Standing in the Shadows of Love

At 17, Dominique is falling hard-and forgoing the condoms-for an older man with an unknown past. Tonya was that same age when she did just that-losing the man but getting HIV. Will the same happen to Dominique-and countless other black girls coming of age in the crosshairs of an urban epidemic?

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“You know you don’t tell no boy to put on a condom,” shouts Dominique, a 17 year old with chestnut-brown skin, hazel-colored contacts and micro-braids draped almost to her waist. Tiffany, sitting next to her, rolls her eyes in disbelief at the claims of the girls across the classroom.

“Yes, I do,” insists one, Aisha, who last week asked me for help with her college application essay. Her girlfriends nod like background vocalists. Lines have been drawn; the rest of the class watches wide-eyed. “You tell him to stop when he’s already kissing on you!?” Dominique challenges.

“Yes, I always do. You should never have sex without a condom.”

“Oh, man!” Dominique and Tiffany guffaw. “You’re lying! They’re lying, Miss Hilary!”

That would be me. I’m a 40-year-old black woman who’s jumped off the corporate fast track to pursue writing and make time for what’s most important to me—young people, for instance. I volunteer several times a month at this life-skills development class for 12th-grade girls, which meets at noon three times a week at a high school in a working-class, black Philadelphia neighborhood. In this mandatory discussion group—there’s a corresponding session for boys—the young women learn skills for dealing with everything from continuing with their education to building self-esteem within a mainstream culture whose standards of beauty usually exclude them. The teacher, Miss Sonia, lets me help in the classroom and participate in the discussions when I can.

Right now, in the second semester of the girls’ senior year, much of the focus is on college, financial aid and careers. The students’ names hang on a bulletin board, followed by the universities that have accepted them—including nearby state schools such as Millersville and historically black colleges like Delaware State. One day Miss Sonia asks me to share my background with the group, then, for homework, has the girls write down their observations of me. Later, reading their responses, I’m amused that some of the girls think I’m professionally unstable because I’ve had more than one job.

Today, though, we've set college and career planning aside to talk about sexually transmitted diseases (STDs). I love these kinds of discussions, the ones many adults shy away from. The young women start off quiet but attentive—until the book What Your Mother Never Told You About S-e-x, on women's sexual health, is passed around. They bury their heads in it, point at the anatomical diagrams, whisper and giggle with their friends. They tell us that the adults in their lives are discouraging them from having sex—but are reminding them to use a condom if they do.

After class the two skeptics pull me aside. "All those girls are lying," Tiffany insists. Her round eyes, chubby cheeks and Bugs Bunny teeth belie her worldly air. "They know they don't always use a condom. They just don't want to tell their business in front of everyone."

But Dominique wants to tell me hers. She lingers after everyone else leaves, drawn to me for some mysterious reason.

"I've been seeing my boyfriend for a year and we're only having sex with each other," she confides.

"Have you been tested for HIV?" I ask. I can't forget the CDC's finding that, excluding young men who sleep with men, lower-income black girls of Dominique's age constitute the highest adolescent risk group for contracting HIV.

"No, but he don't get around like that. And we're only with each other."

"But have either of you been tested for HIV?"

"We're only with each other." Besides, she tells me, she's on the Pill.

I don't want to back her into a corner or demean her man, so I ask a neutral question.

"What's his name?"

"Danté."

"What grade is he in?"

"He's not in school."

"He's not? How old is he?"

"Twenty-two," she says, with a smile halfway between pride and embarrassment.

Across town a few days later, on a narrow street where young men idle among run-down row homes that seem to huddle together, Tonya sits in her mother's living room. "Love blinded me," she tells me. Now 24, Tonya was 17 when her 23-year-old boyfriend gave her HIV. "He was my first love and I didn't think about that," she responds when I ask if they practiced safer sex. "He was the first person I slept with."

Tonya learned she was positive after an annual physical. “It was a real shock,” she says. Much of the visit was a blur, although she recalls phoning her mother, who rushed over with Tonya’s grandfather. She also remembers, “It was a Friday—Friday the 13th.”

But her bad luck was just beginning. Her boyfriend disappeared after he learned he was infected. “After he left, that’s when things really started falling apart,” she says. “I started getting sick.”

“Had you ever known anyone with HIV before?”

“My aunt.”

“That didn’t make you worried you’d get it?”

“I really didn’t think about it.”

“Had your mom talked to you about sex?”

“She tried, but it went in one ear and out the other.”

“Did you have sex education in school?”

“No, I left school when I was about 15 and went into the Job Corps. I mean, I knew about condoms, but I hadn’t had a class.”

AIDS is killing my baby sisters. It is the third leading cause of death for black women 25 to 44 and the sixth-leading cause of death among blacks 20 to 29, according to the CDC. But because it often takes 10 or more years to develop, many young adults were likely infected in their teens.

Experts don’t know actual teen infection rates among any race because not all states report new infections. But among those that do, African Americans account for 56 percent of all infections among youths 13 to 24, while 67 percent of diagnoses among 13- to 19-year-old females are in black girls—the vast majority infected through heterosexual contact. And a 1998 CDC study of enrollees in the Job Corps, a federal program for disadvantaged young people, also yielded alarming results: Among 350,000 participants, African-American females 16 to 24 had the highest incidence of HIV, with prevalence rates seven times higher than white females in the study. Preventive education during Job Corps cut this rate in half.

Here in Philadelphia, in neighborhoods hardest hit by the epidemic, 0.5 percent to 2 percent of teenage girls are estimated to have HIV—rates similar to other urban areas. “The overall numbers are low—for HIV,” says Gary Bell, executive director of Philadelphia’s Blacks Educating Blacks About Sexual Health Issues (BEBASHI), which provides HIV education and outreach to communities of color. “But we are seeing very high rates of certain STDs—and teen pregnancy, while declining, remains a problem.” Both STDs and pregnancy are indicators of unprotected sex, which invites HIV—and STDs significantly increase vulnerability to HIV, as well as the likelihood of spreading it. “Consequently we fear that an HIV epidemic in teens either has started or is imminent.”

And when it comes to STDs, with their dangerous gateway to HIV, the numbers are stacked against black teenage girls as well. A 1999 study found that black undergraduate females 18 to 24 who reported having sex with only one person in their lives were four times more likely to have genital herpes than white females who reported one sex partner.

Such disproportionate rates in black teenage girls derive less from the volume or kind of sex they're having than the environment in which they're having it, particularly in low-income, urban enclaves where diseases of all types—from asthma to AIDS—are more common. In such communities, where many people are focused on day-to-day survival, the doctor is often a luxury people can't afford. Many residents don't have insurance; particularly among poor blacks there is widespread mistrust of the medical system; and medical offices are often not conveniently located, leaving residents to attend understaffed public health clinics. Under such conditions, HIV and other frequently asymptomatic STDs can go undetected and untreated for long periods—especially among black boys and men, who often never see a doctor in their lives. Add to the mix the health establishment's failure to educate blacks about HIV until the disease was rampant in their community. Toss in the disproportionate IV-drug use in the ghetto. Include the so-called "war on drugs" that places many black men in a turnstile between prison, where they get HIV, and their unsuspecting women. And don't forget the homophobia that keeps many black men from telling female sex partners they've had sex with other men, whether in prison or not.

Perhaps it's not so surprising that the CDC estimates that one in 50 African-American men is HIV positive. With odds like those, Tonya is hardly the last young black woman who will trade her virginity for the virus.

Do any of you know of anyone who has ever had a sexually transmitted infection?" I ask the girls during our discussion. They look squeamish, embarrassed. No one raises her hand. "Does anybody know of anyone who accidentally got pregnant?" All hands fly up.

Liana Clark, MD, an expert in adolescent medicine at Children's Hospital of Philadelphia, later tells me: "Adolescents have a low perception of vulnerability to HIV infection. They rate their vulnerability to STDs as similar to that of their friends." She adds: "It's the us/them theory: 'Yeah, there are a lot of dirty people out there, but that doesn't mean anything for me.' They're much more motivated to prevent pregnancy because they see themselves [as] vulnerable to [that]. They hear about it and realize it's out there."

It makes sense, then, that although Dominique is on the Pill, she and Danté hadn't been tested for HIV. Given the information she has, she thinks she's handling her business.

One day the discussion group talks about astrology. Dominique asks me if I have any insights into Gemini men.

"No," I say, "but I'm a Gemini. Is Danté one, too?"

"Yes," and he's acting funny, she admits. She doesn't know how to handle him.

“I can tell you a little about Geminis,” I offer, and begin. She listens attentively. “Does what I’m telling you make sense?”

“Yes!” she exclaims, giving me a half-smile that’s not mischievous but thankful and innocent, looking for once as young and vulnerable as her 17 years.

Later, I wonder: How dangerous is it today for young black women to be sexually active? Given the risks, is it reasonable to think they can protect themselves? I ask University of Pennsylvania communications professor John Jemmott, PhD, who, with his wife, Loretta Sweet Jemmott, PhD, a Penn nursing professor, created a program called Be Proud, Be Responsible! (see “Girl Talk”). It was among the HIV-prevention “Programs That Work” that the CDC removed from its website last year, sparking widespread accusations that an abstinence-obsessed Bush administration was aiming to pull information on condoms and other forms of birth control from federally funded efforts. Be Proud, Be Responsible! gives inner-city teens the basics on STDs and HIV but also shows them how to use condoms, get their partners to use them and confidently say no to sex they’re not ready for.

“I believe a girl can protect herself when she’s dealing with a boy her age,” Jemmott tells me. “The problem comes when you have a 13 year old involved with an 18 year old. This big difference in age corresponds to a big difference in power” (see “Boy Talk”).

And, often, an even bigger health threat. One study of HIV positive young women found that although they’d had about as many sex partners as their HIV negative counterparts, the chances were greater that, like Tonya, they’d dropped out of school and had older lovers. Such older men, the study found, were more likely to have had multiple partners and diverse sexual experiences, used IV drugs and, of course, have HIV.

But young people in the throes of love rarely do a background check. Like Tonya—and this is often the case in America, where sex ed isn’t federally mandated and is left largely to the discretion of individual schools or school districts—they are often underschooled in sexual health and lack the skills to negotiate sexual situations. They have only a dim idea of the risks they face and how to avoid them.

“It’s hard to say ‘Put on a condom,’ especially if there’s an age difference and [you’re] ashamed,” Tonya told me. “You always expect the guys to have a condom when you’re that age. And if he didn’t have one, it’s like, well….”

Then there’s the intensity of feeling in girls this age. As Liana Clark told me: “When you are 15 and in love, that’s love you will die for.”

This haunts me.

I’m not surprised that Dominique’s boyfriend is five years older than she is. While Tiffany alternates between maturity and silliness, Dominique acts “cooler” than the other girls, too grown-up. But I’m glad when she tells me that Mom isn’t keen on Danté. Still, I want to remind her that

America chews up black girls who grow up too fast.

Why do I feel so protective? I guess I've taken to Dominique. There's a softness about her that gets driven out of many black girls. And the mischief in her eyes reminds me of the twinkle in my own mother's. I look for chances to talk to her about protecting herself and would gladly accompany her to an HIV test and a counselor to talk about getting her man to use a condom. But I miss several "teachable moments" that would help me broach the conversation. I also don't want to overstep my boundaries with either the school or her parents.

"How are your grades this semester?" I ask one day, while she's chatting with several of the other popular girls about prom dresses. She scrunches her face, replying, "They're OK."

"Are you applying to college?"

"Yeah, I guess. I'm not really into school, though. I want to be a dancer."

Her face lights up when she tells me this. I am surprised; she doesn't really have a dancer's bearing. "That's great! What do you do—jazz, modern, ballet?"

"No!" she says, giggling. "I don't really like ballet. I like to dance like in videos."

Ugh! I want to grunt. Instead: "Are you any good?"

"I'm the best dancer in the whole school. Whenever I enter a dance contest I win, even in a club." Her girlfriends agree.

"Do you want to dance in New York?"

"No, I want to have my own business. I'm going to be a choreographer and have my own studio."

I'm relieved that she has aspirations. "You'll need to continue your education to perfect your craft and also learn business skills."

She tells me she's applied to several schools, including an arts college and an historically black university in Atlanta. Hmm, so she's considered a life apart from Danté.

Later, the girls tattle, telling me Dominique's prom dress is scandalous—the back and stomach are out and there are high slits on both sides. I wonder how much she intends the bare skin to impress her man. Then again, what 22-year-old man would be caught dead at a high school dance?

"You should come to the prom, Miss Hilary," the girls say.

"Thanks. Maybe I will." I want to see Dominique's dress and meet this brother, who I'm certain will dump her eventually. Even then, I worry that she'll have unprotected sex with more men. Moreover, she'll likely be living in Philly or Atlanta, whose black populations have high HIV rates, and, I suspect, she'll continue to see older guys, all of which will put Dominique right in HIV's

crosshairs. I'd hate to keep my mouth shut and learn later she's become another Tonya. We sisters are in this together.

Since the man who gave her HIV disappeared, Tonya's been with two men. The first, a man in his forties who fathered her first son, now 4, isn't around anymore. She says the next, who's 23, fathered her second boy, now four months old. She and the 23 year old are no longer together, but the more she talks, the more it sounds like they're in a gray area. She says he takes responsibility for the two boys, who are both HIV negative.

"So he had unprotected sex with you even though you're positive?" I ask.

She nods.

"Isn't he worried?"

"No, he's not really worried about it. But he should be. He's taking medication."

"He's positive, too?"

Tonya looks away. "I don't know. He didn't ever tell me. He said he is, then he said he's not, then he said he is. When he's upset he says he's not."

"Do you ever think, 'I might infect this person?'"

"I feel guilty about it. I think about it often—I really do—because he's about to have a baby, himself. So she [the woman carrying his baby] got tested and he said she's OK."

I try my best not to jump out of my chair.

"Wait—so he's OK?"

"No, she's OK—the mother. That's what I'm saying: He doesn't want to face that."

"As far as you know, does she know your status?"

"No. She only got tested because she's pregnant."

"So he's not being honest with her."

"I told him, 'Why would you make it worse than it is?'"

"That's exactly how people get burned," I groan.

"Yeah," she agrees. "He always calls me to ask if I took my medicine. But he may be still out there passing it along."

“As far as you know or suspect, is he with anyone other than her?” I ask Tonya.

“No,” she says, then pauses. “Well, listening to phone messages—well, I’m not sure.”

Good God in heaven! I try hard not to judge, but I want to cry. The pregnant sister doesn’t have the skills to protect herself either. I’m weary of living in a world that doesn’t give a shit about people who look like me, in a nation that teaches its citizens to define their interests so narrowly—and always through the lens of racism—that it quite intentionally and repeatedly stacks the deck against the brown-skinned, the poor, the least educated, the vulnerable. I’m sick of my people suffering at the hands of white Americans who take advantage of the privilege of not knowing, or who simply don’t care, that my community carries the ills of the entire society upon its back. I’m angry and overwhelmed by the many ways we African Americans have been miseducated, or are so depleted and run down that we can’t or don’t care for ourselves. Yet, as I rail, I realize that relative to many people of all races, I have it good, and that I have a responsibility to look out—and speak out—for others.

The end of the school year nears. Dominique is bummed out; she hasn’t heard back from the arts college that was her first choice. It appears she’ll head to an historically black college in Atlanta. Danté is still in the picture, she says. But will he really show his face at the prom?

Soon enough, on a cold, rainy Friday prom night in mid-May, I find out. Inside a banquet hall, a male instructor announces each couple’s arrival. The other teachers cheer and admire them as they enter. Blue—baby, turquoise and ultramarine—is clearly the color this year.

“Spin around,” the adults encourage the girls, who turn gracefully as if on a catwalk. Most are wearing traditional attire and look beautiful and elegant, like the women they are becoming. Even baby-faced Tiffany looks stunning and, in a shoulder-length, 1960s “flip”-style weave, decidedly more mature. The boys have also cleaned up nicely. Gone are the baggy pants, boxers sticking out and hair in a bush. Tonight they are in tuxedos, their hair trimmed, freshly twisted or braided. We grownups take pictures and admire the girls’ hair, meticulously styled and sprayed into place; carefully manicured fingernails and toenails; dresses and wraps that cascade around them and bags that match their boyfriends’ vests. We are tickled as they struggle to walk in stiletto heels.

I wait for Dominique and Danté, among the last to arrive. Sure enough, she’s in the get-up her girlfriends described—spaghetti straps, back out to the waist, diamond-shaped stomach cutout, slits high on both sides. However, rather than strut her stuff, she rushes through her entrance. The teachers applaud politely but don’t encourage her to model. Even though the dress fits her figure, it is inappropriate for someone her age. Her man looks shockingly immature.

Later I approach her, standing with a friend in a stylish print gown that covers her from neck to toe. Her date stands about 10 feet away. Rather than looking sophisticated, they seem incredibly young and awkward.

“You two look beautiful,” I say to the girls. “And that dress is a little bare, girlfriend, but I have to admit you’re wearing it.”

Dominique blushes, smiles shyly. “Is that Danté?” I whisper.

“No,” she says sheepishly. “We’re not together anymore.”

“Oh, I’m sorry,” I say, suddenly feeling very sad for her. I know she had fantasized about being the belle of the ball, feeling sophisticated in her dress and with an older boyfriend. Now the relationship she thought was safe has ended.

“She had to borrow my best friend so she’d have a date,” blurts her girlfriend.

Dominique’s eyes drop. Though the situation gives me the perfect “teachable moment” to talk with her about protecting herself, this is clearly not the time. The prom goes on, and I decide to reach out to Dominique’s family at her graduation so I can continue a relationship with her outside of school.

But a month later, I’m preoccupied by a sudden illness in my own family and miss graduation day, my final school link to this sister I’d so wanted to do right by. Heartbroken, I call Miss Sonia: There’s an important talk I need to have with Dominique, I tell her. She agrees to ask her to call me.

Two weeks have passed, though, without a word from Dominique. Still, I pray she’ll call—and that if she does, my words don’t come too late.

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