



**CHERISHING AND CHOOSING LIFE:
BLACK ETHICS, CULTURE AND HIV/AIDS**

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DR. MAULANA KARENGA

This time of marking National Black HIV/AIDS Awareness Day, February 7, finds us as a people again as ever, on the battlefield for a better way forward; for social and racial justice; for equal consideration, treatment, access and opportunities in all areas of vital interests; and for the capacity to live a decent, dignity-affirming, self-determined life, and pass on this achieved good to future generations. And yet, each year of struggle and reflection yields invaluable lessons on how we must understand our lives and relations with others and develop and expand our strategies of struggle in the most ethical, effective and expansive ways.

This year, like last year, we cannot help but notice and make note that HIV/AIDS is not a prominent presidential, congressional, state or locally-promoted concern although, for us as a people, it is still a deadly and disabling disease, in spite of its becoming a less urgent issue with others. From the beginning HIV/AIDS was linked essentially to White gay men and was in great part posed as a national issue by them. This, of course, meant several things. First, they became the principal spokespersons, designers of the policies and strategies to engage HIV/AIDS, influenced the direction and design of the research and benefitted most from the monies allocated.

This, in turn, meant that Black gay men or more generally Black Men Having Sex with Men (MSM) were at best of secondary and subordinate concern and at worst, without White partners and appropriate friends, essentially left to the occasional kindness in funding and favors from others. And it also meant that Black women were for years hardly even considered worthy of attention and thus, that they would have even less capacity to deal with the treatment and spread of HIV/AIDS, even as they witnessed a rapid increase in the number of those infected among them. This

also means that once White gays had secured sufficient government monies, medicines and other means to cope, they moved on to other issues, calling for Black people to join them without sharing resources or being reciprocal as is required of any rightful coalition or alliance.

This, of course, yields us an ancient and ever-useful lesson of life and struggle: we are our own liberators and life-savers, forgers of our own future. Indeed, as we say in Kawaida, we are injured physicians who must heal ourselves in the process and practice of simultaneously healing and remaking of the world. This fundamental lesson of self-determination with self-conscious agency in all matters of vital interest to us as a people cannot be overstressed. For it is the foundation and framework for any real and successful strategies and struggles for health, life or liberation.

A second lesson is thus a lesson about other struggles defined and designated as common-ground struggles. It is difficult, if not dishonest, to deny commonalities in discussing the various kinds and causes of human oppression or resist conceding the value of coalitions and alliances in common struggle against that oppression. But it is equally important to respect differences and distinctions, especially when it comes to Black people and Whites, gay or straight.

The struggles originating at Seneca Falls and Stonewall are not the same as those of Selma or Montgomery. In terms of the gay rights struggle, there are issues of White skin privilege; the power and wealth of the White gay elite; their collaboration in the systemic oppression of Black people and other peoples of color; legal distinction and restrictions in the whole life of a people which no Whites, men or women, gay or straight, ever suffered; and there is the Holocaust of enslavement, unique in its destructiveness and continuing

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consequences and therefore, its defining distinctiveness.

Lessons yielded from our years of struggle and reflection also include the realization that the struggle for justice and equity in the fight against HIV/AIDS in the Black community cannot be separated from the overall Black struggle for racial and social justice. As we have said so often, Black freedom and dignity are indivisible and as long as any African anywhere and anytime is denied freedom or a dignity-affirming life, all of us are somehow denied, injured and diminished. Moreover, there is no salvation or safety in isolation or individual assumption of “comfortable” places in oppression. Dignity demands more and cannot be satisfied with half-stepping, shameless genuflection and lack of concern for freedom and justice as pitifully expressed in post-racial prattle and illusions.

Another critical and compelling lesson learned over the years and centuries of our struggle, then, is that our lives are unavoidably rooted in and secured and advanced thru struggle. Indeed, when our foremother and the awesome freedom fighter, Harriet Tubman, raised the battle-cry “Go free or die,” she was not only urging us to be willing to make the ultimate sacrifice to secure and safeguard our freedom. She was also telling us that unless we secure our freedom, we will indeed die. For we struggle against systems of enslavement and oppression which by their very nature and structure cripple and kill the body, mind and spirit. Our struggle is, thus, to secure freedom from the domination, deprivation and degradation these systems impose whether in matters of health or life as a whole. Therefore, the struggle to secure justice and equity in preventing, treating and

curing HIV/AIDS must be linked to the larger struggle for racial and social justice.

Finally, another lesson for any rightful and effective way for dealing with this continually deadly and disabling disease for us, our families and community is the need to approach this critical issue in ethical and culturally-grounded ways. This requires beginning with the ancient African moral imperative to respect and relate to each person as a possessor of dignity and divinity and drawing from the best of our own culture what it means to African and human and using it to build strategies of health, wholeness and liberation in and for our community.

It also means embracing each other as who we really are as members of our families and community, friends, neighbors and fellow human beings. It means expanding our national conversation and other culturally-grounded initiatives which break the disabling and death-dealing silence; halts the stigma, dishonesty and denials; and ends the unnecessary and undeserved suffering and pain caused by unawareness, insensitivity, hatefulness, and other self-indicting deficiencies of character and conduct. It means, too, taking personal and collective responsibility for the health, wholeness and well-being of ourselves and each other, accepting the responsibility *to get the test, tell the truth and take the medicine*. And it means struggling for our fair share of resources to deal with this, still for us, horrible and horrifying disease; remembering and reaching out to Africa and Africans everywhere; and daring to clear space for the ultimate end of oppression and injustice, and all the physical and psychological injuries and illnesses that accompany them.

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