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Sex, Stigma, and the Holy Ghost: The Black Church and the Construction of AIDS in New York City

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Abstract

This article examines the difficulties that a group of Black churches in New York City have had in addressing HIV/AIDS and how these challenges were overcome. This article argues that the way the Black Church responded to AIDS is a result of its unique social history and its inability to address sexuality. This study uses in-depth interviews with 28 New York City Black Church leaders, AIDS activists, and employees at an AIDS service non-profit that work exclusively with Black churches. The data show that this sample of Black churches initially had trouble confronting AIDS in Black communities because they were unable to confront homosexuality and sexuality. The data also reveal that when AIDS awareness organizations become aware of how Black churches perceive sexuality as it relates to AIDS, then they will be able to create effective AIDS awareness material for the Black Church.

Keywords

Black Church . African-American . Gay . Lesbian . Bisexual . Religion . Stigma . HIV . AIDS . New York City

This article is a case study examining the challenges that a sample of Black churches in New York City experienced in addressing HIV/AIDS and how they responded to these difficulties. Understanding how Black churches construct AIDS is important because Blacks¹ have the highest rates of HIV/AIDS in the United States. The Black Church continues to be the most influential institution in the Black community (Billingsley 1999; Brown and Brown 2003; Carruthers et al. 2005; DuBois 1903 [1994]; Frazier 1964 [1969]; Gaines 1996; Howard 1965[1989]; Raboteau 2001; Sernett 1999; Williams and Dixie 2003; Wilmore 2004). Many Blacks rely on the Black Church to address social issues and concerns (Brown and Brown 2003). As a result, the Black Church has the ability to reach a large audience. Utilizing interviews with 28 Black Church leaders, AIDS ministry leaders, AIDS activists, and employees at The Saving Grace, an AIDS awareness organization, this analysis explores the ways in which a sample of New York City Black churches have constructed AIDS and how these views are actively maintained over time. This research also includes a discussion of how issues of sexuality have been silenced within these churches. The research questions for this study include: (1.) what are some of the prevailing issues that prevent Black churches in New York City from responding to the AIDS pandemic, (2.) and how can institutions currently engaged in interventions facilitate involvement by reluctant groups? This study informs the limited research on HIV and the Black Church as well as provides potential best practices to combat the pandemic. It also describes instances when Black Church concerns that prevent AIDS responses can be overcome with the assistance of culturally sensitive training and programs.

Thematic Framework: AIDS and the Social Construction of Health and Illness

Social Constructionism argues that knowledge is a product of a particular culture or society (Lupton 2000). Berger and Luckmann (1966) point out that people construct their own reality that is constantly perpetuated by social interactions and the beliefs behind these interactions. As a result, through social interactions, a common social reality is created to define and understand social phenomena. Social constructionists have applied these theories to the study of medicine. The social construction of health, illness, and medicine examines how medical knowledge has been created and constructed. Theories of the social construction of health and illness suggest that although illness is very real, the ways in which illness is experienced and the meanings associated with it vary (Freund and McGuire 1999). As a result, the social construction of health and illness examines how social forces shape ideas about health, diagnosis, disease, illness, and death (Brown 1995; Conrad 1997; Lupton 2000). According to Lorber (1997), the meanings associated with diseases affect the ways in which illnesses are experienced, viewed, possibly even treated. Conrad (1997) contends that "illnesses may reflect deeply rooted cultural values and assumptions" (106) and goes on to note that "certain illnesses may engender social meanings that affect our perception and treatment of those who suffer the illness" (108). Parsons (1951 [1964]) argued that the "sick role" that one experiences when one becomes ill violates societal norms. As such, sickness has often been linked to sin or some moral shortcoming on the part of the ill. For example, every book of the Bible (with the exception of Job) makes a direct link between sickness and sin (Weitz 1991). This connection between sickness and sin has had a great impact on how illnesses such as AIDS have been constructed throughout society (Conrad and Schneider 1992).

As a social and medical phenomenon, the AIDS pandemic has shed light on the effects that societal views and cultural beliefs have on how one comes to understand illness and disease. Although AIDS is an illness with very real symptoms that often result in death, AIDS, like other diseases, also has a number of associated meanings (Barbour and Huby 1998; Freund and McGuire 1999; Goldstein 1990; Herdt and Lindenbaum 1992; Patton 1990; Sontag 1989; Weitz 1991). Social constructionists suggest that what one knows about AIDS is largely derived from the meanings associated with the controversial nature of HIV transmission as well as associations linked to homosexuals, sex workers, and drug users. As a result, the knowledge and the meanings associated with AIDS are socially constructed (Freund and McGuire 1999; Barbour and Huby 1998; Weitz 1991; Goldstein 1990), or, as Cindy Patton (1990) contends, AIDS was "invented."

Symptoms of deficient immune systems were originally noticed among intravenous drug users in the mid to late 1970s in New York City. However, when otherwise healthy (and often White and middle-class) gay men in Los Angeles, San Francisco, and New York City began developing illnesses that were the result of weakened immune systems, scientists took notice (Shilts 1987). These early reports of "gay cancer," "gay pneumonia," and the "gay plague" eventually became known as GRID or gay-related immune deficiency syndrome. It was its initial prevalence among drug users and homosexual men, the modes of transmission, and its fatality that tainted AIDS and resulted in a unique stigma (Franzini 1993; Herek and Glunt 1997). As a result, "AIDS, perhaps more than any other example in the twentieth century, highlights the significance that social meanings has on the social response to illness" (Conrad 1997: 108).

AIDS and the Black Church Response

Almost half of current HIV/AIDS diagnoses in the U.S. are among Blacks. This statistic is disproportionately high because Blacks comprised only 12.4% of the total U.S. population in 2006. New York City has the highest population density in the country with well over 8.2 million people living in the city proper and over 1.5 million people living on the almost 23 square-mile island of Manhattan alone. New York City also has the highest HIV/AIDS infection rates in the U.S. In fact, New York City has always had the highest rates of HIV/AIDS infection in the U.S. The world's first AIDS service organization, Gay Men's Health Crisis, and one of the most politically active AIDS mobilizing forces in the world, the AIDS Coalition to Unleash Power (ACT-UP), were founded in New York City. Gay men and lesbians founded these groups as a reaction to a society they felt was ignoring their plight. Though gay men and lesbians were the first to immediately mobilize against AIDS, Blacks (both gay and heterosexual) have always had the highest rates of HIV/AIDS in the U.S. According to the New York City Department of Health, in 2005, Blacks comprised over half of all HIV/AIDS cases and deaths in New York City. Interestingly, not only does New York City have the highest concentration of AIDS cases in the U.S., it also has the highest concentration of Black churches in the U.S. (Hickman 2001). For example, within the estimated 47 blocks that comprise New York City's Harlem, there are over 250 churches and other religious institutions, "ranging from unincorporated storefronts to historic institutions housed in magnificent church-owned edifices" (Hickman 2001: xi).

One major reason cited for the high rates of HIV in the Black community was its slow response in addressing the virus (Cohen 1999). Although there are countless Black churches in New York City now actively engaged in AIDS awareness (Harris 2007), the taboo topics of sexuality and drug use and the subsequent association with AIDS played a key role in the initial slow Church response (Cohen 1999; Dalton 1989). Scholars maintain that the Black Church did not immediately respond to the AIDS pandemic because the Black community did not consider AIDS an issue that required a response (Cohen 1999; Dalton 1989; Douglas 2003; Quimby and Friedman 2003; Weatherford and Weatherford 1999). Research notes that the sensitive issues of sex, sexuality, and drug use were difficult for many Blacks - particularly religious leaders - to discuss openly (Douglas 2003; Fullilove and Fullilove 1999; Shelp and Sunderland 1992; Weatherford and Weatherford 1999).

Since the early writings of DuBois (1903 [1994]) and continuing with Frazier (1964 [1969]), scholars have recorded the tremendous role of the Black Church in the Black community. Traditionally, the Black Church is made up of seven Black American Protestant denominations that had their origins in slavery and emancipation: the African Methodist Episcopal (A.M.E.) Church; the African Methodist Episcopal Zion (A.M.E.Z.) Church; the Christian Methodist Episcopal (C.M.E.) Church; the National Baptist Convention, U.S.A., Incorporated (N.B.C.); the National Baptist Convention of America, Unincorporated (N.B.C.A.); the Progressive National Baptist Convention (P.N.B.C.); and the Church of God in Christ (C.O.G.I.C.) (Lincoln and Mamiya 1990). New Christian denominations with Black leadership continue to develop, and often these new houses of worship model

themselves on the traditions of the Black Church. Today Black churches range from small congregations meeting in a member's home, to mega-churches consisting of hundreds of thousands of church members.

The Black Church has historically fought for equality for Blacks (Gaines 1996) and has since fulfilled a number of social and economic needs (Pattillo-McCoy 1998). The Black Church has also played a key role in political and social justice activities, is known for "promoting racial awareness... social service provision, and psychosocial well-being" (Ellison and Sherkat 1995: 1416), and is a key location for "community action" (Barnes 2005). The Black Church has the reputation as a "freedom fighter" within the Black community - especially for race-based social justice issues (Wilmore 2004). For some, these religious institutions represent the ideal place for health promotion activities (Markens et al. 2002; Wilson 2000). In addition, religion and spirituality can also play a powerful role in the lives of Blacks with AIDS (Miller 2007). Thus, one would imagine that the largest mobilizing force in the Black community in New York City, the Black Church, would immediately confront AIDS in the Black community. Yet, critics contend that the Black Church continues to have great difficulty confronting the AIDS pandemic³ and recognizing AIDS as a social problem in the Black community (Cohen 1999).

There was great hesitation on the part of many Black Church leaders and congregants to intervene or even mention HIV lest they be perceived as condoning behavior associated with its transmission (Griffin 2006; Shelp and Sunderland 1992; Weatherford and Weatherford 1999). Since HIV is spread through what is considered by some religious leaders to be immoral behavior, people with HIV/AIDS are often thought of as "deserving what they get," or "receiving their punishment from God"⁴ (Weatherford and Weatherford 1999). Research has pointed to difficulties in addressing homosexuality as a cause for limited Black Church intervention (Cohen 1999; Dalton 1989; Fullilove and Fullilove 1999; Fullilove and Fullilove 1997; Griffin 2006; Weatherford and Weatherford 1999). Thus, in the early years of the pandemic, it occurred relatively unchecked throughout the Black community. In order to examine why AIDS has been problematic for many Black churches, one must consider the power brokering institutions within the Black community that have largely defined behavior or identities as deviant, and thus, stigmatized (Cohen 1999). As research indicates, it is not necessarily AIDS as an illness that is difficult to address, but issues related to sexuality (Douglas 2003; Fullilove and Fullilove 1997; West 2001; West 1997).

Black Sexuality and Black History

Research suggests that within the Black community, homosexuality is often perceived to be White deviant behavior that infiltrated the Black community (Griffin 2006; McBride 2005; Somerville 2000). Murray and Roscoe (1998) argue that much of the homophobia in the Black community rests on the belief that homosexuality did not exist among Blacks prior to colonization, but is the result of European influences. This belief continued until the AIDS pandemic impacted the Black community. The pandemic particularly hurt the Black gay community. As a result, research and literature began to examine the lives and experiences of Black lesbians and gays, and scholars examined homosexuality and homophobia within the Black Church (Constantine-Simms 2001; Dyson 2001; Fullilove and Fullilove 1997; Griffin 2006; Johnson 2001; Miller 2007; Schulte and Battle 2004). Research (Fullilove and Fullilove 1997) notes that although homosexuality is generally rejected in Black churches, homosexuals - in particular homosexual men - are "accorded a special status in many churches" (2). According to Fullilove and Fullilove (1997), gay men "provide creative energy necessary for the transcendent religious experience... [G]ays in the [C]hurch are responsible for creating the music and other emotional moments that bring worshippers closer to God" (2). However, Fullilove and Fullilove (1997) contend that these lesbian and gay church members often have to remain closeted because any notion of deviant sexuality had to be "driven out, denied, and reduced to silence" (Foucault 1978[1990]:4).

Douglas (2003) argues that ideas about the Black body and Black sexuality help fuel the conservative stance of the Black Church and community towards sexuality and other forms of "depravity." She contends that Blacks

have been attempting to distance themselves from deviant forms of sexual expression for over 100 years, leading to not only the denial of homosexuality in the Black community, but also homophobia and heterosexism in the Black Church. As a result, Douglas (2003) argues that the disdain for homosexuals is not at the root of homophobia and heterosexism in both the Black community and Church, but rather the disdain and repression of Black sexuality is the root cause of homophobia and heterosexism. Furthermore, Cornel West (1997) explains that Blacks are "unable to come to terms not just with homophobia, but all forms of human sexuality" (13).

Although the Black Church - as a religious institution - is not unique in its opposition to sex and sexuality, the reasons for such opposition are unique. Studies suggest that this opposition originated with the dehumanization of Blacks during slavery, when much of the focus was placed on Black sexuality and the Black body (Douglas 2003). Blacks were portrayed as hypersexed "bucks" or "jezebels" without intellect, morals, or decency (West 2001). The contention that Blacks were little more than chattel worthy of ownership made it palatable for Whites to justify slavery (Douglas 2003). By degrading Black sexuality and the Black body, Whites further strengthened their power and control over Blacks (Collins 2000). Post-slavery, to distance itself from this negative portrayal of Black sexuality, the Black community embraced a very conservative stance towards sex and "deviant" sexuality, such as pre-marital sex, extramarital affairs, out-of-wedlock births, and especially homosexuality (Mitchell 2004). Mitchell (2004) explains that this conservative stance was a strategy often "employed" as a response to assaults on the Black body. She states: "Respectability was part of a larger interracial pedagogy on earning civil rights and gaining self-respect through proper conduct" (Mitchell 2004: 85).

In the early twentieth century, Black reformers blamed sexual deviance for a number of societal ills such as "illness and poverty" (Gaines 1996: 45). This ideology was partially fueled by the Black Church. Douglas (2003) argues that Blacks, especially the Black Church, criticized all forms of sexual "depravity" as a way of both freeing themselves from their White oppressors and proving themselves, both their sexuality and bodies, as legitimate. In order to accomplish this, the Black Church has tried to, as Cohen (1999) argues, "'clean up' the image of [B]lack sexuality in [B]lack communities" (72). In sum, the Black body was policed (Carby 1992). In addition to sexual images, many Black churches tried to separate themselves from all forms of deviant behavior, such as alcohol consumption, drug use, and, at one time, even dancing (Higginbotham 1993[2003]). These Black churches believed that the best route to equality and racial uplift was to display respectable behavior and adhere to "traditional" American values (Gaines 1996; Higginbotham 1993[2003]).

Social Constructionist literature fails to explore how the Black Church, as a cultural institution, constructs AIDS. The literature that directly examines the Black Church and sexuality (Douglas 2003; Griffin 2006) does not focus specifically on AIDS. Other literature that focuses on the Black Church and AIDS is theoretical rather than empirical (Dalton 1989; West 1997). Fullilove and Fullilove's (1999) empirical study discusses the Black Church and homophobia; however, it focuses on the larger Black community. Similarly, although Cohen's (1999) work contains a number of interviews with Black Church leaders, it too discusses the Black community's limited response to the pandemic. Thus, research is needed that considers how the Black Church understands the pandemic and how AIDS is addressed within Black churches.

This paper focuses on New York City because of its high rates of AIDS and its disproportionate representation of Black churches. Research has specifically examined how groups have politically mobilized against AIDS in New York City (Chambre 2006), how the Black community mobilized in New York City (Quimby and Friedman 2003), and how religious institutions - in general - have mobilized there (Chambre 2001). However, research failed to specifically examine Black Church AIDS intervention in New York City.

Hypothesis

As a social and medical phenomenon, AIDS has shed light on the effects that societal and cultural beliefs and histories have on how people understand illness and disease. This research examines the Black Church as both a social and a religious institution and its current precarious position relative to the AIDS pandemic. This research posits that the unique social history of the Black Church impedes its HIV education and prevention efforts. This research will explore the methods by which sexuality is silenced within these Black churches. On the one hand, the Black Church is a social institution historically charged to advance and protect the lives and freedoms of Blacks - obligating it to address an issue of this magnitude. On the other hand, it is a religious institution with particular morals, values, and beliefs - beliefs that run counter to certain AIDS awareness and prevention strategies.

Research Methodology

Data and Data Site This study is part of a larger project that explores the ways in which Black churches addressed the AIDS pandemic in New York City. This project examines how The Saving Grace⁵ organization worked with Black churches to develop AIDS ministries and other AIDS outreach programs. The Saving Grace is the first, and currently the only, AIDS awareness organization that works exclusively with the Black Church. The Saving Grace organizes the largest HIV/AIDS campaign in the Black community, and it targets the Black Church. Founded in Harlem in 1989, The Saving Grace has grown from a small organization of one full-time employee to a large international organization, with three offices in the U.S. and one office in Tanzania. Churches within the New York City boroughs of Brooklyn, Manhattan (Harlem), and the Bronx, were selected because of the high rates of HIV/ AIDS within these boroughs. These boroughs were also selected because most of the New York City area churches affiliated with The Saving Grace are located within these three areas.

Data were obtained through in-depth interviews with 28 participants. This methodology was best suited for this project because it aids the researcher in understanding how others construct their realities (Jones 1985). As Seidman (1998) notes, it was necessary to understand not only people's experiences, but also how they come to understand them. This project required purposeful sampling measures (Seidman 1998) to select three different categories of people based on their affiliation with The Saving Grace. The first category consisted of employees of The Saving Grace (N=8). The selection criteria were based on the positions they held within The Saving Grace and their knowledge of the organization's history. Black Church leaders and AIDS ministry leaders (N=12) from seven different New York City churches comprised the second group of respondents. They were selected based on the types of AIDS awareness events they sponsored within their churches and on their relationships with The Saving Grace. The third group of respondents are referred to here as AIDS activists (N=8); they were either persons who worked in seven different organizations that provided AIDS education to the Black community or persons knowledgeable about the Black Church and The Saving Grace. Interviews took place over a two-year period. Findings are not generalizable because of the small sample size and because respondents are currently engaged in AIDS intervention within Black churches. However, this sample is meant to provide insight into how some churches are able to overcome challenges addressing AIDS. A majority of the interviews were conducted face-to-face in respondents' homes, places of employment, or churches. Five interviews were conducted by telephone because of its convenience for the interviewee. Of these five telephone interviews, initial face-to-face contact was made with all but one respondent prior to the interview.

Data Analysis All interviews were audio-recorded on a digital voice recorder and averaged about an hour in length. Recordings were uploaded into computer software and transcribed. (Refer to Appendix A for sample interview questions.) Content analysis was used to analyze interview data. Certain sections of the transcriptions that included interview questions of interest were highlighted. Similar to the coding scheme used by Bird et al. (2001), after these sections were identified, a coding scheme was used to identify "sections of transcript text

that contained the specific interview questions of interest and participant's responses to those questions" (236). These sections received a line-by-line analysis in which certain words, phrases, and overall recurring themes were recorded (Bird et al. 2001; Charmaz 2000). The frequency in which these themes emerged, as well as their associations, were also recorded. Codes were created for each emergent theme. Notes were taken identifying the interviewee, the context of the interview, and the message being conveyed by the interviewee (Krippendorff 1985). Topics of discussion varied with regards to the person's own experiences with HIV/AIDS. The struggles many of them had reconciling AIDS with their religious or spiritual beliefs were of particular interest to this project. Findings reflect themes that pertained to: AIDS stigma; the difficulties that these religious institutions had in addressing AIDS; sexual identity; and, ultimately, how these difficulties were overcome by the production of facts and information about AIDS appropriate to the Black Church. These particular themes were of interest due to the body of literature that suggests that many Black churches did not address AIDS because of its association with homosexuality and other forms of "deviant" sexuality. Selections from the transcriptions were used to demonstrate the themes found in the interviews.

Results

The majority of respondents were female (n=17), Black, and Christian. The sample also included eight ordained ministers and 26 persons who were born and raised in the United States.

The respondents all described their involvement within their respective organizations and churches, their own experiences with HIV/AIDS, their perception of the Black Church's response to the pandemic, and the ways in which they worked with congregations to encourage AIDS awareness. The major themes that emerged from the data include: difficulty in addressing AIDS as a result of stigma; homophobia and sexuality; and how these difficulties were overcome when AIDS was reframed to be church appropriate.

Difficulty in Addressing AIDS

Stigma

According to my interviewees, Black churches in New York City are working to promote AIDS awareness. For example, Canon Isaiah Anderson, an older gentleman who served as the leader of a large Episcopal Church in Harlem for over 20 years and as the Chairman of the Board of Churches United for Social Justice, said during his interview:

Today, right now, as we speak, in Harlem, there is not one major church, not one, that does not have some kind of AIDS program... And anybody who is opposed to the work of AIDS education and prevention would be strongly censored by public opinion if they were to 'come out of the closet.' We've just turned the circle completely from night today.

However, this was not always the case. All those interviewed made note of the devastating impact that AIDS has had on the Black community. They also vividly remembered the difficulty that many Black Church leaders had in dealing with the sick and dying. Respondents mentioned the stigma associated with AIDS and how ignorance of HIV transmission prevented community members from associating with the infected. Such findings were consistent with existing literature. A majority of the respondents at The Saving Grace as well as all AIDS ministry leaders interviewed believed that religious leaders failed to assess the seriousness of AIDS. Sarah Seymour, the Coordinator of the Resource Center at The Saving Grace and one of its first employees, stated:

We all knew pastors were burying folk every day from HIV and AIDS! They weren't talking about it. Nobody was saying anything. They were having more funerals than they were having baby dedications. Nobody was saying anything! No one was dealing with it. And no one was giving an outlet to the families

because they couldn't say anything. So they had to live in denial because the Church had to live in denial.

One might expect religious leaders to be able to assist the infected and their families because of the expectation that Christians will be more accepting and caring towards the suffering. Yet, Rev. Roscoe St. James, pastor of John Baptist Church, noted: "Churches represent or reflect; they shouldn't, but they reflect [the] society that they exist in."

Respondents from The Saving Grace as well AIDS activists explained how the stigmas associated with HIV transmission prevented many Church leaders from taking immediate action. Denise Fredericks, a 15-year member of Lenox Baptist Church in Harlem, co-AIDS ministry leader and nine year member of the Network Director of Harlem AIDS Services, maintained:

The mode of transmission and how it 'came down the pipe' initially, is why the Church [ignored HIV]. You either had to be promiscuous or you had to be a drug user... or a homosexual, and those are three categories that The Church frowns upon. But those three categories probably define so many in [the] Church [and a] large population of the Church fall into those three categories sometimes, some way, somehow.

Although the majority of respondents considered drug use a controversial issue within the Black community, a substantial number of respondents (N=10) believed homosexuality and sexuality to be the most controversial. Louise Adams, founder of The Healing Touch HIV/AIDS Ministry at Bethel Baptist Church, contended that when people think of AIDS, they think of homosexuality. Adams states: "To this day, if you say that someone is HIV positive, drug use is not the first thing that comes to mind."

Homosexuality

Most of the respondents believed that in the beginning of the AIDS pandemic, it was primarily considered to be a gay disease. According to Rev. Julia Michaels, the AIDS ministry leader at John Baptist Church (who went on to volunteer at The Saving Grace after working with them in developing her AIDS ministry), it was clear that the men who were dying at the beginning of the pandemic were gay.

At [my church] we had buried at least 12 of our brightest young men, musicians, teachers, extremely educated young men who were also undercover gays. And when they first started dying, people started whispering and talking about it... After these young men started dying and people started opening up to the fact that they knew they were living a gay lifestyle and started buzzing around. We weren't doing anything except talking and then, after the funeral, everything died down again. (Michaels)

Several respondents argued that church leaders and congregants have great difficulty reconciling both the sexuality and religion of those believed to be gay within the church. The Black Church has a history of ignoring the "outside" lives of the members of the church. Patricia Hill Collins (2000) noted that because African Americans have historically experienced extreme levels of discrimination, the Church was the one place where people can escape the outside world and be pillars of the church regardless of their social standing.

A majority of the respondents from The Saving Grace have argued that in order to address AIDS in the Black community, a church must address homosexuality in relation to AIDS and homosexuality in the Black community. AIDS is an illness that has always been closely linked to homosexuality. Rhett Daniels, who worked as an immunologist at a hospital in Manhattan before founding The Saving Grace 17 years ago and serving as the CEO, stated:

I think most people - most churches - did not respond in the early days because they did not know what it was. They did not know what HIV was. The national public media, public health put it out there that it

was a gay disease, a gay White disease, a gay Black or White disease, and the Church, historically, has not been homosexual affirming so that was a turnoff right there.

As Daniels notes, church leaders and parishioners have had great difficulty separating their feelings about homosexuality from AIDS as many Black religious leaders continue to preach against homosexuality. Three respondents from The Saving Grace, all of the AIDS activists, as well as all but one AIDS ministry leader maintained that these churches believed, and still do, that by addressing HIV they would be implicitly condoning homosexuality. These respondents explained that not only are churches concerned about condoning homosexuality, they do not want to address it at all. Addressing homosexuality would be, according to Ricardo Santos, the head of AIDS outreach organizing at Churches United for Social Justice in Harlem, "sort of like... we were actually accepting homosexual acts."

Two pastors, the assistant pastor, and only one AIDS ministry leader interviewed for this study held steadfast to the claim that homosexuality is a sin. The passages that most religious leaders refer to in their condemnation of homosexuality are Leviticus 18:22 and 20:136. The latter implies that homosexuality should be punishable by death. Some religious leaders also use the story of Sodom and Gomorrah to argue against homosexuality. For example, Rev. Roscoe St. James concluded his interview by stating:

The word of God says [homosexuality] is an abomination. Contrary to whatever gay rights they doin'. I know they probably hate my guts, I don't care, but the fact of it is that the word of God [says], homosexuality is an abomination. Clear and simple. No ifs, ands, or buts.

Although out of all respondents, Rev. St. James appeared to have the most adamantly heterosexist views, with other respondents taking a more subtle approach, Rev. Michael Jones, the assistant pastor of Lenox Baptist Church in Harlem, explained his church's views about homosexuality as follows:

We hold very firm to the Bible. Now we are not going to beat somebody over the head with it. We are a church... We are welcoming to everybody that comes to the church. However, we are not going to yield on our biblical foundation and what the Bible says. I would say that if a person comes to our church [who] is gay or lesbian, they will be welcomed into the congregation... There is not going to be affirming of that lifestyle.... But we are welcoming of whoever comes here.

The description that Rev. Jones provides is similar to the adage within many Black churches: "Love the sinner, but hate the sin." It is the association of homosexuality with sin, as evidenced in these interviews, that has helped to increase the stigmas associated with AIDS and prevented many church leaders from addressing HIV/AIDS within their congregations. Although pastors and churches across the U.S. are becoming more accepting of homosexual lifestyles in both Black and religious communities, these views were not shared by my respondents. When asked why churches had such a negative perception of homosexuality, pastors and AIDS ministry leaders could not point to a specific reason besides the above mentioned biblical references.

According to The Saving Grace as well as the AIDS activists, homophobia plays a major part in the lack of a discussion about AIDS. Rhett Daniels, founder and CEO of The Saving Grace, stated:

[Churches] still associate HIV with homosexuality. They believe that homosexuality causes AIDS. They believe that myth, that fact, that lie. And they hate homosexuals. They just absolutely hate homosexuals, so they connect their hatred of a group of people to this dreaded disease and of course they are miseducated and misguided... Folks cannot get past their theological position on homosexuality, and if you can't get past that, you can't address HIV because HIV has nothing to do with homosexuality.

Although heterosexist attitudes are quite prevalent in many Black churches, as described in the literature review, many Black Church leaders and congregants are very well aware that there are a number of gays and lesbians who are active members of their churches. Similar to Fullilove and Fullilove's (1997) findings, respondents noted that although people within a congregation often know the sexual orientation of their choir directors, lead singers, ushers, organists, deacons, and even pastors, it is never discussed. Each respondent interviewed were aware that there were gay and lesbian congregants within their churches. In fact, one respondent, Rev. Julia Michaels of John Baptist Church, explained:

We knew that they are gay and that they are having relationships with men as well as with women or whatever, but you don't mention that in church, no, no. That's a taboo. And even when we become aware of it, it's whispered, but nobody dares bring it out openly.

According to Rev. Michaels, this whispering complicated matters when many of these prominent young male members within Black Churches began to die mysteriously of "cancer" in the mid-80s and early 90s. Respondents noted that both church leaders and parishioners were so resistant to all discussions of AIDS that they even made up causes of death when people died of AIDS within the church. It was during this time that many respondents such as Rhetta Daniels, Sarah Seymour, and Louise Adams all reported noticing a void in the Church that was not being discussed - not simply homosexuality, but the Church's deeper issues with human sexuality.

Sexuality

As the demographics of those infected with AIDS began to change, public perceptions of AIDS shifted, and public awareness increased. As society became more tolerant to those with AIDS, discussions within Black churches began to change. In discussing when and how her church became involved in AIDS outreach, Denise Fredericks of Lenox Baptist Church maintains that it was the shift in those who became infected that influenced her churches more positive response towards AIDS outreach. Fredericks states, "What I've noticed with the change is people... There are a lot of heterosexual women who are HIV infected, of course IV drug users, so I think it's changed from being just a homosexual disease which I see, and it's spilled over into other aspects or other segments of the population in terms of who has it or who is becoming infected."

All respondents agreed that the Black Church had great difficulty addressing issues of sexuality and, as such, the Church had great difficulty taking a stand against AIDS. AIDS ministry leaders and those from The Saving Grace maintained that effective AIDS education requires the discussion of an array of potentially controversial, sensitive issues that churches find challenging to confront. AIDS ministry leader Louise Adams explained:

[AIDS] deal[s] with two of the biggest issues the Church will not historically deal with head on: drug use and homosexuality. And in fact, I'm even gonna be nice. I am putting drug use to maybe a distant three, not just homosexuality, but human sexuality.

AIDS activist Rev. Ida Wilson, who has also worked for the New York City Department of Health for the past 19 years and has spent most of that time in the Bureau of HIV Program Services, agrees that the topic of sex makes it difficult to deal with AIDS. She stated:

I find it might be a little easier to address alcoholism and drug use because you're not necessarily talking about sex. (Wilson)

Respondents Althea Jackson, Rhetta Daniels, and Sarah Seymour of The Saving Grace all reported having dealt with churches who did not want to address AIDS because the church leaders believed that doing so would be tantamount to accepting premarital sex and other "sinful" behaviors and lifestyles. These respondents, the AIDS activists, and four of the AIDS ministry leaders interviewed, explained that by not dealing with homosexuality,

sex, drug use, and abuse within the Black community, churches are also not dealing with the ways in which HIV is transmitted or the tremendous impact AIDS is having on the Black community.

Other ways in which homosexuality in the Black Church is not addressed is by simply overlooking the issue. For example, when asked about discussions of homosexuality within her church, Alia Williams, the AIDS ministry leader at St. Matthew's Baptist Church in Brooklyn and the wife of the pastor at St. Matthew's, stated, "You've got to address every aspect of sexuality." When asked if she felt that other congregants felt the same way, Williams noted:

Probably not. No, probably not. But like I said we are safer when we stay with the facts because we want to get the information out. You can turn people off and then they don't hear anything. So you have a fine line there. Our congregation is not that open that we can just talk about everything. I am somewhat careful when I bring [guest speakers] here, how they address certain issues.

All respondents agreed that Black churches address sexuality in some form, but they note that the positions of Black churches vary regarding different topics on sexuality. Rev. Malee Mackabe, a minister from Uganda and the Director for the Africa HIV/AIDS Faith Initiative at The Saving Grace, contended that women and men's groups as well as youth groups within many churches have addressed sexuality. AIDS ministry leader Louise Adams agreed. Her church, Bethel Baptist Church, has offered classes on human sexuality called "Sex in the City" for the past two years. This course, taught by the church's pastor, Rev. Powell, explored human sexuality, dating, sex before marriage, homosexuality, and their corresponding biblical interpretations. At Bethel, sexuality has even been discussed openly within the church via sermons and within a variety of ministries. According to Adams: "People seemed to receive it very well... I didn't see anyone get up and leave." Thus, according to these respondents, there are some religious leaders who do feel comfortable discussing sexuality with their congregants. However, Adams has noted that from her "observations," her church "tends to be a little bit more upscale. Professionals, educated, so it's interesting dealing with that demographic when you introduce something like HIV/AIDS you still get the response of 'I don't think that necessarily affects me.'"

But not all of the church leaders interviewed were as open to discussions of sexuality within their AIDS ministries and churches as Louise Adams and Pastor Powell. Sexuality was a difficult roadblock for all of the AIDS ministry leaders to overcome within their congregations. In fact, there were instances when a church's perceptions of sex and sexuality are actively maintained.

Rev. Julia Michaels, who heads John Baptist Church's AIDS ministry and is a longtime volunteer at The Saving Grace, left her church of 60 years, St. Paul Baptist Church, because of its conservatism in addressing sexuality. Rev. Michaels felt this stance hindered the development of an effective AIDS ministry and more importantly, prevented the church from more open discussions of sexuality. Rev. Michaels pointed to an instance where she had placed condoms alongside AIDS educational material in the church and described a conversation she had with a deaconess at St. Paul about the condoms:

People just picked them up, looked at them, and quietly put them in their pocket or pocketbook and never said anything. But there was one deaconess, and she picked up one and dropped it like it was burning hot and I said:

"What's the matter?"

"Oh, that's not supposed to be in the church" [she replied].

I said, "What is it?"

She would never identify what it was. She just kept standing there telling me: "that's not supposed to be in the church. Who told you [that] you could bring those to church?"

I said, "I didn't ask anybody. I was asked to bring them to this health session and I put them on the table..there is no sign on them that says what they are or what they are for, but they have been disappearing, so [I] didn't say anything... you are the first person who asked me what were they doing and I asked you why and you couldn't come up with why, you just wanted to tell me that they had no business in the church. That's your opinion. I can't argue that with you."

She was adamant that this was not supposed to be in the church... I didn't move those last few ones, but they went away before the day was over, they were gone.

When asked if the deaconess explained why the condoms should not be allowed in the church, Rev. Michaels responded:

No, she wouldn't touch on it. But I know she went back to the pastor who didn't have enough gumption to speak to me either, but after that, I noticed it got really chilly when I started asking about AIDS programs. I was told that 'we are not focusing on that right now... We will discuss it later.' It was getting very frustrating.

Rev. Michaels' discussion with the deaconess helped to cast light on how the silence surrounding sexuality has been actively maintained within that church. The above example provides an instance where sexuality was being discussed by condoms being distributed and the immediate and negative response from the deaconess. Importantly, in this particular instance, church parishioners were eager for the condoms, hinting at their acceptance to discussions of sexuality within their church. However, as described by Rev. Michaels, church leaders challenged this condom distribution, and in essence, displayed their resistance to discussions of sexuality within their church. All of the AIDS ministry leaders interviewed believed that in order to effectively address AIDS, one must deal with perceptions of sexuality within the Black Church. For example, Rev. Julia Michaels reported that she learned a lot from the negative experiences with her previous church, St. Paul, and felt that she has much more freedom in her teachings at her current church, John Baptist Church, although she still faced some difficulty introducing sexuality into conversations within the congregation. In order to encourage such discussions, Rev. Michaels describes sex as a "gift from God," although she often faces criticism. AIDS ministry leader Louise Adams suggested that, although many churches condemn premarital sex and homosexual sex, these conversations could at least initiate further discussions of sexuality:

[Churches] will tell you what you are and what you aren't supposed to do. They will tell you some of the consequences of your behavior, but they will not give you a true-to-life, biblically based, explanation or exploration of the issues... You can address it from the pulpit: 'Y'all going to hell if you are fornicating.' Ok, fantastic, let's have this dialogue... Or they will say, 'If you are gay, you are doubly damned.' Fantastic, let's have this conversation.

Three of the AIDS activists, as well as Sarah Seymour of The Saving Grace and Louise Adams pointed out that the lack of sexual education within the Black community has led to high rates of teenage pregnancy, out of wedlock births, and sexually transmitted diseases/infections. These respondents argued that it is society as a whole, not just the Black Church that has difficulty addressing sexuality. Importantly, these respondents have shown that both church leaders and parishioners maintain the silence surrounding sexuality and AIDS.

As shown above, respondents have all noted that Black churches have had difficulty reconciling sexuality with their religious beliefs. Yet only one respondent linked this to historic ideas of morality and respectability. McKenzie Winters, a young Black gay AIDS activist and Communications and Public Education Coordinator for

New York Black Gay Male Alliance, simply explained, "the Black Church [and] Black middle-class have [always] chased respectability and morality." During the interview, Winters explained that this need for respectability prevented the Black Church from taking earlier action against AIDS, and he believed that it still prevents AIDS education within the Church. As the data have shown, respondents believe most Black churches and the larger Black community have recognized the need for AIDS awareness. However, employees at The Saving Grace as well as the AIDS activists interviewed believed that most churches still do not know how to respond. These respondents believed that in order for Black churches to openly address AIDS, AIDS educational material has to be especially created or framed for this target audience.

"Reframing" AIDS

As stated in the methods section, church participants were selected based on their AIDS education strategies within Black churches. One of the more positive findings of this study is the desire of the sample churches to provide effective AIDS awareness within the congregations and their desire to spread this information throughout the larger community. Although all of the Black Church leaders who were interviewed displayed heterosexist viewpoints as well as some difficulty addressing sexuality, they all had AIDS ministries and outreach programs. All respondents, whether or not they worked for a church, were active members of Black churches and were able to reconcile sexuality with their religious beliefs. According to all of the AIDS ministry leaders, The Saving Grace played a major role in encouraging their churches to "strategically overlook" their concerns about sexuality in order to provide AIDS awareness.

Respondents contend that The Saving Grace works to find the most appropriate ways to reframe AIDS information and facts so that they are more churchappropriate. All but two AIDS ministry leaders interviewed, as well as all AIDS activists and four employees at The Saving Grace, argued that AIDS information was not originally produced for the Black Church. Respondent Pamela Waters, a college professor in public health and board member at The Saving Grace, argued that "[medical institutions] haven't necessarily done the best job in getting into the Church." These respondents noted that information on AIDS often contained sexually explicit material, and organizations often pressured churches to distribute condoms, leading Denise Fredericks of Black Leadership United Against AIDS to conclude, "I think [public health officials are] coming from a whole different perspective, a whole different lifestyle, a whole different ideology than we are."

The Saving Grace was the first organization to produce AIDS educational material for the Black Church. AIDS ministry leader Denise Fredericks maintained that:

[Rhetta Daniels and The Saving Grace] have been able to address the issue of HIV and AIDS in a faith-based setting or in faith-based institutions that traditionally would not listen, did not want to hear. [They were] able to pull together these heads of these huge faith-based institutions to make them realize there is a problem in the African American community around HIV and AIDS.

In order to encourage churches to confront AIDS in the Black community, The Saving Grace first emphasized prayer. Sarah Seymour explained that The Saving Grace encourages Black churches to pray for those with AIDS. Seymour explained:

That's one universal thing that every Black Church is going to do. Every Black Church is going to pray. So if we can first get you to say it in a prayer, it starts to open up the conversation... If I first can say in a prayer "God Bless those people with HIV and AIDS," then it opens a door - even if it's a crack - it opens a door for you to be able to go in and say this disease is 100% preventable and talk about abstinence and talk about prevention methods, and talk about other avenues and the Church then becomes more open for the families that are dealing and have dealt with the disease.

All of the respondents have claimed that that The Saving Grace emphasizes the Church's religious duty to care for those who are ill and suffering. Seymour, Daniels, and Jackson of The Saving Grace maintained that in order to reach Black churches, they had to emphasize the biblical obligations of acceptance. Rev. Ida Wilson of the New York City Department of Health explained:

[The Saving Grace] was finally a voice from the faith community. A voice of the faith, of the faith person saying that this approach to HIV and AIDS can be couched in and is certainly found in the word of God. And we are commanded by the Word to do this, because our people have been dying... We are called to be like Christ in the midst of the crisis, in all things, I don't care what it is... That's why I think that's what [The Saving Grace] did for the faith community and certainly the Black Church.

AIDS ministry leader, Rev. Michaels, who utilized The Saving Grace's materials in her AIDS ministry, agreed:

I bring my message [about AIDS] to them from the Bible, and there are places where you can find references that you can use, and it is all a matter of choice of words and emphasis on certain situations.

In addition to encouraging prayer, The Saving Grace also encourages Black churches to provide AIDS educational material. According to Daniels, Jackson, and Seymour of The Saving Grace, the information produced by The Saving Grace refers to "the basic facts about AIDS" as well as the biblical facts emphasizing the obligations that churches have to address HIV. During her interview, Rhett Daniels, the Founder and CEO of The Saving Grace, stressed the importance of putting AIDS "facts" into the cultural context of prayer and acceptance. According to Daniels, doing so would encourage churches to ignore the stigma of AIDS and focus on the health concerns of those infected. Thus, The Saving Grace informs the Black Church by providing AIDS educational materials that emphasize the medical aspects of AIDS and Christian duty. As a result, The Saving Grace has been able to reframe AIDS information in accordance with the beliefs and values of the Black Church, which allows for AIDS, sexuality, and the teachings of the church to coexist.

There are a variety of different ways that The Saving Grace reaches their religious target audience. For example, Sarah Seymour of The Saving Grace notes that their original idea was to focus on prayer. Seymour states that it was:

[...] [a] step by step process because at no point did we ever say all we want to do is talk about it. I mean it started out with prayer because that's one universal thing that every Black Church is going to do. Every Black Church is going to pray. So if we can first get you to say it in a prayer, it starts to open up the conversation. You can then start to have a conversation. If I first can say in a prayer "God Bless those people with HIV and AIDS," then it opens a door - even if it's a crack - it opens a door for you to be able to go in and say this disease is 100% preventable and talk about abstinence and talk about prevention methods, and talk about other avenues that the Church then becomes ore open for the families that are dealing and have dealt with the disease.

AIDS educational handbooks distributed by The Saving Grace emphasize how Jesus ministered to and cared for the sick. Through its workshops, teachings, and especially its publications, The Saving Grace emphasizes the roles that churchgoers have as instruments of God.

Although Rev. Isaiah Anderson maintains that the all "major" Black churches in Harlem have an AIDS ministry, this research has found that these ministries do not necessarily play a major role within these churches. With trips to Sub-Saharan Africa, theatrical performances, and a series of outreach events, only Bethel Baptist Church appears to have an AIDS ministry that holds a prominent role within its church. The other AIDS ministries examined do host events, such as panel discussions and worship services; however, none of the other ministries appear to hold prominent roles within their churches. Admittedly, for all of the AIDS ministry leaders and

pastors examined, their churches are not keeping up with the need for AIDS education, outreach, and leadership within their communities. Similar to the financial strains facing a majority of non-profit organizations in the United States, funding appears to be the largest obstacle to true AIDS awareness and education within Black communities and churches.

Discussion and Conclusion

The results of this study are in accordance with the literature - the sample of New York City Black churches were hesitant to address AIDS because it dealt with sex and homosexuality. In particular, respondents noted that churches had the most difficulty reconciling sex and sexuality with their religious ideology. However, these respondents noted that through an understanding of Black Church culture and the impact that AIDS has had on their communities, AIDS awareness organizations are able to reach the Black Church. These data reveal the difficulty that some Black churches in New York City had in addressing AIDS. Since the AIDS pandemic struck New York City particularly hard, and very early within the pandemic's history, and given the large number of Black churches in New York City, one might expect the response of Black churches in New York City to be different. However, as the literature suggests, the responses of these churches were similar to the responses of a majority of Black churches across the country. The unique relationship that the Black Church has with HIV/AIDS, sexuality, and homosexuality has prevented early mobilization against the disease.

Respondents noted that Black churches did not immediately address AIDS largely because of the stigma associated with the disease's transmission. The data are based on a small sample, yet findings parallel existing literature that argues how sexuality (Cohen 1999; Dalton 1989; Douglas 2003; Dyson 2001; West 2001), homosexuality (Cohen 1999; Dalton 1989; Fullilove and Fullilove 1997; West 1997), and stigma (Fullilove and Fullilove 1999) have resulted in a slow response to HIV by the Black Church. The findings are also consistent with AIDS Social Constructionist literature (Barbour and Huby 1998; Conrad 1986; Herdt and Lindenbaum 1992; Patton 1990; Singer 1998; Sontag 1989; Weitz 1991) that argues that meaning has been attached to AIDS; and by understanding the meanings associated with AIDS or how AIDS has been constructed, AIDS can be reframed to be Black Church appropriate. Organizations such as The Saving Grace have been able to provide AIDS education to interested churches so that these congregations could then potentially provide information in their respective communities.

Based on its legacy of helping the community, one can assume that Black churches wish to assist those with AIDS, particularly churches in New York City where the prevalence rates were always the highest. Yet, it would appear that these New York City Black churches have had the same problems addressing AIDS within their congregations as Black churches across the country. One would imagine, however, that these churches were more adept at confronting the pandemic because of the major impact that it has had in the Black community in New York City. AIDS awareness activities in other Black communities across the country would probably vary because their rates may not mirror those of New York City. Regardless, groups attempting to provide AIDS education to Black churches must take into account its unique history in dealing with issues of sex and sexuality. The data show that different understandings of and experiences with sexuality and homosexuality have informed the ways in which AIDS is perceived. Although the findings cannot be generalized to the wide Black Church population, they do inform existing literature regarding how and why some Black churches respond to AIDS as they do and how intentional education, training, and strategies can help them alter stances. To this end, the work of organizations such as The Saving Grace has important implications for AIDS awareness, because although the majority of respondents did not condone homosexual behavior or behavior associated with HIV transmission, their congregations do sponsor AIDS ministries. This project shows that when provided with culturally sensitive AIDS educational material, as provided by The Saving Grace, the sample of churches examined in this study were more likely to respond. As per The Saving Grace's model, attempting to change a church's perception on controversial issues such as homosexuality and sex may not be as effective as simply

providing churches with medical facts that fit within the religious teachings of the Black Church. According to Rhetta Daniels of The Saving Grace, this allows for churches to become more inclusive without jeopardizing their belief system.

This study analyzes what diseases can mean to groups based on their common cultural and even localized community understandings. It also examines the process by which these Black Church congregants, leaders, and activists frame and shape sex, sexuality, and HIV/AIDS. Findings may help facilitate the construction of cultural and community-specific health related information - with the broader intention of applying such techniques to combat other health disparities. Investigations about how diseases are framed in culturally relevant ways are important for both academic and applied reasons. Additional research should address the limitations to this study (i.e., the sample size, New York City as a specific location, and surveying churches that do not participate in AIDS awareness activities). As this research has shown, there is a place for AIDS education and awareness within the Black Church. Many churches are simply unsure of how to address AIDS in a way that will reconcile their beliefs and attitudes concerning sexuality with effective AIDS education. By understanding the ways in which sex has influenced how some Black churches construct AIDS, organizations may be better equipped to provide culturally competent AIDS outreach efforts.

- 1 Blacks are a racial category that includes African Americans, West Indians/Caribbeans, Africans, or people from other parts of the Diaspora. African American is an ethnic group comprised of Blacks who were born and raised in the United States, and whose parents were also born and raised in the United States. Yet, for the purposes of consistency, Black will be used throughout this paper.
- 2 It is important to note that many African Americans mobilized against the AIDS pandemic in its early stages. Yet, the early Black response to the AIDS pandemic lacked the large-scale mobilizations that the NAACP and the National Urban League organized during the Civil Rights Movement. Other groups - except, of course, the gay and lesbian community - had similarly slow responses to the crisis.
- 3 There were a very small number of churches, mosques, synagogues, and other Black religious institutions that addressed HIV/AIDS at the beginning of the pandemic. These religious institutions organized everything from ministries, clothing drives, food pantries, and even housing for those suffering from HIV/AIDS. A vast majority of religious institutions, however, either ignored or actively condemned those who were HIV+ or living with AIDS.
- 4 An early distinction was made between those who were "innocent" and contracted the disease through blood transfusions or babies born to infected mothers. For the most part, however, people believed that AIDS was caused by immoral behavior.
- 5 Pseudonyms are used for all names and organizations in order to protect the identity of respondents.
- 6 In The King James Version of The Holy Bible, Leviticus 18:22 reads, "Thou shalt not lie with mankind, as with womankind: it is abomination." Leviticus 20:13 reads, "If a man also lie with mankind, as he lieth with a woman, both of them have committed an abomination: they shall surely be put to death; their blood shall be upon them."

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Appendix

Sample Interview Questions:

Each interview was very conversational in nature. A separate set list of questions/ topics were compiled for each respondent prior to the interview depending on their status. The questions listed below are a sample of the types of questions asked. These questions varied depending on the position of the respondent in their respective organization. Not all of these questions were asked directly; however, the researcher wanted to be sure that all of these topics were addressed during the interview.

- * How long have you lived in New York?
- * Would you describe yourself as religious or spiritual?
- * How long have you attended/worked at your church? What are some of the changes you've witnessed?
- * How long have you worked for "The Saving Grace"?
- * Where were you born and raised?
- * What is your educational background?
- * What have been your experiences with HIV/AIDS?
- * How, if at all, has AIDS affected your community?
- * What is the role of the Black Church in the Black community?
- * Do you think that by addressing AIDS, your ministry will expand to address other health issues or social problems?
- * Can you describe your responsibilities or duties at "The Saving Grace"?
- * What types of services do you provide to churches?
- * Can you describe your AIDS ministry?
- * How have church leaders responded to your ministry?
- * How has the congregation responded to your ministry?

- * What types of AIDS information do you provide?
- * What types of services do you provide?
- * What are the goals of your ministry?
- * Can you describe your church's congregation?
- * As the pastor, what types of AIDS materials do you allow to be distributed within your church?
- * What are some of the challenges you have faced while at "The Saving Grace"?
- * How, if at all, do you think churches address issues of sexuality? What about issues of homosexuality? Issues of drug use?
- * What are your views on abstinence versus safer sex?
- * How was the Black Church response to the AIDS pandemic?
- * How did you first hear of "The Saving Grace"?
- * Is the Black Church the place for AIDS awareness?
- * What types of AIDS educational materials do you find to be the most effective?
- * What would you like to see happen with the materials that you produce?
- * Can you talk about why churches are more willing to address HIV now? What has changed over the years?
- * Can you talk about the kinds of technical support "The Saving Grace" provides?
- * How much funding do you receive?
- * Where do you receive your funding?
- * How has your church changed as the result of having an AIDS ministry?
- * Do you work with other AIDS service organization besides "The Saving Grace"?