

A Challenge for Leaders

Crisis: The **devastating** impact of AIDS on black communities demands a much stronger response at all levels.

By Ellis Cose | May 15, 2006 | 882 words, 0 images

When it comes to black religious, political and civil-rights leaders, AIDS is simply not the enemy most signed up to fight. But it has given them little choice. As Wade Henderson, head of the Leadership Conference for Civil Rights, puts it, "The numbers and the growth of the disease are confronting the ... community in a way that will force us to be more responsive."

In the old days, civil-rights issues were much simpler. They amounted, in essence, to holding America to its founding promise, which meant attacking Jim Crow. Today, the most pressing issues affecting minority communities have little to do with Jim Crow. Instead, they are things that aren't rooted in formal discrimination, but which, like AIDS, disproportionately affect those who are poor and nonwhite.

Given the magnitude of the gathering threat, one would imagine that established black leadership would have launched an all-out crusade. That is not exactly the case. Without question, some prominent blacks have placed themselves in the forefront of the struggle. Among those cited by Phill Wilson, director of the L.A.-based Black AIDS Institute, are the Rev. Jesse Jackson, Congressman John Lewis and Congresswomen Barbara Lee and Maxine Waters. Many other black groups are now onboard; and a number of them--the NAACP, 100 Black Women and the National Council of Negro Women, among others--are gearing up for a joint mobilization next month aimed at stopping new infections over the next five years.

The reluctance of some black organizations to engage stems in part from the fact that most so-called black leaders are perpetually overwhelmed. Poor minority communities are assailed from many directions. A leadership already trying to cope with poverty, crime, drugs, hypertension and more could hardly be faulted for not taking on a new struggle, notes Helene Gayle, the newly appointed president and CEO of CARE.

But some of the reluctance also comes from a combination of denial and disgust. For taking on AIDS means openly talking about things that many people, particularly those who are culturally conservative, find exceedingly distasteful or discomfiting. Sex, drugs and men having sex with men are "taboo subjects" to many blacks, observes Jatrice Martel Gaiter, president and CEO of Planned Parenthood of Metropolitan Washington, D.C. "I think the black middle class has almost totally rejected this issue--as if they are excluded from it, or embarrassed by these people," she adds. Tracie Gardner agrees. Many blacks in leadership positions would prefer that "somebody else ... over there" deal with AIDS, she says. For politicians worried about constituents' reactions, embracing the AIDS battle can seem fraught with peril--especially today, when political hay is to be made by standing up for so-called traditional values and

morality. Many politicians "don't want to touch the issue" because they fear people will think they are "pro-gay-rights," says Rep. Artur Davis, Democrat of Alabama.

Gaiter finds such attitudes not just troubling but profoundly immoral. Religious leaders, in her view, have a responsibility "to preach about this from the pulpit, to write about it, to have an AIDS ministry." But more often than not, she believes, the black church is silent. In an age when prostitutes--at least in certain areas of Washington--are paid twice as much for sex without a condom as with, and unsafe sex is rampant among teens, Gaiter argues that reticence can kill.

So far, much of the faith community seems more comfortable focusing on AIDS abroad than at home--on "the African epidemic, often at the expense of the African-American epidemic," in Wilson's words. "It's easier for everybody to look at AIDS in Africa," he says. Nonetheless, he insists, "it does not have to happen as an either-or proposition."

Perhaps as serious as the problem of denial and avoidance is the problem of obliviousness. Much traditional leadership is somewhat out of touch with certain behaviors that can lead to the spread of HIV, says Gardner. There is often a "disconnect," she says, with what is happening on the "subterranean level." She cites the "coming-home parties" given for some men upon their release from prison. Along with food and drink for the newly released ex-inmate, someone typically lines up "three of the hottest girls to help welcome [him] back," she notes. Thus the HIV epidemic, already raging in prisons, finds yet another quick transmission route to the outside world.

The era of willful blindness, as Henderson suggests, may well be coming to an end. "If you look at the community voices, they are much louder than in the days when there was ... denial," observes Helene Gayle. Wilson, for one, looks forward to the day when blacks will lead the fight: "My hope is for black America to take ownership of this disease."

In light of the increasingly **scary statistics**, that day may well come. But, as Gayle is quick to point out, AIDS is not just a problem for the black community or black leadership. The battle will take the best that black preachers and opinion leaders can offer, but it will also take so much more--from government and from people of all races wise enough to realize that no community is an island, and that a **crisis** engulfing America's most vulnerable citizens is ultimately a threat to America itself.