



Bite The Bullet

Dodging a gun-toting nurse and a false prophet, LeRoy Whitfield breaks out of his treatment shell.

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My quest for AIDS knowledge gained urgency in early 1992 at gunpoint. When my crazed ex-lover—then my primary source of information and care—put a gun to my head, I made tracks, even though I didn't know how I'd survive without his wisdom. A registered nurse decked in hospital scrubs, Filas and a phat gold chain, he had calmed my fears about my swollen lymph glands that never seemed to recede and night sweats that made me lose sleep. He told me that since I didn't have insurance, he'd hook me up at home with hospital-quality care if I ever got sick. He was the only person in the world who I trusted could save me from an AIDS death. But after he caught me arranging a booty call, he threatened to kill me.

When I was newly christened with HIV at the tender age of 20 in 1990, information in the black community was scarcer than homes with legal cable TV, and treatment options were few. Word on the street about how brothers and sisters taking AZT were either dropping like flies or suffering ill side effects didn't make my decision any easier. So I chose avoidance.

That's why when Magic Johnson disclosed that he was HIV positive in November 1991, I was all ears. I snagged so many reports about his announcement that friends thought I was stockpiling reading material for the revolution. Glued to the TV set, I watched the analysis, re-analysis and post-analysis of the Magic bombshell, eager to hear whether or not the court superstar would be taking medication—and, from there, to figure out what I should do.

Enter Nation of Islam (NOI) chief Minister Louis Farrakhan. Bow-tied and freshly dipped in an Italian suit, he stepped up to a mike in the fall of 1992 at a downtown Chicago hotel claiming to have an answer to my question. While Magic kept the public guessing by not endorsing any drug, Farrakhan's message was loud and clear. If you're taking AZT, he told the audience, ditch it—it's poisonous. That's possible, I thought, considering all the rumors of 'hood deaths I'd heard. And HIV, he went on, was created in a government lab in Virginia. Son of a bitch, I thought, my life's been turned upside-down as a result of covert government warfare. And considering the dehumanizing government-run Tuskegee syphilis experiment—just halted in 1972, three years after I was born—Big Lou's idea didn't seem so far-fetched to me. But here's the clincher: The good minister then revealed to us that a Kenyan doctor had discovered an AIDS cure: Kemron.

That word cure spoke directly to my soul. Thanks to the minister, I might not have to spend the rest of my life beholden for direction about AIDS to my gun-waving ex-lover, a vague sports star or insensitive doctors whom I deemed unreliable because of an alienating visit to one earlier that year. Nah, what Minister Farrakhan was offering, to my mind, wasn't just alternative medication but sorely needed liberation. To hell with trying to understand HIV or ever being a slave to oddball medical regimens, I thought: I am free.

For a moment.

When I was a shorty, my mama always told me if sumpin' sounds too good to be true, it probably is. Soon AIDS activists got word of NOI's \$1,500 drug—the price tag for a six-month supply—and lit into it saying that proof of efficacy was so shaky that a New York AIDS buyers club, which had sold the same drug under a different name for only \$50, ended up giving it away. My hopes were completely dashed after I called Kenya to speak directly with the NOI's heralded doctor, making a discovery of my own: The brother was only vaguely familiar with Kemron and the Nation's scheme to sell it stateside.

Gotta admit, I was nearly played. But along the way I had made giant strides. Although Kemron was a bust, I came out of my shell to learn about it and ended up engaging in my first public discourse about AIDS treatment; I had even called Africa. And an NOI health minister, on hand with Farrakhan that day in 1992, was the first person who broke down HIV science in a way I could relate to, an experience that's stuck with me as I educate about AIDS drug research today. It also made me more critical: With my surrogate markers still above board four years later, I held out against the tide of gushing enthusiasm about protease inhibitors and resisted "hit early and hard" temptation. I'm still not on a medical regimen, but I'm under the gun to stay in good health and proactively address the possibility of a decline. That's what I'm aiming for, and I can't miss.