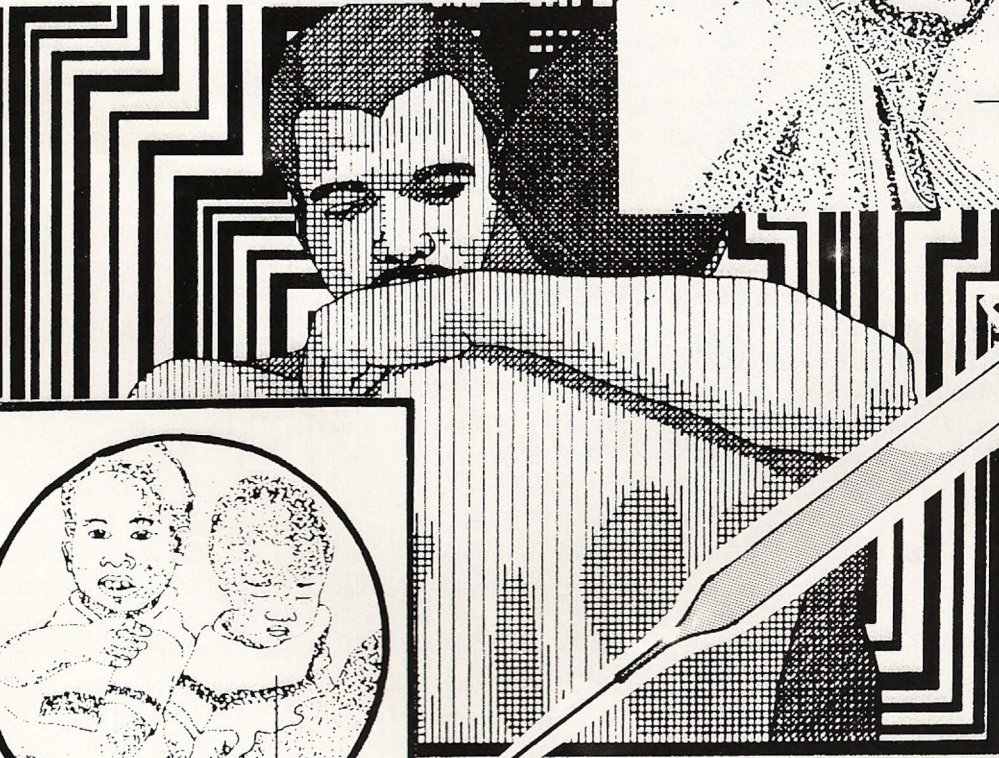
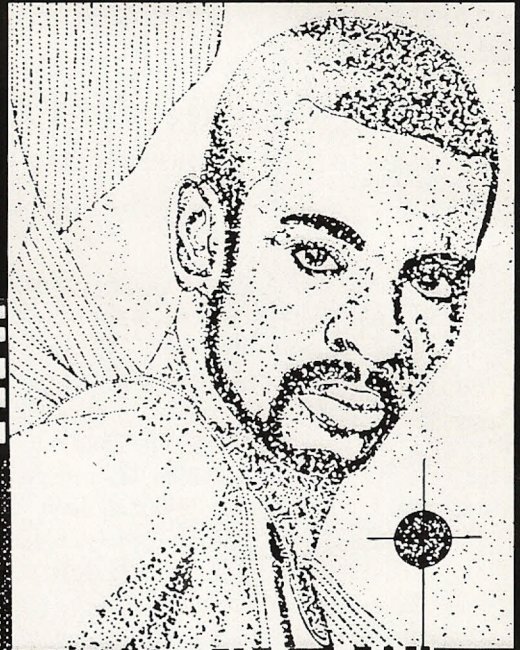


AT RISK

Illustration: Vega



AIDS in the Black Community

by Guy Weston

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Twenty-five percent of the cases of AIDS diagnosed nationwide occur in Blacks, even though we make up only 12% of the population. Gay community-based AIDS organizations in every major city are lauded by public health officials for their success in disseminating information and providing services to the Gay community. Nevertheless, many Black Gays, as well as the Black community at large, remain largely uninformed about AIDS risk reduction and many Blacks with AIDS die without ever having received adequate supportive services. In response to this inequity, the National Coalition of Black Lesbians and Gays, with a grant from the U.S. Public Health Service, organized the National Conference on AIDS in the Black Community which was held in Washington, D.C. on July 18, 1986. Attended by more than 400 health educators, health care and support service providers, activists, journalists, researchers, and Gay people, the conference laid the groundwork for a national network to respond to the distinctive needs posed by the disproportionate spread of AIDS in the Black community. According to conference coordinator Craig Harris: "There is a need for culturally sensitive risk reduction education in the Black community. We must consider how people at risk perceive themselves and address that. For example, Black bisexual men tend not to identify themselves as bisexuals, so they may exclude themselves from information targeted to Gay men. We can not address the issues from our own understanding of them. Once people at risk have defined themselves, we must address those issues.

"There is also a larger percentage of cases in IV drug users among Blacks. We must address these persons in a different

way. Existing AIDS organizations, which have grown out of the predominantly white gay movement of the 60s and 70s, have been very effective in serving their communities. Similarly, it is time for both traditional and newly established Black political, social, and health organizations

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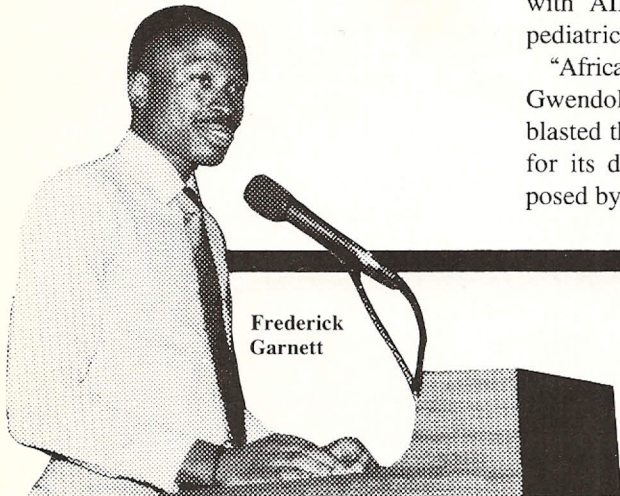
to do the necessary outreach to our own communities which are at risk. By establishing a nationwide network, it is possible to combine resources and create a semblance of unity in our approach."

Featured during the opening session of the conference were Dr. Walter Dowdle, the U.S. AIDS Coordinator for the United States Public Health Service, Dr. Wayne Greaves, Chief of Infectious Diseases at

Howard University Hospital, and Frederick Garnett, a Black person with AIDS.

Dr. Dowdle and Dr. Greaves presented the following statistics:

- There were five cases of AIDS reported to the Centers for Disease Control five years ago (1981).
- There are currently nearly 23,000 cases nationwide.
- Current research projects that the total case count in five years (1991) will be 270,000 cases with 74,000 cases occurring in that year alone.
- Varying studies have concluded that from 10% to 37% of individuals who test positive for the HTLV antibody develop AIDS after a five-year followup. Studies also suggest that the longer an individual survives after developing antibodies, the less his or her chances of eventually developing AIDS.
- 25% of the cases reported nationally occur in Blacks although Blacks comprise 12% of the population.
- 30% of the cases diagnosed in Blacks are Gay men while 78% of the cases diagnosed in whites are Gay men.
- 42% of the cases diagnosed in Blacks are IV drug users; 10-12% of the cases diagnosed in whites are IV drug users.
- Nearly 50% of all cases diagnosed in Blacks are heterosexual.
- 86% of all pediatric cases (children under 13 years old) diagnosed in Blacks are attributed to IV drug use.
- The mean survival time for Blacks after diagnosis is eight months, while the mean survival time for whites after diagnosis is 18 to 24 months. This is partially attributed to the fact that Blacks tend to be diagnosed closer to the end stage of the disease as a result of postponing health care.



Frederick Garnett: Living With AIDS

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."

population of the District of Columbia is 650,000. (The District of Columbia's 1987 budget for AIDS programs and services is \$1.9 million, considerably more than the comparable cities of Boston and Baltimore, and at least three times the budget of Philadelphia, which is almost three times the size of the District in population.) Ms. Tapscott also stated that "the City Council unanimously passed a bill prohibiting insurance companies from discriminating against persons who were perceived to have [been exposed to] the virus...so now insurance companies may not discriminate or ask questions which might lead them to refuse or eliminate people on the basis of sexual orientation."

A workshop entitled "Risk Reduction Education for Black Gay Men" aspired to identify differences in behavioral and socializing patterns of Black Gay men as opposed to white Gay men and to investigate culturally sensitive educational models. During this session, Black psychologist Dr. Julius Johnson pointed out that some Black Gay men identify themselves as primarily Black while others identify themselves as primarily Gay. Those who identify themselves as primarily Gay tend to participate in the "downtown" white Gay social networks and therefore fall within the scope of existing white AIDS organizations. Those who identify themselves as primarily Black tend to be dispersed throughout various Black ethnic neighborhoods, have less

... the Black and Gay media... have not done enough to create an accurate awareness of the problem of AIDS among Blacks."

social interaction with whites in general, and consequently tend to be less informed about reducing their risk for contracting AIDS. Black-identified individuals are also more likely to be without supportive services during a struggle with an AIDS diagnosis, because the vast majority of supportive service programs for persons

with AIDS are focused to the downtown white Gay community.

The coverage of the incidence of AIDS among Blacks in the media was examined in a workshop entitled "Public Education or Misinformation." The consensus of panelists Perry Lang (*San Francisco Chronicle*), James Roberts (*Philadelphia Gay News*), and Craig Harris (*New York Native*) was that the media in general, and the Black and Gay media in particular, have not done enough to create an accurate awareness of the problem of AIDS among Blacks. It was suggested that Black Gays organize specific efforts to raise consciousness among the Black press so as to encourage more responsible reporting of Gay-related issues in general.

One highlight of the conference was a workshop facilitated by the Rev. Carl Bean, director of the Minority AIDS Project in Los Angeles. Using political rhetoric and religious imagery, Bean issued an exhortation to Blacks to be more responsible to the AIDS crisis in their community; particularly the masses of Gays in the pulpits, choir lofts, piano benches, and pews of Black churches—the very institutions that continue to be the most influential social entities in the Black community. (This same Carl Bean recorded the popular "Gay" disco hit, "I Was Born This Way," with Motown in 1976.)

This conference was co-sponsored by the National Conference of Black Mayors and the National Minority AIDS Council. ●



Among the conference participants were: (from left) Gil Gerald, Rev. Carl Bean, Frederick Garnett, Dr. C. Everett Koop (U.S. Surgeon General), Suki Ports (Minority Task Force on AIDS of the National Council of Churches of New York City), Amanda Houston-Hamilton (San Francisco Task Force on AIDS in the Black Community), and Paul Kawata (National AIDS Network).

Photo: Jim Marks