999). Thus, similar to homophobia, the perceptions of drug use as immoral by the church further exacerbated the AIDS-related stigma in the African American community.

The Church and HIV/AIDS Prevention

Heal me, O LORD, and I shall be healed; Save me, and I shall be saved, For You are my praise. Indeed they say to me, "Where is the word of the LORD? Let it come now!" As for me, I have not hurried away from being your Shepherd who follows You. (Jeremiah 17: 14-16)

Although the church has been criticized for its reluctance to intervene in the AIDS crises, it has begun to play a vital role addressing the social and public health threat of HIV/AIDS in the African American community. Over the last decade, health officials and educators have recognized the importance of the church in the lives of African Americans (Hill, 1999; Parks, 1998). Given the significance of faith in this community, the collaborations between the church, faith-based and public health organizations have led to culturally and linguistically appropriate HIV/AIDS prevention and intervention programs. When targeting the African American church, these innovative faith-based programs emphasize and incorporate the cultural, spiritual and religious practices of this community in disseminating educational materials about the transmission of HIV/AIDS and engaging congregations in HIV/AIDS prevention and intervention efforts.

Some examples of faith-based HIV/AIDS prevention and intervention programs are the Balm in Gilead, Gospel Against AIDS, and Affirming a Future with Hope: HIV & Substance Abuse Prevention for African American Communities of Faith. Each of these programs incorporates the spiritual and religious practices of the African American church in its health promotion outreach. These faith-based programs have been extremely successful in lessening the stigma and silence associated with HIV/AIDS in the African American community. A description of each program is provided.

Balm in Gilead. One of the first faith-based initiatives to address the HIV/AIDS crisis in the African American community is the Balm in Gilead. The Balm in Gilead is one of the only organizations in the United States dedicated exclusively to empowering churches in the struggle against the HIV/AIDS pandemic in the black community

(<http://www.balmingilead.org>). A non-profit organization based in New York City, its mission is “to mobilize the African American community through prayer, HIV prevention education, advocacy and service” (<http://www.balmingilead.org>). By utilizing one of the central institutions of the African American community, the Balm in Gilead enables thousands of churches to become leaders in helping to prevent HIV by providing a model of faith-based comprehensive educational programs, plus offering compassionate support to encourage those infected to seek and maintain treatment.

Currently more than 17 major church denominations, caucuses, and coalitions as well as independent churches, participate in the Balm in Gilead’s programs, which include:

- Developing and disseminating culturally appropriate educational materials to the African American Christian Community
- Providing training, organizing, and technical assistance to churches, church groups, AIDS service organizations and health departments through an HIV/AIDS Technical Assistance Center
- Providing the media industry with information about how the church meets the HIV/AIDS education needs of congregations and communities

The Balm in Gilead works in collaboration with Columbia University to provide effective services and resources. The Balm’s training is specifically designed for leaders of black churches who strive to increase their knowledge about HIV/AIDS and strengthen their commitment to education and supporting all people infected with and affected by HIV. In addition, the HIV/AIDS Technical Assistance Center provides churches with access to current theoretically grounded knowledge about behavioral and social interventions for preventing HIV transmission, support to infected/affected persons, and access to funding and other resources available for HIV education and prevention activities. The technical assistance center provides public health professionals as well as medical and other direct service providers with culturally competent models to work appropriately and effectively with the black faith community (<http://www.balmingilead.org>). The Balm in Gilead innovatively combines theology, biology, psychology and modern technology to deliver services that will provide effective prevention and intervention of HIV/AIDS in the black community. Additionally, the Balm in Gilead sponsors conferences where representatives from community-based organizations, civic organizations, health departments and HIV/AIDS service providers have the opportunity to share and gather information.

Gospel Against AIDS. Following the tradition set forth by the Balm in Gilead, of churches becoming involved in the HIV/AIDS epidemic, Gospel Against AIDS (GAA) is another faith-based organization whose purpose is to serve those infected and affected by HIV/AIDS. In 1995 recognizing that the church is the apex of the African American community, Rosalind Andrews-Worthy encouraged the churches in her

local community of Detroit, Michigan to become involved in the fight against HIV/AIDS. Developed from church-based focus groups, GAA is an HIV/AIDS preventive educational program explicitly designed for communities of faith. The mission of GAA is to educate and empower religious leaders and their congregations to be disseminators of HIV/AIDS prevention information. Gospel Against Aids's program design comprises three components: HIV and AIDS prevention and transmission training for religious organizations, referral services to local HIV/AIDS service providers for individuals infected and affected by the disease, and technical assistance to support outreach ministries that endorse preventive education.

Currently, GAA provides three services and the first is HIV/AIDS 101 training to ministry leaders, seminarians and congregation members. After completing this training, participants are required to conduct programs increasing the awareness about preventing HIV/AIDS and exposing congregation members to the barriers associated with HIV/AIDS such as stigma, shame, and fear. By using the "church to church" approach, hopefully the lack of education, fear of condemnation, isolation and judgment, along with denial and issues of morality will cease to exist thus allowing the issue of HIV/AIDS to be addressed freely within our churches. Another service provided by GAA is the monthly "Time for Healing Worship Service," a nondenominational fellowship committed to providing spiritual and emotional support for those individuals who are infected or affected by HIV/AIDS. This service allows persons living with HIV/AIDS and their families the opportunity to worship in an environment free of judgment or shame.

Disciples of Care (DOC) is the latest addition of services provided by GAA. African Americans living in Michigan represent the majority of individuals living with HIV/AIDS. When examining the rates of infection for African American women, the Michigan Department of Community Health (MDCH) reports that approximately one out of 330 African American females may be HIV-positive (Lounsbury, 2001). Detroit is considered the epicenter of infection in the state of Michigan (HIV/AIDS/Surveillance Section, MDCH, 2000). In the *Michigan Statewide Coordinated Statement of Need*, Lounsbury (2001) suggests the need exists for more innovative HIV/AIDS care services for African American women in Michigan.

Because of these startling statistics Disciples of Care was created to attend to the needs of the rising population of African American women living with this disease as well as to their family members whom are affected by their disease. DOC provides informal social support services such as light housekeeping, preparation of meals, and administrative assistance to single mothers living with HIV/AIDS. This program not only seeks to touch the lives of those individuals infected, but DOC provides services to those individuals affected by HIV/AIDS such as grandmothers, children, and siblings whose daily life is impacted by the illness.

Since the inception of GAA, the program has received national and international acclaim. The subject of a PBS documentary, GAA was described by political analyst Juan Williams in an interview for the *Religion and Ethnic News Weekly*, as “one of the country’s most successful faith-based prevention programs.” The acclaim given to GAA is not unwarranted; since the program started in 1995 it has been successful in reaching their targeted goal of implementing education and preventive programs in 100 churches yearly. In addition, the HIV/AIDS 101 curriculum designed by GAA has become a part of the educational requirements for seminarians at the Ecumenical Theological Seminary in Detroit and the Interdenominational Theological Center in Atlanta. As the result of various collaborations, GAA has been responsible for spreading their HIV/AIDS preventive education message to more than 3000 people in the Detroit Metropolitan area. Through collaborations, GAA has been successful in crossing racial/ethnic groups, socioeconomic status, theological orientations, and language barriers by dissemination of its prevention message.

Affirming a Future with Hope: HIV & Substance Abuse Prevention for African American Communities of Faith. Similarly, the Affirming a Future with Hope Program, a collaboration between the Interdenominational Theological Center in Atlanta, GA and the Center of Disease Control and Prevention, is a faith-based HIV and substance abuse prevention program for African American faith communities. This prevention program underscores an individual’s relationship with God and exposes the church community to the different modes of transmission of HIV/AIDS. Similar to the other programs, Affirming a Future with Hope incorporates African American culture and spiritual principles to educate churches concerning HIV/AIDS and substance abuse.

Grounded in biblical text, the curriculum was developed by an interdisciplinary and interseminary team which brought diverse perspectives on understanding the complex relationships between religiosity, spirituality, sex, sexuality, HIV/AIDS, and substance use and abuse. A major educational theme is that HIV/AIDS is preventable and knowledge of Christian tenets provides a way to dialogue about the misperceptions concerning the Bible as this holy text relates to assisting individuals in need. In addition, the curriculum provides an overview of the HIV/AIDS pandemic from its infancy to its current status in the African American community. Since this curriculum can be used with gender-specific organizations, youth, seminarians, congregations, and faith leaders, it can address concerns and issues for each group. For example, the unit working with African American parents underscores the importance of parents communicating with their children regarding sexuality, HIV/AIDS, and substance use and abuse.

To implement the Affirming a Future with Hope program, participants attend an intensive two-day training and agree to conduct six sessions with a church group or orga-

nization. This training includes educating the participants regarding the different components of the curriculum such as the narratives, scripture references, study guides, call to learning, learning objectives and closure. In addition, the rates of HIV/AIDS infection in the African American community and modes of transmission are reviewed. Lastly, the evaluation of the program is explained to the participants.

Conclusion

The African American church has heard the call to intervene in the HIV/AIDS epidemic in the African American community. As the most revered institution in the community, the church has struggled and continues to grapple with the complexity surrounding the transmission of HIV/AIDS. However, with the emergence of faith-based interventions described above, the church can collaborate and receive technical assistance to help discuss the subject of HIV/AIDS with their congregations. Currently, many African American churches across the country participate in HIV/AIDS prevention and intervention programs. Overall, the church which stands on the rich traditions of the past as an organization that strives for social justice is presently embarked in a struggle equally important to the African American community, the HIV/AIDS pandemic.

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