Black Is...Black Ain’t

Cornelius Baker may be the most effective black AIDS advocate on Capitol Hill. But has he lost touch with the streets?

October 1, 1999 By Donald Suggs

Fall will soon arrive in Washington, DC, and with it a flood of high-stakes AIDS legislation, from Medicare and Ryan White monies to battles over HIV discrimination. Even in the late-July heat, one man is already hard at work, placing calls, doing lunch and tapping connections from his years in the Bush White House and his long-time association with key congressional Democrats. Cornelius Baker, as executive director of the National Association of People with AIDS (NAPWA), is the official voice of HIV positive Americans on Capitol Hill. But as the group’s first black director, and one of the few black people to head any mainstream AIDS organization, Baker has had to fight for respect. What people think of him says a lot about their vision of how the black community should tackle AIDS in the years to come.

“Many people who focus on the black community do not consider him an advocate,” says Mario Cooper, who founded the Harvard-based Leading for Life to promote black leadership on AIDS. “He’s a leader in the AIDS movement who happens to be black.”

In fact, Baker, a brown-skinned sprite of a man with closely cropped hair and a boyish level of energy, has put his mark on key black issues, from Clinton’s apology for Tuskegee to the Congressional Black Caucus’s declaration of a state of emergency over AIDS in the black community. During his seven years at NAPWA, Baker, 37, himself a gay man with HIV, rebuilt the flailing advocacy organization, ensuring PWAs a place at the table.

And any AIDS player in this political town will tell you that Baker is a skilled advocate. “He knows how to negotiate on the details without sacrificing core principles,” says Daniel Zingale, director of AIDS Action, another national AIDS lobby, “and that’s reassuring to those on both sides of the discussion.” But Baker has received few accolades in his own black community.

“I don’t want to be limited to just speaking on black issues,” Baker says. “We have to fight against the impression that this is a black disease, just as we had to fight against the impression that it is a gay disease. We don’t want anyone to think they don’t have to care about it.”

In part, the conflict is generational. While most black AIDS organizations date from the early ’90s, when the epidemic escalated among black heterosexuals, Baker’s tenure as an activist extends

back to a time when the disease primarily affected gay men. “As gay men we had to lay aside our plans and do everything we could, or be destroyed,” he recalls. Baker became one of the first black gay men to enter what soon became the AIDS establishment. “He’s been there since the beginning,” Cooper says, “and he’s often been there alone.”

Baker’s mainstream approach reflects not just a different experience of fighting AIDS, but also of being black. At first glance, his background is typical. Baker comes from a a long line of poor, rural farmers. His mother worked for the Urban League. His father did odd jobs. But while most prominent black AIDS advocates come from large, black urban centers, like Atlanta or New York City, Baker grew up in a racially integrated neighborhood in Syracuse, in upstate New York.

Fresh out of college, he moved to Washington and started working for city council member Carol Schwartz—a white Republican in a city whose local politics remain heavily black and Democratic. Baker became involved in AIDS when men began to approach him at the predominantly white gay bars he frequented. “People would see me at the bar and say, ‘You work for Carol,’” he recalls. “They’d say, ‘I can’t get my social security’ or ‘I’m getting evicted.’”

Baker shares his life with his partner Chris, a white, retired investment banker with a former athlete’s build, and lives in an airy apartment in Adams-Morgan, one of Washington, DC’s few integrated neighborhoods. The large rooms are painted in earth tones and minimally decorated with a carefully chosen collection of photo-graphs. But if the decor is high-tone and East Coast, Baker’s manners are more down-home and Southern. As we sit down to talk in his spare but formal dining room, he serves English breakfast tea and generous slices of a sinfully large fruit tart.

“I spent a lot of time in Florida with my grandmothers in the early years of my life,” Baker says. “They taught me what it meant to be a black boy. They endured a lot of hardship, but they also taught me that I could go places, even have a certain optimism.” That forged a strong belief in his ability to address the epidemic through mainstream political channels. “We have to get inside the body politic,” Baker says. “The big decisions made during the course of this epidemic have been political.”

Baker tested positive in 1988 and says he got involved in mainstream AIDS work in part because black organizations were doing so little. “There’s this tremendous silence in the black community about people being sick, not getting what they need and dying in terrible circumstances.” Still, Baker’s choices have shaped how he is seen by the black community.

Baker’s insider approach, coupled with his outspoken criticism of the black community, has sparked accusations of betrayal. “You speak and act a certain way, have certain kinds of aspirations and you’re told that you’re too white,” Baker says. Despite Baker’s Republican leanings—he did a stint-under health and human services-head Louis Sullivan-during the Bush administration—he left the Log Cabin Republicans in protest over the group’s opposition to affirmative action, and he is critical of the CDC for neglecting communities of color.

For more than 20 years, former Black Congressional Caucus leader Lewis Stokes (D-Ohio) has convened a "brain trust," an annual gathering of congress members and leading black health professionals from all over the country. For much of that time, Baker has briefed Stokes extensively to make sure that *all* health issues relevant to blacks are on the agenda. "Cornelius had already-camped out in Stokes' office before anybody was talking about AIDS," says Miguelina Maldonado, director of government relations at the National Minority AIDS Council. It was Baker who deftly fashioned the issue of AIDS in the black community into a symbol of the federal government's historical indifference—even hostility—to black health concerns.

"He was instrumental in helping to convince the Clinton administration that it should apologize to blacks for the Tuskegee syphilis experiment," Stokes says, "and he's been a champion of issues related to HIV and the lesbian and gay community. He's advised my office on how to press for congressional action on prevention and treatment. He's one of the brightest and hardest-working professionals I've known."

Rep. Maxine Waters (D-California) was most publicly associated with the Black Caucus' declaration of a state of emergency last May, but Stokes was the point man for the $156 million appropriation that followed, and Baker stood behind Stokes. Though their longstanding relationship helped set in motion the entire series of events, Baker's role has been largely ignored. Not affiliated with a black AIDS organization, he was not invited to attend meetings between caucus members and community-based service providers—nor to the press conferences that followed.

"Being discredited as not being black enough is an issue I've dealt with since I came to Washington," Baker says. "But nothing reminds you more that you're black than being in a room full of white people. And I spend most of my time in rooms like that."

Ultimately, the fight is over not just leadership but resources. As the epidemic has shifted, large service providers like New York City's Gay Men's Health Crisis (GMHC), which were founded primarily by and for white men, have begun to serve majority people of color clienteles—and to compete with black community groups for funding targeted at people of color. "Small people of color organizations with overworked staffs have to compete for funding with large white providers," says Ron Simmons, executive director of Us Helping Us, a DC-based AIDS organization that serves black gay and bisexual men. "The director may be doing everything from running the programs to keeping the books, while GMHC has a development department larger than his or her entire staff. It's not a level playing field."

Many activists fear that leaders like Baker will use their considerable expertise—and leverage as people of color—to channel newly targeted funds away from black and Latino communities and into white-run ASOs. "The money should follow the disease," Simmons says. "When it primarily affected white gay men, the money went to their AIDS organizations. Now the disease has shifted. So when does the money start going to ours?"

Baker says black advocates can't afford to exclude mainstream organizations from getting a piece of the pie. "Some communities don't have agencies that serve the black population," he says.

“How does it serve people of color to exclude the providers that do exist because they also serve white gay men?”

“That’s the argument of organizations that want to sustain themselves,” says Maldonado. “If they’re providing services to African Americans and Latinos, then why do we have such a disparity of health outcomes? People of color have not benefited from business as usual. That’s what the state of emergency is about.”

But Baker asks why it took 18 years for black officials to finally declare that emergency. He says this silence has inspired little confidence in the black community’s resolve among established AIDS organizations. “People aren’t comfortable releasing power,” Baker says. “We gain that power by demonstrating our competence and making it clear that when we talk about the changing face of AIDS, we’re not talking about excluding white men.”

Still, for many, allegiance to the black community must come first. “The powers that be may invite [Baker] behind closed doors,” Simmons says, “but how much power have without the backing of the community he represents?”

Meanwhile, the larger battles rage. Ryan White funds are scheduled to be reauthorized in fall of 2000 and advocates will have to make sure those funds flow into the black community. There’s a pressing need for changes in eligibility rules for Medicaid, upon which a disproportionately large number of African Americans rely for care. And a campaign remains to be waged for increased allocations for prevention as African-American infection rates continue to climb.

It’s unlikely that black advocates are going to be able to make their strongest case without the help of leaders like Baker, whose greatest contribution may ultimately be his refusal to conform to a single strategy or work exclusively on behalf of one group. At the very least, he has forced a wider debate on black leadership. “I’m not saying that homophobia in the black community isn’t an issue,” says Baker, “or that institutions like the black church shouldn’t do more. It’s just that I’m not the person who’s qualified to address it. That’s for the gay men singing in the choir to do. Until they start raising their voices, it’s not helpful for the rest of us to. And when they do, the dialogue will be different.”

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.poz.com/article/Black-Is-Black-Ain-t-12030-2696