



A. Oveta Fuller\*

BREAKING THE SILENCE: A SCIENCE-BASED  
INTERVENTION THAT EMPOWERS  
FAITH LEADERS TO ADDRESS  
CHALLENGES OF HIV/AIDS

“...My people perish for lack of knowledge.”

Hosea 4:6

Introduction

A frequently-heard phrase is “think globally, act locally.” What should be the action, the response of communities of faith to the local and global challenges of HIV and AIDS? This is an urgent question for the African-American community—clergy and faith leaders in 2007.

It is over twenty-five years after the discovery of human immunodeficiency virus (HIV) that causes the disease Acquired Immune Deficiency Syndrome (AIDS). In the USA in 2006, over 57 percent of the *reported* new cases of HIV infection or diagnosis of AIDS was for people of African-American descent.<sup>1</sup> At this “Breaking the Silence” forum, we explore the question of what is required to reverse the local and global impact of HIV/AIDS. Those here likely know that we must engage creatively, consistently, and for the long-hall to stop the spread and effects of HIV/AIDS. As Christians, we must respond in

---

\*A. Oveta Fuller is associate professor of Microbiology and Immunology, University of Michigan Medical School, Ann Arbor, Michigan, and represented Payne Theological Seminary, Wilberforce, Ohio, at this “Breaking the Silence” forum.

<sup>1</sup>Centers for Disease Control, [2006 “CDC Executive Summary: Consultation on Faith and HIV Prevention”], <http://www.cdc.gov/hiv/resources/other/faith.html> (accessed December 11, 2006).

the manner that Jesus the Christ taught us: "God sees us at all times," that "with God, no thing is impossible," and that "we are more than conquerors through the power of Christ Jesus which strengthens us." Like the Samaritan traveler who showed unconditional care and attention to the man beaten and left wounded by the roadside, we are compelled to "go and do likewise." The question then becomes not *if*, but *how* do we effectively respond to positively impact the far-reaching, socially complex, and charged challenges of the realities of HIV and AIDS in our communities.

This essay lays a foundation why the situation is urgent among African Americans in the USA, explores the key role of prevention and compassionate care, presents an approach to "reframe HIV as a preventable virus infection," and provides insights from using this approach of innovative science-based prevention with clergy and faith leaders. A science-based innovation cuts through surface-level information, myths, and widespread stigmata to empower people to actively engage in HIV prevention, caring for themselves and others in their families and communities.

### Current Level and Impact of HIV/AIDS

HIV/AIDS is a global challenge, the greatest infectious disease test to date for humankind.<sup>2</sup> Once the virus infection is in a community, unless an active intervention is in place, the virus can spread quickly by sexual transmission, contact with blood or blood products, from sharing of needles, during the birth process, or through breastfeeding from mother to child.

---

<sup>2</sup>Kaiser Family Foundation, [2006 "HIV/AIDS Policy Fact Sheet: The Global HIV/AIDS Epidemic"], <http://www.kff.org> (accessed December 11, 2006).

In the USA at the end of 2006, one in every twenty people in Washington, DC, and Philadelphia, PA, was estimated to be infected with HIV.<sup>3</sup> This is close to the recorded prevalence of HIV infection in populations of South Africa in 1993. In only ten years, the HIV infection rate increased in the population of South Africa from 4.3 percent in 1993, to 10.4 percent in 1995, 22.8 percent in 1998, and to 30 percent in 2003.<sup>4</sup> While many are aware of the pandemic of HIV/AIDS in Sub-Saharan Africa with some 28 million infected (one in three in Botswana or Swaziland, one in four in South Africa, one in five in Zambia),<sup>5</sup> most people are not aware of the current high HIV prevalence (one in twenty) in some communities of African Americans, both in urban and rural communities.

At the end of 2006, HIV/AIDS was the leading cause of death for Black Americans between fifteen and thirty-five. Globally in 2006, there were at least 3 million deaths from AIDS related illness. Yet with all the current efforts in place, in 2006 there were 4 million *new* HIV infections.<sup>6</sup> As with many other diseases such as diabetes, heart disease, cancer, STIs, and infectious diseases, HIV is disproportionately higher in communities of people of color. The conversation today asks, "What must occur to reverse this trend, especially with HIV/AIDS as 'a preventable virus infection'?"

"A combination of high prevalence, limited health-care infrastructure, poverty and low gross national income fuels the global HIV/AIDS epidemic."<sup>7</sup> Multiple factors contribute to the dis-

---

<sup>3</sup>CDC, "Executive Summary," 2006.

<sup>4</sup>Kaiser, "HIV/AIDS Policy Fact Sheet," 2006.

<sup>5</sup>Ibid.

<sup>6</sup>CDC, "Executive Summary," 2006.

<sup>7</sup>Minki Chatterju, Nancy Murray, David London, and Philip Anglewicz, [2004 "The Factors Influencing Transactional Sex among Young Men and Women Living in Twelve Sub-Saharan African Countries," Policy Report], <http://www.policyproject.com/pubs/countryreports>. Trans \_ Sex.pdf (accessed December 11, 2006).

proportionate presence of HIV/AIDS among African Americans who are 13% of the USA population but over 50% of the HIV/AIDS reported cases in the fifty states.<sup>8</sup> Many of the compounding factors have existed for decades as a result of this country's legacy. In the conversations of this conference on "Breaking the Silence about HIV/AIDS," we explore ways to effectively stop the increase of HIV infection, slow the progression from HIV+ to AIDS, and reduce the stigma and impact of AIDS on people and communities.

### Reframing HIV As "a Preventable Virus Infection"

HIV is typically thought of as a devastating viral infection leading to death. In reality, it is an infectious disease caused by a virus, successful as pathogen because to it takes advantage of human sexuality. Among the viruses that infect humans, HIV is relatively weak because of its outer lipid envelop layer. To stop the pandemic, we can reframe HIV/AIDS as "a relatively weak infectious virus."

HIV is a retrovirus that has the ability to reproduce in and kill cells through a lytic infection or to remain in a resting latent state in the genetic material of cells for months or years. Because it is caused by infection with a virus, HIV/AIDS is similar to the familiar diseases of the common cold, influenza, chickenpox, herpes, hepatitis, measles, and mumps. Some of these are reduced in prevalence due to availability of an effective vaccine given during childhood.

All viruses have three requirements in common. They must reproduce in a living cell, spread from one person to another, and

---

<sup>8</sup>Centers for Disease Control, [2006 "HIV/AIDS Surveillance Report"], <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/race-ethnicity/slides/race-ethnicity.pdf> (accessed December 11, 2006).

evade the host natural immune defenses. While HIV is adept at reproducing itself and at evading host immune defenses, it can only be transmitted from host to host in limited ways. This is a key point in stopping the spread of HIV/AIDS.

As a member of the retrovirus family, presence of a lipid envelope (thin fat-like outer virus layer) requires that the virus must be transmitted in infected cells or surrounded by relatively thick fluids (semen, vaginal fluid, blood, breast milk). This prevents drying out or damage of the lipid outer coat or disruption of its key viral proteins. Infection occurs by limited ways through contact with sexual fluids, with blood from an infected person, during birth or with breast milk from an infected mother, or through sharing of intravenous needles that contain blood and virus.

Unlike the common cold, measles, chickenpox or influenza, HIV cannot be transmitted through casual contact (hugging, touching), by the respiratory route (air-borne from sneezing, cough, talking), from contact with clothing, the use of utensils, or through insect bites. This differs from easy transmission and spread of viruses that cause the common cold, influenza, chickenpox, hepatitis, measles, or mumps. Thus, a place to stop HIV infection, and stop the spread of HIV/AIDS is to prevent transmission of the virus from one human host to another. Understanding simple biology of HIV structure and conditions for transmission explain why currently available preventions can be highly effective.

Below are the ABCs of HIV prevention which, when taken together, line up well with most theological or religious organizations.

- A- Abstinence from sexual activity or exchange of IV needles;
- B- Being sexually faithful to one partner; and
- C- Always correct and consistent use of latex condoms to block contact with sexual fluids.

Antiretroviral (ARVs) drugs are becoming more widely available. They are not a cure but slow the ability of the virus to reproduce. Comparing a population of 1,000 HIV-infected women without an intervention (ARVs or contraception), approximately 150 infants would be infected with HIV during delivery. If ARVs were available, the number of infected infants would be reduced to eighty-two. If effective contraceptive services were available, this number would be reduced to forty-nine.<sup>9</sup> Consistent teaching and use of the ABCs can reduce HIV transmission and infection of the virus.

Reframing HIV/AIDS as “a preventable virus infection,” using the ABCs, cuts through misinformation, lack of understanding, myths, and ideas about HIV as a fatal disease, or as often found in the faith community “as punishment for sexual sin.” Reframing HIV makes conversations easier and removes the taboo surrounding the topic. Interventions and conversations to stop HIV/AIDS must be taken seriously as with other preventable diseases, or that can be detected early in treatable stages. Some of these, for which preventive medicine is a high priority, are prostate cancer, breast cancer, diabetes, polio virus, influenza, diabetes, heart disease, and influenza.

### Prevention Is Currently All We Have

Despite scientific progress with research to explore HIV since its discovery in the early 1980s, there is no vaccine to prevent HIV infection. There is no cure to get rid of the virus once it has entered into a host. Stopping the entry of HIV into

---

<sup>9</sup>Stefano Bertozz, Nancy S. Padian, Jenny Wegbreit, et al., “HIV/AIDS Prevention and Treatment,” in *Disease Control Priorities in Developing Countries: A Summary*, 2nd ed., ed. Dean T. Jamison ([Washington, DC]: World Bank, 2006), 345.

a person through the few routes described above can stop the spread of HIV and development of AIDS. Prevention is effective and is our main intervention.

In the recent book, *Disease Control Priorities in Developing Countries*, researchers explain that prevention of infection can occur and is most cost-effective. "Current coverage shortfalls [in health care], combined with the relentless expansion of the epidemic, underscore the acute need for rapid scale-up of prevention and treatment interventions. . . . Control of the pandemic demands a two-front battle that emphasizes both prevention and care."<sup>10</sup> It is urgent that every community member engage in the conversation and battle to stop this virus and its impact. There is a special need for clergy to stop the needless loss of life from HIV/AIDS—"a preventable virus infection."

### What Is the Responsibility of the Black Church? What Are the Unique Features of Religious Organizations?

Traditionally, religious organizations have tremendous influence on behaviors within communities and individuals.<sup>11</sup> We can look at their impact in the USA on the Civil Rights Movement, on recent political elections, and on changes in environmental justice with locations of toxic dumps and waste sites in communities.

Religious organizations and their leaders have contact and influence with people where they live. They can reframe issues. To successfully "reframe HIV/AIDS as a preventable viral infection," religious organizations, especially the church

---

<sup>10</sup>Ibid, 332.

<sup>11</sup>See Robert Joseph Taylor, *Religion in the Lives of African Americans: Social, Psychological, and Health Perspectives* (Thousand Oaks, CA: SAGE Publications, 2004).

in African-American communities is responsible to live up to its calling "to love God and to love our neighbor as ourselves." The church is well-positioned to inform its congregations, to help to remove the stigma from HIV/AIDS, to break the perceived silence, and provide education for awareness. Clergy and religious leaders can lead by example to change attitudes and behaviors: allowing apathy, admitting lack of knowledge, and preventing the rapid spread of HIV infection. They must become informed, understand the nature of HIV/AIDS, and remove the moralization that has fostered lack of conversation, apathy, and inactivity.

In the science-based intervention model used in Zambia, the highest officials of the religious or social network (the Bishop over AMEC congregations of Zambia and the Republic of the Congo) become informed and engage in dialogue, prevention, and education. This leads to engagement of clergy under their authority, to officers under those clergy, and eventually to the congregation and community at large. Science-based education leads to conversations, increased HIV testing, development of support groups, and home-based-care-givers in the community and setting up of schools for orphan children and those made vulnerable by HIV/AIDS. The first results obtained in February 2007 as an outcome of workshops conducted in March 2006 indicate that changes are occurring. When the myths about HIV/AIDS are replaced with the understanding that it is "a preventable virus infection," people are empowered to share what they have learned and to make changes. A critical first step is to be tested for exposure to the virus. In one follow-up group, of thirty-five self-reporting people, twenty-five had been tested for HIV infection since attending the workshop eleven months earlier. This rate is much higher than the estimated 15 percent of people who have received voluntary testing and counseling



for HIV/AIDS overall in Zambia.

This is one example of the outcome that an informed and active religious organization can have. As prevention is all we have currently, religious organizations can and are responsible to help reframe HIV and AIDS, break the silence, and communicate why we can take actions to stop the HIV/AIDS pandemic. Stigma is reduced when people address HIV continuously as a "preventable virus infection."

It is important that clergy, officers, seminaries, marriage, and other religious counselors understand the truth and vulnerability of HIV. A CDC February 2006 report stated that one of the requests of the religious leaders' forum was to equip clergy and faith leaders with sufficient understanding and resources to better serve their congregations.<sup>12</sup> Science-based sessions and workshops with clergy and faith leaders, as in Lusaka, Zambia, can effectively provide this training to empower and enlighten.

### A Science-based Prevention Intervention with Clergy Faith Leaders

In countries where HIV/AIDS is highest in prevalence, people daily deal directly with the effects of HIV/AIDS on their families and communities. We find that workshops with a captive audience of clergy, spouses, officers, or missionaries lead to new levels of insight, empowerment, and enthusiasm to share what is learned. The science-based prevention model for Zambia explains the nature of HIV, how it causes AIDS, and what HIV antivirals do to slow the effects of infection.<sup>13</sup>

---

<sup>12</sup>CDC, "Executive Summary," 2006.

<sup>13</sup>A. Oveta Fuller, "The Biology of AIDS," in *HIV and AIDS: A Global Pandemic and the Village Crisis*, ed. P. Jones-Penn (Landover, MD: Corporate Press, 2004), 113-120.

The information is scientifically accurate and explained in simple terms and analogies easy for laypersons to understand.

One effective analogy explains how HIV infection causes AIDS and the variety of opportunistic infections seen at short- or long-times after infection is explained using the "fire station analogy." Defenses of the human body are compared to a city's defenses against destruction by the many types of fires that occur among its residents. To destroy a modern USA city by fire is difficult. Fires can begin from any one of multiple sources such as a cigarette left burning, a kitchen fire, an accidental explosion, or a lightning strike. In most places these should lead to an alarm that sounds to alert the local fire station. Fire trucks are sent with personnel and equipment to put out the fire. If, however, the fire trucks are first disabled at the fire stations, they cannot respond to a fire that occurs in the community. Even the smallest kitchen fire can lead to destruction of property and buildings. Eventually, with all the city fire trucks disabled, and its defense system crippled, the city will be overcome by fire.

HIV attacks a part of the human immune system that communicates and activates other defenses of the body. When HIV replicates itself in a key type of immune cells called CD4 T cells, it destroys those cells used as factories to produce more progeny virus. A T cell infected with one virus can produce 100's of new virus progeny. Each of these can go on to infect other T cells. Eventually, the T cell levels of the body are reduced, and central communication to activate other parts of the immune system does not occur. Thus, as with destruction of the immune system "fire trucks," HIV infection to destroy CD4 immune cells leads to AIDS. Because of the loss of CD4 T cells, the body cannot combat encounters with other microbial organisms or cancer cells.

A key point to understand is that a person can avoid AIDS as the disease resulting from HIV infection. This can be done by remaining HIV-, not allowing the virus into the body in the few ways it can enter, or if HIV infected (HIV+), by keeping the CD4 T cells at a high level (healthy living), and using anti-retroviral drugs to help reduce the number of HIV progeny made to infect more T cells. Development of AIDS depends, in part, on how much virus is present and how quickly T cells are destroyed.

### Conclusion and Challenges

HIV is "a preventable virus infection." Because of its relatively fragile structure, it can only enter the human body in a few ways. These require exposure to thicker protective fluids such as semen, vaginal fluid, blood, blood products, or breast milk. HIV is successful as a pathogen, in part, because it takes advantage of human sexuality to move from person to person in these few ways. Time to develop AIDS after HIV infection depends on how much virus circulates, the overall health of the person, what other microbes they encounter, and how soon a person knows of HIV infection to begin the positive living required to slow progression to AIDS. Routine testing for HIV exposure is critical in stopping the spread of HIV infection and halting the HIV/AIDS pandemic. When people know more than a shallow level of information, they become empowered to make better choices. It is imperative to break the silence and stop apathy, misinformation, myths, and lack of actions. The religious community, particularly the Black Church that serves many African Americans, can and is compelled by the essence of our faith, to actively engage in HIV/AIDS prevention and care if we are to live up to our

mandate from Christ. The Church is to love and put that love into action by caring.

In explaining the judgment in Matthew 25:31-46, Jesus describes the separation of people into categories represented by sheep and goats. The sheep are invited to eternal reward because of the things they did to help others. The goats are banished, lost forever because they did not recognize and seek to meet the needs around them. Jesus provides a profound response to the question from those blessed with eternal life: "When did we feed, clothe, visit, or comfort you?" The answer to them and also to us is "As you did it for the least of these, you did it for me." We can "go and do likewise" with our congregations and communities to develop and use effective strategies for HIV infection prevention and destigmatization of HIV/AIDS through effective education.

God sees what we do and what we think in response to this challenge of our time that brings us face to face with many other challenges of humanity. If no other scientific discovery occurs about HIV/AIDS, what we need most to combat the HIV/AIDS pandemic is already provided. In addressing the complex issues surrounding the pandemic and its impact, we are also aware of many of the contributing factors that feed the devastation, loss, and hurt that this virus infection brings to humankind. It can be done if the Black Church as one religious entity will engage "with God, all things are possible."