



**ENGAGING THE ISSUE OF HIV/AIDS:
NO ROOM OR REASON FOR ILLUSIONS**
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For a long and loss-laden time now, a terrible and terrifying entity has been stalking members of the Black community, day and night, across class, gender, age, sexuality and religious lines. It has preyed on the poor and weak, ravished the rich and famous, consumed singers, artists and actors, invaded our homes and wreaked havoc and hardship on the lives of our men, women and children, fractured our families and reconfigured so much of our future. And it has even come to church, decimating choirs and even preying on preachers. In a word, there is no place or space exempted, no group or person invulnerable or invincible. Thus, there is an urgent need for increased self-conscious discussion, critical planning and safe, preventive and curative practices to confront and deal with this horrible disabler and killer called HIV/AIDS.

Year after year, people regularly received reports of the casualties, even saw on TV the horrible toll it was taking on our lives in the U.S. and Africa. But for a terribly long time, there remained an unworthy communal silence about it, a reluctance to discuss it openly and honestly. It was as if we had some desperate hope that if we didn't mention its name or recognize its ruthlessly persistent presence, it would slip away into the night as quickly and quietly as it came. But it has persisted in its presence and predatory practices, sparing no class, gender, age, sexuality or religious group among us.

This week, December 1st, began the 19th Annual World AIDS Day Commemoration, offering us another opportunity to reflect on the meaning of this deadly menace to our health, well-being and wholeness as persons and a people and to

commit ourselves to effective engagement with the issue. And we must recognize that we still don't actively engage the disease or the death, dying and suffering attached to it in the way we should and must. At first, we claimed an understandable distance from it because the majority of visible victims were White. But eventually we had to face the fact that now the greatest percentage of new cases have become victims of color with 66% of all new diagnosed and dying victims being from the Black and Brown communities.

Moreover, we also saw the victims as mainly gay, questionable and unworthy men, even though they were often husbands, fathers, brothers, sons, and boyfriends, who played the piano and preached at our churches, sang love songs or did rap rhymes at our concerts, and went to work in various places when and where work was available. Their sexuality and sexual practices or even drug habits, it was assumed, had condemned them and we could only watch in silence as they slowly wasted away.

But things became more complicated and now our women and children have become increasingly victimized by HIV/AIDS, with 65% of the newly reported cases among women being Black women and 75% of children cases being our own. And AIDS remains the number one source of death for African Americans 22-45 years old. Then, of course, there is the HIV/AIDS resulting from jail and prison homosexual sex which has come home to haunt, horrify and kill us. For many men will not get tested or tell their wives, girlfriends and lovers, about such sex and are infected and knowingly and unknowingly infect their partners. Likewise, there are bisexual men who have a depraved disregard for the well-being of the

DR. MAULANA KARENGA

women they marry, date and sleep with, and whose lies and secret life disrupt and destroy other lives needlessly.

This raw reality and the cost and casualties emerging from it, leave us no room for illusions about the decline of the destructive role of HIV/AIDS among us, regardless of Whites' contrary conceptions. It is an urgent issue that has several dimensions: health, ethics, culture, community and politics. The existence of HIV/AIDS in our community is certainly an issue of health and well-being of our people. But it is also an ethical issue of respect, care and concern and a cultural issue of bringing to bear our best ideals and practices in confronting the issue. It is a communal issue of uniting in a self-conscious effort to heal and repair ourselves and build the good and caring community we all want and deserve and an issue of politics in our struggling to secure public policy and resources necessary to deal with this problem on the local, national and international level.

First, we must embrace the victims for who they are—above all, members of our community and families, our friends and fellow human beings, deserving the ultimate respect we all are due as bearers of dignity and divinity. Second, we must practice an ethics of care and responsibility for the ill and vulnerable among us, as a value central to our spiritual and ethical tradition and moral self-understanding as a people.

Thirdly, we must compel our leaders, organizations and especially our religious institutions to take up this issue in a serious and sustained manner, organizing and mobilizing the community to care for the ill,

protect the well, and bury the dead with deserved dignity and remembrance, instead of with embarrassed silence and dishonest denial of the reason for their death and dying. Fourthly, we must help build a national conversation about this most deadly disease—its causes, consequences, possible cures and means of prevention. This will include an honest discussion of the varied sexual practices people engage in secretly and openly and stress safe sexual practice for everyone in its various forms including abstinence, fidelity, condoms, cautiousness and caring.

Fifthly, we must urge testing as an indispensable strategy for detection and prevention of the spreading of the disease, especially for men in and from jail and prison who may have engaged in high risk activity and who will be reintegrating back into their families and the community. Furthermore, we must organize to struggle for more resources to deal with this horrible crisis, including fighting for resources for Africa, and for free and affordable medicines and related support without the imposition of restrictive Eurocentric conceptions of how Africans should live their lives.

Finally, we must realize and act on the knowledge that we are our own resources and rescuers. For it is our own efforts which are decisive in any struggle we wage. Indeed, we are the injured and ill physicians who must heal and repair ourselves in the process of the transformative struggle to heal, repair and remake the world in the interest of freedom, health and human wholeness.