



On June 5, 1981 the CDC reported the 1st known case of AIDS. In the 35 years since, we've lost many - an estimated 40 million - but we've learned much. We've learned that HIV is not a disease that only affects gay white men as we originally suspected. We've learned from Arthur Ashe, Easy E, Magic Johnson, and most recently Charlie Sheen, that no matter how much money or fame you have, you aren't exempt from HIV/AIDS infection. We've also learned from Magic that with the right resources, a positive outlook and access to treatment, one can live a normal and healthy life in spite of HIV infection. We've watched as this epidemic has reached critical levels in Africa among women and children and the United States among the LGBTQ community and people of color.

Today 37 million people worldwide are living with HIV, 1.2 million of which will succumb to AIDS and another 2 million will be newly infected. 30 of the 37 million PLWH live in low/middle income countries with Sub Sahara Africa accounting for 26 million of all HIV cases globally - 70% of the world's new infections. The problem in Africa is that it contains 10% of the world's population, 20% of the world's health burden, yet only 3% of the world's health care providers. Dr. King once said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

HIV and AIDS is a justice issue.

It's an injustice that 1.1 Americans are living with HIV, with 1 in 8 of them not knowing they are infected. Men who have sex with men are most at risk accounting for 51% of Americans living with HIV, and although African Americans are only 13% of the U.S. population, we make up nearly half of new cases as well as nearly half of the people living with HIV. If you are both black and a man who has sex with men – the reality is even more stark with the CDC estimating that 1 in 2 gay black men will contract HIV in their lifetime if current trends persist.

Though the epidemic in the United States pales in comparison to that of Africa, they do share one thing in common – devastation among people of African Descent. While the focus on black lives in the West has largely been in the context of state sanctioned violence against black bodies, there is a public health case to make regarding #blacklivesmatter as it relates to HIV/AIDS. Frankly stated, HIV/AIDS has posed the greatest threat to black lives over the last 35 years.

But why?

Why do people of color (POC) always manage to land at the top of the worst lists? As with state sanctioned violence against black bodies, society would have us believe that if black people just behaved differently, we wouldn't be disproportionately impacted by HIV/AIDS. But the truth is, neither violence against black people nor disparate HIV infection in black communities have as much to do with our behavior as it does with decades of social discrimination on the basis of race, gender, sexual identity, class, age, and geography.

As long as systems of oppression are preserved to keep POC poor, uneducated, un-liberated, and living in the most underserved parts of the country with the least access to healthcare, POC will remain the most sick and despondent demographic. Neither poverty, nor education, nor freedom, nor location have anything to do with science or medicine. All of them are manipulated to oppress, however. This makes HIV not just a biological disease but a social justice mandate, and because it's a justice issue, it's a Jesus issue, and therefore an issue for people of the Christian faith.

We must be willing to address HIV and AIDS as the church. In addition to the social barriers that exist, we also have to be willing to have honest conversations on tough subjects like sex and sexuality and the church's failure to wholly embrace the LGBTQ community who carry the greatest burden of HIV infection in this country. The ELCA Strategy on HIV/AIDS provides a comprehensive plan for engaging the domestic epidemic and its key populations on a synodical and congregational level, but it cannot be successfully implemented without the leadership of African Descent partners. We must be accountable for our black lives that matter, and hold our white brothers and sisters to task for black lives as well. Together we must increase education, because education breeds awareness and builds capacity to execute programs for those at greatest risk for HIV infection.

That being said, there are a number of opportunities throughout the year for communities of faith to participate in HIV/AIDS advocacy.

World AIDS Day, which is on December 1st of every year, is the most widely recognized HIV/AIDS awareness day in the world. Each year churches are encouraged to acknowledge World AIDS Day Sunday either on the Sunday before or after December 1st, by praying for people living with HIV (PLWH), preaching a sermon of restorative justice and healing for HIV/AIDS, and partnering with local AIDS service organizations (ASOs) to offer free HIV testing after service.

National Black HIV/AIDS Awareness Day (NBHAAD) is recognized on February 7th of each year where testing is at the core of this initiative and is critical for prevention of *HIV* in *Black* communities. A toolkit for engagement can be accessed for free at www.nationalblackaidsday.org.

The National Week of Prayer for the Healing of AIDS (NWPHA), founded by The Balm in Gilead Inc., is recognized during the 1st full week of March, and is an awareness week created with black faith communities in mind. More resources can be accessed for free at www.balmingilead.org.

National HIV Testing Day is recognized on June 27th of each year, or the last Saturday in June. This perhaps is the most important of the awareness days because it is entirely focused on everyone knowing their HIV status – which is the first step to ending the HIV epidemic. We encourage churches to host free testing events in tandem with social gatherings that include food, games, and giveaways as incentives for getting tested.

June is also LGBTQ Pride Month, and therefore an excellent time to facilitate healthy conversations around sex and sexuality, eliminating stigma, and ways communities of faith can be inclusive and affirming safe spaces for our LGBTQ brothers and sisters.

Lastly, National Faith HIV/AIDS Awareness Day (NFHAAD) is the newest of HIV awareness days, acknowledged for the first time on August 27, 2017. Founded by RAHMA and partners, NFHAAD is a day to rally all U.S. communities representative of the Muslim, Christian, Jewish, Buddhist, Sikh, Hindu and Baha'i faiths to take a stand against stigma in their congregations and raise awareness on

HIV/AIDS - one day, each year, until we find a cure. You can learn more about NFHAAD and how you can be involved at www.faihaidsday.com.

Other HIV awareness days can be found at www.hiv.gov.

While we have the science and medicine in anti-retroviral treatment to keep PLWH healthy, and key populations vulnerable to HIV protected against infection with pre-exposure prophylaxis or PrEP, stigma and discrimination prevent those who need these medicines most from accessing them, especially our black and brown same-gender loving brothers.

These awareness days offer an organized opportunity for members of civil society to formally join in the fight against HIV/AIDS and declare that #blacklivesmatter, LGBTQ lives matter, and PLWH matter - to accompany the biomedical industry in areas that cannot be impacted in a laboratory or hospital: our households, our workplaces, our social networks, and our faith communities.

1 Corinthians 12 says, “For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ.” The body of Christ has AIDS, and as long as one member of the body is infected, all members of the body are infected. Let us continue this fight together until one is none.

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