

I don't mind being the AIDS 'Angel of Death'

By WILLIAM S. SINGER

In 1985, I became a volunteer lawyer working with people with AIDS (PWAs) and their loved ones. I began writing their wills and powers of attorney, answering questions about insurance and other legal issues, and eventually, helping probate wills and administer estates in the beginning, I started to keep a list of the names of the PWAs I assisted.

Then after a while, I divided the list, separating the still living from the deceased. But once the list of the dead exceeded 50, I stopped. There were too many names and the names were becoming statistics. These people are not statistics. They are individuals I remember clearly. I did not want to turn them into statistics.

The AIDS epidemic appears differently in New Jersey. Although always among the top five states in the number of cases, New Jersey is different from the other states in significant ways. People infected with the HIV virus which can lead to AIDS do not live in one center city, like they do in other hard-hit areas. PWAs live all over New Jersey, more in some counties, but all counties have cases.

The population of those infected with the HIV virus also more diverse — more heterosexual, more women, many more infants. I came to know people from a variety of races, classes, life styles. I watched families disintegrate as parents succumbed to the illness. I dealt often with the compelling and practical considerations of providing guardians for children about to become orphans. I helped men protect their lovers from families who did not respect their relationships.

When I volunteered in 1985 to try to start a program to provide legal assistance to PWAs in New Jersey, I looked at models of legal programs from other places. They did not fit New Jersey. These programs were based on centralized populations. In New Jersey, the people to be served are spread over a large area. Logistical obstacles had to be overcome



The volunteer response also differed. New Jersey does not have a large, organized gay professional community able to provide the core of service providers. Finding lawyers in the general legal community willing to give time was a constant challenge. Not one letter sent to a local, county or state bar association requesting help produced a volunteer. In fact, not one letter was ever even acknowledged. Helping people with AIDS had not become a worthy cause in the New Jersey legal community.

Ultimately, many non-lawyers were trained who then supplied vital groundwork contacting clients, getting facts and making referrals. Of course, there remained certain functions that only lawyers could provide. As a sole practitioner with the freedom to arrange my own schedule, I often supplied legal services in the gaps where no one else could.

OVER THE NEXT FOUR YEARS, I VISITED hospitals and sickbeds all over the state. For three years running, my Christmas holidays were interrupted to provide emergency AIDS-related legal services. Among PWAs, I earned the nickname "Angel of Death" because a consultation with me meant that one was facing death not as some dim prospect, but as something tangible.

I was shaken the first time I visited a PWA

who was nearing death. I will call him Tom.

Tom was bedridden and skeletal the night I saw him. He had moved from Manhattan to the Point Pleasant house of his sister, brother-in-law and niece, so that they could care for him at the end stage of his illness. His lover had died a year earlier.

Tom wanted a will to ensure that whatever he had was given to his daughter by an earlier marriage. Tom's sister had told me over the telephone that Tom did not really have any assets left. All his money had been swallowed in his fight with the AIDS virus. But Tom insisted that he wanted a will to give him peace of mind, a resolution of issues.

As soon as I began to speak to Tom, I learned what others who work with dying people know. At these moments there can be a clarity and an immediacy which gets easily lost in most daily personal interactions. The professional purpose for the visit provided an easy context in which to talk to him.

I felt a bonding — maybe only for that moment, but it was very real. I was able to satisfy his need and to provide some resolution. Tom's appreciation was palpable. For me, the experience was not mournful. It had its sad side, but sadness was overwhelmed by the deeper sense of that connection with him.

That experience was repeated many times, in many settings. So the nickname "Angel of Death" does not really bother me. My visits with the sick and dying offer meaning, in a way which is satisfying to both of us. The PWAs are resolving issues, giving themselves peace of mind; I am providing legal documents and getting connected with my own humanity.

Although I stopped keeping the list, Tom and the others are still with me all the time. Those experiences continue to nourish me. Being with PWAs has enriched me spiritually. They are a source of strength when the stresses of life crowd me.

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