While Black

In a blog post titled "#LivingwithHIVwhileBlack," blogger and activist Aundaray Guess asks: In this racially charged environment, how does one find value in managing HIV care? Below is an edited excerpt.

January 7, 2019 By Aundaray Guess

Most Black people can recall the first time they were called the N-word. For me, I was about 12 years old walking home from school when a car full of young white adults passed me. They yelled out the word to me. Hearing it brought forth more confusion than fear. What did they see in me that made them so hateful?

With the recent rise of racism and hate and minority groups being targeted and retargeted, I reflected on something not often discussed: living with HIV while Black.

For a Black person living with HIV, it would be a luxury to just focus on one's status. The reality is that once we walk outside our homes, people don't see our HIV status—people see our skin color.

As a Black man living with HIV, I understand that today it's not only African Americans who are targeted. I know that hate is being directed at many groups, from undocumented immigrants to Muslims to basically anyone who doesn't look white.

I also confess that I have a slight edge over my brothers and sisters living with HIV who are in rural and so-called red states. In those places, racism is magnified and sometimes outright blatant. Living in New York City, I am surrounded by diversity, which sometimes shields me from many forms of racism.

In this racist environment, I marvel at those who still manage their HIV-positive status. To white people, this may seem like a ridiculous statement, as they often don't have to take into account their ethnicity, which is the result of having privilege.

Even some woke African Americans who confront racism head-on may not connect with this statement. However, some folks don't have the tools to dismantle racism in their environment.

Many HIV-positive Black people are struggling to find value in their lives and health when public displays of hatred show otherwise. So how do Black individuals manage living with HIV when their Black lives don't seem to matter?

I consider myself one of the woke persons of color who don't allow the discriminatory aspects of

this world to hinder their care. That was not always the case. Growing up, it felt like my job was to make white people comfortable.

This could entail making a joke while in an elevator with a white person to make that person feel safe or hunching my shoulders to not appear threatening. Those were my tools of the trade. I was the jokester, so they knew that I was one of the "good ones."

When it comes to my HIV, I will admit there were times I didn't want to take my meds, asking myself, "Why bother?"—especially after being pulled over by the cops for "driving while Black," something that happened often in my 20s despite how safely I drove.

I would become frustrated with my HIV support group because race was never mentioned. And if I voiced my concerns about avoidance of the topic, I was reminded that there was no space in the schedule to discuss it.

To move to my current space of empowerment, I had to talk out loud about race. I had to stop pretending it didn't exist. I forced my doctor to discuss it during my visits, since it was my reality. I also had to examine my own actions and contributions and to stop feeding the perceptions of how a "good" Black person looks and acts.

Race is often the root of people's concerns. Race is connected to inadequate medical care—as well as to poverty, crime and inequality. Medical providers are doing a great injustice to people of color if they don't provide space to talk about race.

Read more from Aundaray Guess in his POZ Blog.

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