“Our Church Lights the Way”:
The Black Church Response to HIV/AIDS in Connecticut, 1981-2005

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INTRODUCTION

In 1975, Reverend Frederick “Jerry” Streets began serving as the pastor of Mount Aery Baptist Church in Bridgeport, Connecticut—just five years before the virus later known as human immunodeficiency virus (HIV) began to silently spread across New York City.\(^1\) During his tenure as Mount Aery’s pastor, which extended into the 1980s, Reverend Streets witnessed firsthand the rise of the AIDS epidemic and its disproportionate impact on people from communities like his, as Black Americans rapidly became the racial category most affected by the virus in the United States. He also became acutely aware of the feelings of shame and secrecy that accompanied the virus and its associated condition, acquired immune deficiency syndrome (AIDS):

We were all being impacted by the spread of the disease, the deaths it was causing, and the other stresses that came with coping with the disease. And when some people passed away from HIV and AIDS, they didn’t want that to be stated in the church bulletin and the funeral program. So everybody died of a long illness or a heart attack, you know, kind of a generic thing. And the stigma and the fear were understandable.\(^2\)

In response to the devastating toll that the AIDS epidemic was taking on his community, Reverend Streets decided to use his position as a preacher and community leader to lift the veil of secrecy and shame and address the crisis from the pulpit. He started by educating himself on the basics of the disease. How was it acquired? How could people protect themselves from infection? How might he be more supportive of those who were suffering from AIDS and their families? In response to the third question, he and other members of his church began an AIDS outreach ministry, organizing visits to the homes and hospital rooms of those who had fallen ill

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\(^2\) Reverend Doctor Frederick J. Streets, interview by author, New Haven, February 14, 2023.
and looking after the basic needs of AIDS patients and their families. A major component of their outreach was Reverend Streets’ sermon series about AIDS:

I did a series of sermons about the need to be more open and reach out to understand the impact of the disease and combat the stereotyping of [HIV and AIDS] at that time. To my pleasant surprise, there were members of the congregation that thanked me for it and wanted to be part of the outreach because some of them either were suffering or had family members who had suffered from HIV and AIDS, but kept it quiet because of the fear of stigma and stereotyping.

His sermons also brought into stark focus the complex considerations that church members suffering from HIV and AIDS had to navigate after they received their diagnoses. One interaction with a Mount Aery congregant and his family remains with Reverend Streets to this day:

A member of the family came to me at the time to share that he had AIDS. And I asked him, why was he just telling me this? And he said after listening to the sermon series, he realized it was safe to come and talk to me. This person and his family were quite active in the church, and they had been living with this and suffering with this for quite a while before I knew about it. Why didn’t I know about it? Because of the stigma, the fear of being judged and condemned.

Streets’ experiences as a pastor during the rise of the AIDS epidemic reflect the realities of a disease that often left its sufferers extremely isolated, fearful of how the societal stigma associated with HIV and AIDS would affect their position in the communities that were important to them. Within the walls of the Black Church, these fears were amplified by the possibility of religious condemnation due to a diagnosis that forty-three percent of Americans in 1987 considered to be a “punishment for immoral sexual behavior.”\(^3\) For many Black Christians, the prospect of condemnation from the Black Church community was much more daunting than ostracization from secular society. They feared that the Black Church, a historical source of refuge and community support, would turn its back on them if their diagnosis became known.

One Black religious leader in Detroit characterized the magnitude of this fear in her declaration that “church hurt can be the worst hurt.”

Church healing can have profound effects, too. In churches like Mount Aery, where pastors and congregants sought to create an environment of openness and acceptance, church members who were suffering from AIDS received an outpouring of support. As they contended with a diagnosis that was considered a death sentence for most until the early 2000s, many Black Church members found great solace in the spiritual and emotional support provided by members of their Black Church community. When Reverend Streets sat at the death bed of the man who had once hesitated to share his AIDS diagnosis with him, he remembers being asked one pressing question: “The last thing he said to me [was] did I love him? And I said I did. I seemed to get a lot of appreciation for that. And a little while later, he passed away.” In his final moments, beyond the reach of any possible medical treatment, he sought affirmation from his pastor, and by extension his church community, to ease the reality of his impending death.

The history of Black Church HIV/AIDS activism is hardly straightforward. Black Church leaders and congregants had to navigate a series of critical choices about how they would address the public health crisis ravaging the Black community. The objective of this paper is to illuminate the individual, communal, and organizational considerations that informed how Black Church leaders responded to the AIDS epidemic. I will argue that these considerations reflected multiple contradictions represented by the Black Church, particularly its historical focus on social justice and its broad exclusion of the LGBTQ community; its powerful position as a pillar of the Black community and its marginalized position in mainstream American society; and its

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4 Emily S. Pingel and José A. Bauermeister, "‘Church hurt can be the worst hurt’: community stakeholder perceptions of the role of Black churches in HIV prevention among young Black gay and bisexual men," Culture, Health & Sexuality 20, no. 2 (2018): 225.
simultaneous function as a body united by history and common struggle and a collective of individual communities and clergy with differing philosophies and interpretations of the Bible. Each of these considerations influenced whether or not Black Church leaders decided to address the AIDS crisis within their churches and how Black Church organizations defined their outreach, forged collaborations both inside and outside of the Black community, and sought support from external institutions to provide services for those affected by AIDS.

My essay will provide a window into the landscape of Black Church organizing and outreach as HIV and AIDS disproportionately devastated Black communities across the United States. In the first part of this essay, I will establish a history of Black Church organizing and characterize the unique position of the Black Church as a center of community resistance and action. In the second part, I will contextualize the Black Church response to HIV/AIDS and provide a case study of Black Church organizing to combat the spread HIV and AIDS on a national scale. Finally, I will focus on Black Church AIDS outreach in urban communities in Connecticut. I will discuss two formal AIDS outreach programs rooted in New Haven churches, AIDS Interfaith Network and Seven Foot Soldiers, in addition to more informal methods of AIDS outreach employed by urban Black churches across the state.

A Note on Terminology

I use the phrase “the Black Church” to encompass the group of African American Protestant churches, primarily from seven major historical denominations, that trace their origins to religious communities of enslaved and newly freed Black people in the nineteenth and

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5 The African Methodist Episcopal Church, the African Methodist Episcopal Zion Church, the Christian Methodist Episcopal Church, The National Baptist Convention, the National Baptist Convention of America, the Progressive National Convention, and the Church of God in Christ.
twentieth centuries. The distinct denominations of the Black Church are united by the common values of enduring faith, community responsibility, and Black progress and solidarity. Furthermore, the Black Church is distinct in practice and appearance from other Christian churches. For example, Black Church sermons are more likely to be explicitly political and oriented towards social justice and other liberal principles. Additionally, Black churches are often deeply embedded in a surrounding Black community, and the racial composition of their members and clergy reflect this community relationship. I also follow the historical practice of Black publications such as Ebony and Essence, and the more recent practice of mainstream news organizations like the Associated Press in capitalizing the word “Black” to refer to the ethnic, racial, and cultural identity of members of the African Diaspora.

HISTORICAL BACKGROUND

A Brief History of Black Church Activism

The Black American Church is firmly rooted in historical movements of Black struggle and resistance. At the start of the nineteenth century, most enslaved Africans had not yet been formally converted to Christianity. White slaveowners were hesitant to convert enslaved Black people to Christianity, as one of the primary defenses of slavery was that the status of African people as non-Christians made them an acceptable population for European nations to enslave.  

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Proponents of slavery worried that converting enslaved Africans to Christianity would undermine the theological foundations of slavery, inciting enslaved people to rebel against their captors and seek their freedom. Throughout the seventeenth and eighteenth centuries, several colonial legislatures passed laws ensuring that an enslaved person’s conversion to Christianity would have no bearing on their enslaved status.\textsuperscript{11} With the Second Great Awakening came a renewed emphasis on Protestant conversion, with fervent religious meetings across the United States leading thousands of enslaved people to convert to Christianity.\textsuperscript{12} Once converted, enslaved people were limited to attending white churches where white preachers often emphasized the doctrine of obedience and social hierarchy, a move that stemmed from white slaveholders’ fear that newly converted enslaved people would organize with one another and plot rebellion.\textsuperscript{13}

Nat Turner’s rebellion in August of 1831 increased these fears to frenzied heights. Turner, an enslaved preacher, led a group that ultimately rose to include over forty enslaved people in an insurrection that resulted in the murders of at least fifty-five white Virginians.\textsuperscript{14} Turner drew upon biblical teachings to galvanize his fellow enslaved people into action, citing a vision that he believed came from God in which he was told that “the time was fast approaching when the first should be last and the last should be first.”\textsuperscript{15} Across the southern United States, white slaveowners feared that Turner’s rebellion was the manifestation of their deepest fears of a national uprising against the institution of slavery. These fears had grown along with rapid increases in the enslaved population: by 1830, there were over two million enslaved Africans in

\begin{footnotesize}
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\item[13] Jernegan, 506.
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the United States, and in states like South Carolina, enslaved people outnumbered white citizens. In the wake of the rebellion, slaveholding states sought to stamp down the prospect of further insurgence and moved quickly to restrict the gatherings of Black people, religious and nonreligious, fortifying existing laws and creating new laws that prohibited enslaved people from preaching to one another and assembling together for any reason at any time.

Thus, the Black Church emerged as an “invisible institution” among enslaved people, characterized by covert gatherings in slave quarters and “hush harbors” in remote locations. Enslaved people risked severe punishment to attend these church meetings and often devised elaborate strategies to avoid detection, including using an overturned kettle or pot to “catch” and obscure the sounds of worship and prayer. At these informal churches, enslaved people often discussed what they felt was excluded from or obscured in sermons given by white pastors, opting, instead, to hold what one formerly enslaved Black woman described as “real meetings with some real preaching.” Some enslaved congregants found solace in the belief that they would one day be able to transcend the suffering and servitude of their earthly lives. Others distinguished between the “true Christianity” practiced in Black churches and the hypocritical theology of white slaveowners, drawing upon Biblical stories, such as the Israelites’ delivery from slavery in Egypt, to bolster their conviction that slavery was a sin. In the meantime, they sang and celebrated together, prayed for freedom in the present, and, above all, created a strong community of support.

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20 Raboteau, 271.
21 Raboteau, 280.
The Black Church solidified its status as a central Black institution amidst the rapid changes that occurred in Black American society after the Civil War. When slavery legally ended in 1863, Black churches in free northern states sent missionaries to the South to recruit newly freed Black people to establish new church branches in the South.\textsuperscript{22} Northern Black churches also raised money for newly freed Black people seeking to flee the South and resettle in northern cities.\textsuperscript{23} In the Reconstruction era, the Black Church became the site of fundraising for the construction of Black schools and hospitals, strategizing to establish Black political and economic institutions, and organizing for protests in favor of Black suffrage and labor rights.\textsuperscript{24} As symbols of Black progress and independence, Black churches were frequently the targets of racist rage; dozens of Black churches were burned down by white supremacist groups such as the Ku Klux Klan throughout the late nineteenth century, a practice that continued well into the civil rights era.\textsuperscript{25} When Reconstructionist efforts were abruptly ended by the era of Jim Crow, the Black Church remained a beacon of enduring Black resilience.

Out of the Black Church came some of the most notable activist figures in the long struggle for racial equality and civil rights: it was the place where Frederick Douglass first started to speak against the evils of slavery, the meeting place of the leaders of the anti-segregationist Southern Christian Leadership Conference (SCLC), and the foundation upon which the Reverend Doctor Martin Luther King Jr. built his ministry of racial unity and nonviolence.\textsuperscript{26} Beyond serving as a platform for civil rights leaders like King, the Black Church

\textsuperscript{24} DuBois, \textit{Black Reconstruction in America}, 354.
\textsuperscript{25} DuBois, 355.
was integral to the civil rights movement as a source of organizers and protesters for boycotts and demonstrations, a central hub for the activities of civil rights activists and volunteers, and a contributor of financial support to civil rights organizations such as the Congress of Racial Equality (CORE) and the Student Nonviolent Coordinating Committee (SNCC).  

The Black Church was forced to reckon with the rise of several philosophical conflicts in the Black community during and after the civil rights movement, including tensions between the more radical Black Power movement and the relatively conservative sensibilities of civil rights organizations that sought to achieve racial justice through nonviolence and integration and the deep class divisions that informed Black community attitudes about social crises such as the crack epidemic of the 1980s. Many Black churches defined their own paths forward in response to the questions laid bare by these conflicts.

By the early 1980s, the Black Church was well-characterized by its generational social ties, community-based resilience and resistance, and continuing provision of emotional and material support for the Black community. Its critical role in the most pivotal moments for the Black American community had long solidified the status of the Black Church as “the most important institution in African American history,” and the dual role of the Black pastor as both a Black community leader and spiritual guide. The institution’s social, cultural, and political influence have deeply embedded the Black Church in the causes and concerns of Black society, including the movement to end racial health inequities.

28 Gadzekpo, “The black church, the civil rights movement, and the future,” 112.
29 Henry Louis Gates Jr., “How the Black Church Saved Black America,” in The Black Church: This is Our Story, This is Our Song (New York: Penguin Press, 2021).
The Black Church and Health Reform

In addition to being the historical foundation of Black movements for social justice and racial equality, the Black Church has also been the site of efforts to combat racial disparities in health. The origins of formal Black Church organizing in public health reform can be traced back to the activities of Black club women in the late 1800s. Black club women were members of Black women’s groups who met, often in churches, to work together in addressing the socioeconomic issues faced by the Black community. Their efforts led to the establishment of Black medical institutions, including schools and training centers for Black doctors and nurses, and the creation of local and national programs for public health outreach and education. In the early 1900s, organizations based in the Black Church raised funds to treat Black children infected with tuberculosis, a health condition with a disease burden that reflected societal disparities in race and class. Health reform became an issue of priority for Black Church leaders. Before delivering a speech at the second Medical Committee for Human Rights (MCHR) convention in Chicago, the Reverend Doctor Martin Luther King Jr. declared that “of all the forms of inequality, injustice in health is the most shocking and the most inhuman.”

The Black pastor emerged as a central figure in determining the orientation of Black churches towards health activism and outreach. In churches with pastors who actively promote health education from the pulpit, congregants more readily participate in health promotion and

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33 “King Berates Medical Care Given Negroes,” The Oshkosh Northwestern, March 26, 1966, https://www.newspapers.com/image/248974644/?clipping_id=12049661&fcfToken=eyJhbGciOiJIUzI1NiIsInR5cCI6IkpXVCJ9.eyJmcmVlLXZpZXctaWQiOjI0ODk3NDY0NCwiaWF0IjoxNjgwNDY4MDM0LCJlLmNvbS9hYmNhc2NvcmUvZjA3YTE5ZjE1YzE2MWQ4M2M4MTM0ZjEyZmQ2YzU4MGE5OS5qcGciLCJzdWIiOjI1NjI2ODg2OTV9.0d0GQX7rXcveGByxjHgByhfr}-yCQ.
research activities.\textsuperscript{34} Black pastors have historically assumed the role of health advocate for their congregations, providing social and spiritual support for sick and dying congregants, emotional and psychological counseling for church members experiencing hardship, and by partnering with local and national health organizations to disseminate important health information and resources to their church communities.\textsuperscript{35} Health communications from Black pastors are regarded by their communities as not only “a message from a trusted individual and one that is considered a spiritual guide but also conduit of information from a higher authority—God.”\textsuperscript{36} In their role as community and spiritual leaders, Black pastors and other Black religious leaders would prove central to the campaign to fight HIV/AIDS in the Black community.

Secular organizations recognized the robust relationship between the Black Church and the Black community and sought to utilize the Black Church as a platform to promote Black engagement in health campaigns, such as screening programs for breast and colorectal cancer and vaccination drives against H1N1 and COVID-19.\textsuperscript{37} The Black Church represented an opportune avenue to dispense health education and promote healthy behaviors, particularly in a community that has been categorized as “hard to reach” by the mainstream medical community.\textsuperscript{38} Black people, and especially low-income Black men, receive this designation because they have historically been less likely to regularly visit a doctor, trust medical

\textsuperscript{36} Rowland and Isaac-Savage, “The Black Church: Promoting Health, Fighting Disparities,” 127.  
\textsuperscript{38} Billie Bonevski, Madeleine Randell, Chris Paul, Kathy Chapman, Laura Twyman, Jamie Bryant, Irena Brozek, and Clare Hughes, “Reaching the Hard-to-Reach: a Systematic Review of Strategies for Improving Health and Medical Research with Socially Disadvantaged Groups,” \textit{BMC Medical Research Methodology} 14, no. 42 (2014).
recommendations, and participate in medical research.\textsuperscript{39} Partnerships between the Black Church and public health organizations often presented an opportunity for both institutions to work together to decrease racial health disparities. However, outside organizations have also sought to exploit the community network represented by the Black Church. The Shiloh Missionary Baptist Church in Notasulga, Alabama, a historical Black church, was the first site of participant recruitment for the infamous Tuskegee Syphilis Study, in which hundreds of mostly poor Black men infected with syphilis were deceived into participating in a study seeking to document the untreated progression of the disease, under the guise of receiving treatment for their syphilis infections.\textsuperscript{40} Public health officials involved in the study used the church as a pick-up and drop-off locations for participating congregants.\textsuperscript{41} The fallout from the unethical Tuskegee study, solidified an added dimension of Black Church leaders’ responsibility to protect their congregants from organizations who wished to take advantage of Black Church access to marginalized population for their own benefit. When asked about Black Church collaborations with secular organizations, Reverend Anthony L. Bennett, current pastor of Mount Aery Baptist Church, emphasized the responsibility to question the motives of external organizations:

\textbf{The Black Church is a resource that organizations want to tap into. [So the question is] how do we not become used in the process? How do we avoid research that results in funding for another community and not have our own funding streams and sources? Do we, as a Black Church community, trust nonprofits? Do we trust these agencies to do fair by us?}\textsuperscript{42}


\textsuperscript{42} Reverend Doctor Anthony L. Bennett, interview by author, Bridgeport, March 31, 2023.
The push and pull between Black Church efforts to improve the health of the Black community and Black Church leaders’ desire to shield their communities from institutional harm exemplifies a key contradiction that would significantly affect Black Church attitudes regarding partnerships forged during the AIDS epidemic.

**The Black Church’s Fight Against HIV/AIDS**

In 1991, the University of Michigan’s National Survey of Black Americans revealed that eighty-four percent of African Americans considered themselves to be religious, and seventy-one percent of African Americans attended church at least once a month. In the same year, African Americans comprised thirty-seven percent of Americans with AIDS, but made up just twelve percent of the total American population. Beginning with the origins of the AIDS epidemic in 1981, the proportion of Black Americans living with AIDS steadily increased for fifteen years, until Black Americans surpassed white Americans to become the racial group with the highest proportion of AIDS cases in the United States. In 1996, while the Centers for Disease Control (CDC) celebrated the first year that AIDS deaths declined across the country, AIDS remained the leading cause of death for Black Americans ages twenty-five to forty-four. Among African Americans, the leading subcategories affected by HIV and AIDS were Black gay and bisexual

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men, followed by Black women.\textsuperscript{47} Throughout the early-to-mid 1990s, it became indisputably clear that the AIDS epidemic was a Black community crisis.

Even as it became apparent that HIV/AIDS was beginning to reach crisis levels in the Black population, many members of the Black community, including prominent religious and political leaders, rejected the narrative that HIV/AIDS disproportionately affected Black people and resisted interventions meant to address the spread of HIV in the Black community.\textsuperscript{48} An analysis of Black media coverage of HIV and AIDS between 1991 and 1996, revealed the fears and misconceptions underlying Black community reluctance to address the epidemic.\textsuperscript{49} Many Black publications portrayed AIDS as a disease that primarily affected groups of people on the margins of society, particularly drug users and members of the LGBTQ community.\textsuperscript{50} These publications drew moral distinctions between those viewed as vulnerable victims, such as children, and those who they defined by risk categories related to the disease. Other publications furthered the theory that AIDS had been created by the United States government to commit genocide against its Black population.\textsuperscript{51} Their coverage reflected deeply held suspicions in the Black American community about efforts by the white scientific establishment to trace the origins of AIDS back to Africa, which they viewed as a ploy to place the blame for AIDS on the African Diaspora. Already, they had seen the United States government act in 1987 to ban immigrants and refugees from so-called “dangerous nations” in sub-Saharan Africa and the


\textsuperscript{50} Pickle, Quinn, and Brown, “HIV/AIDS Coverage in Black Newspapers,” 430.

\textsuperscript{51} “HIV/AIDS Coverage in Black Newspapers,” 432.
Caribbean, particularly Haiti, from entering the country.\textsuperscript{52} Many in the Black community hesitated to accept the realities of the AIDS epidemic due to a combination of historical mistrust of government and medical institutions, an aversion to the moral stigma associated with HIV and AIDS, and a deep fear of the devastating medical implications of an HIV diagnosis.

Just as the Black Church had historically positioned itself as the site of community health outreach in past health crises disproportionately affecting Black people, the AIDS epidemic again presented Black churches with the opportunity to utilize their deep ties in the Black community to reach those affected by the AIDS epidemic. However, most Black churches avoided addressing the issue of AIDS altogether.\textsuperscript{53} In churches where the topic of AIDS was taboo, Black people who lived at risk of HIV or had already been infected with the virus felt ostracized by the Black Church community. Reverend Ray Owens of Blackwell A.M.E. Zion Church in Hartford recalled an instance where a woman who was struggling to care for her adult son with AIDS called him, rather than the pastor of her own church, for spiritual counseling.\textsuperscript{54} She knew Reverend Owens, an outspoken advocate for Black Church AIDS outreach, would be able to offer support while remaining disconnected from the close community of the church she already attended. One member of a Black gay men’s support group in Connecticut described how his group had proposed an AIDS education program to the minister of a local church, only to be denied due to the minister’s fear that the program would alienate his congregants and draw gay attendees to his church.\textsuperscript{55} Reverend Joseph W. Davis, the former president of the National


\textsuperscript{53} Andrew Billingsley, "The Black Church Confronts the HIV/AIDS Crisis," in Mighty Like a River: The Black Church and Social Reform, ed. Andrew Billingsley (New York: Oxford University Press, 1999), 262-279.


Black Churches Council on AIDS, stated bluntly in a 1989 interview with the Hartford Courant that “the church is against fornication, adultery, and homosexuals. The church should not compromise its position. The church’s responsibility is to those who believe in Christ. To those who don’t believe in Christ, what can you do?”

Not all Black Church leaders agreed with Reverend Davis’s hardline stance, but in many of the Black churches where the issue of AIDS was addressed, discussions often avoided the topic of sexuality and emphasized abstinence as the only method to prevent HIV infection.

Despite these persistent obstacles, a number of Black Church organizations and faith-based initiatives arose to address the AIDS crisis. These organizations empowered Black churches to deliver social services that improved the lives of community members affected by HIV and AIDS, connected Black congregants to HIV testing and prevention services, and provided HIV and AIDS outreach and education. In the next section, I will discuss the most prominent example of a national initiative to organize Black Church efforts to address the crisis of AIDS in the Black community.

The Balm in Gilead: A National Black Church Collective to Combat the AIDS Epidemic

Deriving its name from the biblically significant balm with notable healing properties, the Balm in Gilead was founded in 1993 to organize Black churches and church leaders to address the AIDS epidemic in the Black community. Started in Harlem, the program expanded to include additional congregations and non-religious organizations across the United States, as well as...

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58 Jeremiah 8:21-22.
several key initiatives, the first and most successful of which was the National Week of Prayer for the Healing of AIDS, an effort that united Black faith communities around the country in a week of prayer, education, and organizing to reverse the rising number of HIV cases in the Black community. The founder of the Balm in Gilead, Parnessa C. Seele, was an AIDS educator at Harlem Hospital in the 1980s. In an interview with the Harvard Journal of African American Public Policy, Seele recalls grappling with a central contradiction of the Black Church nonresponse to the AIDS epidemic: “There were all these people living with HIV and dying all around us, [but] there was nobody from the church, [a]nd that was not my experience of the Black Church.”59 She wondered why the Black Church and the Black community at large had seemingly turned its back on the increasing number of Black people suffering from HIV and AIDS, questioning why the response to the AIDS crisis differed so greatly from its involvement in previous crises in the Black community.60 Seele believed that if they understood the crisis and were given critical information about how to tackle the AIDS issue, Black Church leaders would change their tune. She felt that she could use her ties to both medical institutions and Black religious communities in Harlem to bridge this education gap and guide Black Church leaders towards greater involvement in the effort to tackle the rising issue of HIV and AIDS in the Black community. As a result, Seele was inspired to organize a neighborhood-wide event that she later called the Harlem Week of Prayer for the Healing of AIDS.

The Harlem Week of Prayer for the Healing of AIDS started in 1989 as a gathering of Black Harlem faith leaders from a range of religious traditions held in the board room of Harlem Hospital. The Week of Prayer was founded on the principle touted by Seele that “if [they could]
get people praying for AIDS … [they could] get them to do other things, too.”61 Seele appealed to the moral responsibility inherent to the trusted position of faith leaders in their communities, arguing that the Black Church was obligated to set aside its moral reservations about the modes of HIV transmission in order to serve community members in need.62 She emphasized that Black churches could define their own rules of engagement, choosing to conduct AIDS outreach in ways that reflected their own philosophies, as long as they contributed to the effort in some way:

“Let’s do something. You don’t want to deal with the gay community, deal with the youth community. You don’t want to deal with the youth community, deal with the elderly community. Everybody is affected in our community.”63 Her framing of the spread of HIV in the Black community as a social issue that should be addressed by the Black Church by any means, regardless of the extent or reach of any individual institution’s outreach, proved to be an effective organizational strategy. In the first Week of Prayer, fifty churches and other religious establishments in Harlem held HIV/AIDS-related programming, primarily prayer meetings, and incorporated AIDS education in their sermons and conversations with their congregants.64

After three years, the Harlem Week of Prayer spread beyond New York City to become the National Week of Prayer for the Healing of AIDS. By the mid-2000s, the initiative boasted the participation of over 15,000 churches across the country.65 In 2003, the national campaign was estimated to have reached 2.5 million people with its AIDS outreach programming.66 The

64 Goodstein, Washington Post.
65 Goodstein, Washington Post.
Week of Prayer received investment from sources outside of the church, beginning with charitable organizations such as the Burroughs Wellcome Fund, a non-profit biomedical research foundation that sponsored two major national Week of Prayer conferences. The Week of Prayer also received funding from the CDC to support its Black Church HIV/AIDS National Technical Assistance Center, formed to provide free education and guidance to Black churches across the country in their efforts to tackle the AIDS crisis within their communities. Seele reflected upon what she saw as the need for her organization to seek funds from outside the Black community despite their desire for Black self-reliance, noting that one of the Balm’s most significant challenges was “getting African Americans to understand that we have got to save ourselves. We are constantly looking outside of the community to fund the work for the African American community. We need African Americans to fund the work.” Her desire to was likely reflective of the feeling that the interests of outside organizations were often not aligned with those of the Black community and the Black Church, and that their organizational agendas could come into conflict with Black Church principles.

Still, the Black churches involved in the Week of Prayer forged some connections within the Black community. At the third annual Week of Prayer, the culminating conference included a benefit concert organized by notable Black figures in the entertainment industry which featured popular Black musical artists like Roberta Flack. Additionally, the organizers behind the Week

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of Prayer collaborated with a number of national service-oriented Black organizations, including historically Black sororities and fraternities, the Conference of Grand Masters—the Black community’s response to the historically white masonic lodge community—and other organizations founded to combat the spread of HIV in the Black community, such as the National Black Leadership Commission on AIDS.71

The Balm in Gilead was the first national organization to create an HIV/AIDS awareness program specifically targeted toward Black churches and their historical practice of conducting outreach in Black communities. In its mission to increase the involvement of the Black Church in combatting the spread of HIV/AIDS, the Balm and its leadership spearheaded a number of additional programs that capitalized on the organization’s reach to raise further awareness about HIV and AIDS. Our Church Lights the Way was another important Balm initiative started in 1999 to encourage Black community members to seek testing for HIV. The HIV testing program was launched a decade after the first Harlem Week of Prayer and benefitted from the considerable resources built up by the Balm of Gilead in the years since its first outreach program. Newspapers around the country spread the word about the testing campaign in what the Los Angeles Sentinel described as a “full media blitz,” including commercials on national television channels and Black radio stations.72 With over 10,000 churches participating in its first year, the campaign encouraged Black churches to host HIV testing sites throughout the month of June, transforming Black churches into “community centers for HIV education and information.”

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and culminating with the National HIV Testing Day on June 27.\textsuperscript{73} To equip Black churches to provide accessible HIV testing for congregants and community members, the Balm in Gilead partnered with Abbott Laboratories, a medical device company and diagnostic laboratory, to offer free HIV rapid testing kits to any religious organizations registered with their HIV testing campaign.\textsuperscript{74}

The testing program was a crucial endeavor in the fight against HIV/AIDS: in 2000, the second year of Our Church Lights the Way, an estimated 200,000 Americans were unknowingly living with HIV. Seele pointed out that one of the major reasons “HIV [was] spreading like wildfire in Black communities [was] that people [didn’t] know they had the disease.”\textsuperscript{75} She posited that if people who participated in the Balm’s testing program tested positive for the virus, they would seek treatment, and that if they tested negative, they would be encouraged to remain that way. The HIV testing program was created to dispel the idea that only a certain “type” of person had to test for HIV. Black religious leaders led by example, participating in the testing campaign to demonstrate that everyone, regardless of identity or status, should test for HIV.\textsuperscript{76}

Churches conducting HIV/AIDS programming under the banner of the Balm in Gilead and its national initiatives offered counseling to those affected by HIV/AIDS, distributed food and other donations to AIDS patients in local hospitals, and even washed the feet of homeless community members in the biblical tradition.\textsuperscript{77} In Connecticut, Black churches in cities including

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\textsuperscript{74} “The Balm in Gilead Inc. Launches Eighth Annual ‘Our Church Lights the Way’ Testing Campaign,” \textit{Los Angeles Sentinel}.
\textsuperscript{76} Black Churches Call for African Americans to Get HIV/AIDS Tests,” \textit{Los Angeles Sentinel}.
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Hartford, New London, Stamford, Norwalk, and New Haven participated in the National Week of Prayer. Reverend John P. Merz of AIDS Ministries of Connecticut underscored the importance of the Balm in Gilead’s demonstrated understanding of the Black Church in recruiting Black churches in Connecticut to join the effort, expressing that “what is exciting about this program is that it allows churches to raise awareness about the AIDS epidemic and how the epidemic disproportionately affects African Americans, in a way that allows the churches to stay true to their faith beliefs.”

The Week of Prayer united the mosaic of Black churches in New York, Connecticut, and beyond to take action against AIDS, emphasizing a universal message of social justice and community responsibility and avoiding significant engagement with questions that might alienate Black churches with differing philosophies. This proved to be an effective national model for Black Church involvement in community health outreach, creating national AIDS outreach programs grounded in and attuned to the nuances of the Black Church community.

BLACK CHURCH-BASED AIDS PROGRAMMING IN CONNECTICUT

In 1981, the Connecticut Department of Health Services received reports of two patients presenting with unexplained immunodeficiency, marking the first known known cases of AIDS in the state. Case numbers rose quickly across the state, particularly in the cities closest to New

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York City, including Fairfield and New Haven.81 In Connecticut, as in the nation as a whole, the disproportionate impact of AIDS on the Black community became starkly apparent. From 1981-1987, thirty-five percent of all reported AIDS cases in Connecticut were found in Black residents, who comprised twelve percent of the state population.82 A range of organizations rose to confront the growing AIDS epidemic, from medical organizations devoted to testing and treatment to identity-based groups that sought to draw increased attention to the crisis in marginalized communities. In this section, I will examine the efforts of Black churches in urban communities in Connecticut, particularly in New Haven and Bridgeport, to address the AIDS crisis among Black Connecticut residents. Taking on this local perspective allows for the exploration of a more intimate history, amplifying the day-to-day considerations of a small number of stakeholders to deepen historical understandings of how they navigated the conflicts between social justice principles and exclusionary practices, seeking external aid and prioritizing Black self-reliance, and the challenge of integrating the interests of a diverse group of Black community members under the banner of the Black Church to form a united front against the spread of HIV.

Characterizing Black Church HIV/AIDS Outreach at the Local Level

Black Church HIV/AIDS outreach in Connecticut included local church involvement with both secular and faith-based AIDS programs at the local, state, and national level. At Mount Aery Baptist Church in Bridgeport, congregants volunteered with the Greater Bridgeport Area Prevention Program (GBAPP)—formerly the Greater Bridgeport Adolescent Pregnancy

Program—an organization dedicated to confronting the AIDS crisis through an array of services, including educational interventions, HIV/AIDS testing, and training for Black Church leaders to guide conversations about HIV and AIDS among their own congregations.\textsuperscript{83} Several local Black churches involved in the AIDS Ministries of Connecticut adopted an educational curriculum created by AIDS Ministries to train young congregants to become AIDS peer educators in their communities.\textsuperscript{84} In 1989, Hartford pastor Reverend Ray Owens organized a local four-day conference in collaboration with the National Black Churches Council on AIDS, the Connecticut Health Department, and the Union League of Greater Hartford that invited speakers from the ministerial, public health, and government fields to discuss how Black churches in Connecticut could be involved in the fight against HIV and AIDS.\textsuperscript{85} Several other Black pastors from Connecticut lended their voices to local panels convened on World AIDS Day to spread the message of AIDS outreach to Black Church leaders and congregants from across the state.\textsuperscript{86}

Black Church HIV/AIDS outreach also operated as an addition to some churches’ existing social service ministries. Philanthropy and community service are central tenets of Black Church philosophy, and it is typical for Black church members to dedicate a portion of their time and money to supporting the surrounding community.\textsuperscript{87} In some churches, this meant integrating AIDS outreach into existing programs: incorporating AIDS education into sermons for young


\textsuperscript{84} Malcolm V. Williams, Kartika Palar, and Kathryn Ptilkin Derose, “Congregation-Based Programs to Address HIV/AIDS: Elements of Successful Implementation,” \textit{Journal of Urban Health} 88, no. 3 (2011).


people, informing church members about HIV testing and prevention during Sunday sermons, and passing out AIDS pamphlets at church-run food banks and clothing drives. At Mount Aery Baptist Church in Bridgeport, church organizers held a dance for young congregants and community members where the price of admission was that each attendee had to state a fact they knew about HIV/AIDS.\textsuperscript{88} Through his church’s existing housing ministry, Reverend Paul Ritter of Warburton Community Church sought to apply a 2.8-million-dollar grant from the federal government to build a housing complex in Hartford for community members living with AIDS.\textsuperscript{89} Sometimes, AIDS efforts required the creation of new church programs; at St. Monica’s Church in Hartford, church members started an AIDS task force ministry to organize their efforts to combat the growing public health crisis.\textsuperscript{90}

Black Church leaders were also inspired to form independent organizations that drew from the collective efforts of congregations and volunteers across the state. In this next section, I will discuss two prominent AIDS organizations started in New Haven, Seven Foot Soldiers HIV Awareness Program and the AIDS Interfaith Network. Both organizations, founded by Black women who were leaders in their respective churches, worked to provide comprehensive services to community members affected by AIDS.

**The Seven Foot Soldiers HIV Awareness Program**

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\textsuperscript{88} Reverend Frederick J. Streets, interview by author, New Haven, February 14, 2023.

\textsuperscript{89} This effort was met with angry opposition from residents of the proposed neighborhood for the housing complex, who likened the idea to a “leper colony” that would increase residents’ risk of contracting HIV in an already disadvantaged area.


Pastor Brenda Adkins and her husband, Bishop John Adkins, met at Roger’s Bar in New Haven in 1982. Over the next seven years, they fell in love, got married, and descended into the throes of a powerful alcohol and cocaine addiction that took them to what Brenda Adkins described as “rock bottom.” A friend of theirs referred the couple to the church that had helped them recover from substance abuse, which the Adkinses credit with initiating their own recovery. Years later, they began their own ministry, founding a storefront church called Everlasting World Ministries in the same location where Roger’s Bar once stood. Adkins also founded the faith-based social services agency New Life Spiritual Enlightenment in 2005, as an extension of Everlasting World Ministries, emphasizing the central role community service would play in her church. New Life was partially funded by the federal “Access to Recovery” program, created by President George W. Bush in 2003 to provide support for community-based mental health and substance abuse recovery organizations. In Connecticut, thirty-four percent of the funds spent by the state through the program were allocated for faith-based organizations that provided services for those experiencing mental illness and addiction. New Life Spiritual Enlightenment included a food bank, addiction support groups, and an HIV/AIDS awareness program called Seven Foot Soldiers.

When Adkins first heard the statistics representing the persistent and disproportionate crisis of HIV/AIDS in the Black community, she was inspired to use her platform as a minister

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92 McLoughlin, “For people trying to climb out of despair,” *New Haven Register*.
and community organizer to spread awareness throughout the Greater New Haven area. When she started New Life in 2005, Black people accounted for forty-nine percent of all new cases of HIV/AIDS in the United States. In Connecticut, 77.1 out of every 100,000 Black people were living with AIDS, the eleventh highest rate among Black people in the United States. Adkins discovered that her own community of New Haven was at the center of Connecticut’s epidemic: New Haven was one of only fifteen U.S. cities where AIDS was the leading cause of death for men and women. “It’s unfortunate that people in the community don’t really know about the factors, the numbers,” Adkins said in a 2007 interview with the New Haven Register, “This is really raw stuff … We’re higher than any race in the incidence of HIV.” She thought about the disadvantaged members of the Hill neighborhood where her church was located and began to brainstorm ways to utilize the ties between her existing ministry and the surrounding community to spread awareness about the risk of HIV.

Adkins and her congregants founded and ran Seven Foot Soldiers as an alternative supplement to traditional HIV/AIDS outreach organizations in the New Haven area. Adkins figured that most existing services ran out of physical offices with defined hours; Seven Foot Soldiers, on the other hand, was comprised of a mobile group of about fifteen members of Everlasting World who would walk around the Hill and Fair Haven neighborhoods in the evenings, when they knew they come across people returning home from school and work.

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Twice a week, Adkins and her fellow foot soldiers would distribute bags stocked with condoms and literature providing information about HIV testing and prevention. Additionally, they would initiate conversations about safe sex with anyone on the street who would listen, from young people to the elderly. The Seven Foot Soldiers would consider their night to be over once they had distributed 115 bags around the neighborhood, a metric they used to track the impact of their outreach. Adkins and her volunteers also planned and fundraised for a community event where they invited speakers and educators from the Hill Health Center, New Haven Health Department, and AIDS Project New Haven and showed the film “Health Disparities—HIV/AIDS Among African-Americans,” to educate attendees about the disproportionate impact of the AIDS epidemic on Black Americans.

Seven Foot Soldiers reflected a progressive method of Black Church outreach, engaging in practices that were controversial in other Black churches including participating in condom distribution and hiring volunteers who had histories of drug abuse and criminal activity. Though they did not experience high levels of solidarity from other Black Church programs, they were able to secure enough interested volunteers to fulfill their goal of taking AIDS outreach to the streets of New Haven.

Like many other grassroots faith-based social service projects, Seven Foot Soldiers derived its funds from a number of cobbled together resources, including grants from the Connecticut Health Network and Hartford Latino Community Services, and donations from church congregants. But these resources did not guarantee long-term funding for church-run

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programs; after the State of Connecticut halted “Access to Recovery” funding for community
groups, New Life and its associated programs had to reduce their services and turn away new
clients. Local newspaper articles throughout the mid-to-late 2000s featured pleas to government
officials from Adkins and her congregants to resume state funding and enable them to restore
their social programs to full operational capacity. Compared to the administrators of secular
social service agencies, Adkins and other faith leaders were not well-equipped to navigate the
processes for collecting government funds and applying to nonprofit grants. State distribution of
federal funding for churches in Connecticut through the “Access to Recovery” program that
made New Life and Seven Foot Soldiers possible followed a “fee for service” system, which
required more extensive record-keeping and documentation than even traditional grant proposal
processes.\textsuperscript{104} The complex nature of the billing system meant that many church organizations
were being reimbursed for only a fraction of their program expenditures, threatening their ability
to keep their doors open. Furthermore, like Seven Foot Soldiers founder Pastor Brenda Adkins,
many volunteers in these organizations had been infected with or at heightened risk of HIV
before they became volunteers. They acutely understood their clients’ struggles and sought to
provide them with the services they had once desperately needed, focusing intently on serving
the individuals who sought help from their organizations rather than on the maintenance of
records and documentation of hours for government funding. Their outreach often extended
beyond services that could be easily itemized and billed to a funding agency, including
intangible emotional and spiritual support that fell outside traditional social service agencies’
defined services and working hours.

\textsuperscript{104} Maria Garriga, “Faith-based agencies bewildered by bureaucracy; Spiritual needs filled but what about
In 2009, New Life Spiritual Enlightenment Agency closed its doors, ending its social service programs, including the Seven Foot Soldiers. Further restrictions to the “Access to Recovery” program meant that Adkins could no longer take on enough clients to pay her workers and the agency’s rent. Adkins emphasized her desire to continue some of the outreach she had conducted through the agency from her still-operating church, but the community loss of her program’s services would have clear and negative repercussions for the clients she had once served.

The AIDS Interfaith Network

In 1987, Elsie Cofield, the wife of prominent New Haven minister Reverend Curtis M. Cofield II, founded the AIDS Interfaith Network (AIN) in New Haven, CT. That year, Cofield was approached by Alison Moore, a Yale Divinity School student, to utilize the substantial ties between her church, Immanuel Missionary Baptist Church, and the surrounding community to provide AIDS-related services to underserved populations. Moore recognized the lack of substantial outreach to Black people living with or at-risk of HIV/AIDS in New Haven and understood the potential for Black Church leaders to influence community action and social attitudes towards those living with HIV/AIDS. After some reflection, Cofield started organizing Immanuel Missionary congregants to “adopt” AIDS patients by helping them run

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errands and get to their doctor’s appointments.\textsuperscript{109} Cofield also began work on a new venture from the basement of Immanuel Missionary: a series of educational workshops that she and her group of two volunteers offered at a number of churches in the New Haven area. In 1990, Cofield synthesized the information that AIN included in their workshop series into an AIDS education curriculum that she shared with Black Church leaders across Connecticut.\textsuperscript{110}

In a 1995 interview, Cofield reflected on the difficulties AIN faced in its initial days.\textsuperscript{111} She noted that, at their first workshops, they were often met with groups of only six to eight interested attendees. Furthermore, the other people in her church community who had offered to assist AIN’s operations withdrew their support due to their discomfort with the organization’s outreach to members of the LGBTQ community. Still, Cofield and her small team persisted in their efforts. In their first year, they provided thirty-five community members with a variety of services, including assistance in navigating the intricacies of Medicaid and other welfare programs. Many of the people they served had been ostracized by the Black Church community, including by ministers who turned their backs on them once they became aware of their HIV diagnoses, and Cofield, her husband, and her co-organizers offered them spiritual and emotional support.

Due to the initial lack of support from the Black Church and other Black community organizations, Cofield sought assistance from other local organizations working to combat the HIV/AIDS crisis. One of the most significant early partnerships that AIN entered was with AIDS Project New Haven (APNH), an organization founded four years before AIN by Yale researchers

who sought to address the lack of mainstream attention paid to the spread of HIV among the gay community in New Haven.\textsuperscript{112} The collaboration between AIN and APNH was opportune for both Cofield and APNH leadership. APNH had been working to address complaints about their inadequate outreach to underserved populations beyond the white gay community; by partnering with AIN, they could quell criticism about their organization’s lack of diversity. For AIN, a partnership with APNH meant access to extensive resources, including grants from governmental and academic organizations and consulting services offered by the Yale School of Management.

The partnership between APNH and AIN eventually soured as tensions rose between the identity-centered foundations and missions of each group.\textsuperscript{113} From the beginning, Cofield and other people involved with AIN were distrustful of the other organization’s clear orientation towards the white gay community and felt that APNH only collaborated with AIN to evade criticism and expand their access to grants reserved for underserved communities. They resisted the APNH narrative that cast AIN as a “project” of APNH, rather than an independent organization with its own objectives, and felt frustrated that they had to rely on support from an organization that they felt viewed them through a tokenizing lens. Furthermore, many in the Black Church community, including members of well-intentioned organizations like AIN, still sought to distance themselves from overt association with the LGBTQ community. One APNH organizer recalled an instance when he was asked not to participate in an educational program for Black ministers because AIN leaders did not want him to “go in and be gay” in the presence of the Black clergymen.\textsuperscript{114}

\textsuperscript{112} “Community in a Time of Crisis,” \textit{Yale University AIDS Archive}, https://medicine.yale.edu/diversity/paps/aids/.
The breakdown of the relationship between APNH and AIN is emblematic of one of the major conflicts emphasized in this essay: the tension between the sometimes-clashing goals and philosophies of Black Church organizations and secular AIDS programs and the delicate balance struck between Black community self-sufficiency and the need for investment from external institutions. Though AIN was more liberal than many of its Black Church peers, including in their outreach to the LGBTQ community, there remained a disconnect between the reserved approach of AIN members and the targeted outreach of APNH, which was founded to serve the gay community. Furthermore, AIN members felt that they were not seen as equals by APNH leadership, who painted AIN as an APNH venture. They suspected that APNH only funded AIN to be seen as a diverse organization and were not actually in tune with the concerns of the Black community. As the AIDS crisis raged in the Black community, Cofield gained increasing support from those who had once hesitated to provide aid. She also became less reliant on APNH to apply for and access grant funding, which had been one of the major reasons AIN had remained tethered to the organization. Like Pernessa Seele of the Balm in Gilead, Cofield preferred that AIN be self-sufficient. Thus, in 1991, AIN dissolved its ties with APNH and continued as an independent organization.

In the years after its split from APNH, AIN programming extended to many corners of the New Haven community. In 1993, AIN co-sponsored an effort to distribute condoms in New Haven public schools.\(^{115}\) Cofield spoke out in favor of the policy at a New Haven school board meeting, citing how her own personal beliefs about adhering to abstinence-based sex education had changed as she came face-to-face with the realities of AIDS through her work with AIN. AIN was involved in politics at the state level as well, lending its support to New Haven Mayor Mike Dorning, “AIDS battle reaches into middle schools, condoms for New Haven preteens,” \textit{Chicago Tribune}, August 8, 1993, https://www.chicagotribune.com/news/ct-xpm-1993-08-08-9308080075-story.html.
John DeStefano, Jr. in his fight against statewide budget cuts to Connecticut’s needle exchange program and protesting a plan by Connecticut state health officials to require doctors and laboratories to report all new HIV infections to the state.\textsuperscript{116}

In 1996, Cofield and AIN opened the AIN Day Respite Center, which later became the Elsie W. Cofield Day Center, to provide daily services to families affected by HIV/AIDS.\textsuperscript{117} Over the years, the Center expanded to provide services such as mental health counseling, housing referrals, meal provision services, and emergency financial assistance.\textsuperscript{118} At Cofield’s funeral in 2016, Alonzo Harvin, one of AIN’s former clients, described how instrumental AIN was as he came to terms with his HIV diagnosis and began to recover from drug addiction, relating that he had used AIN’s day center as a place to find “housing, spiritual help, [and] someone to talk to.”\textsuperscript{119} He described the AIN organizers and attendees as a family and the Day Respite Center as a refuge from the stigma that plagued those living with HIV/AIDS in the outside world. At the center of it all was Cofield, who Harvin described as a “parental figure” who made him “feel [he] didn’t have to be ashamed” of his disease.\textsuperscript{120}

Despite securing enough external funding to enable AIN’s separation from APNH in 1991, AIN leadership later ran out of funds to keep the program running. Reverend Boise Kimber, pastor of First Calvary Baptist Church in New Haven, served as the director of AIN in

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\textsuperscript{117} “Divinity School honors city residents for their work promoting social justice,” \textit{Yale Bulletin and Calendar} 27, no. 11 (1998).

\textsuperscript{118} “Campus Notes,” \textit{Yale Bulletin and Calendar} (1997).


\textsuperscript{120} Appel, “Cofield’s Heroic Acts of Compassion Remembered,” \textit{New Haven Independent}. 
the early 1990s. In an interview, Kimber reflected on the struggles that AIN faced as it fought to stay afloat amidst challenging financial circumstances:

One of the big fights that we had was that there was a white group that was doing exactly what we were doing, and they put their office right across the street [on Dixwell Avenue], less than ten steps away from where our office was. And eventually, we could not keep up. We were not doing what they were doing. They had more of the educational facilities and the background and the money to get the necessary things they were getting. And so we went out of business.121

AIN eventually shuttered its doors in 2015, not because their services were no longer needed—Reverend Kimber described the program as “one of the hottest things around” when it was in business—but because they could no longer keep up with the sizeable financial and operational resources required to stay open.

Faith-based organizations like AIN and New Life, the social agency in charge of the Seven Foot Soldiers program, were constantly spread thin as they provided a wide array of services—including counseling, resources for homelessness and food insecurity, and childcare support—to community members who would otherwise fall through the cracks of traditional social services. Reverend Boise Kimber provided a glimpse into the nontraditional operations of Black Church-based AIDS outreach programs when he described the open-door policy he maintained while serving as AIN’s director:

People have your cell number rather than calling your office. They call your cell number because they know you’re going to answer your cell phone. And I never had a problem with that because of the need of what our people are dealing with. So our [typical] day was like people coming in and out of the building. We were right on Dixwell Avenue, so you can’t miss the building. So when people saw my car, they would always know when I was in, [and] they had the right and the privilege to stop in. And I never turned anybody away.122

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122 Rev. Kimber, interview.
Though more resourced secular AIDS organizations provided services similar to AIN and Seven Foot Soldiers, those involved in Black Church AIDS outreach emphasized the unique ability of organizations like AIN to address the gaps left by mainstream social services. Employees and volunteers of these organization reflected upon the close personal relationships they formed with their clients and their clients’ families, serving as liaisons to help them navigate the complicated welfare system, access necessities like food and clothing in emergencies, and work their way through personal crises. In the early days of AIN, Cofield herself would clean her clients’ homes, help them run errands, drive them to their doctors’ appointments, and visit them when they were hospitalized at a time when many believed that they could become infected with HIV by simply touching a person with the disease. Reverend Kimber expressed a sense of indignance at the fact that, unlike organizations like APNH, AIN was never able to forge lasting partnerships with well-resourced institutions in the city, who failed to recognize the critical and unique role that his organization served in the New Haven community:

> It doesn’t fail to amaze me that one of the richest institutions in this country, with one of the biggest endowments in this country is, in a sense, right here. And we were never really able to tap into the university, nor into the hospital, who could have helped us immensely. We were not able to do that. Even our legislators didn’t understand … congresspeople and senators. Our senators did not do what they were supposed to do. And our local alderpersons and local legislators certainly could have written different policies in order to support AIDS Interfaith. And that did not happen. It was our people that were dying—their family members and their relatives. And those who were sitting in high places never thought about how they could usher in a new generation of [funding] to support AIDS Interfaith.

AIN’s closing marked the end of almost thirty years of community service from Elsie Cofield and her collaborators. From their organization’s beginning, AIN organizers demonstrated an

acute understanding of HIV/AIDS as a condition that was intertwined with a number of social issues, including poverty, food insecurity, homelessness, and health inequity. Black faith-based HIV/AIDS organizations like AIN did not only provide services related to alleviating the disease itself; they sought to provide holistic support to people with HIV/AIDS, their families, and their communities.

CONCLUSION

The history of Black Church AIDS activism during the height of the AIDS epidemic reveals the complex considerations faced by Black Church leaders in defining and implementing their AIDS outreach efforts. Through programs like Seven Foot Soldiers and AIDS Interfaith Network, Black Church community organizers revealed the robust community support that could be provided by AIDS organizations rooted in the Black Church network. The fact that both organizations eventually closed due to a lack of financial resources reveals something else: there is a woeful lack of support for Black faith-based organizations in Connecticut and across the United States. As they reduced funds and technical support for programs like AIN and Seven Foot Soldiers, many government officials expressed the same sentiments: they recognized the value of the programs, but felt they were not an efficient use of government funds. Under a framework of cost reduction and time conservation, Black Church programs may appear to be less efficient than other programs with similar objectives. This lack of adherence to mainstream social service models is precisely what enables the Black Church to effectively reach the populations that traditional social service agencies often miss; it is the open-door policies with undefined working hours and the informal conversations that occur as community members
return home from work that lay the groundwork for Black Church outreach to populations that the public health community has often missed or ignored.

Black Church-based programs could have a critical role to play in the age of emerging global infections. During the COVID-19 pandemic, Reverend Tracy Johnson-Russell of St. Monica’s Episcopal Church in Hartford was concerned about the vaccine hesitancy expressed by many of her congregants. She draws important parallels between historic AIDS education efforts in her church and more recent efforts to increase COVID-19 vaccination rates among her congregants:

[During the AIDS epidemic], our goal was to make sure people had the right information, so we could make sure they were safe, and we were taking care of one another. And I lost so many people, whole house full of people during the [COVID] pandemic because of vaccine hesitancy and people just not believing the information that they were given. And so it was really important for me to for me to partner with other Black churches in the community so that we could be places where people can actually come to get vaccinated, where people could come and learn about why it was important to be vaccinated and to get those myths that were floating around in our community about vaccination answered head on. And also to serve as an example. Me and my whole family got vaccinated at the church.125

Though COVID-19 is not accompanied by the same stigma as HIV and AIDS, many of the same considerations that faced Black churches during the AIDS epidemic have resurfaced as they navigate the newest pandemic. During the COVID pandemic, several political and public health institutions identified the Black Church as a potential avenue to increase vaccination rates among Black Americans, recognizing its status, as articulated by Reverend Anthony L. Bennett, as “the gateway to the Black community.”126 However, with the proliferation of this “newfound” knowledge, I emphasize that these organizations must avoid interacting with Black Church groups as if they are monolithic, or as if they are simply part of a strategy to achieve a desired

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public health outcome. Instead, external institutions should prioritize the agency and self-sufficiency of the Black community, uplifting existing efforts to improve Black people’s health and ensuring that any programs they implement will continue to exist long after mainstream interest has waned.

As Black churches continue in their efforts to tackle a range of social issues in the Black community, Black church leaders will have to reckon with their position as the gatekeepers of an institution that at once carries the power to ostracize members of the Black community and the risk of marginalization by external institutions. Across the mosaic of denominations and philosophies that exist under the umbrella of the Black Church, it is up to individual Black Church leaders and congregations to decide how they will contend with the dichotomies inherent to the structure of the Black Church. Their decisions will determine the success of future Black Church health outreach.

**Word Count:** 10,323
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BIBLIOGRAPHIC ESSAY

When the start of the school year arrived in Fall of 2022, I only knew one thing about my impending senior essay: it would be about HIV and AIDS. At that point, I had already spent a lot of time thinking about the AIDS epidemic in both its historic and present manifestations. As a research assistant on a project led by Dr. LaRon Nelson to understand and address AIDS stigma in sub-Saharan Africa, I had spent hours examining the origins of AIDS-related stereotypes and discrimination. I knew I wanted my project to increase my understanding of how people thought about and addressed HIV and AIDS at the height of the epidemic in the United States. Beyond that, I was not yet sure.

My first proposed topic was about Black woman organizers for HIV and AIDS outreach programs, though I wasn’t yet sure if I wanted to focus on national activism or activism centered in a particular region or city. I met with Melissa Grafe at the end of September to discuss my research subject, and she helped me identify databases and archives that would help me start my research process. I was immensely grateful for Dr. Grafe’s guidance, but I was overwhelmed by the scope of the available information on my proposed topic. I knew then that I wanted to get narrower. As I perused the African American Communities database suggested by Dr. Grafe, I came across an interview with the founder of the Balm in Gilead and the National Week of Prayer for the Healing of AIDS, Pernessa C. Seele.

At first, I focused on the National Week of Prayer as the center of my potential essay about Black Church organizing to stop the spread of HIV in New York City. I found additional interviews with Seele from the *African American Journal of History* and archives from the CUNY School of Public Health. New York still felt too big, so I narrowed my field of interest yet again to New Haven and its surrounding cities. In newspaper archives from the *New Haven*
Register and the Hartford Courant, I found the bulk of my information about Black Church AIDS Outreach. These extremely well-documented snapshots into the lives of Black Church AIDS activists and the daily operations of the programs they led provided me with a strong foundational basis for my eventual thesis argument. I especially appreciated the news coverage of Pamela McLoughlin, who appeared to be fiercely dedicated to documenting the programming of organizations like Seven Foot Soldiers, which were not so extensively covered by anyone else whose work I came across in the archives.

As I read about the efforts of Black Church AIDS outreach programs, I became fascinated by the decision-making processes of Black Church leaders and organizers. How did they decide whether or not to engage with the AIDS crisis? What factors contributed to whether or not their programs, for example, conducted outreach to the LGBTQ community? What did the conversations look like between Black Church leaders and their congregations, Black Church members and one another, and Black church organizers and the communities they served? I began to realize that many of my questions could only be answered by talking to Black Church leaders themselves.

I was able to interview four pastors at the head of congregations in Hartford, Bridgeport, and New Haven. Speaking to them helped me solidify the objectives of this essay, but also made me feel as if I would have had to write ten theses to be able to completely capture the breadth of their insights. From them, I learned of Elsie Cofield and AIDS Interfaith Network (AIN), as well as a host of other Black Church initiatives that took place as the AIDS epidemic devastated the Black community in Connecticut. Through our conversations, I also gained a glimpse of what it looked like the lead a Black Church community through moments of social crisis.
After I wrote about AIN and Seven Foot Soldiers, I took a step back to cover the important history of the Black Church. I engaged with the work of W.E.B. DuBois and the writings and speeches of Frederick Douglass and Martin Luther King Jr. to understand the role of the Black Church at several pivotal moments in Black American history. I also relied on research and insights from secondary sources like *Mighty Like a River: The Black Church and Social Reform* and *The Black Church: This Is Our Story, This Is Our Song*, books written by Andrew Billingsley and Henry Louis Gates, Jr., respectively. I emerged from this research with a greater appreciation for the tenacity and enduring spirit of Black Church members since the origins of the Black Church. Without them, so much would not be possible.

Throughout the process, I sought to accurately portray the nuances inherent to the history of the Black Church response to AIDS. I used primary source interviews as well as secondary source commentary to provide a window into the thoughts of stakeholders both inside and outside of the Black Church, including those who felt ostracized by Black Church attitudes towards those infected with or at-risk of contracting HIV. I wanted to highlight the importance of Black Church programs to combat AIDS without shying away from the clear work that must be done to ensure the inclusion of all members of the Black community. I hope my essay reflects this effort.