



## Frederick Garnett: Living With AIDS

**I**t's an honor to be asked to sit among such a distinguished panel and

an equal honor to speak to all of you today. I'm especially pleased to see so many people of color in the audience. I'm a little nervous here, speaking in front of such a large group. I even see several colleagues among you. I thought that I had done all my coming out some years ago, but as my father always told me, 'Go for it,'—so, here goes.

Yes, I'm a Person With AIDS (PWA). I was diagnosed in September of 1985 with pneumocystis pneumonia. I had a second pneumonia hospitalization in February and two subsequent hospitalizations for related problems. In some ways I'm not a typical PWA. I still work full time, exercise regularly, experience minimal problems with symptoms, and stay involved in outside activities. I have also experienced enough to qualify as a veteran of this struggle.

The ten months since my diagnosis have been a period of change and development for me, the scope of which I could never have imagined. I have seen my health seesaw and my mind ricochet from the heights of understanding to the depths of despair and back again. I've had relationships wither while others flourished. I've seen a lot of people die.

Still, for all the sadness and cruelty this disease has brought, the most important thing for me, the thing that continues to nourish my spirit, has been seeing people pull together to help fellow human beings. I think that same quality of love brings us here today.

I've mentioned that I'm pleased to see so many people of color here today. As a Black person, I often felt a strange isolation in having AIDS. I knew that half the PWAs in the Washington, D.C. area were Black but I rarely saw them—not at the research centers, the clinics, the doctors' offices, or at the support groups. Also, it seemed that, on the average, the Black PWAs I knew were sicker, had poorer attitudes, and died faster than the

Additionally, a workshop on women and AIDS pointed out that 52% of all women with AIDS are Black and 59% of all pediatric cases are Black.

"Africana-Caribbean Womanist Feminist" Gwendolyn Rogers, NCBLG Secretary, blasted the mainstream Black community for its dismal response to the problems posed by AIDS. She cited homophobia in

the Black community and homophobia and racism outside of the Black community as primary impediments to adequate service delivery for Black Gays.

In an interview directly after the conference, D.C. AIDS coordinator Jean Tapscott told *Black/Out* that, as of July 6, 1986, Washington, D.C. had 398 cases of AIDS of which 52% are Black. The

white PWAs I knew. I can't back this up with statistics but I do think it's true. And I think that there are many reasons for this situation but they all point to a systemic inadequacy in our service delivery. As a result, crucial needs are often not met and people are left with insufficient information and a deeper sense of hopelessness about having AIDS.

To correct this problem, it's crucial that such forums as this today continue to be held. The issues surrounding AIDS are so varied that it is self-destructive to expect the larger society to take 100% responsibility for our survival. It's naive to think all PWAs are alike. There are vastly different needs among PWAs, even among Black PWAs, and without exploration of these differences many people will fall dangerously through the cracks. Our actions today are necessary to stop this from happening in Black communities.

I want to issue a word of caution to all of you today. Often since my initial diagnosis I've seen people, usually with good intentions, try to take control of my life and make decisions for me. You, as service providers and policy makers, have to be very careful about assuming such omnipotence. You see, when a person gives in to such pressure, he gives up his power. He becomes passive and loses energy for living. Even a bedridden person can still direct how he chooses to live his life. We are not saviours. We are people with varied professional skills, using them to help others improve the quality of their lives. I know this sounds simplistic, but it makes a difference to the recipients of your efforts. Please remember that.

I don't know how much I've talked about living with AIDS. I guess it comes down to deciding that I am a good person who loves other people, that I am not going to be afraid of AIDS, and I am not going to die from it if I can help it. I also decided that I would seek support from others who endorsed my own view. These beliefs underlie everything I do. Through a lot of self-examination and the love of others, I've learned to roll with the punches. These experiences are why I know being here today is important. I know personally that what we do here can make a difference.

When I decided to live with AIDS rather than to shrink from it, I felt a spirituality like I'd never known before. It was the realization of a force—something larger than myself—that I could tap into for the strength to enrich my life and the lives of others. I feel that energy in the room today. I hope all of you feel it too, and that you take it with you as you go through this day. It will be more than worth your while."