#LivingwithHIVwhileBlack

In this racially charged environment, how does one find value in managing HIV care?

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Like most black people, they can share the first time they were called a Nigger. For me, I was about 12 walking home from school when a car full of young white adults passed me and yelled out the word to me. Hearing it brought forth more confusion than fear. Why were they calling me that? Did I do something to them? Were they someone I knew? And because I knew that word was similar to hate, what did they see that made them so hateful?

It seems lately the new craze is to call the police on black people for doing the most average things. It has evolved from driving while black to routine matters such as sleeping while black, mowing grass while black, selling lemonade while black and, of course, grilling while black. Just when you think you heard it all, another recorded story appears on social media to remind us how far back this country is. I'm sure there is a new "while black" story waiting to be told.

With the rise of racism and hate and with certain minority groups being targeted and re-targeted, I had to reflect on something not often discussed. #LivingwithHIVwhileBlack.

Although I don't know about any reported stories of black individuals having the cops called on them just because they're also living with HIV, I still marvel at the fact that we exist in a space where we feel unwanted. A time when a black person simply breathing can be criminalized. I also marvel at the strength it takes to exist daily in an environment of hate. For a black person living with HIV, it would be a luxury to just focus on your status. The reality is that once that black person walks outside their home, people don't see or respond to his or her HIV status, but to the skin color.

With the recent election of Trump, racism which used to operate in the dark, is now endorsed by the highest office. When racists are referenced as "fine people," one knows that times have changed—for the worse. Yet Trump, although he contributes to the illness called racism, is not the inventor of the disease. This country was founded on racism and the only thing which has changed is the invention of cameras that (no pun intended) pull back the sheet of racism for all the world to see.

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. Yet I can only speak of my journey of managing my status in black skin.

I also confess that I have a slight edge over my brother 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. The key word is “sometimes,” because NYC is not immune to displaying its racial tendencies. In fact, NYC, which champions its diversity, has many segregated neighborhoods where people who look similar exist. A visitor riding on the NYC subway may think differently as they look around a train car and see many diverse faces. The sad reality is that once the subway doors open, the diversity of those faces regroup into segregated areas.

In this racist environment, I marvel at those who still manage their HIV positive status. To a non-person of color, this may seem like a ridiculous statement as they never had to take into account their ethnic identity, a realization of having a privilege that others don’t have. And even some “woke” African-Americans who confront racism head on may not connect with the statement, but there are some who don’t have the tools to dismantle racism in their environment. Positive black people who are struggling to find value when a public display of hatred shows otherwise. So how black individuals continue the effort of managing their HIV status when their black lives don’t matter?

I will freely admit to being one of the “woke” persons of color who don’t allow the discriminatory aspects of this world hinders their care. That was not always the case. Growing up during the time America witnessed Rodney King being mauled and the ensuing riots breaking out, as a black person, I shunned any conversations about race.

Back then, 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 I could hunch my shoulders to not appear threatening. Those were my tools of the trade. Making non-black folks comfortable. I was relegated to being the jokester as to place white people at ease, so they knew that I was one of the “good ones.”

As a black person dealing with racism, 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 twenties despite how safe I drove my car. I would become frustrated with my HIV support group because the topic of 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 that.

To move to my current space of empowerment as not to hinder my care, 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 treatments as it was my reality. I also had to examine my own actions and contributions and stop feeding the perceptions of how a “good” black person looks and acts. That involved learning who I was as a black person and recognizing the gifts I had as a person of color. An examination of my black history displayed the truth of black people being kings and queens. Once I knew my ancestry came from royalty, I no longer bowed my head to anyone.

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Today’s medical providers and services are doing a great injustice to people of color if there is not an inclusion or space to talk about race. If conversations are only connected to one’s HIV and there’s no inclusion of a person’s environmental concerns, one may be getting only half the picture. Race precedes so many things and is sometimes the root of people’s concerns. Race is connected to inadequate and incompetent medical care as well as to poverty, crime, justice inequality and so many other needs that can affect a person’s ability to adhere to medical care.

We are living in a charged racial environment. This relates not just to the black person who is doing something completely normal, such as sitting in Starbucks or taking a nap. It also relates to those people of color who are living with HIV. And how does my life matter if there’s no space to discuss this?

Black Lives Matter, and now we need to make this other fact known: It also matters when one is #LivingwithHIVwhileBlack.

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