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HOW THE BLACK CHURCH MAY ADVANCE
HEALTH AND WHOLENESS IN RESPONSE
TO THE HIV/AIDS PANDEMIC
IN AFRICAN AMERICANS

Introduction

Faith plays an important role in health and quality of life among minorities. The minority church and other faith-based organizations have provided continued support, guidance, and direction to individuals and families facing health-related and life-threatening illnesses. Minority faith-based organizations have historically served as the “life-center” of the community, providing services that nourish the mind, body and soul.¹ Faith communities—including churches, mosques, synagogues, temples, and other places of worship—have tremendous potential for building assets and forging access to improve the health status in minority communities.

Holistic Health

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not

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¹See W. E. B. DuBois, *The Souls of Black Folk: Essays and Sketches* (Chicago: A. C. McClurg, 1907; also Kaytura Felix Aaron, David Levine, and Helen L. Burstein, “African American Church Participation and Health Care Practices,” *Journal of General Internal Medicine* 18, no. 11 (November 2003): 908-913.

merely the absence of disease or infirmity,"² implying that health is more than just curing disease. Rather, health means seeking to achieve a total state of wellness for the entire being, an integrative process that involves all aspects of life. The whole person's surroundings are considered when using this description. This is also the basis for holistic health. The American Holistic Health Association promotes holistic health as an approach to creating wellness that encourages you to:

- 1) Balance and integrate your physical, mental, emotional, and spiritual aspects;
- 2) Establish respectful, cooperative relationships with others and the environment;
- 3) Make wellness-oriented lifestyle choices; and
- 4) Actively participate in your health decisions and healing process."³

Holistic health reflects a person's interaction with surroundings, environment, circumstances, and utilizes this information to achieve optimal wellness. The elimination of symptoms is not the primary concern. Rather, it is the cause of the symptom—physical, mental, environmental, social, or spiritual—that is sought. While attempting to prevent disease, holistic health seeks the highest level of wellness.

The African definition of health provides further enlightenment. The whole person and community are included in the Africans' attitude toward health. All aspects of life—economy-

²World Health Organization, "Constitution of the WHO," WHO, http://www.who.int/governance/eb/who_constitution_en.pdf (accessed October 30, 2006).

³Suzan Walter, "Holistic Health," American Holistic Health Association, <http://ahha.org/articles.asp?Id=85> (accessed September 20, 2006).

cal, physical, mental and spiritual, political and relational (community and family)—are components of the whole. A holistic approach to life and health is essential to the African. As a result, the approach to healing is governed by the need to attain wholeness for the person who is sick and for the community.⁴

Optimal Health

There is ample warrant to continue working through and with minority faith-based and community-based organizations in matters of health. The U.S. Department of Housing and Community Development report, *Faith-Based Organizations in Community Development*, states that “more than half of all congregations and many other faith-based organizations provide some form of human services.”⁵ This report further notes that the majority of social services provided by faith-based organizations are human services and health-related programs.⁶

James Cone’s work empowers the Black population towards liberation by removing all death-dealing political, economic, and social structures of society. He emphasizes the importance of faith when he writes, “We have been bequeathed a faith that brought our [fore]parents through hard trials and great tribulations.”⁷ His work also has important public-health

⁴See Miriam Burnett, “The Influence of Traditional African Health Beliefs and Practices on Present-day African-American Health Beliefs and Practices,” *The Journal of the Interdenominational Theological Center* 32, nos. 1 and 2 (Fall/2004/Spring 2005): 151-168.

⁵U.S. Department of Housing and Community Development, “Faith-based Organizations in Community Development” (Washington, DC: HUD, 2001): 1.

⁶*Ibid.*, 6.

⁷James Cone, *Risks of Faith: The Emergence of a Black Theology, 1968-1998* (Boston: Beacon Press, 1999), 116.

implications. Reducing risk factors by assuming positive and health sustaining lifestyles is, in fact, a fight against non-being; many effective public-health strategies focus on building self-worth and self-esteem among at-risk populations.

Addressing any public-health problem, especially one like the pandemic of HIV/AIDS, must be done with the critical determinants of health and the concept of optimal health at the forefront. The overarching critical determinant of health is policies and interventions. Health policy is a collection of authoritative decisions made within government that pertain to health and to the pursuit of health made in all branches of government. These decisions are intended to direct or influence the actions, behaviors, or decisions of others. Generally, health policies affect or influence groups or classes of individuals or types or categories of organizations.⁸ Health policies determine insurance policies, discrimination laws, funding for HIV/AIDS, testing and treatment. Not only where testing and treatment can occur, but how, when, under what circumstances (who can conduct and under what conditions). Health policies can be helpful and at the same time be deterrents to care.

The undergirding critical determinant to health for individuals and communities is access to quality health care. The operative words here are access and quality. Access to mediocre care is more readily available than access to quality care. One must gain knowledge and wisdom regarding what is quality care and where and how is it accessible. Many do not know, and it is incumbent on the faith-based community to be the conduit for this information. Also, congregations must be knowledgeable about the policies and interventions that dic-

⁸See Beauford B. Longest, *Health Policymaking in the United States* (Ann Arbor, MI: Health Administration Press, 1994).

tate testing, care, and treatment, insurance coverage—health, life, and disability. Once knowledgeable, an information dissemination strategy must be applied.

Optimal health is a holistic approach to total well-being and encompasses five basic constructs: optimal spiritual health, optimal physical health, optimal emotional health, optimal intellectual health, and optimal socio-economic health. John T. Chissell in *Pyramids of Power: An Ancient African Centered Approach to Optimal Health*, details the rationale, strategies, and benefits of choosing this approach to promote health and prevent disease.⁹ Optimal health is the greatest state of aliveness that an individual can achieve, allowing the highest potential to be reached and doing the greatest good.

The Black Church and the Basic Constructs of Optimal Health

The basis for the work of the Black Church in providing a successful plan for advancing health and wholeness in response to the pandemic of HIV/AIDS must address the five basic constructs of optimal health. HIV/AIDS affects all aspects of life not only for the individual but the community itself, therefore requiring a holistic approach. Like other factors that promote health, e.g., exercise, religious involvement, and spirituality, are likely to enhance resistance to disease through the interaction of multiple beneficial mediators.¹⁰ The literature also documents that faith and religiously involved

⁹See John T. Chissell, *Pyramids: An Ancient African Centered Approach to Optimal Health* (Baltimore: Positive Perceptions Publications, 1993).

¹⁰See J. S. Levine, "How Religion Influences Morbidity and Health: Reflections on National History, Salutogenesis, and Host Resistance," *Social Science and Medicine* 43, no. 5 (September 1996): 849-864.

African Americans are more likely to embrace health-promoting behaviors such as eating a proper diet, shunning risky practices such as smoking and those associated with STD and HIV infection, seeking preventive services, and being compliant with treatments.¹¹

Optimal spiritual health requires that the community is a safe place where one can feel free to express concerns in a loving non-judgmental arena. For one to achieve spiritual health, a faith community that encourages a fight against non-being, as suggested by James Cone, must encompass one's surroundings. The church's role is to offer a place of spiritual healing, and each of us plays an important role. A listening ear, an uplifting word, comments that empower one to exhibit healthy low-risk behavior are seemingly small things to do but are some of the most powerful.

Optimal physical health requires honoring our bodies as temples of God. Not only must we avoid behavior that places us at risk for transmitting or contracting the virus, we must remain in an overall state of optimal physical health. Church-sponsored programs that target all age groups, both male and female, to discuss ways of reducing risk should be ongoing. No one way will work for all, all the time; multiple options and scenarios should be presented with opportunities to practice on one another in a safe environment.

There are also many things that the church can do to optimize the communities' physical well-being: serving healthy meals that do not create dis-ease or impair the immune system—diabetes for one. We can create atmospheres that cele-

¹¹See K. Ahijevych and L. Bernhard, "Health-promoting Behaviors of African-American Women," *Nursing Research* 43, no. 2 (March-April 1994): 86-89; also Whitley Dessio, Christine Wade, Mario Chao, et al., "Religion, Spirituality, and Healthcare Choices of African-American Women," *Ethnicity and Disease* 14, no. 2 (2004): 189-197.

brate wellness, and that celebrate compliance. One of the major problems with the treatment of HIV/AIDS is medication compliance. Yes, the policy concern of lack of adequate, affordable health insurance is a major contributor, but so is the fear that "if I take my medication, someone will see me and wonder why I am on meds" is yet another. We need to create non-judgmental atmospheres that encourage persons to take their medicine consistently, adhere to diet regimens, and foster healthy lifestyles.

Optimal emotional health is next. Stress affects T-cell counts. T cells are those cells that act as protectors against infectious- and cancerous-causing agents. All stress, whether good or bad suppresses T cells. Whether stress is good or bad is based on the perception of the one who is stressed. It has been proven that stress perceived as good temporarily suppresses the T cell, but then there is a rebound increase over baseline for a sustained period. Stress perceived as bad suppresses the T cell, and it stays there for an extended period of time. It is the role of the church to create an atmosphere that fosters optimal emotional health. A safe place for counseling those infected and affected by HIV/AIDS is one such way to advance health and wholeness. If the local church is not capable of providing this service, it should offer referral services and resource distribution. It is essential for the pastor to recognize the line between pastoral care and mental health and then not to cross it. We are called to first do no harm. Going outside of our boundaries of expertise does just that.

Optimal intellectual health. Knowledge is power. Efforts to provide comprehensive HIV/AIDS prevention education and community-level training for faith-leaders are essential. Using a core instructional curriculum and community-level training modules easily adapted to meet the needs of diverse

faith traditions, promoting leadership and support for HIV prevention among faith leaders serving disproportionately affected African-American populations, and engaging faith leaders in identifying ways to provide effective HIV/AIDS prevention information and services to populations within their congregations and outreach ministries can help to achieve the necessary education and training. The completion of this formal, higher level of training will lead to the implementation of culturally appropriate faith-based initiatives in HIV prevention, stronger linkages between theology and HIV-prevention scholarship, faith and religious practice, and the development of faith/religious leaders with expertise in faith-based HIV prevention. Efforts through such programs as the Red Cross African American HIV/AIDS Prevention Curriculum, the Balm in Gilead and a potential resurgence of the ITC HELP Curriculum, as well as other curricula that can be adapted for use must be engaged.

Finally, optimal socio-economic health must be identified if HIV/AIDS is to be addressed fully. There is a close link between optimal socio-economic health and policy and interventions. There was a time when members of the homeless community were actively "chasing" the virus in order to gain access to health insurance and health care. There was once a policy that said that if one were HIV positive, Medicaid, shelter, food stamps, and a host of other social-service programs and opportunities were available. Those policies no longer exist, but they point to the length that persons will go in order to gain access to health care. Many of our young people do not believe that they will live beyond twenty-five years of age and so do not feel a need to worry about something that may make them ill ten-fifteen years from now; they have to be concerned whether they will be killed in a "drive-by" tomorrow.

Conclusion

The Black Church must become involved in economic and educational empowerment classes and create an atmosphere that promotes this. Educational achievement is directly tied to economics and the resultant social and physical environment in which one finds one's self. The Black Church must also be engaged in ending gang and domestic violence, in creating neighborhoods that are safe for all especially our youth, in empowering our youth to believe that they are Children of God—princes and princesses with all of the potential this implies.

Overall, each congregation must find its niche, its way to provide leadership in the local community for ending this crisis. Knowledge is first, dispelling myths is second, and empowering is third. The seven essential components to the response by the Black Church are:

- Hearing and healing
- Gain knowledge
- Steps to encourage dialogue
- De-stigmatize
- Collaborations for services
- Support groups for those infected and affected
- Resource rooms/areas

This does not limit the response by any means but provides a framework for action. Each congregation and each individual has been given gifts and talents that address this pandemic. Find yours and then act.

