



# THE POSITIVE QUARTERLY

A Publication by and for the HIV/AIDS Population of the State of Michigan

January-March, 2001

Volume 3, Issue 1

## *Women and AIDS: Their Story*

**Rosalyn makes sure her children are safely aboard the school bus before turning her attention to her father and his doctor appointment** that she will help him keep. Thank God for the agency that paid for that brake job for her car. She ignores the pile of mail on the table that is sure to contain a few bills and makes a mental note to stop by the food pantry on the way home, both for her and her father.

Shelter for herself and her family, support for elderly parents and extended families, food on the table, childcare, self esteem and addiction issues—all of these priorities inevitably come first before a woman's own HIV disease.

And that medicine—some with food, some without, spread out four or more times a day—it gets frustrating when the responsibility of taking care of herself as well as others causes her to miss a dose. Sometimes she just doesn't get the chance to feel lousy.

Drugs wreak havoc with hormone levels and cause a myriad of problems, having traditionally been tested on men instead of women and based on the assumption that women's hormonal fluctuations will skew results. Women end up as guinea pigs, experiencing unknown side effects that complicate everything from menstruation to menopause.

Women remain the most rapidly growing segment of the HIV/AIDS infected population. About 40% of new infections in the USA occur in women. HIV/AIDS is also the third leading cause of death among African-American women between the ages of 25-44, (CPS Infopack, Vol 10, #1).

Dr. Lynn Mofenson, speaking to Reuters Health (Nov.3, 2000) says that 64% of adolescents newly infected with HIV are girls. Most of them acquire the infection heterosexually. 44% of new infections are found in women between the ages of 20 and 24.

Mofenson, of the National Institute of Child Health and Human Development, says that in order for the United States to eradicate maternal-fetal HIV transmission, they must first curb HIV infection rates in teenage girls. Lack of prenatal care and high risk of unplanned pregnancies also plague this group.

In some areas of Michigan, agencies have developed in response to this growing need within the female HIV-infected population. Children's Immune Disorder was created in 1985 as the first agency in Detroit to address this need. Every Tuesday they offer two support groups, one from 12-2 pm which includes lunch and another at 7-9 pm at their 1688 Greenfield Ave. location. (phone: 313-837-7800.)

Executive Director Patricia Priebe has helped to craft "stand-by guardianship" legislation that has been proposed on the state level to allow mothers to actively control their children's transfer of guardianship to those they feel most comfortable.

Detroit's Neighborhood Service Organization (NSO) at 5470 Chene (313-579-0610) targets young women between the ages of 12—19. Condom negotiation techniques, basic physiology (some girls "really don't know how they got pregnant," says NSO's Jan Cross) and self-esteem issues are covered in a series of workshops offered by NSO, which can be tailor made from one-day events to extended nine-week courses.

In Ypsilanti, CMT Ministries is a new organization "done and built by God" located at 956 Watling that, paired with St. Peter's AME Church right next door, offers "specialized services tailored to the client," according to assistant coordinator Crystal Coachman-Harris, who created her job "from scratch." CMT strives to provide a welcoming place for the marginalized where "if you're not limping, this is not a place for you." Call 734-485-1690.

This article only touches upon a handful of agencies created specifically to deal with the issue of women and HIV/AIDS, and even these are located in only Regions I and II. But these agencies exemplify the type of devotion and focus that will be necessary to adequately address this growing and increasingly complex outreach in the years to come.

A women's issues workgroup has been created by the Michigan HIV/AIDS Council. Interested persons are encouraged to contact Gloria Scribbling at 248-613-8633 for more information and to become involved.

With the focus of this issue geared to women and HIV, I have been privy to reading some of their stories firsthand. I was inspired by their courage and their collective abilities to respond with dignity under some pretty adverse circumstances. One story in particular really affected me as it made me reflect upon a time when I was married. I had a good marriage—not perfect, but loving and supportive. My ex-wife and I were two individuals who found solace, and a special friendship with each other.

I did not marry her to run away or hide from my sexual orientation. As my community did not provide an agency for one to be a sexual minority, within the larger context of being an ethnic minority—to even think I could be anything other than heterosexual was such a radical concept that my initial responses to the obvious was denial, and deep depression. Driven by a desire as essential as my need to breathe, I began to clandestinely seek to satisfy that need that I did not really understand. Self-medicating to quiet the pangs of guilt and shame inside, I sought release in anonymous sexual contacts with other men.

During the last two years of my marriage, I put my ex-wife through emotional anguish, and potentially set her up for the risk of being exposed to a host of sexually transmitted diseases. I was lucky that my marriage dissolved about the time that HIV landed in my community, as it would have been very difficult for me to live with the knowledge that I had infected her simply because I was forced to live a secret life. As we now know, secret lives are still connected to our primary realities and the intersections of both form the transmission route for HIV into women of color.

Sixty (60) percent of HIV infections occur in the Black community as a result of men who have sex with men—who have sex with women. As an individual who has lived this life of denial, and risk taking to get my needs met, I more than empathize with those who we place at risk by our behaviors. However, it is up to us—those who don't identify as a sexual minority within the Black community, but whose behaviors place those that we love at risk, to accept our shared responsibility to halt the spread of HIV within our community.

HIV disease is 100% preventable—therefore we men who are marginalized by our sexual drives have a compelling role to play in HIV prevention. I understand the dangers of disclosure of one's sexual orientation in the Black community all too well. Our community has not done a great job of building support and creating safe places for our sexually diverse brothers and sisters. The words punk, sissy, trick, and faggot still trigger feelings of guilt and shame within me. Words are things and thoughts are bullets—both capable of destroying budding self-esteem and driving one undercover to get their needs met. It is time that we as a community embrace the diversity that defines our community, while doing all that we can to encourage safe behaviors to deter the spread of HIV.

The very survival of the Black community is at stake here. I was fortunate to have married a great woman. My ex-wife has been more than a friend in times of support. A love like this should never place one at risk for HIV infection and we as men cannot allow our oppressions to be the catalyst for becoming infected, or infecting those that we love. Our women have suffered oppressions right beside us, therefore it is incumbent that we do all that we can to protect, love and keep them healthy. This is the kind of responsibility that defines heroism, and the measure of a true man.

-Derrick Anderson

### *Commentary*

## Women Show Us How to Live Gracefully

When I first conceived the idea to start the new year with an issue devoted to women and HIV/AIDS, I imagined that I would probably document all programs available throughout the state, with listings for support groups and other information. Something extraordinary happened, however, that put an end to that plan and I believe created a more relevant publication.

For the first time since my editorship, I received a significant number of exclusive submissions, each representing the many unique life experiences of living with HIV/AIDS from the woman's perspective and revealing the most poignant of personal stories. What better way to illustrate their plight than to simply allow them to speak for themselves?

With the help of Gloria Scribbling, I connected with devoted advocates Patricia Priebe, Jan Cross and Crystal Coachman-Harris. I am grateful for the information these extraordinary women provided me. Thank you also to Patty Ressler-Billion from CARES in Kalamazoo and Jackie Miller from MDOC who provided submissions from our incarcerated sisters. We are honored to be able to continue the tradition we have started at **The Positive Quarterly** of providing space to those persons living with HIV/AIDS, who have no other venue for their voice.

The testimonies throughout this publication are sobering, passionate and inspiring. Any man reading them should be humbled, as was I. For the most part, women would not have HIV/AIDS if a man did not give it to them. And yet these women have come to accept their situation with grace, dignity and poise. Let us all learn from their example.

-Gary Karch

---

# Charles Williams Recognized for Outstanding Outreach

**Task Force member Charles Williams** recently received the Rolando Chalmers "Takin' it to the Streets" Award for HIV/STD Prevention Education in Outreach Settings. Charles was honored for his tireless work in organizing and promoting health fairs,

needle exchange programs, food drives, training other outreach workers, and a myriad of other achievements. He is recognized for his highly successful work in promoting collaboration between various agencies and organizations in order to succeed in their com-

mon goal of HIV advocacy in the Detroit community. Charles holds the position of senior outreach worker for the Community Health Awareness Group. Congratulations also to Task Force member Elizabeth Dawsey, who was nominated for the same award.

---

## Task Force Represented at Atlanta's U.S. Conference on AIDS

By Tracey Dominiack

"Remembering the Past-Building the Future" was the theme for the U.S. Conference on AIDS held in Atlanta, Georgia, Sept. 31-Oct 5, 2000. As usual, the National Minority AIDS Council did an incredible job of sponsoring and organizing the conference, which was attended by more than 3500 participants. Available topics dealt with cutting edge approaches to HIV/AIDS in prisons, housing, building global linkages, diversity issues and more stats and data than one person could digest. I chose my topics with prevention and inclusion themes.

This year's conference was not only stocked full of workshops, intensive programs and plenaries, but also had a most impressive group of keynote speakers. Perness C. Seele, who has been pioneering the mobilization of black churches in the fight against AIDS, Dr. Robert M. Franklin Jr., foremost authority on historical African American religious theology, Sandra Thurman, Director of the National AIDS Policy since 1977, Cleve Jones, founder of the AIDS Memorial Quilt, and honorary Co-Chair Rudy Galindo were a few of the prominent speakers on hand.

One of the most emotional plenary lunches included 15 panels from South Africa which were presented to conference attendees while African music filled the auditorium. When the music stopped, Cleve Jones began an introduction of huge proportion for an HIV/AIDS activist he had met while visiting South Africa. When completed a young man of about ten years of age was

---

New Task Force member **Roger Hernandez** represents Region 7 and lives in the small town of Alpena where he serves on the HIV/AIDS Support Services board of directors and also belongs to the RCPG. Roger has practiced yoga for a long time and credits the discipline with helping to maintain his health. He also teaches yoga classes.

**Mark Beauchamp** now represents Region 2 on the Task Force. He has worked for MDCH in the Drug Assistance Program and has been involved in HIV causes such as AIDS Walks ever since his diagnosis 2 1/2 years ago. Mark says it's important to maintain a positive attitude. We look forward to his positive attitude, and congratulate both new members to "The Force."

---

Region 3's **Barb Garrison** was interviewed by South Bend, Indiana television station WNDU (NBC) for World AIDS Day. Barb spoke about the Task Force, and the newscast finished up focusing in on a close-up of our newly redesigned brochure. Barb has written to newspapers in the past about Southwest Michigan's refusal to acknowledge HIV/AIDS and has become active giving speaking engagements throughout the community.

---

**Doug Hawks** met with newly-elected state representative Mike Murphy at Region 4's World AIDS Day festivities in Lansing. He said this year's media coverage far exceeded that given the event in the past. He also met with the new African American Health Institute (AAHI) at their seminar. Doug asked for AAHI representation on the region 4 Consortium, which currently has little or no African American participation.

---

Region 5's "Holiday Fest 2000" Charity Auction and Raffle has grown into a premier example of a community wide event, so successful that it staggers the imagination. Integral to its success is Task Force member **Bob Weemhoff**, who has been involved since its inception six years ago. This event has consistently increased its donations to a whopping 666% by collaborating with other community groups such as cancer support organizations and a rape crisis center. This year, including in-kind services, \$104,000 was raised. Holiday Fest keeps costs at 5%, in part due to a phenomenal volunteer staff. From a grandfather clock worth over \$2500 to artwork, signed memorabilia, gift certificates for goods and services, and exotic travel packages, you're sure to find something to bid on next year. Don't miss out!

---

Task Force Chair-elect, **Selvy Hall-Kinnard**, received the best World AIDS Day present anyone could imagine when her 14 year old godson, Tremonte Williams, sang "You Are My Hero" and "Lean on Me" for a program for teen mothers at which Selvy spoke. Selvy also spoke at religious services in Detroit where she was reconnected with a dear friend she had met at a retreat.

helped to the stage, where he took a seat as he was too frail to stand. Nkosi Johnson, who spoke to the gathering with his vision of hope for the future, walked the audience through his short life, of losing his parents to AIDS, living with his foster mother and the work they have done to improve the life of South Africans suffering with an epidemic that has destroyed entire generations in his country.

Last year the first *Nkosi's Haven* was opened, which cares for ten mothers and fifteen children. Although Nkosi is currently battling for his own life, the fire in his little eyes beamed and the strength in his voice left the auditorium silent except for the muffled sobs of those touched by his words. It was a speech I will carry with me for a very long time.

Mayor Bill Campbell hosted a reception welcoming all participants to Atlanta. The reception was held in City Hall where Martin Luther King's wife Coretta Scott-King spoke to the crowd.

In its entirety, the conference was as near to perfect as possible. Some of our own friends like Randy Pope, Harry Simpson and Odellis Martin were there as well.

# America's "Contraception Cover-Up"

## Exposed by NBC DATELINE

by Gary Karch

There currently exists in the marketplace today an assortment of new, effective and less risky birth control methods. If you lived in even the smallest of mountain hamlets in Europe, you could obtain these products with ease, often over the counter at the local pharmacy. In America, they aren't for sale.

Many of these contraceptive methods were "invented, researched, financed, even tested on women back in the USA," said NBC DATELINE in their Oct. 4, 2000 program.

One such example is "Persona," a device that measures hormone levels in urine samples so the user is aware of when she is close to ovulation. Another choice is "Mirena," an improved system that releases hormones directly into the uterus for up to five years and in just 1/18th the amount compared to USA's Norplant. If the user wants to get pregnant, she can do so "almost immediately" after removing the device, compared with the three-month wait after stopping "the pill."

"Mirena" was researched, developed and financed by the New York City-based Population Council, said DATELINE. "Early versions of this device were tested on American women as far back as the late 1970's." Same time and test subjects apply for the diaphragm-like "Lea shield." There's even a new "E-Z on condom...there's no wrong way to put it on." You can sample it only with European connections.

Dr. Kenneth Kaitin, of Tufts University, again in speaking with DATELINE, said if pharmaceuticals thought "they could make some money bringing new contraceptives to market in this country, they'd be doing it."

Birth control products that work "with the hormonal system are among the most complex and costly drugs to make and...in America, it's particularly difficult to make a buck selling them," Kaitin says. "Health plans in Europe cover the cost of contraceptives." In the USA, the male impotence drug Viagra is covered by most insurance policies but contraceptives are not.

DATELINE reminds us of litigation over the Dalkon Shield and Norplant, which has made them skittish with an American female public who has "a low tolerance for risk when it comes to birth control and a high propensity to sue

when there's a problem." As a result, the most common form of birth control in this country has become drastic surgical sterilization.

"American women will spend about three fourths of their reproductive lives trying not to have a baby," says Dr. Felicia Stewart. In the meantime, DATELINE says the USA has "one of the highest rates of unintended pregnancies and abortions in the industrialized world."

The similarity is disturbing when looked at in the context of HIV/AIDS advocacy. Correcting these inequities could greatly enhance the success and adherence of current reproductive freedom and control issues as well as safe sex options.

POZ magazine, in its Nov 2000 article, "Micro Money," exposed the lack of interest from pharmaceuticals to consider worthy such HIV virus-killing and easily applied options as cream or gel microbicides, some of which are "bidirectional, disabling the virus in an HIV positive woman's vaginal secretions and thus enabling her to protect her partner from infection—as well as herself."

Pharmaceutical interests once again wait for "convincing evidence of profitability," said Alan Stone, MD, of the British Medical Research Council.

Pharmaceuticals would rather wait for public (federally funded) and philanthropic research rather than spend the \$100 million that POZ calls "pocket change." Twenty one million women would choose this method if given the opportunity, studies show.

Given the existing and continued stagnation in Congress exacerbated by the election debacle, we likely won't see the Microbicides Development Act attracting enough cosponsors to guarantee passage in Congress any time soon.

If they polled those concerned with HIV/AIDS prevention, it would be a unanimous opinion in support of all these reproductive and safe sex options. Just imagine how effective that "E-Z on condom" would be in HIV/AIDS prevention.

Now, could a real market research company please come forward to help prove the profitability and viability of these life changing-and-saving options?

### CORRECTION:

*In our last issue, **Hearth Home** was inaccurately reported as located in the Bay City area. **Hearth Home** is located at 732 Hoyt in Saginaw, MI. Melissa Perrigrino is **Hearth Home**'s director and resident RN. Tim Neal is an outreach worker. Contributions to **Hearth Home**'s Garden of Remembrance may be made by calling 517-753-9011. *The Positive Quarterly* strives to report accurately on the HIV/AIDS community in Michigan. We regret any confusion this error may have caused.-Ed.*

#### Publishers:

Michigan's PLWH/A Task Force

Editor: Gary Karch

Marketing Chair: Rick Otterbein

Derrick Anderson - Task Force Chair

Selvy Hall-Kinnard - Chair Elect

Tracey Dominiack - Membership & Management Chair

Jim Baker - Special Events Chair

Bob Weemhoff-Legislative Action Chair

Sammye Stamper-Executive Adviser

P.O. Box 30195

Lansing, MI 48909

Email: [info@mipwa.org](mailto:info@mipwa.org)

<http://www.mipwa.org>

© 2000 Michigan PWA Task Force



## Working and Living in the Land of HIV/AIDS

**By Lisa Taton**  
**It's funny how we end up sometimes in a place we couldn't have imagined 15 years ago,** and for me that happening took place in both my personal and professional life. In 1985 I was making my living as a

professional photographer, which I supplemented by waitressing. I was single, a bit of a workaholic, and was convinced that this was the "starving" part of being an artist, that soon I would be supporting myself fully on my photography business. But that was not to be my destiny...

By 1986 I met the man I planned on spending the rest of my life with. He was perfect, except for his bleeding disorder, which he assured me would not interfere in our lives too much. I knew about the connection with hemophilia and AIDS, and we had quite a lengthy discussion about it one night.

He informed me that he had been tested for several things recently for a CDC study that was being done, and that if something had shown up wrong, he would have been informed. And so, we lived in our denial for another five months, until he developed a strep infection in an artificial knee joint. And then he developed lymphoma; then his physician put the words "AIDS" on his medical chart, and that was where our journey with the virus began.

I won't bore you with all the details, as I know many of you have your own stories of discrimination, mistreatment and misunderstandings. What I think will always stick with me from that time was the utter sense of helplessness his diagnosis, and then my own, gave us. Ron had been used to discrimination. He was considered a "cripple" because of the damage done to his joints; my only "handicap" in this society was being female, but since I was a white female, I was at least at the top of the food chain. But in 1986 when people knew (or even suspected) you had AIDS, you might as well have been a leper. It was not the high point of my life.

By the end of 1993, I had lost my husband to AIDS, closed my photography business and was waiting to die. I went into a rather deep depression, but fortunately at the same time I was also participating in a drug study that was suddenly restoring my health. I figured if I was going to live, I needed to do it on my own terms. No more lying about my health; no more trying to remember what lie I told to people around my husband's death; I was going to live, kicking and screaming at the whole damn world: "I HAVE AIDS, BUT GOD DAMMIT, I AM STILL A WORTHY AND PRODUCTIVE HUMAN BEING!"

I started out working part-time at the Hemophilia Foundation of Michigan. I was soon working full-time. There were good and bad things about my position there; the good was that as a PWA and a partner, I was able to conduct outreach in the bleeding disorders community very effectively; the bad

side was that I developed close friendships with people and had to watch them drop like flies. I think that was one of the hardest things for me, because in the back of my mind I always wondered, "who's next?" and "when will it be my turn?"

Another issue was this feeling that (A) you are lucky to have a job (since you have an infectious disease that makes most folks uncomfortable) and (B) since you do have a job, you better make sure you can do it better than anyone else "anyone else" translating to "someone without an illness."

I have to say right up front that no one I've worked for has made me feel this way—it's my own stuff—but it's also the "stuff" that many people with a chronic illness and/or disability feel about their "ability" when it comes to work. When I left the Hemophilia Foundation in 1998 to work for the HIV/AIDS Prevention and Intervention Section (HAPIS) of the Michigan Department of Community Health, I had over 50 sick days left in the bank. What is sad is that I went to work sick plenty of times to prove to myself (and others) that I was able, while other employees (the smart ones) took their sick time and stayed home to recuperate.

Another problem that befell me as a full-time worker with HIV was trying to deal with the side effects of these wonderful medicines. HINT: Know where all bathrooms are located at all times, and how to get there while knocking over the least amount of co-workers. Then add to this HIV-induced early menopause—boy, was I fun to work with! If I wasn't running to the bathroom, I was stripping off my work clothes, red-faced and panting like a dog in front of a portable fan. And I did all this while trying to convince everyone that "I'm fine, really, just a little . . . warm . . . queasy" — whatever the malady of the moment was.

I have been lucky enough this past year to only have fatigue as a side effect on most days, with the occasional gastrointestinal distress and migraine headaches. And even more fortunate, I have a great sense of humor which has gotten me through many a day when I wanted to just go hibernate somewhere.

About a year ago, I finally had to learn how to gather all the issues that conflicted me around my work-self, so that I could live a less weary life, both physically and mentally. I had to sit down and identify the problems, then figure out some workable solutions. Problem one: pretending I was Superwoman (translation: I will not be ill, feel ill, or look ill, especially when I AM ill). Solution: getting over myself, taking my sick days when I'm sick, and resting more, pushing myself less. Problem two: Working in HIV/AIDS and coming home and living HIV/AIDS. A little more tricky to fix this one, but workable; I stopped a lot of my volunteer work around HIV/AIDS and decided that 40 hours a week was plenty of time to devote to the cause.

This doesn't mean that it's never the topic of discussion, and there are always things like friends' illnesses and the like that you can't control. But we are still "regular folks" and go to movies and play cards and go to parties and other things **WORKING, continued on page 7**

# Sister to Sister: One Woman's

By Faith

*Sisters, it's time for us to wise up. Back in my day, we were told that if you wanted to find a good man, go to church. Well, no one ever told me that you could find the same type of characters in church that you would find in the streets. I don't want to offend anyone regardless of their faith. However, I learned from experience that people are still human regardless of their involvement in church.*

*In the African American community homosexuality is a cultural taboo. Therefore, many men within the Black community seek to get their same sex sexual needs met undercover, while being sexually and intimately involved with women.*

*These men don't identify as gay, and somehow feel that as long as they don't say that this is who they are, then they are not at risk for HIV infection. However, statistically speaking (60% of infections, State of Michigan epi-data), 'men who have sex with men, who have sex with women' are predominately fueling the HIV infection rates within the Black community.*

**This is my story**—I was a divorced, African American, middle class, mother of three. As a single mother, there came a time in my life when I felt that I wanted to meet someone in the hope that a successful and fulfilling relationship would develop. This special someone would enjoy some of the same activities that I did (i.e., attending church services, bible studies and gospel fests). I met a man who was the choir director of our church (yes, there are stereotypical notions that most choir directors are gay). He loved attending church, bible studies, retreats, etc. He was affectionate, understanding, and close to his mother.

I thought that his close relationship with his mother was a good sign, as cultural beliefs always affirmed that “if a man treats his mother well, he is sure to treat the woman in his life well too.” I thought that he was all I could possibly ask for as we had so much in common. We were both going through separations/divorces. In retrospect, perhaps this was my first error in judgment.

I noticed that he occasionally exhibited effeminate behavior, but I attributed that to the fact that he was a mama's boy and also a twin of a female. I rationalized that maybe he had a little more estrogen than normal. It's amazing how one can see the obvious, then bargain with themselves, ultimately choosing to ignore. I noticed that he was not like other men I've known, when it came to admiring women. He never demonstrated attraction to women, which is characteristic of



so many men. I'm not saying that he should have been obvious—but something was definitely amiss.

After about 2 1/2 years we split. During the period of our separation, I was advised that he was seeing a woman who resided in Flint. I heard rumors that he was bi-sexual. Somehow I just could not accept the possibility of his bisexuality. How could a man want another man when I felt I was one hell of a woman?

I began to remember incidences in our relationship, that there were indications or hints that he might be gay. I thought about how he would spend so much time with his female cousins, and not the males. He would never invite his male friends to our home—however, the ones I became aware of also exhibited effeminate behaviors.

I thought about the time that he went south for his grandmother's funeral. He advised me that all the men (family and friends) had stayed at his grandmother's home, while the females stayed at his uncle's home. Being the dutiful partner, I unpacked his luggage and prepared to wash his clothing.

To my surprise, I noticed that all of his underwear was sticky with semen, front and back. I felt less than a woman,

---

confused, hurt, wanting to kill him, hurt him in any way possible. I contemplated whether I should ignore it or take a chance of being hurt even worse, if he told me the truth.

After a couple of days of not being able to sleep, eat or have any peace, I asked him to explain—or course, he had no explanation. In the spirit of working this situation out, I advised him that I wanted to help him through his identity crisis. All that I requested of him was his honesty. He chose to deny that he was going through an identity crisis.

Shortly after this incident, we separated. I could no longer tolerate the mental and emotional abuse that had become a part of our relationship. Over time I realized that his mean and cruel disposition resulted from his inability to deal with his sexuality. I decided to get a HIV test because the woman that I suspected that he was having an affair with in Flint, turned out to be a male. This nearly destroyed me as thoughts ran through my mind of his lips on another man, having sex with another man and feeling very inadequate as a woman, although I have never had any doubt about my womanhood. Yes, I did have some self-esteem issues, but never my womanhood.

I didn't believe that I could be at risk, as I was with a decent man. He was employed, active in church, and a committed father. Naively, I went to get the results of my HIV test on my lunch hour—never considering that I could be positive. After all, the only people who got AIDS were white gay men, and intravenous drug users—and I was neither. I remember that day so vividly. It was March of 1990, with a raging thunderstorm in the background—a storm only rivaled by the tempest of emotions in my heart when I was advised that I tested “positive.”

I contacted my former partner immediately and advised him that he needed to get tested. Of course he continued to deny his sexual behavior and stated that I was “just trying to get him back.” He got tested, but refused to get the results for over two months. When he did eventually return to obtain his results, he was also advised that he was HIV positive. At this point I remained in denial about his bi-sexuality, as I felt hopeless and that my life was ending. With such a gloomy future ahead of me, I decided to settle and accept both my fate and this relationship.

We got married in June, 1990, and it lasted a month. The marriage became emotionally abusive and suicidal. He accused me of infecting him, even though I knew for a fact that I had only been with him. His feelings of guilt and shame

also made him consider suicide—as the day after I told him I was infected, he advised me that he thought about jumping off of the Belle Isle Bridge. Why would he exhibit such extreme guilt and remorse? Why couldn't he get honest about the high-risk behaviors that he was engaging in? In retrospect, I must acknowledge that the homophobia in the Black community is like a prison cell, reinforced with bars of denial and secrecy. Forbidden furloughs into same sex liaisons eventually indoctrinated me—like so many other Black women—into a life with HIV disease.

During the next two years I went through hell. His family accused me of infecting him. Along with their threats against my life, I had to deal with the possibility of never having another mate in my lifetime. In the three years that followed our diagnosis, he never admitted his bi-sexuality. I informed him that I still loved him as a person and would stick by him, if he would just talk and get honest with me. No—I was unwilling to accept him being involved in bi-sexual activities, but I was willing to be a friend to help him through this diagnosis. Naturally, he didn't live long, as the stress of keeping secrets and not dealing with his sexual orientation eventually took its toll. In my humble opinion, I feel that the stress played a bigger role in his death than HIV.

After going through this hell I had to finally dig deep down into my inner self and my spirituality, to finally realize that I deserved a fulfilling and decent quality of life with or without a man. Scripture says that God never puts more on us than we can bear. I truly believe that as of today, I have a full life. I took steps to get my life in order—attending church and bible study, talking with TRUE FRIENDS, educating myself on the virus, not being ashamed of how I became infected, speaking to others regarding the spread of HIV and the impact of it, participating on various councils to advocate for those living with HIV/AIDS, and most of all to enjoy the travels that I have benefited from as an individual living with HIV/AIDS.

In closure, I need to state that this is my story. Unfortunately it is not a unique one in the Black community. Sisters, just because your man appears to be manly, works out, speaks negatively against homosexuals, is active in church, and has a child, does not mean that he is not bi-sexual. I think that Black women specifically, and all women in general, need to critically become honest with ourselves when our female intuition is trying to get our attention. Are we so willing to blindly live in denial, just to have someone in our lives?

---

## **WORKING continued from page 5**

more rounded person and more spiritually healthy.

I know that for many people, working in HIV/AIDS is not just a job, it's a calling. I'm sure that for me it was, somehow, destiny—a destiny I take very seriously. I recently had someone call into question my motives on an issue, and I was amazed at how much it not only pissed me off but hurt my feelings, and then it dawned on me: most people haven't seen what I've seen, haven't experienced what I've experienced. For some, this is merely a job, and they can go home and pull down the shades and forget about it until the next day they go into their office, and that is a luxury I will never be afforded in the same way.

I think that also is what makes me good at what I do. My investment in this is the lives of my friends, the memories of all the hard work of friends who have passed, and my own knowledge that I was pulled into this epidemic for a reason, and that reason was to make a difference in my own way. So the next time you see a “white middle-aged woman” sitting around the table at yet another meeting on HIV/AIDS, don't be so quick to discount her.

---

## *Another Woman Speaks* by Anonymous

I recall reading there are really only two ways to approach life: as a victim, or as a gallant fighter! You then must decide if you want to act or react...something that I personally find to be true when living with this virus. I am glad that after lots of thought I decided against being a victim, because if I had chosen that path, it would have just led me down a road of depression, and a death sentence. Let's face it...nobody can get out of life alive so why not fight to the bitter end?

As a woman, you'd have to be a rocket scientist just to try and understand "the virus vs. your body," and the changes it brings. I have learned one thing well...and that is to trust my own instincts and needs. For instance, I have had my share of medical providers tell me that my menstrual changes were all due to the fact that I was HIV positive, and then in the end to discover that I was going through menopause. Imagine that! I decided then that I needed to stop focusing on my virus and focus on what makes me happy.

I still do my every four month blood draws and follow my medical regimen and watch my diet, and throughout all of

this, I am not afraid to set goals for myself that I know I can achieve. I don't want to go through life without living out my dreams and aspirations, only to take them to the grave with me...life is here to savor, and I want to enjoy every rich bite! I have also come to terms with the fact that other peoples' opinions about me are not who I really am, so I remove all the toxic people out of my life...including family members who are only understanding in my presence.

My appearance is still an important item in my life, and due to certain meds that I take, I use lots of makeup to even out my skin tones and stay away from tight clothes because of "paunching," but I still manage to look my best so that when I look in the mirror, I say, "You go, girl!"

One of my biggest fears is involving myself in a relationship...because then I have to open too many doors like shame, disappointment, hurt and then love and consider my own mortality. These things can still at times be overwhelming, yet I am still thankful to be a woman who is alive and enjoying life to the fullest, even though I am living with HIV.

---

## *Prison and Coming Out* by Kimberly Harris

Blood, dirty feet, sweaty faces, urine, hatred, broken hearts, lost sleepless nights, confinement, rage, fury, pain, intimidation, fear, wretched souls, wasted time, memory lapses, the Taste of Bitterness. **This is what prison smells like.**

This is what I have learned from this experience: Life, love, peace, honesty, respect, control, happiness, accomplishments, prayer, power, happiness, interest, courage, strength, high self esteem, awareness, loyalty, honor, most of all a sense of direction. This is what I have gained from those experiences listed above. **You see I was in prison even before I was physically incarcerated. I was in prison in the mind.**

I was in the prison of crack addiction. I was in prison uneducated of the AIDS virus. I have let go of the first statement, therefore I have been released although I'm still physically incarcerated.

The insanity is no longer a stumbling block for me. The first statement represents me before, however my higher power, who I choose to call God, has given me a foundation in which the second statement represents with his guidance. If the insanity of this vague picture didn't kill me, nothing will.

I have a foundation today which makes my life complete. I'm living with the AIDS virus with the love and peace of God. I have surrendered the way of life that put me at high risk. Don't take risks that not only could kill you, but isolate you and give your life emptiness. You have a choice- you have a purpose-find it now-it never is too late-as long as God gives you breath in your body, you have a chance. May you find him now.

---

The **Annual PWA Retreat will be held March 9-11 at McCamly Plaza Hotel in Battle Creek, MI.** If you have never attended, this is a great chance to meet other PWAs, enjoy workshops and seminars. First time requests will be given priority over previous scholarship recipients. Deadline for registration is Wednesday, Feb. 14, 2001. A registration form is included in this newsletter or request one from your ASO or case manager.

**The Continuum of Care Conference is July 10-12, 2001, at Soaring Eagle Conference Center, Mt. Pleasant, MI;** Sponsored by Michigan State University AIDS Education and Training Center. Lodging: \$110, before June 18. Early registration through MSU, \$135 before June 4; late registration through MSU \$150 after June 4. Phone: 1-888-732-4537.

The Detroit Business Association along with the Midwest AIDS prevention Project presents "**Follies: A 2001 Odyssey at the historic State Theater in Detroit Wed, Jan. 31 at 8 pm.**" The audience will vote for best performance, out of more than 25 acts, with the winner crowned "Follies Entertainer of the Year 2001." Local talent Barbara Payton hosts, with support from many of Detroit's finest entertainers. Tickets are available at Chosen Books, Just 4 Us, Midwest AIDS Prevention Project, and participating bars/clubs/businesses. Tickets by phone call MAPP at 248-545-1435. Preferred seating on the main floor is \$25, and entitles the buyer to the "Follies After-Glow Party" held at Woodward Video Bar and Cocktail Lounge following the main event. General admission is \$20 per person. Tickets go on sale Jan. 2, 2001. This fundraiser benefits local HIV/AIDS groups and other GLBT organizations.

**The Midwest AIDS Prevention Project announces scholarship availability for PLWH/As in Region I** (Wayne, Oakland, Macomb, St. Clair, Monroe, Livingston and Lapeer counties.) Scholarships pay for recipients to attend conferences/trainings that "build their skills and increase knowledge" to "benefit the entire PLWH/A's community." To obtain copies of scholarship guidelines and the application form, or to obtain conference brochures and registration forms, call Tracey Dominiack at 1-888-A-CONDOM.

---