

"I'm not fragile like the new-age kids," aging positively and reducing risk among older adults
with HIV/AIDS; a qualitative and quantitative exploration

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Abstract

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The proportion of HIV-positive people over the age of 50 is increasing rapidly in New York City. An estimated half of those living with HIV are over 50. While many are long-term survivors, reflecting the transformation of HIV from a life-threatening illness to a chronic disease—due to the advent of highly active antiretroviral therapy (HAART) in 1996—others are newly diagnosed or newly infected. However, relatively few studies have examined how older adults with HIV/AIDS are aging well, and whether these strategies are associated with a reduction in risk behaviors. To address these gaps, paper one, using a basic qualitative research methodology and constructivist grounded theory analysis approach, had two related objectives: (1) to explore the lived experience of men over 50 with HIV/AIDS in New York City; (2) to examine the ways in which individuals have aged successfully. Based on the findings of the aforementioned paper, paper two and paper three, using the Research on Older Adults with HIV/AIDS (ROAH) data set, determined if loneliness predicted condom less sex in the past three months and chemsex (paper 2) and if loneliness predicted a reduced CD4 count and substance use in the past three months. Using the three-paper model, the following dissertation sheds new insight into how older adults age well with HIV/AIDS but finds that loneliness does not predict negative health and risk behaviors in this group. The dissertation does, however, highlight other avenues for research, policy and practice based on the results.

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Dedication

This dissertation is dedicated to my brother William, as without his support at home this degree might never have been possible.

Introduction

Introduction

The proportion of HIV-positive people over the age of 50 in the U.S. is increasing rapidly, particularly in terms of prevalence, indicating a graying of the epidemic and the effectiveness of ARVs in prolonging life (Emlet, 2009; Roberson, 2018). In 2018, an estimated 51% (540,490) of Americans living with diagnosed HIV were aged 50 and older (CDC, 2020).

Due to the advent of highly active antiretroviral therapy (HAART) in 1996, many of these older individuals are long-term survivors, reflecting the transformation of HIV from a life-threatening illness to a chronic disease. Yet others are newly diagnosed or newly infected. In 2018, people aged 50 or older represented 17% of the new diagnoses, indicating an increase in older adult diagnoses compared to the 1980s-1990s (CDC, 2021). However, epidemiological data indicate an increase in the number of older adults living with HIV/AIDS and being diagnosed with HIV/AIDS (Emlet & Orel, 2009; Justice, 2010; Roberson, 2018).

Public discourse tends to promote the idea that HIV/AIDS is a young person's disease, associated with risk groups and behaviors not typically associated with the aging (Emlet et al., 2018; Minichiello et al., 2012; Roberson, 2018). Therefore, little research has explored sexual risk behaviors and substance abuse among older adults living with or at risk of acquiring HIV/AIDS. Nor has it explored the predictors of these behaviors.

Moreover, most research has focused on the detrimental effects of aging with HIV/AIDS, including stigma (Emlet et al., 2019; Emlet et al., 2015; Emlet, 2006a, 2006b; Fang et al., 2015; Quinn et al., 2019; Redina et al., 2019; Shippy & Karpiak, 2005; Slater et al., 2015 Slater et al., 2013), depression (Fang et al., 2015; Heckman et al., 2003; Heckman et al., 2013; Leveille et al., 2017; Redina et al, 2019; Rooney et al., 2019), and social isolation (Fang et al., 2015; Greene et

al., 2018; Harris et al., 2020; Quinn et al., 2019; Shippy & Karpiak, 2005). However, the NIH HIV & Aging Working Group has indicated that many older adults with HIV/AIDS are aging well. That research should be used to determine what strategies these individuals employ to positively age, in order to inform interventions to improve health outcomes and enlighten research into predictors of risk behavior (Emlet et al., 2019; High et al., 2012).

Based on the current research landscape, this dissertation will study: (1) using a qualitative research methodology, what “positive” aging with HIV looks like (2) using the ROAH data set, how loneliness impacts sexual risk behavior (3) and how loneliness impacts drug use and health outcomes, within older adults diagnosed with HIV/AIDS.

Aging ‘Well’ with HIV/AIDS

Despite the well-documented detrimental effects of aging with HIV/AIDS, numerous studies have examined the protective influences of social support (Jones et al., 2018; Emlet et al., 2019; Emlet et al., 2018; Emlet et al., 2013; Emlet, 2006b; Shen et al., 2019; Shippy & Karpiak, 2005), religiosity and mindfulness (Emlet et al., 2018; Scott-Sheldon et al., 2019; Siegel & Scrimshaw, 2002) self-efficacy (Emlet et al., 2013; Iribarren et al., 2018), and physical exercise (Vancampfort et al., 2018). While some interventions and social services changes to improve mental health have been suggested for this group, these suggestions have been narrowly focused on correcting the negative, given the scope of the problem. Furthermore, few of these suggestions have been implemented (Emlet et al., 2016; Heckman et al., 2013; Reisner et al., 2011).

Qualitative exploration of mental health concerns among older adults with HIV/AIDS has been limited. While the body of literature on HIV stigma and HIV disclosure (Emlet et al., 2018; Emlet, 2006a; Emlet, 2008; Emlet et al., 2010, Nobre et al., 2012) is growing, this research

generally fails to examine the differences in experiences based on contextual factors relating to length of survival, disruption in life, and personal appraisals of illnesses. However, some studies have been conducted in this area.

Wallach & Brotman (2013), using the theoretical framework of *biographical transitions and their consequences* and a phenomenological approach, conducted nine semi-structured interviews with men and women over 50 with HIV/AIDS in Quebec. Participants were initially invited to relate their lives with HIV/AIDS. Depending on the ways they framed their stories, sub-questions were asked to let them elaborate on key areas. They framed their life stories in various ways, but everyone spoke of “premature aging” and its effects on self-perceptions, and all mentioned the effects of their HIV status on their relationships, particularly their diminishing social network and rejection due to HIV stigma. Finally, participants related their stories to socio-economic deprivation, particularly deterioration of living conditions and difficulty returning to work. Wallach & Brotman’s (2013) work not only highlights the physical and social problems associated with HIV but also uncovers the societal and structural factors underlying aging with HIV, as well as the overlap between macro level contexts and individual experiences. Other studies have explored personal appraisals of HIV, but not in relation to the context of aging (Crossley, 1997; Moskowitz & Wrubel, 2005; Owen & Catalan (2012). These studies indicate that appraisals of life with HIV and accompanying stressors vary enormously in relation to external contexts. Understanding these differences and the positive mechanisms employed to “age successfully” could affect the understanding of the kinds of service provisions required for the population as well as different subgroups within it.

HIV Risk Behaviors of Older Adults

Little research on recently diagnosed people over 50 exists, particularly regarding the risk behavior that gave rise to their infections. Similarly, few researchers have examined the risk behaviors older adults continue to engage in once HIV-positive. The dearth of published research on this topic is a concern, given the growing HIV/AIDS epidemic among this group. The Centers for Disease Control and Prevention (CDC) estimate that, in 2018, people aged 50 and older comprised 17% of the estimated HIV diagnoses and of those diagnosed in the U.S. 35% were diagnosed with AIDS (CDC, 2020). Notably, this group's high AIDS diagnosis rate suggests delayed testing among this population, allowing the disease to progress to an advanced stage before testing was conducted. Arguably, this indicates that older adults and their healthcare providers deny their risk of contracting HIV/AIDS, and a diagnosis is made only when visible sickness has set in (Emlet, 2010). These statistics thus demonstrate the paucity of research or policy execution conducted to address prevention and detection of HIV/AIDS in persons aged 50 or older. They also signify scant research into risk behavior within older adults once they have HIV/AIDS.

According to Nokes & Emlet (2006), behaviors placing older individuals at risk of contracting HIV/AIDS are poorly understood. Moreover, the authors point to five myths that hinder primary prevention and education efforts on behalf of this group: 1) older people are no longer interested in sex; 2) if they do have sex, it is within a long-term monogamous partnership; 3) older people do not inject drugs; 4) those who were injection-drug users have died before reaching old age; 5) older people are all heterosexual (p. 237).

A general lack of knowledge of HIV/AIDS and key preventive measures places older persons at risk of contracting the virus and in danger of continuing to engage in risk behaviors (Emlet, 2010). Several studies have documented the degree of this lack of knowledge. For

example, in a qualitative study of 24 older HIV-positive women in Ohio, 40% of the informants reported that a dearth of prevention guidance influenced their recent infections (Neudorfer et al., 2005). Furthermore, Nichols et al. (2002) interviewed 172 recently diagnosed older adults in central Florida and found that 62% did not recall receiving any HIV prevention information before their diagnoses. Given general lack of knowledge and accompanying research relating to older adults and HIV risk behaviors, the drivers and predictors of risk behavior remain uncertain.

Loneliness, Health Outcomes and Risk Behaviors

Older adults with HIV/AIDS, particularly long-term survivors, face a unique set of mental health issues and are more likely to suffer from suicidal ideation (Kalichman et al., 2000), depression (Heckman et al., 2003; Kalichman et al., 2000; Prachakul et al., 2007), and social isolation (Emlet, 2006a; Prachakul et al., 2007; Shippy & Karpiak, 2005). Compounding these mental health and social factors is that many of these individuals are “triply stigmatized” by ageism, misconceptions about HIV/AIDS, and homophobia (Emlet, 2006b). Psychological issues in long-term survivors are found to further increase due to the experience of multiple bereavements (Emlet, 2006a; Heckman et al., 2003; Machado, 2012), diagnoses of post-traumatic stress disorder (PTSD), and feelings of survivor’s guilt (Cox, 2007; Machado, 2012). Research has shown that social network and social support expansion can alleviate some of the issues this population faces (Shippy & Karpiak, 2005). Yet this population’s feelings related to internalized stigma, and consequently self-isolation may contribute to depression, anxiety and general feelings of hopelessness (Emlet, 2006a; Heckman et al., 2003; Slater et al., 2012).

In addition to social isolation, mental health issues and age-related illnesses, older adults with HIV/AIDS also frequently suffer from illness related to the virus, leading to a high illness burden and impairment (Cruz et al., 2013; Valcour & Paul, 2006). A recent study of 914 older

adults with HIV/AIDS in New York City found that 9 out of 10 subjects interviewed had some kind of serious illness in addition to HIV/AIDS, and 77% had more than two additional illnesses (Karpiak, Shippy, & Cantor, 2006). Additionally, longer-term HIV survivors, especially those treated with HAART, have additional health concerns associated with protease-inhibitor-based HAART regimens, such as heart disease, increases in total cholesterol, low-density lipoprotein (LDL), triglycerides, and diabetes mellitus (Kohli et al., 2006). Indubitably, increased disease burden could frustrate their lived experiences. Several studies have found that older individuals with HIV/AIDS who experience more symptoms are more likely to suffer from feelings of hopelessness and experience suicidal ideation (Kalichman et al., 2000; Shippy & Karpiak, 2003).

While the impact of loneliness on health outcomes has been well documented among older adults (Cornwell et al., 2009; Cornwell et al., 2008; Greysen et al., 2013, Fakoya et al., 2020), numerous studies have demonstrated greater overall risk of mortality and geriatric morbidity such as falls and functional decline, due to loneliness, particularly in individuals with chronic conditions, but not HIV/AIDS (Barnes et al., 2004; Faulkner et al., 2003; Greysen et al., 2013; House et al., 1988; Stringhini et al., 2012; Tilvis et al., 2012). Yet few studies have examined whether loneliness is particularly detrimental for older HIV/AIDS-positive adults. Greysen et al. (2013), found that higher self-reported loneliness was associated with higher morbidity and mortality among older adults, regardless of status. However, older adults with HIV/AIDS were much more likely to espouse feelings of loneliness, particularly in the oldest among this population (Greysen et al., 2013). In addition to physical illnesses, high rates of loneliness in these adults has been shown to be significantly associated with clinical depression (Groves et al., 2010).

A plethora of research examining the link between negative effects, including loneliness, and sexual risk behaviors among all people with HIV and AIDS is available. However, the results of these studies are mixed, with no consistent relationship found among them (Crepaz et al., 2001). One of the few studies conducted on older adults has shown a relationship between sexual risk behavior and loneliness, with a one-point increase on the UCLA loneliness scale, associated with a 3% increase in rates of sexual risk behaviors (Golub et al., 2010).

In terms of illicit drug use, among the general population loneliness has been linked to alcohol and substance use, including use of cocaine and analgesics (Åkerlind & Hörnquist, 1992; Hawkey & Cacioppo, 2010; Jylhä, 1994; McWhirter, 1990; Rokach, 2002). Research indicates that, among adults living with HIV/AIDS, injection drug users (IDU) report being lonelier than their non-IDU counterparts (Ibanez et al., 2005). Older HIV/AIDS positive adults are more vulnerable to the consequences of intoxication and substance misuse due to their HIV status (Dowling, Weiss, & Condon, 2008; Karpiak, Shippy, & Cantor, 2006; Vance, 2010). However, few studies have examined whether loneliness predicts substance use in older adults. Mannes et al. (2016) surveyed a sample of 96 African-American men and women over 50 who were HIV-positive and found that lonely women were much more likely to use illicit drugs and drink, while no relationship between substance use and loneliness was found among men (Mannes et al., 2016). This shows a gap in the literature on whether loneliness predicts risk behaviors.

Rationale for Using Three Papers

The rationale for combining three papers is strongly supported. Paper 1 analyzed qualitative data collected from 20 men over 50 living and aging with HIV/AIDS in New York City. Its results show that seclusion adversely affected wellbeing, and only after engaging in bi-

directional social support did respondents feel able to “age well.” Thus loneliness, a symptom of seclusion, was used to predict negative health outcomes and risk behaviors in papers 2 and 3.

Paper 1 (Chapter 2). Using a basic qualitative research methodology and constructivist grounded theory analysis approach, this study had two related objectives: (1) to explore the lived experience of men over 50 with HIV/AIDS in New York City; (2) to examine the ways in which individuals have aged successfully. The second objective utilized Folkman’s (1990) three “positive coping strategies” to define “successful aging.” Paper 1 followed the theory of *Biographical Transitions and their Consequences*. That is applied to this study, given its focus on the effects of biographical transitions on various spheres of individuals’ lives, to identify the changes, limitations and difficulties confronting them and how they are able to overcome them because of biographical transitions due to HIV and aging. An ethnically diverse group of men over 50 were interviewed using two broad open-ended questions. Using a constructivist grounded theory approach, ten positive aging strategies emerged: 1. social interactions and support needed 2. policy and services used; 3. healthy living and self-care; 4. gratitude and positive thinking; 5. education and career; 6. activism; 7. social interaction and services given; 8. othering; 9. religion; 10. reinvention and survivor status. Further analysis indicated that bidirectional social support, i.e. social support given and received, was the most frequently employed positive aging method.

Paper 2 (Chapter 3). Using the data from the “Research on Older Adults with HIV” (ROAH) study, a 914-person dataset, Paper 2 sought to determine if loneliness, as measured by the UCLA loneliness scale, predicted sexual risk behaviors in older adults, as defined by condom-less sex within three months and use of drugs during sex (chemsex) within three months. Paper 2 followed the Stress Process Model developed by Pearlin et al. (1981). The stress

process comprises sources of stress, moderators of stress, and the manifestations or outcomes of stress. Thus, the paper examined whether daily stresses could be exacerbated by high levels of loneliness leading to negative sexual outcomes.

Also guiding Paper 2 was the Loneliness and Sexual Risk Model (LSRM), developed by Torres & Gore-Felton (2007) based on Hull's Drive Reduction Theory (1943): individuals deprived from meeting a specific need will become anxious, distressed or uncomfortable, and such discomfort governs their behaviors. So LSRM correlates loneliness with sexual risk behavior, which is mediated by the influence of compulsive behavior and substance use (Torres & Gore-Felton, 2007; Torres, 2005). Including the variables of race/ethnicity, age, gender, sexual orientation, employment status, living situation, education, and AIDS diagnosis within the model, this paper hypothesized that loneliness would predict these sexual risk behaviors. However, the findings did not support the hypothesis that loneliness was not a significant predictor of sexual risk behaviors. However, age, gender and sexual orientation were key predictors of condom-less sex and chemsex.

Paper 3 (Chapter 4). Paper 3 utilized the same data set as Paper 2 but examined whether loneliness predicted drug use behavior, operationalized as drug use within three months, and CD4 count. Paper 2 and 3 were divided, as research indicates different drivers of sexual risk behavior and drug use (Galea et al., 2003; Mellins et al., 2009; Ramirez-Valles et al., 2008; Simoni et al., 2004). Research also shows that those who frequently abuse substances have worse health outcomes than those who do not (Chitwood et al., 1999; Galea et al., 2002), hence health outcome (CD4 count) was combined with drug use. Based on the Stress Process Theory (Pearlin et al., 1981), Paper 3 hypothesized that loneliness would predict drug use and a lower CD4 count. However, the findings did not support the hypothesis; loneliness was not a major predictor

of drug use or CD4 count. Nonetheless, gender and age were significant predictors of drug use, and diagnoses with AIDS and gender were key predictors of CD4 count.

Human Subjects Protections

Paper 1 received approval from the Columbia University Institutional Review Board (Protocol Number: IRB-AAA07706). For papers 2 and 3, no new subjects were recruited for the parent study. The latter papers involved de-identified secondary data, not the collection of primary data and analysis.

Implications for Research and Social Work Practice with Older Adults with HIV/AIDS

Several implications for social work practice arise from this study's findings. The qualitative study indicates that, based on the interpersonal coping strategies highlighted, interventions increasing social support should be promoted. However, these interventions should also encourage reciprocity of giving, as well as receiving, of social support and services for older adults with HIV/AIDS. Social workers are in a unique position to encourage this style of reciprocity, particularly in agency settings, where groups could be facilitated. To that end, research examining the efficacy of group treatment modalities targeted at older adults with HIV/AIDS should be carried out, focusing on bidirectional social support.

The results from papers 2 and 3 indicate that males and adults aged 50-64 are more likely to engage in risk behaviors (drug, sex, chemsex). Therefore, social workers should specifically target these groups for interventions relating to risk reduction. Further research should also be conducted to determine the vulnerabilities of these groups and whether good service provision directly targeting this subset of the population exists.

In terms of health outcomes, older adults diagnosed with AIDS had much higher odds of currently having a lower CD4 count, indicating that once an individual's immune system became severely compromised it was difficult for it to rebound and become "healthy" again. Therefore, from a policy and practice perspective, interventions should be funded and developed that focus on encouraging older adults to be tested for HIV/AIDS. Moreover, interventions should target service providers to promote testing. These interventions could allow older adults to be diagnosed with HIV, rather than AIDS, which would lead to better health outcomes, better quality of life outcomes, and a possible increase in life expectancy.

Chapter 1: Aging with HIV/AIDS in New York City: Positive Aging Strategies Among Men Over 50

Introduction

According to the CDC (2021), at the end of 2019, an estimated 1,189,700 million people aged 13 and older had HIV in the United States. The proportion of HIV-positive people over the age of 50 in the U.S. is increasing rapidly. Particularly in terms of prevalence, indicating a “graying of the epidemic” and the effectiveness of ARVs in prolonging life (Emlet, 2009, p. 803), in 2018, an estimated 51% (540,490) of Americans living with diagnosed HIV were aged 50 and older (CDC, 2021). While a large portion of these older individuals are long-term survivors, reflecting the transformation of HIV from a life-threatening illness to a chronic disease—due to the advent of highly active antiretroviral therapy (HAART) in 1996—others are newly diagnosed or newly infected. In 2019, the highest incidence rate was amongst individuals aged between 20-29 (36%), however people aged 50 or older represented 17% of the new diagnoses, indicating an increase in older adults’ diagnoses in comparison to the 1980s-1990s (CDC, 2021). The highest number of diagnoses was among black men, who accounted for 41.1% of the new cases in 2017; the second highest incidence rate occurred among white men. As with the younger age groups, the rates of diagnoses are twice as high for men as for women (CDC, 2020). Therefore, the current study will focus on positive aging among older men.

Currently, most HIV/AIDS research defines “older” adults as age 50 and over, based on the historical precedent of the stratification of age by the CDC during the pandemic’s earliest years (Emlet, 2006a; Poindexter & Emlet, 2006). To that end, the national organization that explores HIV/AIDS and aging is called the National Association on HIV over Fifty (Emlet, 2006a). Therefore, this study utilizes the term “older” to refer to those aged 50 and over.

The development of HAART has led to an increase in population within this older group. HAART, which began in 1996, is a combination treatment of three or more antiretroviral drugs that controls the level of HIV virus in an infected individual's bloodstream (CDC, 2018). HAART was a breakthrough that allowed people to live for decades rather than months. However, it has created a new group of people who never expected to live that long.

A small but growing body of literature has documented the unique concerns older adults with HIV face, in addition to impaired physical health (Balderson et al., 2013; Cahill & Valadéz, 2013; Greene et al., 2015; Jankowski et al., 2020; Lyons et al., 2010; Stabell et al., 2020; Zuniga et al., 2015). Current research suggests that, relative to their younger counterparts, HIV-positive older adults are more likely to have suffered many specific losses; for example, multiple bereavements or loss of jobs (Emlet et al., 2015; Emlet, 2006a; Goodkin et al., 2003; Heckman et al., 2003), depression (Feng et al., 2015; Heckman et al., 2002; Heckman et al., 2006; Hansen et al., 2012; Kalichman et al., 2000; Leveille et al., 2017; Prachakul et al., 2007; Rooney et al., 2019; Zuniga et al., 2015), feelings of suicidality (Kalichman et al., 2000), and social isolation (Chesney et al., 2003; Feng et al., 2015; Emlet, 2006b; Greene et al., 2018; Prachakul et al., 2007; Scrimshaw & Siegel, 2003; Shippy & Karpiak, 2005; Slater et al., 2013). In addition, these losses are inevitably compounded by the stigma suffered by older HIV-positive adults (Emlet et al., 2017; Emlet et al., 2015; Emlet, 2006a; Emlet, 2006b; Feng et al., 2015; Slater et al., 2015; Slater et al., 2013).

However, the distinctive, positive lived experiences of older adults with HIV/AIDS have gone relatively understudied (Cox, 2007; Emlet et al., 2016). According to Nobre et al. (2012), this is partly because older individuals with HIV “rarely participate in study projects” (p. 1). Additionally, among older populations, research projects have generally examined the negative

aspects of aging with HIV/AIDS. However, the NIH has recently called for researchers to examine how older adults with HIV/AIDS are aging well so these findings can be translated into interventions (Emlet et al., 2016; High et al., 2012). This study aims to answer the NIH's call, by determining the positive aging strategies used by older men who are living and aging with HIV/AIDS. Moreover, this study will focus on the intersectionality that might lead older adults with HIV/AIDS to have a greater number of positive aging strategies, by incorporating a larger number of men of color, sexual minorities and those from a low socioeconomic background. Specifically, this paper has two related objectives: (1) to explore the lived experience of men over 50 with HIV/AIDS in New York City; (2) to examine the ways in which individuals have aged successfully.

For the purposes of this paper, the term “positive aging strategies,” I will employ Folkman's (1990) definition of positive coping, who applied this to partners of those dying of HIV/AIDS. According to Folkman, in order to cope positively, three strategies may apply: 1) a reframing of the negative situations, during which a new interpretation of the situation occurs; 2) a revision of goals and goal focused activities, engaging in activities that foster a sense of purpose and control; 3) activating beliefs and experiences, including religious beliefs or belief in self, particularly when compared to others.

Literature Review and Study Justification

Background

Older adults with HIV/AIDS, particularly long-term survivors, face a unique set of mental health issues and are more likely to suffer from suicidal ideation (Delacruz et al., 2020; Greene et al., 2018; Kalichman et al., 2000), depression (Delacruz et al., 2020; Fang et al., 2015; Heckman et al., 2003; Kalichman et al., 2000; Prachakul et al., 2007; Rooney et al., 2019), and

social isolation (Emlet, 2006a; Emlet et al., 2017; Prachakul et al., 2007; Shippy & Karpiak, 2005). Compounding these mental health and social factors is the fact that many of these individuals are being “triple stigmatized” due to the intersectionality between ageism, misconceptions about HIV/AIDS and homophobia (Emlet et al., 2017; Emlet, 2006b). Psychological issues in long-term survivors are found to further increase, due to the experience of multiple bereavements (Emlet et al., 2018; Emlet, 2006a; Heckman et al., 2003; Machado, 2012), diagnoses of PTSD, relating to witness the death of others, feelings of survivor’s guilt (Cox, 2007; Machado, 2012) and lack of access to basic necessities, including food, medical assistance and shelter (Sok et al., 2018). Research has shown that some of the issues this population faces can be alleviated by an improvement in social networking and social support (Mazonson et al., 2021; Shippy & Karpiak, 2005). However, this population’s feelings related to internalized stigma, consequently self-isolation, may contribute to depression, anxiety and general feelings of hopelessness (Emlet, 2006a; Heckman et al., 2003; Marshall and Cahill, 2021; Slater et al., 2012). Given the detrimental effects of aging with HIV/AIDS, a number of studies have examined the protective influences of social support (Emlet et al., 2013; Emlet, 2006b; Shippy & Karpiak, 2005), religiosity (Emlet et al., 2018; Siegel & Scrimshaw, 2002) self-efficacy (Emlet et al., 2013), etc. While some interventions and changes to social services to improve mental health have been suggested for this group, these suggestions have been narrowly focused on correcting the negative, given the scope of the problem. Furthermore, few have been implemented (Emlet et al., 2016; Heckman et al., 2013; Marshall and Cahill, 2021; Reisner et al., 2011).

In addition to social isolation, mental health issues and age-related illnesses, older adults with HIV/AIDS also frequently suffer from illness related to the virus, leading to a high level of

illness burden and impairment (Cruz et al., 2013; Greene et al., 2015; Valcour & Paul, 2006). A recent study based on a sample of 914 older adults with HIV/AIDS in New York City found that 9 out of 10 subjects interviewed had some kind of serious illness in addition to HIV/AIDS, and 77% had more than two additional illnesses (Karpiak, Shippy, & Cantor, 2006). Additionally, longer-term HIV survivors, especially those treated with HAART, have additional health concerns associated with protease-inhibitor-based HAART regimens, such as heart disease, increases in total cholesterol, low-density lipoprotein (LDL), triglycerides, and diabetes mellitus (Eble et al., 2017; Kohli et al., 2006; Stabell et al., 2020). Indubitably, increased disease burden could adversely affect their lived experiences. Several studies have found that older individuals with HIV/AIDS who experience more symptoms are more likely to suffer from feelings of hopelessness and experience suicidal ideation (Greene et al., 2018; Fang et al., 2015; Kalichman et al., 2000; Shippy & Karpiak, 2003).

Qualitative exploration of mental health concerns among older adults with HIV/AIDS has been limited. While the body of literature on HIV stigma and HIV disclosure (Emlet, 2006a; Emlet, 2008; Emlet et al., 2010, Emlet et al., 2018; Nobre et al., 2012) is growing, this research generally fails to examine the differences in experiences based on contextual factors relating to length of survival, disruption in life, and personal appraisals of illnesses. However, some studies have been carried out in this area.

Wallach & Brotman (2013), using the theoretical framework of *biographical transitions and their consequences* and a phenomenological approach, carried out nine semi-structured interviews with men and women over 50 with HIV/AIDS in Quebec. Participants were initially invited to tell the story of their lives with HIV/AIDS. Depending on the way in which participants framed their stories, sub-questions were asked to allow the participants to elaborate

on key areas. Participants framed their life stories in various ways, but everyone spoke about “premature aging” and its effects on self-perceptions. Moreover, all participants mentioned the impact of their HIV status on their relationships and their diminishing social network and rejection due to HIV stigma. Finally, participants related their stories to socio-economic deprivation, particularly deterioration of living conditions and difficulty returning to work. Wallach & Brotman’s (2013) work not only highlights the physical and social problems associated with HIV, but also uncovers the societal and structural factors underlying aging with HIV, as well as the overlap between macro level contexts and individual experiences. However, this study, failed to highlight the how older adults with HIV/AIDS positively age.

Other studies have explored personal appraisals of HIV but have not explored them in relation to the context of aging. Crossley (1997) examined the lived experience of 38 long-term HIV survivors, regardless of age (31 gay men, 4 women and 3 male hemophiliacs, with a total median age of 38.5) using a typology of personal meanings called “styles of adaption.” Crossley (1997) explored with participants why they thought they were alive after an average of nine years of infection. Based on semi-structured interviews and ethnographic analysis conducted at a residential weekend facility, the author classified participants’ stories into two fundamental account types.

Interpersonally oriented. The fundamental characteristic of this type of account is that the HIV-positive individual views the people and support around them as an important factor in their long-term survival. The author divided this group into three sub-account types:

1. **Activity-Based**, in which participants integrated their HIV into their everyday activities and sought out involvement in HIV-related activities;
2. **Normalizing**, in which participants attempted to avoid HIV/AIDS-related activities; and
3. **Enjoyment-based**, which emphasized pleasure-seeking in addition to engaging in normal activities.

Intrapersonally oriented. Accounts from this group emphasized a manifestation of deeper psychological conflicts and the hypothesis that survival was caused by “inner development” or “inner self-progression.” These “styles of adaption” were all utilized to create identities relating to “healthy survivor,” in direct opposition to “others” who served as negative prototypes of the “health self” (Crossley, 1997). This study highlights both methods of coping and the construction of identity against a societal backdrop among long-term survivors. However, while this study highlights the factors that allows individuals to adapt, specific mechanisms relating to aging well were not highlighted, nor are issues relating to intersectionality.

Moskowitz & Wrubel (2005), using an interpretive phenomenological approach, explored how a sample of 57 gay men (mean age 37) appraised stressful HIV-related events, their characteristic ways of coping, and their emotional reactions. During the analysis, Moskowitz & Wrubel (2005) formed six “coping type” groups:

1. **The Future Focus group.** This group viewed stressful events in relation to their death.
2. **The Detached group.** Members of this group would avoid engaging in or acknowledging stressful life events.
3. **The Stigma group.** These members viewed stressful events through a lens relating to being stigmatized; however, they also stigmatized others with HIV.
4. **The Outward Focus group.** These men attended to others and received social support.
5. **The Avoid/Aware group.** These participants were aware that support existed and were thankful for this, but generally avoided utilizing these services.
6. **The Change group.** These men moved from one group to another during the authors’ two-year longitudinal study, generally migrating to the *Outward Focus* group.

This study shows that individuals appraise stressful HIV-related events in different ways. It also indicates that individuals are able to change their appraisal methods as time progresses, most

often to a more productive outward one. However, as with Crossley's (1997) study, no specific positive aging strategies were detailed.

Another influencer of aging trajectories and narratives is the socioepidemiological historical context. Owen & Catalan (2012) attempted to "explore the biographical experience of ageing with HIV in the context of the social history of the UK epidemic" (p. 60). Using a sample of gay men, the authors identified three clear historical periods related to HIV/AIDS, which acted as delineated backdrops to the lived experiences:

1. The emergence of the disease in 1981;
2. A second period of uncertainty and loss when HIV/AIDS was highly stigmatized and life-threatening; and
3. The emergence of HAART in 1996, when HIV/AIDS was transformed to a chronic treatable disease and a new aging cohort of people living with HIV emerged.

Using ten men, the authors found two types of narrative: regressive and progressive.

Regressive narratives. Describing an interruption in life and a diversion from life goals, these narratives spoke of financial hardship, anxiety and frustration relating to sickness, mental health issues, interruption in social networks, multiple losses, and missed career opportunities. This form of narrative was most often found among those who had been diagnosed with HIV pre-HAART and among those who described an emotional connection to the early epidemic.

Progressive narratives. These were categorized by a normalizing discourse—HIV was a chronic condition easily managed with a daily dose of medication—and reflected fewer anxieties about the future and a belief that HAART would allow for progression of a normal life course. The researchers found that those who employed a progressive narrative were mostly likely to not have been heavily involved in the emergence of the AIDS epidemic or were most likely diagnosed following the discovery of HAART. Progressive narratives were also accompanied by

an “othering” in relation to those who had been diagnosed early into the epidemic: “I know some people who have made themselves into real victims” (Owen & Catalan, 2012, p. 67).

This study emphasizes that, even within a relatively homogeneous population of older gay men with HIV, there can still be significant differences in lived experiences. However, as with the previous studies, no positive aging strategies were detailed, which could lead to the development of an intervention. Moreover, given the homogeneity of the population, intersectionality was only explored with regards to time of diagnosis.

As these studies have highlighted, appraisals of life with HIV and accompanying stressors vary enormously in relation to external contexts. However, the current body of work has failed to fully examine the intersectionality between identities and how these impact aging with HIV/AIDS. Understanding these differences and the positive mechanisms utilized to “age successfully” could impact the understanding of the kinds of service provisions required for the population as a whole, as well as different subgroups.

Finally, Emler et al. (2010), interviewed twenty-five predominantly white men and women, aged 50 and older, living with HIV/AIDS in the Pacific Northwest of the United States. The interviews were initially conducted to examine the role of stigma and ageism in the lives of older adults with HIV/AIDS. However, in addition to the stated aims themes emerged relating to strength and resilience; seven major themes arose from the analysis including self-acceptance, optimism, will to live, generativity, self-management, relational living, and independence. However, given the fact that the researchers were not seeking to understand the concept of positive aging, very general themes emerged and questions relating to concrete aging strategies could not be applied. Therefore, these findings could not be translated in actual interventions or further research in one area. Moreover, the researchers did not seek to understand participants’

journey living with HIV, as they asked cross-sectional questions undoubtedly, the duration since HIV/AIDS diagnosis may affect an individual's positive aging strategies, or view on the disease.

Statement of the Problem

At present there is a dearth of research, both quantitative and qualitative, examining the positive aging strategies employed by older adults with HIV/AIDS. Given the importance of positive aging in developing interventions for this population (Emlet et al., 2016), this topic must be further explored, with a focus on the unique needs of populations within populations and intersectionality.

Purpose of the Study

The purpose of this study is to examine the lived experiences of older men with HIV/AIDS in New York City to determine their strategies for aging well with HIV/AIDS.

Significance of the Study

As Emlet et al. (2016) notes, little systematic effort has been made to understand the positive aging strategies employed by older adults living with HIV/AIDS. The dearth of research in this area has led to scant effective and targeted services utilizing this knowledge (Emlet et al., 2016; Cox, 2007). Therefore, this study may elucidate some of these unique strategies, leading to more research in this area and an exploration of better service provisions, particularly for men of color who have low socioeconomic status.

Theoretical Framework: Integrated Theory: Biographical Transitions and their

Consequences and Intersectional Theory

Intersectional theory asserts that people are oppressed by multiple sources: their race, class, gender identity, sexual orientation, religion, and other identity markers. Intersectional theory posits that these identity markers do not exist independently of one another, instead they

inform each other, creating a complex system of oppression (Crenshaw, 1989). Therefore, an intersectionality approach will be used in order to facilitate an examination of how individuals live their identities as older adults with HIV/AIDS, and how they shape a positive aging identity in the context of broader structural forces. The aging experience in the context of HIV consists of systems of domination and oppression whereby people both act and are acted upon through institutional and social relationships marked by heterosexism, ageism and other forms of discrimination (Thames et al., 2021). In the current study, it was found that being a person of color hindered the aging with HIV process, as given the stigma associated with HIV and homosexuality participants, who identified as black, took longer to find sources of support, this was particularly true for those from religious families. Conversely, those who were openly gay engaged in positive aging strategies more rapidly, given the increase in perceived social support. Additionally, those who were able to gain access to public resources earlier post-HIV diagnosis, were able to engage in positive aging strategies sooner; typically, these individuals lived in wealthier urban areas and were more educated. In order to determine how older adults with HIV/AIDS age positively, this requires an exploration of the ways in which individuals' lives have changed course following their diagnosis of HIV/AIDS and how their lives have been facilitated and hindered simultaneously, through the intersectional theory. Moreover, the constructivist grounded theory analysis methodology used by this paper, requires that analysis: "must not be restricted to the conditions that bear immediately on the phenomenon of central interest. Broader conditions affecting the phenomenon may include economic conditions, cultural values, political trends, social movements, and so on" (Corbin and Strauss, 1990). Thereby, linking the theory of intersectionality with the study's analysis. Therefore, this paper

will use the theory of intersectionality integrated with *Biographical Transitions and their Consequences*.

Biographical Transitions and their Consequences

Developed by Wallach & Brotman (2013) to explore aging with HIV/AIDS, this theoretical framework merges the perspectives of aging and illness by combining two theories.

Biographical disruptions. This concept, developed by Bury (1982), has been used in sociology to explore the experience of chronic illness. According to the theory, chronic disease disrupts everyday living, including social activities, interpersonal relationships, and experiences previously taken for granted. The disruption extends to the person's concept of self and biography. However, according to Wallach & Brotman (2013), the term "disruption" may not accurately convey how HIV affects lived experiences. Therefore, although the theory uses the theoretical backdrop of Bury's (1982) theory, the term "transitions" is instead employed. Thereby focusing on an evolution in the biographical journey without indicating a sharp break (Wallach & Brotman, 2013). Additionally, "transitions" allows for a positive, more constructivistic interpretation.

Life course perspectives. This theory suggests that individuals experience a multitude of transitions across different settings, roles and relationships. These experiences can influence the adjustment level of an individual in later life. The influence of these experiences can be viewed in two different ways: 1) The meditational approach, which suggests that early experiences accumulate over time; 2) The supplemental approach, whereby early experiences reflect the form of the life's journey into the later years (Crosnoe & Elder, 2002).

The theory of biographical transitions and their consequences is especially applicable to this study, as participants will have undoubtedly experienced an evolution in their biographical journey due to their illness and have developed positive aging strategies.

Methods

Design

Based on other qualitative research carried out with this population (Emlet et al., 2018; Emlet and Harris, 2018), the present study was designed as a basic qualitative study (Merriam, 2009). Basic qualitative research, is the most common form of qualitative research in applied fields of practice, including social work (Corbin and Strauss, 1990; Merriam, 2009). The main tenant qualitative research is that people construct a reality, based on their interactions within their social worlds. Constructionism underpins all basic qualitative studies; the researcher seeks to understand the meaning a phenomenon has for those experiencing it. Meanings are constructed by the research subjects as the engage within their multifaceted social world (Corbin and Strauss, 1990; Merriam, 2009).

Therefore, researchers conducting a basic qualitative study are most interested in 1) how people interpret their experiences; 2) how their worlds are constructed; 3) what meaning they attach to their experiences (Merriam, 2009). The main purpose of qualitative studies is to understand how people make sense of their lives and their experiences. Therefore, a basic qualitative study design, will allow this study to determine the positive aging strategies used by older men who are living and aging with HIV/AIDS. Other types of qualitative studies, for example phenomenology, have additional design or methods criteria, not used within this study. Based on the parameters of a basic qualitative methodology, the aims of this study are two-fold

study: (1) to explore the lived experience of men over 50 with HIV/AIDS in New York City; (2) to examine the ways in which individuals have aged successfully.

Community Context

New York City was selected as the study's setting because it is a historical epicenter of HIV/AIDS in the U.S. and has one of the highest numbers of HIV-positive people over 50 in the US (Karpiak & Shippy, 2006). Moreover, men were selected as the target population, given their higher rates of HIV. Additionally, by using solely men in the sample, intersectional theory could be applied to factors such as race, sexual identity and socioeconomic status, rather than gender.

I recruited participants from The Momentum Project, a nonprofit organization providing nutritional and basic health services for economically disadvantaged New Yorkers living with HIV/AIDS, including hot meals, pantry bags, nutritional counseling, nurse-led health services, and referrals to external services. The organization operates from three churches in the Bronx and Manhattan, moving daily. Staff members include social workers, nurses, nutritionists, chefs and volunteers. The Momentum Project was selected as the study setting because: (1) the organization has worked with HIV/AIDS patients since 1988, and many of the organization's original members are still associated with the project; and (2) roughly 50% of its participants are men over 50 (personal communication, October 8, 2014).

Recruitment and Consent

Following verbal and written permission from The Momentum Project's site supervisor (Appendix A1), I recruited participants for the study at the Project across five days within one week. Invitational flyers were distributed there (Appendix A2), and participants who met the inclusion criteria (English-speaking, male New York City residents with HIV/AIDS aged 50 or over) were invited to contact the researcher to participate or gain more information. Suitable

candidates wishing to take part in the study were interviewed at a private location of their choice. Twenty participants were recruited (Table 2.1, indicates the demographics associated with the participants).

I obtained consent from each participant before the interview began (consent forms in Appendix A3). The aims and purpose of the research were explained to them as seeking to understand the lived experience of aging with HIV/AIDS. All participants signed a consent form agreeing to be interviewed and audiotaped. Participants were also reminded of their right to terminate the interview at any time, and were asked not give their real name or any identifying information during the interview, names used within this paper are pseudonyms, moreover any other information that could identify participants, for example date of births or addresses, have also been redacted from the transcripts. Upon completion of the interviews, each participant was given a \$10 Kmart gift card and, if travel was required, a Metro card. The Columbia University Morningside IRB approved the proposed study (approved IRB letters are attached in Appendix A4).

Table 2.1 Participant Demographics (N=20)

<i>Characteristic</i>	<i>Percentage/Range/Mean</i>
<i>Age</i>	50-71 years (Mean 59)
<i>Black/African American</i>	70%
<i>MSM</i>	75%
<i>Unemployed</i>	80%
<i>High School/GED or more</i>	80%
<i>Time Since Diagnosis</i>	16-35 years (Mean 23)

Data Collection

I conducted individual in-depth interviews lasting 20-90 minutes with each participant. At the beginning of each interview, the participant was asked for basic information to determine the demographic classifications within the sample (Moskowitz & Wrubel, 2005). He was asked

for his age, race, sexual orientation, date of diagnosis, education status, and employment status. These multiple-choice questions took the most commonly used forms in survey research (Orcher, 2007). Participants were then asked the following broad questions: What has been your experience living and aging with HIV? What sorts of things have influenced your experience? These open-ended questions, along with basic demographic questions, were approved by the Columbia IRB board.

These questions were expected to capture both individual experiences of aging with HIV (life appraisals, stressors, positive strategies, coping, etc.) and the influence of social contexts and discourse on life trajectories. Most participants required prompting to continue with the interview, following Wallach & Brotman (2013) and Owen & Catalan (2012); in lieu of scripted prompts, the participants were prompted based on key subjective experiences. With appropriate permission, interviews were recorded on a digital recording device, and of the twenty recordings, fifteen were fully transcribed (see Appendix A5 for all transcribed interviews). Following the example of Emlet et al. (2019), fifteen interviews were chosen as these contained new themes and codes. The remaining five interviews repeated the already captured themes, and none of those participants were outliers in terms of sociodemographic characteristics.

Data Analysis Strategy

Following the data analysis strategy of Emlet et al. (2019), this study employed a basic qualitative research approach, however, the analysis was carried out using a constructivist grounded theory analysis technique. Constructivist grounded theory analysis seeks to describe a substantive theory, rather than being richly descriptive. A substantive theory has a specificity, and therefore is more useful to practice, policy and everyday-world situations, for example, investigating the coping mechanisms of returning adult students (Merriam, 2009) or investigating

the experience of people living with HIV/AIDS in the 80s (Corbin and Strauss, 1990). Grounded theory analysis, therefore, requires the identification of codes, concepts and themes (the basic unit of analyses) that link to a central category, i.e. aging well with HIV/AIDS (Corbin and Strauss, 1990).

In the present study, transcribed material and un-transcribed recordings were reread and listened to at least twice. Transcribed interviews were coded line by line. The author of this paper was the sole coder. In order to analyze the transcribed materials, ATLAS.ti, version 8, was used. ATLAS.ti is a software package, that allows researchers find and analyze complex phenomena hidden in unstructured data. Users can locate, code, and comment findings in primary data material, to weigh and evaluate their importance (ATLAS.ti, 2019). In this study, significant quotes were extracted from the transcriptions and recordings and used to form meanings and sort them into central codes, the coded quotations can be seen the ATLAS.ti code report in Appendix A6. 11 central codes were included in the developed codebook, including 10 codes relating to ‘aging well.’

Significant quotations from the recorded and untranscribed materials were also noted. The codes formed a description of participants’ experiences, “how” those experiences took place and how frequently these took place. Then the codes, structural descriptions and their frequency were combined to develop an understanding of the research participants’ understanding of aging well (Merriam, 2009).

Results

Through analysis, the following codes relating to positive aging strategies emerged:

1. Starting point, initial despair;
2. Social Interactions and Support Needed
3. Policy and Services Used

4. Healthy living and Self-Care
5. Gratitude and Positive Thinking
6. Education and Career
7. Activism
8. Social Interaction and Services Given
9. Othering;
10. Religion;
11. Reinvention and survivor status

Table 2.2 Codes used and their Grounded Frequency

Code	Grounded
Activism	18
Education and Career	58
Gratitude and Positive thinking	108
Healthy living and Self-Care	82
Intersectionality	28
Othering	72
Policy and Services	58
Reinvention and Survivor Status	122
Religion	27
Social Interaction and Services Given	122
Social Interactions and Support Needed	74
Starting Point	63

As these themes are temporal, it is also necessary to highlight an initial theme that begins following diagnosis: 1. Starting Point. Moreover, as participants espoused having greater or fewer resources, depending on overlapping sociodemographic characteristics, a twelfth code

“intersectionality,” was created. This twelfth code allows for an understanding of the characteristics that can impede or facilitate the development of positive aging strategies. Table 2.2, indicates the number of times that each code was used across the fifteen transcribed interviews, thereby indicating the relative importance of that positive aging strategy. Through the analysis and comparison technique, as described by Corbin and Strauss (1990), each quotation could represent more than one code, and therefore some quotations were double or triple coded, for example, the following quotation from Louis (57): “It was a good thing, you know what I’m saying, and it was good because it gave me encouragement to help other people while I live with as the virus myself” was coded as ‘*gratitude and positive thinking*’ and ‘*social interaction and services given.*’ All names used in the results section and in the transcripts are pseudonyms, quotes included in this paper are verbatim and not edited for grammar.

1. Starting Point, Diagnosis: Despair and Seclusion

There were 122 instances of “starting point,” indicating most participants had experienced this. Participants, regardless of whether they were diagnosed with “four t-cells” or “were fine” at diagnosis, described feeling fearful, uncertain, abandoned and stigmatized. Their language represented a forward-focus or death-awareness position (Moskowitz & Wrubel; 2005). These feelings were independent of the socioepidemiological timeline of the epidemic. However, negative feelings were not independent of the interviewee’s identities. Negative descriptions of initial diagnosis experiences were common within the narratives, as participants transitioned from being an HIV-negative person to being an HIV-positive person. Participants indicated that they felt emotions including: despair, sadness, loneliness, rage and suicidality.

“It was an out of body experience, you know, the pre- and post-test counseling, I remember them telling me, but it was like I was over there watching. I don’t know how I got home after I was told. It was rough, it was rough, not knowing what would happen to

me. I thought I might go home and just die. I went home, locked the door, and stayed there for a year and half.” (Daniel, 59)

“Getting tested it was a crazy time. I was sad, I was lonely.” (Greg, 52)

“I was like, oh my God, I got so mad, got ballistic.” (Mark, 50)

“I was suicidal because I didn’t take it very well.” (Jack, 69)

“Anger; if its alright for me to say that. I got very angry.” (Will, 51)

“I don’t know, I was embarrassed. I wanted to kill this girl.” (Theo, 64)

Uncertainty about how an HIV diagnosis affected some respondents’ abilities to live their lives and led them to withdraw from the usual expectations of living, adopting a role as a dying, secluded person. Despite some diagnoses post the advent of HAART, participants generally viewed HIV/AIDS as a lethal disease, partly because they remembered HIV/AIDS as a lethal disease within their lifetime: “Four brothers, two brothers now, two died from HIV” (Theo, 64). Participants also expressed uncertainty about the services and medication available to them, compounding the negative feelings: “Being newly diagnosed, not knowing about services or who to go to where to get them, was daunting” (Daniel, 59).

The sense that they “might go home and die,” perceiving a truncated lifespan, dissuaded participants from making commitments, engaging in activities associated with continuing to live, and fulfilling the normal obligations of daily living: “There were days I didn’t eat. There were days I didn’t wash. I remember one time the mailman came upstairs from the lobby and knocked on my door. I can’t put anything else in your box, you alright in there.” (Daniel, 59). Another described refusing to attend his job: “I didn’t want to tell them” (Clay, 53). Within this period, they placed social interactions on hold: “I wasn’t in contact with my friends, meeting my friends or anything” (Louis, 57). Moreover, some who sought comfort from their families were rejected:

“They treated me kind of bad. They fed me on paper plates, gave me plastic cups and stuff like that. That was a hurting feeling for real. My brother didn’t talk to me for a long, long time” (Moe, 50).

“I was shunned. I was scorned. I was talked about, I was, oh my god, it was a time in my life where I wish, I wish it was a death sentence, that I was dead” (Mark, 50).

“Plus my father, you know, I disclosed to him and I’m living with him now because he’s in his terminal stages of life and he’s telling me, I don’t want you taking care of me you’re a faggot and you got AIDS” (Mike, 59).

Identity markers significantly influenced how participants reacted to their diagnosis, for example, Louis a heterosexual, African American man states: “I was diagnosed 1983, back with this thing called GRID...I asked my doctor, I say what does GRID mean he said Gay White Man Immune Deficiency. I said I’m neither gay or white how do I get it?” (Louis, 57). Based on the perception of the disease, Louis (57) describes a “negative stigma” around it. Conversely, some of the men who had sex with men were not surprised at their diagnosis, “it kinda didn’t shock me” (Greg, 52); “I wound up being the target population” (Mike, 59); “it didn’t bother me because, I mean, I heard about it and I knew the lifestyle I was living” (John, 63). For the participants who were actively involved in the gay community, seeing people “fall off,” seemingly lessened the shock of an AIDS diagnosis, and allowed them to engage in an outward focused strategy faster.

Emergence Into Positive: Social Interactions and Support Needed (2) and Services and Policy (3)

Following a period of seclusion, interpersonally oriented participants—those who desired the support of others—emerged into the desire to spend time around other people and services

(Crossley, 1997), moving from a Future Focused group to an Outward Focused group that desired social interactions (Moskowitz & Wrubel, 2005). Based on the analysis, there were 74 instances of this kind of social interaction, whereby participants required support in order to extricate themselves from the “starting point.” Those who already had friends and family who were supportive of their HIV-status used these supports to cope with their illness, predominantly, these were openly gay or bisexual men. For these participants, HIV did not have the negative associations it did for participants without this form of support:

“I think that’s the one thing that kept me going...I told my family, I told them they all know. But my family has a positive outlook on the way...and they kind of worry about me from time to time, but they’re very supportive. They all know” (Martin, 59).

“My family they completely understand it, you understand what I’m saying? I never had no problems like that” (John, 63).

Other participants emerged into the positive narrative. For example, one participant was shunned by his family for several years: “My family loves me. My sisters love me, my nieces love me, my uncles loved me, my aunts love me. I had a long journey, a period of time not with them at all. And we discuss over dinner a lot of times, when I’m with them, is that they actually apologized for not be there, not being there, their lack of education” (Mike, 59). Other participants emerged realizing they were within a community already. For a large number of the gay participants, aligning themselves with the gay community meant they already had a social network from which to gain comfort and age positively: “I had a good gay base” (Alex, 62). John (63), describing the homophobia within the African-American community, believed that, if one were HIV-positive and black, being gay allowed for positive aging: “I mean if you are HIV positive and you’re not gay, you’re not telling nobody, you know what I’m saying? I think the

gay community is more open with it...think we got a bond together as far as when we find out we're HIV positive and we start helping each other and you get close."

In addition to having a prefabricated social support network, having a community so affected by HIV/AIDS was viewed positively, despite the losses within that community. For example, John (63) used outwardly focused constructive language, despite the negative experiences, when talking about a gay friend: "You look back on it, it's just like with me and (Luke, 62) have been friends for so long and I know we all lost so many same type of friends together." Experiencing the same losses led John to believe that his losses were shared by another, "bond together."

The desire for camaraderie within this "tumultuous" period (Daniel, 59) was also the impetus that motivated participants to seek out services. However, participants were clear that the services had to be specifically targeted to their population, with a particular emphasis on people who were HIV positive, and in some cases, low income: "involving myself, like going to the meal programs and being around other people living with the virus, that's like a support group and it's also a way to gather information and learn, additional coping skills and hearing about other people's experiences" (Sam, 57). Additionally, having HIV and being within the interpersonal social milieu of targeted services led to an increase in friendships over time: "Before HIV, I had a lot of associates, no one I can actually call my friend...and now I have the bigger audience I have a lot more associates but some is actually becoming friends" (Greg, 52). As well as, the bonding that occurred due to HIV/AIDS, participants also purported to having more friends due to their age: "as an older person I have more friends" (Martin, 59). Many were relieved to find services and a community experiencing the same issues, to soothe the need for an

outward respite: “When I came here they calmed me, they feed me, they told me it was going to be alright and it has been ever since” (Daniel, 59).

In addition to the social support that targeted services provided, participants also reported that the services, and the policies that led to the proliferation of these services were an significant factor in aging positively, specifically 58 quotations were coded as Policy and Services: “I’m so grateful for the proper progress that’s been made in the services that are, that are available, that have been there to help me” (Sam, 57). Services, were particularly helpful to those with health and social issues, other than HIV/AIDS, although “the AIDS diagnosis, expedited the services” (Sam, 57), including substance use and homeless: “Well, the services are what I mean when I say services, are Momentum and Gay Men’s Health Crisis. Now I’m a client of a Partnership for the Homeless that are trying to find me another place to live and they’re going to refer me to some computer training because I’m ignorant” (Sam, 57). Although, some participants reported that not understanding how to gain access to services, led to personal difficulties: “being newly diagnosed, not knowing who to go to, what to say and how to go about getting services was daunting, actually depressing” (Daniel, 59); those that found social workers to assist in accessing services found the process much less stressful, particularly for those who had not previously accessed welfare services: “got a social worker who in turn helped me out with, you know, getting connected for doctors and for social services because I wasn’t living on my own either. That part kind of helped me out for the fact that they helped me out with housing and financial benefits, which I didn’t had a clue about because I had been working like you know” (Mark, 50). Accessing services, appeared to alleviate the stresses associated with aging with HIV/AIDS:

“I finally got to the agency and they interviewed me and recruited me for housing, and I got housing on the 16th of October ’96. And I’m still in there, I am staying there to this

day. I learned to look accept what I had, that was my first Thanksgiving dinner in years. First Christmas I enjoyed it. I learned to live again, start setting up home” (Mark, 50).

“so with monies that I had, and I went and I just, you know, just splurged and went to the movie, snuck into a Broadway play, so I really enjoyed myself. So all that motivation and everything it really, really lifted my spirit and helped me to move on” (Mark, 50).

Therefore, being able to access services and meet their basic needs on “the HIV entitlement gravy train” (Sam, 57), including housing, medical services and welfare resources, enabled participants to enjoy aspects of their life that would otherwise be out of reach, including educational opportunities and cultural opportunities, providing a greater sense of freedom. A freedom, which allowed participants to provide support to other older people with HIV/AIDS, and age positively.

Additionally, some participants appeared to be acutely aware of the benefits of having access to services, and living within a large metropolis: “Living in the state of New York I have benefited greatly because services here are tremendous –if you know how to access them” (Daniel, 59). For many participants, their social support—a key component of positive aging—was place-specific or culture-specific. New York City in particular, represented a place participants could come to escape stigma within their old communities, and to create a new progressive narrative: “You can’t be gay in rural Louisiana” (Don, 69). Therefore, New York City and the communities they created therein, based on intersecting characteristics, enabled the participants to begin to age positively with HIV.

Spreading Positivity: Social Interaction and Services Given (8); Activism (7) and Religion (10)

Following a period of needing the service and support of others, interpersonally oriented participants developed a need to engage in activities in the service of others (Crossley, 1997). 122 quotations were coded as Social Interaction and Services Given and was the strategy most frequently used by the men sampled in this study, 18 quotations were coded as activism and 27 quotations were religion. Taken as a whole 167 quotations were coded as “spreading positivity.” These services were activity-based in relation to HIV/AIDS (Crossley, 1997), and reminiscence on the previous support they had received was an impetus for them to give support to others:

“I enjoy doing for others what someone did for me” (Daniel, 59).

“but to overcome that nasty stigma keep doing things for others, keep doing positive things, keep listening to positive people” (Martin, 59).

“Like I went to Howard and learn how to take care of someone that had come to the symptomatic aspect of AIDS. I had a chance to take care of my mother and I saw her waste away-- I used to take care of a lot of people in their homes and hospitals, etc.” (Paul, 58).

“What I do now is I go in groups on Fridays to help others trying to express themselves and be better mouthpieces for themselves” (Luke, 62).

“I don't even know who you are but I'm a delegate for you one way or another to get something done” (Mike, 59).

The majority of study participants described one-on-one involvement with newly diagnosed HIV/AIDS patients, and for both participants this represented a proactive way in which to age positively with HIV, but also to bring a newly-diagnosed individual away from negativity and “get something done.” This process further established a progressive, positive narrative relating to aging with HIV.

Support of others, was not only enmeshed with AIDS related services, but also had links to organized religion, participants expressed how religion in their lives enabled them to age positively through “normalizing” activities unrelated to HIV/AIDS (Crossely, 1997), describing how the desire to provide a service to society and the need to engage in familiar rituals, had positive for them. Religion provided an outlet for them to engage in new social activities “I also began to relate to church people as well” (Martin, 59); as well as, providing services and support to others:

“But today’s a very good day because I’m grounded. I have been encountering a lot of young people with the church I’m affiliated with, sandwiches on Saturdays too, the homeless... be able to hand out a sandwich to be able to like be in the spirit” (Paul, 58).

“I’m very much involved with my church. My church does wonders for me...I’m a delegate, soloist in the choir, and volunteer one or two days a week. Well, now it’s one. I’m getting ready to do a fundraiser where, you know, I will get acts together and do a night of stars and raise money, you know” (Luke, 62).

Therefore, organized religion, gave participants an avenue to support others, moreover, it also allowed them to engage in activities that provided a positive outlet, including, fundraising, performing and volunteering. In addition, some participants espoused feeling that they gained physical and mental health benefits engaging in religion:

“I was a faithful Muslim, I also incorporated my faith into living with this because as a Muslim you are not supposed to do drugs and things of that nature, and live the holiest life that you can and that had help me a lot” (Louis, 57).

“I’m not the most religious in the world, but I have fought myself, found myself, find the solitude in my religion and it has helped pull me through” (John, 63).

“Religion have a lot of influence, because you know like, when you’re HIV positive...you become depressed, depression sets in, you kind of worry about, well I am almost done, might not live tomorrow, so I’m living for today. But religion, well it helps a lot because religion for brain, your brain parts -- it talks to your mind and with religion you can be able to make it” (Martin, 59).

While the church’s rejection of LGBTQ people is well documented (Haywood, 2015; Dahl & Galliher, 2014; Siegel & Scrimshaw, 2002), and despite 75% of the study participants being self-identified Men Who have Sex with Men (MSM), only one participant reported that this was a barrier to church attendance. However, Will (51) reported that this prompted him to seek a new church, recognizing that this had positive outcomes for him: “I don’t really do the organized religion. I go to Unity Church which is non-denominational, and it gives me a lot of support I accepted myself as a gay man as an HIV positive gay man. It’s been helpful” (Will, 51).

Participants who were diagnosed in the 90’s and were involved in activism groups such as ACT UP, “I’m a huge activist” (Greg, 52), detailed how they continued to engage in activism to better their lives and those of people in their community, harnessing their own grievances for the betterment of society:

“It means going to Albany it means being able to state your case whatever you know bill or right you’re fighting for to know the issue and to be able to defend it and if you can, if it relates to you, put yourself in the poor box and, you know, use yourself as an example of how you are disabled by a bill or law so” (Brian, 59).

“The legislature was making it hard to get research and money for people with HIV positive, so I was involved in ACT UP. I was involved with Gay Men Health Crisis, I got involved with a lot of agencies that fought against legislature to make policy” (Louis, 57).

Activism, an activity-based action, helped participants feel powerful and take control over the issues affecting them (Crossley, 1997). Moreover, for participants that had previously been involved in activism, this activity represented a continuation in familiar activity, leading to a continuing progressive narrative and a disavowal of the disruption caused by HIV. In addition, the men in this study, went beyond AIDS activism, and used the skills that they had learned to advocate for: funding relating to Hepatitis C, needle exchange and harm reduction, rental cap issues, Robin Hood plan, taxation of Wall Street, immigrants’ rights, cession of stop and frisk, combating the ‘war on drugs,’ rights for those who were formerly incarcerated and funding for New York Association Psychiatric Rehabilitation Services (Carl, 55; Sam, 57; Mike, 59; Louis, 57; Paul; 50; Don, 69). Therefore, for many of the participants, positive aging strategies, included activism that had no direct benefit to themselves or their immediate communities. Moreover, participants presented this activism as an indication that they could not be silenced, and were important members of society, a further repudiation of HIV causing a disruption to their life.

Living in Positive Spaces: Education and Career (6); Healthy Living and Self-Care (4); Positive Thinking and Gratitude (5)

Another positive aging strategy, used by the men in this study, was engagement in education, acquiring new skills and furthering their careers; specifically, 108 quotations were coded as Positive Thinking and Gratitude, 82 as Healthy Living and Self Care and 58 as Education and Career. Taken together, the ‘Living in Positive Spaces’ strategies were employed

frequently by the sample to age well. Education, in particular, improved health outcomes of participants, participants espoused having knowledge relating to their diagnosis, allowed them to be their greatest advocate, an activity-based narrative (Crossley, 1997). For example, Greg (52), reported that he began learning about HIV after his diagnosis, and “has been learning ever since.” For Greg (52) this gave him a sense of pride: “positive part is that I actually understand what the doctor is talking about as far as HIV.” Similarly, Paul (50), when moving from Washington, DC to Texas, reported that he: “educated myself about the virus like I had every pamphlet and every book I could” on the bus ride to Texas. Therefore, upon arrival in Texas: “I was like in demand I need this, and I need that.” A greater level of knowledge gave participants the ability to advocate for their own health and allowed participants to have open discussions with their doctors, about side effects of drugs (Sam, 57; Will, 51; Mike, 59), as well as other health concerns. Thereby, improving their health outcomes and enabling them age positively.

However, acquired medical and health knowledge had positive externalities, as respondents were able to share information in order to benefit others, for example, Greg (52) states: “I started educating myself on it and once I kinda got most of it under my belt then I started sharing with everybody else and I let them know it’s not the end. It’s just the beginning of a new life.” Mike (59), after understanding the mechanics of AIDS infection and AIDS treatment, “learnt how to animate it in order to present it to other people.” Mark (50) was invited to speak at his alma mater about HIV, and consequently “over 300 of those students got tested.” In these instances, not only were respondents indicating that they could have some form of mastery over their diagnosis, they were also affording this opportunity to other people with HIV/AIDS or at risk of HIV/AIDS.

For a number of respondents, education, not associated with HIV/AIDS, also allowed them to develop enjoyment-based progressive narratives, Louis (57) returned to school in order to work with a physician as a patient advocate, drug counselor and her assistant. Greg (52) began training as a “commercial truck driver.” Luke (62) returned to school and “and got certified every which way.” Paul (50), began training as an artist: “I wish you could see some of my paintings I’ve painted, I mean I paint, I picked up a new hobby and I’m really getting into it.”

Moreover, participants provided services to their groups using the skills and careers they had been involved with pre-diagnosis, through employment-based activities relating to normal skills but also enjoyment (Crossley, 1997). For example, Mark (50), who had trained as a chef, continued to cook part time, as well as volunteering: “So he pays me to cook for him like every other week. That’s what I do. I do cakes, I cater on the side, I give back creative volunteer and all that.” Luke (62) a former Broadway dancer, stated “I write and I am a good actor and I am an activist as well” took over a writing group for older LGBTQ adults: “I’m taking over this creative writing group that I used to attend. The person has retired to her bee farm”

Since 80% of participants lacked formal employment, these activities such as servicing others, engaging work like activities and education enabled these participants to maintain an outward focus and to continue a progressive narrative: “You know what helped me also? Having something to do, laying around, oh, it woe is me. I’m going to die, what did I do to myself, blah, blah, blah. That didn’t help, having something to do did” (Daniel, 59).

Given the co-morbidities associated with aging and HIV/AIDS (Balderson et al., 2013; Cahill & Valadéz, 2013; Lyons et al., 2010), respondents reported feeling the need to take ownership of their health concerns and engage in a healthier lifestyle. All participants, explicitly stated that access to their medication was a major factor in their longevity, for example, Daniel

(59) stated: “started living better, taking my medication, I’m still here.” And Moe (50) reported: “Once you get treatment and take your medicine you’ll be alright.” Moreover, participants highlighted the importance of medication adherence in their ability to live productive and positive lives: “I take all my medications; and my medications, they have my list of medication” (Bryan, 71); “I very rarely miss my medication, I set my pill box, so take my medicine every day and night on an empty stomach” (Louis, 57). A plethora of studies indicate the importance of medication adherence in terms of health outcomes (Sweeny et al., 2016), additionally, several studies report that social support and positive states of mind are predictors of medication adherence (Gonzalez et al., 2004). Therefore, while participants reported that medication adherence was a cause of their positivity, it may be that their positive states of mind and social support are the cause of their medication adherence.

In addition to medication adherence, participants reported that they were living a healthy and positive life, through exercising and adequate nutrition: “go to the gym, exercise and like I said I’m doing training” (Louis 57); “Once you take your medicine, eat properly, do exercise and just do the right thing; that’s it” (Moe, 50); “I do a lot of juicing and lot of fruits and wholesome foods, I work out. So if I didn’t do that, maybe I wouldn’t be here sitting and talking with you’ (Will, 51). Moreover, as with other areas of respondents’ lives, support was inextricably linked to healthy living and was a facilitator: “Momentum is a good support group. They helped me; I can say they helped a lot. They’ve been there for me, they make sure I eat properly, I go to the group, especially Afesha, she makes sure I eat properly, eat the right food, make sure I eat my vegetables because I never ate vegetables before but now I started eating my vegetables so that’s a good thing” (Moe, 50).

As well as social support, positive states of mind have been shown to influence longevity and positive health outcomes (Gonzalez et al., 2004). In analysis, 108 instances of gratitude and positive thinking were coded, therefore, it was one of the most widely used positive aging strategy. Gratitude was framed in two ways, the first, was the participants suggested that having HIV, had positive impacts on their lives overall. For example, Daniel (59) stated: “I think having HIV saved my life because I was running amok.” And Sam (57), when referring to an opportunistic infection, stated: “So in a way it was a gift. The pain that resulted from the meningitis motivated me to stop drinking.” The second way gratitude was framed, was gratitude for being alive or for the kind of life that they were living: “I’m grateful that I live long enough to achieve some semblance of sanity” (Sam, 57); “I’ve been lucky in that sense, because you got a lot of people that haven’t been, but I have been lucky. I guess because of my friends and my base” (John, 63); “Shit, I am alive. I am in heaven already; still alive right” (Theo, 64); “I’m just grateful to still be alive after all I’ve been through because many haven’t come this far” (Daniel, 59); “It was a good thing, you know what I’m saying, and it was good because it gave me encouragement to help other people while I live with as the virus myself” (Louis, 57). Participants, also explicitly mentioned using positive attitudes or positive thinking as an successful aging strategy, for example, Martin, 59 stated: “If you treat people right and keep a positive attitude, you can make it because sometimes negativity can affect the immune system as well.” While, Will (51) referring to his belief in Buddhism stated simply: “I try to stay positive.

Positive vs. Negative: Othering (10) and Personal Reinvention (11)

Another mechanism some members of this group implemented to age positively was the tactic of “othering.” Described by Crossley (1997) as an intrapersonally oriented strategy and by Moskowitz & Wrubel (2005) as a stigma-focused tactic, these participants created a “healthy

survivor” narrative in opposition to “others” (Crossley, 1997). Specifically, 72 quotations were coded as Othering. To maintain this narrative, participants stigmatized others (Owen & Catalan, 2012; Moskowitz & Wrubel, 2005). Stigmatization was directed at two groups: (1) those who did not survive, and (2) those recently diagnosed plus younger men at risk of HIV. In relation to non-survivors, Moe (50) reminisced about a deceased partner: “Because he didn’t want to take his medicine and that was the hardest thing for me. He’s resting now; he’s in a veteran cemetery.”

Ascribing negative characteristics to those who did not survive the early epidemic was common as an intrapersonal strategy. In addition to ignorance, participants ascribed a defeatist attitude toward those who succumbed to the disease early in the epidemic, attributing a negative narrative to them: “They just gave up; they really did. We lost so many people who just gave up all together; for real. We found people died in their house; they just give up” (Moe, 50); “Hard to watch someone just give up” (Don, 69). “you sit around and feel sorry for yourself, you go real quick” (Martin, 59). “It’s very easy to give up; very easy” (Will, 51); “Some finally did give up. And I like the survivor the badge you know. I like yeah, “you are still here” and I like that” (Luke, 62).

Participants used moral language to further their “healthy self” vs. “other” narrative: “to me it’s been pretty good because I mean once I found out, I did the right thing. I got it under -- to proper medical care, you know what I’m saying” (Will, 51) and “as long you take your medication, you’ll be all right” (Martin, 57). Participants felt particularly distressed in relation to men who had recently acquired HIV, feeling aggrieved at the stupidity of “others,” stigmatizing them more than those who had acquired the disease early in the epidemic and died. In particular, Luke (62) described himself and other long-term survivors as “martyrs”: “in my time I’ve met too many people who just got diagnosed in 2003. I don’t understand that, maybe because they

didn't see the ravages, they didn't see, you know, the people dying in AIDS wards. They didn't see people dropping like flies and haven't been to as many memorials as I have, you know. I know I couldn't understand anyone becoming infected now, but it happens still."

Finally, participants stigmatized youth, particularly young gay men. As older men with "survivor's badges," participants believed that they were knowledgeable and valuable and that younger adults were weaker, less knowledgeable, and more fragile: "I'm not fragile like the new-age kids" (Daniel, 59); "The younger generation they don't know anything. I mean, I could see it from working here, you know what I'm saying? It's like -- I don't know how to explain it but it's like they have no guidelines" (John, 63); "They're in this fast world thing, you got some young kids that are gay; they're moving too fast. They're having unprotected sex and not using condoms and stuff like that. Half of them are trying to get HIV to get the service that we got today" (Moe, 50); "I think the young generation that just, a lot of them are not, they are a lot misinformed, they are misinformed, they think it doesn't happen to us. It happens to older men, older gay men. It happens to everyone" (Will, 51).

In this instance, the "healthy group vs. others" narrative was replaced by an "old/strong vs. young/weak" narrative—yet, regarding positive aging, the result was the same. Although participants using this technique were neither using an outwardly focused strategy nor an interpersonally oriented strategy, they maintained a progressive, positive narrative, viewing themselves as aging positively and reinventing themselves:

"At 62, I am accepting you know I am embracing it, I decided a couple of years ago to reinvent myself and to make myself more marketable, because I have always been a hot commodity" (Luke, 62).

“So today, I’m a living witness, I’m strong and I’m still fighting and I’m still hanging in there” (Moe, 50).

“I’ve completed cooking school; I’m on top of the world right now and I’m having a good time with it and a lot of fun. I meet new people, I like helping people, so...hello!

There’s really no negative side for me” (Greg, 52).

Reinvention and Survivor Status was coded 122 times, indicating that this strategy was one of the most important in aging well, as it was frequently used to indicate that participants were not only aging well, but had aged well.

Discussion

This study explores the ways in which older HIV-positive men age positively, from the perspectives of those who have experienced it. Challenging the stereotype that HIV-infected older adult lives consist primarily of negativity associated with mental and physical health, stigma, and loss, the results of this study illustrate that older men with HIV/AIDS can age well with positive aging strategies that have profoundly shaped their lives, allowing them to create a progressive narrative as they move into advanced adulthood.

Grounded in the data, this paper highlights, ten positive aging strategies employed to achieve a Future-Focused outlook:

1. Social Interactions and Support Needed
2. Policy and Services Used
3. Healthy living and Self-Care
4. Gratitude and Positive Thinking
5. Education and Career
6. Activism
7. Social Interaction and Services Given
8. Othering;

9. Religion;
10. Reinvention and survivor status

Many of these codes had conceptual linkages and were systemically related, and while there was some variability across the individuals interviewed for this paper, the same concepts grounded in the data (codes) arose to such an extent to indicate that the theoretical findings appear significant (Corbin and Strauss, 1990).

The once-incurability of HIV/AIDS had shaped HIV-infected individuals' relationship with time. The HIV diagnosis was viewed as a sudden disruption in the flow of the progressive narrative, resulting in a shift in the perception of the future as an open-ended journey full of possibilities to something imbued with the certainty of the ending of death, and creating a Future-Focused lens whereby participants viewed life events in relation to their impending death. Although Moskowitz & Wrubel (2005) indicate that some individuals were expected to remain within the Future-Focused group, within this population all participants, moved beyond the initial group as time progressed. However, based on the intersectionality of identity markers the time this progression took, differed.

Though the socioepidemiological timeline of the disease was expected to affect the form of narrative the participants used—more specifically based on the work of Owen & Catalan (2012) it was expected that those who were diagnosed pre-HAART would have regressive narratives, while those who were diagnosed post-HAART would have progressive narratives—among this participants this was not the case. The narratives within this study were all told from a progressive perspective. All group members were optimistic about their future and believed that HIV/AIDS would not have a detrimental impact on their life goals as they continued to age, although some noted that their inability to father children safely was a concern.

Participants reduced the disruption to their life narrative used ten positive aging strategies, however, for all participants positive aging strategies began with:

1. Social Interactions and Support Needed (74 instances of this were reported);
2. Policy and Services (58 instances of this were recorded).

Participants apparently applied the first strategy to gain control over their HIV-infected bodies and the disruption to the linear flow of their lives. They reported that they sought out support, either from their families, friends or from people who were in a similar position to them, i.e. recently diagnosed with HIV/AIDS and members of similar services. These strategies represent, interpersonally oriented, ‘Activity-Based’ strategies (Crossley, 1997). However, participants who were heterosexual and self-identified as black, found that creating social bonds was hindered by the stigma associated with “having a gay disease,” specifically they were either rejected by their family or friends, and were unable rely on a pre-formed accepting social network, like the MSM in the study. Access to services and welfare programs, via policies targeted towards individual’s with HIV/AIDS, were transformative. Participants reported that being able to access healthcare, cash assistance, housing and other similar benefits, provided a greater sense of freedom, thereby allowing for a progressive outlook on life. The importance of these welfare programs was further reiterated, when participants explained that prior to accessing these they felt stuck in the death awareness or future focused position. The finding relating to policy and services, is in accordance with Sok et al. (2018), who found that, based on quantitative methods, older adults with HIV/AIDS had lower quality of life scores and lower health outcome scores, if they had experienced food insecurity, lack of housing and poor access to clothing.

The group members then continued to another method of aging positively, through which they reestablished some of their pre-diagnosis expectations—termed as ‘Normalizing’ by

Crossley (1997)—through a variety of activities linked to social support and camaraderie, resulting in a more tangible future:

1. Social Interaction and Services Given (122 instances of this were recorded)
2. Religion (27 instances of this were recorded)
3. Activism (18 instances of this were recorded)

Participants, due to the support that they had received, felt incentivized to give support to others, who were HIV-positive, emerging from the future-focused point. They supported newly diagnosed and struggling individuals by engaging in volunteering, support groups and sharing information relating to health and medical discoveries. This finding is in accordance with Emlet et al., 2010, who found that older adults with HIV/AIDS gained strength through the support of others, and Vance et al., (2008) who found a correlation between social competence and hardiness in HIV-infected older adults. Moreover, respondents provided support at the macro-level, by engaging in activism, that benefited individuals beyond the AIDS-community. For many of the participants, particularly those engaged in early activism efforts, this was reclamation of familiar doings and a sense of solidarity, thereby leading to a feeling of continuation and a sense of power, particularly in a society where this group of men had been widely stigmatized (Emlet et al., 2017). Finally, even though 75% of participants reported to being men who have sex with men, all respondents indicated that religion was an important factor in aging positively. These findings are in accordance with Emlet et al. (2018), who found that although religion might feel rejecting and stigmatizing, older adults with HIV/AIDS attempt to engage in spiritually and rituals, in order to feel a connection to a higher purpose. Moreover, religion and spirituality have the ability to create feelings of gratitude, within older adults with HIV/AIDS. Within this study, as with other activities supporting others, attending religious

services and volunteering for religious organizations, enabled them to submerge themselves in familiar rituals and gave the men access to another social group, beyond AIDS-service groups.

Beyond engaging in activities that involved social supports, participants engaged in activities and mindsets that fostered a sense of purpose and control (Folkman, 1990), those included:

1. Education and Career (58 instances of this were recorded)
2. Healthy Living and Self Care (82 instances of this were recorded)
3. Gratitude and Positive Thinking (108 instances of this were recorded)

Some respondents reported that it was important for them to continue their education or career, in order to age positively and maintain a progressive outlook on their aging process. Therefore, having access to educational or work opportunities that they could continue, despite any health concerns, was imperative. These findings are in accordance with Crossley's (1997) 'Enjoyment-based' strategy. Emlet et al. (2010), found that optimism, marked by an ability to set future tangible goals had positive outcomes on older adults with HIV/AIDS. However, the present study, indicates, that optimism must also be paired with the ability to gain access to jobs and education, in order to have positive outcome. Moreover, having access to health information enabled participants to feel a sense of mastery over their disease and comorbidities; any mastery they felt over their own health also had positive externalities, as they were able share the knowledge they had obtained with others.

Respondents also reported that an important positive aging strategy was the ability to maintain a healthy lifestyle. However, having a health focus has implications beyond the individual and the micro focus, given the fact that all the participants in this study were of low socioeconomic status, the only way in which participants are able to access healthful resources is through the social welfare and social policy systems. For instance, participants could only gain

access to nutritious food, if food stamps values were sufficiently high enough to enable them to do so (Sok et al., 2018). Additionally, participants could only gain access to their medicine, if the healthcare system allowed them to do so.

Having positive mindsets and feeling grateful, also allowed participants to age positively. Research indicates that among older adults the role of positive emotions and optimism, primarily through expression of gratitude leads to greater wellbeing and happiness as well as reduced depression and anxiety, along with better physical health (Fazeli et al., 2020; MacLeod, 2016). This study, in accordance with research on all older adults, indicates that positive thinking and gratitude has a pivotal role to play in the lives of older adults with HIV/AIDS (Emlet et al., 2010).

Conversely, participants who employed an intrapersonally oriented strategy (Crossley, 1997) required a comparison-stigmatized group to facilitate their positive narrative. This group regained some control over their life courses by assigning negative value judgments to other groups, including those who had succumbed to HIV/AIDS, those recently diagnosed, and younger men at risk of HIV. The “othering” strategy (72 instances recorded) enabled these participants to create a positive, badge-worthy sense of self (122 instances recorded). While exclusionary othering is considered negative (Owen & Catalan, 2012), it appears to be an important part of successful aging within this sub-group, enabling empowerment. Therefore, strategies of positive aging must include discussions relating to strategies that a wider society might consider unpalatable.

As this study identified ten positive aging strategies, used by this group of New York based older men with HIV/AIDS. Based on the ATLAS.ti analysis, the most frequently used positive aging strategy was the Social Interaction and Services Given, it had a grounded

frequency of 122. However, based on the analysis, participants were only able to provide this support after receiving support and services themselves. Therefore, as per the *Ground Theory Research Procedure* detailed by Corbin and Strauss (1990), the social support codes are systemically related and conceptually linked. Thus, social support should be viewed theoretically as being bidirectional, and therefore further research with this group should study social support as such.

Implications for Social Work Practice and Policy

Therefore, arguably, any micro-based intervention should focus on connecting individuals, in a progressive mindset, with individuals who are at the starting point of their HIV/AIDS journey. Research indicates that generativity has a key role in successful aging among older adults with HIV/AIDS (Emlet et al., 2018). Therefore, social workers should encourage older adults with HIV/AIDS to volunteer with others in their community. Moreover, interventions should also provide educational material relating to HIV/AIDS and healthy living, as this demonstrably allows older adults with HIV/AIDS to achieve a sense of mastery over their own health. It should be noted, that while this study suggests that participants, shift from one positive aging strategy to another, apart from the *Starting Point, Initial Despair* theme, participants moved freely between positive aging strategies and employed more than one at a time. Therefore, any behavioral interventions, should allow for this pattern of movement between strategies.

Further education and curriculum development is vital for social workers on the topic of older adults with HIV/AIDS, particularly in groups who have been doubly or triply stigmatized, for example, older black men who have sex with men. Engaging in culturally competent work could prove particularly key in allowing older adults living with HIV/ADS to thrive (Emlet et al.,

2017; Miller, 2019). Participating in this work may allow for a lessening of stigma propagated by social work professionals.

While micro-level interventions, particularly focused on the improvement social support, would undoubtedly have positive outcomes for older adults with HIV/AIDS. Macro-level policies and services are arguably as vital with regards to positive aging strategies; as participants are unable to support others or themselves, if their basic needs are not met (Sok et al. 2018). Participants reported that the access to governmental programs, such as food stamps, HASA (HIV/AIDS Services Administration) assistance, subsidized education and Medicare, enabled them to feel that their life could progress, and they could live in a healthy manner. Beyond the benefits to the individuals, providing people with HIV/AIDS with necessities has positive externalities. As participants not only helped themselves but supported others in their communities, both at a micro-level, through programs and volunteerism, and at a macro-level through activism. Therefore, from a social justice perspective it is essential that social welfare programs provide more than the minimum to those who are chronically ill and aging.

Strengths and Limitations

This research study makes important contributions to the literature on older adults with HIV/AIDS. The demographics of the participants reflect the characteristics of those most affected by HIV/AIDS at an older age, specifically the ethnically diverse population and the fact that those sampled were men. Moreover, the sampling from three different sites in New York: Manhattan, Bronx and Harlem, allowed for a greater overview of New York as whole. Furthermore, given the documented difficulties in recruiting older HIV/AIDS-diagnosed adults, the open-ended nature of the questions, allowed for an in-depth view of this group's positive

aging strategies. In this way the study answered the call of the NIH to examine tactics associated with positive aging (High et al., 2012).

However, for this qualitative study to have an impact on interventions, given the small sample size, preliminary results may have to be confirmed via a larger study. Moreover, given the fact that all participants were recruited via The Momentum Project, the sample was relatively homogeneous in terms of socioeconomic status, leading to results that may differ significantly from other older adults with HIV/AIDS populations. Moreover, as individuals who attend the Momentum Project are already linked to services, they already might be aging more “positively,” than others not linked to AIDS service organizations.

Future Research

Qualitative research differs from quantitative methods, as it enables the researcher to gather in-depth information about a group based on small, selective samples (Creswell, 2013). Therefore, the findings of this paper should be interpreted within the framework of its intended outcome. Specifically, it focused on a group of HIV-positive older men who had low socioeconomic status, and attended a service-provider, The Momentum Project in New York City. No attempts to interview men outside of this service-provider were made. Future research should focus on other older HIV-positive men outside of The Momentum Project and the New York City location and the results should be compared.

Conclusion

The findings of this study may have important implications for the understanding of positive aging strategies among this group, particularly the poorly understood mechanism of othering. Additionally, based on the interpersonal coping strategies highlighted in this paper, interventions increasing social support should be promoted, however, these interventions should

also encourage reciprocity of giving, as well as receiving, of social support and services for older adults with HIV/AIDS. Additionally, cultural competence and stigma reduction, particularly as it pertains to older people of color living with HIV/AIDS, should be at the forefront of all stages of social work education. Moreover, the study of social work should advocate for greater access to welfare programs for this group, at a policy level, as without the safety net of these programs, these individuals will be unable to age positively.

Chapter 2: Loneliness Predicts Sexual Risk Behavior Among Older Adults with HIV/AIDS

Introduction

The proportion of HIV-positive people over the age of 50 in the U.S. is increasing rapidly. In 2018, an estimated 51% (540,490) of Americans living with diagnosed HIV were aged 50 and older (CDC, 2020). A large portion of these older individuals are long-term survivors, reflecting the transformation of HIV from a life-threatening illness to a chronic disease due to the advent of highly active antiretroviral therapy (HAART) in 1996. However, others are newly diagnosed or newly infected. In 2018, people aged 50 or older represented 17% of the new diagnoses, indicating an increase in older adults' diagnoses in comparison to the 1980s-1990s (CDC, 2018). Despite this increase in incidence and prevalence among older adults, very little literature has explored the sexual risk behaviors undertaken by older adults living with HIV/AIDS, including condom-less sex and sex while using drugs (chemsex).

Older adults with HIV/AIDS, particularly long-term survivors, face a unique set of mental health issues and are more likely to suffer from suicidal ideation (Emlet et al., 2018; Kalichman et al., 2000), depression (Fang et al., 2015; Emlet et al., 2018; Emlet et al., 2015; Heckman et al., 2003; Kalichman et al., 2000; Prachakul et al., 2007; Rooney et al., 2019), social isolation (Greene et al., 2018; Emlet, 2006a; Feng et al., 2015; Prachakul et al., 2007; Shippy & Karpiak, 2005), and loneliness (Groves et al., 2010; Kane et al., 2018) than their younger HIV-positive counterparts.

Loneliness is defined as the distress that exists between actual and desired relationships—separate from the concept of aloneness or living alone (Greene et al., 2018). Research indicates that, typically older adults experience less loneliness than their younger counterparts, as older

adults typically cultivate relationships with their closest contacts only (socioemotional selectivity theory), leading to fewer higher quality relationships, and less loneliness (Shoestul et al., 2020). However, those with HIV/AIDS may have lost their closest contacts (Greene et al., 2018). Moreover, there are inadequate social resources for older adults living with HIV/AIDS (Greene et al., 2018). Furthermore, research indicates that stigma predicts loneliness in older adults living with HIV/AIDS. As being diagnosed with HIV/AIDS over 50 or graying with HIV/AIDS may create multiple layers of stigma, including prejudices related to stereotypes relating to aging in general, biases around sexual orientation and beliefs around marginalized and sexual behaviors any or all of which may adversely impact individuals' social wellbeing (Groves et al., 2010; Yoo-Jeong et al., 2019). Race compounds these already multi-layered stigmas, as research indicates that Black older adults are more likely to espouse feelings loneliness due to: segregated communities and gentrification; kinlessness and worse overall health (Taylor and Nguyen, 2020). Additionally, older Black adults living with HIV/AIDS are more likely to experience stigma relating to "how HIV was acquired" (Groves et al., 2010). Johnson Shen et al., (2019), based on their research around stigma and loneliness found that groups that experienced an intersection of stigma experienced more social isolation. Their results indicate that gay and bisexual men experienced most stigma associated with status and age; heterosexual males experienced stigma due to the intersection between HIV status and perceived stigma of sexual orientation or drug use; and Spanish speaking men experienced stigma and social isolation based on HIV status and culture/ethnicity. Women, in their research, experienced no intersecting stigma.

Literature based on younger HIV/AIDS positive populations has indicated an association between sexual risk behavior and loneliness (Hubach et al., 2012; Parsons et al., 2003; Su et al.,

2018; Torres and Gore-Felton, 2007; Valdes et al., 2019). However, scant literature explores the association between loneliness and sexual risk behavior among older adults living with HIV/AIDS, specifically the extent to which loneliness predicts sexual risk behaviors, including use of illicit substances during sex.

This paper aims to fill that gap using the Research on Older Adults with HIV study data set. Specifically, this paper has two research questions: (1) Does loneliness predict sex without a condom? (2) Does loneliness predict use of illicit drugs during sex? By answering these questions, the paper aims to determine whether social worker driven interventions that reduce loneliness among older adults with HIV/AIDS may also reduce sexual risk behavior, by increasing condom use and reducing rates of chemsex.

Sexual Risk Behaviors in Older Adults

A small but growing body of literature indicates that older adults are engaged in sexual activity. Lindau et al. (2007), using a national probability sample of 3,005 adults aged 57-85, found most to be sexually engaged. Yet sexual activity decreased with age and differed across genders. In the 12 months before the study, 83.7%, 67% and 38.5% of men aged 57-64, 65-74 and 75-85, respectively, engaged in sexual activity with a partner. Among women of these ages, 61.6%, 39.5% and 16.7% did so. Indicating that sexual desire drove these figures, the authors found that in those 12 months the frequency with which men in the same age groups masturbated was 63.4%, 53% and 27.9%, respectively, but masturbation frequencies of women of these ages were lower: 31.6%, 21.9% and 16.4%. This study shows that older adults continue to engage in sexual behavior with fairly high frequency into their eighth and even ninth decades of life. Furthermore, research indicates that seeking out sexual partners is increasing among adults over 50. The American Association of Retired Persons (AARP) (2005) repeated a national survey of

adults aged 45 and older to explore their sexual behaviors and attitudes toward sex, comparing the results to a previous survey (AARP, 1999). The 2005 (AARP) study found less opposition to sex for unmarried people and a greater acceptance of the role sexuality played in relationships. Additionally, further research indicates that in older adults who engage in sexual activity maintain higher energy levels and have higher rates of self-esteem. Moreover, sexual activity was found to affirm a persons' physical ability, which allowed them to cope with aging to a better degree (Skałacka & Gerymski 2019). Older adults can have more sex due to advances in medical sciences, including drugs for erectile dysfunction and treatment for vaginal dryness (AARP, 2015; Skałacka & Gerymski 2019).

In addition, Hill (2011) notes that single older adults are increasingly likely to seek out casual companionship and represent 20% of the online dating community—an 8% increase from February 2010 to February 2011, compared to a 4% rise in Internet dating overall in that period. Notably, high frequency of sexual contact in older adults is not limited to heterosexuals. Rosenberger et al. (2011) found frequent sexual contact in their sample of 5,571 gay or bisexual men. Among the sample's 50-59 age group, over the past 12 months 74.4% had given oral sex, 71.3% had received oral sex, 29.9% had engaged in receptive anal sex, and 33.8% had engaged in penetrative anal sex. Similar results per sex act were found among the 60-plus group: 77.1% had given oral sex, 73.1% had received oral sex, 28.3% had engaged in receptive anal intercourse, and 32.4% had participated in penetrative anal intercourse.

However, despite older adults' increased frequency in sexual behavior, they reported infrequent use of condoms. Several studies have indicated that older heterosexual adults deem condoms unnecessary and solely for birth control purposes (Jeffers & DiBartolo, 2011; Maes & Louis, 2003; Simone & Appelbaum, 2008). To that end, Amin (2016) found that, among 547

adults aged 55 or older, 87% reported not using condoms in their last sexual encounter. Furthermore, emerging research indicates that immune changes in the cervix post-menopause may increase older women's risk of becoming HIV-infected (Pilowsky & Wu, 2015). In relation to men who have sex with men (MSM), Siegal et al. (2004) found that 59% of gay or bisexual HIV-positive older men reported engaging in unprotected sex since their diagnoses and 36% had performed unsafe sex within a year of their diagnoses. Therefore, the findings of these studies indicate increased prevalence of sexual behavior, but not increased condom use, among older adults, placing them at risk of contracting HIV. In 2010, among older females who contracted HIV/AIDS, 82% did so through heterosexual contact. In older males, 60% became infected through male-to-male contact, and 23% contracted the virus through heterosexual sex (Pilowsky & Wu, 2015).

Finally, research indicates that some sociodemographic factors confer protection against sexual risk behavior. According to Amin (2016), married older adults are significantly less likely to engage in sexual risk behaviors, and individuals with high levels of education use condoms at significantly higher rates than their less educated counterparts. Finally, heterosexual older adults self-reported higher rates of unprotected sex 12 times that of their LGB peers, suggesting that sexual minority older adults may have better access to safe sex education than their heterosexual counterparts (Amin, 2016).

Loneliness and Sexual Risk Behavior

Loneliness is defined as the negative emotional state that exists between actual and desired relationships (Greene et al., 2018). Research indicates a strong link between loneliness and sexual risk behavior among individuals who have HIV/AIDS or at risk of HIV/AIDS. Lonely individuals who are motivated to reduce their negative feelings, but who lack adaptive

coping and social skills or access to social support, may be more likely to engage in sexual risk behaviors and use drugs and alcohol as a method of self-treatment (Hubach et al., 2012; Torres and Gore-Felton, 2007).

Though few studies of older HIV-positive adults exist, a plethora of studies of other HIV-positive groups or populations at risk of contracting HIV/AIDS have indicated a strong relationship between loneliness and sexual risk behavior. For example, Parsons et al. (2003), found among MSM that those who reported unprotected receptive anal sex were most likely to report feelings of loneliness compared to men who engaged in no unprotected anal sex and men who engaged in insertive anal sex. Similarly, Su et al. (2018) found that, among Chinese MSM, those who reported feeling lonely were more likely to have had condom-less receptive anal intercourse in the past six months than those who did not report feeling lonely.

Hubach et al. (2015) found that, among rural-dwelling American HIV-positive MSM, loneliness was negatively associated with condom usage with one's last partner, and a one-unit increase in the UCLA-loneliness scale was met with a 10% decrease in condom usage odds. Furthermore, among heterosexual Mexican migrant workers who had recently arrived in New York City, higher levels of loneliness have been significantly associated with frequency of sexual risk behavior. Some research examining the link between loneliness and sexual risk behaviors, particularly among MSM and migrant workers, indicates a relationship between these two variables.

Among all people with HIV and AIDS, according to a meta-analysis, the results of studies are mixed, with no consistent relationship found between loneliness and sexual risk behaviors (Crepaz et al., 2001). However, one of the few studies conducted on older adults has shown a relationship between loneliness and high-risk sexual behaviors among older Hispanic

MSM. Participants in this study who had engaged in unprotected anal sex reported greater feelings of loneliness and a lack of social support compared to participants who had engaged in protected sex (Valdes et al., 2019).

Loneliness and Chemsex

A growing body of literature indicates an increase in the number of MSM having sex while under the influence of illicit drugs, also known as chemsex. This behavior increases their risk of acquiring HIV/AIDS (Pollard et al., 2017), as they are unable to engage in self-regulatory behaviors, i.e. practicing safer sex, when under the influence of drugs (Ibañez et al., 2005). Research indicates that the rates of chemsex are increased due to the exposure to minority stress, more specifically: harassment and microaggressions (Swim, Johnston, & Pearson 2009), internalized homophobia or ageism (Emlet et al., 2018; Herek, 2007; Pollard et al., 2017), forced concealment of identity or status (Emlet et al., 2018; Pollard et al., 2017) and disrupted identity-formation (Perez-Brumer et al. 2015). Additionally, minority stress exists within syndemic dynamics, in which disease outcomes and the social conditions that contribute to their proliferation sustain each other. Older adults who are further stigmatized than their younger MSM counterparts will likely experience some aspects of stress to a greater degree, hence may use self-isolation as a maladaptive coping skill (Pollard et al., 2017), leading to negative health outcomes including chemsex (Emlet et al., 2011; Herrick et al., 2014; Pollard et al., 2017).

Recent research (Bohn et al., 2020) using a German young MSM group, focused specifically on the association between mental health measures and chemsex. They found significant differences, higher in the chemsex group, for the mean scores of somatization, anxiety and depression, as well as lifetime number of traumatic events experienced.

Though most chemsex-focused research has sampled younger MSM, Evans' (2019) qualitative study reports that the use of substances during sex is growing in older populations. Among the sample of aging gay men she interviewed, the idea that they were no longer going to feel "young enough," along with other minority stress experiences, caused them to completely isolate themselves from others and experience anxiety, and increase loneliness. The aging men in her study reported that chemsex was a way to slip into another world in which they no longer associated life with "unbearable" stress and stigma. Additionally, Evans (2019) reports that the substances frequently used in chemsex, including GHB/GBL, mephedrone and crystal methamphetamine, created empathy and a false sense of intimacy when engaging in sex. Accordingly, the feeling of caring for and being cared for during sex is appealing, particularly in older, isolated MSM with or at risk of HIV/AIDS (Evans, 2019).

Rationale for Study

Based on the current research, loneliness is significantly related to HIV-risk behaviors among a myriad of groups, though, very little research has been conducted using older adults. A reduction in loneliness, as measured by the UCLA loneliness scale, has been shown to decrease sexual risk behavior in other groups (Hart et al., 2016). If loneliness does predict sexual risk behavior in older adults with HIV/AIDS, then interventions to reduce loneliness will have a strong public health rationale.

Therefore, based on the published research, this using secondary data analysis, this paper will examine the following questions: (1) How lonely are older adults with HIV/AIDS? (2) Does loneliness predict sexual risk behaviors and chemsex? To answer these questions, the current paper will use data from the research on older adults with HIV (ROAH) dataset, designed to

capture the experiences of a representative sample of 914 HIV-positive older adults living in New York City.

Theoretical Frameworks

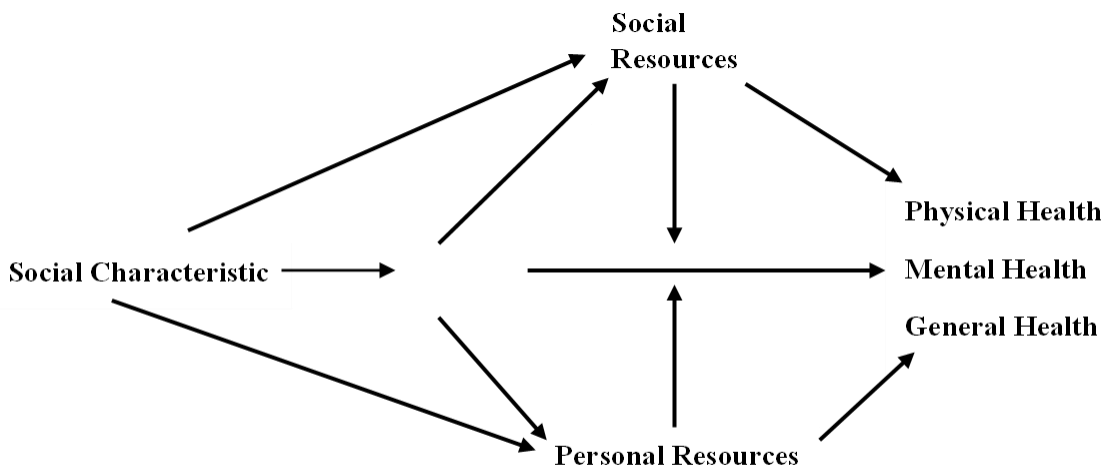
The Stress Process Model (SPM)

This paper will follow the Stress Process Model (SPM) developed by Pearlin et al. (1981), which other researchers have applied to older adults with HIV/AIDS (Emlet et al., 2013). The stress process comprises multiple levels of support and stress at the community, family and individual levels, focusing on predicting health outcomes. The model posits that social characteristics—race, socioeconomic status, familial wealth, etc.—lead to primary stressors, chronic problems and life events, e.g., structural racism or homophobia. Primary stressors thus lead to secondary stressors, e.g., loneliness or chronic unemployment or poor access to healthcare. The outcome of these secondary stressors adversely affects an individual’s wellbeing, physical health or mental health outcomes, for example, HIV/AIDS, illicit substance use and depression (Figure 3.1). These outcomes are also experienced within the framework of those primary and secondary stressors that led to the outcomes.

Yet in this model, moderating conditions are defined as coping, social support (loneliness reduction), and mastery. For example, based on the SPM, an individual who is older, gay, black, and from a lower socioeconomic position might have experienced structural racism, homophobia, lack of access to resources, loss of friends, and chronic strains of living throughout life. If not feeling lonely or feeling unsupported, this individual might not engage in unsafe sex. However, if experiencing loneliness or lacking a good level of coping, this individual might engage in unsafe sex and become HIV-infected or spread HIV to others.

Specifically, the mechanism by which loneliness can predict sexual risk arises through the stress buffering hypothesis that a reduction in negative states (including loneliness) and social support positively affect outcome behaviors by buffering individuals from the deleterious effects of stress (Gellert et al., 2018; Miller et al., 1997; Stockdale et al., 2007). Regarding sexual risk behavior, if individuals experiencing high-stress events perceive that they are close to others, they may internalize those stresses less and be less likely to engage in risk sex as a mechanism to reduce those stresses (Valdes et al., 2019). They may also feel less need to be ‘close’ to others in maladaptive ways (Evans, 2019). Therefore, Pearlin et al.’s (1981) Stress Process Model can be applied to this paper. Specifically, it can underpin a study examining whether, among a group of older HIV/AIDS positive individuals, the stresses associated with loneliness lead to unsafe sex.

Figure 3.1 Diagram Illustrating the Stress Process Theory



(Source, adapted from: Turner, 2009)

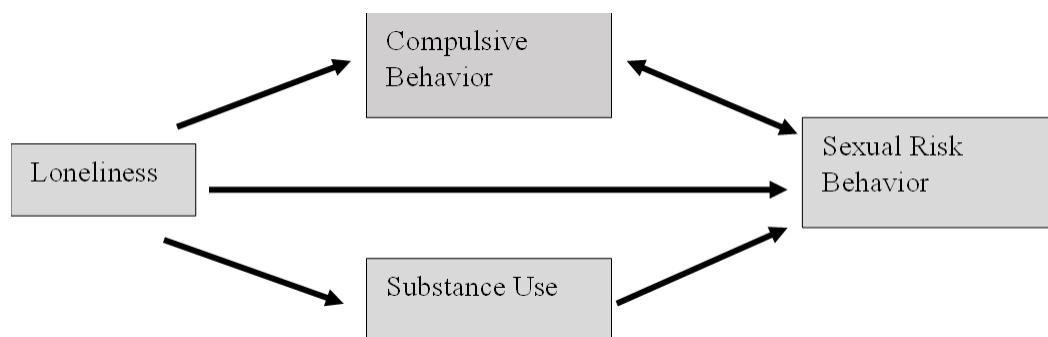
The Loneliness and Sexual Risk Model (LSRM)

The Loneliness and Sexual Risk Model (LSRM) developed by Torres & Gore-Felton (2007) is based on Hull’s Drive Reduction Theory (1943), which states that individuals deprived

from meeting a specific need will become anxious, distressed or uncomfortable, and such discomfort governs their behaviors. Therefore, LSRM correlates loneliness with sexual risk behavior, which is mediated by the influence of compulsive behavior and substance use (Torres & Gore-Felton, 2007; Torres, 2005).

Research indicates that anxiety reduction mechanisms motivate compulsive sexual behavior more than desires (Coleman, 1992). Therefore, those who engage in compulsive sexual behavior may do so to attain relief from their anxiety, which frequently results from feelings of loneliness (Hayden, 2013; Pollard et al., 2017; Torres & Gore-Felton, 2007; Torres, 2005). The reduction in feelings of anxiety and loneliness is effective in the short term, so sex is reinforced as a coping strategy for loneliness and anxiety reduction. This reinforcement increases the likelihood of creation of a cycle of behavior in which an individual will engage in risky sex, bolstered by substance abuse, repeatedly (Pollard et al., 2017; Hayden, 2013). LSRM, therefore, suggests that loneliness will predict sexual compulsivity and associated substance use (Figure 3.2) (Torres & Gore-Felton, 2007).

Figure 3.2, Diagram Illustrating the Loneliness and Sexual Risk Model (LSRM)



(Source, adapted from: Torres and Gore-Felton, 2007)

Hypothesis

Based on the theories and the prior literature, this analysis will test the following hypotheses:

Hypothesis 1: Increased loneliness (on the UCLA Scale) would predict sexual risk behavior (no condom use during sex in the last 90 days-Y/N)

Hypothesis 2: Increased loneliness (on the UCLA Scale) would predict chemsex (substance use during sex in the last 90 days-Y/N)

Methods

Recruitment and Consent

In 2005, the AIDS Community Research Initiative of America (ACRIA) conducted the research on older adults with HIV (ROAH) study (Karpiak et al., 2006), recruiting participants through New York City AIDS services organizations (ASOs), clinics, and the agency's client database using flyers, presentations by ACRIA staff, mail, and email contacts. Data were gleaned from 1,000 persons. Removal of unusable and duplicate surveys resulted in a final dataset of 914 participants aged at least 50, HIV-positive, not institutionalized, New York City-based, and fluent enough in English to complete the survey. ROAH utilized a self-administered pen-and-paper survey that took approximately one hour to complete. Surveys were completed at ACRIA or at community recruitment sites. Participants were compensated \$25 each. ROAH's Research Advisory Committee and an independent Institutional Review Board approved all procedures.

Measures

Predictor Variable

Loneliness

Participants completed the Version 3 UCLA Loneliness Scale (Russell, 1996). This 20-item scale captures aspects of loneliness and feelings of isolation. Items are scripted on a Likert-

type scale (1 – Never to 4 – Always, Range 20–80). This measure has demonstrated high internal consistency (α 's 0.89–0.94: for ROAH, $\alpha = 0.90$) in a variety of samples (Russell, 1996). Higher values correspond to greater loneliness.

Dependent Variables

Sexual Risk Behavior

Participants reported whether they had sex with a partner in the last three months (1 – yes, 0 – no), reporting the number of times they had engaged in unprotected sex “#of times without a condom,” the type of sex act (anal sex, vaginal sex, oral sex, mutual masturbation using sex toys), the genders of their partners, and whether ejaculation was involved. For the current study, based on the current CDC guidelines (2018), only the following sexual acts were considered “risky”: vaginal sex without a condom (as a receptive or insertive partner) and anal sex without a condom (as a receptive or insertive partner). Therefore, for this study, risky sex (anal or vaginal sex without a condom) was coded as (1 – yes, 0 – no).

Drug-Use with Sex

Participants reported whether they had sex while using methamphetamine, cocaine, crack-cocaine, heroin, Ecstasy/MDMA, GHB, ketamine, LSD, and/or marijuana in the last 90 days (1 – yes, 0 – no). For the purposes of this study, any illicit drug use during sex will be coded as (1 – yes, 0 – no).

Sociodemographic Variables

The following sociodemographic variables were collected in the ROAH study and used in the current study's data analysis: age, gender, race/ethnicity, sexual identity, living situation, education, employment, AIDS diagnosis. Using guidelines from the U.S. census (2019), age was dichotomized into a younger group (50-64) and an older group (older than 65). Age was chosen

as a variable, as other research indicates that “younger old” adults (50-60) are lonelier than their older counterparts (over 61) (Mazonson et al., 2020). Additionally, young older adults have been found to engage in sexual activity at a higher rate than old older adults (Freak-Poli et al., 2017).

Also, given the very small sample of individuals who identified as trans-masculine or trans-feminine (10 in total), for analysis beyond demographics sex was dichotomized into female (= 1) and male (= 0). Gender was included in the analysis, as cross-national research indicates that older women report significantly higher levels of loneliness than their male counterparts (Hansen & Slagsvod, 2015). Moreover, research indicates that older men are much more likely to engage in sexual behaviors than their female counterparts (Freak-Poli et al., 2017).

Furthermore, race-ethnicity was transformed for analysis beyond descriptive demographics into a series of dummy variables that captured whether the respondent was White (new variable White = 1) or Hispanic/Latino (new variable Hispanic/Latino = 1), with Black/African American as the uncoded comparison category (= 0). Race/ethnicity was included in the model, as research indicates that black older adults with HIV/AIDS are less lonely than their white counterparts (Han et al., 2017). Conversely, other research indicates that minority individuals with HIV/AIDS are more likely to experience stressors, including loneliness (Lichtenstein et al., 2004). Moreover, research indicates that minority older HIV-positive men are more likely to engage in unprotected sex than their white counterparts (Siegal et al., 2004).

In addition, sexual orientation was dichotomized into gay, lesbian and bisexual (= 1) and heterosexual (= 0). Furthermore, living situation was dichotomized into living alone (= 0) and living with others (= 1). Research indicates that older LGB adults are significantly more likely than their heterosexual peers to espouse feelings of loneliness. A recent study shows that up to 60% of LGB older adults feel lonely or socially isolated (Perone et al., 2020). Research also

demonstrates that older gay and bisexual men are more likely to engage in sexual risk behavior than their heterosexual counterparts (Hillman, 2017). Conversely, further research, using other samples, suggests that older gay and bisexual men are less likely to engage in sexual risk behavior, as a function of 1980 and 1990 safe-sex messaging (Amin, 2016)

Furthermore, longitudinal research indicates that lower levels of education are associated with loneliness in older adults (Shankar et al., 2013). Therefore, education was dichotomized into less formal education (< high school and high-school diploma = 0) and more education (some college and beyond = 1). Finally, based on research that shows an association between prolonged absences from meaningful work and loneliness among older adults (Hansson et al., 1990), the employment variable was dichotomized into working (volunteering, homemaker and employed = 1) and not working (retired, unemployed and disabled = 0).

Analysis

Descriptive and bivariate analyses included means (M) and standard errors (SE) for continuous variables and proportions (%) and frequencies (n) for dichotomous and categorical variables. Correlations were run between the outcome variables and predictor variables. As all variables other than the predictor variable (continuous) were dichotomous, a point-biserial correlation was carried out (Pallant, 2016). As all dependent and sociodemographic variables, within this analysis, were dichotomous and the UCLA scale was continuous, two binary logistic regressions were performed, to determine whether loneliness predicted two categorical outcome measures: risky sex within the past three months and any substance use with sex in the past three months (Pallant, 2016). All analysis was carried out using SPSS.

Power Analysis

Using G*Power (version 3.1.9.7) an a priori power analysis was carried out using a power (1- β error probability)=0.8, and α =0.5, a minimum of N=721 was required. Given that the current

sample size is N=914 sufficient power is assumed. A post-hoc power analysis was also carried out and indicated that the power in this study was $(1-\beta \text{ error probability})=0.88$.

Results

Demographics and Outcome Variables

Demographics

Table 3.1 reports the socio-demographic characteristics and outcome variables for the 914 HIV-positive older adults who completed the survey; 640 were male, 264 were female, and 10 were transgender. Median age was 54 (Range 50_78; IQR 52_58). Nearly half of all participants (n=455, 49.8%) were black, 299 (32.7%) were Latino/a, 116 (12.7%) were white, and 36 (3.9%) reported being mixed-race or “other.” Most of the sample (63.1%) reported being heterosexual (n=577), 22.5% were gay or lesbian (n=206), bisexuals accounted for 8.1% (n=74), and 57 identified themselves as “other” or refused to answer the question. Most of the sample, 69%, lived alone (n=631), while 14.7% lived with a partner (n=134), 8.8% lived with relatives (n=80), 3.6% lived with friends, and 3.9% had “other living situations” or refused to answer the question.

The sample was, on the whole, well educated. Only 21.3% had not completed high school (n=195); 29.5% had graduated college or attained a GED (n=270); 48.4% had some college or were college grads (443); 6 (0.7%) did not answer the question. Most, 53.4%, were receiving disability (n=488); 19.5% were unemployed (n=178); 8.3% were working (n=76); 6.8% were retired (n=62); 3.3% were volunteering (n=30); 2.1% were homemakers (n=19); 6.6% responded “other” (n=61). Over half (50.7%) were diagnosed with AIDS at the time of diagnosis (n=463); 48.1% were diagnosed with HIV (n=440); 1.2% (n=11) did not answer the question. These individuals were excluded.

Outcome Variables

Most of the sample (83.5%, n=763) reported no unsafe sex, anal or vaginal, within the last three months, while 151 (16.5%) reported that they had engaged in unprotected sex with the last three months. Most (n=654, 71.6%) of the sample reported that they had not used drugs with sex within the past three months, 204 (22.3%) of the sample reported that they had engaged in chemsex within the past three months, and 6.1% (n=56) did not answer the question.

Loneliness

The average loneliness (UCLA) scale score was 43.9 (SD=10.56, Range: 21-73), indicating that this sample had experienced a high level of loneliness. A recent study examining loneliness among older adults aged 50-94 found UCLA score ranges from 20 to 73, with a mean score within their study sample of 37.22 (Sung *et al.*, 2016).

Table 3.1 Sample Characteristics of Older Adults Living with HIV/AIDS (N=914).

	N	Percentage (%)
Sex		
Male	640	70.0
Female	264	28.9
Transgender female	7	0.8
Transgender male	3	0.3
Age		
50-64	845	92.5
65-79	64	7.0
Race and ethnicity		
White	116	12.7
African American/Black	455	49.8
Latino/a	299	32.7
Other	36	3.9
Missing	8	0.9
Sexual Identity		
Heterosexual	577	63.1
Bisexual	74	8.1
Lesbian or gay	206	22.5
Other or missing	57	6.2
Living situation		
Alone	631	69.0
Partner	134	14.7
Relatives	80	8.8
Friends	33	3.6

Other or missing	36	3.9
Education		
<High school	195	21.3
High school graduate	270	29.5
Some college	248	27.1
College graduate	195	21.3
Missing	6	0.7
Employment		
Working	76	8.3
Retired	62	6.8
Unemployed	178	20.5
Homemaker	19	2.1
Disabled	488	53.4
Volunteer	30	3.3
Other or Missing	61	6.6
AIDS diagnosis		
Yes	463	50.7
No	440	48.1
Missing	11	1.2
Unsafe sex < three months		
Yes	151	16.5
No	763	83.5
Chemsex < three months		
Yes	204	22.3
No	654	71.6
Missing	56	6.1
Drug use < three months, type		
Marijuana	205	22.4
Crack	139	15.2
Cocaine	133	14.6
Heroin	64	7.0
Methamphetamine	21	2.3
LSD	8	0.9
Ecstasy/MDMA	7	0.8
GHB	6	0.7
Ketamine	6	0.7

Correlations

Table 3.2 displays the results relating to the associations between sexual risk behavior (three months), chemsex (three months), loneliness, and demographic, health and social factors. Regarding unprotected sex, being female was negatively correlated with engaging in unprotected sex ($r=-.102$; $p<.01$), as was being Latino ($r=-.077$; $p<.05$) and being an older adult ($r=-.085$;

$p < 0.01$). Conversely, being white ($r = .088$; $p < .01$) and being lesbian, gay or bisexual ($r = .141$; $p < .01$) was positively correlated with unprotected sex. Loneliness, as measured by the UCLA loneliness scale, was not correlated with unprotected sex.

Chemsex was negatively correlated with being female ($r = -.167$; $p < .01$) and being older ($r = -.087$; $p < .05$). Loneliness, however, was not correlated with chemsex in the past three months. Loneliness was negatively correlated with being female ($r = -.123$; $p < .01$), working ($r = -.077$; $p < .05$) and living with others ($r = -.098$; $p < .01$). Loneliness, however, was positively correlated with being Latino ($r = .073$; $p < .05$).

Table 3.2 A correlation matrix of independent variables among older adults living with HIV/AIDS (N=914)

	Female	Latino	White	Older	LGB	Working	More Education	Lives with Others	AIDS Diagnosis	Unprotected Sex	Chemsex	Loneliness
Female, 1=yes	1	.011	-.149**	-.054	-.234**	.118**	-.146**	.188**	-.085*	-.102**	-.167**	-.123**
Latino, 1=yes		1	-.284**	-.089**	-.005	-.013	-.114**	.032	.008	-.077*	.048	.073*
White, 1=yes			1	.142**	.352**	.054	.236**	-.071*	.134**	.088**	-.019	.062
Older, 1=yes				1	.093**	-.070*	.001	-.073*	-.025	-.085**	-.087*	-.040
LGB, 1=yes					1	.088*	.306**	-.137**	.114**	.141**	.053	.019
Working, 1=yes						1	.059	.019	-.026	.051	-.042	-.077*
More education, 1=yes							1	-.078*	.155**	.055	.047	.007
Lives with others, 1=yes								1	-.010	.025	.018	-.098**
AIDS diagnosis, 1=yes									1	.003	-.015	.029
Unprotected Sex, 1=yes										1	.262**	-.003
Chemsex, 1=yes											1	.066
Loneliness												1

Pearson r (two-tailed): *p<0.5; **p<0.001.

Hypothesis 1: Increased loneliness (on the UCLA Scale) would predict sexual risk behavior (no condom use during sex in the last 90 days-Y/N). A binary logistic regression was conducted to examine the relationship between loneliness and sexual risk behavior, after controlling for socioeconomic status and demographics. The findings of the overall model were significant [$\chi^2(8) = 34.22, p < .001, \text{Nagelkerke } R^2 = .074$], suggesting that 7.4% of the variance in sexual risk behavior can be explained by the predictor variables. Age was a significant predictor (Wald = 5.38, $p = .021$), indicating that older participants had lower odds of sex without a condom when compared to their younger counterparts. Sex was a significant predictor (Wald = 3.91, $p = .048$) indicating that females had lower odds of engaging in sexual risk behavior. Sexual orientation was a significant predictor (Wald = 9.20, $p = .002$), suggesting that LGB participants had higher odds of unprotected sex in comparison to heterosexual respondents. Loneliness was not a significant predictor, indicating that loneliness levels did not predict the sexual risk behavior within this older group living with HIV/AIDS. Therefore, we cannot accept the alternative hypothesis and fail to reject the null hypothesis. Table 3.3 presents these findings.

Table 3.3: Logistic Regression Loneliness Predicting Sexual Risk Behavior While Controlling For Demographics

Variable	<i>B</i>	<i>SE</i>	Wald	<i>p</i>	<i>OR</i>
Gender (reference: Male)					
Female	-0.49	0.25	3.91	.048*	.613
Ethnicity (reference: Black or White)					
Latino or Hispanic	-0.43	0.23	3.45	.063	.650
Race (reference: Black or Latino)					
White	0.22	0.30	0.55	.458	1.25
Age (reference: 50-64 years)					
65-80 years	-1.72	0.74	5.34	.021*	0.18
Sexual orientation (reference: Heterosexual)					
LGB	0.70	0.23	9.20	.002**	2.02
Living situation (reference: living alone)					
Lives with others	0.41	0.22	3.52	.061	1.51
Diagnosed with AIDS (reference: HIV)					
AIDS	-0.11	0.20	0.29	.592	0.90
Employment (reference: Not working)					
Working	0.14	0.27	0.25	.614	1.15
Education (reference: Less formal education (HS or less))					
More formal education (some college)	-0.06	0.21	0.09	.767	0.94
<i>Loneliness</i>	0.00	0.01	0.00	.960	1.00

Note. $\chi^2(8) = 34.32, p < .001$, Nagelkerke $R^2 = 0.074, p < .001 = ***$, $p < .01 = **$, $p < .05 = *$

Hypothesis 2: Increased loneliness (on the UCLA Scale) would predict chemsex (substance

use during sex in the last 90 days-Y/N). A binary logistic regression was conducted to determine the relationship between loneliness and drug-use (methamphetamines, cocaine, crack-cocaine, heroin, ecstasy/MDMA, GHB, ketamine, LSD and/or marijuana) with sex, after controlling for socioeconomic status and demographics. The findings of the binary logistic regression model overall were significant [$\chi^2(8) = 36.53, p < .001$, Nagelkerke $R^2 = .077$]. The findings suggest that 7.7% of the variance in drug-use with sex can be explained by the predictors. Gender was a significant predictor in the model (Wald = 16.42, $p < .001$), suggesting

that female participants tended to have lower odds of chemsex in comparison to male respondents. Age was a significant predictor in the model (Wald = 4.76, $p = .029$), suggesting that younger participants tended to have higher odds of drug-use with sex in comparison to their older counterparts. Loneliness was not a significant predictor in the model, indicating that loneliness does not predict a higher likelihood of drug use during sex. Therefore, we cannot accept the alternative hypothesis and fail to reject the null hypothesis. Table 4 presents the findings of the binary logistic regression.

Table 3.4, Logistic Regression Loneliness Predicting Drug Use with Sex While Controlling For Demographics

Variable	<i>B</i>	<i>SE</i>	Wald	<i>p</i>	<i>OR</i>
Gender (reference: Male)					
Female	-1.00	0.25	16.42	<.001***	0.37
Ethnicity (reference: Black or White)					
Latino or Hispanic	0.12	0.20	0.35	.557	1.13
Race (reference: Black or Latino)					
White	-0.25	0.32	0.60	.439	0.78
Age (reference: 50-64 years)					
65-80 years	-1.63	0.75	4.76	.029*	0.20
Sexual orientation (reference: Heterosexual)					
LGB	0.31	0.22	1.97	.160	1.37
Living situation (reference: living alone)					
Lives with others	0.39	0.21	3.40	.065	1.47
Diagnosed with AIDS (reference: HIV)					
AIDS	-0.12	0.19	0.40	.527	0.89
Employment (reference: Not working)					
Working	-0.29	0.28	1.04	.309	0.75
Education (reference: Less formal education (HS or less)					
More formal education (some college)	0.13	0.20	0.41	.520	1.14
Loneliness	0.01	0.01	0.44	.508	1.01

Note. $\chi^2(8) = 32.29$, $p < .001$, Nagelkerke $R^2 = 0.068$, $p < .001 = ***$, $p < .01 = **$, $p < .05 = *$

Discussion and Conclusion

Previous literature indicated an association between loneliness and sexual risk behavior, both condom-less sex and chemsex (Hayden, 2013; Parsons et al., 2003; Pollard et al., 2017; Su et al., 2018; Torres and Gore-Felton, 2007; Torres, 2005). In contrast, the present study suggests that loneliness does not predict unprotected sex or chemsex among older adults living with HIV/AIDS. These results contradicted the primary hypothesis and indicated that the Stress Process Theory (Pearlin et al., 1981) and the LRSM (Torres & Gore-Felton, 2007) cannot adequately predict sexual risk behavior among older adults. This accords with the current published literature, as these models have been previously used to theorize behavior of younger HIV-positive individuals. Therefore, investments in public health and social work programs that reduce loneliness may have little impact on sexual risk behavior in older adults with HIV/AIDS.

However, the findings support that several demographic variables were predictors of sexual risk behaviors. Males in the sample had higher odds of engaging in both chemsex and in unprotected sex. Therefore, interventions that focused on reducing sexual risk behavior among older males might have positive outcomes, though this might be a function of older women engaging in less sexual activity (Lindau et al., 2007). According to research, utilizing a sample of 6,037 older adults, older men espoused a less fixed notions about partners and more positive attitudes about casual sex than older women. Additionally, erectile dysfunction drugs have become widely available for men in both European and US markets (Skałacka & Gerymski 2019), whereas there has been scant availability of drugs geared towards improving sexual pleasure for older women (Lindau and GavriloVA, 2010). Additionally, research indicates that condoms are less likely to be viewed as a necessity, by both older men and women (Skałacka & Gerymski 2019).

Moreover, the results of this study indicate that the younger age group (50-64) were more likely to engage in sexual risk behavior—both unprotected sex and chemsex. However, these results might also be a function of that group having more sex than their older counterparts (65-80) (Freak-Poli et al., 2017). Research indicates that as older adults further age, co-morbidities such as joint diseases, diabetes etc., make it increasingly difficult for them to engage in sex (Lindau and Gavrilova, 2010; Skalačka & Gerymski 2019).

Finally, members of the LGB community had greater odds of engaging in unprotected sex, contrary to results based on HIV-negative older adults that indicate that they are more likely to engage in protected sex than heterosexuals (Amin, 2016). However, other research indicates that older gay and bisexual men are more likely to engage in sexual risk behavior than their heterosexual counterparts, due to a lack of age competent services (Hillman, 2017). Therefore, a further examination of these contradictory results should be conducted.

This sample shows that HIV-positive older adults are lonelier than the average HIV-negative older adult (Groves et al., 2010; Liu et al., 2016; Sung et al., 2016).

Implications for Research, Policy and Practice

While loneliness did not predict sexual risk behavior in this sample, interventions that reduce loneliness in this group remain valuable. Loneliness in HIV-positive older adults has been shown to increase depression and anxiety (Fang et al., 2015; Emler et al., 2015; Heckman et al., 2003; Kalichman et al., 2000; Prachakul et al., 2007; Rooney et al., 2019), increase suicidal ideation (Kalichman et al., 2000), and reduce quality of life (Groves et al., 2010). Therefore, policies and practices designed to reduce loneliness in the studied population could have a plethora of positive outcomes.

Policy initiatives are vital to promoting healthy sexuality among HIV-positive elders and older adults as a whole. We should encourage the Centers for Disease Control (CDC) to collect information about sexual health in older adult cohorts, including HIV-diagnosed adults, aged 50-64, 65-74, 75-84, and 85 and older, oversampling those identifying as transgender, who are underrepresented in the literature (Hillman, 2017). The NIH should increase funds for older adult sexual health research and evidence-based health prevention programs for older adults at risk or living with HIV/AIDS.

Regarding direct service provisions, all intake forms and intake interviews for older adults should include questions on sexual risk behaviors, regardless of gender, sexuality, race and age. Service providers should ensure that their environment encourages older adults to talk about sex or engage in safer sex, in part by posting information posters and pamphlets in waiting rooms or offices. For example, the 'Age is Not a Condom' initiative provides posters and pamphlets that features a diverse population of older adults, and research based on this initiative indicates efficacy in reducing sexual risk behavior (Karpiak & Luniewicz, 2017). Moreover, service providers should be trained to provide condoms to older adults in a stigma free way, regardless of HIV-status or perceived risk.

Finally, the Council on Social Work Education (CSWE) should encourage all MSW schools to provide gerontological training for new social workers, with some focus on sexual behavior in older adults. Among those working with older adults, stigma reduction training should be implemented, in relation to older adults with HIV/AIDS, particularly among those who are further marginalized due to their identities. As the findings indicate that those who are members of the LGB community are less likely to use condoms, and previous research indicates that this is, in part, due to lack of competent services (Hillman, 2017).

Limitations and Strengths

This paper has several strengths, including the use of larger datasets and the heterogeneous nature of the sample, in terms of demographics. It has also examined a largely unresearched area within this population. However, it has several limitations. Individuals who were sampled were already linked to HIV-service organizations, so this sample cannot be deemed representative; and it is possible that those not linked to services would have higher rates of loneliness and a greater predisposition to risk behaviors. Furthermore, the data collected on chemsex not only included drugs that are typically used in chemsex, such as gamma-hydroxybutyrate (GHB)/gamma-butyrolactone (GBL), mephedrone and crystal methamphetamine or 'crystal meth,' (Bohn, 2020), but also other drugs. Therefore, the chemsex variable in this study cannot be compared to other studies. Also, all of the variables, including risk behaviors, were self-reported, which raises the possibility of social desirability bias.

Chapter 3: The Relationship between Loneliness and Substance Use and Negative Health Outcomes Among Older Adults with HIV/AIDS

Introduction

In 2018, an estimated 51% (540,490) of Americans living with diagnosed HIV were aged 50 and older (CDC, 2020). The high rates of HIV within older groups indicate a higher prevalence—i.e., aging into HIV—as well as a higher incidence rate of those who recently contracted HIV/AIDS. In 2018, people aged 50 or older represented 28.2% of the new diagnoses, indicating an increase in older adults' diagnoses compared to the 1980s-1990s (CDC, 2018). Despite this increase in incidence and prevalence among older adults, very little literature has examined the drug-use behaviors of older adults living with HIV/AIDS.

Loneliness is common among all older adults; up to 40% of older adults reported feeling lonely (Liu et al., 2016; Sung et al., 2016). This rate increases as older adults get older; those over 75 reported the highest rates of loneliness (Liu et al., 2016; Sung et al., 2016). However, this rate is even higher among older adults with HIV/AIDS, particularly long-term survivors, and is often intertwined with stigma (Groves et al., 2010; Mazonson et al., 2020).

Literature based on younger HIV/AIDS positive populations has indicated an association between risky drug-use behavior and loneliness (Åkerlind & Hörnquist, 1992; Harris et al., 2020; Hawkey & Cacioppo, 2010; Jylhä, 1994; McWhirter, 1990; Rokach, 2002; Valdes et al., 2019; Wang et al., 2019). For example, Harris et al. (2020), using 836 people, from the *Positive Brain Health Now* study, found that increased loneliness predicted opioid use ($p < 0.05$) among adults aged 35 and older living with HIV/AIDS (Harris et al., 2020). Polenick et al. (2019), describe the

mechanisms that link substance use (including excessive drinking, smoking and illegal drugs use) to loneliness, their findings suggest that loneliness precedes substance use to diminish negative emotions “self-treating.” Moreover, individuals who are lonely have limited psychosocial resources to cope with stress using drug-free strategies. Therefore, they rely on mal-adaptive coping behaviors. Additionally, loneliness generates stress that contributes to substance use.

However, scant literature explores the association between loneliness and drug-use behavior among older adults living with HIV/AIDS, specifically whether loneliness predicts drug-use behaviors. From a public health perspective, focusing on the predictors of drug use within older adults is imperative, given the high disease burden in this group (CDC, 2018). For drug use not only spreads HIV/AIDS but also reduces the likelihood of individuals engaging in effective care. Moreover, in 2018, 9% of older men and 14% of older women who became infected with HIV/AIDS, did so through drug use (CDC, 2020). This paper aims to fill the current gap in relation to using the Research on Older Adults with HIV (ROAH) study dataset. Specifically, this study purports to determine whether loneliness predicts drug use in the last 90 days (marijuana, crack, cocaine, heroin, methamphetamine, LSD, MDMA, GHB and Ketamine) among older adults with HIV/AIDS.

This paper also aims to discern whether loneliness predicts CD4 count among older adults with HIV/AIDS. In addition to loneliness and negative mental states, older adults with HIV/AIDS also frequently suffer from illness related to the virus, leading to a high level of illness burden, impairments and lower CD4 counts (Cruz, 2013; Greene et al., 2015; High et al., 2006). The ROAH study found that 9 out of 10 subjects interviewed had some kind of serious

illness in addition to HIV/AIDS, and 77% had more than two additional illnesses (Karpiak, Shippy, & Cantor, 2006).

Additionally, longer-term HIV survivors, especially those treated with HAART, have additional health concerns associated with protease-inhibitor-based HAART regimens, such as heart disease, increases in total cholesterol, low-density lipoprotein (LDL), triglycerides, and diabetes mellitus (Greene et al., 2014; Kohli et al., 2006). Several studies have found that older individuals with HIV/AIDS who experience more symptoms are more likely to suffer from feelings of hopelessness and loneliness and to experience suicidal ideation (Greene et al., 2018; Fang et al., 2015; Kalichman et al., 2000; Shippy & Karpiak, 2003). However, this relationship appears bidirectional. Studies show that negative mental health states, including loneliness, increase negative health outcomes and mortality (Groves et al., 2010; Shippy & Karpiak, 2003; Sung et al., 2016).

Moreover, these results appear inconsistent. A recent meta-analysis examining the link between loneliness and mortality found that the results of more than 58% of studies showed that loneliness has no relationship to mortality and its attributing health issues (Rico-Urbe et al., 2018). A few studies have examined the specific link between loneliness and CD4 count. However, while the association between higher levels of loneliness and lower CD4 counts have been found among younger groups of men in older studies (Dixon et al., 2006; Harris et al., 2020; Miller et al., 1994; Straits-Tröster et al., 1994), recent studies using older adults have indicated inconsistent outcomes (Rendina et al., 2019; Yoo-Jeong et al., 2020).

The mechanisms that link loneliness and a reduction in health have been shown to be linked with mental health. Research indicates that loneliness contributes to depressive symptoms, and depressive symptoms in older adults living with HIV/AIDS reduces health-related quality of

life (HRQoL) and increases functional impairment (Greene et al., 2018). Moreover, stigma in older adults living with HIV/AIDS reduces CD4, by reducing adherence to medications, particularly among racial/ethnic minority groups and LGBTQ groups. For example, Turan et al., (2016) found that the association between internalized stigma and self-reported suboptimal ART adherence (reducing CD4 count) was significant for those in racial/ethnic minority groups. In the same sample, a reduction in loneliness mediated the association between internalized stigma and suboptimal adherence in the whole sample.

Studies examining predictors of lower CD4 counts among older adults are important from a public health and social work perspective. A recent study indicates that a low CD4 count is the best predictor of risk of death within an HIV-infected individual (Brennan et al., 2013). This study also signifies an association between a low CD4 count and a high viral load, indicating that those with low CD4 counts may be more likely to pass on HIV to others (Brennan et al., 2013).

Drug-use Risk Behaviors in Older Adults

According to Maes & Louis (2003), the percentage of older adults engaging in injection drug use has increased in recent years. This is not only because younger injection-drug users (IDUs) are aging into older groups, but also because older “new initiates” are on the rise, leading to an increased risk of contracting HIV and/or passing it onto others. In their 1999 examination of IDUs in Baltimore, Carneiro et al. (1999) found that 7.3% had begun to use injection drugs after age 40. Racial disparities in older adult drug use were also apparent; black and Latino individuals were more likely to begin injecting drugs. Siegal et al. (2004) found that, among older African-American men who had contracted HIV, 33% of gay or bisexual men and 20% of heterosexuals continued to inject drugs, whereas only 19% of white older HIV-positive men continued to do so.

Nevertheless, Carneiro et al. (1999) report that older adults are less likely to engage in “risky” injection drug use than their younger counterparts, as older “new initiates” were significantly less likely to inject daily and more likely to use a needle from a sterile wrapper and inject with their own works. However, 63.4% of this older adult sample reported using previously used needles, and 71.2% reported using shared works. Injection drug use is a key driver of the HIV epidemic among older adults, as in 2018, 9% of older men and 14% of older women who became infected with HIV/AIDS, did so through drug use (CDC, 2020).

Moreover, studies of drug and alcohol users have consistently shown that individuals with substance use disorders are more likely to engage in high-risk sexual behaviors than nondrug users (Aivadyan et al., 2021). In addition to substance use increasing sexual risk behaviors, use of illicit substances can increase negative health outcomes for individuals with HIV/AIDS. A plethora of studies have indicated that use of illicit substances decreases the likelihood of medication adherence, hence viral suppression (Arnsten et al., 2002; Chitsaz et al., 2013; Metsch et al., 2016; Palepu et al., 2003; Youn et al., 2019; Walkup et al., 2008). Furthermore, severe substance use has been found to be negatively associated with having a consistent care provider, thus increasing the risks of experiencing other preventable or treatable comorbid conditions (Chitsaz et al., 2013).

Loneliness in Older Adults with HIV/AIDS

Some research has described the negative feelings and moods, including social isolation, hopelessness and depressive symptoms, older adults with HIV/AIDS face (Greene et al., 2018; Fang et al., 2015; Kalichman et al., 2000; Shippy & Karpiak, 2003). Yet the distinct concept of loneliness, defined as the distress that exists between actual and desired relationships, has been rarely studied within this group (Greene et al., 2018). Loneliness is separate from the concept of

aloneness, hopelessness or living alone and is more frequently associated with negative health outcomes than lack of social or physical support (Greene et al., 2017; Perissinotto et al., 2012). Research indicates that, typically older adults experience less loneliness than their younger counterparts, as older adults typically cultivate relationships with their closest contacts only (socioemotional selectivity theory), leading to fewer higher quality relationships, and less loneliness (Shoestul et al., 2020). However, those with HIV/AIDS may have lost their closest contacts (Greene et al., 2018). Moreover, there are inadequate social resources for older adults living with HIV/AIDS (Greene et al., 2018). Furthermore, research indicates that stigma predicts loneliness in older adults living with HIV/AIDS. As being diagnosed with HIV/AIDS over 50 or graying with HIV/AIDS may create multiple layers of stigma, including prejudices related to stereotypes relating to aging in general, biases around sexual orientation and beliefs around marginalized and sexual behaviors any or all of which may adversely impact individuals' social wellbeing (Groves et al., 2010; Yoo-Jeong et al., 2019). Race compounds these already multi-layered stigmas, as research indicates that Black older adults are more likely to espouse feelings of loneliness due to: segregated communities and gentrification; kinlessness and worse overall health (Taylor and Nguyen, 2020). Additionally, older Black adults living with HIV/AIDS are more likely to experience stigma relating to "how HIV was acquired" (Groves et al., 2010). Johnson Shen et al., (2019), based on their research around stigma and loneliness found that groups that experienced an intersection of stigma experienced more social isolation. Their results indicate that gay and bisexual men experienced most stigma associated with status and age; heterosexual males experienced stigma due to the intersection between HIV status and perceived stigma of sexual orientation or drug use; and Spanish speaking men experienced stigma and

social isolation based on HIV status and culture/ethnicity. Women, in their research, experienced no intersecting stigma.

Among older people living with HIV and AIDS, relatively few studies have focused on the separate concept of loneliness, using the UCLA loneliness scale. The ROAH study and the subsequent publications (Groves et al., 2010; Karpiak et al., 2006) have shown high levels of loneliness among older adults with HIV/AIDS, and these adults have a significant interaction with depression and feelings of social isolation. Moreover, Greene et al. (2017) found that, among 356 older adults living with HIV/AIDS, loneliness, as measured by the UCLA loneliness scale, was high within the sample: 58% reported symptoms of loneliness. Additionally, within the sample loneliness was associated with functional impairment, indicating a reduction in proficiency in activities of everyday living. Greene et al.'s (2017) study also showed an association between loneliness and poor health-related quality of life (HRQoL), as well as an increased rate of alcohol and tobacco use, depression and fewer social relationships.

Loneliness and Health Outcomes

The impact of loneliness on health outcomes has been well documented among older adults (Cornwell et al., 2009; Cornwell et al., 2008; Greysen et al., 2013; Tilvis et al., 2011). However, numerous studies have attributed greater overall risk of mortality and geriatric morbidity, such as falls and functional decline, to loneliness, particularly in individuals with chronic conditions (Barnes et al., 2004; Faulkner et al., 2003; Greysen et al., 2013; House et al., 1988; Stringhini et al., 2018; Tilvis et al., 2012). A recent study found that older adults who reported any level of loneliness were more likely to depression, excessive alcohol use, and smoking. Moreover, lonely older adults were more likely to experience a functional impairment and report poor health-related quality of life (Greene et al., 2018). Additionally, a recent

biomedical study indicated that lowered social support was associated with systemic and CNS inflammation among adults with HIV. The results indicated that the inflammation occurred despite viral suppression on ART. Furthermore, in their study, it was found that poorer social support and inflammation in HIV are linked to adverse outcomes including cardiovascular disease, neurocognitive impairment, and death (Ellis et al., 2021).

Yet few studies have examined whether loneliness is particularly detrimental for older adults who are HIV/AIDS positive. Greysen et al. (2013), found that HIV-positive older veterans, when compared to HIV-negative older veterans (total sample size 1,836), had higher rates of self-reported social isolation. Moreover, the veterans who had reported the higher rates of social isolation had higher rates of comorbidities and hospitalization, but in the veteran sample social isolation and HIV status were not significantly associated with alcohol abuse or depression (Greysen et al., 2013). This finding is not consistent across the literature, however. In addition to physical illnesses, high rates of loneliness in older adults with HIV/AIDS were significantly associated with clinical depression among other samples.

Using the same sample as this current paper, Grov et al. (2010), found that high levels of self-reported loneliness, as measured by the UCLA scale, explained 42% of the variance in clinical depression within the sample. Moreover, Nguyen et al. (2018) found no relationship between loneliness and self-reported health outcomes among 176 HIV-positive older adults. Regarding CD4 count, Rendina et al. (2019) found among a sample of 120 older adults with HIV/AIDS that loneliness was not associated with a lower CD4 count, but CD4 count was significantly associated with HIV stigma. Additionally, Yoo-Jeong et al., (2019), found a significant relationship between loneliness and CD4 count among older adults, but this

relationship was rendered insignificant after HIV stigma was added to the model. CD4 count was significantly associated with HIV stigma, and loneliness was associated with HIV stigma.

Therefore, the present research relating to the relationship between loneliness and health outcomes among older adults with HIV/AIDS has mixed outcomes, and no consistent relationship has been found. However, among other groups of HIV-positive adults, the association between CD4 count and loneliness has been well documented. For example, Straits-Tröster et al (1994), found that, among a sample of 88 HIV-positive men, those deemed “high lonely” had fewer CD4 cells than those deemed “low lonely,” regardless of the length of disease. In a mixed method study, Walburn et al. (2012), found that, among 77 patients, a lower CD4 count was found in those who attended clinic appointments less frequently. Those who attended the clinic less frequently reported that loneliness was a factor in their missing follow-up appointments, as lack of external support meant they did not feel compelled to attend.

Loneliness and Drug Use

In terms of illicit drug use, among the general population loneliness has been linked to alcohol and substance use, including the use of cocaine and analgesics (Åkerlind & Hörnquist, 1992; Hawley & Cacioppo, 2010; Jylhä, 1994; McWhirter, 1990; Rokach, 2002). Among adults living with HIV/AIDS, research indicates that IDUs report being lonelier than their non-IDU counterparts (Ibanez et al., 2005). Older HIV/AIDS positive adults are more vulnerable to the consequences of intoxication and substance misuse due to their HIV status (Dowling, Weiss, & Condon, 2008; Karpiak, Shippy, & Cantor, 2006; Vance, 2010). However, few studies have examined the link between loneliness and substance use, in older adults.

Mannes et al.’s (2016) study of a sample of 96 HIV-positive African-American men and women over 50 found that lonely women were far more likely to use illicit drugs and drink,

while no relationship between substance use and loneliness existed among men (Mannes et al., 2016). Mannes et al. (2019) also compared substance use by birth cohort across a 934 HIV-positive person sample. The older cohort, those over 50, reported a much higher prevalence of current crack use relative to the younger groups and revealed a significantly higher prevalence of injection-drug use relative to the youngest group. Loneliness, stress and anxiety prevailed most among the HIV-positive older adults, while depression prevailed more in the younger age group. Among HIV-positive adults of all ages, including older adults, Togari et al. (2016) found that low levels of social support were associated with the use of alkyl nitrates, new psychoactive substances, and higher new usage rates. Additionally, other negative mental health states, including depression, are strongly associated with illicit substance use. Perdue et al. (2003) studied 1,228 IDUs in Seattle and found that high depression scores were significantly related to the use of a syringe previously used by another IDU.

Moreover, a plethora of research has indicated a positive association of loneliness with depression (Mizuno et al., 2016). Mizuno et al. (2016) used a sample of HIV-positive IDUs (1052) to determine whether negative psychosocial factors co-occurred, including depression, social isolation and loneliness, and whether they were additively associated with risk behaviors and HIV continuum of care outcomes. Experiencing one type of psychosocial problem was significantly associated with another type of problem. For example, depression was associated with loneliness. Persons with three or more psychosocial problems were far more likely to report risk behaviors, including injection risk behaviors, and less likely to effectively maintain HIV medication regimens. Persons with four or more problems were less likely to achieve an undetectable viral load, thus more likely to spread HIV/AIDS to sexual partners. Therefore, the

current body of research indicates a relationship among unsafe substance use, negative health outcomes and loneliness among people living with HIV/AIDS and those at risk of HIV/AIDS.

Aims

Based on the current research, loneliness is significantly related to drug-use behaviors among a myriad of groups, but very little research has been conducted using older adults. Moreover, the research examining whether loneliness is a predictor of CD4 count is scant. Therefore, based on the published research, this using secondary data analysis, this paper will examine the following questions: (1) How lonely are older adults with HIV/AIDS? (2) Does loneliness predict detrimental health outcomes and substance use? To answer these questions, this paper will use data from the research on older adults with HIV (ROAH) dataset, which was designed to capture the experiences of a representative sample of 914 HIV-positive older adults living in New York City.

Theoretical Framework

The Stress Process Model (SPM)

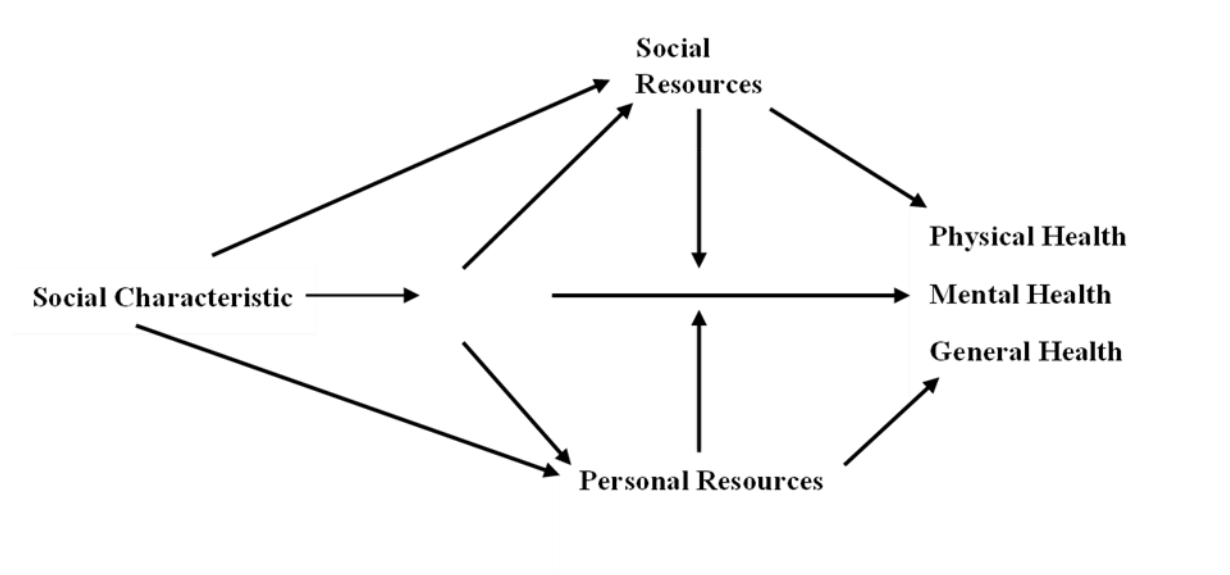
This paper will follow the Stress Process Model (SPM) of Pearlin et al. (1981), which other researchers have applied to older adults with HIV/AIDS (Emlet et al., 2013). The stress process comprises multiple levels of support and stress at the community, family and individual levels, focusing on predicting health outcomes. The model posits that social characteristics—race, socioeconomic status, familial wealth, etc.—lead to primary stressors, chronic problems and life events, for example, structural racism or homophobia. Primary stressors lead to secondary stressors, e.g., chronic unemployment or poor access to healthcare. The outcomes of these secondary stressors adversely affect an individual's wellbeing through such physical health or mental health outcomes as HIV/AIDS, illicit substance use, and depression (Figure

4.1). These outcomes are also experienced within the framework of the primary and secondary stressors that led to them.

However, in this model, moderating conditions are identified as coping, social support and mastery. For example, based on the SPM, an individual who is older, gay, black and from a lower socioeconomic position might have experienced structural racism, homophobia, lack of access to resources, loss of friends, chronic strains of living, etc., throughout life. Adequate social support may deter the individual's drug use and preserve a good CD4 count in the individual. However, loneliness or lack of a good level of coping may motivate this individual to engage in drug use and lower the individual's CD4 count.

Specifically, the mechanism by which loneliness can predict CD4 count and substance use arises through a stress-buffering hypothesis: that a reduction in negative states (including loneliness) and social support positively affects individual's health by buffering them from the deleterious effects of stress (Gellert et al., 2018; Miller et al., 1997; Stockdale et al., 2007). Chronic stress relating to loneliness has been shown to harm the immune system; some studies indicate lower natural killer cells among lonely populations (Miller et al., 1997). Regarding substance use, if individuals experiencing high-stress events perceive that they are close to others, they may internalize those stresses less and be less likely to engage in substance abuse as a mechanism to reduce those stresses (Birtel et al., 2017). Thus Pearlin et al.'s (1981) Stress Process Model can be applied to this paper. Explicitly, it can underpin a study that examines whether stresses associated with loneliness in a group of older HIV/AIDS-positive individuals leads to negative health outcomes and substance use.

Figure 4.1. Diagram Illustrating the Stress Process Theory



(Source, adapted from: Turner, 2009)

Hypothesis

Based on the theory and the prior literature, this analysis will test the following hypotheses: Hypothesis 1: Increased loneliness (on the UCLA Scale) would predict illicit drug use (drug use in the last 90 days-Y/N).

Hypothesis 2: Increased loneliness (on the UCLA Scale) would predict a reduction in CD4 count (current CD4 count-less than 200; 201-350; 351-500 or over 500).

Methods

Recruitment and Consent

In 2005, the AIDS Community Research Initiative of America (ACRIA) conducted the “Research on Older Adults with HIV” (ROAH) study (Karpiak et al., 2006). ACRIA recruited participants through NYC AIDS Services Organizations (ASOs), clinics, and the agency’s client database using flyers, presentations by ACRIA staff, mail, and email contacts. Data were collected from 1,000 persons. Removal of unusable and duplicate surveys resulted in a final

dataset of 914 participants. Participants were at least aged 50, HIV-positive, not institutionalized, NYC-based, and sufficiently fluent in English to complete the survey. ROAH utilized a self-administered pen-and-paper survey that took approximately one hour to complete. Surveys were completed at ACRIA or community recruitment sites. Participants were each compensated \$25. ROAH's Research Advisory Committee and an independent Institutional Review Board approved all procedures.

Measures

Predictor Variable

Loneliness

Participants completed the Version 3 UCLA Loneliness Scale (Russell, 1996). This 20-item scale captures aspects of loneliness and feelings of isolation. Items are scripted on a Likert-type scale (1 – Never to 4 – Always, Range 20–80). This measure has demonstrated high internal consistency (α 's 0.89–0.94: For ROAH, $\alpha = 0.90$) in a variety of samples (Russell, 1996). Higher values correspond to greater loneliness.

Dependent Variables

Self-Reported Health Measures

Participants self-reported their most recent CD-4 counts. Based on World Health Organization (WHO) HIV staging guidelines (WHO, 2007), these categories were created:

1. Less than 200 CD-4 count “severe” immunodeficiency
2. 201 to 350 “advanced” immunodeficiency
3. 351 to 500 “mild” immunodeficiency
4. CD4 counts of over 500 “none or insignificant” HIV-associated immunodeficiency

Drug Use

Participants reported whether they had used methamphetamine, cocaine, crack-cocaine, heroin, ecstasy/MDMA, GHB, ketamine, LSD, and marijuana in the last 90 days (1 – yes, 0 – no). For the purposes of this study, any illicit drug use will be coded as (1 – yes, 0 – no).

Sociodemographic Variables

The following sociodemographic variables were collected in the ROAH study and, based on the literature review, used in the data analysis of the current study: gender, age, race/ethnicity, sexual identity, AIDS diagnosis, employment, living situation, education. Using guidelines from the U.S. census (2019), age was dichotomized into a younger group (50-64) and an older group (older than 65). Age was chosen as a variable, as other research indicates that “younger old” adults (50-60 years old) have been found to be lonelier and more likely to use substances than their older counterparts (those over 61) (Mazonson et al., 2020). However, “older old” adults are more likely to experience co-morbidities and reductions in their CD4 counts (Emlet et al., 2018).

Additionally, given the very small sample of individuals who identified themselves as trans-masculine or trans-feminine (10 in total), for analysis beyond demographics sex was dichotomized into female (= 1) and male (= 0). Gender was included in the analysis, as research indicates that older women with HIV/AIDS are significantly more likely to engage in substance use than men with HIV/AIDS when experiencing loneliness (Mannes et al., 2015). Moreover, older women are more likely in better health than older men (Dunlop et al., 2002). However, research indicates that older women are more likely to have other health issues if they experience loneliness, compared to men (Boehlen et al., 2017).

Race-ethnicity was transformed for analysis beyond descriptive demographics into a series of dummy variables that captured whether the respondent was White (new variable White = 1) or Hispanic/Latino (new variable Hispanic/Latino = 1), with Black/African American as the

uncoded comparison category (= 0). Race/ethnicity was included in the model, as research indicates that black older adults with HIV/AIDS are less lonely than their white counterparts (Han et al., 2017). Conversely, other research indicates that minority individuals with HIV/AIDS are more likely to experience stressors, including loneliness, consequently are more likely to experience health issues and engage in substance use (Lichtenstein et al., 2004).

Sexual orientation was dichotomized into gay, lesbian and bisexual (= 1) and heterosexual (= 0). Living situation was dichotomized into living alone (= 0) and living with others (= 1). Sexual orientation was in the analysis, as research indicates that older LGB adults are five times less likely to receive healthcare than their heterosexual counterparts and are significantly more likely to experience a higher disease burden (Erdley et al., 2014). Moreover, older LGB adults have experienced discrimination and ill treatment, even when compared to their younger counterparts, as they lived a large portion of their lives before recent advancements in tolerance. Therefore, they are more likely to experience negative outcomes relating to a high stress burden, including substance use and weakened immune systems (Yarns et al., 2016).

Additionally, longitudinal research indicates that lower levels of education are associated with loneliness in older adults (Shankar et al., 2013). Therefore, education was dichotomized into less formal education (< high school and high school diploma = 0) and more education (some college and beyond = 1). Finally, based on research that indicates an association between prolonged absences from meaningful work and loneliness among older adults (Hansson et al., 1990), the employment variable was dichotomized into working (volunteering, homemaker and employed = 1) and not working (retired, unemployed and disabled = 0).

Analysis

Descriptive and bivariate analyses included means (M) and standard errors (SE) for continuous variables and proportions (%) and frequencies (n) for dichotomous and categorical variables. Correlations were run between the outcome variables and predictor variables. As CD4 count was an ordinal-level variable, a Spearman correlation was carried out (Pallant, 2016). Two regressions were carried out. For hypothesis 1: Increased loneliness (on the UCLA Scale) would predict illicit drug use (drug use in the last 90 days-Y/N), as the dependent (substance use: yes/no) and sociodemographic variables were dichotomous, and the UCLA scale is continuous a binary logistic regression was performed. For hypothesis 2: Increased loneliness (on the UCLA Scale) would predict a reduction in CD4 count (current CD4 count-less than 200; 201-350; 351-500 or over 500), as CD4 count was ordinal and the predictor variable was continuous an ordinal logistic regression was performed (Pallant, 2016). All analysis was carried out using SPSS.

Power Analysis

Using G*Power (version 3.1.9.7) an a priori power analysis was carried out using a power (1- β error probability)=0.8, and α =0.5, a minimum of N=721 was required. Given that the current sample size is N=914 sufficient power is assumed. A post-hoc power analysis was also carried out and indicated that the power in this study was (1- β error probability)=0.88.

Results

Demographics and Outcome Variables

Demographics

Table 4.1 reports the socio-demographic characteristics and outcome variables. Of the 914 HIV-positive older adults who completed the survey, 640 were male, 264 were female, and 10 were transgender. Median age was 54 (Range 50_78; IQR 52_58). Nearly half of all participants (n=455, 49.8%) were black, 299 (32.7%) were Latino/a, 12.7% were white (116),

and 36 (3.9%) reported being mixed-race or “other.” Most of the sample (63.1%) reported being heterosexual (n=577), 22.5% were gay or lesbian (n=206), bisexuals accounted for 8.1% of the sample (n=74), and 57 identified themselves as “other” or refused to answer the question. The majority of the sample, 69%, lived alone (n=631), while 14.7% lived with a partner (n=134), 8.8% lived with relatives (n=80), 3.6% lived with friends, and 3.9% had “other living situations” or refused to answer the question.

The sample was, on the whole, well educated. Only 21.3% of respondents had not completed high school (n=195), 29.5% had graduated college or attained a GED (n=270), 48.4% had some college or were college grads (443), and the remaining 6 (0.7%) did not answer the question. The majority, 53.4%, were receiving disability (n=488), 19.5% were unemployed (n=178), 8.3% were working (n=76), 6.8% were retired (n=62), 3.3% were volunteering (n=30), 2.1% were homemakers (n=19), and 6.6% responded “other” (n=61). Over half of the respondents (50.7%) were diagnosed with AIDS at the time of diagnosis (n=463), 48.1% of respondents were diagnosed with HIV (n=440), and 1.2% (n=11) did not answer the question.

Outcome Variables

Most respondents 59.7% (n=546) had not used illegal drugs in the past three months, 34.4% had done so in the past three months, and 5.9% skipped the question (n=54). Marijuana was the most frequently used drug (22.4%, n=205), followed by crack (15.2%, n=139), cocaine (14.6%, n=133), heroin (7%, n=64), methamphetamine (2.3%, n=21), LSD (0.9%, n=8), Ecstasy/MDMA (0.8%, n=7), GHB (0.7%, n=6) and ketamine (0.7%, n=6). Of respondents who reported a CD4 count, 10.9% did not respond to the question (n=100), 14.8% reported a CD4 count of less than 200 (n=135), 167 reported a CD4 count of 201 to 350 (18.3%), 209 reported a CD4 count of 351 to 500 (22.9%), and 33.2% reported a CD4 count of higher than 500 (n=303).

Loneliness

The average Loneliness (UCLA) scale score was 43.9 (SD-10.56, Range: 21-73) indicating that this sample indicated a high level of loneliness. A recent study examining loneliness among older adults aged 50-94 found UCLA score ranges from 20 to 73, with a mean score within their study sample of 37.22 (Sung et al., 2016).

Table 4.1. Sample Characteristics of Older Adults Living with HIV/AIDS (N=914).

	N	Percentage (%)
Sex		
Male	640	70.0
Female	264	28.9
Transgender female	7	0.8
Transgender male	3	0.3
Age		
50-64	845	92.5
65-79	64	7.0
Race and ethnicity		
White	116	12.7
African American/Black	455	49.8
Latino/a	299	32.7
Other	36	3.9
Missing	8	0.9
Sexual Identity		
Heterosexual	577	63.1
Bisexual	74	8.1
Lesbian or gay	206	22.5
Other or missing	57	6.2
Living situation		
Alone	631	69.0
Partner	134	14.7
Relatives	80	8.8
Friends	33	3.6
Other or missing	36	3.9
Education		
<High school	195	21.3
High school graduate	270	29.5
Some college	248	27.1
College graduate	195	21.3
Missing	6	0.7
Employment		
Working	76	8.3
Retired	62	6.8
Unemployed	178	20.5
Homemaker	19	2.1
Disabled	488	53.4
Volunteer	30	3.3
Other or Missing	61	6.6
AIDS diagnosis		
Yes	463	50.7
No	440	48.1
Missing	11	1.2
Illegal drug use < three months		

Yes	314	34.4
No	546	59.7
Missing	54	5.9
Drug use < three months, type		
Marijuana	205	22.4
Crack	139	15.2
Cocaine	133	14.6
Heroin	64	7.0
Methamphetamine	21	2.3
LSD	8	0.9
Ecstasy/MDMA	7	0.8
GHB	6	0.7
Ketamine	6	0.7
CD4 Count		
Less than 200	135	14.8
201 to 350	167	18.3
351 to 500	209	22.9
More than 500	303	33.2
Missing	100	10.9

Correlations

Table 4.2 displays the results relating to the associations between sexual risk behavior (three months), chemsex (three months), loneliness and demographic, health and social factors. In terms of drug use, being female was negatively correlated with engaging in drug use ($r=-.125$; $p<.01$), as was being an older adult ($r=-.067$; $p<0.05$). Conversely, loneliness, as measured by the UCLA loneliness scale, was positively correlated with drug use, indicating a significant correlation between being lonely and taking drugs within the past three months ($r=.091$; $p<.01$).

Health, as measured by CD4 count, was negatively correlated with being female ($r=-.124$; $p<.01$). Unsurprisingly, CD4 count was positively correlated with AIDS diagnosis ($r=.316$; $p<.01$). Loneliness, however, was not correlated with self-reported CD4 count but was negatively correlated with being female ($r=-.123$; $p<.01$), working ($r=-.077$; $p<.05$) and living with others ($r=-.098$; $p<.01$). Loneliness, however, was positively correlated with being Latino ($r=.073$; $p<.05$).

Table 4.2. A correlation matrix of independent variables among older adults living with HIV/AIDS (N=914)

	Female	Latino	White	Older	LGB	Working	More Education	Lives with Others	AIDS Diagnosis	Drug Use	CD4 Count	Loneliness
Female, 1=yes	1	.011	-.149**	-.054	-.234**	.118**	-.146**	.188**	-.085*	-.125**	-.124**	-.123**
Latino, 1=yes		1	-.284**	-.089**	-.005	-.013	-.114**	.032	.008	.025	.057	.073*
White, 1=yes			1	.142**	.352**	.054	.236**	-.071*	.134**	.016	-.015	.062
Older, 1=yes				1	.093**	-.070*	.001	-.073*	-.025	-.067*	.006	-.040
LGB, 1=yes					1	.088*	.306**	-.137**	.114**	.047	-.011	.019
Working, 1=yes						1	.059	.019	-.026	-.031	-.051	-.077*
More education, 1=yes							1	-.078*	.155**	.052	.051	.007
Lives with others, 1=yes								1	-.010	.000	-.030	-.098**
AIDS diagnosis, 1=yes									1	-.0	.316**	.029
Drug Use, 1=yes										1	.056	.091**
CD4 Count											1	.042
Loneliness												1

Pearson r (two-tailed): *p<0.5; **p<0.001.

Hypothesis 1: Loneliness Predicts Illicit Drug Use

A binary logistic regression was conducted to examine the relationship between loneliness and illicit drug use, after controlling for socioeconomic status and demographics. The findings were significant [$\chi^2(8) = 25.09, p = .005, \text{Nagelkerke } R^2 = .048$]. The results show that 4.8% of the variance in illicit drug use can be explained by the predictor and sociodemographic variables included in this model. Gender was a significant predictor (Wald = 8.27, $p = .007$), suggesting that females have lower odds of illicit drug use than males. Age was a significant predictor (Wald = 5.09, $p = .024$), suggesting that older participants had lower odds of illicit drug use than younger ones. Despite the correlation between substance use and loneliness, loneliness was not a significant predictor of drug use. Table 4.3 presents these findings.

Table 4.3
Binary Logistic Regression Loneliness Predicting Illicit Drug Use After Controlling For Socioeconomic Status and Demographics

Variable	B	SE	Wald	p	OR
Gender (reference: Male)					
Female	-0.55	0.19	8.27	.004	0.58
Ethnicity (reference: Black or White)					
Latino or Hispanic	-0.05	0.18	0.09	.768	0.95
Race (reference: Black or Latino)					
White	0.01	0.27	0.02	.967	1.01
Age (reference: 50-64 years)					
65-80 years	-1.06	0.47	5.09	.024	0.35
Sexual orientation (reference: Heterosexual)					
LGB	0.15	0.20	0.60	.438	1.16
Living situation (reference: living alone)					
Lives with Others	0.18	0.18	0.93	.336	1.19
Diagnosed with AIDS (reference: HIV)					
AIDS	-0.21	0.16	1.56	.212	0.82
Employment (reference: Not working)					
Working	-0.22	0.23	0.87	.351	0.81
Education (reference: Less formal education (HS or less))					
More formal education (some college)	0.18	0.17	1.06	.303	1.20
Loneliness	0.01	0.01	2.44	.118	1.01

Note. $\chi^2(8) = 25.09, p = .005, \text{Nagelkerke } R^2 = 0.048$

Hypothesis 2: Loneliness Predicts Negative Health Outcomes

An ordinal logistic regression was conducted to examine the relationship between loneliness and negative health outcomes, after controlling for socioeconomic status and demographics. The findings of the ordinal logistic regression were collectively significant [$\chi^2(8) = 100.13, p = .000, \text{Nagelkerke } R^2 = .146$]. The findings suggest that 14.6% of the variance in negative health outcomes can be explained by the predictors. Gender was a significant predictor in the model (Wald = 16.70, $p < .001$), indicating that females tended to have a lower risk of negative health outcomes in comparison to males. Ever having been diagnosed with AIDS was a significant predictor of negative health outcomes, indicating that once an older adult has been diagnosed with AIDS, it is difficult for their CD4 count to rebound to a healthier level (Wald=69.97, $p < .001$). Loneliness was not a significant predictor of CD4 count. Table 4.4 presents the findings of the ordinal logistic regression.

Table 4.4

Ordinal Logistic Regression Loneliness Predicting Negative Health Outcomes After Controlling For Socioeconomic Status and Demographics

Variable	<i>Estimate</i>	<i>SE</i>	Wald	<i>p</i>
Gender (reference: Male)				
Female	-0.69	0.17	16.70	<.001
Ethnicity (reference: Black or White)				
Latino or Hispanic	0.15	0.16	0.86	.355
Race (reference: Black or Latino)				
White	-0.29	0.24	1.50	.221
Age (reference: 50-64 years)				
65-80 years	0.48	0.34	2.01	.156
Sexual orientation (reference: Heterosexual)				
LGB	-0.28	0.18	2.51	.113
Living situation (reference: living alone)				
Lives with Others	0.08	0.16	0.25	.616
Diagnosed with AIDS (reference: HIV)				
AIDS	1.26	0.15	67.0	<.000
Employment (reference: Not working)				

Variable	<i>Estimate</i>	<i>SE</i>	Wald	<i>p</i>
Working	-0.11	0.20	0.30	.583
Education (reference: Less formal education (HS or less))				
More formal education (some college)	0.11	0.15	0.51	.476
Loneliness	0.00	0.01	0.06	.815

Note. $\chi^2(8) = 100.13, p < .001$, Nagelkerke $R^2 = 0.146$

Discussion and Conclusion

Although previous literature has indicated an association between loneliness and general health outcomes among older adults (Cornwell et al., 2009; Greene et al., 2018; Greysen et al., 2013; Grov et al., 2010; Tilvis et al., 2011), research linking loneliness to CD4 count is scant. The present study indicates that loneliness does not predict CD4 among older adults living with HIV/AIDS, thus contradicting the primary hypothesis.

Published research indicates that loneliness predicts drug use among some populations (Ibanez et al., 2005, Mannes et al., 2016; Mannes et al., 2019; Perdue et al., 2003), including older adult ones. However, the present study shows that, despite the correlation between drug use and loneliness, based on the binary logistic regression loneliness did not predict drug use. The results show that the Stress Process Theory (Pearlin et al., 1981) cannot adequately predict drug-use behavior or CD4 count among older adults with HIV/AIDS, with loneliness as a stressor.

However, the study indicated that several demographic variables predicted illicit drug-use behavior. For example, males were more likely to engage in drug-use behavior than females. This contradicts a study by Mannes et al. (2016) that indicated that older African-American HIV-positive females were more likely to use drugs than their male counterparts. While Mannes et al.'s (2016) smaller, more homogenous sample may have led to these contrary results, further studies should be conducted. However, interventions that focus on gender-specific stressors within populations of older adults with HIV/AIDS may reduce drug use (Mannes et al., 2016).

Additionally, the younger group (50-64) had greater odds of using illicit drugs than their older counterparts (65-80). This was expected, per previous literature (Mannes et al., 2019).

The study found two predictor variables of CD4 count: gender, and whether a participant had ever been diagnosed with AIDS. Regarding gender, females have higher odds of a higher CD4 count, indicating that they were in better health, immunologically speaking, than the males in this study. This finding may demonstrate that older HIV-positive females might have better access to, or may feel more comfortable accessing, healthcare. Previous research, based on a nationally representative sample, has indicated that 95% of older women regularly interact with primary care physicians, regardless of race. Conversely, 10% of Latino and 11% of African American older men reported never seeing a primary care physician, compared to 5% of white men and 5% of all woman (Dunlop et al., 2002).

An AIDS-diagnosed respondent had much higher odds of having a current low CD4 count, indicating that individual diagnosed with AIDS has trouble returning to health, immunologically speaking. The WHO (2007) has indicated that early diagnosis and treatment is imperative to maintain a high CD4 count, particularly as is it a strong predictor of overall health and even death (Brennan et al., 2013). Older adults are especially likely to be diagnosed after HIV has become AIDS, given their low testing rates. For example. Ford et al. (2015) found that, among a sample of 143,247 adults aged 50-64, less than 5% had recently been tested for HIV. This figure decreased with age; for example, over the previous 12 months 5.29% of 50-year-olds and 1.37% of 64-year-olds had been tested. This lack of testing means older adults are often not diagnosed until they have progressed into AIDS. This leads to treatment difficulties, a lower long-term CD4 count, and an increase in comorbid conditions (Ford et al., 2015).

Therefore, while this study did not indicate that loneliness predicts negative health outcomes and drug use, it did find other predictors of drug use and low CD4 counts, thus providing avenues for further study.

Implications for Research, Policy and Practice

Hypothesis 1: Loneliness Predicts Substance Use. Social work research should explore gender-specific stressors of older adults with HIV/AIDS. Based on this research, interventions reducing substance use in older men with HIV/AIDS should be investigated. Moreover, from a practice perspective, practitioners should engage older men with HIV/AIDS in discussion around substance use and assess whether further support is needed. Moreover, interventions that focus on gender-specific stressors within populations of older adults with HIV/AIDS may reduce drug use (Mannes et al., 2016). Additionally, the younger group (50-64) had greater odds of using illicit drugs than their older counterparts (65-80). Further, research should focus on the incidences and predictors of drug use within this older group, specifically. Drug use in populations aged 50-65 has been fairly well researched, as samples of older adults, per this study, generally skew toward the ‘younger’ older adults (Mannes et al., 2019).

Hypothesis 2: Loneliness Predicts Health Outcomes. From a policy practice perspective, interventions encouraging older adults to get tested for HIV/AIDS should be funded, researched and developed and should target service providers to promote testing. Service providers should increase their comfort levels with discussing HIV testing with older adults. These interventions could allow older adults to be diagnosed with HIV, not AIDS, leading them to better health and quality-of-life outcomes and possibly increasing life expectancy. In terms of gender, more research should be conducted to elucidate barriers to healthcare for older men with HIV/AIDS, particularly men of color, and possibly ensue interventions. Additionally, practitioners should

engage more actively with their male patients to ensure they are actively attending clinic appointments. Arguably, this could increase health outcomes and reduce mortality in this group.

Strengths and Limitations

The study has several strengths, notably the large, heterogenous sample, which is also somewhat representative of those living and aging with HIV and AIDS. Moreover, the study used CD4 counts as health outcomes, which have not been used in conjunction with loneliness in an older adult population.

The study had limitations as well. The younger groups were oversampled, and the trans respondents were undersampled, leading to them being removed from the data analysis, and little is known about older trans HIV-positive individuals. Additionally, CD4 count was self-reported, possibly leading to inaccurate answers. Moreover, 230 participants did not report their CD4 count; social desirability bias may have led them not to answer, or they might have not known if they were now connected to healthcare. Further information on why the question was not answered was not explored. Moreover, depression was not used in this study's analysis, as this research had previously been conducted by Grov et al. (2010) using this sample, however, the mechanisms that link loneliness to health outcomes might also be explained by depressive symptoms (Ellis et al., 2021; Greene et al. 2018). Additionally, it is unclear as to whether the relationship between health and loneliness is bidirectional, as studies indicate that poorer health lead people to self-isolate leading higher loneliness (Taylor and Nguyen, 2020).

Chapter 4: Conclusion

This mixed-method dissertation investigated how older adults living with HIV/AIDS age positively, and determined whether loneliness predicted sexual risk behaviors, drug use and CD4 count. The qualitative paper, Paper 1, indicated that the older men with HIV/AIDS most frequently described social interactions and social support as the ways in which they aged well. They also indicated that engaging in positive interactions helped them reinvent themselves and achieve survivor status. Based on the findings from Paper 1 that indicated the importance of social support and social interaction in aging well, Papers 2 and 3 examined whether higher rates of loneliness determined higher rates of risk behaviors and worse health outcomes. The three papers were combined to determine whether strategies used by individuals to age well (High et al., 2012) could also have a public health rationale, specifically for reducing risk behaviors.

Results from Paper 2 indicate that loneliness does not predict sex without a condom or chemsex among older adults with HIV/AIDS, so the null hypotheses could not be rejected. However, the results indicate that the gender and age variable predicted condom-less sex. Specifically, males were more likely to engage in unprotected sex and chemsex, in accordance with previous literature (Lindau et al., 2007). Moreover, the results from this paper indicate that young older adults are more likely to engage in unprotected sex and chemsex. As with gender, this was in agreement with the literature (Freak-Poli et al., 2017). Additionally, those in the LGB population had greater odds of engaging in unprotected sex than their heterosexual counterparts, a finding in accord with some previous research (Hillman, 2017) but not in agreement with all literature (Amin, 2016).

Results from Paper 3 suggest that loneliness does not predict illicit drug use or CD4 count, so the null hypothesis could not be rejected. However, gender and age group were key

predictors of substance use. Specifically, men had greater odds of illicit drug use than females, and younger groups had greater odds of substance use. Regarding CD4 count, those ever diagnosed with AIDS had greater odds of currently having a lower CD4 count, and an AIDS-diagnosed individual has difficulty returning to health, immunologically speaking (Brennan et al., 2013). Research indicates that early diagnosis and treatment is required to maintain a high CD4 count, as is it a strong predictor of overall health and even death (Brennan et al., 2013; Ford et al., 2015). Older adults are especially likely to be diagnosed after HIV has become AIDS, given their low testing rates. Therefore, these findings may indicate poor testing rates among older adults.

Gender was a predictor of CD4 count. Females had higher odds of a high CD4 count, a sign that they were in better health, immunologically speaking, than the males in this study. In accord with other research, this finding may indicate that older HIV-positive females might have better access to, or may feel more comfortable accessing, healthcare (Dunlop et al., 2002).

Positive Aging (Paper 1): Implications for Social Work Practice, Research and Policy

Based on the finding of Paper 1, social work practice should focus on connecting individuals, in a progressive mindset, with individuals at the starting point of their HIV/AIDS journey. Recent research indicates that generativity has a key role in successful aging among older adults with HIV/AIDS (Emlet et al., 2018). Therefore, social workers should encourage older adults with HIV/AIDS to volunteer with others in their community. Volunteerism and activism have been associated with HIV/AIDS since the start of the epidemic (Emlet et al., 2018). Research indicates that volunteers who have had a personal experience with HIV/AIDS are more likely to report positive benefits of volunteering and to experience a decrease in perceived AIDS stigma (Molina et al., 2017). Programs that engage with people living with

HIV/AIDS, particularly older adults, should engage peer support workers. Moreover, social workers involved in activism and advocacy should encourage their clients to do the same, based on their own experiences and needs. Care providers should also be reminded to capitalize on the existing strength and resiliency of their patients (Hillman, 2017).

Clinicians and programs should also provide educational material relating to HIV/AIDS and healthy living, as this demonstrably allows older adults with HIV/AIDS to achieve a sense of mastery over their own health. However, the information and interventions provided should be age-appropriate and free of stigmatizing language and ‘should meet the client where they are at,’ from a health perspective (Hillman, 2017). Social work research should elucidate the health information that is particularly relevant to different groups of older adults with HIV/AIDS. For instance, heterosexual women of color might require different health information than white gay men do.

The present study showed that gratitude and positive thinking was an important tool for aging well in this population. Practitioners should encourage their older adult clients with HIV/AIDS to engage in meditation. Data show that meditation may be as effective as other evidence-based psychosocial interventions in improving mental health outcomes and positive outlooks among those living with HIV/AIDS (van Luenen et al., 2018). Social work research should examine the efficacy of meditation on mental health among older adults with HIV/AIDS.

Micro-level interventions and macro-level policies and services are arguably just as vital to positive aging strategies as meditation, since participants are unable to support others or themselves if their basic needs are not met (Sok et al. 2018). Participants reported that access to governmental programs such as food stamps, the HIV/AIDS Service Administration (HASA), subsidized education and Medicare enabled them to feel that their life could progress, and they

could live in a healthy manner. Social workers are in a unique position to advocate for their clients and should help them apply for governmental programs for which they qualify. Social workers should also advocate at a policy level. For example, continued funding for the Ryan White Act is essential, especially for those with limited resources (Hillman, 2017).

Moreover, beyond the benefits to the individuals, providing people with HIV/AIDS with necessities has positive externalities, since participants not only help themselves but support others in their communities at both a micro-level, through programs and volunteerism, and a macro-level, through activism. Therefore, from a social justice perspective, social welfare programs must provide more than the minimum to those who are chronically ill and aging.

Loneliness Predicts Sexual Risk Behavior (Paper 2): Implications for Social Work Practice, Research and Policy

Several studies indicate lack of sexual health and HIV/AIDS knowledge in older adults. In a qualitative study of 24 older HIV-positive women in Ohio, 40% of the informants reported that a dearth of prevention guidance influenced their recent infections (Neudorfer et al., 2005). Nichols et al. (2002) interviewed 172 recently diagnosed older adults in central Florida and found that 62% did not recall receiving any HIV prevention information before their diagnoses.

Ageism is key to a healthcare provider's assessment of sexually transmitted disease (STD) risk in patients over 50. Clinicians do not identify older adults as sexually active, thus deem them at very low risk for STD (Jeffers & DiBartolo, 2011). Therefore, in terms of direct service provisions, all intake forms and intake interviews for older adults should include questions relating to sexual risk behaviors, regardless of gender, sexuality, race and age. Service providers should ensure that their environments encourage older adults to talk about sex or engage in safer sex, e.g., by posting information posters and pamphlets in waiting rooms or

offices. For example, the ‘Age is Not a Condom’ initiative provides posters and pamphlets that feature a diverse population of older adults. Research based on this initiative indicates efficacy in reducing sexual risk behavior (Karpiak & Luniewicz, 2017).

Service providers should be trained to provide condoms to older adults, and discuss safer sex options, regardless of status. Providers must conduct thorough sexual risk assessments with older adults to dispel the belief that older adults are not at risk. These assessments should continue at every annual exam, which would identify teaching needs related to sexual activity (Emlet et al., 2010). Social workers should work with other healthcare providers to ensure that males who are given erectile dysfunction medicine are also given condoms and information on safer sex (Hill, 2017). Social workers employed by retirement communities should develop safe-sex classes for residents, as previous research shows that these are well attended and effective in spreading safe-sex messaging (Vogel et al., 2010). However, while positive effects of education programs on older adults’ sexual risk perception has been well documented cross-sectionally, at present no study has explored whether this knowledge translates to a reduction in actual risk behavior among this group, longitudinally. This dearth of research has led to a lack of evidence-based HIV prevention and education recommendations (Vogel et al., 2010).

Policy initiatives are vital to promoting healthy sexuality among HIV-positive elders and older adults as a whole. For example, according to Orel et al. (2004), only 15 states have specific printed materials on HIV prevention in older adults, while the others continue to apply younger adult-targeted materials to older adults. Arguably, this approach may directly relate to CDC policies, as state departments reported that they were not explicitly targeting older adults “due to CDC’s prevention-based priority populations” (Orel et al., 2004, p. 695). Therefore, the CDC should collect information about sexual health and risk behavior in older adult cohorts, including

HIV adults, aged 50-64, 65-74, 75-84, and 85 and older, oversampling those who identify as transgender and those who are “older old,” who are underrepresented in the literature (Hillman, 2017). Furthermore, the NIH should increase its funding for older adult sexual health research and evidence-based national health prevention programs designed for older adults at risk or living with HIV/AIDS. Social workers are uniquely positioned to engage in this research, as they are often employed in spaces where older adults are treated or live.

Finally, the Council on Social Work Education (CSWE) should encourage all schools with Master of Social Work programs to provide gerontological training for new social workers, with some focus on sexual behavior in older adults. Among those working with older adults, stigma reduction training should be implemented in relation to older adults with HIV/AIDS, particularly those who are further marginalized due to their identities. To that end, social work curricula should include training on minority older adults, particularly LGBTQ ones, who face high levels of stigma and have experienced lifetime trauma (Hillman, 2017).

Loneliness Predicts Substance Use and Health Outcomes (Paper 3): Implications for Social Work Practice, Research and Policy

From a practice perspective, practitioners should engage older men with HIV/AIDS in discussions around substance use and assess whether they require further support. Social workers must conduct comprehensive drug-use risk assessments with older adults to dispel the belief that older adults do not use substances, thus to reduce their stigma. These evaluations should persist at every annual exam, which would identify teaching needs related to substance use (Emlet et al., 2010). Care providers should also provide informational pamphlets to older adults that discuss the effects of substance use on their health. Similar online resources may also be especially useful to individuals living in rural environments (Hillman, 2017).

SAMSHA should provide grants earmarked for research on substance use and older adults, especially HIV/AIDS-positive ones. Social work research should explore gender-specific stressors within populations of older adults with HIV/AIDS, as men were more likely to engage in substance use than women. Also, further research on the incidences and predictors of drug use within the older old group, specifically, should be conducted. Drug use in populations aged 50-65 has been fairly well researched, as samples of older adults, per this study, generally skew toward the ‘younger’ older adults (Mannes et al., 2019).

Based on the health outcomes paper, the NIH should fund research into interventions and their development, research that focuses on encouraging older adults to get tested for HIV/AIDS. The lack of testing among older adults has been well documented. For example, Ford et al. (2015) found that, among a sample of 143,247 adults aged 50-64, less than 5% had recently been tested for HIV. This figure decreased with age; for example, over the previous 12 months 5.29% of 50-year-olds and 1.37% of 64-year-olds had been tested. Therefore, CDC should also change their guidelines to encourage service providers to test older adults, as current emphasis appears to be on younger age groups, particularly those aged 15-24 (Hillman, 2017).

Also, interventions should target service providers to promote testing, so that social workers increase their comfort levels with talking about HIV testing with older adults. These interventions could allow older adults to be diagnosed with HIV, rather than AIDS, which would lead to better health outcomes, better quality of life outcomes, and possible increases in life expectancy. More research, using a syndemics lens, should be conducted to understand the underlying social conditions that lead to some older adults with HIV/AIDS having higher comorbidities and lower levels of overall health (Singer et al., 2017).

Conclusion

Findings from this dissertation study indicate that older adults are generally aging well with HIV/AIDS, and that social support and generativity are crucial in this process. However, findings from this study show that a loneliness reduction may not have positive public health outcomes beyond the individual. Further research should examine other predictors of risk behaviors among older adults with HIV/AIDS. The methodology of this research could be bolstered by using the “aging well” strategies to determine if any of these predict risk behaviors. For example, does low self-esteem predict sexual risk behavior? Or does religiosity predict better health outcomes? Moreover, academics conducting research with this population should actively recruit older transgender individuals, as these are absent from the current literature.

References

- AARP. (2005). Sex, Romance, and Relationships: AARP Survey of Midlife and Older Adults
Retrieved from http://assets.aarp.org/rgcenter/general/srr_09.pdf
- Adimora, A. A., Schoenbach, V. J., & Floris-Moore, M. A. (2009). Ending the epidemic of heterosexual HIV transmission among African Americans. *American Journal of Preventive Medicine*, 37(5), 468-471.
- Aivadyan, C., Lee, Y. G., El-Bassel, N., & Wu, E. (2021). Substance Use and Sexual Risk Behavior Among Black Men Who Have Sex with Men in New York City: Evidence for Increased Risk During Young Adulthood. *AIDS Education and Prevention*, 33(1), 73-87.
- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In *Action control* (pp. 11-39). Springer Berlin Heidelberg.
- Åkerlind, I., & Hörnquist, J. O. (1992). Loneliness and alcohol abuse: A review of evidences of an interplay. *Social science & medicine*, 34(4), 405-414.
- Altman, D. (2001). *Global Sex*. Chicago: The University Chicago Press.
- Altschuler, J., Katz, A. D., & Tyan, M. A. (2008). Implications for HIV/AIDS research and education among ethnic minority older adults. *Journal of HIV/AIDS and Social Services*, 7 (3), 209-228.
- Amin, I. (2016). Social capital and sexual risk-taking behaviors among older adults in the United States. *Journal of Applied Gerontology*, 35(9), 982-999.
- Arnsten, J. H., Demas, P. A., Grant, R. W., Gourevitch, M. N., Farzadegan, H., Howard, A. A., & Schoenbaum, E. E. (2002). Impact of active drug use on antiretroviral therapy

- adherence and viral suppression in HIV-infected drug users. *Journal of general internal medicine*, 17(5), 377-381.
- Balderson, B. H., Grothaus, L., Harrison, R. G., McCoy, K., Mahoney, C., & Catz, S. (2013). Chronic illness burden and quality of life in an aging HIV population. *AIDS Care: Psychological and Socio-medical Aspects of HIV/AIDS*, 25, 451-458.
- Barnes, C., Conner, D., Legault, L., Reznickova, N., & Harrison-Felix, C. (2004). Rehabilitation outcomes in cognitively impaired patients admitted to skilled nursing facilities from the community. *Archives of physical medicine and rehabilitation*, 85(10), 1602-1607.
- Béland, D. (2005). Ideas and social policy: An institutionalist perspective. *Social Policy & Administration*, 39(1), 1-18.
- Bingham, T. A., Harawa, N. T., Johnson, D. F., Secura, G. M., MacKellar, D. A., & Valleroy, L. A. (2003). The effect of partner characteristics on HIV infection among African American men who have sex with men in the Young Men's Survey, Los Angeles, 1999-2000. *AIDS Education and Prevention*, 15(1 Supplement), 39-52.
- Birtel, M. D., Wood, L., & Kempa, N. J. (2017). Stigma and social support in substance abuse: Implications for mental health and well-being. *Psychiatry Research*, 252, 1-8.
- Boehlen, F., Herzog, W., Schellberg, D., Maatouk, I., Saum, K., Brenner, H., & Wild, B. (2017). Gender Differences in Self-Perceived Personal Resources of Older Adults with Generalized Anxiety Symptoms. *Journal of Aging Sciences*, 5 (1), 1-7.
- Bohn, A., Sander, D., Köhler, T., Hees, N., Oswald, F., Scherbaum, N., ... & Shecke, H. (2020). Chemsex and mental health of men who have sex with men in Germany. *Frontiers in Psychiatry*, 11 (1100), 1-10

- Brennan, A. T., Maskew, M., Sanne, I., & Fox, M. P. (2013). The interplay between CD 4 cell count, viral load suppression and duration of antiretroviral therapy on mortality in a resource-limited setting. *Tropical Medicine & International Health*, 18(5), 619-631.
- Bronfenbrenner U., (1979). The ecology of human development. *American Psychologist*. 32:513–531
- Cahill, S., & Valadéz, R. (2013). Growing older with HIV/AIDS: new public health challenges. *American Journal of Public Health*, 103, e7-e15.
- Carneiro, M., Fuller, C., Doherty, M. C., & Vlahov, D. (1999). HIV prevalence and risk behaviors among new initiates into injection drug use over the age of 40 years old. *Drug and Alcohol Dependence*, 54(1), 83-86.
- Centers for Disease Control and Prevention. HIV Surveillance Report, 1982-2017
<http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2017.
Accessed 5/10/2018.
- Centers for Disease Control and Prevention. *HIV Surveillance Report, 2018 (Updated)*; vol.31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed 12/23/21.
- Centers for Disease Control and Prevention (CDC) (2015). HIV among people 50 and over.
Retrieved from: <http://www.cdc.gov/hiv/group/age/olderamericans/index.html> Accessed 2/28/19
- Census (2019). American Community Survey. Retrieved from:
<https://www.census.gov/programs-surveys/acs/library/keywords/age-and-sex.html>
Accessed 3/10/20

- Chesney, M. A., Chambers, D. B., Taylor, J. M., & Johnson, L. M. (2003). Social support, distress, and well-being in older men living with HIV infection. *Journal of Acquired Immune Deficiency Syndromes*, 33, S185-S193.
- Chitsaz, E., Meyer, J. P., Krishnan, A., Springer, S. A., Marcus, R., Zaller, N., ... & Altice, F. L. (2013). Contribution of substance use disorders on HIV treatment outcomes and antiretroviral medication adherence among HIV-infected persons entering jail. *AIDS and Behavior*, 17(2), 118-127.
- Coleman, E. (1992). Is your patient suffering from compulsive sexual behavior? *Psychiatric Annals*, 22(6), 320-325.
- Coon, D. W., Lipman, P. D., & Ory, M. G. (2003). Designing effective HIV/AIDS social and behavioral interventions for the population of those age 50 and older. *Journal of acquired immune deficiency syndromes (1999)*, 33, S194-205.
- Corbin, J. M., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative sociology*, 13(1), 3-21.
- Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of health and social behavior*, 50(1), 31-48.
- Cornwell, B., Laumann, E. O., & Schumm, L. P. (2008). The social connectedness of older adults: A national profile. *American sociological review*, 73(2), 185-203.tiv
- Crath, R., & Rangel, C. (2016). Paradoxes of an assimilation politics: media production of gay male belonging in the Canadian 'vital public' from the tainted blood scandal to the present. *Culture, Health & Sexuality*, 1-15.

- Crenshaw, Kimberle (1989) "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum*: Vol. 1989 , Article 8.
- Crepaz, N., & Marks, G. (2001). Are negative affective states associated with HIV sexual risk behaviors? A meta-analytic review. *Health Psychology, 20*(4), 291.
- Crosnoe, R., & Elder Jr, G. H. (2002). Successful adaptation in the later years: A life course approach to aging. *Social Psychology Quarterly, 309-328*.
- Cruz, J. M. (2013). *Sociological analysis of aging: The gay male perspective*. Routledge. New York.
- Cullen, T. (2003). HIV/AIDS: 20 years of coverage. *Australian Studies in Journalism, 12* (1), 64-82.
- Curran, J. W., Jaffe, H. W., Hardy, A. M., Morgan, W. M., Selik, R. M., & Dondero, T. J.(1988). Epidemiology of HIV infection and AIDS in the United States. *Science, 239*(4840), 610-617.
- DelaCruz, J. J., Brennan-Ing, M., Kakolyris, A., & Martinez, O. (2021). The Cost Effectiveness of Mental Health Treatment in the Lifetime of Older Adults with HIV in New York City: A Markov Approach. *PharmacoEconomics-Open, 5*(2), 221-236.
- Dowling, G. J., Weiss, S. R., & Condon, T. P. (2008). Drugs of abuse and the aging brain. *Neuropsychopharmacology, 33*(2), 209-218.
- El-Bassel, N., Witte, S. S., Gilbert, L., Wu, E., Chang, M., Hill, J., & Steinglass, P. (2003). The efficacy of a relationship-based HIV/STD prevention program for heterosexual couples. *American Journal of Public Health, 93*(6), 963-969.

- Ellis, R. J., Iudicello, J., Sun-Suslow, N., Grelotti, D., Cherner, M., Morgan, E., ... & Heaton, R. K. (2021). Social isolation is linked to inflammation in aging people with HIV and uninfected individuals. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *86*(5), 600-606.
- Emlet, C. A., O'Brien, K. K., & Fredriksen Goldsen, K. (2019). The Global Impact of HIV on Sexual and Gender Minority Older Adults: Challenges, Progress, and Future Directions. *The International Journal of Aging and Human Development*, *89*(1), 108-126.
- Emlet, C. A., & Harris, L. (2018). Giving back is receiving: The role of generativity in successful aging among HIV-positive older adults. *Journal of aging and health*, *32*(1), 61-70.
- Emlet, C. A., Harris, L., Pierpaoli, C. M., & Furlotte, C. (2018). "The Journey I Have Been Through": The Role of Religion and Spirituality in Aging Well Among HIV-Positive Older Adults. *Research on Aging*, *40*(3), 257-280.
- Emlet, C. A., Brennan, D. J., Brennenstuhl, S., Rueda, S., Hart, T. A., & Rourke, S. B. (2015). The impact of HIV-related stigma on older and younger adults living with HIV disease: does age matter?. *AIDS care*, *27*(4), 520-528.
- Emlet, C. A., Brennan, D. J., Brennenstuhl, S., Rueda, S., Hart, T. A., & Rourke, S. B. (2013). Protective and risk factors associated with stigma in a population of older adults living with HIV in Ontario, Canada. *AIDS care*, *25*(10), 1330-1339.
- Emlet, C. A., Tozay, S., & Raveis, V. H. (2011). "I'm not going to die from the AIDS": Resilience in aging with HIV disease. *The Gerontologist*, *51*(1), 101-111.

- Emlet, C. A. (2010). HIV-infected and HIV-affected midlife and older persons. In C. C. Poindexter (Eds.), *Handbook of HIV and Social Work: Principles, Practice and Population*. Hoboken, NJ: John Wiley & Sons.
- Emlet, C. A., Gerkin, A. & N. Orel (2009). The graying of HIV/AIDS: preparedness and needs of the aging network in a changing epidemic. *Journal of Gerontological Social Work*, 52 (8), 803-814.
- Emlet, C. A. (2006a). “You’re awfully old to have this disease”: Experiences of stigma and ageism in adults 50 years and older living with HIV/AIDS. *The Gerontologist*, 46, 781-790.
- Emlet, C. A. (2006b). A comparison of HIV stigma and disclosure patterns between older and younger adults living with HIV/AIDS. *AIDS Patient Care and STDs*, 20, 350-358.
- Erdley, S. D., Anklam, D. D., & Reardon, C. C. (2014). Breaking barriers and building bridges: Understanding the pervasive needs of older LGBT adults and the value of social work in health care. *Journal of Gerontological Social Work*, 57(2-4), 362-385.
- Evans, K. (2019). The psychological roots of chemsex and how understanding the full picture can help us create meaningful support. *Drugs and Alcohol Today*, 19 (1), 36-41
- Fakoya, O. A., McCorry, N. K., & Donnelly, M. (2020). Loneliness and social isolation interventions for older adults: a scoping review of reviews. *BMC public health*, 20(1), 129. <https://doi.org/10.1186/s12889-020-8251-6>
- Fang, X., Vincent, W., Calabrese, S. K., Heckman, T. G., Sikkema, K. J., Humphries, D. L., & Hansen, N. B. (2015). Resilience, stress, and life quality in older adults living with HIV/AIDS. *Aging & mental health*, 19(11), 1015-1021.

- Faulkner, K. A., Cauley, J. A., Zmuda, J. M., Griffin, J. M., & Nevitt, M. C. (2003). Is social integration associated with the risk of falling in older community-dwelling women?. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 58(10), M954-M959.
- Fazeli, P. L., Woods, S. P., & Vance, D. E. (2020). Successful functional aging in middle-aged and older adults with HIV. *AIDS and Behavior*, 24(6), 1592-1598.
- Freak-Poli, R., Kirkman, M., Lima, G. D. C., Direk, N., Franco, O. H., & Tiemeier, H. (2017). Sexual activity and physical tenderness in older adults: cross-sectional prevalence and associated characteristics. *The journal of sexual medicine*, 14(7), 918-927.
- Folkman, S., & Lazarus, R. S. (1990). Coping and emotion. *Psychological and biological approaches to emotion*, 313-332.
- Ford, C. L., Godette, D. C., Mulatu, M. S., & Gaines, T. L. (2015). Recent HIV testing prevalence, determinants, and disparities among US older adult respondents to the behavioral risk factor surveillance system. *Sexually transmitted diseases*, 42(8), 405-410.
- Gellert, P., Häusler, A., Suhr, R., Gholami, M., Rapp, M., Kuhlmeier, A., & Nordheim, J. (2018). Testing the stress-buffering hypothesis of social support in couples coping with early stage dementia. *PloS one*, 13(1).
- Genke, J. (2000). HIV/AIDS and older adults: The invisible ten percent. *Care Management Journals*, 2(3), 196-205.
- Godin, G., & Kok, G. (1996). The theory of planned behavior: a review of its applications to health-related behaviors. *American journal of health promotion*, 11(2), 87-98.

- Gonzalez, J. S., Penedo, F. J., Antoni, M. H., Durán, R. E., McPherson-Baker, S., Ironson, G., ... & Schneiderman, N. (2004). Social support, positive states of mind, and HIV treatment adherence in men and women living with HIV/AIDS. *Health Psychology, 23*(4), 413.
- Goodkin, K., Heckman, T. G., Siegel, K., Linsk, N., Khamis, I., Lee, D., Lecusay, R., ... & Eisdorfer, C. (2003). "Putting a face" on HIV infection/AIDS in older adults: a psychosocial context. *Journal of Acquired Immune Deficiency Syndromes, 33*, S171-S184.
- Greene, M., Hessol, N. A., Perissinotto, C., Zepf, R., Parrott, A. H., Foreman, C., ... & John, M. (2018). Loneliness in older adults living with HIV. *AIDS and Behavior, 22*(5), 1475-1484.
- Greene, M., Hessol, N. A., Perissinotto, C., Zepf, R., Parrott, A. H., Foreman, C., ... & John, M. (2018). Loneliness in older adults living with HIV. *AIDS and Behavior, 22*(5), 1475-1484.
- Greene, M., Covinsky, K. E., Valcour, V., Miao, Y., Madamba, J., Lampiris, H., ... & Deeks, S. G. (2015). Geriatric syndromes in older HIV-infected adults. *Journal of acquired immune deficiency syndromes, 69*(2), 161.
- Greene, M., Steinman, M. A., McNicholl, I. R., & Valcour, V. (2014). Polypharmacy, drug-drug interactions, and potentially inappropriate medications in older adults with human immunodeficiency virus infection. *Journal of the American Geriatrics Society, 62*(3), 447-453.
- Green, S. B. (1991). How many subjects does it take to do a regression analysis? *Multivariate Behavioral Research, 26*, 499-510.

- Greysen, S. R., Horwitz, L. I., Covinsky, K. E., Gordon, K., Ohl, M. E., & Justice, A. C. (2013). Does social isolation predict hospitalization and mortality among HIV+ and uninfected older veterans?. *Journal of the American Geriatrics Society*, *61*(9), 1456-1463.
- Grov, C., Golub, S. A., Parsons, J. T., Brennan, M., & Karpiak, S. E. (2010). Loneliness and HIV-related stigma explain depression among older HIV-positive adults. *AIDS care*, *22*(5), 630-639.
- Han, S. D., Adeyemi, O., Wilson, R. S., Leurgans, S., Jimenez, A., Oullet, L., ... & Barnes, L. L. (2017). Loneliness in older black adults with human immunodeficiency virus is associated with poorer cognition. *Gerontology*, *63*(3), 253-262.
- Hansen, N., Harrison, B., Fambro, S., Bodnar, S., Heckman, T. G., & Sikkema, K. J. (2013). The structure of coping among older adults living with HIV/AIDS and depressive symptoms. *Journal of Health Psychology*, *18*, 198-211.
- Hansson, R. O., Briggs, S. R., & Rule, B. L. (1990). Old age and unemployment: Predictors of perceived control, depression, and loneliness. *Journal of Applied Gerontology*, *9*(2), 230-240.
- Harris, M., Brouillette, M. J., Scott, S. C., Smaill, F., Smith, G., Thomas, R., ... & Mayo, N. E. (2020). Impact of loneliness on brain health and quality of life among adults living with HIV in Canada. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *84*(4), 336-344.
- Hart, T. A., Stratton, N., Coleman, T. A., Wilson, H. A., Simpson, S. H., Julien, R. E., ... & Adam, B. D. (2016). A pilot trial of a sexual health counseling intervention for HIV positive gay and bisexual men who report anal sex without condoms. *PloS one*, *11*(4).

- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Annals of behavioral medicine*, 40(2), 218-227.
- Hayden, D. (2013). *Total Sex Addiction Recovery: A Guide to Therapy*. Xlibris Corporation.
- Heckman, T.G. & P. N. Haikitis (2014). Biopsychosocial aspects of HIV and aging. *Behavioral Medicine*, 40 (3), 81-84.
- Heckman, T. G., Sikkema, K. J., Hansen, N., Kochman, A., Heh, V., Neufeld, S., & AIDS and Aging Research Group. (2011). A randomized clinical trial of a coping improvement group intervention for HIV-infected older adults. *Journal of behavioral medicine*, 34(2), 102-111.
- Heckman, T. G., Heckman, B. D., Kochman, A., Sikkema, K. J., Suhr, J. & Goodkin, K. (2006). Psychological symptoms among persons 50 years of age and older living with HIV disease. *Aging and Mental Health*, 6, 121-128.
- Heckman, T. G., Barcikowski, R., Ogles, B., Suhr, J., Carlson, B., Holroyd, K., & Garske, J. (2006). A telephone-delivered coping improvement group intervention for middle-aged and older adults living with HIV/AIDS. *Annals of Behavioral Medicine*, 32(1), 27-38.
- Heckman, T. G., Kochman, A., & Sikkema, K. J. (2003). Depressive symptoms in older adults living with HIV disease: application of the chronic illness quality of life model. In C. A. Emlet (Ed.), *HIV/AIDS and Older Adults: Challenges for Individuals, Families and Communities* (pp. 37-54). New York: Springer Publishing Company.
- Herek, G. M. (1999). The social construction of attitudes: Functional consensus and divergence in the US public's reactions to AIDS. In G. Maio, & J. Olson (Eds.), *Why We Evaluate: Functions of Attitudes*. (pp. 325-365). Mahwah, N.J.: Lawrence Erlbaum.

- Herek, G. M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of social issues*, 63(4), 905-925.
- Herrick, A., R. Stall, J. Egan, S. Schrage, and M. Kipke. (2014). Pathways towards Risk: Syndemic Conditions Mediate the Effect of Adversity on HIV Risk Behaviors among Young Men Who Have Sex with Men (YMSM). *Journal of Urban Health* 91 (5): 969-982.
- Hesmondhalgh, D. (2005). Media and cultural policy as public policy: the case of the British Labour government. *International journal of cultural policy*, 11(1), 95-109.
- High, K. P., Brennan-Ing, M., Clifford, D. B., Cohen, M. H., Currier, J., Deeks, S. G., ... & Justice, A. C. (2012). HIV and aging: state of knowledge and areas of critical need for research. A report to the NIH Office of AIDS Research by the HIV and Aging Working Group. *Journal of acquired immune deficiency syndromes (1999)*, 60(Suppl 1), S1-18.
- High, K. P., Valcour, V., & Paul, R. (2006). HIV infection and dementia in older adults. *Clinical Infectious Diseases*, 42(10), 1449-1454.
- Hill, C. (2011, June 27). *Online dating: No longer just for youngsters*. MarketWatch. Retrieved from <http://www.marketwatch.com/story/online-dating-no-longer-just-for-youngsters-1308948789940>
- Hillman, J. (2017). The sexuality and sexual health of LGBT elders. *Annual Review of Gerontology and Geriatrics*, 37(1), 13-26.
- House, J. S., Umberson, D., & Landis, K. R. (1988). Structures and processes of social support. *Annual review of sociology*, 14(1), 293-318.

- Hubach, R. D., DiStefano, A. S., & Wood, M. M. (2012). Understanding the influence of loneliness on HIV risk behavior in young men who have sex with men. *Journal of Gay & Lesbian Social Services, 24*(4), 371-395.
- Hull, C. (1943). *Principles of behavior*. New York: Appleton-Century-Crofts.
- Ibañez, G. E., Purcell, D. W., Stall, R., Parsons, J. T., & Gómez, C. A. (2005). Sexual risk, substance use, and psychological distress in HIV-positive gay and bisexual men who also inject drugs. *Aids, 19*, S49-S55.
- Iribarren, S., Siegel, K., Hirshfield, S., Olender, S., Voss, J., Krongold, J., ... & Schnall, R. (2018). Self-management strategies for coping with adverse symptoms in persons living with HIV with HIV associated non-AIDS conditions. *AIDS and Behavior, 22*(1), 297-307.
- Jankowski, C. M., Mawhinney, S., Wilson, M. P., Campbell, T. B., Kohrt, W. M., Schwartz, R. S., ... & Erlandson, K. M. (2020). Body composition changes in response to moderate-or high-intensity exercise among older adults with or without HIV infection. *JAIDS Journal of Acquired Immune Deficiency Syndromes, 85*(3), 340-345.
- Jeffers, L. A., & DiBartolo, M. C. (2011). Raising health care provider awareness of sexually transmitted disease in patients over age 50. *Medsurg Nursing, 20*(6), 285.
- Johnson Shen, M., Freeman, R., Karpiak, S., Brennan-Ing, M., Seidel, L., & Siegler, E. L. (2019). The intersectionality of stigmas among key populations of older adults affected by HIV: a thematic analysis. *Clinical gerontologist, 42*(2), 137-149.

- Jones, R. R. M., Simpson, G. M., & Stansbury, K. (2018). Informal support experiences of older African-American gay men living with HIV/AIDS. *Journal of Gay & Lesbian Social Services*, 30(3), 209-219.
- Justice, A. C. (2010) HIV and aging: time for a new paradigm. *Current HIV/AIDS Reports*, 7, 69-76.
- Jylhä, M. (2004). Old age and loneliness: cross-sectional and longitudinal analyses in the Tampere Longitudinal Study on Aging. *Canadian Journal on Aging/La revue Canadienne du vieillissement*, 23(2), 157-168.
- Kalichman, S. C., Heckman, T. G., Kochman, A., Sikkema, K., & Bergholte, J. (2000). Depression and thoughts of suicide among middle-aged and older persons living with HIV-AIDS. *Psychiatric Services*, 51, 903-907.
- Kalichman, S. C., Benotsch, E. G., Weinhardt, L., Austin, J., Luke, W., & Cherry, C. (2003). Health-related Internet use, coping, social support, and health indicators in people living with HIV/AIDS: Preliminary results from a community survey. *Health Psychology*, 22(1), 111.
- Kane, M., Mazonson, P., Zolopa, A., Spinelli, F., Ferrer, P. E., & Shalit, P. (2018, November). 605. Loneliness Among Older Adults Living with HIV: A Study and Online Community. In *Open Forum Infectious Diseases* (Vol. 5, No. suppl_1, pp. S221-S221). US: Oxford University Press.
- Karpiak, S. E., & Lunievicz, J. L. (2017). Age is not a condom: HIV and sexual health for older adults. *Current Sexual Health Reports*, 9(3), 109-115.
- Karpiak, S. E., Shippy, A. R. & M. Cantor (2006). *Research on Older Adults with HIV*. New York: AIDS Community Research Initiative of America

- Kidder, D. P., Wolitski, R. J., Pals, S. L., & Campsmith, M. L. (2008). Housing status and HIV risk behaviors among homeless and housed persons with HIV. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 49(4), 451-455.
- Kohli, R., Klein, R. S., Schoenbaum, E. E., Anastos, K., Minkoff, H., & Sacks, H. S. (2006). Aging and HIV infection. *Journal of Urban Health*, 83(1), 31.
- Liu, L., Gou, Z., & Zuo, J. (2016). Social support mediates loneliness and depression in elderly people. *Journal of health psychology*, 21(5), 750-758.
- Lovejoy, T. I., Heckman, T. G., Sikkema, K. J., Hansen, N. B., & Kochman, A. (2015). Changes in sexual behavior of HIV-infected older adults enrolled in a clinical trial of standalone group psychotherapies targeting depression. *AIDS and Behavior*, 19(1), 1-8.
- Lyons, A., Pitts, M., Grierson, J., Thorpe, R. & Power, J. (2010). Ageing with HIV: health and psychosocial well-being of older gay men. *AIDS Care*, 22(10), 1236-1244.
- Orel, N. A., Wright, J. M. & Wagner, J. (2004). Scarcity of HIV/AIDS risk-reduction materials targeting the needs of older adults among state departments of public health. *The Gerontologist*, 44 (5), 693-696.
- Orel, N. A., Spence, M. & J. Steele (2005). Getting the message out to older adults: Effective HIV health education risk reduction publications. *The Journal of Applied Gerontology*, 24 (5), 490-508.
- Owen, G. & J. Catalan (2012). 'We never expected this to happen': narratives of ageing with HIV among gay men living in London, UK. *Culture, Health & Sexuality*, 14, 59-72.
- Leveille, S. G., & Thapa, S. (2017). Disability among persons aging with HIV/AIDS. In *HIV and Aging* (Vol. 42, pp. 101-118). Karger Publishers.

- Lichtenstein, B., Laska, M. K., & Clair, J. M. (2002). Chronic sorrow in the HIV-positive patient: Issues of race, gender, and social support. *AIDS Patient Care and STDs*, 16(1), 27-38.
- Lindau, S. T., & Gavrilova, N. (2010). Sex, health, and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of ageing. *British Medical Journal*, 340, 1-11
- Lindau, S. T., Schumm, L. P., Laumann, E. O., Levinson, W., O'Muircheartaigh, C. A., & Waite, L. J. (2007). A study of sexuality and health among older adults in the United States. *New England Journal of Medicine*, 357(8), 762-774.
- Maes, C. A., & Louis, M. (2003). Knowledge of AIDS, perceived risk of AIDS, and at-risk sexual behaviors among older adults. *Journal of the American Academy of Nurse Practitioners*, 15(11), 509-516.
- Mannes, Z. L., Bryant, V. E., Burrell, L. E., Lu, H., Ferguson, E. G., Zhou, Z., ... & Ennis, N. (2019). The prevalence and patterns of substance use by birth cohort among HIV-positive adults in Florida. *Aging & mental health*, 23(4), 515-523.
- Mannes, Z. L., Burrell, L. E., Bryant, V. E., Dunne, E. M., Hearn, L. E., & Whitehead, N. E. (2016). Loneliness and substance use: the influence of gender among HIV+ Black/African American adults 50+. *AIDS care*, 28(5), 598-602.
- Marshall, A., & Cahill, S. (2021). Barriers and opportunities for the mental health of LGBT older adults and older people living with HIV: a systematic literature review. *Aging & mental health*, 1-10.

Mays, V. M., Cochran, S. D., & Zamudio, A. (2004). HIV prevention research: Are we meeting the needs of African American men who have sex with men?. *Journal of Black Psychology, 30*(1), 78-105.

Mazonson, P., Berko, J., Loo, T., Kane, M., Zolopa, A., Spinelli, F., ... & Shalit, P. (2020). Loneliness among older adults living with HIV: the “older old” may be less lonely than the “younger old”. *AIDS care*, DOI: 10.1080/09540121.2020.1722311

McWhirter, B. T. (1990). Loneliness: A review of current literature, with implications for counseling and research. *Journal of Counseling & Development, 68*(4), 417-422.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. Jossey Bass: San Francisco.

Metsch, L. R., Feaster, D. J., Gooden, L., Matheson, T., Stitzer, M., Das, M., ... & Nijhawan, A. E. (2016). Effect of patient navigation with or without financial incentives on viral suppression among hospitalized patients with HIV infection and substance use: a randomized clinical trial. *Jama, 316*(2), 156-170.

Milaszewski, D., Greto, E., Klochkov, T., & Fuller-Thomson, E. (2012). A systematic review of education for the prevention of HIV/AIDS among older adults. *Journal of Evidence Based Social Work, 9*(3), 213-230.

Miller Jr, W. L. (2019). Experiences of stigma and spirituality of older Black men living with HIV. *Journal of Social Service Research, 46* (3), 427-438.

Miller, G. E., Kemeny, M. E., Taylor, S. E., Cole, S. W., & Visscher, B. R. (1997). Social relationships and immune processes in HIV seropositive gay and bisexual men. *Annals of Behavioral Medicine, 19*(2), 139-151.

- Minichiello, V., Rahman, S., Hawkes, G., & Pitts, M. (2012). STI epidemiology in the global older population: emerging challenges. *Perspectives in Public Health, 132*(4), 178-181.
- Mizuno, Y., Purcell, D. W., Knowlton, A. R., Wilkinson, J. D., Gourevitch, M. N., & Knight, K. R. (2015). Syndemic vulnerability, sexual and injection risk behaviors, and HIV continuum of care outcomes in HIV-positive injection drug users. *AIDS and Behavior, 19*(4), 684-693.
- Molina, Y., Dirkes, J., & Ramirez-Valles, J. (2017). Burnout in HIV/AIDS Volunteers: A Sociocultural Analysis Among Latino Gay and Bisexual Men and Transgender People. *Nonprofit and voluntary sector quarterly, 46*(6), 1231-1249.
- Mugavero, M. J., Norton, W. E., & Saag, M. S. (2011). Health care system and policy factors influencing engagement in HIV medical care: piecing together the fragments of a fractured health care delivery system. *Clinical infectious diseases, 52*(suppl 2), S238-S246.
- Neundorfer, M. M., Harris, P. B., Britton, P. J., & Lynch, D. A. (2005). HIV-risk factors for midlife and older women. *Gerontologist, 45*, 617-62.
- Nguyen, A. L., McNeil, C. J., Han, S. D., & Rhodes, S. D. (2018). Risk and protective factors for health-related quality of life among persons aging with HIV. *AIDS Care, 30*(4), 518-522.
- Nichols, J. (2004). Prevention of HIV disease in older adults. In C. Emlet (Ed), *HIV/AIDS and older adults: Challenges for Individuals, Families and Communities* (pp. 21-35), New York: Springer.

- Nokes, K. M., & Elmet, C. A. (2006). Health care strategies for older adults with HIV/AIDS. In P. M. Burbank (Ed.), *Vulnerable Older Adults: Health Care Needs and Interventions* (pp.235-250). New York: Springer Publishing Company.
- Orel, N. A., Wright, J. M. & Wagner, J. (2004). Scarcity of HIV/AIDS risk-reduction materials targeting the needs of older adults among state departments of public health. *The Gerontologist*, 44 (5), 693-696
- Padamsee, T. J. (2017). The politics of prevention: lessons from the neglected history of US HIV/AIDS policy. *Journal of health politics, policy and law*, 42(1), 73-122.
- Palepu, A., Tyndall, M., Yip, B., O'Shaughnessy, M. V., Hogg, R. S., & Montaner, J. S. (2003). Impaired virologic response to highly active antiretroviral therapy associated with ongoing injection drug use. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 32(5), 522-526.
- Patton, C. (1990). *Inventing Aids*. New York: Routledge.
- Park, L. S., Hernández-Ramírez, R. U., Silverberg, M. J., Crothers, K., & Dubrow, R. (2016). Prevalence of non-HIV cancer risk factors in persons living with HIV/AIDS: a meta analysis. *AIDS (London, England)*, 30(2), 273.
- Parsons, J. T., Halkitis, P. N., Wolitski, R. J., Gómez, C. A., & Study Team, T. S. U. M. S. (2003). Correlates of sexual risk behaviors among HIV-positive men who have sex with men. *AIDS Education and Prevention*, 15(5), 383-400.
- Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social behavior*, 337-356.

- Perdue, T., Hagan, H., Thiede, H., & Valleroy, L. (2003). Depression and HIV risk behavior among Seattle-area injection drug users and young men who have sex with men. *AIDS Education and Prevention, 15*(1), 81-92.
- Perez-Brumer, A., M. L. Hatzenbuehler, C. E. Oldenburg, and W. Bockting. (2015). Individual and Structural-Level Risk Factors for Suicide Attempts among Transgender Adults. *Behavioral Medicine, 41* (3): 164-171.
- Perissinotto, C. M., Cenzer, I. S., & Covinsky, K. E. (2012). Loneliness in older persons: a predictor of functional decline and death. *Archives of internal medicine, 172*(14), 1078-1084.
- Perone, A. K., Ingersoll-Dayton, B., & Watkins-Dukhie, K. (2020). Social Isolation Loneliness Among LGBT Older Adults: Lessons Learned from a Pilot Friendly Caller Program. *Clinical Social Work Journal, 48*(1), 126-139.
- Pilowsky, D. J., & Wu, L. T. (2015). Sexual risk behaviors and HIV risk among Americans aged 50 years or older: a review. *Substance abuse and rehabilitation, 6*, 51-60.
- Poindexter, C. & A. Shippy (2008). Networks of older New Yorkers with HIV: Fragility, resilience, and transformation. *AIDS Patient Care and STDs, 22*, 723-733.
- Polenick, C. A., Cotton, B. P., Bryson, W. C., & Birditt, K. S. (2019). Loneliness and illicit opioid use among methadone maintenance treatment patients. *Substance use & misuse, 54*(13), 2089-2098.
- Pollard, A., Nadarzynski, T., & Llewellyn, C. (2017). 'I was struggling to feel intimate, the drugs just helped'. Chemsex and HIV-risk among men who have sex with men (MSM) in the

- UK: syndemics of stigma, minority-stress, maladaptive coping and risk. *Sexually Transmitted Infections*, 93(Suppl), A5.
- Prachakul, W., Grant, J. S., & Keltner, N. L. (2007). Relationships among functional social support, HIV related stigma, social problem solving, and depressive symptoms in people living with HIV: a pilot study. *Journal of the Association of Nurses in AIDS Care*, 18(6), 67-76.
- Quinn, K. G., Murphy, M. K., Nigogosyan, Z., & Petroll, A. E. (2019). Stigma, isolation and depression among older adults living with HIV in rural areas. *Ageing & Society*, 1-19.
- Rendina, H. J., Weaver, L., Millar, B. M., López-Matos, J., & Parsons, J. T. (2019). Psychosocial Well Being and HIV-Related Immune Health Outcomes among HIV-Positive Older Adults: Support for a Biopsychosocial Model of HIV Stigma and Health. *Journal of the International Association of Providers of AIDS Care*, 18, 2325958219888462.
<https://doi.org/10.1177/2325958219888462>
- Rico-Uribe, L. A., Caballero, F. F., Martín-María, N., Cabello, M., Ayuso-Mateos, J. L., & Miret, M. (2018). Association of loneliness with all-cause mortality: A meta-analysis. *PloS one*, 13(1).
- Riley, M. W. (1989). AIDS and older people: The overlooked segment of the population. In M. W. Riley, M. G. Ory, & D. Zaboltsky (Eds.), *AIDS in an aging society: What we need to know* (pp. 3-26). New York: Springer Publishing Company.
- Roberson, D. W. (2018). Meeting the HIV prevention needs of older adults. *Journal of the Association of Nurses in AIDS Care*, 29(1), 126-129.

- Rokach, A. (2002). Determinants of loneliness of young adult drug users. *The Journal of psychology, 136*(6), 613-630.
- Rooney, A. S., Moore, R. C., Paolillo, E. W., Gouaux, B., Umlauf, A., Letendre, S. L., ... & Moore, D. J. (2019). Depression and aging with HIV: Associations with health-related quality of life and positive psychological factors. *Journal of Affective Disorders*.
- Rosenberger, J. G., Reece, M., Schick, V., Herbenick, D., Novak, D. S., Van Der Pol, B., & Fortenberry, J. D. (2011). Sexual behaviors and situational characteristics of most recent male-partnered sexual event among gay and bisexually identified men in the United States. *The Journal of Sexual Medicine, 8*(11), 3040-3050.
- Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of personality assessment, 66*(1), 20-40.
- Sacks, C. A., Goldstein, R. H., & Walensky, R. P. (2016). Rethinking the Ban—The US Blood Supply and Men Who Have Sex with Men. *New England Journal of Medicine; 376*:174-177.
- Salzman, B. (2006). Myths and realities of aging. *Case Management Journals, 7*, 141-150
- Schoepf, B. G. (2001). International AIDS research in anthropology: taking a critical perspective on the crisis. *Annual Review of Anthropology, 30*(1), 335-361.
- Scott-Sheldon, L. A., Balletto, B. L., Donahue, M. L., Feulner, M. M., Cruess, D. G., Salmoirago Blotcher, E., ... & Carey, M. P. (2019). Mindfulness-Based Interventions for Adults Living with HIV/AIDS: A Systematic Review and Meta-analysis. *AIDS and Behavior, 23*(1), 60-75.

- Scrimshaw, E. W., & Siegel, K. (2003). Perceived barriers to social support from family and friends among older adults with HIV/AIDS. *Journal of Health Psychology, 8*, 738-752.
- Shankar, A., Hamer, M., McMunn, A., & Steptoe, A. (2013). Social isolation and loneliness: relationships with cognitive function during 4 years of follow-up in the English Longitudinal Study of Ageing. *Psychosomatic medicine, 75*(2), 161-170.
- Shippy, R. A., & Karpiak, S. E. (2005). Perceptions of support among older adults with HIV. *Research on Aging, 27*, 290-306.
- Siegel, K., Schrimshaw, E. W., & Karus, D. (2004). Racial disparities in sexual risk behaviors and drug use among older gay/bisexual and heterosexual men living with HIV/AIDS. *Journal of the National Medical Association, 96*(2), 215.
- Simone, M.J., & Appelbaum, J. (2008). HIV in older adults. *Geriatrics, 63*(12), 6-12.
- Singer, M., Bulled, N., Ostrach, B., & Mendenhall, E. (2017). Syndemics and the biosocial conception of health. *The Lancet, 389*(10072), 941-950.
- Skalacka, K., & Gerymski, R. (2019). Sexual activity and life satisfaction in older adults. *Psychogeriatrics, 19*(3), 195-201.
- Slater, L. Z., Moneyham, L., Vance, D. E., Raper, J. L., Mugavero, M. J., & Childs, G. (2015). The multiple stigma experience and quality of life in older gay men with HIV. *Journal of the Association of Nurses in AIDS Care, 26*(1), 24-35.
- Slater, L. Z., Moneyham, L., Vance, D. E., Raper, J. L., Mugavero, M. J., & Childs, G. (2013). Support, stigma, health, coping and quality of life in older gay men with HIV. *Journal of the Association of Nurses in AIDS Care, 24*, 38-49.
- Small, L. F. F. (2009). What older adults know about HIV/AIDS: Lessons from an HIV/AIDS education program. *Educational Gerontology, 36* (1), 26-45.

- Sok, P., Gardner, S., Bekele, T., Globerman, J., Seeman, M. V., Greene, S., ... & Hwang, S. W. (2018). Unmet basic needs negatively affect health-related quality of life in people aging with HIV: results from the Positive Spaces, Healthy Places study. *BMC public health*, *18*(1), 644.
- Spieldenner, A. (2016). PrEP whores and HIV prevention: the queer communication of HIV pre exposure prophylaxis (PrEP). *Journal of homosexuality*, *63*(12), 1685-1697.
- Stabell, A. C., Wilson, M., Jankowski, C. M., MaWhinney, S., & Erlandson, K. M. (2020). The impact of a structured, supervised exercise program on daily step count in sedentary older adults with and without HIV. *Journal of acquired immune deficiency syndromes (1999)*, *84*(2), 228.
- Stevens, R. C., & Hull, S. J. (2013). The colour of AIDS: an analysis of newspaper coverage of HIV/AIDS in the United States from 1992–2007. *Critical arts*, *27*(3), 352-369.
- Stockdale, S. E., Wells, K. B., Tang, L., Belin, T. R., Zhang, L., & Sherbourne, C. D. (2007). The importance of social context: Neighborhood stressors, stress-buffering mechanisms, and alcohol, drug, and mental health disorders. *Social science & medicine*, *65*(9), 1867-1881.
- Straits-Tröster, K. A., Patterson, T. L., Semple, S. J., Temoshok, L., Roth, P. G., McCutchan, J. A., ... & Grant, I. (1994). The relationship between loneliness, interpersonal competence, and immunologic status in HIV-infected men. *Psychology and Health*, *9*(3), 205-219.
- Stringhini, S., Zaninotto, P., Kumari, M., Kivimäki, M., Lassale, C., & Batty, G. D. (2018). Socio-economic trajectories and cardiovascular disease mortality in older people: the English Longitudinal Study of Ageing. *International journal of epidemiology*, *47*(1), 36-46.

- Stryker, J. E. (2008). Measuring aggregate media exposure: A construct validity test of indicators of the national news environment. *Communication Methods and Measures*, 2(1-2), 115-133.
- Su, X., Zhou, A. N., Li, J., Shi, L. E., Huan, X., Yan, H., & Wei, C. (2018). Depression, loneliness, and sexual risk-taking among HIV-negative/unknown men who have sex with men in China. *Archives of sexual behavior*, 47(7), 1959-1968.
- Sung, Y. K., Li, L., Blake, C., Betz, J., & Lin, F. R. (2016). Association of hearing loss and loneliness in older adults. *Journal of Aging and Health*, 28(6), 979-994.
- Swim, J. K., K. Johnston, and N. B. Pearson. (2009) Daily Experiences with Heterosexism: Relations between Heterosexist Hassles and Psychological Well-Being. *Journal of Social and Clinical Psychology*, 28 (5): 597–629.
- Taylor, H. O., & Nguyen, A. W. (2020). Depressive symptoms and loneliness among Black and White older adults: The moderating effects of race. *Innovation in aging*, 4(5), 1-13.
- Thames, A. D., Nunez, R., Slavich, G. M., Irwin, M. R., & Senturk, D. (2021). Racial differences in health and cognition as a function of HIV among older adults. *The Clinical Neuropsychologist*, 1-21.
- Tilvis, R. S., Routasalo, P., Karppinen, H., Strandberg, T. E., Kautiainen, H., & Pitkala, K. H. (2012). Social isolation, social activity and loneliness as survival indicators in old age; a nationwide survey with a 7-year follow-up. *European Geriatric Medicine*, 3(1), 18-22.
- Tilvis, R. S., Laitala, V., Routasalo, P. E., & Pitkälä, K. H. (2011). Suffering from loneliness indicates significant mortality risk of older people. *Journal of aging research*, 2011-16.

- Togari, T., Inoue, Y., & Takaku, Y. (2016). Virtual and real social support networks in mental health of Japanese HIV-positive men: Nationwide HIV/AIDS web re-search. *HIV/AIDS Research Treatment Open Journal*, 4(1), 9-13.
- Torres, H. L., & Gore-Felton, C. (2007). Compulsivity, substance use, and loneliness: The loneliness and sexual risk model (LSRM). *Sexual Addiction & Compulsivity*, 14(1), 63-75.
- Torres, H. (2005). *Loneliness: an overlooked HIV risk factor among MSM?* Poster session presented at the annual meeting of the American Psychological Society 17th Annual Convention, Los Angeles, CA.
- Treichler, P. A. (1999). *How to have theory in an epidemic: Cultural chronicles of AIDS*. Duke University Press.
- Turan, B., Smith, W., Cohen, M. H., Wilson, T. E., Adimora, A. A., Merenstein, D., ... & Turan, J. M. (2016). Mechanisms for the negative effects of internalized HIV-related stigma on antiretroviral therapy adherence in women: the mediating roles of social isolation and depression. *Journal of acquired immune deficiency syndromes (1999)*, 72(2), 198.
- Turner, R. J. (2009). Understanding health disparities: The promise of the stress process model. In *Advances in the conceptualization of the stress process* (pp. 3-21). Springer, New York, NY.
- Valdes, B., Gattamorta, K., Jones, S. G., Fenkl, E. A., & De Santis, J. P. (2019). Social support, loneliness, depressive symptoms, and high-risk sexual behaviors of middle-aged Hispanic men who have sex with men. *Journal of the Association of Nurses in AIDS Care*, 30(1), 98-110.

- Vancampfort, D., Mugisha, J., Richards, J., De Hert, M., Probst, M., & Stubbs, B. (2018). Physical activity correlates in people living with HIV/AIDS: a systematic review of 45 studies. *Disability and rehabilitation*, 40(14), 1618-1629.
- Vance, D. E. (2010). Aging with HIV: Clinical considerations on an emerging population. *The American Journal of Nursing*, 110(3), 42.
- Vance, D. E., Struzick, T. C., & Masten, J. (2008). Hardiness, successful aging, and HIV: implications for social work. *Journal of Gerontological Social Work*, 51(3-4), 260-283.
- Vogel, M., Schwarze-Zander, C., Wasmuth, J. C., Spengler, U., Sauerbruch, T., & Rockstroh, J. K. (2010). The treatment of patients with HIV. *Deutsches Ärzteblatt international*, 107(28-29), 507.
- Walkup, J., Blank, M. B., Gonzalez, J. S., Safren, S., Schwartz, R., Brown, L., ... & Lyda, K. (2008). The impact of mental health and substance abuse factors on HIV prevention and treatment. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 47, S15-S19.
- Wallach, I. & S. Brotman (2013). Ageing with HIV/AIDS: a scoping study among people age 50 and over living in Quebec. *Ageing and Society*, 33, 1212-1242
- Wang, Q., Chang, R., Wang, Y., Jiang, X., Zhang, S., Shen, Q., ... & Cai, Y. (2019). Correlates of alcohol and illicit drug use before commercial sex among transgender women with a history of sex work in China. *Sexual Health*, 17(1) 45-52
- Yarns, B. C., Abrams, J. M., Meeks, T. W., & Sewell, D. D. (2016). The mental health of older LGBT adults. *Current psychiatry reports*, 18(6), 60. <https://doi.org/10.1007/s11920-016-0697-y>

Yoo-Jeong, M., Hepburn, K., Holstad, M., Haardörfer, R., & Waldrop-Valverde, D. (2020).

Correlates of loneliness in older persons living with HIV. *Aids Care*, 32(7), 869-876.

Youn, B., Shireman, T. I., Lee, Y., Galárraga, O., & Wilson, I. B. (2019). Trends in medication

adherence in HIV patients in the US, 2001 to 2012: an observational cohort

study. *Journal of the International AIDS Society*, 22(8), e25382.

Appendix A

A1



Charlotte McCullagh, LMSW
Columbia School of Social Work
1255 Amsterdam Avenue, Cubicle 920-I
New York, NY 10027

Monday, November 24, 2014

Charlotte McCullagh,

This letter serves as a linkage agreement to provide recruitment for a confidential study, carried out by Columbia School of Social Work at Momentum sites. You are able to table on the following days in January 2015 on the: 6th, 7th, 9th, 12th and 13th. Please don't hesitate to contact me if you need any further information.

Sincerely

Yizel Santana, MSW
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www.boomhealth.org/solutions/food-and-nutrition



Are you a man? Are you over 50? Are you HIV/AIDS positive?

If the answer to these questions is **YES**, we would like to talk to you about your experience living with **HIV/AIDS**.

We invite you to take part in a study to better understand the life of men over 50 with HIV/AIDS. Participants will be interviewed at any location of their choosing and will be compensated a \$10 Kmart/Sears gift card.

This is a **confidential** study, carried out by **Columbia School of Social Work**, and has been reviewed and approved by the Columbia University (Morningside Campus) Institutional Review Board.

To learn more please contact Charlotte McCullagh, at **cam2316@columbia.edu** or **917-751-1437**.

**COLUMBIA UNIVERSITY
INFORMED CONSENT DOCUMENT**

Aging with HIV/AIDS in New York City: A Comparison of Lived Experiences among Men

Investigator: Charlotte McCullagh and Dr. Denise Burnette, Department: Social Work

Telephone: 917-751-1437

Investigators' statement

We are asking you to be in a research study carried out by Columbia School of Social Work. The purpose of this consent form is to give you the information you will need to help you decide whether or not to be in the study. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called 'informed consent.' We expect a maximum of 20 men to participate in this research.

PURPOSE

This a research study. The purpose of this study is to understand whether lived experiences vary among men aged 50 and over with HIV/AIDS in New York City, based on when they were diagnosed.

BENEFITS

While it is likely that there will be no direct benefits to you from participating in the study; we hope the study will help policy makers and practitioners to better understand the different experiences associated with aging with HIV/AIDS in New York City.

PROCEDURES

If you chose to participate in this study, you will be asked to take part in an interview. The interview should last no more than 60 minutes. You will be asked to give information about yourself including: race, age, sexuality, education level, employment, whether you were diagnosed with HIV or AIDS, when you were diagnosed and (if not New York City) your original hometown. At no point will we ask you to reveal your name, date of birth or any other identifying information.

The main part of the interview will involve two questions: Tell me about your experience living and aging with HIV? What factors have influenced your experience?

Your interview will be audio recorded. We will continue the interview as long as you feel comfortable and you are able to refuse to answer any question or withdraw at any time.

RISKS, STRESS, OR DISCOMFORT

There are minimal risks attached to this study. In describing your life with HIV/AIDS, it is possible that you may feel a variety of emotions. You may also feel vulnerable sharing your experiences.

If you experience any stress or discomfort, we will give you a list of mental health and counselling resources available locally.

OTHER INFORMATION

The data collected from your interview will be de-identified and will not be linked to any information that could identify you. If we quote you in a research publication we will use a pseudonym (fake name).

The data from your interview will be kept until January 2017. The audio recordings will be kept on an encrypted drive and this drive will be kept in a locked cabinet.

Audio recordings will be accessed by the investigator and other research staff. The recording will be transcribed and assessed for themes, by the investigator. These themes will form the basis of publications and/or presentations. Additionally, quotations from the recordings may be used in publications and/or presentations, if we publish quotations a pseudonym will be used.

Upon completion of the interview we will give you a \$10 Kmart gift card. If you were required to travel to the interview today, we will give you a single-use Metro Card.

You may refuse to participate or withdraw from the study at any time without any consequence to you. If you chose to withdraw, following the interview, your recording will be destroyed immediately and you will be able to keep the \$10 gift card and Metro Card.

PARTICIPATION

Participation in research is entirely voluntary. You may refuse to participate or withdraw from participation at any time without jeopardizing your employment, student status or any other entitlements. The investigator may withdraw you at his/her professional discretion.

ALTERNATIVES TO PARTICIPATION

There are no alternatives to participation. An alternative is not to participate in this research.

CONFIDENTIALITY

The following people and/or agencies will be able to look at and copy your research records: The investigator, study staff and other professionals who may be evaluating the study, authorities from Columbia University, including the Institutional Review Board ('IRB'), and authorities from The Office of Human Research Protections ('OHRP'). An IRB is a committee organized to protect the rights and welfare of people involved in research.

PRIVATE INFORMATION

Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed without your separate consent, except as specifically required by law.

CONTACT INFORMATION

If at any time you have questions regarding the research or your participation, you should contact the investigator, Charlotte McCullagh, who will answer all questions. Her telephone number is (917) 751-1437 and her email address is cam2316@columbia.edu. Additionally, you can contact Professor Denise Burnette, telephone number: (212) 851-2188, email address: jdb5@columbia.edu. You should also contact the investigator or a member of the research staff if you have any concerns or complaints about the research.

If at any time you have comments regarding the conduct of this research or questions about your rights as a research participant, you should contact the Institutional Review Board (IRB) Administrator at (212) 851-7040 or askirb@columbia.edu.

PARTICIPANT'S STATEMENT

I have read the above purpose of the study, and understand my role in participating in the research. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later, about the research, I can ask the investigator listed above. I understand that I may refuse to participate or withdraw from participation at any time without jeopardizing my employment, student status or other rights to which I am entitled. The investigator may withdraw me at his/her professional discretion. If I have questions about my rights as a research participant, I can call the Institutional Review Board office at (212) 851-7040. I certify that I am 18 years of age or older and freely give my consent to participate in this study. I will receive a copy of this document for my records.

Subject's signature/consent: _____ Date: _____

Name: _____

INVESTIGATOR'S STATEMENT

I have discussed the proposed research with this participant, and in my opinion, the participant understands the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in the research.

Signature _____ Date: _____

Member of the Research Team

Print Name: _____

December 30, 2014

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

COLUMBIA INSTITUTIONAL REVIEW BOARD
MORNINGSIDE OFFICE

Jacqueline Burnette
SSW Individual Rsch & Initiati - 5763102
1255 Amsterdam Ave
Rm 922
4600

Protocol Number: IRB-AAAO7706

Title: Aging with HIV or AIDS in New York City: A Comparison of Lived Experiences Among Men

Approval Date: 12/18/2014 Expiration Date: 12/17/2015

Dear Professor Burnette,

On December 18, 2014, the above-mentioned study was reviewed and approved by the Chair or Designee of the Columbia University Institutional Review Board IRB–Morningside. It met the regulatory guidelines for expedited review, category #7. You may now begin human research for this study.

During the approval period, all subjects enrolled not only must provide voluntary informed consent to participate in the study, but also must sign a copy of the appropriate stamped consent document(s). A copy of the consent document(s) must be given to the subjects for their record.

The following study-related materials were approved:

- Mental Health Services List for Subjects, attached 12/17/2014
- Revised Momentum Project Recruitment Flyer, attached 12/17/2014
- Revised Consent Form, attached 12/17/2014
- Interview Script, attached 12/2/2014

Any proposed changes in the protocol must be immediately submitted to the IRB for review and approval prior to implementation, unless such a change is necessary to avoid immediate harm to the participants. Additionally, any unanticipated problems that involve risks to subjects must be reported to the IRB in accordance with the CUMC Unanticipated Problems: Reporting to the IRB of Unanticipated Problems Involving Risks policy. All submissions for modifications and unanticipated problems must be submitted through RASCAL.

Renewal applications should be submitted 60 days before the expiration date of this study through RASCAL. Failure to obtain renewal of your study prior to the expiration date will require discontinuance of all research activities for this study, including data analysis. You must inform the IRB when your study has been completed via a Closure report in Rascal.

If you have any questions regarding this approval, please call Joyce Plaza at (212) 851-7043.
Columbia University appreciates your commitment towards the ethical conduct of human research.

Sincerely,

Annie Barry
Assistant Manager
Human Research Protection Office (HRPO)-Morningside

Electronically signed by: Barry, Annie

615 West 131st Street, 3rd Floor New York, NY 10027
212-851-7040 Fax 212-851-7044 <http://www.columbia.edu/cu/irb>



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212-851-7040 Fax 212-851-7044 <http://www.columbia.edu/cu/irb>



IRB-AAA07706

Renewal (Y02M00)

Researcher Responsibilities:

Any proposed changes in the protocol must be immediately submitted to the IRB for review and approval prior to implementation, unless such a change is necessary to avoid immediate harm to the participants.

Any unanticipated problems that involve risks to subjects must be reported to the IRB in accordance with the Unanticipated Problems: Reporting to the IRB of Unanticipated Problems Involving Risks policy. All submissions for modifications and unanticipated problems must be submitted through Rascal.

Renewal applications should be submitted 60 days before the expiration date of this study through Rascal. Failure to obtain renewal of your study prior to the expiration date will require discontinuance of all research activities for this study, including enrollment of new subjects.

You must file a Closure Report in Rascal when your study has been completed.

A5

Interview 1

Interviewer: First of all, how old are you?

Respondent: Fifty.

Interviewer: What do you consider your race to be?

Respondent: African American.

Interviewer: Do you consider yourself to be heterosexual, gay or bisexual?

Respondent: Gay.

Interviewer: What's your highest level of education?

Respondent: Twelve.

Interviewer: Are you currently employed?

Respondent: Unemployed.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: HIV.

Interviewer: When were you diagnosed?

Respondent: In 1993.

Interviewer: When did you come to New York City?

Respondent: I was born here.

Interviewer: This is so exciting! I'm meeting all these people that were born in New York City. Can you tell me a bit about your experience living and aging with HIV? So start with when you were first diagnosed, what was that like?

Respondent: When I first got diagnosed with HIV, I didn't take it very well. I was suicidal because I didn't take it very well. I came around and got the proper treatment. I spoke to a counsellor and she got me hooked up with this doctor and then they started me on medicine and ever since I've been taking my medicine and that's how I cope with it.

Interviewer: So the first medicine you took, was that AZT?

Respondent: Yes.

Interviewer: And how was that, taking AZT?

Respondent: It worked alright for me. My T-cells went up, I went undetectable again. When my immune system got used to it that's when they had to start switching my medicine.

Interviewer: So how many times have you had to switch your medicine?

Respondent: I say, just twice.

Interviewer: That's not too bad. When you were first diagnosed, what are the kind of things that you thought? Because you were diagnosed quite early [Overlapped]

Respondent: I said well how did I get it? But I knew how I got it. I got it from a female from unprotected sex. The female never told me. I didn't cope with that very well. I thought I was going to die. I tried to kill myself and then I came to the reality that it's not that bad. Once you get treatment and take your medicine you'll be alright.

Interviewer: How did that change for you when they brought the new medication out? What was that like?

Respondent: Kind of scary.

Interviewer: Scary?

Respondent: Yeah. I'm used to taking one medicine and then they switched it and I had to get used to it and my body had to get immune to the medicine again.

Interviewer: What have been the positive things that have come out of aging with HIV and what have been the negative things?

Respondent: The positive thing; you can live a long time. Once you take your medicine, eat properly, do exercise and just do the right thing; that's it. Once you fight and don't give up you'll be alright.

That's what I learnt, to fight and never give up. I have so many people that died from it because they just gave up all together. They wouldn't take their medicine, they said medicine is toxic and that as a hurting feeling. So today, I'm a living witness, I'm strong and I'm still fighting and I'm still hanging in there.

Interviewer: What about social support? Did you get social support?

Respondent: Well at first I told my sister. She didn't know how to cope with it but she came around. She said everything is going to be alright and then I told my aunt. They treated me kind of bad. They fed me on paper plates, gave me plastic cups and stuff like that. That was a hurting

feeling for real. My brother didn't know how to accept it; he didn't want to talk to me. He didn't talk to me for a long, long time but now he's coming around and talking to me.

Interviewer: That must have made you feel really awful.

Respondent: It did but I had to give them time to come around because that is shocking news and you're not going to cope with that. I gave him time to come around. He came around and now we're close. We talk and he calls me to make sure I'm taking my medicine and makes sure I'm eating and that's about it.

Interviewer: What about social support from other people, from services?

Respondent: Well Momentum is a good support group. They helped me; I can say they helped a lot. They've been there for me, they make sure I eat properly, I go to the group, especially Afesha. She makes sure I eat properly, eat the right food, make sure I eat my vegetables because I never ate vegetables before but now I started eating my vegetables so that's a good thing.

Interviewer: So you feel eating is vegetables is something...

Respondent: Yeah that's how you get your protein and stuff like that.

Interviewer: So what do you think has made you live this long? What do you feel is the main factor that's made you live this long?

Respondent: Eating properly and taking care of my health; that's the most important thing. You've got to keep fighting and to this day I'm still fighting. You can't give up. Even if they say secure, but we all know, but as long as you keep fighting you're going to be alright. It's a battle.

Interviewer: You mentioned your family rejecting you at the beginning, what other negative things have happened because of HIV do you think?

Respondent: Some people need to be educated. They feel like when people have HIV, they think they can get it shaking hands and stuff like that. I think they just need to be educated on HIV.

Interviewer: For you, how has HIV impacted your aging experience? How do you think that HIV has impacted you as you've aged?

Respondent: I think I can still learn a lot more about HIV. I'm still kind of confused about it but I think I can still learn a little more about it. I can get educated a little more because I'm still confused about it.

Interviewer: What about relationships that are either personal or you mentioned that your family has come around now or are on their way to coming around, what about friendships and sexual relationships? How have those been affected?

Respondent: Well I had two partners. One died and I been with him for five years, he died in 2006.

Interviewer: From HIV?

Respondent: Yeah. Because he didn't want to take his medicine and that was the hardest thing for me. He's resting now; he's in a veteran cemetery, he was in the marines. I go out there in May, Memorial Day and put flowers on his grave. I had another one, 2013; he had been in a car accident but the hardest thing on that is I had to pull the plug and I never had to pull the plug on nobody before.

Interviewer: That must have been very hard.

Respondent: Yeah. So this year, he'll be dead three years now.

Interviewer: I hope you don't mind me asking, how was it to see somebody that you were close to die of the disease that you yourself were already overcoming? How was that?

Respondent: It's kind of hard to see somebody die right in front of you and just give up. That's why I tell people to take their medicine. Never give up. It's a battle but you know, it's not the end of the world. As long as you take your medicine and continue to eat well you'll be alright; that's the way I see it.

Interviewer: What about religion?

Respondent: I believe in God. I talk to him every day. I wonder does he hear me but I know he hears me. I want him to speak back but I know he can't speak back but I know he hears me. That's one strong thing that keeps me going because the man above me, he never lets me down.

Interviewer: I wanted to ask about the younger generation, what do you think about the younger generation?

Respondent: I think they need to learn. They're in this fast world thing, you got some young kids that are gay; they're moving too fast. They're having unprotected sex and not using condoms and stuff like that. Half of them are trying to get HIV to get the service that we got today. That's where they need to go and do some outreach and reach out to them and just let them know.

Interviewer: So you say some of them are trying to get HIV?

Respondent: Yeah! I do outreach in the summertime, go out to the gay park and handout condoms. You'd be amazed at some of the younger ones that are there; they're no more than fourteen or fifteen years old and having sex back to back like that.

Interviewer: Having seen close friends die of HIV and having seen your partner die of HIV so recently, how does that make you feel when you hear about young generation either trying to get HIV or just being careless?

Respondent: I think it's...I don't know how I can say...I don't know, I think somebody needs to reach out to them, sit down and go into the gay population and just talk to them. Tell them that's not the answer and to use condoms, be careful and stuff like that.

Interviewer: So you think that education is the way to get through to them?

Respondent: Yeah.

Interviewer: How do you think they listen to the older generation?

Respondent: I think they will listen, I think they will. Because they feel like now nobody is out there trying to reach them and tell them about it; that's what it is.

Interviewer: Do you think there's a fundamental difference between, so some other participants have mentioned that they feel there's a fundamental difference between older and younger people and the way they were raised; do you think there's some truth to that or do you think it's just a lack of outreach?

Respondent: I think it's the outreach; I think, that's my opinion. I think it is.

Interviewer: So you think there's no difference between the younger and the older generation, it's just there's less information?

Respondent: Yeah that's all it is.

Interviewer: You think that the older generation could be a great source of more information?

Respondent: I think they can teach them a little more; the older generation. Because I think they need someone to talk to for real. Some of them are just fast; you see them on the train going nowhere. They perform and you got to slow down half of the time. They want to be seen and they want to be heard and stuff like that. There's no need for all that!

Interviewer: You feel that they need to slow down?

Respondent: Slow down; a lot. They're moving a little too fast.

Interviewer: What about when younger people get HIV, how do you think they cope? Do you think they cope the same way that your generation did or do you think it's a different coping mechanism?

Respondent: That's a good question. I don't know the answer to that one; that's a hard question. It is a good question though.

Interviewer: You have a lot of young people come here to this project right?

Respondent: Right.

Interviewer: So you see a fundamental difference between the way they act and the way the older generation act?

Respondent: Um hmm.

Interviewer: So is there anything else that you want to tell me about your experience growing older with HIV?

Respondent: I'm living longer. Thank God I'm here today and I'm still fighting. I'm never going to give up.

Interviewer: To sum up, you think the reason that you've lived so long is because you're a fighter?

Respondent: Right! Never give up; you've got to keep fighting. That's the whole keyword.

Interviewer: When you look back at the people that you've lost along the way, you feel that they just stopped fighting?

Respondent: They just gave up; they really did. We lost so many people who just gave up all together; for real. We found people died in their house; they just give up.

Interviewer: At some point it sounds like you almost gave up yourself?

Respondent: Yeah but I caught myself before I got that far.

Interviewer: How about your health, have you ever had a situation where you've been seriously ill?

Respondent: No thank God for that. I've never had the TB, I've never had PCP, I never was in the hospital so I knock on wood for that.

Interviewer: Do you think that might be part of the reasons that some people gave up because they had so many health issues, one of top of the other?

Respondent: Yeah. They're not taking care of themselves and have sex after sex not using condoms and things like that. Some people drink and they just give up.

Interviewer: When you yourself were first diagnosed, did you change your behaviour at all?

Respondent: I was distant from people; I must say that but I came around and started going to groups and stuff like that.

Interviewer: In terms of, did you not drink, did you now take drugs anymore or have sex anymore when you were diagnosed or did you just keep doing as you were doing before?

Respondent: No I think I cut down. I had to be careful because I didn't want to pass it on to someone else. A lot of people have sex, you know when they have sex and they know they have HIV, they're not going to tell their partner they have it and that is a crime when you don't tell them that you have it. So you actually pass it onto them; you're killing that person.

Interviewer: How do you feel about the woman that gave you HIV in the first place? How do you feel about her now?

Respondent: I hate her to this day.

Interviewer: You still hate her?

Respondent: Yeah because she could have told me she had it but she didn't.

Interviewer: Do you know what happened to her?

Respondent: No I don't know to this day what happened to her.

Interviewer: But you still hold that feeling of hate?

Respondent: I do because I don't think I would have got it today if it wasn't for her.

Interviewer: Any last words?

Respondent: No.

Interview 2

Interviewer: How old are you?

Respondent: 63.

Interviewer: 63?

Respondent: Mm-hmm.

Interviewer: You look great for 63. What do you consider your race to be?

Respondent: Race?

Interviewer: Race, yeah.

Respondent: Black.

Interviewer: Okay. Do you consider yourself to be heterosexual, straight, gay or bisexual?

Respondent: Gay.

Interviewer: What's your highest level of education?

Respondent: College, four years complete.

Interviewer: Are you currently employed?

Respondent: No.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: AIDS.

Interviewer: When were you diagnosed with AIDS?

Respondent: '98.

Interviewer: '98. When did you come to New York City?

Respondent: Born here.

Interviewer: You're born here, okay. Tell me about your experience living and aging with HIV?

Respondent: Well my experience living and aging with it, I mean the most that I ever had was housing, you know what I'm saying? The housing is the most difficult thing. I guess medication

would be thrown in there too because then I had to learn how to do my medicine. But I think that's the only way I could explain it.

Interviewer: Okay. How did you feel when you're first diagnosed, what was that like?

Respondent: It didn't bother me because I mean I heard about it and I knew that lifestyle I was living. So when I -- it was a no shock, put it like that. I think that the doctors was more worried about my reaction because there wasn't no reaction, so they thought something was really wrong with me.

Interviewer: Okay, so you didn't feel any different after being diagnosed.

Respondent: No I didn't feel any difference, no.

Interviewer: What kind of things have helped in coping with being HIV positive or you just feel it hasn't changed at all and so there's been nothing of note that's helped?

Respondent: Oh, no lot of things have changed. I mean, I had help with this program, I had a help with friends that I met through this program. There's been a lot of support, you know what I'm saying? It had really help me get through the time because at the time when I was -- when I was finding out that I was on I was doing drugs at the same time. Now I've been clean for like, what, 15 years I've been doing good, so this program has helped a lot, Momentum program.

Interviewer: Okay. What about things that have changed negatively, is there anything -- is there thing -- anything that's changed negatively? Do you look back and think I could have done this if I wasn't HIV positive?

Respondent: No.

Interviewer: No?

Respondent: Never looked at it like that. I never did really.

Interviewer: Okay. What is it being like aging with HIV? What has that been like?

Respondent: Well, to me it's been pretty good because I mean once I found out, I did the right thing. I got it under -- to proper medical care, you know what I'm saying? It's been like really easy to deal with. I mean I have my bouts with it, with certain types of illness and when I caught the PCP pneumonia stuff like that, I was in the hospital for a couple of weeks. But that's the most difficult thing that I had to went through, that's what I was dealing with HIV.

Interviewer: There's been some health issues, but do you feel like generally aging has been exacerbated by HIV or not really?

Respondent: In all honesty I'm surprised because I mean with me aging, I was looking for more problems to happen. I'm surprised that nothing has really come up, you know what I'm

saying? I could really say it's been a good life. I mean, not that I want to live with it, but living with it has been all right.

Interviewer: Okay. Generally it's not been a terribly negative experience.

Respondent: No, no. I've been lucky in that sense, because you got a lot of people that haven't been, but I have been lucky. I guess because of my friends and my base of -- it's just a -- I have a good base that's the only thing I have to say.

Interviewer: This program is also part of that base.

Respondent: Right.

Interviewer: What about relationships in terms of personal relationships? How has that changed or relationships with family or friends?

Respondent: My family they completely understand it, you understand what I'm saying? I never had no problems like that. As far as other relationships -- my relationships has been pretty long, I just came out of one that was like nine years and I ain't looking to get back into one no time soon, so, but it's been good.

Interviewer: Okay. What about people you've -- have there been losses along the way? Have you lost people along the way?

Respondent: Yes, yes. I lost a lot of friends along the way. That's the only sad thing about it, you know what I'm saying? You look back on it, it's just like with me and Ronald been friends for so long and I know we all lost so many same type of friends together.

Interviewer: Do you think that being a gay man and had kind of being involved in that community you were exposed to more losses because it's so affected the gay community?

Respondent: I think it's -- I suffer more losses through the gay community because most people I mean dealing HIV. Most people still kind of secretive about being feeling not gay, you know what I'm saying? It's -- I mean if you're not HIV -- I mean if you are HIV positive and you're not gay, you're not telling nobody, you know what I'm saying? I think the gay community is more open with it, that's why it seems like we suffer more losses, or we remember more losses because I think we got a bond together as far as when we find out we're HIV positive and we start helping each other and you get close. Then when you lose somebody it's really a big thing.

Interviewer: It sounds like there's a kind of activism piece there.

Respondent: Exactly, exactly it is.

Interviewer: As well as Momentum that you involved in any other kind of activism?

Respondent: I have tried other programs and stuff like that, and they help out too because I've met other people, you know what I'm saying? Well, Momentum has been the base of my program because I don't like to jump around, so Momentum is the main program.

Interviewer: What about spirituality? Other people have mentioned spirituality is an important -- as an important way of dealing with HIV.

Respondent: It is, because we ain't got nothing to go to, that's the only thing that's left. I found over the years that it does help a person, you know what I'm saying? I mean I'm not the most religious in the world, but I have fought myself, found myself, find the solitude in my religion and it has helped pull me through.

Interviewer: What about health chances, have you made any active health changes in terms of changing in diet, changing in the way you live?

Respondent: I mean my diet has basically stayed the same, you understand what I mean? I mean every once in a while, my cholesterol might get high, the doctor bring me down and that's cut on my diet on a certain things. But then that's just me and my doctor working together like other person that does -- they have HIV and basically have a health problem, you know what I mean?

Interviewer: Mm-hmm.

Respondent: I wouldn't say it's because of the HIV.

Interviewer: Mental health, how is -- any issues relating to depression or feelings of sadness or anything like that?

Respondent: No.

Interviewer: Okay.

Respondent: I mean I do get sad sometimes, I work my way through it, you know what I mean? But it's not like a big issue with me because I really don't have no mental problems or no stress. Always brought up in a way where things wouldn't affect me.

Interviewer: Okay. Tell me about that. Tell me about how you brought up, so things weren't affect to you?

Respondent: I was brought up, oh god I had so much fun.

Interviewer: Well, that's good.

Respondent: No, my mother was a bar maid so -- and then we was brought up in that lifestyle, you understand what I'm saying? My uncle owned a pool hall. I mean the way that I grew up and then too, with my age and the time I grew up that was whole new different thing. I think the time

that I grew up really affect, I mean, really helped me to pull through this, because that -- I mean the time and everything was like you knew what you have to do and you -- you was taught to take care of your business. Then I think that helped me a lot with my HIV because, you know what I'm saying? Instead of running away from it, I faced it head on took care what I needed to take care of.

Interviewer: You feel like growing up -- growing up at the time you grew up meant that you were better equipped to deal with HIV.

Respondent: Yes, I really do believe that.

Interviewer: What do you think about the younger generation then?

Respondent: The younger generation they don't know anything. I mean, I could see it from working here, you know what I'm saying? It's like -- I don't know how to explain it but it's like they have no guidelines, you know what I'm saying? They don't know how to access help or how to seek out.

Interviewer: How does that as a person who has had HIV for some time and as a person who grew up when HIV was first coming out into the open. How does that make you feel that can't be younger generation?

Respondent: Makes me mad, it really does because like I got so many young kids that I know and I'd be telling them the same thing you must get tested, you must go check out this to make sure. If you do find out don't keep it a secret. I mean, you ain't got to tell everybody but you need to tell the right people so you can get the help that you need. That's the only thing with these people, young people today, you know what I'm saying? There's so much stigma behind the HIV and that thing will never die, it's going to be always right there. But they have to learn that, that stigma is not going to help them. They need to just ignore this and go and get the help.

Interviewer: What would you like to tell the young generation to get tested and to cope with that stigma?

Respondent: I'd tell them get tested every six months when you come up and you're positive and if you ain't got nobody to talk to come talk to me, talk to me, okay. I got a list of things that you can go to, you understand what I'm saying? It has helped, because some of them have come up like that being positive.

Interviewer: Do you feel like some of them don't listen to you, like some of them don't listen to the old generation?

Respondent: No, no I never ran across that.

Interviewer: No, okay.

Respondent: Never.

Interviewer: Once they're talking to you, they're willing to listen.

Respondent: Yes. I mean, depends on how the person approached them, you understand what I'm saying? You can approach the kids like telling them these days, well, this is what you got to do. You got to let them see what they got to do, you can't tell them because they're not good with people telling them because they ain't never had nobody, just young generation. I mean their parents grew up on drugs, so they ain't got no kind of sense of responsibility or whatever or reporting anything. That affects them in a decision making to me.

Interviewer: You think that's the difference between the older and the younger generation.

Respondent: Yes.

Interviewer: Lack of parenting.

Respondent: Yes, the lack of parenting is the main thing. Because that drug killed off a whole generation of parents along with grandparents, because my age now they would be grandparents. You don't have no more grandparents because of the drugs. Kids don't have no respect for the elder because they knew what they were doing when they was doing it, you know what I'm saying? It's like if you grew up and you seen your mother doing drugs, I mean what can your mother say to you now? That's exactly what happened, you know.

Interviewer: Do you think the fact that HIV is now something you can live with forever has an impact on how people -- on how the younger generation view it and how the younger generation change their behaviour?

Respondent: Living with HIV, you can live with for a long time, all right? But the thing is getting the right help or getting under right care and doing what you need to do. Young people do not follow rules or regulations, you understand what I'm saying? They feel -- a young person feel they're going to live forever. They don't take nothing going to happen to them, okay. By the time they realize that if you get HIV now in the sense, you're fighting the battle because you waited too long, even though the battle -- I'm saying you're not going to -- you could still win the battle but it's going to be a harder fight. With that fight comes depression, sadness and everything else, you know what I'm saying, that could bring you down and make you give up.

Interviewer: But it sounds like you didn't experience any of those feelings, the sadness and depression that bring you down.

Respondent: No I didn't personally but I felt it to other people.

Interviewer: Yeah.

Respondent: You know what I'm saying? I am so glad I didn't have to go through that. I mean I really felt that I was lucky, and that comes from my upbringing I really believe that, I really truly believe that.

Interviewer: Is there anything else that you think is important that you want to tell me about aging with HIV?

Respondent: I got covered it all.

Interviewer: You covered it all, okay.

Respondent: I hope it sound good to you, though.

Interviewer: No, it's perfect, thank you very much.

Interview 3

Interviewer: Okay, so can you tell me your age, please?

Respondent: Yes, I'm fifty seven years old.

Interviewer: Fifty seven okay. What do you consider your race to be?

Respondent: African-American.

Interviewer: Okay. What about your sexuality?

Respondent: I'm heterosexual.

Interviewer: Okay. What's your education level?

Respondent: My education level, I have GED and one and a half years of college.

Interviewer: Okay. Are you currently employed?

Respondent: No.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: Both.

Interviewer: Both?

Respondent: Yeah. HIV and then it turned to AIDS.

Interviewer: Okay. When were you diagnosed?

Respondent: I was diagnosed 1983 back with this thing they called GRID like I didn't really understand because when I was in the hospital for meningitis, they -- I asked my doctor, I say what does GRID mean he said Gay White Man Immune Deficiency. I said I'm neither gay or white how do I get it? He said are you a drug user or did you buy sex from prostitutes or whatever. I said, well, I fall in the category of IV drug use, and I accepted the fact that that's how I contracted it.

Interviewer: Okay, and what was -- what's your original hometown? Were you born and raised in New York City or ---

Respondent: Yes, I'm born in Brooklyn, New York.

Interviewer: Brooklyn okay.

Respondent: Yes.

Interviewer: Okay, so tell me about your experience living and aging with HIV?

Respondent: Okay, upon when I first received my diagnosis it was a lot of negative stigma around it. People that I knew and people that I knew of that had contracted it, they were either killing themselves or taking it as a dead sentence. But me, I didn't do it because I was more like a realistic individual and then I was in the hospital for endocarditis a drug related ailment from injecting cocaine. I realised that it's a possibility that I could have this negative stigma everybody was afraid of. At that time it had put me in some type of psychological funk but being I was still in the hospital I really had no real issue of dealing with it. But I wasn't in contact with my friends, meeting my friends or anything I was in the hospital so... it didn't really affect me too much.

(Interuption)

Interviewer: There were other people around you that were new to this stigma thing but you kind of dealt with it.

Respondent: Right, and they was like saying oh if I get this, I'm going to go rob a bank, or if I get this, I'm going to commit suicide. Just do a lot of drugs and just hope that I die and things of that nature. I said to myself, I'm going to try to find out what's the best way that I can live with this because I really don't want to die even though I found out that in my drug use that I had suicidal behaviour. Being a realistic person and looking at a realistic point of view I said it would make no sense for me to do any of these things because I was already committing suicide by taking a foreign matter and injecting in my body, I don't know the outcome of. I just continued to take care of my health. While in the hospital I complied with medical advice. I had stopped using for a long time about maybe ten years I got into Chinese medicine, acupuncture, tai-chi, exercising, got into eating vegetables, I became a vegetarian. My life has become a little bit manageable. I had tried AZT and man I had to leave it alone after six weeks. I had suffered awful side effects of it, and I had a bigger scare because a lot of people that was taking the AZT medicine were facing the wasting syndrome. That was AIDS related condition that put you in the category of having AIDS because it's really a name play with HIV and AIDS.

The legislature was making it hard to get research and money for people with HIV positive, so I was involved in ACT UP. I was involved with Gay Men Health Crisis, I got involved with a lot of agencies that fought against legislature to make policy. So, when they was giving us a hard time they came up with a conclusion that if I had one or more AIDS related condition that they could quote "that I had AIDS" just to get the benefit, the medical and financial support that I would need. That's what they came up with that. If you've got more than one or two diagnosis like thrush, PCT, neuropathy any other thing that puts you in the category having AIDS. But that was just medically change, but all of them is AIDS related condition and I had ran with that because they were making it hard back then to get people with HIV positive some type of medical assistance and some type of medical, mental and financial support.

We came a long way from then to now. That's when they came up with HASA, HASA is public assistance welfare, right, they deal with HIV along as a component, as a offspring from welfare that only deal with HIV people. What they would do is they will pay for your rent and also give you money and food stamps to take care to help you to take care of yourself to some type of degree, while you fight for SSI, SSI was a hard one. They was making it real hard to give me no type of assistance until you're either on your death bed or you got a good doctor that knew how to write paper to do paperwork on your medical paperwork to help me get that assistance. I had a few good doctors that had assisted me in that matter. I wound getting a type of assistance and while I went to school and I had worked for various pharmaceutical companies like Bayer, MERCK, Bristol-Myers, Squibb and this other one I can't pronounce it P-I-Z ---

Interviewer: Pfizer?

Respondent: Yeah right, Pfizer and I have worked with them as a peer educator. They had given me a stipend and I was working close with Dr. Williamson, she was the HIV specialist and harm reduction and also drug treatment. She had liked my mannerism and my ---

[Interuption]

Respondent: I have worked with her for approximately maybe close to seven to ten years as a doctor assistant meaning that I was a HIV patient, but I was also the peer educator. So the patient that she couldn't reach, she would send them to me, and I used to tell them about my personal, strength hope and experience living with HIV to get them help. So, we deal with the peer model. She's a doctor and I'm the peer. She, I had got stuck a few time and she found it real hard to deal with that, they call it now PREP the pre-expose med that they give you, but back then they would only give you ATZ and a lot of other stuff. But she seen how hard it was when she got stuck and had to leave other jobs, how hard it was for me to take a regimen that she had me to work side by her.

But I take my medicine and remind her to take her medicine and she like that I was committed that I work with my acupuncture, my tai-chi, my exercises, and this and different things of that nature, so I used to go with her to different conferences all over the world. I used to be on speaking panels with Magic Johnson, other HIV people and I was a living example of a person that had come from a low educational background that had to deal with drug addiction and contracted this monster disease of HIV/AIDS and was helping people and I thought I never could do it. But through the help of her, God and other people, other agencies they gave me some type of hope and plus with that I acquired some good jobs, I became a drug counselor for another private agency that she was working for. I did -- I was a detox specialist and intake coordinator and still a peer educator. I had a -- I drove, I have my driving license, she didn't know how to drive, so I had my car, plus she had her car, but she had like a more special car BMW or something like that. I would drive my car from the Bronx to her place on 96 and Park Avenue, take my car put it in her parking lot, and then pull her car out, and take her car, call her, tell her that I got her car, pick her up and her lover which was a Caucasian woman; she was in a gay relationship.

She had adopted a Chinese baby from I think Korea or Tokyo, but it was somewhere in another country. I used to take them to all these places with driving their car and then after I dropped them at the job, if she didn't had no assignment for me to do, she would tell me, well come back at 2:30 and pick me up and you have the car all day. I would do what I do, I would do my trainings, go with the other clients, go pick up medication and go to home bound, other home bound, other clients that couldn't go out and go check on them, see they're eating right, see they're taking their medication. I would teach them how to set up their pill bottles, their pill box weekly, monthly and different things of that nature. It was a good thing, you know what I'm saying, and it was good because it gave me encouragement to help other people while I live with as the virus myself. It has a negative side of it, I was married to a woman, she's HIV negative for over twenty three years.

She still is negative but I'm not with her no more; I'm divorced. I was a faithful Muslim, I also incorporated my faith into living with this because as a Muslim you are not supposed to do drugs and things of that nature, and live the holiest life that you can and that had help me a lot -- I believe that with that and living right it had carried me from then to now. I believe I've been with the virus for over 35 years now, 1983 to now, so now I take my medication. I'm on a regimen that's pretty good My virus is undetectable, my T cells is about five hundred. I had a relapse started back using drugs out of depression, out of self-acceptance. Oh yeah, the doctor I was working with before, she got caught in some type of scam with writing ---

Interviewer: Fake prescriptions?

Respondent: No, writing narcotic drugs for everybody. The people that she was with, I think it was the Russian mob or whatever, but it was being investigated. She was legit, her license legit but the people that had opened up these different offices, they wasn't legit. Eventually, they got arrested and when they got arrested, she got arrested. I wasn't there, I didn't get arrested but the whole administration got arrested and she bailed out her -- immediately staff and then also herself and then went home and committed suicide.

Interviewer: Wow.

Respondent: Yeah, and so that point there I relapsed and started back using drugs which is IV intravenous. Still I took my medicine, I still was taking my medicine, I get into everywhere.

Interviewer: When was that, what year was that?

Respondent: That was 1998.

Interviewer: Okay.

Respondent: 1998.

Interviewer: You're already on the combination regimen by that point?

Respondent: Yes, yes, yeah, I was on -- back then I was on Viracept and Combivir but now I'm on Atripla and Ziagen. Now you look at me like strange, like why are you on that funny regimen because Atripla is three drugs in one, so you only really needed that. The doctor said that, I dealt with, said being that I was long term survivor and also relapsed and done different drug levels and stuff like that. Then its best that I have the three in one plus another one that works in -- working on pathogenesis that stop the lifecycle of the virus in a way of -- where really stops it from regenerating. It works pretty good. I'm doing a regimen now for about maybe ten years, and I have no problem with it.

Interviewer: Back in 1998 you relapsed and so what happened there? After the doctor killed herself you relapsed.

Respondent: Yeah. I went back into a life of crime somewhat, started hustling, selling other patients medicine, HIV medicine at one time in the gym. Again, they was giving HIV patients this medicine it's called steroids, the human hormone, human growth hormone and a lot of weightlifters use it under the table. The people that was HIV positive, because they were misrepresented, the people that was in the pharmaceutical company used to come into a different clinic that my boss used to work at and other doctor that I work for he said write the drug to the HIV patient but they weren't telling them that, the only way that this medicine could really work efficiently you had to eat right and exercise, it was a human hormone, right; yeah steroids. They wasn't really telling them that, they was just writing the prescription and giving it to them and a lot of them was getting the full effectiveness so they would let them sit around.

I was telling him I said, well listen if you don't want to take your medicine, I can help you get money off of it, you have to let me do it and I'll bring you money. In my gym and it was about a weight competition and things of that nature. I had sold under the table steroids to the weightlifters and then other HIV medicine to different nationalities that live in like Cuba, Santo Domingo, Puerto Rico, places it's hard to get HIV medicine. That was a phase that I went through, it was very lucrative, but really for me -- really all it did was really supply my drug habit because to use drugs it's really expensive, there's no income. I didn't want to disrupt my living situation by messing up with with Hasa or SSI whatever. I had to try to create some type of other means of income and that was that. That lasted for a little while.

But then when the FDA made a regulation that they're going to test all athletes, that had died down and I had to stop. Then the pharmaceutical stop making and giving it out as easy, and the FDA law made it harder to get. They still was giving it, but they made it harder now, they made it the criteria for these meds much harder for the patient to get. It was harder for me to get them to give it. Like I said I had tried it and got injected in the flabby part of tissues area in your arm, stomach, or the legs or whatever workout with weights and stuff and they work out, they work pretty good when you use it properly. What I didn't -- I couldn't do that and drugs too, so I just -- that's it. After a while when that fell out with the law, FDA, the laws the rules and regulations, I stopped doing it and then the doctor stopped writing it for me and then I found out that -- then I found out if you, again, if you're getting steroids that if you over take it, it can cause you a heart attack quicker.

I stopped doing that and so I just maintain my medicine now and I try to exercise naturally, pull up, pushups, dips and things of that nature. I got on a methadone programme to try to curbe my drug use. IV intravenous and I got divorced with my wife. She's still HIV negative and now I deal with another young lady that is much younger than me, she's HIV negative but she still got - she got a lot of phobias and issues with dealing with me and my status. But she still deal with me and I try to tell her about the PREP medications and stuff of that nature. But I told her I don't have no children, I want to have baby, she is at a young age, she is thirty four and I'm fifty six so I told her that I can convince her to get on the PREP medication because I got a ninety eight percent of protecting people from hazardous sexual transmitted HIV stuff and the virus can replicate if they take the medication beforehand it's known that it would anally, vaginally and for pregnancy. I try talking to her on that but she's ain't really with it but I ain't push the issue and I didn't get bent out of shape or anything. I just said that she's where she at now and where I'm at now, if it's meant to happen it will come, that point it will happen.

I'm taking my medicine and doing the peer training again at the place called Boom. It's with an agency they merge Boom and Momentum merge, it's a harm reduction agency. They would meet clients where they at, say they want to use, use safely and smoke crack safely, inject drug - they want to inject drug safely. If you're going to have sex, they want you to have it safely. Right now I'm doing a peer training there and I'm also doing -- I'm doing for the school social work kind of homeless doing shadow count yeah, I'll probably do that at night around ten o'clock to four o'clock in the morning. We try to do some other training DTAP, hepatitis C, I'm trying to get to training for that. Also, kind of get trained how to do group, I know how to do group, but I want to get the certification to put it on my resume, but I need to update my resume because I had went away to prison for seven years.

Now I'm going to try to re-establish my credentials in the right way by going back to school and I plan on try to go through VASA which is called Access Now. They pay for your training and probably get a certification, become a substance abuse counsellor (CASAC) or might go back to school where I think probably get -- use my life experience as well as my street knowledge to help me find maybe an associate degree and drug and alcohol counsellor, cause they got in each college now. They offer different trainings and schooling where you could get a degree with life experience and book knowledge. All you got to do is acquire the hours, so I'm trying to do that now. I'm thinking I'm trying to really decide which way to go, and processing that and because, like I said, I really don't have too much problems involving my HIV status. But I talk about it in group, I talk about it in NA, AA I let people know that I'm HIV positive, I deal with it on my terms, I take my medicine, I just want to do a no drug holidays.

If I do the way they taught me, I stopped the medicine, so I won't do no type of resistance and I let my doctor know. I start again and take my medicine on time every day because that's one thing is that you doing drug holiday you build a type of resistance when you take the medicine it work no more. So they told me that if you want to do a drug holiday, whatever medicine you're on just stop that medicine at that time, so the HIV virus won't get a chance to mimic it or remember it and it won't grow no resistance. That's what I've been doing but, I very rarely miss my medication, I set my pill box, so take my medicine every day and night on an empty stomach. I go to the gym, exercise and like I said I'm doing training and this with the virus, because when I was diagnosed, I was told three times I got one year to live. I beat those odds by the grace of

God, they said I had six months to live, I beat them odds. Then they said I had ninety days to live, I beat them odds. Because I had AIDS related another ailment and I went to doctors in the hospital and followed that treatment and I overcame that issue and medical thing. They've given me help and plus I can limit myself fully by going to the hospital and complying totally with every medical advice they've given me and complying to my medicine and it worked. I beat the odds.

Interviewer: Okay. You mentioned that you were in prison for seven years. What was that like being HIV positive in prison?

Respondent: It had ups and downs, but I had a lot of support from the outside. They had a HIV hotline that's pretty nice. I used to just stay on it, it was conducted by Osbourne association and Access and August Community. I have met some real serious individuals, that are working for them two different agencies. They used to keep me supported on the hotline, I used to advocate to the other inmates about the hotline because a lot of them, had it too, because I was a pre-post test counsellor too. I got my certification on dealing with -- giving people their HIV results and stuff of that nature.

The way the board of health do is give it to them and then fall back and let them deal with it. Don't interrupt them they had to deal with it and then just give them the drugs and give them referrals to other agencies to get their medical help they might need or mental help they might need or whatever. But in prison it's kind of a little more harder to deal with it, because you don't have access to that free movement. But in prison now they got a lot of good medical teams now, but before back then when I was in there it wasn't, the department of state that worked with them, the medical team was. I was still taking my medicine and I wasn't doing drugs in prison even though they had drugs in prison, but I chose not to, and I was doing a lot of medication. I was doing a lot of journaling and not letting stress get a hold of me. it didn't affect me too much.

The only thing that really had, made me -- I was depressed because I was incarcerated. That I find like that I'm going always have depression due to the fact that being HIV positive and also - - and having a criminal background. Anytime you enter a controlled environment, and somebody dictating to you that you have to do this or do that, you're going to make you have depression, regardless. I just kind of learn to deal with it and accept the fact that, that's no way to be and so then I've got out. Really give me -- for some reason, I did, I did everything I supposed to and then I had got out much earlier than -- than I was supposed to I was in it for a non-violent crime, so I had got a work release and then I got out and got a job, I got a job driving for a homeless shelter delivering food to different shelters. Then the government had sent in a letter saying that according to their record I'm not supposed to be working because of different medical ailments that I have and there's a record, so they stop me from working. Then they just let me do what I want to do.

(Interruption)

Interviewer: Very quickly, because you want to eat, I had a question. I wanted to know what you think your life would have been like had you not contracted HIV?

Respondent: I think I probably would be dead..

Interviewer: You would have been dead?

Respondent: I think I'd probably be killed from other -- other than HIV maybe drugs, maybe, I probably would have been in prison doing a life of crime. But I found out for me, being contracting HIV it had made me -- it had forced me to do a lot of good things and for myself and other people whereas I don't think I would have been -- I don't think I would have been doing that if it never happened. It made me turn my life around and start getting other people in my life and I let the doctor, the HIV specialist and also harm reduction and detox specialist, she played a big part of my life because like I said she introduced me to all these pharmaceutical companies and started to advocate for me to be a peer counsellor and to just get the appointment, the stipend and different territory where I had like two boroughs, three boroughs with a budget, financial budget. Whereas I am going to different agencies and talking about the HIV virus and dealing with life in prison and dealing with -- being an ex-former drug addict still dealing with HIV.

Letting people know that it's not a death sentence, that you can live and be medically compliant, taking your medicine on time. Then one time I used to deal with pathogenesis the lifecycle of the HIV virus that I teach a lot of people about the virus on how it replicate in the body and the different ways that the medication, when you take it properly and how it can stop the virus replicating in your body that will emulate or put a fake hold on your body and how to make all the different imaginary cells of your own A and D and R and A and stuff of that nature. It gave me a lot of encouragement that I don't think I would be doing that, if I wasn't HIV positive. I think I probably be like I said living a life of crime, drugs, different things of that nature and that's sad to say but that's the truth.

For me it has good times as well as bad times. It made me look at life totally -- in a total different way and also made me be more concerned about my health and what other people -- because the number one thing is that if I don't take protection of myself, I can get something that can hurt me worse that my immune system can't fight off. Then the other person can live, and I could pass on and that's another thing that I also beat the odds of the death toll. I tell you I was told three -- on three different occasions that I had a certain amount of time to live and I beat the odds and I'm still living, so.

Interviewer: Why do you think you're still alive when so many other people died?

Respondent: First, it was God's will, if anything happens, nothing happened without the will of God, you know what I'm saying? He takes life and gives life, first of all. Second of all, I believe that by me changing my lifestyle and living a clean honest decent life and help build a lot of extra years. If I didn't get the virus I probably would have been living more reckless. Then I changed my life because I have the HIV, a lot of things that I had to not do no more, because I couldn't do no more. I mean I could, but it would have put me more at risk. I didn't want to do that because of all the trials and tribulations that I had to go through in the past, medically. I don't know -- I don't like that, you know what I'm saying? I don't know no body that really likes being at the hospital for something that you can avoid. For myself, avoidance is the key, and

education's the key and I try to constantly educate myself and apply the education that I get and also be a living example to other people. But since that time to now, HIV stigma and the life of it has changed completely a whole lot.

More people was infected than didn't get infected. Back then they had different categories of HIV, I mean drug user, a prostitute, gay man, you know things of that nature. Now babies is born with it that didn't have nothing to do with it, heterosexual women. People getting it through blood transfusions and things of that nature. More people have learned to accept it now than they did back then, and they're worrying about more stuff worse than HIV and other things now. You know what's coming out now hepatitis C that came up now and because it's a sudden death. You can have hepatitis C for years and don't even know and all of a sudden, boom, they die from liver function. That's another thing that a lot of people don't know about what hepatitis C and they got a lot of commercials now. The older man -- older heterosexual man talking about I am worrying about hepatitis C before I never really thought about cooking and things of that nature but now I am.

Now they are reaching out to a whole different type of people now. Right now I'm also involved in Vocal New York. We do policies and procedures, we go to Albany we try to deal with -- to get more funding for hepatitis C treatment, for needle exchange, education, and needle exchange stigma. We try to do away with the law about the affair of having a needles, so you can take it back to needle exchange to get rid of them and to get more needles and don't have to worry about getting arrested; that's a big deal now. We are trying to get that policy eliminated from the legal jurisdiction Because it's not right. If a person is in harm reduction and they try to practice harm reduction by getting new needles, clean needles and not sharing it and not throwing it in the streets anything they shouldn't be persecuted or arrested because they have a bag full of needles.

They take it back to a certain designated area to dispose of it and they also get new needles. They shouldn't do that, but the police play on that knowing that this guy's been robbing this needle exchange and the possibility he might have drugs or illegal drugs on him and dirty needles, then they would jump out, and that's why they didn't want to set that path for us. Jump out and find drug paraphernalia stuff on them and also dirty needles and lock them up. That's not right, because they're violating our constitution especially when they didn't commit no crime. So why shouldn't we be able to walk freely from one destination to another destination to do the right thing, you know so...

Interviewer: Well, thank you very much for talking to me. I'm aware that you have to go for dinner now, so thank you.

Respondent: Yes, you're welcome.

Interview 4

Interviewer: -- one doesn't work I always like to have two. So can you tell me your age please?

Respondent: I was born in May, 1943 I'm 71 years old.

Interviewer: 71. Can you tell me your race please?

Respondent: I'm a Native American and my tribe is Kickapoo.

Interviewer: Okay. What about your sexuality?

Respondent: My sex, I am strictly gay.

Interviewer: Strictly gay.

Respondent: Yes. I am bottom only.

Interviewer: Bottom gay only, okay. What's your highest level of education?

Respondent: I went to the 9th grade in Texas, I'm from San Antonio Texas born and raised there and I was raped at the age of 6 years old by three men. Both my parents cleaned me up and what not and I went through hell and high waters with my brothers. They were always beating me up because I was, I wasn't the same, I didn't want to be this way, but I was molested by three men, all three raped me. It was a hell of a life, but I survived. I took up smoking cigarettes at the age of 6, and drinking, good stuff, all the men that I've lived, that have had -- all of them had money and I paid for my rent, bills and what not. I never paid men, but one time, he died in 2002, and he was 24 years old, he loved me like hell. I'd never done drugs, cigarettes and booze, it's a drug; but marijuana, cocaine, crack all that, no, I never had, and I always had me here. It was a good life. They treated me good. I always told them don't ever hit me, because if you'll hit me, you will go to go sleep. I'm a native American, I would have taken a frying pan heated it up with oil, take a funnel and put it in his ear -- I don't like to be hit because I was beaten by my brothers, I was molested by two of my brothers. I was molested by the priest, catholic priest.

It was, yeah, growing up, going to school, and school at that time people didn't understand. I graduated from junior school with honours I while I asked my parents, my dad said, I don't have any money, I give all my money to your mother, go tell your mother to buy your shoes. I said I'm carrying just a shirt and a tie I don't care, I'm graduating from states and they didn't have the money and I asked my older sister she was working she said no, she and I never hit it off. So I left San Antonio by myself with a guy and three days I was in Mexico with him then I came back, and I had almost \$600 in my pocket, I took it out and said here, I gave it to my mother, I said now you have money. She said well why don't you use it for graduation, I said I graduated finely. My mother and I -- I loved her, and I -- she never feel close to me and talking me to like my other brothers. We are seven brothers and got four sisters, she never came to me and hugged me and gave me a kiss. I always tell my dad, dad, she is not my mother. He says, she is son. I say, no, you found me in a garbage can and gave me to her, she hurt me. I have never liked to see

a psychiatrist. I tried to -- I was like a horse when they put those things on a horse, blinkers. I've had good jobs and I've lied at my jobs that I was I had high school degree.

Interviewer: Are you employed now?

Respondent: No. I worked at law firms as supervisor of the mail room copy center good bucks, law firms always pay well and I just give thanks to the Lord to help me and taking care of me. I always wanted, I was looking forward to Jesus, the Lord. We don't believe in Jesus Christ, we believe in the Lord, the main man, Jesus was brought onto earth by the Holy Spirit as I heard in the Gospel. We native Americans never knew about it this is why when Europeans came into this country as they call themselves, the ones that came over on the ships?

Interviewer: The colonialists.

Respondent: No, what do you call pilgrims.

Interviewer: Pilgrims.

Respondent: We opened our arms to them. What did they do? They killed us. They tried to kill all the Native Americans but they couldn't, the presidents they ask, or they talk to kill American Indians, the tribe as you see in the movies. You believe in your history, I believe in my history, that I've known that my parents have taught us, the walk from Wisconsin into prisons they had, that they had with Japan, when they were at war with Japan, they took all the Japanese and put them in cages, why? They were Americans, they were Americans and they did that, why? They didn't have nothing to do with Japan, it was over there, the big shots in Japan, and they exploited innocent people, some of them were soldiers, people with money. We had -- the Native American had nothing, and they came they took us all and put us in reservations and what not. Look at what happened...

(Interruption)

Respondent: What happened to them when the Navajo, the Apaches, the other Indians in Arizona started planting peaches, grapes, figs and whatnot, they started selling them on the road. What did America do, I'm sorry, they went in with tractors and tore out all the grape vines, the peach trees, orange trees and whatnot, tore them up. They didn't want us to be planting okay. I'm glad, I never lived in the reservation. I was born and raised in San Antonio. My father had -- my parents had a ranch in San Antonio, 2,500 acres of land and we used to farm for the government, half for us and half for the government. Anywhere I wanted to go at the time, my father would say where do you want to go? Oh, I want to go here, I want to go, in United States, I wanted to see my country, okay. Then when, Alaska became a state, I went to see it. One of my lovers, his parents were the ones that were selling the mobile homes for the Alaskan pipeline. He was my lover. I used to go with him, pull the trailer and he used to pull the trailer to Alaska. I've been to Hawaii many women go crazy. Oh wish I would, oh I wish I had the money. I've had diamonds, emeralds, rubies, you name it. I used to go out with three guys from the mob. Well my wife -- with all due respect, okay -- my wife does sometimes give me a blowjob and say, come here puppy, I'll take care of you. My wife, I don't want her to do that to me because she has to go

back kissing children. She's doing it to other men. It is bullshit, yeah, come to me. They paid my rent, pay my bills, paid everything. I had an upright freezer bigger than this, buy it, there was springs, I was a scotch drinker Scotch, Bourbon, Cognac, you name it. Good stuff. When I was cooking, I would drink beer, I had fun, I had a lot of fun, and I don't go out with none of the people here because then they will be like, oh well you do me, no, I'm strictly bottom.

I know a lot of drag queens that they say they're drag queens, they dress, I have seen them doing it to other guys. I'd say, well, why do you do it? Oh, they want it, to each his own. I don't. If they're going to have me, they have to put a ring here and then I belong to them as a woman, yeah, I feel, I'm not a woman, I'm a man, but still like I feel good that they love me. I've had 11 lovers that have been -- I have been with them and they're all dead. It's just this one is alive, the one that his parents were selling the mobile home for the Alaskan pipeline, he still lives in San Antonio and he tells me he wanted to come see me again. I caught him in bed, the shoe that I throw, I won't pick it up. I caught him in bed with somebody else, my nails were this big, this long, okay, my nails, okay, my hair was down to the floor and I'm a slut in bed, okay. I don't know about -- you married?

Interviewer: Oh no.

Respondent: I don't know if you have a boyfriend or what?

Interviewer: Yes.

Respondent: Okay, whatever you do to your boyfriend, no, sweetheart, that's your man. He's your boyfriend, be nasty. Just be a slut, don't be a Monica Lewinsky, slap all over herself, no, if he comes in your mouth eat him take it up you know. This way he sees, because if you didn't do it somebody else is going to do it, okay?

My mother always said to my sisters, if your husband says suck my ass. Do it. That's -- you are a prostitute, you're prostituting to your husband. If you have children, how do you think the children, we do the children by sex. If your husband is tempting, turn him around, slap his ass. You eat it. My sister says, duh, they have done it. Why? Because men don't want to leave because they were ashamed if in case, they go with somebody else, I sucked his ass big man. I spoiled them. You will spoil your husband if he is cooking, while he's cutting vegetables, just look at him. Should I, or shouldn't I? Oh shit, fuck him. Open up his pant, pull down his zipper. Pull down his zipper and eat him. Eat him good, for him to call you a slut, a bitch. You're a woman. That's your man, do it, do it or else somebody else is going to do it for you, okay, don't, move in, let him -- all men like to be for their finger to go up their ass or else the tongue. Okay. Or else buy him a little dildo and play with him, play with him because hey, he will find out, he'll find out, he says, ah, I feel there was some crazy nasty motherfucker. But it's the truth. It is the truth, okay, what else?

Interviewer: I want to know when were you diagnosed with HIV, or when were you diagnosed with AIDS?

Respondent: I found out in 1980.

Interviewer: In 1980?

Respondent: Yes. I found out by a registered nurse, the only thing that he had to go do with two more years to college to become a doctor, but he -- practitioner or something like that ID whatever. He told me. So I went in and he says, he looked at his papers, he looked into your blood -- he showed me my blood work at Settlement Health and then he said go to the health department, if you don't believe me, go, and I found out.

Interviewer: Was there an actual test for HIV then or were they just looking for the blood -- at the blood work?

Respondent: Blood work. But they would tell you there too

Interviewer: Oh okay.

Respondent: Yeah, they would call you. You had to go back and then they would tell you, you have to -- everyone was seen in a separate room. They told me and I started with Crixivan and two other medications as a guinea pig by an organization. They were giving out test for medication.

Interviewer: All the way back in 1980?

Respondent: Yes.

Interviewer: Wow!

Respondent: Yeah and that's when I started with those -- the pills that I'm still taking.

Interviewer: Mm-hmm.

Respondent: I'm still on them.

Interviewer: Wow!

Respondent: They've tried to change them for me to change, they gave me another medication, it would take care of the three. But like I was urinating on myself and every time that I would walk I would actually, urine myself, that was embarrassing, and I had to wear diapers. I told my doctor I didn't want to, I didn't want to have that medication. As soon as I stopped, when I started taking my other medications, it stopped. So I've known, I've taken care of myself. GMHC didn't want to hire me as -- no didn't want to hire -- accept me as a client because my T cells were sky high and they're still sky high, 1,800 and something.

Interviewer: Oh that's good. What about your viral load?

Respondent: Undetectable.

Interviewer: That's great.

Respondent: A lot of people, a lot of guys here, they ask come with me, I'll go ---

(Interruption)

Respondent: This is what I give out at GMHC, it is for Wicked. I went to pick them up tomorrow, this is for Thursday, 8 o'clock and all these are orchestra.

Interviewer: This is for clients that you may see.

Respondent: Yes.

Interviewer: That's nice.

Respondent: I enjoy it. I've been doing it now for 15 years. My boss Donna Pine she has been my boss, she's always protected her volunteers. Here they protect us still a lot. If I were to go out with somebody with all due respect, (name of another client), he is a beautiful person. I respect, he knows he had, even Robert, I kid around with Robert -- bless you -- I kid around with Robert, I kid around with his father and his uncle, but it's their job. They fool around with anybody, they're going to be kicked out, no, I respect them. But when I go out with a man, that man has to have money, I pay rent, I pay bills, I have to go buy soap, I have to go wash clothes, I have to do this. You just want a free or a blowjob, no, no, no, go tell Monica Lewinsky that. What else?

Interviewer: So what's it been like aging and living with HIV, so when you --

Respondent: I love my age.

Interviewer: -- but when you were diagnosed, what was that initially like? How did your life change?

Respondent: I went to the Empire State Building.

Interviewer: After you were diagnosed?

Respondent: I went to the Empire state building, three times and the three times I had tried to jump. I said, if I go, I'm going to go out with splash. But they caught me and then I started going to, I'm catholic, born and raised Catholic. I started going to different churches in Jewish, Jews, and I'd talk to a Rabbi, and they would give me good advice, but like I was looking for the Lord in the same garbage cans, the Lord or Christ and where I found him is in Christian Church, in synagogue, yeah synagogue, no, well whatever, at Christian Church I found him. I received the Holy Spirit. I saw the Holy Spirit took my sins. They say, no, no, no, no. I said yes, yes, yes, yes. I saw. I asked the Lord to forgive me.

That's what I tell the people here that there – it was the money that they help us with, I have worked all my life. They only pay my half, \$300, I paid \$220 to \$238, that's the rent that they pay, they give you food stamps and my SSI check. All of these people are giving money whatnot, what are they doing, I could come in and buy some bread? Toast and breads whatnot to eat with my soup. I love soups all I am asking them and say, hey, I get what you get, and you get more than I do, I have picked up cabs and take them to go buy another piece of meat or steak or whatever for the house, but I have survived. I'm a long-time survivor.

Interviewer: How do you think you survived? What helped you? Religion helped you survive, what else?

Respondent: Well religion and knowing myself, loving myself, respecting myself, because at one time I didn't, I used to go to the village for the truckers. Now that they're big, nice places out there, but at one time there were truckers, they would stop there. I knew all the truckers. I used to dress, I'll have my hair loose, paint myself and go, and I rode with them, I'll actually rode, if they were drunk, I would help them to the traffic, don't do that, I'll cross so you won't hurt yourself, and right there they will fall asleep. They would hide their money in their boots. I'll take their boots off, oh yes -- you're not going to use this to say that I was stealing.

Interviewer: Don't worry, nobody will know it's you.

Respondent: But I enjoyed it. I used to crack up too, I'm an alcoholic, 1995 on my own, no AA, no nothing. I stopped with the grace of God. I was always asking, help me Lord. Help me. Help me Lord. I know I am a sinner. I got up one morning and I asked my friend, He said, just get up and come over here, I had seven cartons of cigarettes. I used to go to Montauk Point to the Indian reservation out there and buy a carton of cigarettes. They were \$2 a box at that time for me. I have never given one cigarette to nobody, you smoke, oh the bodega, right there. Oh, you drink, the liquor store is over here. Go buy it, I'm not going to give you. I used to work for my money, I work for my money and I worked for my booze. Sure, they give it to me, but I had to do thanking them – what the wife didn't do, I do.

Interviewer: So you said earlier that everybody, all your lovers died. Did they all die of HIV?

Respondent: All the people that I have talked to.

Interviewer: Okay.

Respondent: They're HIV. I've told other people that there aren't, because they say well, I'm going to do this and I'm going to do that. I said go, find yourself, love yourself. First, you have to love yourself. Respect yourself. If you don't do it, nobody's going to do it for you. I don't hang out. I never went to a porn star movie or I don't have no CDs or DVDs or anything like that, or dirty movies. I was not into that. I had to do it to men that I was with. Why go buy that? They say, oh, you don't have, why have – take it easy, when I finish, I say, you want to go and buy them? No, I'm satisfied with what you do. I would do you good. I tell my friend, my roommate, I said Monica Lewinsky was a slob. She was like Queen Elizabeth. All her dress was -- dresses were all stained and whatnot, she was a slob Monica Lewinsky, now she's, well now if in case,

what's her name, Mrs. Clinton trying to be a president. She's going to throw so much crap. No, you already threw it upon yourself. You did it to yourself. Nobody did it to you. If you, if you could dig a hole, bury yourself in it. Nobody told you to start fooling around with married men. I've never fooled around with married men. Okay. Never --

Interviewer: Oh but see now I don't believe you because earlier you told me that you were doing things that wives wouldn't, so?

Respondent: Well they came to me, I didn't go to them. They came to me, because they said, well I will pay you if you do this. Yeah, but what about your wife? I did it? Yes, but I'm not going to lie, if I piss off somebody. Oh, you're married. No, that's okay. All right. I got out with a guy. I ask him, are you married? If he says, yes. No. I don't go out with married men. I don't like to pick up a guy that's married or a guy that comes over at 7 o'clock -- no, I respect that, I respect myself. Sure. I would love to, some of these guys are drop dead gorgeous mother SOBs, but like the ones that I've had they were better. I know there was a Dominican, the one that died in 2002 I had never gone out with a Dominican. I was looking at, I said -- I saw him I said, he is beautiful. So I asked him why don't you come and stay with us over here, and he looked at me, he says, what do you want. I said nothing yet. I said, are you married? He says, no. I said, you don't have nobody here. You are fooling around with, no, okay, sit. We became lovers and he was jealous. I was volunteering as interim chair GMHC on 21st Street where the Village Centre is, that belong to GMHC.

Interviewer: I went there yeah.

Respondent: Okay. He will say, why do you have to fool around with the way you talk to them? I say, it's time that I had seen you for such a long time and I miss you. He said, why didn't you talk to them that way? I said let me tell you, you know that they're sick. They're all HIV or they have AIDS or whatever or they have cancer now. They want still to be loved as a human being. Then he started to understand me, and I didn't care who it was, the black, whoever or whatever, that I would always treat them the same way I wanted to be treated, around it.

Interviewer: When you found out you're HIV positive, how did you change your life aside from the church thing, did you keep working, did you find --

Respondent: Yes, I kept working. I am still a supervisor of law firms at Wall Street and then they merged, and then I started working with sanitation, good money. I started working with -- as a supervisor in the gold business in the mail room and they hired me outdoors for me to transport precious metal, precious stones all over the United States. I was bonded for \$33.5 million and I travelled, I had good stuff. In my house I never permitted marijuana or heavy drugs, never. Booze, when I stopped drinking ever since 1995, I don't permit, nobody could take a booze in my house or light up a cigarette, no. I said if you wanted to smoke go smoke outside in the hallway or else go around the corner and before you come in, go run around the corner twice or three times for the smoke to go away because I don't want to the smelling it. It smells nasty.

I was married at one time and when I married her, I told her that I was gay and that I had been living with a guy in San Antonio and who he was and whatnot. Now my son -- her son, not mine, but he calls me dad.

Interviewer: Tell me about that, the first thing you said to me was I'm gay strictly bottom and now you're telling me that you were married to a woman.

Respondent: Yeah but like I didn't enjoy it.

Interviewer: Okay.

Respondent: I didn't enjoy it. I like to do something. I'm going to open up to you.

Interviewer: Yeah.

Respondent: and to you too. I married her and she had a son from her previous marriage. He was three years old when I met her. She fell in love with me. When we had sex, I went down on her, oh no I don't like that too much. I'd say, well I know that you are married. I said, well, did your husband do this to you? She says, no, he would just banging me and that was it. Oh, you're missing, I used to drink and one time I was drinking, I was drunk, and I was in her. She goes, no, stop, stop, stop. You know, she says I'm tired I want you to fuck me. I would start and I'd get up and start going down on her eating her. My shit is eating and sucking she just said, no I'm tired of that, I don't like it, I don't like it, and you know, do it fuck me because I'd rather for you to fuck me separate something.

One day I was fucking her so bad. She said, stop, stop, I said, my God. I said, you are like your fucking mother, this is why your father has two mistresses. He's paying two apartments over there, one to both of the ladies, one on top one in bottom. I said, and he goes, they suck him and they, he fucks them in the ass. Your mother doesn't like it in the ass, so she doesn't like to give him blow job. So he has these -- no, but I said, you're like your fucking mother. She went to bed with her boss and I found out and I was going to kill her. As I say, I'm a native American I have mashed garlicks and put three razor blades in that jar, and I tied her up and I covered her mouth, I say I am going to touch your eyelids, the lips from the vagina, the tits, all over your body and then when you put garlic on them so that they won't be able to sew, I said because you hurt me. You're supposed to marry a man and for him to be your husband, and only one, I said I have never gone out behind her back with nobody. I never went out with a man, just with her, the 13 years we were married. I said, you know, she's not worth it. I left her. I went to the bank to draw out some money. We had \$127,000 in our bank, I travel. Every time that I travel when I got to the place over there, they would pay me \$5,000, \$10,000, I checked. When I went back with merchandise that I had to pick up from over there and bring back to the company in Florida, they would pay me, as soon as got over my bosses would pay me the same amount that they paid me, they would pay me over here too. There was money in the bank. My son was going to St. John's Prep, the idiot stopped going and stopped in the 11th grade. He started doing drugs, dealing drugs.

Interviewer: When were you married, so I'm kind of confused about your history because it's kind of like all over the place?

Respondent: I even forgot her, yeah.

Interviewer: I know, but so tell me when were you married to her? When did you move to New York?

Respondent: She lived in Queens and we had a house, my ex-lover sold me his house in Jamaica estates for \$18,000. I went and drew out the money and gave it to her. I left that house to her and my son, well that's water underneath the bridge.

Interviewer: When was that? When were you married to her?

Respondent: I've forgotten the year.

Interviewer: Roughly.

Respondent: My son was – he is 46 years old now. He was three years old when I married her.

Interviewer: So 43 years ago.

Respondent: Uh?

Interviewer: 43 years ago.

Respondent: I never liked him. He was never a real man.

Interviewer: You were diagnosed in 1980?

Respondent: 80.

Interviewer: 80, so 8-0?

Respondent: Mm-hmm.

Interviewer: After you were diagnosed, how did that affect your personal life? How did that affect your --

Respondent: If I go out with a man, I'd tell him.

Interviewer: You told him.

Respondent: I'd tell the man that I am HIV. If he says okay, put a condom on.

Interviewer: You've been open about your HIV status? And Services; when did you start to connect to services?

Respondent: When the law passed that anybody with HIV, no matter what, how much should they had, so GMHC on 21st Street, they wouldn't accept me. They moved to 33rd. In the second year there were there, I was accepted. All these years, and I've been a client of GMHC for 15 years now, and I love it. I love to see the people; I love to see the people. All of them are my family. Some of them don't like me, they tell me, what's what. They try to be better than anybody else, no, we're all in this equal, we are all equal. If you have the education, use it, don't step all over it. I don't have that much education, but I know how to handle myself. If I have to, I don't know. If I have to, I just suffer. If I see a man that I like and he doesn't want me, I would never bother him. But just so long as he knows and, he'd say why don't you go out with so and so, no. I would rather just stay like this. Go ahead.

Interviewer: No, I think I mean, I want you to tell me what it's been like to age. What's it been like to age? Do you think it's different --

Respondent: I don't feel 71, I feel 45, very happy. I mean they tell me say don't you feel old. I am like, no, no. If a man says that his woman is giving him a good blow job, it's bull shit, because once you are going to come I push her away, no, let her take it. No, I got a wife. Fuck it. She's your prostitute. She's your slut. Said, why you get that -- why aren't you going to cum in her mouth? You are stupid throwing president's shit I would have played with him more, so he arouse again, and I would have gone 3 or 4 times with him, you know.

Interviewer: You're being very focused on Monica Lewinsky here, so you feel like you're younger than you actually are.

Respondent: Yes. If in case somebody, I still get try and -- young boys trying to pick me up. I say, I'm sorry I don't go out with—you're jail bait. I'd say no. No, I'm not going to say anything. I'd say, no, I don't, I don't go out with young boys. I like to go out with older -- even women have paid, I said, I'm not going to fuck you. I'm not going to fuck. I said I'll eat your hole. All you want. I'd say, but I'm not going to fuck you. Sure the saliva has germs. But like I tell, they'd say, no, it's okay, I know that you are -- well I wear that elastic or the thing --

Interviewer: Dental dam?

Respondent: Yeah, no, how I feel, when I go to they scream, they enjoy me. So I know that I'm doing this.

Interviewer: So you mentioned young guys, what would you tell young guys nowadays about HIV? Like what would you tell them?

Respondent: To go -- just not to go out with -- if they're going to go out to ask, if the person is safe to go out with. I say because they might lie, use a condom, carry condoms. I don't have time condoms with me. Friends of mine work where they give out condoms and, he gives me condoms and I take them to GMHC, I don't use it. I don't use it. I don't have sex. The guy from

San Antonio is the one that I used lover with if he comes, and I told him, I told him over the phone and said, look do you see I am HIV. He said, well, you are taking care of yourself and whatnot, yes. I take all my medications; and my medications. They have my list of medication. They have my papers from my blood work. They have them. I'm not afraid to show my papers. I talk to people. If you have your low blood work, help yourself, eat right. I eat good. I don't have sex. Sometimes I go, oh my God, I get tingle over my body, I'd say, oh my god I'm having a climax. My friends started to laughing. He said, how do you know? I'd say, it tingles in my body, tingles oh shit, I'm getting a climax. He says, how do you know? I said, you're a man, you like to go out with women. I said, don't you sometimes -- that you're sitting down and all of a sudden like tingles from down there to up, that's a climax. A woman is different.

I tell, even my boss Donna Pine, my boss at GMHC, she's divorced from her husband. I'd say, Donna, you know whenever you're going to go get your passport again; they're not going to find your prints. She'd say why is that? I'd say, too much playing with yourself. She joked. I joke around with her, even with her because we know each other. It's nice having a good relationship with my boss. I've told her often times you're stupid, you shouldn't be taking on so much crap on your own. You're a boss here. She's a manager. I'd say, you have this, all these other departments including the -- why don't you give me some responsibility. Fuck all the other departments why don't you give me more responsibility, what else?

Interviewer: I mean, what else do you want to tell me about your life with HIV? Is there anything else you want to tell me? Anything else you want to tell me about aging with HIV? Anything else you want to tell me about?

Respondent: People, people, people, people not accepting. My brother's married to Israeli, converted to Judaism. We are Native Americans. Some of us are not circumcised; I am not with all due respect. My brother had to go to the hospital to get circumcised before he got married to Israeli. He converted and he's got two daughters. My two nieces are going to Fordham University here in the city. My nephew, I don't know if he's 21 or not, because he doesn't talk to me anymore, because I told him off. The reason I told him off and I didn't accept him was because the simple reason that there's a – holiday – that Jews hold very highly, you pick the best dishes, the best silverware, the best glassware, the best food, and of course a big bowl of salt at the table. You are my brother, I said, I told you, I told my mother before she died. I told all my brothers and sisters, I called them, and I told them I was HIV. None of them said anything, but when he invited me to go up to Pennsylvania and he was living there. He served his wife and children, and then when he came to me, he brought me a paper plate, and I took the paper plate, I went and threw it in the garbage.

My sister-in-law, his wife said, (name redacted), why are you doing this to (name redacted)? Oh, you don't know, and I can't tell you. I said, tell them, tell them. I said but that's whatever goes around, comes around. He was gay. He used to go to bath house. I've never went to a bath house and that was not my cup of tea. I always respected him, and to this day I still respect him. He got mad at me because he would, he was going to go to Israel. He's taking his family. I told him, I said, don't go over there, about 12 to 15 ago, something like that. I told him, don't go. Why? I said there's a war. He went anyway, he rented a van for his wife over there, he sent them first class jet. He sent them a jet and whatnot. He rented a van over there for him. When he got there

three days afterwards, America told all Americans to come back. He had to go to the airport. He had to go turn in the tickets at the airline. They told him he had to get paid, the same amount to come back. He said but they're paid round trip for a month. They said, now you have to buy another one. But he took the van, they said you are going to have to pay extra to take it, but he paid for a whole month the van and the other one too. When he came back, he told me, he called me and told me. And I said, I told you that. Why in the hell didn't you send money for that bitch to come over to Florida? I said, I said you lost all that money. Oh, it's my money. Don't tell me what to do with my money. I said, I'm not telling you, but you're a wiser than I am. Arturo, you're graduate from high school. You went to other classes or other things, he's a beautician. He'd never spoken to me ever since. I don't—I do care, but God bless you. May God bless you.

My little brother says, well, does he call you? I said, no. He doesn't talk to my little brother. My little brother is 70 -- I'm 71, he's 72. He said I'm not going to be kissing his ass. That's the only thing that really hurts me, and my mother that the way she treated me, but like I said to myself this, that fucking bitch, now she's dead. In a month or two, she's going to come for my brother. She did. He had a heart attack and they used to beat, they used to beat the shit out of me. My oldest brother was the one that raping me too. He used to -- and the one that lived in Florida too. I called them up and I received the Holy Spirit, I called him, why were you doing this to me? I was a child? Why?

I have taken care my nephews and nieces, and I never touched them. I told my brother, ask them, ask my nephews. When I was there in San Antonio one of my nephews passed away. He was 16 years old. He passed away with a heart murmur. I went to see him. My brother wanted to beat the hell out of me. My nephew told him, if you hit my uncle, I'm going to beat the hell out of you, he doesn't come here every day. He lives in New York and I'm not going to permit you to hit my brother -- my uncle. I don't visit San Antonio. I go, I'm going to go buy a ranch like I was born, the ranch that I was born. It was a small ranch where I was born, but like to be near my family.

My only family is my roommate. We've been friends for 28 years, nothing, nothing, nothing between he and I. We are friends. If you find a girlfriend, or a friend, a man, male friend that respects you and respects everything about you, respect your husband, your house and doesn't even try to touch you or kiss you. Everything that you have belongs to your boyfriend if you get married with him, and no matter if you don't get married, you should still respect him. I respect all my men until they died. God bless you. Next? You are too much girl.

Interviewer: I didn't say anything, it was all you.

Respondent: What else?

Interviewer: Well that's, I mean it's an open interview, so whatever you tell me, you tell me. If you're done telling me then you're done telling me, it's up to you.

Respondent: When I was living in San Antonio there were five army bases surrounding San Antonio, air force bases. At 9 o'clock I would go to one, at 5 o'clock in the morning I would come out to the other. That was Lockland Air Force Base. I wanted to go to the other one, Randolph Air Force Base, Kelly Field Air Force Base, Medina Air Force Base I would go to visit

them. Why are you charging? I'd say, who's going to do it to you here? There were guys service that were gay, but they couldn't show themselves because they would be kicked out. Not me, I was getting in one door, coming out the other. I enjoyed myself. I've enjoyed myself. I can say things have happened to me, but the loss of my ex-lover, I've loved everyone, everyone was special but this one, the one that died in 2002, he had this way, here is my money, and I paid you, put it away, put it in the bank. No, no, no, you put it. Because you're buying me underwear, you're buying things for me. I came over here you have, I said -- he was Dominican -- you have plantain to -- you have things -- things that my mother never buys, you buy them for me. He said, you let me cook, you let me take food to my house. He left me some money, a lot of jewellery, lot of jewellery. He says, I would love to have you recording, tape of you. I said, why? He said, you make noise when I'm having sex with you. He says the women that I've gone out with, they're just showing fakers, reading newspaper or an article and talking, just tell them to shut up. You don't, you moan, you groan, you enjoy me.

I said even if I spank you, you don't get mad, yes you yell, not yell, but like moan like you're enjoying it, he never hit me in my face or anything like that but behind forget it, I enjoyed it. He did it with pleasure; sex, and I enjoyed him. My friend, my roommate, he said you really loved -- I said I loved a lot of -- he said you really loved him, you really loved him. They gave me his body and I had him cremated. I never wanted to, I didn't want to throw him out, but he kept on waking me up at night-time, (name redacted) you promised me. (name redacted) you promised me you would throw me. He'd say, go throw me on 42nd street. He would actually talk to me. I'm very spiritual, I'm Native American and very spiritual and I would tell him, I said, okay, I made a little service -- you know GMHC for people who wanted to go, nobody showed up. His parents didn't show up. Then his grandmother left him some money and they came looking for me that they wanted the passports and they wanted his birth certificate. I said what do you want it for? Then I received the letter from Santo Domingo, their lawyers just to send them a copy, right a copy, original stays with (name redacted). I said, well why? He said, his grandmother died, and he left some money, we're going to send it to her. Then I went and had another service just the ferry to Staten Island when we came back, we had bottles of booze throwing down, not the bottles just, and then tobacco breaking up flowers same thing.

(Interruption)

Interviewer: Just briefly, how did your partner pass away? It sounds like he was young, right?

Respondent: Huh?

Interviewer: He was very young, you said. So how did he pass away?

Respondent: He was 24 years old.

Interviewer: And how did he pass away?

Respondent: He was doing heroin. I used to tell him, he would be having Kleenex all up his nose. I'd say, go see a doctor, I'll pay for it. Then after they find him at the hotel where he was staying, same day he left, same day he receives a letter from the welfare. He was accepted for

Section 8. They told they will be paying for his rent and everything. I had to do a lot of paperwork and tell them that he had passed away, and that was in his real name. He came into the country with his brother's name. He came through Canada, it hurt me, and I used to talk to him like if he was right there. He was tall, 6 feet 4, man, oh God, I was nasty with him. Okay.

Interviewer: All right. Well thank you for talking to me.

Respondent: So are they going to call, or they will write or what?

Interviewer: What am I going to do with this data is I'm going to write up everything you said to me exactly as you've said it to me. I'm going to take out -- so a couple of times you mentioned like your name and your date of birth. I'm going to take those out so that people can't identify you from the data. Then I'm going to write my PhD dissertation on the data, so thank you for sharing with me.

Respondent: Thank you.

Interview 5

Interviewer: Why would it come back to haunt you?

Respondent: Because the wrong person might get hold of me.

Interviewer: I promise I – but your, your ---

Respondent: I'm talking about me.

Interviewer: Oh, I see. Okay. Just so you know that if I use your, if I were to use any of the quotes from you, I will use them with another name, so you'll be, I don't know, Jack or Joshua.

Respondent: All right okay. Well, at this point in time in my life I already don't care, but it's for confidentiality.

Interviewer: Yes, that's right. I've just got like basic questions for you. How old are you?

Respondent: I'm 50 years old I turned 50 in August of last year.

Interviewer: Okay, and what is your race?

Respondent: I'm black of West Indian and Panamanian heritage.

Interviewer: Do you consider yourself to be heterosexual or straight, gay or bisexual?

Respondent: I'm gay.

Interviewer: You're gay. What's your highest level of education?

Respondent: College, BA Culinary Arts, I'm a chef.

Interviewer: Oh wow. Cool. Oh, super cool. Are you currently employed?

Respondent: Part time, and I do freelance catering out of my house.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: HIV.

Interviewer: When were you diagnosed with HIV?

Respondent: On the 7th December 1991.

Interviewer: 1991 okay. When did you come to New York City?

Respondent: I came to New York City on 27th April 1989.

Interviewer: Wow. Okay. You remember dates very clearly!

Respondent: Yeah, I was told that if I tell a bad date I'd be lying because they say I always remember stuff.

Interviewer: Where were you born? What's your hometown?

Respondent: I was born in Saint Michael Parish, on the Island of Barbados, in the Caribbean.

Interviewer: Nice. I'm just going to ask you this question. Tell me about your experience living and aging with HIV.

Respondent: It was two weeks prior to the 7th of December, which is like a Thanksgiving week, and my cousin and I went to this clinic, the City Clinic, on 125th street. She was going to dental appointment. She asked me to go with her just for moral support and keep her company or whatever because she's kind of scared. While we were there this lady came around, social worker came around asking people if they want to get tested for HIV and my cousin and I, we had a rebuttal. She was like, you know, you should get tested because of your lifestyle. I said, you should get tested because of all the guys you sleep with also. We challenged each other and we just got tested, we challenged each other and we both got tested.

We were to return two weeks later for results and that two weeks later that happens to be a Friday, December 7th. I remember because my brother was getting married same day. December 7th yes, I remember December 7th. My brother was getting married the Saturday 8th, and when it was time for us to go get the results, my cousin she called and same thoughts I think she had, I had when I said, well, you're going to meet me. She said, you know what I got to work until whatever. I think she didn't want me to know her results and in the back of my head I don't want her to know mine. So after she said she wasn't going to come, and I got my results. The social worker sat me down and we had a long conversation and the do's and don'ts and the run run down. Honestly, I knew I was because she just gave me the whole lecture and I even said, excuse me, miss can you just tell me, and she said oh the words that I heard, you are positive. Just like that, after you know the pep talk.

I said okay then after all the information, like referrals and stuff. She also asked me to come back to the clinic, so I could sign up with ID clinic, Infectious Disease. Oh, I hate that term. I went back like in the New Year which is like February of '92, and I signed, but it was hush hush. I continued to go, got a social worker who in turn helped me out with, you know, getting connected for doctors and for social services because I wasn't living on my own either. That part kind of helped me out for the fact that they helped me out with housing and financial benefits, which I didn't had a clue about because I had been working like you know. It was just different for me, and I didn't think anything of it because of my lifestyle. I kind of like had-- I had in the back of my head, you know, what was going to be the results and some person that I was dating at that time, I was dating this person for like year and a half, and they disclosed to me that they were HIV positive, but mind you, I was dating the person, the person was going through some

mental/emotional problems. We never had any kind of sex, so he couldn't have given it to me. He was there he was my pillar, he was my moral support and telling me everything was going to be okay.

Then I just tried to ignore it and life like it was okay. That battle, the next day was my brother's wedding, up on 125th street in a hall or whatever. We're supposed to come and wait and gone whatever. So that same year of '92 was a blizzard. I was oh my God, a blizzard of all blizzards. I was like, you know, snowed in, and it just dawned on me, you are HIV positive. I was like, oh my God, I got so mad, got ballistic, I was living on the 15th floor of a building, through a blackout period in the middle of winter. I just, I just was mad. But you know, everything turned out that it is not a death sentence. At that time it was yes it was, and I followed up on it. I got my housing, I keep up on my doctor's appointments, which in turn cause me to lose a job after I got prescribed AZT. It made me weak, it turned my hair grey, my nails started blackening, and it was like chronic fatigue I had. I was anaemic and I told one person, that same cousin and the whole world knew because I don't know how she is like kind of like put me in depression mode.

I was shunned. I was scorned, I was talked about, I was, oh my God, it was a time in my life where I wish, I wish it was a death sentence, that I was dead. I wish it could've come. You know, everyone talking about me wherever I go, you already got that, or I heard you're sick or you can't come to my house. I got shunned by my family, and all and you know I got better. A year and a half later, me and the guy we go separate ways then this guy that I eventually started working with, I moved to Jersey. He had a to get relocate, I moved to West Palm Beach, Florida. I never told him about my situation because I was traumatized from everything that happened to me. I just wanted to start it anew. We were just moving in as roommates. There was nothing beside that, so I didn't have to him anything. But lo and behold, I got sick again because I was down there, it was a new beginning. I didn't know no doctors, no clinics, nothing down there. So I wasn't taking anything. My health started to deteriorate. I got anaemic again.

Interviewer: Which year was this?

Respondent: That was in '95. That was in '95 and I went to the -- it was December '95 and I got sick, went to the Broward County Medical Centre. That was in Fort Lauderdale, West Palm Beach and Fort Lauderdale. It was like between 90 and 95 degrees and I was cold. Everyone was sweating but I was cold. I was scared to go in the mall because I think I was going to pass out. So they diagnosed me with anaemia, but yet I didn't tell them I was HIV positive. And I was sick, I was weak, I couldn't work and I decided to come back to New York on Valentine's Day in '96. I came back to New York, blizzard, light jacket, whatever. Next day I went to get my, on 15th I went to get my case opened back, and I had a major seizure down at the welfare office, the social service office.

Interviewer: That must have been scary.

Respondent: Yeah, I don't know what it was because I was out for three days. I just woke up in the hospital Bellevue, 16W of Bellevue, the floor, they know where I was. They contacted my family and all the people I was on every possible machine transfusions, IV, oxygen, heart machine, and I was just in time to hear my aunt planning my funeral. That same aunt, that

scorned me, was standoffish on the other side of the room, and I was conscious enough to hear. I don't think he is going to make it, they started planning for his funeral, I was like okay. I stayed in there for three months. I lived in that hospital. I got better, and after I finally got discharged I had this anxiety about how am I going to get back into my work. While I was there, the social worker in charge, she came there with all my information and she reopened the case and she got me situated even before I got out of the hospital.

When one of my friends came to pick me up, I had to go right back to the building. It was like a bat. The sun hurt my, I haven't seen the sun for three months, so the sun hurt my eyes. I was like, oh my god, so I got my sunglasses and we walked out of social service, get referral stuff like that, got in and out, got situated in this hotel on 44th between 6th and Broadway. I was in there. I was new to everything and I was just getting to understand, got a little bit depressed, stayed in there for another two months and I was threatened that if I don't get out they are going to put me in the nursing home, which I heard was one of the worst, the one right on top of the hill Woodcrest. I didn't want to do Woodcrest, and I heard stories about it, so I just motivated myself to get up, get dressed, go to the park, do something.

So that was it. So I got better because I was determined to get better and all those monies and everything that I accumulated while I was in the hospital as my case was still active, I didn't even remember because everything was new to me, then my case worker they contacted me and asked where I was, the one who referred me there. She said, no, no activity on my case. But I finally went to get the cheque cashed in and it was nearly \$2,000 which I had no clue, it was new to me. I thought when you just, when you're not there, you're not getting into that place. It was new to me. It was something a new process, so with monies that I had, and I went and I just, you know, just splurged and went to the movie, snuck into a Broadway play, so I really enjoyed myself. So all that motivation and everything it really, really lifted my spirit and helped me to move on.

But mind you, while I was in there I was walking with a walker, graduated to the cane, I was learning how to live again. The food there was nasty. I didn't like it and I just looked determined to get out so my case manager and I, from the hotel, the SRO we worked together finding me a place and you know, it was a couple of places having to look at there was a lot of running around and while I was embarrassed, stress and everything. My immune system was so weak because when I leave the hospital, I only had 29 T cells. 29.

Interviewer: Wow, 29?

Respondent: While I was there, I think I got contaminated with something because I ended up with cryptosporidium and that was a bad, bad, bad, bad, bad, bad, bad case of diarrhoea. So that has to grow out and stopped me from getting around and stuff. But September of that year, I finally got to the agency and they interviewed me and recruited me for housing, and I got housing on the 16th of October '96. And I'm still in there, I am staying there to this day. I learned to look accept what I had, that was my first Thanksgiving dinner in years. First Christmas I enjoyed it. I learned to live again, start setting up home. I started trying to get up. I didn't know where to go. I didn't know this place and the case manager from HR she told me about Momentum, and then I went and joined. I joined and started going and lost my card one

day and decided not to come for 10 years. And I signed back up with Ms. Gastro last year. So Ms. Gastro who happens to be the nutritionist at the place where I also volunteered and do stipend job; she is the one who told me to come back. So in between all of that I say my life, my life was, it was an adventure good and bad and I learned to help people. I even went to a talk show and revealed my status because at the point in time if my family know to tell half the world, why don't I tell the other half, you know what I am saying. So, it was a point in time in my life where I had learned to help people where I volunteered.

I gave back because when I was down and out, I see some people suffer, I see people being selfish. I see people being mistreated. I did a couple of, couple of, I did a couple of courses, and arrive and a prior had a couple of courses, and I learned to go. I facilitate AMAZE group now, and I also run my own HIV support group.

Interviewer: That's great.

Respondent: At Harlem hospital, so I had a really, it's been very upsetting to my family they heard it. Some of my family members care about me and my life, not for me. Other people, my brother that lives here, I've told him about it. But since that day I've told him about it, he never questioned me about it I would say brush under the rug, but it's kind of like taboo. He never mentioned it to me. How are you doing? Do you take your medication? Do you go to the doc, never? He would just come and say hello and how's everything good or whatever. He came over for my birthday party, and my life journey, if I was to write a book. It would be called, the tale of two cities part two these were the best of times. These were worst of times. But my life has been a life altering, life learning experience. When my mother passed away, I told her, that I have it. She would have been 81 years old on the 31st of this month. But I told her I didn't want to tell her because she was sick herself. She had cancer and all that and to me that's part of my life in a nutshell.

I don't know if there's anything to tell you about I come here, I'm critical of some stuff that happened here, I blew up. I stopped going to Harlem United because of that I just liked being peaceful, being around me. My family and I, we connect the ones that are still in Barbados and we call each other, my brother and we spoke for like half an hour running my bills from Barbados last Saturday, and I wired him some money. They had it for Christmas, but I got it like for the New Year. So I wired him some money and surprised him and say, giving him that money, go fix up it is right there, he was very pleased. I have had seven siblings, one of them got killed and the other ones I get along with five of them. And the other one who lives in Florida we were always, it was a sibling rivalry, it was down right, don't talk to each other. I have support from my cousins, they have accepted me for who I am, and they never got the episodes of me going through the stigma of being scorned and shunned. You can't use my bathroom, don't come back to my house. My aunt told me that, you can't come back to my house with that thing you got. At a point in time in my life when all that stuff happened, it was like water rolling off a duck's back. I heard it so many times they don't even affect me right now.

So I got, my mother used to have the same, don't let what anything that anyone say to you bother you, you say and don't let anyone use you. This statement, oh my God, I could never comprehend that. She used to be like, you need to put some cement around your heart and harden

it, or people will use, for my goodhearted nature, people think they can use me, and they ended up doing that and I still give from the heart expecting nothing in return. You know, I got skills, I do whatever I want, have parties, have been in parties and I invite my friends over and my neighbour, this person shared enough unofficially a single father got custody of his son, he is a teenager. He knows about me, but not my personal life. So he pays me to cook for him like every other week. That's what I do. I do cakes, I cater on the side, I give back creative volunteer and all that.

So I like as it is right now, it's where I'm at, but I could go further, meaning my lifelong dream was to open up a restaurant and not a restaurant just to profit off of it, a restaurant so that when I make with my quota it can be black it could inflated or whatever, but the restaurant that I think about opening with the surplus, I'm going to open for anyone who is less fortunate. Not going to be difficult to read or whatever they're just going to be there to give back. But I just want to have food to the world or anyone. I just want to showcase what I got, because my repertoire is overwhelming. Its why kind of my Instagram and my Facebook. Everyone is like okay can you make this, can you make that, can you do this comes with time and supplies and money and it got praise over that. So in a nutshell, in a wide nutshell that's my life, and if there's anything else you want to ask me about that I probably missed out you want a word in there.

Interviewer: I want to know what it is that you think allowed you to survive so long?

Respondent: I'll just say, I'm not –I'm not Christian by birth and faith, but I will say that I'm practicing Christian, church going Christian or whatever, but I truly believe and I have this faith, just higher power to sustain me to a point in time where I was like, you know, I was so bad that was like so suffering and everything, I had the nerve to ask God, please take me tonight. I don't want to wake up tomorrow, and when I did wake up the next day, well I was mad because I was alive. But I think he bring me through all that and he bring me this far. So I think you could take it further, but the fact that those folks back home, they used to say, he's there for you. So I think my just strong believable power, you know, and just these determinations that I have like, I think that is what kept me and I'm not going to lie to you. I gave up a couple of times. I gave up, I was just tired. It was the suffering, it was the life quote that I didn't plan it, it just happened to be part of this play. It's like Shakespeare, All the world is a stage, well I've been through all the stages in just one act. Okay. Well I was, I had a linguist education by the way. I have 6 0 levels and two A levels from Cambridge.

Interviewer: Wow!

Respondent: Yeah, because our system in the Caribbean is set by O levels. Yes. Yeah, yeah, yeah we work with that system. So yeah, I'm not trying to be, but they say I was the smartest one and I ain't cocky, I'm just keeping it real. My brother reminded me, well I was my mother's favourite, when we were growing up. I said why you say that? You know it's true. My mother wanted me to do, she gave me the privilege that they haven't had. I was good. I was a good one. Yes. I'm the best one because no pun intended, my last name is (name redacted). So I was a quiet one. I was a good one. I used to break none of the rules.

Some of my friends here in New York and in New York state that I lived then. When I told them that I never did drugs and I never been arrested. They looked at me like I had a head with a bunch of snakes, and I asked them what kind of like, I was supposed to, no. I was always the leader, never the follower, yeah. I never followed the multitude to do the evil. I always think about consequences before I do any act, and I'm 50 years old and I've never been arrested. Everyone say that's a blessing, no that's my choice. You know it ain't a blessing. It is what I chose not to do, or what I choose to do, so it makes me stronger. Living with HIV, makes me stronger. I could say that, if I didn't had HIV, I wouldn't think I'll be having appointments with doctors to go check me, my blood pressure. My sugar level to see if I have diabetes, to check me for neuropathy or whatever. I would have a doctor's appointment because the average person that's out there. They have this phobia, they don't like going to doctors. I mean I got to have a PSA test about cancer, that's clear. If I hadn't HIV. I wouldn't be like geared towards these other doctors or other avenues to see about my health and my wellbeing. So I can't say having HIV is a blessing, but having HIV. It helped me to maintain my life and my health. The fact that I could have been out there or whatever I got to do being HIV negative, but still putting my life at risk. So me having HIV, I have learned to live with it and, that's my phone. I had learned to live with it and have learned to be contented and you know, don't drown in my self-pity or let myself be sorry for myself again because I did at one point in time. So it is my strong determinating willpower make me the person that I am today. Yeah it did.

Interviewer: You mentioned the impact of HIV on your family relationships. What about romantic relationships? So you had romantic relationship?

Respondent: I did have romantic relationships as a matter of fact. I was dating a guy that I happened to meet at Harlem United which is everyone goes there who are HIV positive, which then opened the door for anything. But I was, I was single for all them years when I left Florida, I was single until I met Scott and he's probably up there. He comes here also, and we had eight-year relationship and it was, we just grew apart. The honeymoon wasn't over, we just grew apart and we retained our friendship and there wasn't nothing bad. He lived with me, then he got his own place and I gave him the tools to be independent, so he went out on his own and I taught him how to cook. He always, he always thanked me for that. Other than that though at this stage of my life, after I meet him become friends at this stage of my life honestly, I am not looking for anything or anyone, I dated a couple of guys, but I've neem single. This year, it's going to six years and I choose to be for the fact that I have my high standards. I'm not trying to be shallow, I'm not trying to be vain or whatever. I'm not here to take care of anyone either. I could give you, the tools, I could guide you were could be taken care of. I'm not going to take care of anyone that had big underlying problems. You know, like I'm making a note. I would not date anyone that do drugs. You're going to rob me, you are going to steal from me, if you do it to your mother and your family, who am I? I won't settle for that because I'm better that, and that is all that seems to be prevalent around here with the, the four grand/gay bisexual community, communities, they keep doing this recreational stuff.

I know them because I work with them, not stereotyping. My mother says, show me your friends and I'll tell you who you are, and where I work there is a big old cafeteria and I have the vantage point. I see you doing this, you are doing this, you are asking for this or whatever. Okay. You're needy, you are a liability, you're another bill. I don't want to be, I don't want to be your payee in

another words. So if it was meant to happen, it will happen, but right now I'm good. I have two cats, which when I go on vacation, I miss them. I miss my cats. So I'm good. I have lived life already, there's nothing up there that there's nothing new, it just a different bag. So I'm record changing in my life as it is right now. It was meant to be, and that person come along, or my ship comes in. Then I'll, it will happen. But I'm not going out there chasing rainbows, like I say chasing rainbows and that appreciate, if you chase a rainbow, you chase a rainbow.

I don't know if you know this, if you chase a rainbow the closer you get to the rainbow, you know, it fades away, you don't-- I'm not no chasing rainbow. So that's, that's how I see it. At this point in time in my life, I'm quite contented with my life. It could be better, but I'm not stressing over it. I'm not going over there is the person just settled for what? A headache, another bill, fatigue, an axe murder, no. I'm better than that. So I'm good. I'm doing good all by myself. Yeah, don't be if it's so easy. They say are you selfish or are you picky, no. it's just me, these choices are on me and they had to respect it. I always used to hear my God I didn't like this one at all. So whoa, you're not a bad looking guy. And uh, you know, you could cook, you could get anybody you want. I said that that's the reason they want me, I don't want them. They're dam dorks and they're dorks and they're in it for the benefit. So yeah, I've been there, done that.

Interviewer: If you could say, just one last question. If you could say anything to the younger generation, either the younger generation of gay men or young generation of men who are at risk of HIV or who have HIV, what kind of advice would you give them?

Respondent: Actually, that's the one of the groups that I do, so very good question. I got this. Yeah, couple of years ago, a word they say, couple of years, I agreed to speak at my alma mater, two blocks from my house. I was living at 133rd and Convent Avenue, City College Campus. So 135th and Convent Avenue. So one of the, one of the programs that I attended, they asked me to go on Worlds AIDS day at luncheon period, I speak and there are like hardly any people in a little room and they say, oh, can you please come back? They have a big Bar, right here -- Like 1500 they were saying can you come back in the evening. I said Oh my God! So there were young folks, not teenagers, they were college age kids. So I went there and I speak to a crowd of 1500 plus some of the faculty or whatever, and me speaking to that crowd about me and part of my life experience which is like you have summarized over. They told me they will write back and tell me that over 300 people the company had tested, they had testing stations there, and over 300 of those students got tested. So I talked to them-- Yeah, I said college.

Two days they rolled over and we went back there the next day to do the testing. So my advice is to people who think they are immune in this day and age, people think they are immune to this, "I'm not gay," "well I ain't got that," "that's what gay people get," "I don't mess around." Some of the questions that I got, can we get it from hugging, can we get it from swimming at the same time, taking a shower with the person or whatever and I was appalled, and that was a fail there. This day and age people still think that get it from casual contact. I said you know I tried to explain to them, some of them well I wouldn't like to live in the same room, I said well you know what that's your choice. So we hang our brochures, we hang out information about that. And in my groups, I tried to tell them, you can't talk to nobody about abstinence these days. I just try to talk to them about you know take the preventive measures, I try to talk to them about take care of yourself, safety. Don't go to nobody's houses, medication. Stick to the regimen,

taking it on time and people will just pull your head or whatever but just going protectively it don't take a long time, and not doing the drugs cause in a couple of people that have got it, got it, shooting it or whatever. I just try to tell them to be sober whenever they go out because a lot of these kids go out to party, and do drugs. I didn't know nothing about Molly. I know a girl named Molly, but I didn't know exactly what was Molly. So that was, that was street drug. I think it's ecstasy by that name. So I tried to, tried to teach them about HIV prevention, so that's what I do.

I can only give you the tools whatever you do,

Interviewer: Is there anything else you wanted to add?

Respondent: This is going to be embarrassing what I want to ask you right now?

Interviewer: Oh ask me?

Respondent: What is your name?

Interviewer: Charlotte.

Respondent: Oh Charlotte. Okay. Okay. Yeah. Charlotte Bronte, Charlotte's Web. I love English literature. Oh my Gosh! I love English literature. I did Canterbury Tales

Interviewer: Yes.

Respondent: Yes. I did, I did Silas Marner, I did all the Shakespeare, I did had quote a lot of Shakespeare.

Interviewer: Which is your favourite Shakespearean play?

Respondent: We had to learn a Romeo and Juliet verbatim word for word –

Interviewer: --but is that your favourite.

Respondent: Now. I love that. Romeo and Juliet oh my God. "When he bestrides the lazy-pacing clouds the sins upon those stricken wandering eyes of mortals." Yeah, I like Shakespeare. Yeah I love I'm the only one had English education I went to London, like a five years after I finished school. My doctor right now, now my present doctor he had been to Oxford, that's a young doctor, Columbia who went to Oxford. I like London, but London is cold, it's writing songs or last, there's a lot of nice let's say St Paul's, right there. The line was too long for me to go where you can't just walk in there and, something, I forgot what's his name? Shakespeare is buried in there. Chaucer is buried there, Sir Christopher Wren who designed it, is buried there. So I remember that. That's it

Interviewer: Thank you. Thank you very much.

Respondent: That's my life.

Interviewer: Thank you very much for talking to me. It's a very interesting life.

Respondent: Yes, I think I should write a book, the tale of those two other cities.

Interview 6

Interviewer: What I am going to do is I'm going to ask you some basic demographic questions. I'm going to ask you about your age. You're not going, at no point you're going to give me your name or anything that could identify you. Then I'm going to ask you some basic demographic questions, your age, your sexuality, your highest level of education, all those kinds of basic questions. Then I'm just going to ask you one question, which is tell me about your life living and aging with HIV. So you just start where you think you want to tell me about what it's been like having HIV.

Respondent: Okay.

Interviewer: I'm just going to start this one and then I'm going to ask you the questions. So the first question is what's your age?

Respondent: Fifty five.

Interviewer: Okay. What's your race?

Respondent: Spanish.

Interviewer: Okay. What's your sexuality?

Respondent: Meaning what?

Interviewer: Gay, heterosexual, bisexual.

Respondent: No, I am a straight man.

Interviewer: Okay. What's your highest level of education?

Respondent: What?

Interviewer: Highest level of education.

Respondent: Seventh grade.

Interviewer: Seventh grade, are you currently employed or unemployed?

Respondent: Unemployed.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: With HIV.

Interviewer: When were you diagnosed?

Respondent: 1989.

Interviewer: 1989. When did you come to New York City or were you born here?

Respondent: I was born in Puerto Rico.

Interviewer: Okay, and so when did you come to New York?

Respondent: 1965.

Interviewer: 1965. Okay. So tell me about your experience living and aging with HIV.

Respondent: I had heard about it, but I never thought that I would get it. But when I did, I got it through my ex-wife, she showed me the papers, she got it first when I came out of jail. She showed me a paper saying she was on drugs and alcohol and me too and being on drugs and alcohol I still went over the roof, reading the papers about the HIV. I didn't pay no mind to it and I still did have sex with her, and she passed it on to me and that was it and I did a big mistake there for the rest of my life, so I had to live with that.

Interviewer: So you knew she had HIV, but you wanted to sleep with her?

Respondent: Yes.

Interviewer: Okay.

Respondent: Like I said a big mistake and that's it and then I learnt about the medication for HIV and a drink called Atripla, it helped, that's what I know about HIV studies. They are going to try to end HIV in 2020, I think they're going to end it. That's my belief that's what I heard from other studies, a lot of people have HIV also they don't know because they don't take the test. Well, when I heard about that, that I had HIV was through detox. I was used to refuse to take a test and so one time I went for it, that's how I knew that she passed it on to me, because I only had sex with her. Big mistake that's what I am going to say.

Interviewer: How did you feel when you found out?

Respondent: Wow, when the detox, I was going to rehab at that time and the counsellor there that I met, a lady counsellor, she asked me this question about doing the test and I found out that I have it, what would be my reaction to it. At that time then, I thought that I would try to kill myself, commit suicide. So when she came and told me the news, they had two policemen with her and they took me to a room. Where I cannot jump out a window or run or anything like that. I was going to get out of the rehab, but I stayed there and completed rehab. There I went to counselling for that, and they gave me a paper where you go to a group people that have HIV and they talk about it, how they live with HIV, without doing this and that and without going back to doing more drugs. So I learned a lot. I learned a lot from that. That's what I do, I continue learning from it. It's not, it's not a good experience too. One thing I do know about HIV is a lot

of people that I know and programs that I go to I go to volunteer like I said people don't know they had it unless they get tested. Women, men, they go, they have sex, they don't know they have it and it gets spread out more and more. It's really crazy. People need to know about this. Its not a joke, I seen people die with HIV and it goes down to full blown AIDS. I think how can I have HIV and die. Sometimes that gets me scared how you eat healthy, taking medication and you still die, I don't understand that, but that's how it is. That's going to happen. I hope it doesn't happen to me. Any other questions?

Interviewer: No, I just want to know what it's been like to become older with HIV. So you were diagnosed in the 80s, right? So how has it been aging HIV? What's that been like?

Respondent: Well, I have a cousin of mine, then he also got it he had it before me also, I don't know what year he got it, but he got it before me. I see how it affects different people, different ways. He gets tired, he gets very weak. It affects you in different ways but to me it's sometime I feel like I don't have it. Like I don't need Atripla medication basically. I ride bicycles, roller skate, I do the work of the books sometimes and I feel like a normal person, but sometimes I do feel weak I don't know this is because of cigarettes or my age or the job history. I also keep studying, learning information about HIV. Now if they ever get rid of that, I don't know how they would do that. That would be a good idea. It would be wonderful for a lot of people, because I know I've seen people die on, that's sometimes it scares me a lot when I think about dying. You go to sleep and then you don't wake up one morning. I don't know because the HIV or the blood work or what it is, but I think people healthy, like I said die. That's why I I think I would try to take my own life before that happens. I think people get sick, real sick. I don't think about it. I really don't, sometimes I do, sometime I don't, when I think about it, I think about crazy stuff. When I don't think about it. I just act like if I never had it and that's who I am.

Interviewer: How did you, after you left, after you left the rehab and you were in counselling, then what happened to you? Did you realise that you wanted to keep living? Did you join groups? What happened to make you...?

Respondent: I joined groups, and I listened to the groups that I went to, because I learnt in groups that you are not -- I'm not the only one that had it, and then there again, they teach you the healthy food to eat. Like I said, that's how I go by and my blood work and my T cells I keep high, the way they are supposed to be. I guess for lifetime, whatever. Like I said when they get a cure for that or whenever I am gone, I am gone. But it's crazy though I'll tell you that much. I keep that very personal. My family doesn't know; they didn't know about that.

Interviewer: Your family didn't know you are HIV positive?

Respondent: No, they don't know about it. I don't I only talk about it in programs not in the family. Because a friend of mine he had it also, and went and told his family, they backed up away from him. They were like, you can't eat in the same table with us in the same plate, and excuse my language it is really fucked up when you know when you can't eat in the same table in the same plate. That's why I never told my family; they will never know.

Interviewer: You are close to your family?

Respondent: What?

Interviewer: Are you close with your family?

Respondent: Little bit, a little bit. I think sometimes I get confused like when they say it is important to let them know because you get cut and the blood goes into the other person in the pores of their hands, then it's passed onto that person. I will never let them know. I took that very personally and if anybody out there was to tell them and they back off. I don't care either. I've got to worry about me. I don't care what they are going to think? It ain't going to stop me from taking my medication and do what I got to do, I'm the one that have it not them. It's very personal. Any other questions?

Interviewer: What about personal relationships? Like what about like relationships with women or like yeah, girlfriends?

Respondent: You wear condoms because you don't want that to spread to other people or another woman might be more affected than me another person, so you got to use safety stuff.

Interviewer: Have you been able to have like relationships since you were diagnosed with HIV? Have you been able to form long relationships?

Respondent: Not really. I had a few with different women but they also had HIV. It's like every woman that I met through different programmes, you go through these programmes and according to the programme, the only people in that programmes people were everybody got HIV. So I will get -- I found a woman who is in the programme who got HIV, not in the general public. Once I had a girl from general public and when we did sex I used to wear the condom and she asked me, I don't want you to use that and I didn't want to tell her why I was using that. So I backed off. I told her listen I can -- I don't want to do this no more and she never knew because you had to wear, I have to wear the condom because maybe I pass it onto her and that's now her problem. She might want to kill me or go crazy. She might want to do a suicide people change when they find out about this kind of stuff. They take it very personally. I've seen a lot of stuff behind this, trust me. Any other questions?

Interviewer: What about friends? How have you, do you have mostly your friends have HIV or are there friends that you've told you are HIV positive whodon't have HIV?

Respondent: I have some friends who have HIV and I have some friends that don't have HIV, the friends that I have, they don't have HIV. I haven't told them unless I have to, unless they see me taking the medication, they ask me what kind of -- what kind of medication is that. That's another thing, I don't take my medication in front of anybody; I take my medication in private. People will ask you questions why you're taking big pills? What kind of pills are those? Very personal Like I said.

Interviewer: What do you think has kept you living this long?

Respondent: Therapy. Therapy, but I have a lot of problems besides HIV, it's like a mix. The biggest problem is HIV that I do know about me, like I said some people I cannot tell them about that, and then I get sick, they ask me questions, why you got sick or what caused you to get sick and I cannot tell them that. That's very painful to keep a secret like that. I have a lot of problems with HIV but family, my ex-wife, my daughter those kinds of things made me go on drugs and alcohol. My daughter, the mother who -- the lady, the girl that I had sex with, and I give her that baby, that baby girl she is still about twenty-seven now. She went for the test about four times and she doesn't have it. I me and the mother have it, I don't understand that. Maybe they told me some time it would take a longer time for her to, it will show up on her.

Interviewer: Your daughter doesn't have HIV?

Respondent: No.

Interviewer: Okay.

Respondent: If it ever comes to her, how did she know what to do? She went to a group about learn about that also. But we don't talk, me and my daughter and the mother, we won't talk.

Interviewer: Why?

Respondent: Anger problems from the past; anger problems.

Interviewer: So you feel therapy has been the most important thing in keeping you alive?

Respondent: Yeah. Sometimes it does work and sometimes it don't too. I go to NA, I go to all kind of therapy that is not going to fix the HIV.

Interviewer: What makes therapy work? What makes therapy not work? What are the things that are good about therapy and what are the things bad about therapy?

Respondent: What was that again?

Interviewer: What are the things that make therapy work? You said sometimes therapy works and sometimes it doesn't work. What do you mean by that? I'm just trying to seek clarification.

Respondent: The way we're talking about it now, we are talking about now about this HIV think for ten, twenty minutes. Another twenty minutes it's not going to go away on me because we are talking about it. Is she going to be here now in twenty minutes and tomorrow and the day after, right? That's why I say mine doesn't work.

Interviewer: Oh, so you mean the therapy doesn't take away your HIV, but it makes you feel better about living with it?

Respondent: Of course, it does.

Interviewer: Yeah.

Respondent: That's about it and it doesn't like I said doesn't take it away. That's what doesn't work on by that and whatever works is because you then have to talk about and live with it. You say you've studied this, often times my co-worker and they would be like I don't have to answer that question, or you don't have to – I thought they ask you question do you have HIV also?

Interviewer: No.

Respondent: Okay. I met a client, I asked her the question and she say I'm not supposed to really answer that question, but that she say yeah, I do have it. Then I asked her, if anything, how you feel about it. She said well I do what I got to do, I go to therapy and that's the job I chose to pick after that and she takes her medication and I said like thank you for meeting me and that was it.

Interviewer: Does it make a difference if somebody is talking to you that has HIV or somebody that doesn't have HIV, does it make a difference to you?

Respondent: No. I mean the only difference that I feel that person -- I feel that person, I see that person doesn't have it, some time I will be like I wish I could be like you or I was like you before and then, but once we have it's too late, it's there already.

Interviewer: So what would you say to young people then? It sounds like you would want to tell them to be careful.

Respondent: Well, I've talked to like the young kids in my family, but they don't have it, like I said they don't have it, but I talk to them. They now go to programmes and study a lot of different programmes and sometimes they are asking questions about getting high on drugs and going to jail and stuff like that and I told them the truth, be careful, be very wise when you go out there and party because I have friends that they have HIV and they get sick and some of them are dying. You don't know about it, you better study those that were HIV, and they say thank you uncle, they call me uncle. But they don't know, they don't know I have it. Any other questions?

Interviewer: So you talked a lot about the programmes helping you. Can you tell me are you a volunteer at the programme or do you just attend them or?

Respondent: Volunteer.

Interviewer: You're a volunteer?

Respondent: Yes.

Interviewer: When did you start doing that?

Respondent: I don't remember what date.

Interviewer: How long ago?

Respondent: Like at the end of the month, I've been here for four years.

Interviewer: Okay.

Respondent: I don't know about these mental like I said some programmes, you cannot go in there unless you have HIV. I learned about it through from some other girl that I knew from a hospital I go to and she told nobody, and I came here. I've been here for four years. I don't know how long I'll continue coming here but nothing changes. It's the same thing over and over and over and over. I believe that I don't continue coming here that I will not continue learning about and reading papers about HIV and anything they got to do HIV I read it quick, or I'll keep the papers and I go through them. Now, like I said, there's another programme I go volunteer they call it Vocal in Brooklyn. They go out to Albany and out to Washington DC where the warehouses at and they're trying to get that problem fixed and to say they're going to end it in 2020, I think. I believe that when it happens and only because it's a lot of money to get whatever they're going to do to get a cure for that, it will save a lot of lives; I tell you that much. If it's the truth. How are they going to do it? What government, president, I don't know, but I hope they do because a lot of people have it out there and they will die, and they don't know. I know that. I could see it coming. I know people they don't know they have that. It's dangerous. Then I heard they were going to make a law, I don't know, some say I think they did it already, you're forced to take the HIV test no matter what, whether you like it or not. That's one way to save a lot of people and save a lot of life from the HIV to spread out.

Interviewer: What do you think about that law?

Respondent: By the what?

Interviewer: About that law, what do you think about it?

Respondent: That law should be nationwide. Yeah, it should be like that. That will save a lot of life like I said and lot of more problem. Any more other questions, lady?

Interviewer: Well, I mean it's up to you. I just wanted to know what it was like being you. I'm not here to ask you particular questions. I just want to know what it's like being here. So if there's something else you want to tell me about being you, like what's it like to, what your life has been like, then tell me. If there's nothing else you want to tell me, then.

Respondent: No, it's not an easy thing to like I say. I don't know sometimes I just wish that this disease was never out like that because It changed. I mean the way it changed me was that, let me give you another example again, another example like I say about general public, letting general public on that don't have HIV. It's like I can get a wife, a lady and then I'm going to marry her and give her kids, children and she don't have HIV, she don't know nothing about HIV. Then that happens, she is going to be flipping and asking questions, why you never told me, or you never show me your papers. I don't want to have that shit. A friend of mine went through that and they got – she got divorced. She didn't stop him from seeing the kids, their

children, but they got divorced. She like hated him. That's why I spend time I say, you got be right kind of personal, you got to be careful with who you talk to you about this, people they will react to it. Like my friend went to their family they told him you can't come in here and eat no more on our table together, you got it. They call him on the phone said don't touch nothing in the house. That's how people get, some people that get so scared. He and I heard him talking about that in a group there that's why the family ditch him, they tell him just call them, don't come to the house, don't touch nothing. You touch something and then that person touches if after you, they're going to get it. You don't get it like that. Some people, they don't understand that either, but that's why I told him, that's why and he went to group and talk about it. He felt bad. He cry, he want to do suicide. He went to lot of therapy. I guess he's still alive.

Interviewer: So it sounds like a lot of your concern comes from rejection from other people, right?

Respondent: You got that right, very personal.

Interviewer: Yeah. Have you been rejected in the past because of HIV?

Respondent: Nope.

Interviewer: Is that because you haven't shared with people that you are HIV positive?

Respondent: Right.

Interviewer: So it's a self-protecting thing?

Respondent: Yup.

Interviewer: Tell me about that. Why do you think you have that?

Respondent: Well, I have what?

Interviewer: The self-protecting thing.

Respondent: People will, they will back off. To be honest with you, people that know me like this program here Momentum and other programs... People have two sides of lifestyle, good side and bad side. If I told -- I don't want you to get scared and nervous or nothing like that but I tell people, if I tell somebody over something like the HIV and they were like, oh shit, you are fucking bastard, you got that shit. Once you say, oh shit, you are fucking bastard, you got that shit. How can you never tell me that? I will punch him in the face right away and I'll get violent.

Interviewer: Why?

Respondent: Because the way he said -- the way some people that will come out cursing, some people do like, oh you should've told me you have that. I won't shake your hand. I won't hug you. I don't know. I don't know to tell you about, that's why I keep it personal, very secret

because I be like I don't even have to be afraid or I feel comfortable if somebody rejects me, I'm not going to get stupid and fuck that person up or say shit to that other person or just say very polite, listen, but they don't need to talk no more about this and goodbye. Depends how I feel that day. It is very serious stuff.

Interviewer: It sounds like you have two bits of your life because it sounds like you do a lot of advocacy work and you go to therapy and you're a volunteer all around HIV, but then in your personal life, HIV doesn't come in and you don't allow it into your personal life.

Respondent: What do you mean personal life what?

Interviewer: Like you don't tell people, you don't tell friends you're HIV positive, or you don't tell your family that you're HIV positive or you don't have relationship with people who are HIV negative, so you don't have to tell them that you're HIV positive. So it sounds like on the one hand you're very open about the fact you're HIV positive because you work in advocacy and you work, you are a volunteer, right. But on the other hand, you're very closed off about it because you don't share it with people.

Respondent: I'm supposed to share it with everybody? Does the law say I have to share that with everybody?

Interviewer: No.

Respondent: Okay.

Interviewer: No, but I'm just interested in your perspective on that.

Respondent: Well all I got to say is it's personal.

Interviewer: Okay.

Respondent: Some people, they're open with stuff, but I know gay people there, they tell their family they are gay and whatever happens, whatever happens because everybody is different. I've seen a lot of -- well the good the way I got raised in the streets and the family some stuff you had to keep a secret. I have one of my stepbrothers we talk a lot about secrets, and you know what's a secret. A secret is a secret when you don't talk about it, never. You take it to the graveyard. Once you talk about it, it's not a secret anymore, any longer. Once you talk about secrets, it can change a lot of stuff, either it will, or it could or sometimes it doesn't. Sometimes people you tell a secret, they don't care like nothing happened. Sometime you tell people a secret and a lot of change come behind that the consequences. That's why I go through a lot of programs and therapy and I'll be very wise careful, but I do talk lots of my business too because I had done before and I seen the change, I seen the different attitude.

A lot of people that have known me, a lot of programmes I go to they will ask other people question like friends they know me. Why that guy do that right that, he don't talk too much or he's okay what's wrong with him? The person, my friend tells me then, and I will tell my friend,

go and tell him what I told you or bring to me while I go to him, and I tell him and that's it. But according to you, I hope you keep studying about this. I hope you get wherever you're trying to get to?

Interviewer: Thank you.

Respondent: It's a good study, a very good study. I was going to do that once and become a HIV counsellor. I don't have the patience for this. When I was in jail, I did a lot of groups, I have a certificate for drugs and alcohol and I met people from HIV. They used to go in HIV counsellors, they get good money doing this stuff. I guess there is a lot of reading, a lot of paperwork and they tell me (name redacted) you should do that and bring books and stuff like that. You have a kind of knowledge of that. So, I told them only when I'm in, you catch me in a good mood and I have the patience and knowledge for that, catch me in a bad mood, I told you get the fuck out of my face. So can you imagine if I'm running a group? Somebody will ask me a question or girl, or a guy ask me, they will say, oh, well you think you fucking know. You know it, you know it all. Oh, I go to that person, don't curse. It's not polite to curse, walk to that person. Well, you too motherfucker get the fuck out of my face, you see. That's why I won't take a chance to do, I am not ready for it. I'd rather be honest. I'm not ready for it. Any other questions?

Interviewer: No, I don't have any questions. I only came in here to find out what your life was like. If that's what your life is like, then that's enough.

Respondent: Yup. I hope they find the to develop a cure.

Interviewer: Yeah.

Respondent: Okay, I'm done.

Interviewer: Okay. Thank you.

Interview 7

Interviewer: I'm recording. So you're saying that you have some -- so your major concerns are?

Respondent: Side effects of some, of some western medicines that I am currently taking.

Interviewer: Okay.

Respondent: I think it's a new drug called Complera it's just once a day, but it seems to be just, it knocks me hard.

Interviewer: Okay.

Respondent: But I think, it's been two years now and I'm doing better.

Interviewer: So you've been HIV positive two years?

Respondent: No, twenty seven years.

Interviewer: Twenty seven years wow. That's a long time.

Respondent: That's a long time.

Interviewer: So I'm going to ask you a few quick demographic questions just to find out a bit about you and then we can go back into that. So how old are you?

Respondent: I am fifty one.

Interviewer: Fifty one; okay. What do you consider your race to be?

Respondent: Actually a combination. I'm Portuguese and Indian.

Interviewer: Portuguese Indian, okay, and what sexuality do you consider yourself to be? Heterosexual...

Respondent: I am a gay man.

Interviewer: Gay man okay, and what's your highest level of education?

Respondent: I am a college grad. I am, actually, I have an in undergrad nursing, I'm a registered nurse.

Interviewer: So you are an RN?

Respondent: Yeah. Retired now.

Interviewer: That must make it easy for you easier to you in helping your own health right?

Respondent: Of course it does. You know, I have, I think the same knowledge is power, so I'm trying to say, work around with all the alternatives and not only from the physical standpoint but also mental, emotional, spiritual. I am a workout, I am totally addicted to working out, not only on the physical body but the mind and the spirit as well.

Interviewer: So, you are currently unemployed, or you are currently employed?

Respondent: No I am retired.

Interviewer: You are retired. And when were you diagnosed with HIV?

Respondent: 1988.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: HIV.

Interviewer: When did you come to New York City?

Respondent: Well I came back to New York City in 1987. I lived on the West Coast prior to that; in California.

Interviewer: You lived in California. You were born in California?

Respondent: I was born in Guyana.

Interviewer: Are you born in Guyana?

Respondent: Right. I came to America when I was a kid. I was actually raised in New Jersey.

Interviewer: Okay.

Respondent: After graduating from high school. I went to the military and I got stationed in the West Coast, California so I went there and did my undergrad college there and then I came back to New York.

Interviewer: Okay. So, you've been all over the place basically!

Respondent: Yeah, you might want to say that!

Interviewer: So tell me a little bit about your experience living and aging with HIV. What was it like to be first diagnosed? Let's start there.

Respondent: It was scary, very frightening back in 1988 because I was employed back then, I pretty much I did critical care nursing and I was under a lot of stress because it was critical care, it's like you do twelve hours, sixteen hours shifts. I figured that I was working too hard and I kept having this recurrent shingles on my back and I took the major doses of Zovirax and it kept coming back. So they figured it must be something wrong with your immune system and that's what got me to have the test. I had it done prior to that in 87 when I separated from the military and I was negative. So the thing is I could've, who knows, it could have been there a long time and then it just showed up as being positive.

Interviewer: Okay, and so what was your immediate reaction to receiving a positive test?

Respondent: Fear.

Interviewer: How did that manifest itself?

Respondent: Anger; if it's alright for me to say that. I got very angry but like- I was in the peak of my career. I was working on my Masters and I am like, I had a really great partner, we were making it happen. We were just about to buy a condo in the West Village and it was like what's going to happen to my life right now, so.

Interviewer: What did happen to your life after you were diagnosed?

Respondent: A whole lot. A whole lot because I started having these really - I think it was from stress and all that. I started having really bad headaches and they started doing lumbar punctures and that, they went to my back to take the fluid and then eventually back in 1990, I had, I was hospitalised with Hydrocephalus, which is the fluid in the brain and I had two major brain surgeries in 1990.

Interviewer: Wow.

Respondent: I think, this is my personal opinion Charlotte. I am not being opinionated or nothing like that. I think back in those days they didn't have enough data and they like, they were guinea pigging us.

Interviewer: So you felt like a guinea pig all that time.

Respondent: I did. I mean, I hate to say it, but they could not come up with a confirmed diagnosis as to why they had to, open my brain and put the shunt in. When I look back at my records and all that, the rep, the law says you're not supposed to do more than four LPs in any given calendar year. In 1989 I had twelve.

Interviewer: Twelve lumbar punctures?

Respondent: Twelve lumbar punctures, that's excessive. I've worked on it and I'm in a real good place. There was a lot of - postoperatively took me twelve years to really recoup. I was institutionalised for a while; for many years I couldn't speak.

Interviewer: Was that a mental health issue that you were institutionalised for?

Respondent: Mental, spiritual, physical, physical too. Because I couldn't walk either. So I had major problems with neuropathy and all kinds of spinal problems and it took a long time and I was able to overcome all that. It's been a major journey.

Interviewer: Yeah that sounds...

Respondent: I've been asymptomatic for the last twenty one years. I went on a major holistic protocol, I went out to Utah, I studied with this guy called Gary Young. He works with basically aromatherapy essential oils and a lot of like new wave type modalities and stuff. It seems to be working. My doctor that I go to her name is (name redacted) at Saint Luke's Roosevelt, and she is into integrated medicine practitioner, so she's opened up to all my integrated approaches which I think is great.

Interviewer: So you feel that you have made a whole holistic change to your lifestyle?

Respondent: Yeah.

Interviewer: That's why you've been able to live so long?

Respondent: Right. And not only living but living healthy, I am not incapacitated, physically, mentally, spiritually. You know a lot of times with the drugs you have lots of, I think what I'm seeing it's a lot of; some of the drugs are very toxic. They have a lot of toxicity and when toxicity accumulates they are going to give you a pill to work on the depression, work on the neuropathy, work on this, work on that, I am not, I don't think it's necessary to really go down that road, that's just me.

Interviewer: And what happened to partner when you...?

Respondent: Oh no he passed away eventually yeah.

Interviewer: He passed away from HIV?

Respondent: Yeah no actually he started, he started using heroin.

Interviewer: Okay.

Respondent: He became addict.

Interviewer: Okay.

Respondent: The heroin took him out.

Interviewer: Wow, and were you together at the time?

Respondent: Yeah.

Interviewer: And how was that?

Respondent: That was difficult. Very, very difficult.

Interviewer: Yeah.

Respondent: He's the one that saved my life and gave me a second chance of life. He was very caring but I think just, he said to just get on do stress of watching me go through all those turmoils he started like playing with the heroin.

Interviewer: So he said that it was you, your stresses that lead him to use.

Respondent: Well you know that's one thing of addiction. They have to like blame it on something.

Interviewer: Yeah of course.

Respondent: Yeah of course and I said, I'm not going to put -- I am not going to be on any guilt trips.

Interviewer: You're absolutely right.

Respondent: Yeah, he just, he had this, he was a makeup artist and he made a lot of money. He lived, he had a lot of work in Europe as well and he went on a major gig. He started, he couldn't control it. It took him out.

Interviewer: And was he positive as well?

Respondent: Yes.

Interviewer: He was positive.

Respondent: Right.

Interviewer: And so how was that seeing someone how - you must have experienced many losses over the period of time between the time you were diagnosed and the time...

Respondent: Oh yeah lots and lots and lots.

Interviewer: How has that affected your outlook on life do you think?

Respondent: I try to stay positive, I have, actually back in my college days, I actually studied Buddhism and I do believe in afterlife and the whole journey that life moves on. What is called

the suffering. There's no point to suffer, so moving on it probably sometimes it's the best thing that can happen.

Interviewer: So you feel like spirituality has completely helped you to...

Respondent: Oh of course unbelievable, unbelievable I still uphold that very, very strongly. I'm not religious at all the spiritual, I think I have them spiritualist I don't go to any kind of, I don't really do the organised religion. I go to Unity Church which is non-denominational, and it gives me a lot of support I accepted myself as a gay man as an HIV positive gay man. It's been helpful.

Interviewer: How has how have you found that -- how have you found that...what have you found has been helpful and not so helpful over your lifetime in coping with HIV? Have you been involved in activism or have you been involved in services that have been particularly helpful?

Respondent: Not really. I think a lot with services, you know, just like Momentum. I go to Momentum I go to Gay Men's Health Crisis, they've been very helpful. I have not gotten that really involved because I think that me venturing out and going into school and studying aromatherapy and you know, all my protocols that I have done over the year, all my practitioners my doctors my therapist and tell you, oh no, no, it's going to be too much stress. I'm like, No, I've got to do it. I'm just not going to sit around and wait for something to happen.

Interviewer: So you feel like being proactive has helped you to?

Respondent: One hundred and fifty percent...

Interviewer: To cope with things.

Respondent It was very difficult to me when I first, years ago I used to walk with a walker for a long time and I went from a walker to a cane, and I just had a lot of neurological problems and I was so determined, so determined that determination kept me going.

Interviewer: And so do you credit your determination with the reason that you've lived this long, do you feel like other people gave up when you didn't?

Respondent: Of course. It's very easy to give up; very easy. It's a combination of not only psychological, no, I think part of it physiological too like I got to say I've worked as a nurse for over twelve years plus four in the military. A lot of the Western medicines there have too many side effects; every individual is different. Why I'm having right now, I'm so symptomatic, it's because I have a VP shunt to my brain and there's problems with the blood-brain barrier being blocked off, the neurologist is telling my doctor I can't take HIV meds and my doctor said well he's HIV positive, he has got to take meds and they go back and forth so.

Interviewer: There's that conflict, there is that conflict in your body as well as drugs.

Respondent: Yeah right but I sort of just decided, well, I feel better when I'm on meds.

Interviewer: Yes.

Respondent: I do I feel a whole lot better. You know, even though I got greater side effects and I monitor myself closely and I take very good care of myself. I have a very heavy alternative approach. I do a lot of juicing and lot of fruits and wholesome foods, I work out. So if I didn't do that, maybe I wouldn't be here sitting and talking with you because as I said, everyone's different. Everyone is different, for me personally, I've had tons and tons of side effects with the Western Medicine.

Interviewer: But you still keep taking them?

Respondent: Oh yeah, and they're working. They're working wonderfully. My viral loads on detectable, my t-cells are like almost five hundred. When I first started going to my doctor, I've been positive for twenty seven years and only the last eight years I started on medicines. I played with them in the past but nothing major. I took them and they didn't work. I had a lot of side effects. I figured they're not for me, but my doctor was very concerned because my T-cells were very low, and I figured it wouldn't hurt to give it a shot.

Interviewer: And did you ever at any point feel like I should give up, I am going to give up?

Respondent: Oh no, no.

Interviewer: No, never felt that you would give it up.

Respondent: No, I have days when things are not the best, but I keep fighting. I keep pushing myself. I use a lot of aromas and aromatherapy. I do a lot of outreach work with animals, I am a major pet lover so I do volunteer work for shelter in Brooklyn in Mighty Mutts

Interviewer: Oh I know Mighty Mutts!

Respondent: Yeah.

Interviewer: I know their cats.

Respondent: Their cat's Ollie's Place.

Interviewer: Ollie's Place.

Respondent: Yeah, yeah, I go there, I volunteer there and sometimes I've volunteered at the Union Square Park on the weekends.

Interviewer: That's nice.

Respondent: Yeah and the animals are amazing because I do body work with animals.

Interviewer: You do what sorry?

Respondent: I do body work with animals, reflexology, they are more receptive than humans.

Interviewer: That's great.

Respondent: Much, much, much more receptive so I like that, I have two cats of my own.

Interviewer: So you feel like helping animals also has helped you?

Respondent: Tremendously, I mean ever since I've been positive, I've always had animals. Of course different ones because you know the cats they move on after a certain amount of years. I've always had animals. Right now I have two girls too. They're my babies.

Interviewer: Two cats?

Respondent: Cats, yeah; they're my babies. They're both rescued. I do a lot of work with that. I think it's easier to take a rescue animal rather than buying from pet stores or something and they're extremely therapeutic, very, very therapeutic. I can't tell, every time I've been to my therapist it's like, she always asks me, what keeps you going? I say, my girls, my girls. Some of the guys said your girls, you got kids? No, they're my babies and they are very special.

Interviewer: So you feel like your cats keep it going?

Respondent: Yes.

Interviewer: And what about social relationships currently? Do you have strong social bonds with people?

Respondent: Of course I have got lots of friends, nothing, no, no, no partners or nothing romantic. But you know that's my choice. I keep myself very busy, very preoccupied between the volunteer work and working out; I'll keep myself, very, very occupied.

Interviewer: You keep yourself busy.

Respondent: You have to, you have to. I will hibernate a little bit more because of the weather.

Interviewer: I mean this weather is ridiculous.

Respondent: Actually. It's not too bad, it's really not too bad but you have to just keep going and keep that positive image. I go, I do a lot of, I like yoga, I do a lot of yoga, I do a lot of meditation, so I just keep myself very busy.

Interviewer: That's great.

Respondent: Very, very busy.

Interviewer: What do you think about the younger generation, what do you think about those people?

Respondent: As far as the HIV?

Interviewer: Yes.

Respondent: That's a whole different ball game, a lot of the younger kids are very, they're very scared, very, very scared. A lot of them are going to all these different rigs. I don't know they're just I don't know from what I've seen, I really don't like what's going on with the younger generation with HIV.

Interviewer: And why don't you like what's going on with the younger generation?

Respondent: Because I think they're being misled.

Interviewer: They are being misled, in what way?

Respondent: In terms of the medical people, the western doctors going to tell them like it's just serious, I know it's a virus it's serious but still I think I am not quite sure at that age people really care to be regimented and take a cocktail of antiretroviral therapy and be regimented. It's difficult. It's very difficult.

Interviewer: And if you think when you were diagnosed people didn't really know what was causing the risk factors were any of those things.

Respondent: Right.

Interviewer: But now the young generation do, and so how do you -- how does that impact the way you view the younger generation and their behaviour?

Respondent: I think the young generation that just, a lot of them are not, they are a lot misinformed, they are misinformed, they think it doesn't happen to us. It happens to older men, older gay men. It happens to everyone.

Interviewer: So you feel like they see it as old person's disease.

Respondent: The ones that I have met.

Interviewer: Do you think? What do you think needs to happen for them to be more informed?

Respondent: Just more education, more educated.

Interviewer: More outreach.

Respondent: More outreach. Yeah, they need that. I'm not saying all of them. They're always like exceptions, some of them are more prepared, but a lot of them are not prepared. They're not prepared. I know this guy in my neighbourhood he just turned sixteen and he is positive and having a very difficult time with the medications.

Interviewer: I mean sixteen, is quite young to be HIV positive and to deal with your own medications that's very ---

Respondent: He was fourteen when he found out.

Interviewer: Fourteen wow.

Respondent: That's very young.

Interviewer: That's very, very young.

Respondent: All these kids, they are very matured for their age and they're in the fast lane.

Interviewer: They are in the fast lane?

Respondent: Yeah so something is going to happen.

Interviewer: And when you say the fast lane what you mean by the fast lane?

Respondent: Like you know part of the gay lifestyle has always been promiscuity and promiscuity still goes on you know like parks and that kind of stuff.

Interviewer: So, they're promiscuous at a young age?

Respondent: Yeah, a lot of times they're too promiscuous because of the hormone thing and hormones are kicking and raging and just it's more than just a psychological, I think personally it's physiological too because of the hormones and hormone imbalances and that kind of stuff.

Interviewer: Do you think that because they didn't see people die, I mean I imagine that, you had multiple losses you said before so do you think because they didn't see those losses, they can't quite, that level of loss, they can't quite understand how devastating it is?

Respondent: They can't understand. A lot of them I spoke to feel they're exempt; it is not going to happen.

Interviewer: Okay.

Respondent: It's not going to happen to them.

Interviewer: So, there is that young belief that you will live forever.

Respondent: Yeah, keep telling them, no, you got to take care, you got to take care.

Interviewer: And is there anything else that you want to add about aging with HIV; anything that you want to, that you haven't told me?

Respondent: Oh no, no I feel very, very optimistic. I think I feel like I get better as I get older.

Interviewer: So optimism and better as you get older well that's great.

Respondent: Yeah, I have got diagnosed at twenty five and in a couple of months I will be fifty two.

Interviewer: So, you have lived more than half your life with HIV.

Respondent: Yeah, and I think it's been in personally, you know, from the spiritual standpoint I tend to think it's that kind of think, not kind of think, I know for sure it's been a sort of a blessing in disguise.

Interviewer: So, you feel that's, so HIV is a blessing.

Respondent: It's for me personally; it's sort of not of a lot of people I could share that with, how could it be? I mean, I'm always dedicated to my profession, I like the medical field and all that, but being ventured into the holistic approach and being able to travel and really able to do the things I do. I have a friend in California, and she and her fiancé, they want to get into animal rescue work and if things work out, she said I could go you know, work with them and help them out. She's going to probably try to get to Rhode Island, have you been to Rhode Island, you like it?

Interviewer: Yes.

Respondent: Yes, she likes it there. She lived there she moved all the way from the West Coast. She is just pushing her dreams is to do the animal rescue work and she is a psychologist, she's a PhD but she's kind of burnt out. What are you going to eventually be a doctor?

Interviewer: Yeah, I will get my PhD in social policy.

Respondent: Yeah, I think you're going to do wonderful. You just have such a great personality and a lot of people are getting to that field aren't cut out for those type of work. It's intense. You have to be very oriented and centred and grounded and it takes a lot. But as time goes on, you know, you learn to have coping mechanisms. I am the same, I was so sold to my profession I just got -- sometimes I got overly carried away just caring and overly concerned, but as time goes on you learn to pace yourself.

Interviewer: Do you think your ability to care for others helped you care for yourself. Do you feel that that innate ability to care for others helps you?

Respondent: Yes. Helping others. Helping animals helping rescue animals, I think that touches my heart like nothing else. I've helped so many animals. I felt that my Mighty Mutts I do a lot of work with that agency and that it's really amazing, you know? And I think that a lot of times people, I mean I could just sit around and just feel like, like my life is over. I've been retired twenty five years.

Interviewer: So you have to retire when you found out you are positive?

Respondent: No, no after my brain surgery I became very incapacitated. So they figured, you know, you're never going to be able to work again let's put you up for retirement. I had a couple of years left for me to retire because then the federal government you retire early. Because of the military and my time in federal government, so there was like four years before my actual retirement, so it wasn't that, you know, I'm not ready to do it, but I had no choice.

Interviewer: Yeah.

Respondent: I had no choice, but it's been a good thing you know, I have got a little bit of an income, so I can really do what I wanted to do with my life. And I love working with animals. Do you have any pets of your own?

Interviewer: I have two cats, actually yeah.

Respondent: Male, female?

Interviewer: One boy and one girl.

Respondent: Okay, Aren't they the greatest?

Interviewer: They are lovely, they are lovely they are little bit angry with me because I went on holiday and I left them so.

Respondent: They're back home?

Interviewer: No, they are here but I went to holiday. I left for Christmas I went for ten days away and I had a cat sitter come in and take care of them.

Respondent: You are English right?

Interviewer: Yeah. They don't like it when you leave the house, they get very upset.

Respondent: They're very territorial. They have a bond with their masters too. Animals, they are so special very, very special. I have such a bond with them. It's like on major holidays, a lot of people are like that come over and hang out with us. No, I can't leave my babies, they are babies, yeah, they are my babies you know.

Interviewer: So your cats are a huge source of comfort.

Respondent: Yeah they are, and on the holidays, I buy them special fancy feast dinners and they have special treats, they're special, they get treated like royalty. I think that they do that for me too, they are very therapeutic, very therapeutic.

Interviewer: And just one last question because since your partner passed, have you been involved with anybody else?

Respondent: Nothing serious.

Interviewer: Nothing serious.

Respondent: You know, dated here and there, but just like I'm really not ready for that. I'm really not ready for that. It entails quite a bit, and it just -- all the years I spent getting myself better, working on getting a second career working with the animals, there's no time for it. I'm not saying the possibilities might be who knows, in the future, as I get older, I'd like to have companion or something.

Interviewer: So do you see -- it sounds like you're saying you could see a second life coming for yourself.

Respondent: Of course, of course. I'm very, very optimistic.

Interviewer: You're optimistic.

Respondent: Yeah. As I go to this group at GHMC it's called -- it's HIV over fifty. It's a New York HIV over fifty and I really get a lot of support from those guys. Some of them are early fifties, late fifties, early sixties, just a lot of them are so optimistic and I'm like, oh, it makes me feel good.

Interviewer: So being in that group, the other optimistic people has made you feel optimistic?

Respondent: Yeah, I feel very good, really very good. A lot of them are like get to striving with their lives. HIV is very individual thing you speak to ten people you might get ten opinions if not twelve, a lot of people are scared, a lot of people are -- I live my life every day to the fullest extent I really do, and try to erase fear, and erase anger and just work on myself. A lot of times I have compassion in my heart, and we don't know why people go through the things they do. Big rationale on my part is just the impact of sometimes of western medications affect everyone differently. But western science, it looks as though you're HIV take ten pills two times a day, but how a drug affects me and might not affect him or her; everyone is different.

Interviewer: Yeah. So, it's so individual to each person because of the drugs and because of people's different approaches.

Respondent: Right. Like when I first started this two years, I was in the hospital for a couple of days because I had delusions. I just started seeing things and they like, I know the effect of pills

have caused me that and they are like, yeah, it couldn't be, it couldn't be. And then eventually they figured and let's stop the meds temporarily, and like you said things went wrong. So, it's scary.

Interviewer: Yeah, that sounds scary.

Respondent: It is scary. So I am doing the best I can. I do a lot of work on myself and I'm very optimistic and I'm glad I have such a great doctor that works with me individually and there's a great guy I see once a week; he's an acupuncturist. Have you ever had acupuncture?

Interviewer: No, I never had acupuncture.

Respondent: Are you scared of needles?

Interviewer: No, not scared of needles but I just never got around to it. I've had Reiki and all that kind of stuff, never, never acupuncture.

Respondent: How about reflexology?

Interviewer: I've got reflexology but never acupuncture.

Respondent: Acupuncture is pretty good. he actually does my whole body.

Interviewer: And you feel that's helped you?

Respondent: Oh yeah, tremendously with the side effects, He takes my, looks at my counting pulses. So he is gifted. So, it's quite modality and I think that's one reason that I get on so well.

Interviewer: Yeah, okay. Is there anything else that you want to add or, I think optimism is generally the word that summarises you?

Respondent: Yeah, I guess that sort theme word, yeah. Yeah, I mean I always like to hear my inner feelings and how devoted I am to living life, but it's a very indifferent thing.

Interviewer: Thank you, thank you. Oh, go ahead. Sorry. I'm sorry.

Respondent: No, no. Everyone is in a different space. So we have to meet people where they are at.

Interviewer: Well, that was fantastic. Thank you so much.

Respondent: Thank you.

Interviewer: You've given me so much great Information.

Interview 8

Interviewer: I'll start to record now, so can you tell me your age please?

Respondent: 64.

Interviewer: 64. What do you consider your race to be?

Respondent: Black American.

Interviewer: Black American.

Respondent: Not African, Black American.

Interviewer: What do you consider your sexuality to be? Gay, straight, bisexual?

Respondent: Straight.

Interviewer: Straight okay.

Respondent: Heterosexual.

Interviewer: Heterosexual, yeah. What's your highest level of education?

Respondent: 12.

Interviewer: 12th grade. Are you currently employed?

Respondent: No.

Interviewer: Okay. Were you diagnosed with HIV or AIDS?

Respondent: HIV.

Interviewer: When were you diagnosed?

Respondent: 97.

Interviewer: 97. Is New York your hometown?

Respondent: Yes, it is.

Interviewer: So you are a New York native?

Respondent: All of New York.

Interviewer: So now just tell me about your experience living and aging with HIV?

Respondent: I can't, how do you say, did you say my experience with living with it.

Interviewer: What's it been like? What was it like when you're first diagnosed with HIV?

Respondent: Well, I wanted to kill the person I thought gave it to me, but I didn't really know. I probably got it from a female though.

Interviewer: Okay.

Respondent: I was living upstate, I don't know I was embarrassed. I wanted to kill this girl. They found it in the VA, I was in the VA at the time Montreux VA. I was in the Detox then, so it was all right for about 18 months. I stayed up there 18 months, it was all right. After that I don't know, I couldn't mess with girls like I wanted to because I ain't want them to catch nothing from me. So, I didn't mess with them for a while. After a while I started messing with girls. At first, I didn't want to say nothing about I had, I was positive, but then I learned to tell people that. Is this confidential?

Interviewer: Yes.

(Interruption)

Interviewer: You said that you didn't want to stop. You wanted to start messing with girls and then –

Respondent: I didn't want to stop. I wouldn't because of my situation of being positive –

(Interruption)

Interviewer: So you were saying you were in detox upstate and then you didn't know how to tell women, but you started to.

Respondent: It isn't that I didn't know how, I didn't want to tell them because. I didn't think they would want to do get with me if I tell them. Then I had a thing about wearing prophylactics.

Interviewer: Condoms.

Respondent: Who?

Interviewer: Condoms. Yeah because they don't know. Yeah, I had to think about wearing that. I couldn't for me I couldn't feel the person, if you know what I mean. I just couldn't feel the person. One time I made up my mind not to even put them on. I wouldn't wear them, and first thing they wanted to do nothing, there wouldn't be nothing done. And then there was a couple of girls they said they love me, that they're getting mad. I even got in an argument with them, they say yeah well let's have sex and you don't have to wear a condom. I'm going, but you might

catch this HIV. They're going, I don't care. If I'm going to be with you, I don't care. But I'm going, no, I can't do that. I mean for at least two years, this one girl, two years, she says she ain't mess with nobody but who knows. Then after two years we started messing around again having sex without protection, but nothing ever happened to her. Here today now she is still negative. I'm positive I wasn't wearing no condoms, I don't understand that.

Interviewer: Were you on medication?

Respondent: Yeah.

Interviewer: Medication makes it more difficult to give HIV.

Respondent: Oh good, Jeez, why didn't they ever say that. I told the doctor that, and he ain't never said that.

Interviewer: Yeah, it's only recently they found out that that's the case.

Respondent: That makes me more happy because I'm I don't think, I wouldn't like if I had gave somebody someone HIV. I mean probably nothing I can do about it, but I wouldn't have—it wouldn't have set well with me. Other than that, I learned to accept that I was positive, that I am positive, and I don't mess with as many girls no more. And if I do, and if a female asks me to put on a condom I would if I had to, but I don't. Not because of my age, I don't chase them as much as I used to, but yeah I do have sex. Every chance I get, no main girl. I don't have no main girl. I don't have no main girl. I live by myself I've -- I've been alone all my life anyway. Four brothers, two brothers now two died from HIV back in 70s when they ain't had nothing for it, and they didn't have no condom or medication. Now I got two brothers and four sisters, but I've always been a loner. I've always by myself. Even now I'm good.

Interviewer: Let's go back to the beginning. So you, you were in a treatment program when you were diagnosed, and what you were in treatment program for?

Respondent: Drugs, how you say this, I was smoking crack then.

Interviewer: Okay.

Respondent: Back in the 70s, I was smoking weed, and I just wanted to stop so I went into the VA you know I mean I'm a veteran so I went to the VA.

Interviewer: So when you left the VA, what was that like? What was that like living with HIV without that support from the hospital?

Respondent: Okay wait a minute that was a couple of years later because I went to Baltimore, MCVET, you ever heard of that? No of course it's for military use. The girl I thought I caught it from, found me down there, it's in Baltimore. She found me because I snuggled with her – I was up there, she kept putting me in jail, that's another story. Anyway for 7 years straight, for 7 years straight, I went to jail, year after year after year, seven years.

Interviewer: What for?

Respondent: Because this girl, she was kind of not there, but we had a big fight first time. They locked me up, the judge locked me up, upstate there. Kingston New York, the second time he locked me up, same girl, same time, we only do eight months out of the year. This is my second year, 16 months. The third year, second year before when I was coming out the Judge told me don't go around her, don't mess with her. But all my clothes was at her house, so I'm going to get my clothes, but she won't give it to me. I'm telling, yo, you give me my clothes, or I'll break your neck. She called the police and put me in jail again. They did that for four years, that's how I got to be in jail for seven years, one year back to back to back for seven years. And then when I came, the last year I came out, I stayed with her, and I let her do things her way, because she was a Caucasian girl. I stayed with, me and her son got along pretty fine and her son's father got along pretty fine, but she was nuts or crazy. She just wasn't there. She used to pop like four of four different pills. What's that? 16 or 18 pills?

Interviewer: 16 pills.

Respondent: She'll be stupefied, so one day she got like that I had to go to mental health. I was working for the newspaper. I was delivering newspaper. One day she had to go to mental health when I got off of work. I packed all my stuff up and left and went to MCVET in Baltimore. She found me in two months though, and she went I love you please come back. I can't live without you. Girl you can't come down here. This is for men only, and it's a military thing, a veteran thing. She said I'm coming anyway, she came I spent the weekend with her, she went back. And I'm here for two weeks and the lady that helped me get to make that, called me and told me that she committed suicide, popped too many pills and I said it was my fault because I wouldn't live with her. It's not my fault.

Interviewer: This was the person that gave you HIV?

Respondent: Uh-huh.

Interviewer: This was the person that gave you HIV?

Respondent: Yeah this was the person I was with when I caught it, she was the one. So she had to be the one. She had to – and then I find out, and the process all that time, she was gone off with a Nigga, people of a guys, whenever she wanted to. One guy he played like he was crazy, everybody was scared of him because he was in jail a lot, but I wasn't scared of him. I told him I can get just as stupid as you, and she was laying up with him all the time. I know him seven years, so I don't know, I don't know.

Interviewer: What was it like to be HIV positive in prison, what was that like?

Respondent: In prison?

Interviewer: Well when you were in jail?

Respondent: Oh no prison, county jail.

Interviewer: Oh sorry, in jail what was that like to be HIV positive in Jail, did you get treatment there or --?

Respondent: Yeah, I got treatment, and the people they didn't know, or the inmates didn't know.

Interviewer: But the doctors knew?

Respondent: Yeah well, not the guards, but people in the medical people, yeah they knew. They never said nothing, and it's supposed to be against the law to tell other people that.

Interviewer: Yeah.

Respondent: But yeah, I was all right with that, when I came out, I was all right with it. I kept it to myself. If I married the girl, I really cared about her I had some kind of feelings about her I would tell her. That's the way it goes, with me that's the way it goes. I mean and then I'm not to feel bad about it, shit. I got it what can I do with it other than take care of it you know? But I choose to tell who I want to know about me. My family knows; my while family. My kids know, not my grandkids, yet, but my family knows.

Interviewer: How did your family react when they found out that you are HIV positive?

Respondent: They thought I was lying at first.

Interviewer: Oh they didn't believe you.

Respondent: I'm talking about brothers and sisters, nieces and nephews I ain't talking about my parents they'd gone. They ain't believe me at first 'till I showed them my medications.

Interviewer: And then once they believed you were, they okay, were they --?

Respondent: Different no – they were the same, they were still the same, still the same. My sisters and brothers said yeah, we love you, whether you got it or not we still love you. But like I said, I'm a loner. I don't go around them too much, they get mad at me, but I just don't do it. I'm not around nobody too much, stayed by myself.

Interviewer: But you are actively involved here in the services, here right?

Respondent: Yeah, I get a kick out of helping people. I get a kick I mean, a lot of people I can't say most people, but the majority of them I know well. I would say like 50/50 of the people I try to help, they use it against me some way shape form or fighting they have used my kindness against me. And then I stop and in here, yeah, serving food and stuff that don't bother me, I get a kick out of it.

Interviewer: How long have you been involved in helping other people?

Respondent: All my life.

Interviewer: All your life.

Respondent: Yeah.

Interviewer: And what about this project how long have you been involved in this project.

Respondent: Oh about, ohh about 7 years, 8 years. I came back from Baltimore MCVET in 06. I started messing around Momentum about 07, and they have sites everywhere Brooklyn, Bronx, Queens. I used to go to all of them, but I only started volunteering here. Every Monday and Wednesday I've been to Friday some time but nah, I like it here. It is closer to home for me. I've been doing it for about 7 to 8 years, 7 to 8 maybe 9 I don't know.

Interviewer: You were volunteering for all that time?

Respondent: Yeah.

Interviewer: And do you volunteer anywhere else?

Respondent: BAS I did that a couple of times. Me and the people there didn't get along, so I just left. I know most of everybody in here that work here, I'm saying. It's all right. Nah, but yo if I could help you like-- I mean not only here people in the street too. If I could help them, I will help them. Sometimes I take the pantry, and I'll give it to people that ain't got food, or if somebody in my building has got little kids, give it to them. I get a kick out of that. One lady got mad at me because I wouldn't take fat out to them. I'm still wondering why, I didn't take it anyway? She is still mad at me today. They say she is bipolar anyway, so I'm not thinking of anything. I still take her stuff.

Interviewer: And so what do you think has been a factor and what have been the negative things about having HIV, and what have been the positive things about having HIV?

Respondent: You mean there's something positive?

Interviewer: Well a lot of people talk about like finding other people with HIV and finding, being able to get off drugs and being, being –

Respondent: Finding other people, getting of drugs?

Interviewer: To find the other people who have HIV and forming a community, or some people have talked about finding out they had HIV meant that they became sober or finding out that HIV meant that they reconnected with family. So some people who have had positive experiences where they've thought they would have died had they not found out they had HIV

Respondent: Yeah okay, I thought I was going to be dead. Positive? Hmm, positive is positive. For me the most positive thing is being alive. Taking the medication, they're finding out, through research they seem to be finding out more and more better things for the HIV. Taking care of HIV is my positive thing. Negative things, girls!

Interviewer: Girls is the negative thing.

Respondent: Yeah of course. I can't get any. Okay, there's a lot of guys that have HIV messing with these girls that fell into the crack game because a girl, a girl that smoke crack, she is going to do anything to get it. Anything, I've seen – I ain't going there – anyway they could catch HIV from. If they wanted to smoke crack and the guy got some money, and they go off with that guy and have sex and she catch HIV that's bad. That's bad for girls. Guys too really because but there are a lot of girls that catch a guy that don't have it, but they've got the money to buy that girl some crack so they buy crack and they have sex and then he catch it, that's bad. That's really bad. The good thing is the medicine and that's about it, for me. What could be good about HIV or catching it, what? There is nothing good in that. Is it? Is it?

Interviewer: I mean it depends on your perspective, right?

Respondent: My perspective there is no good in catching it, none. No, the goodness is getting some help for it. Try not to get around there no more. Some people think that if a girl got HIV and a guy got HIV it is all right to have sex. No, I don't think so. It is?

Interviewer: No because they have different strains of HIV.

Respondent: Yeah, that's strains, okay. To me that just make it worse. But then again you said a person will have a less chance of catching it if one person is taking medication for it the person that don't have it that they having sex with, they won't catch it.

Interviewer: Some research shows that when you're on medication you have an undetectable viral load. You have to have an undetectable viral load, it's actually quite difficult to catch HIV from one person to another. You have to have an undetectable viral load. I would talk to your doctor about that, but this is a new research.

Respondent: I see my doctor once every three months. I ain't seen him yet. It is about time to see him.

Interviewer: When you see him, when you see him I would talk to him about that, but I wouldn't suggest you have sex without a condom. That's not ---

Respondent: Oh yeah, that's why I ain't had none in a while, because I don't like condoms. But I will put it, I mean to protect the other person, I will put it on. Protect me too.

Interviewer: Yeah because I mean you don't know. They could have gonorrhoea or they could have syphilis or they could have hepatitis B or they have any other disease that, you don't have.

Respondent: Yeah, or this chlamydia thing. I ain't never heard of that shit when I was coming up until now.

Interviewer: I mean it's not that; HIV is the only thing that you can get because syphilis is pretty bad.

Respondent: Yes, it is.

Interviewer: Chlamydia is pretty awful. Gonorrhoea is terrible, hepatitis B is ---

Respondent: Oh yeah I had Gonorrhoea one time, but that was back in the 70s. They gave me a shot for that.

Interviewer: Hepatitis B is not good.

Respondent: All that other stuff I ain't never had. I have Hep C.

Interviewer: You have Hep C.

Respondent: Yeah.

Interviewer: So tell me how did your life change because how do you think your life changed because you have HIV? Do you think that you would have a different life had you not become infected? If so, how would your life be different?

Respondent: I don't know, I don't know, I can't say that. My life changed, I don't gain any weight no more. I think I lose weight all the time. Other than that no change.

Interviewer: But do you think if you didn't have HIV you would be married with kids or you would?

Respondent: No. I can't say that. When I was married, I wasn't positive then because I broke up with my wife, that's why I went upstate got stupid and got burnt. That's how I caught HIV. I think that if me and my wife didn't break up, I might have been a better person, I might have not caught HIV. But other than that, no. I don't think stuff would have been better.

Interviewer: Think back to when you were a kid. What did you imagine your life would be like? When you were a child what did you think your life would be like?

Respondent: I don't remember when I was a child. May be seven years old. What did I think my life would be like?

Interviewer: Yeah, what did you think you would be? Did you think you would be a policemen or a fireman?

Respondent: I never thought like that. I never thought nothing like that. I was into swimming and track, and basketball. Not necessarily to make it. Junior high school. I would have loved to play basketball or swim or run track. Now, but I got out there in the streets got into the drug thing, selling drugs. My whole family was drug sellers. Luckily none of us got killed behind it. They don't do that no more. They all grown now, but they've grown up, can't always hang out – growing up in, how you say the hood, ghetto yeah well, yeah we were drug sellers. There wasn't no, well back then it was future in selling drugs, it's that bad. We had a rivalry, but we wasn't killing nobody, beating them up, but not killing. I stopped all that in the 80's though. I went into service anyway. That's what made me stop, no, my mother died is what made me stop. I was still clean then too. I didn't catch the shit until what maybe 90s, '97 I caught it, yeah, '97 I caught it. Before that it was all that free money everything. What was the question?

Interviewer: So I was asking you what you would have imagined your life to be like had you not had HIV?

Respondent: Not like it is. I wouldn't imagine this. I mean HIV not working, and by trade I'm a truck driver. I like to drive trucks or anything, so hard to get a job now as a driver. I can drive a tractor trailer, but I don't want to tractor-trailer, I like a one-piece truck. It's hard to do the job man, you not get through agency job they pay by day. I don't like that. I want a steady job and it's hard to get one. I'm like a handyman, I fix things, and they keep helping me, so most of the time I do that, but not for money, you know, just to feel good. I done did so much bad and wrong in my time of growing up. Feel bad about it, so now I'm kind of, how you say, reconcile. I got this weird notion, I knew I was going to hell. I've got this weird notion, that if I help people, the I get to pearly gates.

Interviewer: Why do you think that's a weird notion? You said it's a weird notion? You said it's a weird notion that if I help people, I can get through the pearly gates; why is it a weird notion?

Respondent: Because then I get to feeling you are supposed to help poor when you can, your fellow human beings. Not to get to no gates or for money or personal, personal... I can't think of the word, anyway, I ain't supposed to think like-- I don't think I'm supposed to think that, that ain't going to get me through these pearly gates. Shit, I am alive. I am in heaven already; still alive right. I don't believe in hell. This must got to be one, if there is a heaven this is hell, that's like right and wrong. I believe in right and wrong. Now I am doing anyways. I don't want to go on wrong side, I probably is. Do you understand what I am saying? Okay. Before you asked me what's my greatest goal in life, and I mean to tell you. My greatest goal in life is to fight in God's war against evil. Did I say that right? Yeah. I want to fight against evil, that's my greatest goal. Ooh that didn't sound right, because I got this little girl, she is six on the 23rd of this month, 22nd of this month. She is my goddaughter; I love this little girl, and that's going to be one of my goal in this life, so she goes to college. I going to be gone before she even get up there, but that's my goal right there. I put money away for--

Interviewer: You don't know that. You don't know that you'll be dead by the time she goes to college, 12 years.

Respondent: 18.

Interviewer: 18 you go to college, yeah.

Respondent: I'm not going to live 18 more years.

Interviewer: Why not?

Respondent: Well okay that's another story. I've got this little voice that's been here for long time, told me I'm going to make it to 70. I don't know about going past 70, I got what five more years for 70.

Interviewer: When you make it to 70 maybe that little voice will start telling you that you'll make it to 80.

Respondent: I ain't looking for it. I mean- I mean since I was small, I've been hearing this or I think I've been hearing it. So I started saying, lord promise me to live till 70, but he didn't do that that was wrong. It was me, so whatever happens, happens. I was supposed to have been dead at least three times that I know of already. I have been shot, that was supposed to kill me. My lungs collapsed, I was supposed to have been dead. This doctor, this African doctor from upstate, he used to come in every morning and go, good morning Mr. Deadman until I got mad at him. I'm going why the hell you keep calling me, and he said you are supposed to have been dead. I said what? He said yeah, both your lungs collapsed, you are supposed to been dead. I'm going by fact. I collapsed right in front of the church, right in front of the church.

Interviewer: Religion is a big part of your life then?

Respondent: Huh?

Interviewer: Religion is a big part of your life?

Respondent: Oh yeah, I've been an alter boy and all of that, and my mother raised her son in the Catholic church.

Interviewer: What do you think has let you-- earlier you said, wow I've lived 17 years with HIV, I've done good.

Respondent: I didn't think I was going to live that long.

Interviewer: What do you think are the reasons that you have lived that long?

Respondent: Me taking the medication.

Interviewer: So just the medication.

Respondent: And eating right, until I fell off. Now I'm not eating right. I've got to start that again, but by taking the medication you know because I used to – I didn't take the medication for about a year I was just out there getting high and screwing.

Interviewer: What happened when you were out there not taking medication? Did you get very sick or were you fine?

Respondent: No, I started getting not sick like feeling bad. I can see the me not taking the medication my skin started to blanch.

Interviewer: Okay

Respondent: I feel bad you know down and sluggish. Then when I started taking medication, I felt better, my skin was looking better it was like the switch-a-roo. For one thing to the other I turned it around. I don't know, I am just taking it as it come now. Day by day, and I'd like to see my granddaughter more but that ain't happening.

Interviewer: Why is that not happening?

Respondent: Yeah, I shouldn't have said that, because my daughter she works so much. I mean she has two jobs. She works, she's trying to buy a house. She works so much that she leaves my granddaughter with her mother, and I don't like her mother. That was the one I married, and she went south and got pregnant by another dude, that hurt. That hurt. These girls ain't loyal. That's a record. But they not nowadays. Girls ain't loyal, and my goddaughter mother, god bless her. I introduced her to crack some eight years ago. And my goddaughter's father. They were together, but I told them, you all going to get caught on this you are the female you can do anything to get it, but you, you are just going to fuck your life up. They didn't pay me no mind. She is out in the street, crack head, doing everybody. He lay up in her momma house and don't do nothing but sit there, I mean just sit there. They had a life before, but they just lost it, drinking. They both crack heads. I can't get her to change either, and then she go off with three different dudes every day, every day, and she use no protection. They've got condoms, tell somebody where you're going when you go. You going to end up lying dead somewhere. She don't pay me no mind though. I don't care. I mean I care, but shit what happen to us is going to happen to us, so nothing I can do about it. She with some dude from Brooklyn now, and she got the nerve to tell me I am going where the money is. I always go with the money at. You do? Yeah. You ain't got no money you got to go. So, now I'm -- she was messing with this guy this deaf and dumb guy, right, claimed to be a good guy. He bought everything you could think of a flat screen TV, phone, tablet, he will buy her grandmother shit, her father stuff. She'd go off with this Brooklyn dude, because he ain't got no money. He worked for the Post Office, but he works, he gets paid every two weeks. Brooklyn dude get paid every week, every Friday. She only go around deaf and dumb dude when he get paid, she will spend the night with him or two days with him. And then when he go to work, because he worked nights. She is off in the street with other guys, especially this guy from Brooklyn. I can't stand it. I don't like it. This guy from Brooklyn, broke the dumb and deaf dude jaw because he was in her house but she's the deaf dude girlfriend, but she is messing with the dude from Brooklyn. He done broke this deaf dudes jaw. What kind of girl are you? She disrespect her family for this dude from

Brooklyn. Her daughter is what, 20 years old, she got a boyfriend, right? She got her own room and they live in a shelter, but she got her room. She let this dude come in the shelter and sleep in her daughter bed, I am going what's wrong with you. What are you doing? She is going this is my shelter I do what I want, bye. I ain't messed with her since. That was about November. I go see my goddaughter, only on Fridays, but I don't go up in the house. She got to bring her down. That's the bad thing for me not for her. For me. That's messing me up.

Interviewer: What would you tell the younger generation if you could about stopping them from getting HIV? What would you advise them to do?

Respondent: Don't chase these girls, get one girl and try to stay with her and wear protection. If you go off from one girl, if you got one girl you are messing with it try to stay with her. If you are go out there with a bunch of other girls wear protection or make them wear protection. They got girl protection too. Young people? Get your education. Go to school. Wear protection. I mean I could do that over again, but I can't. That's what I would tell them. Pay attention, read everything. I mean don't be nosey, but pay attention to everything wherever you go. People too, pay attention to them, there are some out there to hurt you, get over on you, over and over that's what I would tell them. I'd probably think of some more things than I ain't thinking of now, but I would tell them. Look out for you, don't go out there to hurt nobody. Don't let nobody hurt you. If you can help it, don't mess with the wrong crowd. Try to stay out of these gangs too, man. That don't make sense to me, these gangs. I've been in one too. Now-a-day these gangs, how are you going to let somebody come from somewhere else and just boss you around? I don't understand it. Just be aware of things. I would tell the young generation if you want to stay here and move on, be aware of things, don't sleep on nothing. Now I ain't going to say don't trust nobody. Somebody you got to trust, but don't trust nobody. You understand what I'm saying? Lot of people the person, the most person they trust, it's the one that got them. Whether it was family or not, I got to go. I got to go make coffee, I got to go make the juice.

Interviewer: Thank you.

Interview 9

Interviewer: So what's your age?

Respondent: I'm 59.

Interviewer: 59. Okay.

Respondent: I'm going to cut this off, yeah.

Interviewer: Okay. What's your ethnicity?

Respondent: I'm African-American.

Interviewer: Your sexuality?

Respondent: I am bisexual.

Interviewer: Bisexual. What's your highest level of education?

Respondent: I have a year of college.

Interviewer: Year of college. Are you currently employed?

Respondent: I am temporarily unemployed.

Interviewer: Temporary unemployed. Were you diagnosed with HIV or AIDS?

Respondent: In 1991 I was diagnosed with HIV.

Interviewer: With HIV.

Respondent: I stayed asymptomatic until 1997, I had an AIDS diagnosis.

Interviewer: Okay. I mean, are you New York native? When did you come to New York?

Respondent: I was born here.

Interviewer: You were born here. Okay. Just tell me about your life living and aging with HIV?

Respondent: Well, what happened to me that early on, I was diagnosed in 1991, very little information, education regarding HIV and AIDS. However, it started to be the stigma thing with the gay, well the people from the village. The village was an area Downtown Manhattan where you could be freely open with your gay partner so far as dancing, partying, whatever. If you lived

in Brooklyn, the Bronx and you know wherever, you went there because that's where you could party. However, that wound up being the target population where a lot of unprotected sex was going on and a lot of partying and it was really innocent, but we didn't know it wasn't as innocent as it appeared to be because somewhere down the line the plague came into it. So I mean, this high tech crowd of identified gay folks or bisexual folks, singers, dancers, I mean really big time people. We started seeing people fall off and we couldn't understand why would they falling off and what was it that they were falling off. So you've seen something with Rock Hudson, then you're seeing something with this other tennis guy, whatever, but you didn't see yourself.

So I got diagnosed in '91 and I left New York City and went about my business. I went to San Francisco, I went here, I went there, I heard about it there too, but I used to do some music. I was involved with some people politically. I was doing some things and my nephews and nieces called me back and said, uncle, you've got to come home, we love you, we found out about that thing that you got. And I said the thing that I got because I actually had forgotten once I am up here, and by time I got back, come to find out I was no longer asymptomatic, I had AIDS diagnosis. My doctor kept telling me there was a medication coming out that was going to be specifically right for me. But when he put me on all this medication, the side effects were severe, some of them were medications that weren't pills that you have to drink, there were different concoctions of banana and applesauce and all this kinds of stuff that I would have to eat in order to get this medicine down. It was a ton of medicine, and at the same time my best friends were passing up, they were dying, I mean big time people were dying. So I'm looking at the medication and I'm going to the doc, I can't take this medication. I said, plus my father, you know, I disclosed to him and I'm living with him now because he's in his terminal stages of life and he's telling me, I don't want you taking care of me you're a faggot and you got AIDS. I'm like ---, and so he's telling my sister on the phone, like, I don't eat his food, but you eat my food every morning. But you hear me regurgitating inside of the bathroom because I'm trying to take this medication that is so horrible to take. I need you to embrace me, but you are not embracing me, but I'm helping you. So I'm like, what the --, so this was going on for a minute, in a minute, in a minute. I got off the medicine completely, I was at specific clinic, I'm not going to mention name, I was at the specific clinic, they were supposed to help me, they were doing it right with me. But every time I went, every three months they started telling me about this medication that was coming out, which was core HAART, which as I did my training as for the type of work I've done in outreach and research because I've worked variously in this field but I'm not disappointing you, I've been around, to come upon it was a HAART medication. So, by the time I was supposed to get this medication, my dad had died and when I wanted to be in a nursing home/ therapeutic community where people living with HIV and AIDS, no people living with AIDS and not HIV. I had no T cells.

Interviewer: Wow.

Respondent: I had been working around for about a year. I had some substance abuse issues. I had my daddy issues. I had my family issues, I had my children's issues, I had everybody's issues but couldn't address my issue of how I felt about having HIV and Aids and how the death sentence was upon me. So I think I literally was like, I just didn't care about myself anymore, my dad and all that kind of stuff, not getting the medicine, so I wound up in a nursing home with no T cells, candidiasis, MAC, my life was going blind. I don't know how I've lived all that time, but

I wound up in this place, which I can't mention names, but I wound up there and they said I had this thick, thick thrush that when – from candidiasis when you eat it was so thick in my oesophagus that it would not even let it go down. Oh, it was crazy. I mean, things were coming out of different orifices, things were just happening, and they started slowly but surely addressing my needs. And they had me in something called a conference, right, where these doctors and everything was there, they would ask me questions, I gave them answers on what was going on with me, they would give me suggestions on what they wanted to do with me. This is in a nursing home, it just happened every three months.

Then they said to me like, you know, we're going to put you on this antibiotic, it might be kind of harsh, you might get constipated behind it, but we have medicines for you to keep you to drink water to do this and do that, do that, all these things. I was like, you know something, whatever you could do to save my life. I was there for 30 days and I had five T cells, I was there for 60 days and I had about 45 T cells, I used to say this every morning in my morning meeting. I was there for about six months and I had about 200 T cells, and I was there for like a year and I had about almost 300 T cells and I was there for 14 months I left out of there with 500 T cells and undetectable.

Interviewer: That's great.

Respondent: Yes. So the HAART medication that was new that was coming in, no more AZT, just AZT killing people off, there was a combination therapy that could stop the penetration or reverse the penetration of the healthy cell from the HIV. It could circle it so that you couldn't get through reverse transcriptase, there were different ways, so I learnt how to animate it in order to present it to other people, what's going on in your body when this cell is coming in and these phagocytes and these other people that are there they knock these people off. It's like new kids on the block, you're not supposed to be on my block, what are you doing here, we recognize you but then we had the kids that they look like the other children, they look just like the regular kids on the block and they were the ones that came to infect us.

So I learned how to interpret it in my own form of way and it's sort of allowed me to live to want to live today, want to continue to live, to have a regular life, to go to work, go to school and I love to dance, I do things, give this information back, outreach on the streets to other people. I do a lot of group facilitation. I do a lot of public speaking. I normally go to people that I know that don't think they know, they think they know but they don't know and I don't mind telling my story to them. I like to go to parties let people do whatever they're doing and I'm going to give them some condoms and if I get a chance to talk so I can prevent them from going through what I'm going through because it's much difference than what I went through 20 something years ago. It's hard. You could die tomorrow from this being diagnosed today, the strands are different, things are different, care is different, legislatively things are different. We're not dying like we were before. They don't want to give us the money that they was giving us before because they say we're living longer, not realizing there is other additional, not just medical, mental and substance abuse, homelessness, domestic violence there are so many other dynamics to take a person down as living with a compromised immune system.

So working as a legal advocate, this is the kind of stuff that I do today, but I have to take my medication, I have to get rest. I don't have a partner. If I were, I would protect myself. I did have a partner that was negative and I had told him about my medicine on my cabinet when he first came in. I said, see that medicine there because I'm very open with disclosure, some people aren't, it depends on you. And he still wanted to be bothered with me so I got him tested and we kept on going back and forth but somewhere we got together. But the whole art of it was that I made him part of my care, meeting my doctor, my family never wanted me to come, my family was never open with this. They didn't want try to meet no man with me, no, they don't like none of that. But I took him in and we used protective sex and we got him tested as often as he needed to do, but I was able to educate him. So whenever we're not together anymore and you go back out there and whatever you choose to do, at least you know how to protect yourself. Right now, again, it's like I'm grateful I have like 400 and something T cells. I'm undetectable. I'm still on medication. I don't use drugs. I don't drink. I haven't had sex I said in a while either. I'm abstinent. I basically just give back the information. I attend specific functions or CBOs or food and meal programs. I do lobbying. I go to Albany. I fight for rights for citizenship for people who have HIV and AIDS, young people, parents, little kids that their parents died due to HIV and AIDS and they don't have any funding. Anything related with that I basically even working inside of a boutique where we take donations for HIV and AIDS and homelessness, I do that. I work on the floor as a sales associate as well, the inventory piece. I'd dress up mannequins, do auction windows with people, professional people that make money that are stars I have links to them too that I talk to to get fundraising to get money, Broadway people, I go places I talk.

So that's what I'm doing today. I'm 59 years old. I don't know how long I'll be here, but just for the day I've to enjoy the best I can. I'm not a lay down person, I'm not ill to the point that I need to like be home all day, but I'm grateful that my mind tells me get up and go because you have the energy to do it. I'm not the type of person that, whether I'm working or not that kind of lay down. I can't, I got to go. I volunteer somewhere, I got to do something. I got gastric juice -- I have to do something to feed my mental state of mind. It has to continue to grow. It needs spiritual food. It needs mental food. It needs physical food. It needs association to some degree. It needs a lot of stuff. I just can't like, oh what a nice, I just lay here, you know, I'm just going to watch all of my children or whatever that is. No, no, no, I'm not one of them. I could be halfway sick, but I'm not but I go on, if I'm too sick I will say, I will go to meet doctor, you know, but care has changed too. Care has changed in the sense of what managed care looks like, what kind of medications you can get and what you can't get. Some of those managed care programs won't let you give certain medication. You have to buy them. You're not getting that much money anyway. How are you going to buy them? Then special needs speaks to, you may have cancer on top of HIV and AIDS, right? What does that look like? What kind of coverage is that? I mean after having surgery preop and postop what's going to happen? Is somebody's going to come in and help me? Can I afford it? Is there an exception to policy, housing? Big old issue, big, big issue that stresses the immune system.

If you're new one just coming to the city and you just got diagnosed, you don't have any opportunistic disorders, you can't get on HASA because you don't have the dying dynamics to get on. So now you don't know where to go, you don't know what to do, so you may have to run into people like me that I don't even know who you are but I'm a delegate for you one way or

another to get something done. But the thing is, what my gist is, you have to be damn near dying to get stuff. You have to have three opportunistic disorders to get HASA, three.

Now then the housing piece, they may place you anywhere, you get like a roach infested environment, rats roaches, people using drugs. If you have a substance abuse, prostitution going on, you got there, they put you there. They put you there and they pay \$1,300 for you to stay there monthly, but they won't pay \$1,300 if you'd have found in apartment. So now this is more stress on the immune system. This is going to be a huge impact on whatever it is that you may go on to you may fall victim too or people as well. So that's why I said it's a 2 or 3 fold disease HIV and then AIDS is just a whole another line of opportunistic infections, things coming in, cardiovascular, cerebrovascular accidents, which is a stroke, diabetes, HIV, AIDS, diabetes. There's a whole lot of just new stuff that's here, that's here. It's hard always addressing it and assessing someone's needs because they can vary from moment to moment. Schizophrenia, bipolar, all these things were there all the time, it's just nobody are going to look at them. If you assessed the behavior that goes on you're like, well something has to be going on, you can't know if person's not crazy, but they got something, there is somewhat -- some chemical imbalance going on that you can get them clean for six months and they take their medication. And then three months later, they're back out there on the street, they're not taking any medication and they are homeless again.

So it's not so clear, but it's clear, there's an indication something is going on, something has gone on and how do we reach them? So we'd have this Prochaska and DiClemente's Stages of Change Model which is precontemplation, contemplation, action and maintenance. It's a wheel. If I can meet with you and talk with you at the very beginning and put out some guidelines or some things what you want to do, you might say, well right now I don't want to use a condom with the five people I'm having sex with, but I might consider going to the doctor to get some medication. I stage you at no longer, but you're contemplated, you don't want to change the behaviors so long using a condom, but you might want to go to doctor because you might want to get some medicine. So that means you have some thought of taking care of yourself, I have to monitor this. So in the conversations I have to know when you're precontemplated or if you're on action or maintenance, what side of the wheel are you on? It takes time. It doesn't happen overnight. It's not something that I can tell you to do, it's something that you have to do, but I can walk you through the process. I think that's a great strategy in terms of just telling someone you can't use anymore at all, you have to use a condom. People don't get that because they've been doing this for so many years and then they have seen some things and either what they seen has impact them to not do it or what they've seen has impact them to go for it and kill themselves. So you have to know when and how, but you have to listen to them and you put it out there, but you walk them through the process. They may get it, there's nothing called safe sex, that is safer sex. Department of Health even has a rule, if two people have high C4 counts and are undetectable, they'd been together for two years, they actually allow them to have unprotected sex as long as they're not having sex with anybody outside of that relationship. Did you know that? Yeah. Yeah. So that's the work on that couple. That couple would have to work hard on keeping their C4 up, drugs, whatever out. No other participants in their relationship and their medications both monitored or whatever that they could actually have, but how many couples can you find like that? Very few.

So now the thing is harm reduction. We speak to, meeting a person where they're at. That's meeting you where you're at. I can't judge where you are at. I see risk factors. I can explain them to you. You may not see them. If you don't then I have to come another direction. Any which way that I see that I could grasp onto getting a rapport with you that you may listen to me a little bit and say, well, maybe I might consider that. It could take six months before you consider that you're going to use a condom if you're having sex with her and you're a sex worker on the street, but you may stop smoking crack or you might start taking meds or you might go to a group or you might go to a meals program when you don't go to meals programs, so it's staging and that's what life is about today. We have scenes. Every scene is not the same. The scene from day to day have changed, from year to year have changed, goals have changed, people have changed, it's the way of the world, but you have to find support mentally, physically, and spiritually. Those are the three dynamics that I work with to keep crowd abreast of things and I'm going to be honest, there's some things I'm really tired of. I'm like, you know I'm moving so much, Saturday come, I'm like, telling my sister, I won't see you out at 4 o'clock this afternoon. She'd say, you don't have to worry about, your nephew is going to drop you up whatever you need. I'm like, wow, what a blessing because I'm tired because I'm moving around all day long because I don't want to say that I just laid in that bed, I can't lay in that bed anyway. It would take all my strength. And then you have environments where you don't get that much encouragement because I live in an environment right now and I'm looking for an apartment, everybody might go to sleep all day, running out on night. When I'm coming in, they're just getting ready for the party, and that's their business it's not for me to judge, but I hear them moving around like 5 o'clock in the morning, 6 o'clock when I'm up in the shower and I'm singing to myself. They're like, why don't you shut up, because they go to sleep, and they look like it when they come outside -- I've always been thin, sometimes thinner than norm, I have a very huge fast metabolism weight, but they are unhealthy. But sometimes when I look at some of the people that live in my building and they come outside, they look really like something different from -- different side of the earth. It's due to not taking medication, the lack of protection during sex, drugs, not eating. I'm like, wow, no wonder why you're not like me, but if you knew what I do, you might want to tell it to me, but they didn't have to think back to, you got to catch people in and meet them where they're at. So that's basically my story.

Interviewer: And what about your – you are close now to some members of your family, it sounds like.

Respondent: My family loves me. My sisters love me, my nieces love me, my uncles loved me, my aunts love me. I had a long journey, a period of time not with them at all. And we discuss over dinner a lot of times when I'm with them is that they actually apologized for not be there, not being there, their lack of education, information. Sometimes my uncle -- you was a fagot then, and all that kind of stuff and I'd tell him, well your son is one now too, let me help him out, because you couldn't help him, so I might bring him to, so he won't be the fagot you said I was, you might be the one years ago too, but you won't tell anyone. But my family loves me, they are very religious, very spiritual and they are in my life. I speak to my sisters every morning and they just like my mom, you know? One of my sisters call me every morning at 06:15. I know it's her, I am about to get a shower, let me get out of the shower, I know she's calling. Where are you today? I'm on my way to work. Am I going to see you this weekend? What are we doing? This is like everyday? And I just love it. I love it because I tell them, don't feel bad because you weren't

there. This journey was my journey and that man, they got me through this journey. I could take that walk and look back at those days today and not cry. But look at someone else and say, I can help that their journey doesn't be as bad as mine, mine was rough; HIV positive, gay, father can't stand it, molestation early on in life, some things went on, bad domestic violent relationships, some kids born, couldn't see them no more. Then somebody found you're HIV positive then the kids got to leave the parents, the mother took them. I mean a lot, I have folds and chapters, and chapters, and chapters, and chapters, and chapters of this oddly journey.

So I take that walk today. I'm confident and I have self acceptance today that I could take that back walk back that you see, I used drugs and drank because I didn't want to see the walk. I didn't want to take that walk. But today I could take that journey. I can walk back there today, you're HIV positive, you are so and so. And I am like, Oh, I'm going to die, I remember that. I could take that today. I couldn't take that well for years. And today on a help, I could take that walk, so I've come a long way. I'm grateful to the god of my understanding, my creator, Jehovah God. I'm grateful that I'm here to live and talk about my experience. You know what I'm saying? So I still party, I'm up to dance, I go out, I do things, I don't drink, I don't drug. But I love design, I like coordinating, I like writing grants and proposals for other communities. I like being involved, but if I find myself being, I have emotional intelligence today, but I find myself being too stressed out, you know I'm like, I think I'm going to leave that project alone, and I'll tell someone I know, could you go through that for me, because right now, I'm having some denture work done. So lot of things that I were doing publicly I won't be doing, I'll be behind the scene if it's AIDS walk, it's more packaging stuff and getting things together on the phone, trying to get money for people things like that, more of that I won't be so much public in people's space because I have to get my teeth done. But other than that, that's just where I'm at. Any other questions you'd like to ask?

Interviewer: No, I would just want to know what it was like being you?

Respondent: Being here?

Interviewer: Being you, being you.

Respondent: Being me it's like I am not a bad -- I am not as bad as I thought I were. For a long time I lived under this umbrella or this big old coat that said that you are an abomination. you're this, you're that, you never do nothing. I'm finding out at 59 years old, I'm funny, I'm humorous, I have a lot of love for other folk as well as myself, but I could get along with just about anybody. I can talk at any of it. I could talk to anybody. And even if you can't speak the language I speak, I can find a way to communicate with you. I'm kind of nice. I'm not as bad as I thought I were. I am not as bad as I thought I was. I took that jacket off. I burned that jacket. I am not a fagot, I am gay man. So, I like me.

Sometimes I sit back and I say, wow, Carl you got through that, because you who you are today, and it's not a bad thing to find out who you are, but it just takes work. It doesn't have to be HIV and AIDS, it doesn't have to be substance abuse, it just be life on life's terms that you can lose yourself and don't know who you are, you could lose yourself in a marriage, kids, all kind of stuff. So today, I don't want to find myself going too far these are red flags, I'd say that doesn't

feel so good, and I'd say ignore that that don't feel too good years ago. It's like your mother tell you not to do something, you did it anyway and you'd be like, well this don't feel good, she said don't do it but you -- so now if I promise I'm going to ask that, oh that don't -- don't do that Carl, I have the self talk thing, so I'd say, you know the consequences of that, why you are going to do that? And then I could say, well I'm not doing that, you know? Yeah, you know other times self destruction was like, well everybody said shit anyway and you are this and you are that and all of a sudden I'm going to die anyway. Go on and do it. But add value who I am today. I value my life today. I enjoy getting up in the morning and going to do the things that I do, nine things I do all day long from the bulk to the plain to whatever it is and I'm doing. When I lay down at night, I don't have a guilty conscious on my mind, you know all this bad things you did. I am far from perfect but I'm able to speak in regards to being honest if I'm going through something. I have support. I have people I can go to and say, you know something, I feel really funny today, I don't know what it is I'm going through and I feel like doing something stupid, and they will listen to me, you know that I have my creator, that I have an open relationship with. I have an open relationship with the God of my understanding that I talk to at any given time. When I was in my mood, I thought you were not there for me because of who and what I suppose to then come to find out, I mean you're there too. That's really what got me where I'm going is you.

So I like Carl today. Carl, I like me, I'm doing more about me. I want to do more things for me. I want to feel even healthier and better. I have to stay in contact mentally with me to keep me balanced as I meant to balance. So there's things you have to do, there's different dynamics that one must do to create balance from the way you eat to way you sleep, association, all those things are very important. This is the same stuff when you was a little kid that your mother told you though, same stuff, same values, same morals that we sometimes lose but it's the same stuff. Sometimes I feel like I'm like my five years old again when my sister asks me, oh did you do so and sot? I'm like, are you asking me a question? Then I'd say, oh yeah, yeah I did. But it's the same rules and values. It's the same stuff. The same dynamics. It's just like the older you get and some things that happened, we tend to not embrace them a little, get out of reality. And like I said before, HIV and AIDS in that world, these are the dynamics that are murderous, because that eats your brains up, and that eats your conscious up and they stress you out. If you're not getting any support or you don't trust people to talk about it because I am taking your medicine, I still die because you're spiritually dead. This is what we try to avoid as caretakers, providers, peer counselors. We try to prevent this by getting you up in here, maybe we have to get your body first, put you on medicine, but we got to get you here too. So I'm actually done unless there's something else you'd like to ask me.

Interviewer: No I think that's fine. Thanks so much for sharing your story with me.

Respondent: Yeah.

Interview 10

Interviewer: Initially. A couple of demographic questions. So can you tell me your age please?

Respondent: 57.

Interviewer: 57 and what's your ethnicity?

Respondent: I'm Northern European.

Interviewer: Okay.

Respondent: I'm third generation Queens New York.

Interviewer: Okay.

Respondent: But I'm Dutch, German English. I was told to what I was led to believe. Dutch, German, English, Irish and French.

Interviewer: Okay. What do you consider your sexuality to be?

Respondent: Gay.

Interviewer: Okay. Okay. And where did you grow up?

Respondent: Long Island.

Interviewer: Long Island, okay and are you, you're not currently employed?

Respondent: No.

Interviewer: What's your highest level of education?

Respondent: I have an incomplete associates.

Interviewer: Okay. Were you diagnosed with HIV or AIDS?

Respondent: Yes AIDS.

Interviewer: When were you diagnosed?

Respondent: 2003.

Interviewer: Okay. But I was turned positive in 88.

Respondent: Oh Wow. Okay. So I am a 27-year survivor, but I was just HIV positive in 27 years ago. But then what was that? 2003 was however many years ago that I crashed and burned in St Vincent's with the viral meningitis and received a diagnosis of full-blown AIDS.

Interviewer: So had you been diagnosed with HIV before or you hadn't been diagnosed before in 1988?

Respondent: I was aware of my status.

Interviewer: Okay, so tell me about your experience with HIV.

Respondent: Well, I lived normally when I first learned of my status I just went to work, came home and shared it with a small handful of people, not my family. Then in 2000, I would go into the city, every few times a year and they would say, oh, we don't recommend medication at this time. So then in 2000, the year 2000, the doctor I had been seen once or twice a year, I developed a severe case of shingles. He recommended I go on meds on protease inhibitor cocktail and I told him I would think about it and I was a heavy drinker at that point. I was living as an alcoholic really, and I quit my job and drank full time and spent all of my assets and resources and ended up homeless living on the streets of New York City and in 2003, I have, I had a horrific headache and I walked into St Vincent's Hospital and they diagnosed me with a viral meningitis and full-blown AIDS. They kept me for two weeks and they cured me of the meningitis, and they introduced me to the cocktail. I was seeing a therapist at the LGBT Centre and he, when I told him I had decided to stop drinking, he recommended I go to AA and I went, and I decided to identify as I decided that I was an alcoholic. I subsequently got clean and sober and I've been living. And then, and I was the hospital recommended to apply for disability and they referred me to HASA. So ever since then I've just been living in this world of that I really didn't know existed. I call it the HIV Entitlement gravy train. I'm on disability based on my diagnosis. I'm a HASA client, I get the food stamps, I got a lot of AA meetings, which is a separate subject. But I also am involved in the community, the New York City Community or people living with the virus, Momentum, GMHC, whatever else I can find.

Interviewer: How has it been getting older with HIV? How's that been?

Respondent: Well I've been very lucky. I've been feeling I'm relatively pain free, but I feel, I noticed that I think if I didn't have the virus I think as a result, like I'm aging a little more quickly. Like I'm like my leg, so it's legs and arms or it's not extreme, but it's are thinner than they would be. I'm kidding. I'm just getting slightly varicose veins. I am just getting older, well I was just, I was given a diagnosis that if I do what they said to do, I would probably live like a normal lifespan perhaps into my eighties. My parents lived into their eighties. So but when I got sober, I feel younger and more energetic now than I did when I first started getting sober 12 years, 12 or 13, 12 years ago.

It's been good because Alcoholics Anonymous it's psychotherapy and it's been teaching me to accept my situation, which is difficult I mean I'd rather be 23, then 57 and it's hard in my case to come to terms with the fact that I have no assets. I have no pension and retirement plans. I'm totally dependent on entitlements and I'm totally dependent on medication and I don't like I said,

I've been lived in lucky in terms of being pain free and having a decent energy level. But I don't know what the long-term side effects nobody are does. It's I'm so far nothing serious has happened, but basically, I feel like I have a dual diagnosis, alcoholism and HIV so and I crashed and burned with HIV and got sober at the same time.

So they're kind of, they go in tandem and I'm so I'm happier really and more balanced than I've ever been because of my sobriety, which coincided with falling into this whole living as a person with AIDS it's cause before from an 1988 to 2000, I wasn't living as a person with AIDS. I was practically living as a person without it.

Interviewer: What do you mean by that?

Respondent: I wasn't taking any medication. I wasn't even thinking about it. Now I'm, because I'm so grateful for the proper progress that's been made in the services that are, that are available, that have been there to help me. I kind of see myself as a community advocate and I invite, my whole life really is living not just as a recovering alcoholic that has as a person living with it. I go for blood work every three months. I participate in studies, I participate in and HIV related services, my disability is based on my diagnosis. So my whole situation is directly related to the fact that I'm a person living with AIDS. But prior to 2000, I was living as if I didn't have it, even though I was aware that I was positive, I was waiting for the other shoe to drop, just, so that's what I mean by that.

Interviewer: And so had you been tested before 2000 or you hadn't?

Respondent: Oh yeah, no, I was tested in 1988 and was told that I was HIV positive.

Interviewer: Okay and how was that when you first heard that?

Respondent: I was devastated. It was like being punched in the stomach. It certainly didn't surprise me because in the early eighties during the height of the epidemic when it first we'd be all became aware of it. I was living and working here in Manhattan. I was living in the East village. I was working at the VA Medical Centre. I was drinking up a storm and engaging in unprotected, a promiscuous sex. And I knew I was in the epicentre of the AIDS epidemic, but I really didn't care because as an active alcoholic I was depressed. It was more important to me to get drunk and to go home with someone, then it was to be safe. I was very reckless and irresponsible, and I lost my train of thought. But so when I, oh, so when I learned that on my status, I was, I was surprised I wasn't diagnosed earlier. I was surprised that I was even still alive, I was surprised that I'm alive now. When I learned a bit. I thought about it, my reaction was, okay, well I'll be dead before I'm 40. It's not going to be pretty, but I'm feeling strong, so I'm going to live as long as I can live is if I don't have it. And I did. But I was also an alcoholic that was getting progressively worse in terms of my alcoholism. It was I feel dually diagnosed. But so that's how I reacted. I was like, well, I told about six close friends that I had. I was HIV positive, but I didn't tell anybody else.

Interviewer: How did those six friends react?

Respondent: I mean they took it in stride? It's not, you know, it is common who doesn't, no, they didn't. They didn't. They were like, oh, all right.

Interviewer: And did you, did you find many people who are I mean imagine being the epicentre of HIV crisis. You've known lots of people with HIV at the time?

Respondent: Yeah, I witness, I witness people die. I wouldn't, people with Kaposi's sarcoma, I'd be sitting next to him at a bar and they be riddled with Kaposi Sarcoma and the following week they wouldn't be there anymore. Where are they, oh, they died. So I was in the city during that time because as a gay man and a drinker, I am an alcoholic and irresponsible and sexually promiscuous. I was its part of the biasing the gay bar scene here and I didn't care, which was very irresponsible.

Interviewer: So what other factors have influenced your, your aging? Like what, what are the positive things do you think that have come out of having HIV, if there are any? And what of the neg what are the negative things?

Respondent: Well, the positive things is, um, it's the only story I have in terms of how I got sober.

Interviewer: Okay.

Respondent: So in a way it was a gift. The pain that resulted from the meningitis motivated me to stop drinking. I could have developed, I could have died from PCP. I could've started wasting like anyone of a thousand things going to happen. I could've lost my sight, but I didn't. I was kind of frightened into sobriety, so it resulted in my sobriety. So I kind of like it to One Note story, because I get people in it, in the rooms of Alcoholics Anonymous, say things like, oh, they were sick and tired of being sick and tired, or they were mandated by the courts to go to AA or their family gave them an ultimatum. None of that happened for me. But I had been in and out of institutions has a diagnosis of someone with bipolar and I tried to commit suicide when I was 19. So I was a sick and suffering individual emotionally. But for the most part I perceived that it was untreated alcoholism. Now that I'm, um, I still am an alcoholic and I always will be, but I treat it by participation in the fellowship. So it's kind of a gift, I can't imagine I had mixed feelings about my circumstances like I didn't say when I was a kid, I didn't see when I grow up, I want to be at my approaching 60 collecting disability due to do to this disease. But I have mixed feelings, but because I go to meetings on a regular basis, it treats, it teaches me to accept it, accept it, and do the next right thing. So I'm just one of the lucky ones. I'm grateful and I'm trying to make the most of it as this point.

Interviewer: What would have been you mentioned that when you were younger, this wouldn't be your choice of life. What did you imagine yourself to be when you were younger?

Respondent: Get a college degree get a successful career have assets, life isn't over yet. I don't know what the future holds, but I didn't think I'd be, I in prior to crashing and burning, I liquidated to pension funds and 401 and 501K plan. I have absolutely nothing. I mean I have a lot in terms of my entitlements, and the respect of my family and friends and my sobriety and the

program, I have a lot due to modern science and community activism. I don't have to die from the virus now. This is early but I am still alive at this point because of the progress we have made. But it's not my, where I think I should be or where I would, I want to be, I came from a family where you go to school, you do well in school, you get it, you become successful in your career, you give back to society, lead a good life. I'm trying to do that now, but I have to work with what my situation is, which living with HIV, relying on entitlements. So that's what I mean.

Interviewer: You mentioned friends and family have how I think all reacted well or have you had negative reactions in the past?

Respondent: No, they weren't thrilled. They did not want their only my parents did not might their only son to be gay.

Interviewer: Okay.

Respondent: My oldest sisters, I don't think they wanted to. The first...when my parents first brought me home and I don't think, well they were early signs that I was gay, but and they are very non-judgmental, and they now have children that I'm uncle too. I have this family, I have nieces and a nephew, and I have my parents are deceased now, but I have very loving sisters. The kind of treat me like I'm six, sometimes it's a little annoying, especially the older one. But, no, I'm lucky in that way. They know everything there is to know about me and they admire me for coping.

Interviewer: And how about friends?

Respondent: Oh, I have a lot of wonderful friends largely in within the program of Alcoholics Anonymous and some as a result of we're having worked with them when I was working in an office, like a "normal person". I'm still in touch with some people from those I experienced in childhood and I'm rich in friends. And then of course I have that whole other circle of friends through my political advocacy and through my involvement in the services government services for people with HIV.

Interviewer: So tell me about that the services of your community activism? Tell me all about that.

Respondent: Well, the services are what I mean when I say services, are Momentum and Gay Men's Health Crisis. Now I'm a client of a Partnership for the Homeless that are trying to find me another place to live and they're going to refer me to some computer training because I'm ignorant. This building I fulfilled a quota, or this building is comprised of a certain percentage of people living with HIV. I think they have a quota.

Interviewer: Okay.

Respondent: Based in that government funding, but it's also under employed musicians and under employed actors and also formerly homeless. And I am a consumer of the Department of Homeless Services. But the fact that I had the AIDS have the AIDS diagnosis, expedited the

services that have come to, I've come to be provided with let's say I...lost my train of thought again... Oh yeah. How was it? So, yeah, so the involving myself, like going to the meal programs and being around other people living with the virus, that's like a support group and it's also a way to gather information and learn, additional coping skills and hearing about other people's experiences. And so it's an interesting world. We all have to pick some line of study and this was handed to me, but and the advocacy, political advocacy. As someone who's spent time in psych voids, I'm involved with NYAPRS New York Association of Psychiatric Rehabilitation Services. And when I moved into this building, they ended, they had an advocacy committee and they introduced me and they got me to register to vote, they were, it was wonderful. And then, I mean, I have an address, I have a nice address, on 24th Street. It's an impressive address, but the building is what it is. But so they introduced me to vocal, which we advocate for low income people living with HIV among other things. Formerly incarcerated, we deal for the rights of those people and we're into the combating the war against drugs. We vocal rule about harm reduction and then NYAPRS serves people who have histories, people who are mental health care recipients and people who work in the field. So we have an annual film festival, which is very interesting.

You should look it up and I'm in September, we're having another one I have in Brooklyn and we go, we work on legislation that works to improve services. We work on eliminating stigma and educating, providing awareness. So those, so that's been great it's a good thing to be involved, to be involved. But all that is a direct result of having gotten sober because if I was still drinking, I wouldn't be open to those things. I mean, it would have been nice if I didn't have to go through all I did to get sober in order to be kind of somewhat of a functioning adult.

It would have been nice if I could've been a functioning adult in high school, college, early twenties then, but oh well I have to accept the fact that that's not the case. So I have to go, grow where I'm planted, and I don't want to go back to school. What would I want to do is get more involved politically?

Interviewer: Okay.

Respondent: And try to affect change that way and to get more involved in Alcoholics Anonymous by becoming more useful within Alcoholics Anonymous. So those are the way, also participate in the world of HIV. I just do studies, who knows who may, anyone of us can play a role apart in making improvements. So if I'm kind of happy now, for the first time, but I just wish I wasn't 57. I wish I wasn't living with the virus. I wish I wasn't kind of destitute financially, I mean, I can't, I can't afford to just pick up and buy a house or a purchase an apartment or go wherever I want. I have to rely on my medications, they cost over \$2,000 a month. I don't have that money. Medicare is paying for it, so I have to stick close to the services just to stay alive. I can't go up and join the peace corps teach living skills to the aborigines and the rain forest or anything, which is, you know what my original, I used to think, maybe I'll get a degree in during the peace corps or something. I used to think in those terms, but instead I developed a history of mental illness. I ended up in institutions to the psychotic breaks of schizophrenia episodes or whatever they were. My alcoholism got progressively worse. In addition to crack cocaine and marijuana, I was totally obsessed. Now that I identify as a

recovering alcoholic, I'm grateful that I live long enough to achieve some semblance of sanity, but it's not where I want to be living in a micro studio. So that's that.

Interviewer: Okay. What would you say, oh, you mentioned your medication?

Respondent: Yes.

Interviewer: How has that, how has that affected you as if you had any side effects? It's been okay?

Respondent: Initially I've been lucky that way too, because I was treatment naive in 2003, so they introduced me to Cambaver which had a little bit of AZT in it because it, my doctor explained AZT was one of the few drugs that would go, went through the brain barrier and he wanted to be thorough and hit fast and hard with tried and true medications. I had a research physician approached me and asked me if I wanted to participate in this study, but I didn't want it. I wanted something more practical. So I went to Dr. Berkley at Saint Vincent's and then I switch to Truvada and Kaletra. And then now I've been on Atripla and other people complain of side effects, but to my knowledge, if there are any side effects, they are imperceptible, or I don't perceive them. So I've been extraordinarily lucky. But time will tell like I'm a member of the study at the Manhattan Brain Bank, Manhattan HIV Brain Bank. It's within the neurology department at Mount Sinai, and I was there this past Tuesday from 9:00 to 5:00 because they were conducting a base data, they took blood, they took urine. They would've given me an additional \$100 if I allowed them to perform a spinal tap. But I've already had two spinal taps. When I had the meningitis I don't want anymore.

Interviewer: No, that's unpleasant, spinal taps are very unpleasant.

Respondent: Yeah, and potentially dangerous.

Interviewer: Yes.

Respondent: So I said no to that. That would have been 175, but they gave me 75 for giving them 10 vials of blood, giving them urine sample, being and treated by the nurse, being – receiving an exam by the neurologist and undergoing over four-hour session with graduate student on my perception on different tests and yeah, so it was an 9:00 to 5:00. So I'm in that and that's really all I'm in at this point. I want to go to the teacher's college for HIV and exercise, but my blood pressure was too high.

Interviewer: Right.

Respondent: But it was good that I went because I discussed it with my nurse practitioner, and she doubled my blood pressure medication and it seems to have gotten it under control because that could be dangerous. It was dangerously high. It was really high. But I had adjusted to the five milligrams, so now I'm going to 10 milligrams of something called Enalapril. So that's the reason I get another reason I participate in studies to get more attention and not just to help but to analyse myself because I know I'm studying. We are all studies some level.

Interviewer: How was it at St. Vincent's, because you mentioned that --?

Respondent: That was devastating. That was very tragic. To me, it was a disgrace to the community doing that because they did save my life and they were the first responders to the virus. I mean, I hear stories of people who would go, back when they were calling it GRID, Gay Related Infectious Disease and people would drop dead on the sidewalk and be there for days because people were breaking up. So, but I'm willing to admit that I've looked at the...compared to some people, I've lived, even though I've been through stuff, but I feel I've led a sheltered life. I wasn't sexually abused as a child. I wasn't abused in anyway as a child. I was very nurtured. My main culprit in my opinion is my alcohol the fact that I was an alcoholic and it took me a long time to diagnose myself. Being gay isn't easy, but I've come to accept it. I'd rather not be gay, but I'm 57. I've been gay my whole life.

Interviewer: And what about partners?

Respondent: Partners, I've had a lot of sex. I've had more than enough sex for several lifetimes, a lot of good fun sex. I've had some relationships. I was in love with being in love. I was in love with five and so I was like part of a few relationships. Somebody with for four years when I was 22, he was 42, but then that was around the time I started becoming very promiscuous. And the few relationships I've had, I can count them on one hand, all revolved around alcohol. We were all heavy hitters in terms of we were heavy drinkers. Since then I've been say a little bit in the past several years the idea of having a relationship would be nice, but I don't feel incomplete without it. If it comes, it comes. If it doesn't, all right. I'm not sexually active, which is fine.

Interviewer: And how did finding out that HIV change your sexual behaviour, or it didn't?

Respondent: It didn't. It should have, but I didn't. I'm kind of making amends because by being, by wearing my HIV on my sleeve because I spent all those years not telling the people I slept with and I very rarely engaged in safe sex, never, I mean very rarely. So I feel that was not right at all. But it's like youth is wasted on the lot.

Interviewer: You've led perfectly into my next question. What would you tell the younger generation about aging with HIV and what they should be doing and what they shouldn't be doing?

Respondent: if they have HIV or if they don't have.

Interviewer: If they don't have HIV or if they have HIV, what would you tell the younger generation to help them? What do you think of the younger generation? Let's start with that. What do you think of the younger gay generation?

Respondent: I don't think that much different than I was reckless and irresponsible. You can't tell young people things. I was asked to give a presentation at Care for the Homeless. I worked as a peer worker for six months and they said, okay, boys and girls gather round. Steve is going to

talk about his experience with HIV and some young kids said, oh, I know I don't have to listen to this. I don't have it, and I said calmly under my breath, not yet and he was perturbed by that comment. Someone else said, Oh, you shouldn't have said that, yeah, but you don't know who else has it, which isn't it? It's either a better answer, but no, I would say that to them not that they would listen, although there were a lot of young people in alcoholics anonymous who get it at a young age. But I would say in general, don't, just don't be so reckless. If you're not going to get and sober, at least calm down and don't be irresponsible, but people aren't going to listen. I mean, in general, that's why what I do is I go to AA Meetings and I take care of myself. Maybe I could be a power of example to kids or the fact that I'm a kind and compassionate person. Maybe there'll be kids that aren't used to having kind and compassionate people in their lives. Maybe I could contribute in that way. I'm very interested in this what's left of my life, which is maybe 25 years if I'm lucky, which goes very quickly, doing what I can to get back. But it began for me, it begins and ends with going to an AA Meeting because if I feel totally useless, I can show up at an AA Meeting and I'm either being useful by listening to somebody or I'm being useful by letting someone see how I stay sober that it can be done because that's what it was like for me, I would walk in and listen, I would say, oh my God, these people, they don't drink and yet they like it that way. Like how does that work? It was very foreign to me. Sobriety was a foreign concept and that was the program of alcoholics anonymous and narcotics anonymous that taught me the concept of sobriety.

So the most thing the most I can do is I do go to a lot of meetings. I'm kind of a speaker at an 8 o'clock meeting. I'm also chairing at 9:15 meeting and I'll probably go to a 10:30 meeting and I could have gotten to a 12 o'clock meeting today, but I didn't. I go to a lot of meetings. People think I'm crazy, but I'm unemployed and, I like to get up and out and they talk about that in the literature of alcoholics anonymous with those of us who have the time, there's a lot of volunteer opportunities. I could answer phones and into group. I could do a lot of stuff. I could go to -- I've been to institutions, it's like woods. I've yet to go into the prisons, which that's a separate alcoholics anonymous does that they bring meetings into prisons, which is something I might end up doing one day.

Interviewer: It's not something you'd be interested in doing at present?

Respondent: Yeah. And also getting involved in AA on a broader scale. It's a global organization.

Interviewer: Yeah.

Respondent: Yeah. So I I'm the intergroup delegate for a local meeting. I'm the demo services rep for Queens Meeting. I'm trying to get a hold on that level of service because I do, I chair meetings and like we celebrate anniversaries of the last Friday of the month. I'm the person that gets the coins things like that. I've chaired, primarily chair meetings. I help set up, make coffee, things like that. There's a lot of opportunities to just be a part of it, which is what, how it works, which keeps me sane.

Interviewer: And is that the reason that you think you've lived so long with others who have not been so fortunate?

Respondent: Yes. Why I survived from 1988 to 2000, like a 2003 like I did when I was drinking up a storm and living recklessly and smoking crack and smoking pot. Of course I wasn't an IV drug user. I didn't do heroin although one night I had somebody injected with cocaine twice, but I didn't like it. But when I was introduced to smoking it, smoking when you've cooked it with baking soda, I fell in love with it and I ran with that and it became an obsession. You're ruled by it. It's like alcohol, same with the alcoholic. It grabbed me by the throat and was running my life. And we say it leads active alcohols and it leads to jails institutions and death. It's progressive. But if you manage to get hold on – the kind of sobriety, then sobriety is progressive, and it gets better, and you're placed in a position to help more people and that's how he's gotten to the point where it's a global organization with millions of members.

Interviewer: So when did you stop using drugs? Was that in 2000 when you were admitted in hospital?

Respondent: 2003.

Interviewer: Three when you were admitted in hospital?

Respondent: No, I – when I decided when the St. Vincent's told me I was being given, basically being given a second chance, it was like getting a call from the governor's office after being on death row for 14 years. And they said, well, Steven, your liver is good, and your kidney is good. We're going to put you on edge if you're on her intravenously for 10 days to clear you of the meningitis, and then we're going to introduce you to the Protease Inhibitor Cocktail and year – it's 2003, and you're treatment naive. And we feel if you do what we say to you your prognosis is good. So it was like, oh great. You know, I have no pension fund. I have no fight or nothing. I'm homeless and living on the street. I was supposed to be dead by now and now you're telling me I'm not going to die. I don't have to die. So that affected me, and I said, well, I'm going to, I said to myself, I didn't say, Oh, I'm an alcoholic. I said, I'm going to eliminate alcohol from my diet, like I was eliminating gluten or bleached flour. And then I went, it was a two-punch knockout and I went to therapy recommended AA and he said, why would I do that? All I'm going to do is stop drinking. And he said little drinking was a big part of your life. What would be other people who aren't drinking? It would be like group therapy.

So that's what got me into the room, but then for the first six months I was still smoking crack and I was still smoking pot because I didn't think narcotics anonymous had anything to do with alcoholics anonymous. And I got a sponsor and at one point my sponsor rang me, and I told him what I was holding on to and I poured it out, that I was still...he thought I had 150 days without a substance. And I said, I've been smoking pot in crack this entire time. And he said, oh well you have to restart your time and you need to tell me when you pick up and that was another process. And I go to cocaine anonymous and I go to narcotics anonymous primarily alcoholics anonymous. So that I gave that up the crack in the pot after coming to meetings for six months, so AA got me. It got me. I had no intention of giving that up. I had no intention of giving up alcohol prior to getting sick.

Interviewer: And when you got sick, you just mentioned to me that you didn't plan to live that long. You said, I didn't plan to live that long. And so do you think that that the thought that you were going to die at any point influenced the decisions you made throughout your life?

Respondent: Absolutely. Oh yeah. Yeah. I didn't think I was going to live past 40 when I've learned at 30 that I had the virus and then because I was depressed and an active alcoholic, I didn't originally, I didn't think I was destined to look past my early twenties because I did try to commit suicide at 19, but my family played a role. They didn't, I knew, the thought of me killing myself was upsetting to them. Now they are glad to have me so I'm grateful. I get emotional when I talk about my family because it was a good family that everyone does, and I do, and they are part of the reason I'm alive today. That's okay. Yeah. So my family played a big role. Okay. Okay.

Interviewer: I'm sorry, I didn't mean to make you cry.

Respondent: Well, that's okay. That's all right.

Interviewer: But it sounds like you have nieces and nephews and you're still actively involved in with your family.

Respondent: Very much so. I'm even a grand, a grand uncle. My niece has two children. My niece is a psychologist.

Interviewer: Oh Wow. Okay.

Respondent: She lives in Hastings. She has a house there and she has a five-year-old daughter and she has a two-year-old son, and I'm the great uncle.

Interviewer: That's great.

Respondent: And I have a 37-year-old nephew. He says we're co-uncle and he's an ex patriot, he is very bright living in Japan. My niece who's married and works in cinema. I am very proud of that. And then my other niece will be 31, Sunday, I'm going to Long Island to see her and I'm so glad that I would be there for that.

Interviewer: Yeah.

Respondent: Because I was there. I was there for all of them when they were little and the thought that I'm here, and I'm not just a memory, and I get to grow old with my sisters because one of the sisters is 66. The other one is 63. My brother in law is 69. And we get a chance to spend more time on this earth growing older together. So I'm grateful for that. So I have a lot to be grateful for. So I get choked up when I think about that. In spite of everything people ask me, how are you? I'm good. In spite of everything and I do mean in spite of everything, the cold, everything about my situation. But it's very important that I stay close to the rooms because I wouldn't be able to be sitting here. I probably would've caught up my nose. I was injured as a result of my physical condition, my emotional. I may have killed myself. I don't know, but it's

fine and I stay close to it. I don't know. I'm kind of like one note story. It's like, oh, it's all about AA. But um, and then when I'm in AA Meetings, it's all about HIV. So people, I know people get tired of hearing about it, but people who have never heard your story, that's different. And I have home groups that they know, yeah, my story. You don't need to hear it again. But so that's why it's good to travel to other areas, which I do because AA had such a lot of groups participate in the exchange program. You know, I go to Bronx and I go here, I might to guest speaker, nobody has met me before, and that's why those of us who continue to keep on coming to AA never stops getting different because we're all snowflakes and everyone has a different story. It's like we come from different shipwrecks, but we all know ended up in the same lifeboat. Stories are different. And even with AA and even with HIV, the stories are different. But those of us who are here to about it are here to talk about it.

Interviewer: Do you feel then responsibility to carry on the stories for other people who didn't make it?

Respondent: Yes, largely as a cautionary tale for people, people need to know what it used to be like, I need to motivate, anything that could affect younger people to snap out of it. And it's not pretty because they can say, oh look at all the entitlement you get when you have HIV. Look at this you've got an apartment in Chelsea, you don't have to work, living the life of Riley and isn't it wonderful? Well okay, I'm one of the lucky ones. But what about those people that die these horrible deaths or that continue to die these horrible deaths because they're not compliant? And so I get back to that same thing. In my case, HIV and alcoholism have a lot of parallels and with alcoholism, if you're not compliant, active alcoholism can be devastating and leads us to insanity, it leads us to death and HIV potentially is the same. It's a big subject because there's different strains of the virus and we all react to it. It's a big subject. It's a very big subject, but it's the reality.

The other thing I'm grateful for, I don't have post-traumatic stress syndrome from having been in a war. I was like nine or 11 during Vietnam. I used, I often things that if I was drafted, I would be one of those guys that randomly to Canada because I consider myself a pacifist and God bless our veterans, but I'm, I'm just, I do not. I guess there's a place for it, but I don't want any part of it, but I don't, I know, you know of people that study the post-traumatic? They are around the time of the World Trade Centre. There's a lot of things, even though I've been through, yes, I've been through a lot of stuff, everyone has. But it's a lot I haven't been through it.

Interviewer: What about, I mean, I've spoken to some people who describe PTSD symptoms from being around during the early days of HIV.

Respondent: Yeah, sure, of course.

Interviewer: And so you didn't feel that that was the case for you, you didn't experience that kind of --?

Respondent: No because once again, I kind of stuck my head in the sand.

Interviewer: Okay. So you didn't become actively involved until later.

Respondent: Right. I'm not proud of that either. No. When I first found out about my status, I did come into the city. I was working in Long Island. I came into the city like three or four times a year for them to tell me go home and just keep on doing what you're doing. But I did like I attended a meeting on, what was it called? There's a lot of different organizations. I forget if when I can't think of the name of them. And I started, I attended some of them and I thought him, I don't know, I don't want to be here. It's too cliquish it's too, it's too gay. It's too, you know. And so I didn't, other people, somebody heard my story and she said, she knows long-term survivors but no long-term survivors they didn't do anything to prolong their life. I didn't get involved in the fight. I was like just let me die because I'll just die that's all there is to it until I lived long enough to get the meningitis and be given a second chance. Now it's what, that's it. That's what my life consists of now.

Interviewer: So your life is a tale of two stories.

Respondent: It is. Yeah. And that is the case with a lot of recovering alcoholics, we give it a second lifetime. Yeah, it is definitely. And I do feel younger now, even though it's not about, age is just a number and it's not about quantity. It's about quality. So I feel, Oh God, I'm so old now. I'm not 23, I'm 57. Like what do I have 25 years? But no, it doesn't matter. There's no limit to how much I can pack into a day and a week and I marvel and sometimes I'll forget like is it still Sunday? I've already done so much today because I go to a meeting and on Sundays for example, I'll go to a meeting in Astoria or I go to the meeting before the meeting, I go to the meeting after the meeting, sometimes I go to other meetings. I don't know, my days are very full now. Today I said, let me just get out of here. I don't want them to be here when they, they've already come because it was double locked when I arrived. They've come to inspect, and I don't want to be here so at ten to nine I left. I said, I don't know where I'm going, but I don't want to be here. So I ended up going, like I said, I told you this, I went all the way. I took the A train all the way to the last stop in Far Rockaway and I learned a little bit. And I hadn't been there in a while and I saw some changes that they've done to the post office, to the station, and I located the Long Island Railroad. I observe it was like being in another country almost. It was, and I like it out there because it's nostalgic for me because my parents separated when I was four years old, but we lived on Beach 68th Street, Far Rockaway.

Interviewer: Okay.

Respondent: So I go there. My sister, the oldest sister, she married the boy next door when we were living on Beach 68th street. Now she has two children and two grandchildren, and she lives in Yonkers, where my brother-in-law is from, my sisters were 10 and 13 when my parents separated, so they have more memories of Far Rockaway. But I have very vivid memories of when I was very young, my father lived in between, while was my father wasn't married, lived in the Bedford Street in the West Village. And my mother was very generous. She let me spend time with him, so I have memories of the West Village between the ages of four and eight. And he taught me origami and all these crazy trends, took me museums. My mother took me to shows, so I've had a rich life and it's not over and I'm grateful, but it's hard to come to terms with what we've been through it, but that's okay. It gets better, it gets better. So, basically, I really am a very happy person. I'm frustrated that it's taking me longer, taking me a while to

relocate because I got here relatively quickly. I crashed and burned, HASA also put me in a single room on 110th. Then they sent me to a transitional housing in the South Bronx, for six months.

And then I found out about this and I got here, it was like, wow, all of a sudden, I'm like, look at this, I'm living in this very nicely run building and I'm very comfortable here. It's been great. And I walked in, I had like a T-shirt and a tooth brush. Now I have all this crap. I have to get rid of, if you have any ideas. But and I've established myself as, it's hard to believe that, my niece calls to the busiest unemployed person, she knows. But I guess I have established myself as an AIDS activist and person that does this service in Alcoholics Anonymous. And I'm enjoying life, I'm enjoying, I find the city fascinating. So I don't have any burning desire to. If I never see California or Europe, I'll be just fine. I'm not saying I never will, but I don't have a burning desire. People said, oh, don't you want to go see you, your nephew in Japan? No, not particularly. I don't know, but I find this the city, New York City, it's so dense, congested and I find it interesting. So for that reason, I feel leading full life, I'm grateful for it. But it's just strange the circumstances that put me in this position. It's tragic in a way, but it is what it is. I have to accept it. And Alcoholics Anonymous teaches me the importance of acceptance and to pray for acceptance. We have to accept the things we ask help in accepting things we can't change, courage to change the things we can and the wisdom to know the difference. It's just a mouthful. So I'm trying to change this situation and it's frustrating, but I'm doing what I can and it's a journey like anything else. And as long as they, there's no such thing as standing still, I can do the progress or digress. So I have no choice but to progress. I'm not saying I don't, I'm not saying I can't agree to stay here if I want to. They're not kicking me out, but I don't want to. So, another 10 years here is very, very, very depressing.

I want to explore. I want to get to know in another neighbourhood within, and when I say New York City, I mean New York City and all of its boroughs. So I don't know where I'm going to end up. I'm willing to compromise and I'm a good candidate because now I have good references and I have a decent credit rating and I'm a good tenant. It's just a matter of finding a situation that I'm willing to accept that's willing to accept me and go from there. So I just started really about six months ago, so I haven't been like putting my name on lists all these years. I've just been sitting here like a clam. So that's another thing I'm doing now getting more aggressive about doing what I can to reach out and in order to find another living situation. But I don't want to go, I don't want to cut my nose to spite my face, and I want to live in a place where I have a certain amount of security and comfort and because I have a lot of security and comfort here. But when I did, but it's important for me to move on, so that's okay. I'll keep doing what I'm doing and learning, being willing to learn what else I can do. And I can do that by having lunch with people at the Gay Men's Health Crisis, talking to other people, talking to the case managers, I'm a little dissatisfied at the rate things are happening, but that's okay. I'll deal with that too. I will deal with that. Any other questions?

Interviewer: No that's it. Thank you for talking to me.

Respondent: You're welcome. Did you find it interesting?

Interview 11

Interviewer: I am just going to ask you a few quick demographic questions to start off with and so how old are you?

Respondent: I am 62, no 61 still, 62 in April.

Interviewer: Okay. What do you consider your race to be?

Respondent: I am a black Hispanic.

Interviewer: Okay. Do you consider yourself to be heterosexual, gay or bisexual?

Respondent: I am gay.

Interviewer: Okay. What's your highest level of education?

Respondent: I have had three years of college.

Interviewer: Okay. Are you currently employed?

Respondent: No.

Interviewer: Okay. Were you diagnosed with HIV or AIDS?

Respondent: I was diagnosed with AIDS in 1987.

Interviewer: In 1987, okay. When did you come to New York City?

Respondent: I came to New York I have always been here.

Interviewer: You were born here?

Respondent: Yeah.

Interviewer: Okay, the first person who I have interviewed who is proper New Yorker born and bred.

Respondent: I had been away from here so much.

Interviewer: Okay. Tell me about your experience living and aging with HIV so start when you were first diagnosed how did that feel?

Respondent: I was diagnosed in 1987, with an AIDS diagnoses, with 120 T cells, given AZT immediately and it was it made me sick when I wasn't sick. I only had a 120-T cells, but nothing was happening, then a week later I came down with PCP pneumonia 105 fever packed in ice.

Thought I was going to die, and I said I don't need this medication because all of a sudden, this medication brought up, you know, I thought. I stopped taking medication, that was when I was 35 something like that, I guess it's 27 years, I can't put it together now. 30s anyway, so since then I have had pneumonia nine times has been my nemesis, bacterial pneumonia I have had PCP three times, I have had weight loss, skin eruption, you name it. I have had 4 T-cells. I have been close to death many times but all of a sudden, I am having a resurgence and feel so good because it's like I am getting more than a second chance, I'm getting a greater chance, I mean how many people lived 27 years with the virus, took AZT, and I only took it for three weeks, but it was enough. And you know still have hope. At 62, I am going on to 62 I am accepting you know I am embracing it, I decided a couple of years ago to reinvent myself and to make myself more marketable, because I have always been a hot commodity. Most of my life I spent in the theatre or in stage in front of the cameras. I danced for 20 years professionally, I have done Broadway I have done off Broadway, I have done movies, toured. So I said well now you can't dance anymore so what can you do? I write and I am a good actor and I am an activist, as well, that's what really get to me going.

Interviewer: Tell me about that, tell me about being an activist what's that been like?

Respondent: It means going to Albany it means being able to state your case whatever you know bill or right you're fighting for to know the issue and to be able to defend it and if you can, if it relates to you, put yourself in the poor box and, you know, use yourself as an example of how you are disabled by a bill or law so. What I do now is I go in groups on Fridays to help others trying to express themselves and be better mouthpieces for themselves.

Interviewer: The factors that have, tell me about the factors that have helped or hindered your aging with HIV?

Respondent: You know it's still getting hard, it's not so much...it's the aging part is like things not working and it being harder to walk but mind you I had an episode where I was I had three herniated discs, I fell one story from a trapeze that was at the end of my career, but it didn't affect me until like 10, 12 years later.

Interviewer: Okay.

Respondent: It debilitated me to the point where I was had curvature of the spine almost and I was on a cane and at that time also I was taking medication that was putting me through changes and I had. That was when I had 4 T cells and I was in pampers and I was kind of they say depressed you know. I say yes, you know, but I don't know what it was, it changed my mind that said I want to live, and it's got to be on upward and onward battle. You know, I did get tired at one time, but you can't it's like I think that's way the life is supposed to be period that you can't tired, that you can't give up, that you got to keep doing what you got to do, your responsibilities, your requirement says as the body deteriorates, get fake teeth and get whatever you need to sell yourself and make yourself more comfortable with yourself.

Interviewer: You said you reinvented yourself. How did you do that?

Respondent: Well, I've always known I've been a good salesperson, so I figured the best thing to sell was me.

Interviewer: Okay.

Respondent: You know, so I went back and got certified every which way, you know, and see I've had two and a half years where I haven't been sick. This is the longest period, you know. People are like, oh, so now I'm getting involved with all the things that I've known about, but it was never healthy enough to address and become a part of. Now, I'm in it and I decided not to just be in it, but I've decided to lead the parade you know. I think that I've remembered what my original feeling was as a kid to strive, just to be better and show off my talents and, you know, use them to my best ability. I don't know how else to put it.

Interviewer: What about relationships as you've gone through life, how has that been? Either personal or friends or family those ---

Respondent: Well, family has been gone since I was 21.

Interviewer: Okay.

Respondent: It's just been friends come and go quite a bit, either one way or the other either now they're dying of old age or all of a sudden deaths, heart attack. I guess there we're in that age group, neglect you know, some finally did give up. And I like the survivor the badge you know. I like yeah, "you are still here" and I like that.

Interviewer: Did you think when you were first diagnosed because you were diagnosed quite early on, did you think that you'd still be here?

Respondent: Well, when they first diagnosed me, they said I had a good two to three years to live.

Interviewer: Okay. How did that feel?

Respondent: I was like these people don't know what they're talking about. I mean two, three years, especially because before I had even investigated this, I was fine, you know, but I had seen a lot of my friends wake up one morning and not be able to walk. I had seen people just slowly go regressing in their mind and getting dementia. I saw a lot of people die. One died in my arms, breathed his last breath in my arms. But I was always been said, I'm not, I'm not, I'm not, I'm not going to be a statistic. I'm not going to be, I've always said I was different. I'm here to prove it still, still working on. I'm very much involved with my church. My church does wonders for me, I've been involved with them since 2001 and since the Sunday after 9/11 and now, let's see, I'm a delegate, soloist in the choir, and volunteer one or two days a week. Well, now it's one. I'm getting ready to do a fundraiser where, you know, I will get acts together and do a night of stars and raise money, you know.

I don't know. I'm just very lucky. I did not know. As a matter of fact, I have always thought when I was, I think when I was 20, I thought 30 or 40 was the middle age because I got to be 30, 40 and 50 was middle age. It just keeps pushing up until like evidently somewhere along the way I passed it. But I think that maybe last year was middle age for me because I think that I'm going to stick around for the cure and I think that I'm going to be one of those first they're going to say, wow, you did a good job.

Interviewer: There's a lot of pride for you in being a survivor for so long. It's something to be very proud of.

Respondent: It's survivor who looks like I do and thinks like I do and feels like I do even on shitty days. There's weather that that does not allow you to shine as much sometimes, but you shine because you're still here. That's such a fantastic thing.

Interviewer: Yeah, and you're writer, aren't you? Because I've been some of your poetry readings.

Respondent: Have you?

Interviewer: Yes.

Respondent: Oh cool.

Interviewer: The one at Barnes and Noble Unions Square.

Respondent: I'm there quite a bit.

Interviewer: Tell me about what that does for you the writing?

Respondent: Oh it allows me to know exactly not what you see all the time, but what is going on in here and what I felt, what it feels like sometimes, and I try to make my audience feel that as well. I'm honored. Which one? When did you go? Was it with Momentum?

Interviewer: Yeah. It must have been.

Respondent: At summer, or summer before?

Interviewer: It was a summer. It was a summer just gone.

Respondent: Yeah, April.

Interviewer: Yeah, it's always April.

Respondent: That's national poetry month so they have us there.

Interviewer: Yes.

Respondent: I'm part of this creative writing group. As a matter of fact, I'm taking over this creative writing group that I used to attend. The person has retired to her bee farm and wherever it is Upstate, and she's left to a few of us who are still the elders of the group. Then what happens is, is that I'm going to create a newer group which would be a like advanced group, and they would do performance level better than what you get at Barnes and Noble sometimes because you are just subjected to people who were just reading this stuff for the first time in public, but some people who would be able to do outreach and education and through performance. I'm stepping it up for them.

Interviewer: Outreach in education is obviously important, is important to you.

Respondent: Most definitely because in my time I've met too many people who just got diagnosed in 2003. I don't understand that, maybe because they didn't see the ravages, they didn't see, you know, the people dying in AIDS wards. They didn't see people dropping like flies and haven't been to as many memorials as I have, you know. I know I couldn't understand anyone becoming infected now, but it happens still.

Interviewer: How does that feel for you? Does that feel frustrating that people are still getting diagnosed?

Respondent: Almost that like I want to cry for them before they even, it's almost as upsetting as... Then to some, it's not even that upsetting. They said, oh, so what do I get now? What am I entitled to now? I don't understand that thinking. I don't know that I would trade in this experience because it's made me who I am, but I know that if I had known before, I was diagnosed in the 80s, mid 80s. I didn't know that that's all you had to do, you know, but I'm sure I had it for much longer than when I was diagnosed.

Interviewer: When you were first diagnosed because you were diagnosed in mid 80s, there was nothing really available to you. There's AZT and then that was it.

Respondent: That was it, that was it and the doses...were... When I took the first pill a half an hour later, the headache was so strong that I could barely see. Then when I took the second pill, they were total three pills a day, I had to take. The third pill, the second pill, I was so nauseous, I could smell soup, or I could smell perfume, gas, anything, garbage, anything, and I would wretch. By the third pill I was so exhausted like I had run a marathon. That was in one day and I called up after the second day that I said this ain't right. I was fine before you gave them this medication. They gave me medication to take the medication. They gave me Motrin anti-nausea medication and something. I was like, this is not right. I always listened to the ones that thought that medication was at that time it was killing them, you know...

Interviewer: If you look back now at the time when you were first diagnosed and before that maybe like how do you think that your life has changed from what you expected your life to be when you were, before you were diagnosed to when, how your life has turned out now? Or how you expected your life to be when you were diagnosed?

Respondent: I don't even know for sure if I can remember how I expected my life to be at that time when I was diagnosed. But before that I was living very vicariously -- first of all, I'm a gypsy, I'm an entertainer. I live from contract to contract, from job to job, from city to city sometimes from country to country. I've been halfway around the world. I just, if a job opened, sound good, I would. Now, but now I would do that again. I feel like I'm strong enough to do that again and I would love the opportunity to go other places. I'm kind of like stuck here. So I try to make the best of it.

Interviewer: Okay. Anything else? Anything that you want to add about aging with HIV? Anything?

Respondent: Just like your attitude has to be the same for both. It's like, it's not going to -- yes, it's going to make a difference, but I'm going to make an even bigger difference. I have to get a bit of a control of this, so I have to take care. I have to see my doctor, I have to take my medication, I have to dress warmly, I have to eat and drink warmly, but it's almost like going in and it moved like a cycle from when you started growing. Now, I'm growing older, I have to take more care but the same instance with my virus, I have to take more care.

Interviewer: What makes you a survivor? What is the thing that made you survive all this time?

Respondent: My attitude.

Interviewer: Your attitude?

Respondent: Yeah, definitely. My mindset. Yeah. I've always had great bounce back ability, but sometimes if you don't have any push in your will, you don't go, you don't jump back. That's what happened to a lot of my friends.

Interviewer: Okay. Is there anything else you wanted to add?

Respondent: Nothing else.

Interview 12

Interviewer: Okay. I start recording on there and I start recording on here. I'm just going to ask you a few very basic questions, you are okay to go?

Respondent: Yeah.

Interviewer: How old are you?

Respondent: 59.

Interviewer: Okay. What do you consider your race to be?

Respondent: Black.

Interviewer: Okay. Do you consider yourself to be heterosexual, gay, or bisexual?

Respondent: Bisexual.

Interviewer: What's your highest level of education?

Respondent: 11th grade.

Interviewer: You're currently employed?

Respondent: Yes.

Interviewer: Are you diagnosed with HIV or AIDS?

Respondent: HIV.

Interviewer: When were you diagnosed with HIV?

Respondent: In 1995 January.

Interviewer: Okay. When did you come to New York City?

Respondent: 1987.

Interviewer: Okay. Where is your hometown?

Respondent: Hackensack, New Jersey.

Interviewer: Okay. All right. I'm just going to literally ask you two basic two questions; two open-ended questions and you just tell me your story. Can you tell me about your experience of living with and aging with HIV?

Respondent: It's been tumultuous.

Interviewer: Okay.

Respondent: Up and down, there's been good times, there've been bad times, but living in the State of New York, I have benefited greatly because the services here are tremendous if you know how to access them.

Interviewer: Okay.

Respondent: The downside is not knowing how to access them. Being newly diagnosed, not knowing who to go to, what to say and how to go about getting services was daunting, actually depressing.

Interviewer: Right.

Respondent: But the clinic that I went to when I was diagnosed paved the way for me to settle myself. My social worker at my clinic suggested the Momentum Project because my food stamps didn't last from month to month and I was hungry. She said your health is not going to get better if you don't eat so you could take the medicine. When I came here, they calmed me, they fed me, they told me it was going to be all right and it has been ever since. I'm very excitable, you know what I'm saying? Somebody taking the time to tell me it's going to be all right, helped me a lot.

Interviewer: How did you feel when you first had that you were diagnosed HIV?

Respondent: It was out of body experience, to pre and post-test counselling. I remember them telling me, I remember me sitting there, but it was like I was over there watching because I don't know how I got home after I was told. I don't remember. It was like I was moving along, but actually I don't remember how I got home after, but I know I stumbled through the street. It was rough, it was rough, not knowing what to do, not knowing what was going to happen to me at that time. You know what I'm saying? Being diagnosed, I'm thinking, okay, I'm going to just go home and die because I didn't know I had no idea. I went home. Luckily, I had a roof over my head, so I went home. I locked the door. Six months, I'm like, Oh, I'm still alive. A year later I'm like, Oh, I'm still alive. A year and a half later, I'm like, I'm still alive. So me having a roof over my head was beneficial because if I had to be in a shelter or in an SRO, I don't think I would have made it. If I had been homeless that would have been it, but it was beneficial that I had a roof over my head. I had to thrash it out within myself. You know how you talk to. I talked to my mirror, so you know, I kept telling myself, pull yourself together, pull yourself together. It took me a while, but yeah, I'm still here.

Interviewer: Yes, you are, and aren't we all glad.

Respondent: Yes, I am. Yes, I am.

Interviewer: What about aging, aging with HIV? What's that been like?

Respondent: Oh, I'm grateful to be alive. It's actually a blessing because many haven't come this far. I watched over the years people that I have become acquainted with they are no longer among us for one reason or another. So I'm figuring that I'm not done yet. There is some purpose for me to still be here because I've made some pretty stupid choices in my time, but I'm still here. So whatever it is I am here to accomplish, I haven't accomplished yet. So because someone gave of themselves to me and I'm still here, I told myself that it's the right thing to give back. I'm there for somebody who was in my position one day, because I know what it feels like.

Interviewer: What factors do you think influenced your life with HIV? Do you think that having HIV has changed your life trajectory?

Respondent: I think having HIV saved my life because I was running amok. Okay, I mean, you know, times have changed since I was a youth. Long time ago, there was nothing to be afraid of, but times have changed. You can't walk the street in safety anymore. I remember, perfect example, we used to not lock our doors. The people next door would come in and out. I would go next door and go in and out. Everybody in the neighbourhood knew everybody, times have changed. Like I said, I've made some poor choices in my life. But only by the grace of God, I'm sitting here because what they say protect the babies and fools, and I was foolish a long time. Yeah, I'm grateful to be alive. HIV showed me that I could have not still been here, but because I changed the course of my life, started living better, taking my medication, I'm still here.

Interviewer: When you were diagnosed, there wasn't a medication yet?

Respondent: There was medication in '95 but it wasn't of the best variety because medication was new, and it was practically experimental. All medication is experimental, but they didn't know what worked well, monotherapy did not go good it took a lot of people out of here because by the time they were so, so, so sick and then they gave them that, it made them worse, so you know, it didn't help, but the medicine now is great. I take it on time, I take it every day. I don't miss medicine. Treatment here, it's very important, so is dying, so is spirituality, but if you don't feel right, if you don't think right, the medicine is not going to work. It took me a while to come to grips with that. Actually, I don't like medicine, I didn't grow up on medicine. If I take an aspirin, I could feel it working in my body because I'm not used to medicine. I was raised by my grandmother, and she had a garden and she stirred stuff in a bowl and got a pantry and gave it to us. We were never sick as children, but I think that has a lot to do with why I am still here because I was taken care of properly when I was young. I'm not fragile like the new age kids because I ate properly, I got enough rest, I was nurtured, I was really nurtured, and I think that was beneficial to me still being here. A lot of things are beneficial to me still being here.

Interviewer: Well, tell me about that.

Respondent: I'm just lucky. I'm just lucky. I'm just lucky.

Interviewer: Tell me about the beneficial things that have helped you stay here.

Respondent: Okay, let's go back.

Interviewer: Okay.

Respondent: They say the children that are breastfed are better bred children.

Interviewer: Okay.

Respondent: Okay. I know for a fact that I was breastfed because my mother knocked that into my head all the time. I was always hungry. I was always greedy. She said it in public. She had to throw a diaper over me and feed me wherever she was. Okay. I know that to be a biological fact that breastfed babies are healthier. My grandparents raised me, so I had a good upbringing. I was brought up, I wasn't drug up. I had a good rearing. I chose to take the wrong path even though I was raised properly. But you know the old people say if you bring up a child the right way, they will never depart. Okay, so I come to my senses. I was wild in the street for a while, but I had to come back because I had the presence of mind that I wasn't doing right. Like I said, a lot of things were beneficial for me to still be in here. Knowing that I had to eat right, knowing that I had to rest, knowing that I had to take the medicine and I was resisting for a long time, I was hesitant, I was just... I was hesitant for a long time to take it because I saw a lot of people take it time and time again, you have to take the medicine, you have to take the medicine. Then I kept saying no, I don't want to. She says, okay, but when you do start you have to take it the rest of your life and take it properly for it to work. That's why I kept saying no, no, I'm not ready. But then by the time I pulled myself together I'm like, okay, I want to live so I started taking the medicine and taking it properly. You know what helped me also? Having something to do, laying around, oh, it woe is me. I'm going to die, what did I do to myself, blah, blah, blah. That didn't help having something to do. When I realized, oh, I'm not dead yet and open the door and came out and Momentum embrace me. I volunteered here since '88-'89 no, I'm sorry, I'm sorry. Hold on. Hold on. I came to New York in '87. I was diagnosed in '95 so I came here around '97, '98. I volunteered off and on since then. They've given me a few stipend positions since then, and then I had the one full-time position, first client hire, so things work out for me, but most of the time I get it my own way, but that's my own fault, that's – everybody had their own downfalls. Like I said I'm just happy to be here still.

Interviewer: How about relationships? How have relationships changed either with friends or personal relationships?

Respondent: I know that I'm very wary of people now, but that's maturity or is it growth, you know what I'm trying to say, because I'm older now, I weigh the pros and cons. Who is this person? Why they're trying to be close to me? Should I be friendly? But you're supposed to love everybody, but then you have to have boundaries. I'm good by myself. It took me a while to realize that. We are social beings, we need each other, but I live alone. I'm not lonely, but I like my own space, but I know that came with age. At this present time, I'm seeing somebody, it's not intimate, oh correction, it's not a sexual relationship, it's an intimacy. Somebody I'm close with for the last five years and it's a male, I haven't been intimate or close with a female quite some time, but I'm almost 60 years old. You know, I've gotten past that. I've had enough sex for 20, 30 people in my time. You know what I'm saying, one way or another there is more to

life than that and that's what got me in the predicament I'm in now. Relationships are important, but the important thing -- the most important thing is what type of relationship is it. Is it something that's going to grow? Is it something that going to go nowhere? Is it for a reason, or is it for no reason? I mean there's so many things relationships are involved, very involved, but we need each other. People need people, that's a song isn't it?

Interviewer: Is this? Who sang that?

Respondent: Barbara Streisand

Interviewer: Did she?

Respondent: That's an old song.

Interviewer: What people need people?

Respondent: I believe that's Barbara Streisand. That's not the title of the song, but that's a lyric. Am I boring you?

Interviewer: Not at all, not at all. Why would you think that it is boring?

Respondent: I don't know because why would my story be important?

Interviewer: Because I think everybody's story is important. Don't you?

Respondent: Oh yeah, you've a point.

Interviewer: I think everybody has an important story to tell.

Respondent: You have a point. You have a point.

Interviewer: I don't think that's boring at all. Why would I think that was boring?

Respondent: Yeah. My self-image at times isn't where it should be, but deep down inside, I'm a happy person, but sometimes I disappoint myself. That's where I'm coming to. Sometimes I disappoint myself, but to err is human and you have to learn from your mistakes, and I have made many, but I'm still here, so here we go, wake up every morning, grateful for the day, grateful to be alive and try. You have to try because at one time I didn't try. I just laid around, I laid around, laid around and I'm like, back to, okay I I'm not dead yet.

Interviewer: Six months you were in that space.

Respondent: No, it was more than six months. It was more than six months. It was worse than depression. It was worse than depression. There were days that I didn't wash. There were days that I didn't eat. There were days. I remember one time the mailman came upstairs from the lobby and knocked on my door. I can't put anything else in your box, so you are alright in there.

I'm like yeah. I didn't open the door. I didn't let him look at me. When he went away, I just went downstairs and got the mail. He said next time you go away, come to the post office and tell us and we will keep it at the post office. I said, okay, thank you. I didn't tell him that I was in the house and just couldn't come out, but that's past and I'm glad. That's past and I'm glad. It was worse than depression. I can't think. I can't put a word to it. It was worse than depression. I didn't want to live. I told myself it will be better if I was dead because I wouldn't have to go through this so many times. Then I thought to myself, what are you saying and then I had to work through it, I had to work through it. Again, I don't think my story is so much. I mean, you know.

Interviewer: Why, why do you not think your story is important?

Respondent: No, I'm thinking that somebody else that's going to rivet you, you know what I'm saying? If somebody else's story is going to be over the top, I don't ---

Interviewer: But I am not looking for an over the top story, I am looking for your story only.

Respondent: Okay.

Interviewer: I'm looking for your personal story.

Respondent: I'm a humble person. I'm a humble person. I'm just grateful to still be alive after all I've been through because many haven't come this far.

Interviewer: Did you know a lot of people who passed away?

Respondent: Oh yeah, yeah, but that's a part of everyday life. People die, we are human, we die, but people dying from the virus and/or complications of the virus a lot, a lot over the years, a lot over the years. They say more people have died of AIDS than the car accidents if I am not mistaken, but that was four or five years ago that statistic, just a malady of the human experience in a couple of decades it'll be something else. Next question.

Interviewer: I've asked you all my questions. I wanted to know what it was like for you and so I think if this is what it's been like for you then we can end now. We can keep going. It's up to you. I want to know about you. I want to know about your story, and so if you've told me everything then that's it. If you've told me what the fact that have influenced you aging and what's been important and what's been upsetting, then ---

Respondent: I think we pretty much covered it.

Interviewer: Okay.

Respondent: Except I enjoy doing for others what somebody did for me.

Interviewer: Okay. I can see that. I can see that. Okay. Thank you.

Respondent: You're welcome.

Interviewer: Thanks.

Interview 13

Interviewer: So if at any point you feel uncomfortable, just let me know and we can stop the interview immediately. I'm just going to ask you a couple of quick questions for the study. How old are you?

Respondent: Fifty two.

Interviewer: What do you consider your race to be?

Respondent: West Indian.

Interviewer: Do you consider yourself to be heterosexual, gay or bisexual?

Respondent: Bisexual.

Interviewer: What's your highest level of education?

Respondent: Twelfth grade.

Interviewer: Are you currently employed?

Respondent: No.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: Both.

Interviewer: When were you diagnosed?

Respondent: In 1999.

Interviewer: When did you come to New York City?

Respondent: I've been in New York City for fifty years.

Interviewer: Where were you born?

Respondent: Saint Thomas Virgin Islands.

Interviewer: So you've been here more or less your entire life?

Respondent: Yes.

Interviewer: So, tell me about your experience having HIV, living with HIV, aging with HIV?

Respondent: Well, at the beginning of getting tested it was a crazy time. I was sad, I was lonely, I was curious if I had it or not. They called me back in and they told me I was HIV positive. It kinda didn't shock me.

It wasn't a shock to me, but I felt at that moment, it wasn't a shock, but as time went on, I thought do I have to take medications, how did I get it, why am I tired, is my life over? Will I continue to be able to work? How do I tell my family and friends?

There was so much going on. It was a really crazy time for me. But, um, I went through depression, loneliness, sadness, denial; I went through the whole chain of it; it was really bad for me. I just said damn, let me find out more about this virus. That's when I joined Gay Men Health Crisis Centre and I've been learning ever since and I share now. I share my experience, sharing hope with everyone that is newly diagnosed, those that forgot the regimen, those who forgot their regimen, how to stay on top of the regimen; keeping a clean and healthy, sober life, without drugs or alcohol.

Interviewer: What factors have been most positive in your life and what factors have been more negative in your journey with HIV?

Respondent: Let's start with the positives. The positive part is that I actually understand what the doctor is talking about as far as HIV. More of the positive is that I can relate it to the next guy that don't understand how to read his labs or how to stay on his regiment or what they call medication adherence. They call me for everything as far as a broken toenail or whatever. I speak to a lot of people. I'm a huge rights activist and I try to stay on top of myself plus others but sometimes I have to push them to the side, hold up it's about me right about now, not you! I actually help a lot of people stay on top of their life, put it like that. They call me for advice any hour of night and if I'm awake I'll answer; if not I won't. That's about it. The negative part about it, I'm going to be on a regimen the rest of my life but I have no down sides to this. I mean, how do you say, if it was for me it was for me. Right now, I don't have any negative part about it. The positive side is I'm still in training for my commercial driver's license. I've completed cooking school; I'm on top of the world right now and I'm having a good time with it and a lot of fun. I meet new people, I like helping people, so...hello! There's really no negative side for me.

Interviewer: Have you always liked helping people or do you feel HIV gave you an in to help more people?

Respondent: Actually it gave me a bigger audience to help because I've always been with people but I've basically been working all my life since the age of thirteen. It gave me a bigger audience to help a lot more people. I used to work for the Department of Aging with senior citizens and they pretty much excited me in itself. They do exercise, they get up, things we feel because we're getting older we can't do. Those guys would shock you! They do exercise, jumping jacks, it's like oh my god are they going to break a hip! But no, they stay on top of their life and I love that. It gave me an incentive to say hey I want to get old. So that's why I changed my life and I just continue to go, go, go!

Interviewer: How is aging affected you? Has it affected you in any way?

Respondent: No, I'm still seventeen! Even though they say I'm fifty two years old, I'm seventeen at heart! I still ice skate, roller skate, bike ride, horseback, I jog...I do a lot! Fifty two is just a number. It's all up in the mind, how you present yourself and how you treat yourself. I'm on a healthy food diet, plus regimen

Interviewer: You're staying active. How has HIV changed your relationships either with friends or with family or with partners? How has that been over the years?

Respondent: Friends, that's a strong word. Associates! Before HIV I had a lot of associates, no one I can actually call my friend, just my family because I have a close knit family, a big family but close knit. Anybody from the outside, I really have to like you and my family has to like you in order to be there and that's it. It hasn't affected me, my social my friends...and now I have the bigger audience I have a lot more associates but some is actually becoming friends.

Interviewer: Is that because of the fact you've had these experiences because of HIV?

Respondent: Yeah definitely. I go through trauma myself; ups and downs, like I sad and lonely. I talk about it and sometimes they can relate and I can relate to these situations and we just converse on a lot of stuff. It keeps me balanced in life, the way I need to be mentally. I really enjoy life itself. HIV didn't make a big impact other than taking medication for the rest of my life. It made no real impact on my life. It's just, it's the way you think about things; how you perceive it and the way you put your mindset. Right now, I'm on top of the world and nobody can understand why I do the things I do. People say you're positive right? I say yeah I'm positive! That's it! The only reason I became AIDS diagnosed is because my T cell fell under two hundred and that's it. Other than that I had no sickness, no opportunistic infections, anything related to HIV; nothing.

Interviewer: How do you feel being diagnosed after medication became available has affected you? Does that mean that you always knew that you would live or was there always that thought that I might die, I might not survive?

Respondent: Well there's always the thought I might die, even walking down the street without HIV, I mean there's a lot of crazy people out in this world. As far as HIV, that was only at the beginning when I didn't know anything about it. So I started educating myself on it and once I kinda got most of it under my belt then I started sharing with everybody else and I let them know it's not the end. It's just the beginning of a new life. There's things we have to change within our lives in order to get better, stay on top of our regimens and keep moving on. Because it's not the end, of course we tired; we all get tired. I used to work fourteen hours a day, now, I take my time. I get a little winded, I sit down. Nobody pushes or rushes me to do anything. So there's no big impact on my life as far as HIV because actually I've seen a lot of people go through ups and downs with shingles, off medications, a lot of opportunistic infections and I look at them and say what are you doing?

Most of them get stressed out; that's the biggest thing. They don't know how to handle stress and misguided anger. I do; I've been through it. It's not that it's easy, it's just a lot of folks don't know how and they get stressed out and then they bring it on themselves, inflicted things that don't really have to be stressful!

Interviewer: If you have told me all about your life with HIV and there's nothing else that you want to add?

Respondent: There's nothing else. I just enjoy life; that's it. That's what I do; I enjoy life. I have a lot, here at Momentum, I have a lot of people that know me here and know what I stand for, they don't come to me with drugs or their sexual preference; they don't come to me for that because that's not what I do. I help people on a positive level. I try to help them get positive and stay positive and try to, if I can, help them throughout life step by step by step. It's not easy. It's not easy to change your own life.

For me, when I put my mindset to do something, that's exactly what I'm going to do. If I don't want to speak to you anymore, I'll tell you why and then I'll walk away from you. But really it's hard, you really got to get on my nerves for me not to speak to you because I'm a sociable guy. I'm a sociable guy and I enjoy the company of other people, conversation, movies; whatever. Just don't get disrespectful. I draw the line right there. If you get disrespectful it's time for me to go. That's about it. I'm done!

Interviewer: You're done! Thank you very much.

Interview 14

Interviewer: Okay. So I'm going to ask you just a few couple of brief questions that relate to demographics. So how old are you?

Respondent: I'm 59.

Interviewer: 59. What do you consider your race to be?

Respondent: Black, African-American.

Interviewer: African-American. Do you consider yourself to be heterosexual, straight, gay or bisexual?

Respondent: I will say heterosexual.

Interviewer: Okay. What's your highest level of education?

Respondent: High school, diploma.

Interviewer: Are you currently employed?

Respondent: No.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: Diagnosed with HIV.

Interviewer: HIV. When were you diagnosed?

Respondent: Back in 1989.

Interviewer: 1989. Okay. When did you come to New York City?

Respondent: I came to New York City in the late 70s.

Interviewer: Okay. Where were you born?

Respondent: North Carolina.

Interviewer: In North Carolina, Okay. So tell me a little bit about what it was like to be diagnosed with HIV, and what it's been like living with that?

Respondent: Well for me to diagnosed with having HIV at first it was a struggle because of the nasty stigma that come with it. I think that I overcame the nasty stigma through religion because I got involved with church activities and that help a lot. I was the type of person that you couldn't

tell me nothing. After I was done diagnosed, you couldn't tell me nothing. I didn't want to hear nothing from nobody, if you are not a family member, you couldn't even talk to me, that how I was. But going through counselor, workshops, and being here at the Momentum Project, it helped that a lot and I began to relate to people. And then because I begin to relate to people, I also began to relate to church people as well, but I thought at first it was a death sentence, but one thing I've learned about being HIV positive after being diagnosed, I learned that if you take care of yourself, you can make it. If you take your medicine that you are supposed to, you can make it. If you treat people right and keep a positive attitude, you can make it because sometimes negativity can affect the immune system as well, as well a just being HIV and also you got to use safer sex. If you are sexually active, you got to use safer sex because if you don't, you can make your situation a lot worse. And for me, being HIV positive, at first it was a struggle, but I began to understand it that you can live a normal life. You can live a normal life no matter what people may think, it's not their lives you are living, it's your life you're living and you have to do what is best for you. But make sure the thing that you do, you be around positive people and as long as you are around positive people, you could make it.

Interviewer: So you said religion has influenced you?

Respondent: Religion have a lot of influence, because you know like, when you're HIV positive, you look at it everyday on, how would I stay on a physical level, you become depressed, depression sets in, you kind of worry about, well I am almost done, might not live tomorrow, so I'm living for today. But religion, well it helps a lot because religion for brain, your brain parts -- it talks to your mind and with religion you can be able to make it. Now I'm not talking about you know all...I can't really comment on other people religion, I can only comment on how I believe because it would be unfair for me to comment on the way I think other people think because I'm not other people, I'm just me. So I just comment that religion had help a great deal in dealing with being sick and dealing with all the medication you got to take because being HIV positive you got to take a lot of medication. And the year pass, even if you do take the medication, sometimes it can go from HIV and advance into AIDS, and when it advanced into AIDS you will be already sick. But you do the counseling and do all the counseling that I receive at the Momentum Project, I learn that now I was HIV positive but I've been HIV positive for nearly 30 years, but now it has advanced into AIDS. So I'm struggling with AIDS now, but it's not a struggle to me because of all the counseling I have received.

Now I know I can do now to keep on living and keep on thinking positive and don't, and I can't worry about dying right now because I just feel if and when my time come, it's going to happen anyway, but right now I want to be concerned about enjoying life and getting into a positive part of life, that's the only thing I can think about right now. I think that's one thing that kept me going or being around positive people and being around people that set good example and family, because I told my family, I told them they all know. But my family has a positive outlook on the way -- and they kind of worry about me from time to time, but they're very supportive, so they all know. I get to the point because they -- sometimes when you're HIV positive, when people come over to your house, you want to hide your medication. I got tired doing that, so I told my family and all my friends know, so therefore I feel more at ease.

Interviewer: When did you decide that you're going to stop hiding your medication? You were just going to tell everybody?

Respondent: It's started almost 10 years ago, I stopped hiding the medication, because I am who I am and if you can't accept me the way I am, I'm not going to let that bother me. I'm going to keep on doing what I had to do to stay alive and keep on being positive to working with people. Because when you – when I first was diagnosed I never thought that I can ever work with people again, but I enjoy working with people and that's what I like to do. And so far being HIV positive or being full blown AIDS has not affected me working with people, but as long you take care of your health, that's the most important. You can live longer if you take care of your health.

Interviewer: You keep saying that when you were first diagnosed, it was really difficult. Can you tell me a little bit about that?

Respondent: -- being difficult is like, when you are HIV because it has such a nasty stigma that come with it, so when you been HIV positive, you can't worry about what other people are going to say about me. I don't want other people to know because they have a negative response and just the kind of response you get, I was afraid of the negative response that I was going to get. But now I'm tough, I'm not worrying about the negative response because of all the counselling I had here at the Momentum Project, because when the Momentum Project started, we had a lot of counselors when it started. And like anytime now if I'm feeling like depressed or something, I can go in there and I can talk to one of their clients. When I hear their story and what they have been through my story like peanuts according to what they been through. So it's kind of uplifting when you can talk to people who are dealing with the same situation that you are dealing with and they have been able to overcome the nasty stigma, now you are not affected. I mean that's why we're more concerned about what other people have said, how do people really respond, but I don't care about that no more.

Interviewer: You were diagnosed kind of quite early, right? You're diagnosed in 1989? And that's quite early in --

Respondent: Yeah, September, 1989 I was diagnosed.

Interviewer: That was before medication, right?

Respondent: Yeah -- before the medication I was diagnosed with just being HIV positive, but now it has advanced to full blown AIDS and I am really taking care of myself. But even with the medication sometimes you can still have that. You don't have to be sexually active or anything you can still have that according to what the medication you were taking, but as long you take your medication, you'll be all right.

Interviewer: How has it been getting older with HIV like how is that --

Respondent: Being older I feel like it's not a factor, it's not a factor because to me it's like you are just living a normal life and because of that all of those things that you worry about to come,

you know that when you young, you think about having a family. You think about having children. You think about having a wife, but when you get old you don't think about that. You just think about the importance of life and that's why I think about the importance of life. I feel – as long as I can communicate with people, and work with people, and go to church, I'd be okay, that's how I feel about that. And as an older person, I feel I don't – I don't know, I think I would say more like a father-figure, in other words I could teach other people. I tell young people today you do not, please use safer sex because you do not want to go through what I've been through. You're taking 10 medications a day just to stay alive and you know as an older person still don't think that you get the high blood pressure, diabetes, kidney diseases, you still going to suffer with that. But with HIV, like I said, anything can happen with HIV because you can get opportunistic infection that you never had before. You could get diseases that you never even heard, and those are kind of things that for me, I'm prepared before if it happened. And whatever happened, I'm going to look at it from a positive point of view, that's what I've decided, because right now I'm dealing with kidney failure and very soon I'm going to have to go on dialysis. But I just had to deal with it, but I am not going to sit around and feel sorry for myself because I know that as an older person, if you sit around and feel sorry for yourself, you go real quick. You got to keep yourself busy and you keep yourself active, you would be okay because as far as -- now if you're the type of person -- of course I am not -- if you're the type of person who are sexually active then you become a big problem. But to me sex is not that important now to me, the more important thing to me now is life, just to live, to live the life and to live with the best to your ability, that's the most important thing to me right now, all the stuff about going out and having sex and all that I'm an older man now, that stuff don't bother me anymore.

When I was young it was a different story, but now since I'm older, to me when HIV set in, you get also - it also set in with aging too, because as you age more you become more mature, you become more aware of your surroundings. You become more open to things that is going to happen to you and you've got to be prepared when those things happen to you. And say, that's how I'm now and I say it to myself, I am just going to go along, and live my life, I'm not going to let anything into fear. Even as an older person, I've seen – as an older person I have more friends as an older person than I had when I was young. But I feel that as an older person you could still live with HIV and you can still live your life and you can still do the same things you want to do in life. And even though obstacles could they come along, you could be able to handle it, and also you don't let depression set in, that's why you go to – you keep yourself busy because you don't keep yourself busy depression can set in. When depression set in so your immune system starts weakening, and weakening, and as an older person your immune system will weaken if you don't be careful. So that's what I'm trying to do is trying to keep my way and try to do the things that I supposed to do. I cannot run around here feeling sorry for myself, that's the wrong thing to do. In other words what I'm trying to say is, it is what it is and you've got to accept it and that's why I came to the conclusion too.

Interviewer: Was there a time where you ever felt sorry for yourself?

Respondent: Yes, there was a time. When I first was diagnosed I was 27 years old because it was back in 1989, at that time of the age you think about -- at that time when you're that young, you think about having a family and all that kind of stuff, and I couldn't do that, and that's why I started feeling sorry for myself. But then I realized as I got more involved with religion, I began

to realize that you could live your life without wife, you can live your life without having children. But what you can do to boost your life up is that you do it for others, as long as you do it for others, because when you're taking care, like in my family I took care of my nieces and nephew. Now they've all grown up and got children of their own and I still take care of their kids, so you're still taking care of kids. It may not be like you have your own kids but you can still parent, you can still parent children, you can still parent people because you cannot get the virus by giving somebody something, you cannot get the virus by helping somebody. You cannot. The only way you can get the virus is when you come in contact with some kind of like blood or semen or anything like that, things like that.

But as far as helping people, your life should be normal, and at that time my life was not normal because I have been through many struggles in there, well I could never be a father, I could never have kids and all that kind of stuff, I went through that period of depression. But then like I said, the Momentum Project brought me out of it, and ever since I've been coming to Momentum, and ever since I've been dealing with staff here and dealing with the clients here and whenever I get depressed or something, I talk with a staff member. I usually talk with client, it seems to clear up. But you know my – I always had the desire to help other people, and I think that's the most important thing, and like I said they help you to overcome the depression, but that was a major depression.

Interviewer: Do you think that's the reason you've lived so long that's because you've helped other people?

Respondent: I think I live so long is helping other people and taking care of myself because I had to go, I'm going into my life 30 years I have been alive, but it just started then to full blown AIDS two years ago my T cell count went down, but it wasn't because I was doing anything bad because of the medicine it wasn't working like it should. Because like I said after taking the medicine your body started to reject certain medication and then the doctor start changing them, and that's what happened to me the doctors started changing my medication, but otherwise I'm feeling fine. But this is my testimony, I feel that like all people who have the virus, they can live their normal life. They can. You forget about the nasty stigma, you're going to – still today when someone find out, you're going to run across the nasty stigma that come with it, but to overcome that nasty stigma keep doing things for others, keep doing positive things, keep listening to positive people. Keep being positive, take counseling from different people because when you get positive counseling from different people, you can, especially for someone who sets a good example, it could be used in your life. And you see, I can't be worrying about the past right now, I can only be worried about the present and if God decides that it is my time to go, it is my time to go, but at least while we're here on the earth, I enjoy my life, this is the most important thing. And I can't go around, you know saying, and I told my family I said, don't feel sorry for me, because my sister asked me, well how should I treat you? I said, you treat me like you've been treating me. And that's what they do, but they all know I'm sick and tired of running and hiding medication every time someone come to the house, I don't do that no more. Either you accept me the way I am, but you can't accept me, you move along, I will be just fine.

Interviewer: Have you lost friends by them finding out that you're HIV positive?

Respondent: Oh yeah, I've lost friends in the past, but I've also gained new ones and the new ones are the most important one. If you lose somebody because of HIV, because they were never your friend, because real good friend will stick with you from thick to thin, no matter what you have they will stick with you, a real good friend. I know a brother that I met from the church, he knows that I'm HIV, he knows that my status have advanced to AIDS now, but we all like that, it don't seem to bother him. That's what you call a real good friend. Those that run away are not good friend. They were never friend from the get-go, so the thing I did just let them go and move on. Yeah, that's how I feel about that, yeah.

Interviewer: What about losing friends to HIV? Have you experienced that?

Respondent: Oh yes, I have lost many, family members and friends I have lost to HIV. But my thing with that is that sometimes it's hard to swallow when you lose somebody that are close to you, but like I said, you move on, you move on and do well. That's all I can say about that one. Anything else?

Interviewer: That's it. That's your life with HIV? I'm happy to hear your story.

Respondent: That's my life and that's how I feel about that. And I – oh, and one other thing I want to mention, sometime you might have people that come against you, especially when new friends come into your life or new people come into your life. Sometimes you might have people that is against you, how I deal with that one is that. "Okay, if you can't be around me because I'm HIV or I have AIDS, it's better that you go on, I haven't lost nothing, that's not my loss." That's how I deal with that.

With family member, I come across family members when they come that way, then I sit them down and I talk with them, and after I talk with them they change. I do everything that I can to keep positive about my situation. I cannot be caught up in "oh I am dying, I am dying," I can't be caught up into that, because I know there's something more than life than just being – just be feeling sorry for yourself because you see we put ourselves in this situation because of our life behavioral, because our own, I wouldn't say your sexual behavior, sexual behavior is part of that, but I like said our own lifestyle puts where we are. And like I mentioned before, it is what it is and we got to deal with, and that's all I have to say.

Interviewer: Thank you.

Respondent: But you can use the testimony you have my permission.

Interviewer: Thank you so much.

Interview 15

Interviewer: I'm just going to turn this one on and this on so that, okay so can you tell me how old you are?

Respondent: I am 50.

Interviewer: 50, what's your race?

Respondent: I am black.

Interviewer: Do you consider yourself to be heterosexual, gay, or bisexual?

Respondent: It depends, sometimes I think I am kind of like suffering from a mental disorder when it comes to that.

Interviewer: What's your highest level of education?

Respondent: Well 12th grade.

Interviewer: Are you currently employed?

Respondent: No.

Interviewer: Were you diagnosed with HIV or AIDS?

Respondent: AIDS.

Interviewer: When were you diagnosed?

Respondent: In 1997.

Interviewer: When did you come to New York City or were you born here?

Respondent: I came to New York 1997, 2007. I think.

Interviewer: 2007 okay.

Respondent: If I am not mistaken.

Interviewer: All right. So actually sorry where was your hometown then where do you?

Respondent: I am from Washington DC.

Interviewer: Okay. So just tell me about your life with HIV?

Respondent: When I got diagnosed, I was at a homeless shelter. Needless to say, I just felt like I was in a big process. I went for another ailment. Something had happened, I had an outbreak or a rash or something. So I got tested. I don't know that they were testing me for HIV as a matter of fact. I just thought about that. All the times that I've shared anything about that, that whole thing, like I just remembered that they did not tell me they were testing me for HIV, but they did. So they contacted me and the woman literally in the conversation told me I was going to die. Like I was, you're smoking crack real bad because on the streets and just living crazy. So make a long story short, I went to the doctor and got all of these medications and I was in the shelter in a cubicle and I sat on the bed and I was looking at all the medication. I just broke down and I said to myself, I can't do this. Like, but at that time I had met somebody that invited me to go to Texas. I was in DC and he invited me to go to Texas. I went to Texas and I got hooked up to a doctor and process, getting assistance from the city etc. and I lived in Texas for two and a half years, and going away to Texas. I educated myself about the virus like I had every pamphlet and every book I could, whatever, whatever I could read, you know, for the bus trip down here, I decided to, you know, inform myself.

So when I got there, I was like in demand I need this, and I need that. I kind of like for who I am and that first infectious disease doctor that my, that I was able to be the under the care of. He did not examine me -- that was on a Friday. I just need to add to it's like a bullet point. I mean and he and as a result that Monday, it's like I had a very serious infection. I could barely walk. It was crazy. I was bleeding, it was but if this man had examine me, I'll never forget this and that's what prompted me to get to educate myself on the way to Texas because you just, you don't -- by then, I had, I had come into myself to be a little more responsible for myself even as I was on the streets smoking.

Thank God I'm not living like that no more, but still the homelessness and drug addiction and then just mental psychosis. I just as I look back like I was just living really insane, very psychotic, you know. But I would go, one thing I would do with stigma medication now was very religious about going to the doctor and whatever was wrong if a spot broke out. I mean, I was, I had, I've always been asymptomatic, so that has been a blessing. When I first knew, that I had contracted a virus, like it was for another ailment not anything related to HIV. Through the years I have been consistent in taking my medication. Instead of all of them pills, I end up taking the least amount of pills and I've been on the same regimen ever since, my health is adequate. I'm 50, I've been living with the virus for many, many years now.

I've really tried to be an advocate to whatever extent spontaneously speaking, regardless of where I'm at, who I'm talking to, cover it up, get tested, and so on, that will never change. That's just where were you at, its what you make it. It's not an what it is, it is. No, it's what you make it at this point because I, when my mother told me that she was ill I put myself through school. Like I went to Howard and learn how to take care of someone that had come to the symptomatic aspect of AIDS. I had a chance to take care of my mother and I saw her waste away-- I used to take care of a lot of people in their homes and hospitals, etc.

I found that very, very fulfilling, but at the same time it was very horrific. That was back in the day when they were taking AZT and they, people were literally falling apart at the drawings. It was just like all these infections sarcoma, Kaposi the dementia, the toxoplasmosis disease just

riddling people's bodies and the manifestation is nowhere near like it used to be. These kids need to have visuals of how it used to be. It was just really bad, and they didn't know what was going on because it ain't like you just never know. You just rather safe than sorry, we live in a day where things can really shift. You could, we could, some viruses get used to it can't be dealt with or whatever because it's always good to wash your hands, brush your teeth, you know, just simple stuff, not have promiscuous sex, which is mental stuff. I've learned that me personally I'm looking at the mental, physical and spiritual, the spiritual aspect of... I'm focused on staying healthy in all those areas. I'll do my best some moments like this is not because of the card I'm doing this, but at the same time to be able to talk to anybody. I always every known there, like I said, spontaneous to speak, you know, every now and then maybe do a little something, but I like the one on ones when I really care somebody. You heard me after this, oh, but I know that I really didn't care to stay at home, you know? You never know who's in your life. You know? I suffered as a child, so when I came up not very happy.

This is a very different James that you experience sitting here, sitting here talking to, there was a day I wasn't even able to look someone in the eye. You know, because I walk in so much fear, raped and molested, dark closets, no food, tired of being in tubs full of ice cubes and cold water, cold shower, standing on one foot, hands up. I was tortured as a child, I remember drinking my own urine, eating my own defecation, they hated me. But when I became a drug addict, of course I was looked as it was hope and it was going to be, my cold new universe that has such a hate for me and everybody else. But my life has shifted. And in closing on this, like I practice exhibit some very bad behaviours in my past I think that that is why how HIV or any other ailment but that's what it is and it's like you have to kind of like walk circumspectly. I sometimes cringe when I have to walk and you're on a train and people have to touch me. Like yes, not people. I love everybody. People carry different stuff with them that can pass of can transfer. It's like a bed bug to be practical or sometimes fears. Somebody could be angry. You stand beside them, and you have any bodily contact with him, like you get passed off to, I don't know if you ever even imagined, but I am a very spiritual person. I guess that's it. Did I answer? I mean.

Interviewer: You did. I just want to know a couple of things that I wanted, but I wanted to like touch on that. You didn't elaborate on. So you said that your childhood wasn't very good, then you said you took care of your mother. So how was that? Was that, --

Respondent: Oh, I've had several different mothers. I have one now. She's 92 and she lives in Maryland and I stayed with her, like and him my father, Mary and Joseph, I stayed with them for seven years and that's when they took me out of the city to Maryland. That's where they had the house, we had a white picket fence and a dog, and a cat named fluffy and dog named happy. Garage, two door garage, big -- but I didn't know. All I knew was concrete and foster homes and boy shelters that CA took me from my father because of the abuse. But my mother was an entertainer and as a matter of fact, she did a song, her only solo song that I want to do like I want to sing the song like do you know Natalie Cole, how Natalie Cole did unforgettable with her father, well I want to do this with my mother. But anyway, she was doing her thing, and entertainment speaking and I was in the foster homes going through the system.

But when I got older, I think I was 35 when I had a chance to be in her presence and be around her. Then I moved to my grandfather's house and got a chance to live with it. I'm talking about

natural mother, only my brother and me. So she got it. We got a chance to know each other. But when she succumb to the disease, I was really struggling. It was really bad. But it's the family line, the fact that she did that to my grandfather, because in this world you reap what you sew, unless the grace and mercy of God kicks in for you and you don't succumb to your own wicked way, I guess.

It was great because we talked about drug addiction and how she manoeuvred and my grandfather and the money and all that. She and they're both at the same thing with me. It was very limited, but it was still something and she's down and she's out and she's wasting, it was horrible. I had a chance to briefly take care of her until I just couldn't do it anymore and I was gone. But I haven't had a lot of healing over the years dealing with that because I saw that. I'm sorry, I just, I'm sorry.

Interviewer: No, no, healing over the years you had little healing over the years with your grandmother and your grandfather and your mother.

Respondent: The same effect she that he experienced with her she experienced with me. So at the end of the day over the years it was revealed to me that I was like a pawn in that situation. A lot of times that's how it's like this. You can be in the right place at the right time for the right reason because you're actually in it for, the equation to be for somebody else's behalf. But you're just like a pawn in a scheme of things so that's how it was. I started to not beat myself up for stealing money or whatever I did that was, just different things or just somebody that's dying, and you smoked crack. I can say, I have grown, I have grown from there, I know that she's ever with me. I cannot imagine her dead, she's ever alive. She's left me with too much for me to think otherwise, I'm forgiven like she foresaw it coming because she we smoked crack together.

That when it comes to homelessness, when it comes to the mental illness, of course smoking and shooting or sniffing or puffing by dropping whatever you are going to open the door for a psychosis. Who knows -- I mean that's just to me it's like common sense. Of course you are going to be depressed and bipolar and schizophrenic, just all over the place, because you know but I decided not to be glued to dumb anymore so I am the representative and to tell somebody wrap it up or just don't do it. Self-preservation saved the day, see a doctor take your meds.

Interviewer: Is that self-preservation is that what kept you alive all this time?

Respondent: A lot of that and just the spirit of God, like the divine intervention, I am so sold out to Jesus. That's the god of my understanding like so that's all I know. The whole going to and from that flows, the issues of life from that, there are manifestations of strategically on my path for my good, like you don't just have to be true and sensitive to the spirit and you love the spirit and that comes from within. It's always an inside job. So many years that inside job was not being done, of course I was going to be like a leaf driven in the wind. Just tossing to and fro, you know. But today's a very good day because I'm grounded. I have been encountering a lot of young people with the church I'm affiliated with, sandwiches on Saturdays too, the homeless and just indoctrinating, I guess, when it comes to homelessness, that's a new thing in this church, in an embryo stage. I could see them going well, like we just installed the priestess to the church. We've been without a leader for the last two years.

But I met at the ceremony at reception, this young lady, she's 24 she wants to bring her kids to facilitate the group and just, sort of like these kids. To be able to hand out a sandwich to be able to like be in the spirit. That's what I call the be in the spirit and being other spirit, being led by the spirit, you know, become the hands, feet about peace of God. I'm trying to be perfect in that area, growing in an area, form and fashion that I have a more excellent, excellent relations, to be more excellent in communications skills made to comfort them, come from, as far as somebody to, be mindful of the health or the spirituality, whatever is needed to direct somebody if they're hungry or if they need some clothes or whatever, just be available to be a beacon of light, a guide.

Interviewer: What would you say to young people that are risk of HIV or recently diagnosed what would you say to them?

Respondent: Check yourself don't wreck yourself. FOOL!

Respondent: I go in on young people. I love it. I wish somebody, I wish somebody was there to have fun with me when I was a kid and just let me know if it was going to be all right instead of "Oh my God, I'm just encountered so much disease, so much pain, so much dysfunction and so much mental illness, like at the hand of the adults that were supposed to be caring for me, across the board. Those that didn't have the endeavour to care, I'm not sleeping on the fact I am very grateful that whatever input they had, they instilled whatever because I believe that's the reason why that old lady that's in Maryland right now, she's 92. She's still, she's on her. She told us, she said, you could come and visit but you can't stay. I love it because she's still, she may even have a pistol who knows. I'm serious. I'm serious. It's a long-drawn story but oh my God it just goes on.

This is Mary and Joseph and Mary, who I was going to talking about. Joe went on, years ago. She said, I don't trust you, she'll tell me "I don't trust you," but I love it. I just, you know, the fact that she is so shocked, that she experienced a part of me, like when I was in that home for seven years, they were exposed to my depression and anxiety and all my mental illness, but they didn't know, all they saw of me was I was a mischievous as hell. But I was very accident prone. I was very clumsy. I was very self-assured and very unaware of me, no self-esteem. So I really, you know, they thought that I was the kind of mischievous child, that I would get mad and destroy something, but I wasn't like that. I give an example, I rode across -- I mean I rode around the corner my bike real fast and my foot slipped off and to get to the wheel and I flipped. Oh my God my head, my leg, my foot, and oh my God. I was mangled I flipped and she didn't believe me when I got home. This is the attitude, this is the atmosphere, this is what I had to deal with them for years and just based on my point.

She thought that I had rode around because something had happened and kicked in my bike because I was mad, but it wasn't like that. But a whole lot of situations were like that. So I didn't get the affection and nurturing from these people who to this day are dear to me because of what they did do, but what they didn't do, I don't fault or blame them, I don't judge them because I understand now, especially when I'm grown, the day, the education, the lack of being familiar with how to be raising a child or whatever or whatever, you know, it just doesn't influence it.

But just the fact that I was on a dirt road and I could look up into the sky and I'd never saw like a coloured star stuff. I kind of freaked out because you know, because I'm new and you're still not liking night lights blinding me over, you know, just the clouds and smog and the gloom. I was in the military. You know that that kind of like shocked me up to be able to, you know, experience a bit of - -pay attention to detail and be a man of order like my mom told me the same thing, to be man of order, get out yourself or somebody else, you know, whatever you do be yourself. So I'm coming into my own, 50 is the new 30 so I got a whole lot more years to look forward to. My attitude determines my altitude, it's an attitude of gratitude and if I could not be grateful in my life was so much great. If I can't be grateful, how would I be able to relate?

We would have nothing to relate, without being able to relate. That keeps me connected to the spirit. I'm just so glad that you're doing what you're doing. This is how you go for the higher God. If you can be a part of solution and not always have your hands stuck out into the problem making it worse. It's a grand thing when people are losing hope, they're losing sight of their vision that they've had dreams as a child, they grow and they just lose touch with that reality and then they live the alibis and lies just to hoods drawn and impending doom, just what's going to happen next. I refuse to live like that. I had a surgery, I would step out and what appears to be nothing. I may not see what I'm stepping and I'm going to step out and I always land on whatever it is that I want. That's one thing about god you got to understand. Even if sometimes it's not good for me, they would still allow me to have what I want.

It's just a matter of, you know, I don't think that, if I mishandled my blessings and I would continued to be blessed, so I am mindful of that and I'm getting better. I think when I was just totally unaware, not God conscious and I was just out there, you know, but I'll come in and see an organization where it's not about me. It's about we, and if I can't keep it humble like right there, then my life is just going to be chaotic, I will be a miserable suffering, cowering like soul. Oh my God. I've experienced that as a child when I was being bludgeoned. So my choices that I've made first if - I can't love like I'm supposed to love, you know, I've got to work on that.

So I went to the doctor today I'm about to change because I cannot stand the lack of professionalism I cannot stand their competence. I love my doctor, but how they run that clinic. If I'm sitting in there talking to the doctor or practitioners or intern or whoever I'm talking to, the man should not come in and to empty their trash, you know stand and change the bag, listening to what I'm saying, or regardless of I should be given the choice not to have to stop what I'm saying, or stop you from what you're saying because he's there. That's crazy to me. But that's how it is. You can't get good customer service no more. Sometimes you can't even get a live person. We're just moving in a day and age where I know I was created for relationships. So it's a lack of that across the board and that's how it is manifested and that's why people are so stressed out and so on the edge, and so miserable. I refuse.

So be a part of the -- I mean be a part of solution, be a problem solver, wreck the haters. I tell him in a heartbeat. You're so cool, I love the secretive smile. I need to have a lot of dental work done. Those are the other days when I first started smoking cocaine that I put it in my cheeks and it just really. But I'm just so glad I can deter somebody from that. That is the purpose for like...you deter somebody from getting sick or being homeless or being under the lash of an active addiction.

I wish you could see some of my paintings I've painted, I mean I paint, I picked up a new hobby and I'm really getting into it. I don't know why because I cleaned my phone out and I need to put the pictures back in there. I know it's probably wouldn't be able to, incorporate what we're doing, but for your own personal because you'd be like, oh my God, because this stuff. I want to do something like I want to -- I told you about my mom write that song. I want to be able to sing that song, I'm going to incorporate in my heart with it to whatever degree, like I'm brainstorming and doing some soul searching about how I went the next few years to be for me like there are experiment some things about me and just take it to the limit. You know what I'm saying?

Interviewer: And what makes you want to paint. What make you decide to start painting?

Respondent: I have no... I think I saw a painting that inspired me. That's at my house. I got it from a guy. He said I could have it, but the thing is like before he gave it to me, he did something else to it, like he added to it. They're just, oh my God, it just broke my heart because this painting was like the most beautiful thing I've ever seen in my life. It remind me of the day I walked out on the deck when I was far, far, far off the coast of California in the military when my eyes got accustomed to the dark, behold the light of the star, the billions and I don't know I've ever seen this before, but billions and... as far as I could see and they would just be twinkling and all these different colours and hues, and you know when you look at a book or look at TV you guess it's the different colours nowhere on what I saw this side. It cannot be in a book. This was like, oh yeah, I was learning the most stupendous thing that blew my mind, the best painting that I've ever seen.

But anyway, so that is like in my heart and I saw it in this -- see this is a process for me still because I'm still learning myself when it comes to art. When I was a kid and then I told you I was abused. I would be in the bed and I would see and when I close my eyes, I would see the different dancing colours. I didn't know then. I think that was the hand of god all my life and I would close my eyes and I see like all of these shapes, they would dance, it'd be like different shapes and sizes of, I can't really describe it, but I think I'm doing this.

Interviewer: Yeah.

Respondent: At night shapes and moving towards circles, squares and rectangles, but like absolutely tracking to take the pain away, shapes and sizes and colours. So and gradually, like this is something I probably could have discovered years ago about myself, but the embryo stage of it was a couple of years ago and somebody showed me some stars and the galaxy, and I think I painted something, but it woke something up in my spirit. I touched -- I was in touch with it on another level and ended up doing some art. I think that was the first time I did some art, but I don't remember what the art was, but it was something that abstract, but I was more in-tune to what that's what I saw. I'd recognize him for the first time after so many years, not having them, you know, I was just, I just recognized it with a blind eye, this is what I was seeing I was, you know, we're trying to go to sleep. The first thing that people say, and they took at all the colours, the colour aspect of the things.

So that's how my life is coming to, you know, whatever, wherever it's going at this point, like I'm putting my best foot forward. One day you may be like, oh, wait a minute I remember this guy, because I want this, if I can just soar and do the man and the mirror thing but as a result so many of us take heed and experience that inner joy, that inner peace and that zone pass, which you have been exposed to. I'll take you. I think I've paid the price you know what I'm saying.

So HIV is not a bad thing. It's having a view and I'm going to talk about heaven, eternal heaven. I have to see heaven on my daily. I have to extract just expose myself to the light because I'm coming from such a dark place might as well, I wasn't myself. Take a break James. I think the best part of me is when it comes to somebody else like I just don't want nobody to suffer, I don't want nobody to be uncomfortable. I want all be fed and always get clothes. I don't mind going in the streets and yelling. Usually around vocal New York. I was social and vocal. I would go and carry the signs and we got the Hep C bill passed. You realize that that was like the pandemic aspect of Hep C? 30% rent cap, stop and frisk, the Hep C, Robin Hood, like we need to tax. When they told me that Wall Street does not get taxed, and if they were taxed just a penny, how many billions of dollars that would accumulate? That kind of like went to me in a level, I know accommodation I live in already, but they ain't checked the black men with syphilis to see how that was going to pan out, gave the engines blankets to kill them all like I know where I'm at, and I know I am a very blessed nation because I was thinking about that the other day. MLK's dream did not consist of somebody smoking meth or crack, abusing that child, or not working and being productive versus destructive behaviours that you're executing.

I mean so mind over -- and I've found it very fulfilling. When it became law that now it has to be dealt with the fact that I've lost my voice because I was sitting in my house singing like Whitney Houston, I really was I know, I know. But I'm telling you, you know for now, and I still go there, I really can. I am going to step into the studio, and I don't care what people say, like I want to become, I'm going to do on this, I got it take a minute to bloom.

But I lost my voice on the streets of Manhattan, like shouting like I'm crazy to get people aware, you know, something needs to be done. Too many people have been infected or affected, too many people have died and are dying, it's just crazy, and who is paying attention. So they ripped Robin Hood thing with the Wall Street thing, that's what got to be and vocal. When I heard that, like how can we get on the senators? So I went to Albany in DC and I love going to Albany, going toe to toe with the senators like do your job, get rid of it. I'm sorry.

Interviewer: No worries, it's fine.

Respondent: I didn't mean to get dramatic.

Interviewer: It's fine, no, no, it's good when I will hear the tap on the tape recorder. I'll know that you got dramatic at that point.

Respondent: Do your job, deal with the legislation, stop air headedness, they accuse Obama of doing that. Like oh he's just talking good game again, but at the end of the day, the bottom line is like what is done? You can talk a good game. What are you doing? Like what can really be done? We have so much money in this nation, we are not growing. I don't believe that, you

cannot lie to me and let me know any different than, but selfishness and self-centredness, greed and thirst for power, kind of like wrecks us as a nation. I looked at this documentary, the king documentary and it was crazy how it touched me at 50. All the years and I am looking at that and I was paying attention but oh my God I was just seeing and I'm really interpreting with my spirit this time and it just really took me. So I'm on a whole different. Mine is...shift. I really believe that the power of God is invested in the spirit of God that leads me, keeps me, yeah this is going to be a blow up piece, you deal with it, you need to relax, smile and realize it is all right. I mean we have some tough issues on board like who is going to is the question? Are you going to sit back and throw your thumbs? Throw your thumbs, you know what I'm trying to say.

Interviewer: Yes.

Respondent: Or you're going to step up, jump in the ring, land on two feet and start swinging it like, you know, I'm a fighter, so I'm continuing to not be affected. I don't have to walk around infected or be under the lash of active addiction, which is very important for me. I have to say. There's so many people addicted on different levels and they think that just because there's drugs and alcohol and you guys know you have a party, in your mind that you are just as bad as the next man that's shooting that heroin in his veins and he can't even find a vein. And he's missing and he's all abscessed and you're just like that, describe, you know, can you imagine somebody sitting on a queue on the hill being like sitting in the House of Representatives just diseased out of their mind? Money home, thirsty for power, that's power to do. You ain't doing nothing. Oh yeah. There was some things that's being done, but now I'm telling you to turn is for the people, by the people. My point going on and on and on because you're sitting there like you just soak it up. It's so refreshing for me.

Interviewer: No, I'm interested.

Respondent: I don't have friends and I don't have family. The tape recorders kind of disturbing, but at the same time like it's for a greater good, it's a bigger picture because I'm always haven't been on the streets all my life. I've never accepted when I've come to New York, they have stopped and frisked me. I'm like come on I am a dusty old man, I'm not a crook, I'm not the enemy. I'm not walking around. I don't do that. But outside of that we live in a system of things that saves the day because a lot of times you can be in the wrong place at the wrong time, but actually if you decide to manoeuvre yourself correctly, then you're good. You know what I'm saying? You have to walk into protection. That's what I do you know if I put myself in harm's way I'm still asking...because I'm just a fool idiot. So I'm hungry. Are you hungry?

Interviewer: Okay. I will let you go and have your ---

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (1)

○ Activism

18 Quotations:

2:9 I'm a huge rights activist (2674:2700) - D 2: 801_0006corrected

I'm a huge rights activist

4:6 It means going to Albany it means being able to state your case whatev..... (2855:3169) - D 4: 801_0008corrected

It means going to Albany it means being able to state your case whatever you know bill or right you're fighting for to know the issue and to be able to defend it and if you can, if it relates to you, put yourself in the poor box and, you know, use yourself as an example of how you are disabled by a bill or law so.

5:9 : I have tried other programs and stuff like that, and they help out t..... (5929:6174) - D 5: 801_0009corrected

: I have tried other programs and stuff like that, and they help out too because I've met other people, you know what I'm saying? Well, Momentum has been the base of my program because I don't like to jump around, so Momentum is the main program.

7:30 don't mind going in the streets and yelling. Usually around vocal New..... (24237:24681) - D 7: 801_0013corrected

don't mind going in the streets and yelling. Usually around vocal New York. I was social and vocal. I would go and carry the signs and we got the Hep C bill passed. You realize that that was like the pandemic aspect of Hep C? 30% rent cap, stop and frisk, the Hep C, Robin Hood, like we need to tax. When they told me that Wall Street does not get taxed, and if they were taxed just a penny, how many billions of dollars that would accumulate?

7:31 But I lost my voice on the streets of Manhattan, like shouting like I'..... (25646:26187) - D 7: 801_0013corrected

But I lost my voice on the streets of Manhattan, like shouting like I'm crazy to get people aware, you know, something needs to be done. Too many people have been infected or affected, too many people have died and are dying, it's just crazy, and who is paying attention. So they ripped Robin Hood thing with the Wall Street thing, that's what got to be and vocal. When I heard that, like how can we get on the senators? So I went to Albany in DC and I love going to Albany, going toe to toe with the senators like do your job, get rid of it.

8:12 I kind of see myself as a community advocate (5343:5387) - D 8: 801_0014corrected

I kind of see myself as a community advocate

8:21 . I mean I have a lot in terms of my entitlements, and the respect of..... (10680:10862) - D 8: 801_0014corrected

. I mean I have a lot in terms of my entitlements, and the respect of my family and friends and my sobriety and the program, I have a lot due to modern science and community activism.

8:25 And then of course I have that whole other circle of friends through m..... (12581:12754) - D 8: 801_0014corrected

And then of course I have that whole other circle of friends through my political advocacy and through my involvement in the services government services for people with HIV.

8:30 But so they introduced me to vocal, which we advocate for low income p..... (14558:15009) - D 8: 801_0014corrected

But so they introduced me to vocal, which we advocate for low income people living with HIV among other things. Formerly incarcerated, we deal for the rights of those people and we're into the combating the war against drugs. We vocal rule about harm reduction and then NYAPRS serves people who have histories, people who are mental health care recipients and people who work in the field. So we have an annual film festival, which is very interesting.

8:48 But and I've established myself as, it's hard to believe that, my niec..... (40048:40353) - D 8: 801_0014corrected

But and I've established myself as, it's hard to believe that, my niece calls to the busiest unemployed person, she knows. But I guess I have established myself as an AIDS activist and person that does this service in Alcoholics Anonymous. And I'm enjoying life, I'm enjoying, I find the city fascinating.

9:8 So working as a legal advocate, this is the kind of stuff that I do to..... (8838:9024) - D 9: 801_0019corrected

So working as a legal advocate, this is the kind of stuff that I do today, but I have to take my medication, I have to get rest. I don't have a partner. If I were, I would protect myself.

**9:10 I do lobbying. I go to Albany. I fight for rights for citizenship for.....
(10198:10842) - D 9: 801_0019corrected**

I do lobbying. I go to Albany. I fight for rights for citizenship for people who have HIV and AIDS, young people, parents, little kids that their parents died due to HIV and AIDS and they don't have any funding. Anything related with that I basically even working inside of a boutique where we take donations for HIV and AIDS and homelessness, I do that. I work on the floor as a sales associate as well, the inventory piece. I'd dress up mannequins, do auction windows with people, professional people that make money that are stars I have links to them too that I talk to to get fundraising to get money, Broadway people, I go places I talk.

**9:13 If you're new one just coming to the city and you just got diagnosed,.....
(12521:12917) - D 9: 801_0019corrected**

If you're new one just coming to the city and you just got diagnosed, you don't have any opportunistic disorders, you can't get on HASA because you don't have the dying dynamics to get on. So now you don't know where to go, you don't know what to do, so you may have to run into people like me that I don't even know who you are but I'm a delegate for you one way or another to get something done.

12:6 so I was involved in ACT UP. I was involved with Gay Men Health Crisis..... (3805:3962) - D 12: 801_0016- corrected

so I was involved in ACT UP. I was involved with Gay Men Health Crisis, I got involved with a lot of agencies that fought against legislature to make policy.

**12:12 used to go with her to different conferences all over the world. I use.....
(6848:7212) - D 12: 801_0016- corrected**

used to go with her to different conferences all over the world. I used to be on speaking panels with Magic Johnson, other HIV people and I was a living example of a person that had come from a low educational background that had to deal with drug addiction and contracted this monster disease of HIV/AIDS and was helping people and I thought I never could do it.

12:39 Right now I'm also involved in Vocal New York. We do policies and proc..... (26450:26673) - D 12: 801_0016- corrected

Right now I'm also involved in Vocal New York. We do policies and procedures, we go to Albany we try to deal with -- to get more funding for hepatitis C treatment, for needle exchange, education, and needle exchange stigma.

16:15 there's another programme I go volunteer they call it Vocal in Brooklyn..... (15712:15951) - D 16: 801_0018-corrected

there's another programme I go volunteer they call it Vocal in Brooklyn. They go out to Albany and out to Washington DC where the warehouses at and they're trying to get that problem fixed and to say they're going to end it in 2020, I think

16:16 What government, president, I don't know, but I hope they do because a..... (16181:16420) - D 16: 801_0018-corrected

What government, president, I don't know, but I hope they do because a lot of people have it out there and they will die, and they don't know. I know that. I could see it coming. I know people they don't know they have that. It's dangerous.

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (1)

○ Education and Career

58 Quotations:

2:4 I just said damn, let me find out more about this virus. That's when I..... (1730:1870) - D 2: 801_0006corrected

I just said damn, let me find out more about this virus. That's when I joined Gay Men Health Crisis Centre and I've been learning ever since

2:6 The positive part is that I actually understand what the doctor is tal..... (2306:2400) - D 2: 801_0006corrected

The positive part is that I actually understand what the doctor is talking about as far as HIV.

2:7 More of the positive is that I can relate it to the next guy that don'..... (2401:2644) - D 2: 801_0006corrected

More of the positive is that I can relate it to the next guy that don't understand how to read his labs or how to stay on his regiment or what they call medication adherence. They call me for everything as far as a broken toenail or whatever.

2:12 The positive side is I'm still in training for my commercial driver's..... (3244:3531) - D 2: 801_0006corrected

The positive side is I'm still in training for my commercial driver's license. I've completed cooking school; I'm on top of the world right now and I'm having a good time with it and a lot of fun. I meet new people, I like helping people, so...hello! There's really no negative side for me.

**2:23 So I started educating myself on it and once I kinda got most of it un.....
(6832:7031) - D 2: 801_0006corrected**

So I started educating myself on it and once I kinda got most of it under my belt then I started sharing with everybody else and I let them know it's not the end. It's just the beginning of a new life

**4:17 You know, so I went back and got certified every which way (4817:4875) -
D 4: 801_0008corrected**

You know, so I went back and got certified every which way

**4:21 I'm part of this creative writing group. As a matter of fact, I'm taki.....
(9074:9337) - D 4: 801_0008corrected**

I'm part of this creative writing group. As a matter of fact, I'm taking over this creative writing group that I used to attend. The person has retired to her bee farm and wherever it is Upstate, and she's left to a few of us who are still the elders of the group.

**4:22 Then what happens is, is that I'm going to create a newer group
which..... (9339:9751) - D 4: 801_0008corrected**

Then what happens is, is that I'm going to create a newer group which would be a like advanced group, and they would do performance level better than what you get at Barnes and Noble sometimes because you are just subjected to people who were just reading this stuff for the first time in public, but some people who would be able to do outreach and education and through performance. I'm stepping it up for them.

**6:5 Once you get treatment and take your medicine you'll be alright.
(2056:2119) - D 6: 801_0010Corrected**

Once you get treatment and take your medicine you'll be alright.

**6:17 Some people need to be educated. They feel like when people have
HIV,..... (5176:5353) - D 6: 801_0010Corrected**

Some people need to be educated. They feel like when people have HIV, they think they can get it shaking hands and stuff like that. I think they just need to be educated on HIV.

**6:18 I think I can still learn a lot more about HIV. I'm still kind of conf.....
(5496:5703) - D 6: 801_0010Corrected**

I think I can still learn a lot more about HIV. I'm still kind of confused about it but I think I can still learn a little more about it. I can get educated a little more because I'm still confused about it.

**6:24 That's where they need to go and do some outreach and reach out to
the..... (7785:7879) - D 6: 801_0010Corrected**

That's where they need to go and do some outreach and reach out to them and just let them know.

6:26 I think somebody needs to reach out to them, sit down and go into the..... (8478:8669) - D 6: 801_0010Corrected

I think somebody needs to reach out to them, sit down and go into the gay population and just talk to them. Tell them that's not the answer and to use condoms, be careful and stuff like that.

6:27 I think it's the outreach; I think, that's my opinion. I think it is. (9331:9400) - D 6: 801_0010Corrected

I think it's the outreach; I think, that's my opinion. I think it is.

6:28 Because they feel like now nobody is out there trying to reach them an..... (8897:9006) - D 6: 801_0010Corrected

Because they feel like now nobody is out there trying to reach them and tell them about it; that's what it is.

6:29 think they can teach them a little more; the older generation. Because..... (9683:10023) - D 6: 801_0010Corrected

think they can teach them a little more; the older generation. Because I think they need someone to talk to for real. Some of them are just fast; you see them on the train going nowhere. They perform and you got to slow down half of the time. They want to be seen and they want to be heard and stuff like that. There's no need for all that!

7:5 and going away to Texas. I educated myself about the virus like I had..... (2230:2450) - D 7: 801_0013corrected

and going away to Texas. I educated myself about the virus like I had every pamphlet and every book I could, whatever, whatever I could read, you know, for the bus trip down here, I decided to, you know, inform myself.

7:6 So when I got there, I was like in demand I need this, and I need that..... (2452:2522) - D 7: 801_0013corrected

So when I got there, I was like in demand I need this, and I need that.

7:7 I'll never forget this and that's what prompted me to get to educate m..... (2917:3162) - D 7: 801_0013corrected

I'll never forget this and that's what prompted me to get to educate myself on the way to Texas because you just, you don't -- by then, I had, I had come into myself to be a little more responsible for myself even as I was on the streets smoking.

7:16 That when it comes to homelessness, when it comes to the mental illness..... (10773:11330) - D 7: 801_0013corrected

That when it comes to homelessness, when it comes to the mental illness, of course smoking and shooting or sniffing or puffing by dropping whatever you are going to open the door for a psychosis. Who knows -- I mean that's just to me it's like common sense. Of course you are going to be depressed and bipolar and schizophrenic, just all over the

place, because you know but I decided not to be glued to dumb anymore so I am the representative and to tell somebody wrap it up or just don't do it. Self-preservation saved the day, see a doctor take your meds.

**7:20 I'm trying to be perfect in that area, growing in an area, form and fa.....
(12813:13239) - D 7: 801_0013corrected**

I'm trying to be perfect in that area, growing in an area, form and fashion that I have a more excellent, excellent relations, to be more excellent in communications skills made to comfort them, come from, as far as somebody to, be mindful of the health or the spirituality, whatever is needed to direct somebody if they're hungry or if they need some clothes or whatever, just be available to be a beacon of light, a guide.

**7:27 I wish you could see some of my paintings I've painted, I mean I paint.....
(19865:19992) - D 7: 801_0013corrected**

I wish you could see some of my paintings I've painted, I mean I paint, I picked up a new hobby and I'm really getting into it.

**8:28 So, yeah, so the involving myself, like going to the meal programs
and..... (13708:13978) - D 8: 801_0014corrected**

So, yeah, so the involving myself, like going to the meal programs and being around other people living with the virus, that's like a support group and it's also a way to gather information and learn, additional coping skills and hearing about other people's experiences.

**8:34 But it was good that I went because I discussed it with my nurse
pract..... (19529:20074) - D 8: 801_0014corrected**

But it was good that I went because I discussed it with my nurse practitioner, and she doubled my blood pressure medication and it seems to have gotten it under control because that could be dangerous. It was dangerously high. It was really high. But I had adjusted to the five milligrams, so now I'm going to 10 milligrams of something called Enalapril. So that's the reason I get another reason I participate in studies to get more attention and not just to help but to analyse myself because I know I'm studying. We are all studies some level.

**8:48 But and I've established myself as, it's hard to believe that, my niec.....
(40048:40353) - D 8: 801_0014corrected**

But and I've established myself as, it's hard to believe that, my niece calls to the busiest unemployed person, she knows. But I guess I have established myself as an AIDS activist and person that does this service in Alcoholics Anonymous. And I'm enjoying life, I'm enjoying, I find the city fascinating.

**9:6 so I learnt how to animate it in order to present it to other people,.....
(7030:7243) - D 9: 801_0019corrected**

so I learnt how to animate it in order to present it to other people, what's going on in your body when this cell is coming in and these phagocytes and these other people that are there they knock these people off.

**9:7 So I learned how to interpret it in my own form of way and it's sort o.....
(7523:8029) - D 9: 801_0019corrected**

So I learned how to interpret it in my own form of way and it's sort of allowed me to live to want to live today, want to continue to live, to have a regular life, to go to work, go to school and I love to dance, I do things, give this information back, outreach on the streets to other people. I do a lot of group facilitation. I do a lot of public speaking. I normally go to people that I know that don't think they know, they think they know but they don't know and I don't mind telling my story to them.

**9:10 I do lobbying. I go to Albany. I fight for rights for citizenship for.....
(10198:10842) - D 9: 801_0019corrected**

I do lobbying. I go to Albany. I fight for rights for citizenship for people who have HIV and AIDS, young people, parents, little kids that their parents died due to HIV and AIDS and they don't have any funding. Anything related with that I basically even working inside of a boutique where we take donations for HIV and AIDS and homelessness, I do that. I work on the floor as a sales associate as well, the inventory piece. I'd dress up mannequins, do auction windows with people, professional people that make money that are stars I have links to them too that I talk to to get fundraising to get money, Broadway people, I go places I talk.

9:16 So we'd have this Prochaska and DiClemente's Stages of Change Model wh..... (14646:16810) - D 9: 801_0019corrected

So we'd have this Prochaska and DiClemente's Stages of Change Model which is precontemplation, contemplation, action and maintenance. It's a wheel. If I can meet with you and talk with you at the very beginning and put out some guidelines or some things what you want to do, you might say, well right now I don't want to use a condom with the five people I'm having sex with, but I might consider going to the doctor to get some medication. I stage you at no longer, but you're contemplated, you don't want to change the behaviors so long using a condom, but you might want to go to doctor because you might want to get some medicine. So that means you have some thought of taking care of yourself, I have to monitor this. So in the conversations I have to know when you're precontemplated or if you're on action or maintenance, what side of the wheel are you on? It takes time. It doesn't happen overnight. It's not something that I can tell you to do, it's something that you have to do, but I can walk you through the process. I think that's a great strategy in terms of just telling someone you can't use anymore at all, you have to use a condom. People don't get that because they've been doing this for so many years and then they have seen some things and either what they seen has impact them to not do it or what they've seen has impact them to go for it and kill themselves. So you have to know when and how, but you have to listen to them and you put it out there, but you walk them through the process. They may get it, there's nothing called safe sex, that is safer sex. Department of Health even has a rule, if two people have high C4 counts and are undetectable, they'd been together for two years, they actually allow

them to have unprotected sex as long as they're not having sex with anybody outside of that relationship. Did you know that? Yeah. Yeah. So that's the work on that couple. That couple would have to work hard on keeping their C4 up, drugs, whatever out. No other participants in their relationship and their medications both monitored or whatever that they could actually have, but how many couples can you find like that? Very few.

10:14 Yes, I kept working. (19081:19100) - D 10: 801_0017 - corrected

Yes, I kept working.

12:4 they was like saying oh if I get this, I'm going to go rob a bank, or..... (2405:2721) - D 12: 801_0016- corrected

they was like saying oh if I get this, I'm going to go rob a bank, or if I get this, I'm going to commit suicide. Just do a lot of drugs and just hope that I die and things of that nature. I said to myself, I'm going to try to find out what's the best way that I can live with this because I really don't want to die

12:7 I wound getting a type of assistance and while I went to school and I..... (5352:5559) - D 12: 801_0016- corrected

I wound getting a type of assistance and while I went to school and I had worked for various pharmaceutical companies like Bayer, MERCK, Bristol-Myers, Squibb and this other one I can't pronounce it P-I-Z ---

12:8 Yeah right, Pfizer and I have worked with them as a peer educator. The..... (5598:5735) - D 12: 801_0016- corrected

Yeah right, Pfizer and I have worked with them as a peer educator. They had given me a stipend and I was working close with Dr. Williamson

12:9 I have worked with her for approximately maybe close to seven to ten y..... (5877:6041) - D 12: 801_0016- corrected

I have worked with her for approximately maybe close to seven to ten years as a doctor assistant meaning that I was a HIV patient, but I was also the peer educator.

12:12 used to go with her to different conferences all over the world. I use..... (6848:7212) - D 12: 801_0016- corrected

used to go with her to different conferences all over the world. I used to be on speaking panels with Magic Johnson, other HIV people and I was a living example of a person that had come from a low educational background that had to deal with drug addiction and contracted this monster disease of HIV/AIDS and was helping people and I thought I never could do it.

12:13 I became a drug counselor for another private agency that she was work..... (7355:7517) - D 12: 801_0016- corrected

I became a drug counselor for another private agency that she was working for. I did -- I was a detox specialist and intake coordinator and still a peer educator.

12:14 I would do my trainings, go with the other clients, go pick up medicat..... (8343:8696) - D 12: 801_0016- corrected

I would do my trainings, go with the other clients, go pick up medication and go to home bound, other home bound, other clients that couldn't go out and go check on them, see they're eating right, see they're taking their medication. I would teach them how to set up their pill bottles, their pill box weekly, monthly and different things of that nature.

12:18 I'm taking my medicine and doing the peer training again at the place..... (15535:15703) - D 12: 801_0016- corrected

I'm taking my medicine and doing the peer training again at the place called Boom. It's with an agency they merge Boom and Momentum merge, it's a harm reduction agency.

12:19 Right now I'm doing a peer training there and I'm also doing -- I'm do..... (15909:16133) - D 12: 801_0016- corrected

Right now I'm doing a peer training there and I'm also doing -- I'm doing for the school social work kind of homeless doing shadow count yeah, I'll probably do that at night around ten o'clock to four o'clock in the morning.

12:20 I want to get the certification to put it on my resume, but I need to..... (16297:16433) - D 12: 801_0016- corrected

I want to get the certification to put it on my resume, but I need to update my resume because I had went away to prison for seven years.

12:21 Now I'm going to try to re-establish my credentials in the right way b..... (16437:16884) - D 12: 801_0016- corrected

Now I'm going to try to re-establish my credentials in the right way by going back to school and I plan on try to go through VASA which is called Access Now. They pay for your training and probably get a certification, become a substance abuse counsellor (CASAC) or might go back to school where I think probably get -- use my life experience as well as my street knowledge to help me find maybe an associate degree and drug and alcohol counsellor,

12:27 I used to advocate to the other inmates about the hotline because a lo..... (19291:19530) - D 12: 801_0016- corrected

I used to advocate to the other inmates about the hotline because a lot of them, had it too, because I was a pre-post test counsellor too. I got my certification on dealing with -- giving people their HIV results and stuff of that nature.

12:32 Then one time I used to deal with pathogenesis the lifecycle of the HI..... (22933:23212) - D 12: 801_0016- corrected

Then one time I used to deal with pathogenesis the lifecycle of the HIV virus that I teach a lot of people about the virus on how it replicate in the body and the different ways that the medication, when you take it properly and how it can stop the virus replicating in your body

12:33 Letting people know that it's not a death sentence, that you can live..... (22805:22932) - D 12: 801_0016- corrected

Letting people know that it's not a death sentence, that you can live and be medically compliant, taking your medicine on time.

12:38 For myself, avoidance is the key, and education's the key and I try to..... (25144:25321) - D 12: 801_0016- corrected

For myself, avoidance is the key, and education's the key and I try to constantly educate myself and apply the education that I get and also be a living example to other people.

13:20 I did a couple of, couple of, I did a couple of courses, and arrive an..... (12584:12779) - D 13: 801_0012- corrected

I did a couple of, couple of, I did a couple of courses, and arrive and a prior had a couple of courses, and I learned to go. I facilitate AMAZE group now, and I also run my own HIV support group.

13:24 So he pays me to cook for him like every other week. That's what I do..... (15909:16056) - D 13: 801_0012- corrected

So he pays me to cook for him like every other week. That's what I do. I do cakes, I cater on the side, I give back creative volunteer and all that.

13:42 So my advice is to people who think they are immune in this day and ag..... (25968:26171) - D 13: 801_0012- corrected

So my advice is to people who think they are immune in this day and age, people think they are immune to this, "I'm not gay," "well I ain't got that," "that's what gay people get," "I don't mess around."

13:43 Yeah, couple of years ago, a word they say, couple of years, I agreed..... (24863:24986) - D 13: 801_0012- corrected

Yeah, couple of years ago, a word they say, couple of years, I agreed to speak at my alma mater, two blocks from my house. I

13:44 They told me they will write back and tell me that over 300 people the..... (25674:25862) - D 13: 801_0012- corrected

They told me they will write back and tell me that over 300 people the company had tested, they had testing stations there, and over 300 of those students got tested. So I talked to them--

13:45 . So we hang our brochures, we hang out information about that. And in..... (26588:26744) - D 13: 801_0012- corrected

. So we hang our brochures, we hang out information about that. And in my groups, I tried to tell them, you can't talk to nobody about abstinence these days.

13:47 So I tried to, tried to teach them about HIV prevention, so that's wha..... (27454:27579) - D 13: 801_0012- corrected

So I tried to, tried to teach them about HIV prevention, so that's what I do.

I can only give you the tools whatever you do,

13:48 I try to talk to them about take care of yourself, safety. (26818:26875) - D 13: 801_0012- corrected

I try to talk to them about take care of yourself, safety.

14:15 I have not gotten that really involved because I think that me venturi..... (10013:10304) - D 14: 801_0011- corrected

I have not gotten that really involved because I think that me venturing out and going into school and studying aromatherapy and you know, all my protocols that I have done over the year, all my practitioners my doctors my therapist and tell you, oh no, no, it's going to be too much stress.

16:2 There I went to counselling for that, and they gave me a paper where y..... (3567:3887) - D 16: 801_0018-corrected

There I went to counselling for that, and they gave me a paper where you go to a group people that have HIV and they talk about it, how they live with HIV, without doing this and that and without going back to doing more drugs. So I learned a lot. I learned a lot from that. That's what I do, I continue learning from it.

16:6 ride bicycles, roller skate, I do the work of the books sometimes and..... (5137:5392) - D 16: 801_0018-corrected

ride bicycles, roller skate, I do the work of the books sometimes and I feel like a normal person, but sometimes I do feel weak I don't know this is because of cigarettes or my age or the job history. I also keep studying, learning information about HIV.

16:8 I joined groups, and I listened to the groups that I went to, because..... (6353:6555) - D 16: 801_0018-corrected

I joined groups, and I listened to the groups that I went to, because I learnt in groups that you are not -- I'm not the only one that had it, and then there again, they teach you the healthy food to eat

16:19 When I was in jail, I did a lot of groups, I have a certificate for dr..... (23677:23863) - D 16: 801_0018-corrected

When I was in jail, I did a lot of groups, I have a certificate for drugs and alcohol and I met people from HIV. They used to go in HIV counsellors, they get good money doing this stuff.

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (1)

○ Gratitude and positive thinking

108 Quotations:

1:6 Luckily, I had a roof over my head (2883:2916) - D 1: 801_0005corrected

Luckily, I had a roof over my head

1:7 Six months, I'm like, Oh, I'm still alive. A year later I'm like, Oh,..... (2953:3140) - D 1: 801_0005corrected

Six months, I'm like, Oh, I'm still alive. A year later I'm like, Oh, I'm still alive. A year and a half later, I'm like, I'm still alive. So me having a roof over my head was beneficial

1:9 Oh, I'm grateful to be alive. It's actually a blessing because many ha..... (3721:4373) - D 1: 801_0005corrected

Oh, I'm grateful to be alive. It's actually a blessing because many haven't come this far. I watched over the years people that I have become acquainted with they are no longer among us for one reason or another. So I'm figuring that I'm not done yet. There is some purpose for me to still be here because I've made some pretty stupid choices in my time, but I'm still here. So whatever it is I am here to accomplish, I haven't accomplished yet. So because someone gave of themselves to me and I'm still here, I told myself that it's the right thing to give back. I'm there for somebody who was in my position one day, because I know what it feels like.

1:13 I think having HIV saved my life because I was running amok. (4523:4584) - D 1: 801_0005corrected

I think having HIV saved my life because I was running amok.

1:14 Like I said, I've made some poor choices in my life. But only by the g..... (4979:5351) - D 1: 801_0005corrected

Like I said, I've made some poor choices in my life. But only by the grace of God, I'm sitting here because what they say protect the babies and fools, and I was foolish a long time. Yeah, I'm grateful to be alive. HIV showed me that I could have not still been here, but because I changed the course of my life, started living better, taking my medication, I'm still here.

1:18 I was raised by my grandmother, and she had a garden and she stirred s..... (6280:6720) - D 1: 801_0005corrected

I was raised by my grandmother, and she had a garden and she stirred stuff in a bowl and got a pantry and gave it to us. We were never sick as children, but I think that has a lot to do with why I am still here because I was taken care of properly when I was young. I'm not fragile like the new age kids because I ate properly, I got enough rest, I was nurtured, I was really nurtured, and I think that was beneficial to me still being here.

1:20 I'm just lucky. I'm just lucky. I'm just lucky. (6832:6878) - D 1: 801_0005corrected

I'm just lucky. I'm just lucky. I'm just lucky.

1:21 Okay. I know for a fact that I was breastfed because my mother knocked..... (7135:7622) - D 1: 801_0005corrected

Okay. I know for a fact that I was breastfed because my mother knocked that into my head all the time. I was always hungry. I was always greedy. She said it in public. She had to throw a diaper over me and feed me wherever she was. Okay. I know that to be a biological fact that breastfed babies are healthier. My grandparents raised me, so I had a good upbringing. I was brought up, I wasn't drug up. I had a good rearing. I chose to take the wrong path even though I was raised properly

1:29 Sometimes I disappoint myself, but to err is human and you have to lea..... (11938:12160) - D 1: 801_0005corrected

Sometimes I disappoint myself, but to err is human and you have to learn from your mistakes, and I have made many, but I'm still here, so here we go, wake up every morning, grateful for the day, grateful to be alive and try

1:32 That's past and I'm glad. (13095:13119) - D 1: 801_0005corrected

That's past and I'm glad.

1:36 I'm just grateful to still be alive after all I've been through becaus..... (13978:14078) - D 1: 801_0005corrected

I'm just grateful to still be alive after all I've been through because many haven't come this far.

2:12 The positive side is I'm still in training for my commercial driver's..... (3244:3531) - D 2: 801_0006corrected

The positive side is I'm still in training for my commercial driver's license. I've completed cooking school; I'm on top of the world right now and I'm having a good time with it and a lot of fun. I meet new people, I like helping people, so...hello! There's really no negative side for me.

2:27 . I just enjoy life; that's it. That's what I do; I enjoy life. (8062:8124) - D 2: 801_0006corrected

. I just enjoy life; that's it. That's what I do; I enjoy life.

3:12 But make sure the thing that you do, you be around positive people and..... (2633:2764) - D 3: 801_0007corrected

But make sure the thing that you do, you be around positive people and as long as you are around positive people, you could make it.

3:16 So I'm struggling with AIDS now, but it's not a struggle to me because..... (4097:4205) - D 3: 801_0007corrected

So I'm struggling with AIDS now, but it's not a struggle to me because of all the counseling I have received.

3:17 Now I know I can do now to keep on living and keep on thinking positiv..... (4207:4555) - D 3: 801_0007corrected

Now I know I can do now to keep on living and keep on thinking positive and don't, and I can't worry about dying right now because I just feel if and when my time come, it's going to happen anyway, but right now I want to be concerned about enjoying life and getting into a positive part of life, that's the only thing I can think about right now. I

3:18 I think that's one thing that kept me going or being around positive p..... (4555:4891) - D 3: 801_0007corrected

I think that's one thing that kept me going or being around positive people and being around people that set good example and family, because I told my family, I told them they all know. But my family has a positive outlook on the way -- and they kind of worry about me from time to time, but they're very supportive, so they all know. I

3:20 going to keep on doing what I had to do to stay alive and keep on bein..... (5445:5548) - D 3: 801_0007corrected

going to keep on doing what I had to do to stay alive and keep on being positive to working with people.

3:25 And like anytime now if I'm feeling like depressed or something, I can..... (6668:6905) - D 3: 801_0007corrected

And like anytime now if I'm feeling like depressed or something, I can go in there and I can talk to one of their clients. When I hear their story and what they have been through my story like peanuts according to what they been through.

3:27 You just think about the importance of life and that's why I think abo..... (8339:8436) - D 3: 801_0007corrected

You just think about the importance of life and that's why I think about the importance of life. I

3:30 But I just had to deal with it, but I am not going to sit around and f..... (9502:9697) - D 3: 801_0007corrected

But I just had to deal with it, but I am not going to sit around and feel sorry for myself because I know that as an older person, if you sit around and feel sorry for yourself, you go real quick.

3:31 to me sex is not that important now to me, the more important thing to..... (9944:10103) - D 3: 801_0007corrected

to me sex is not that important now to me, the more important thing to me now is life, just to live, to live the life and to live with the best to your ability,

3:33 but now since I'm older, to me when HIV set in, you get also - it also..... (10313:10623) - D 3: 801_0007corrected

but now since I'm older, to me when HIV set in, you get also - it also set in with aging too, because as you age more you become more mature, you become more aware of your surroundings. You become more open to things that is going to happen to you and you've got to be prepared when those things happen to you.

3:34 that's how I'm now and I say it to myself, I am just going to go along..... (10633:10762) - D 3: 801_0007corrected

that's how I'm now and I say it to myself, I am just going to go along, and live my life, I'm not going to let anything into fear.

3:36 But I feel that as an older person you could still live with HIV and y..... (10888:11167) - D 3: 801_0007corrected

But I feel that as an older person you could still live with HIV and you can still live your life and you can still do the same things you want to do in life. And even though obstacles could they come along, you could be able to handle it, and also you don't let depression set in

3:39 I cannot run around here feeling sorry for myself, that's the wrong th..... (11537:11617) - D 3: 801_0007corrected

I cannot run around here feeling sorry for myself, that's the wrong thing to do.

3:45 but to overcome that nasty stigma keep doing things for others, keep d..... (14790:14916) - D 3: 801_0007corrected

but to overcome that nasty stigma keep doing things for others, keep doing positive things, keep listening to positive people.

3:46 Keep being positive, take counseling from different people because whe..... (14917:15126) - D 3: 801_0007corrected

Keep being positive, take counseling from different people because when you get positive counseling from different people, you can, especially for someone who sets a good example, it could be used in your life.

3:47 And you see, I can't be worrying about the past right now, I can only..... (15128:15386) - D 3: 801_0007corrected

And you see, I can't be worrying about the past right now, I can only be worried about the present and if God decides that it is my time to go, it is my time to go, but at least while we're here on the earth, I enjoy my life, this is the most important thing.

3:51 But my thing with that is that sometimes it's hard to swallow when you..... (16812:16973) - D 3: 801_0007corrected

But my thing with that is that sometimes it's hard to swallow when you lose somebody that are close to you, but like I said, you move on, you move on and do well.

4:4 I mean how many people lived 27 years with the virus, took AZT, and I..... (2051:2198) - D 4: 801_0008corrected

I mean how many people lived 27 years with the virus, took AZT, and I only took it for three weeks, but it was enough. And you know still have hope

4:9 say yes, you know, but I don't know what it was, it changed my mind th..... (4071:4599) - D 4: 801_0008corrected

say yes, you know, but I don't know what it was, it changed my mind that said I want to live, and it's got to be on upward and onward battle. You know, I did get tired at one time, but you can't it's like I think that's way the life is supposed to be period that you can't tired, that you can't give up, that you got to keep doing what you got to do, your responsibilities, your requirement says as the body deteriorates, get fake teeth and get whatever you need to sell yourself and make yourself more comfortable with yourself.

4:13 I think that I've remembered what my original feeling was as a kid to..... (5245:5440) - D 4: 801_0008corrected

I think that I've remembered what my original feeling was as a kid to strive, just to be better and show off my talents and, you know, use them to my best ability. I don't know how else to put it.

4:14 neglect you know, some finally did give up. And I like the survivor th..... (5861:5998) - D 4: 801_0008corrected

neglect you know, some finally did give up. And I like the survivor the badge you know. I like yeah, "you are still here" and I like that.

4:18 I think that I'm going to stick around for the cure and I think that I..... (7652:7803) - D 4: 801_0008corrected

I think that I'm going to stick around for the cure and I think that I'm going to be one of those first they're going to say, wow, you did a good job.

4:19 I don't know. I'm just very lucky. I did not know (7289:7337) - D 4: 801_0008corrected

I don't know. I'm just very lucky. I did not know

**4:20 It's survivor who looks like I do and thinks like I do and feels like.....
(7932:8171) - D 4: 801_0008corrected**

It's survivor who looks like I do and thinks like I do and feels like I do even on shitty days. There's weather that that does not allow you to shine as much sometimes, but you shine because you're still here. That's such a fantastic thing.

4:26 I don't know that I would trade in this experience because it's made m..... (10607:10688) - D 4: 801_0008corrected

I don't know that I would trade in this experience because it's made me who I am,

4:30 Yeah, definitely. My mindset. Yeah. I've always had great bounce back..... (13652:13728) - D 4: 801_0008corrected

Yeah, definitely. My mindset. Yeah. I've always had great bounce back ability

**5:4 could really say it's been a good life. I mean, not that I want to liv.....
(3522:3640) - D 5: 801_0009corrected**

could really say it's been a good life. I mean, not that I want to live with it, but living with it has been all right

**5:5 No, no. I've been lucky in that sense, because you got a lot of people.....
(3734:3964) - D 5: 801_0009corrected**

No, no. I've been lucky in that sense, because you got a lot of people that haven't been, but I have been lucky. I guess because of my friends and my base of -- it's just a -- I have a good base that's the only thing I have to say.

5:20 You know what I'm saying? I am so glad I didn't have to go through tha..... (13074:13272) - D 5: 801_0009corrected

You know what I'm saying? I am so glad I didn't have to go through that. I mean I really felt that I was lucky, and that comes from my upbringing I really believe that, I really truly believe that.

**6:8 Once you fight and don't give up you'll be alright. (2719:2769) - D 6:
801_0010Corrected**

Once you fight and don't give up you'll be alright.

**6:10 So today, I'm a living witness, I'm strong and I'm still fighting and.....
(2995:3093) - D 6: 801_0010Corrected**

So today, I'm a living witness, I'm strong and I'm still fighting and I'm still hanging in there.

**6:16 You've got to keep fighting and to this day I'm still fighting. You ca.....
(4818:5019) - D 6: 801_0010Corrected**

You've got to keep fighting and to this day I'm still fighting. You can't give up. Even if they say secure, but we all know, but as long as you keep fighting you're going to be alright. It's a battle.

**6:31 I'm living longer. Thank God I'm here today and I'm still fighting. I'.....
(10832:10926) - D 6: 801_0010Corrected**

I'm living longer. Thank God I'm here today and I'm still fighting. I'm never going to give up.

**6:33 Right! Never give up; you've got to keep fighting. That's the whole ke.....
(11044:11119) - D 6: 801_0010Corrected**

Right! Never give up; you've got to keep fighting. That's the whole keyword.

**6:36 I was distant from people; I must say that but I came around and start.....
(12208:12316) - D 6: 801_0010Corrected**

I was distant from people; I must say that but I came around and started going to groups and stuff like that.

**7:11 That's just where were you at, its what you make it. (4182:4233) - D 7:
801_0013corrected**

That's just where were you at, its what you make it.

**7:21 My attitude determines my altitude, it's an attitude of gratitude
(16655:16720) - D 7: 801_0013corrected**

My attitude determines my altitude, it's an attitude of gratitude

**7:22 It's just a matter of, you know, I don't think that, if I mishandled m.....
(17770:17934) - D 7: 801_0013corrected**

It's just a matter of, you know, I don't think that, if I mishandled my blessings and I would continued to be blessed, so I am mindful of that and I'm getting better

**7:23 I think when I was just totally unaware, not God conscious and I was
j..... (17937:18158) - D 7: 801_0013corrected**

I think when I was just totally unaware, not God conscious and I was just out there, you know, but I'll come in and see an organization where it's not about me. It's about we, and if I can't keep it humble like right there

**7:29 So that's how my life is coming to, you know, whatever, wherever it's.....
(23293:23421) - D 7: 801_0013corrected**

So that's how my life is coming to, you know, whatever, wherever it's going at this point, like I'm putting my best foot forward.

**7:33 Or you're going to step up, jump in the ring, land on two feet and sta.....
(27694:27973) - D 7: 801_0013corrected**

Or you're going to step up, jump in the ring, land on two feet and start swinging it like, you know, I'm a fighter, so I'm continuing to not be affected. I don't have to walk around infected or be under the lash of active addiction, which is very important for me. I have to say.

8:6 Well I've been very lucky. I've been feeling I'm relatively pain free (3303:3371) - D 8: 801_0014corrected

Well I've been very lucky. I've been feeling I'm relatively pain free

8:10 So they're kind of, they go in tandem and I'm so I'm happier really an..... (4738:5068) - D 8: 801_0014corrected

So they're kind of, they go in tandem and I'm so I'm happier really and more balanced than I've ever been because of my sobriety, which coincided with falling into this whole living as a person with AIDS it's cause before from an 1988 to 2000, I wasn't living as a person with AIDS. I was practically living as a person without it.

8:19 So in a way it was a gift. The pain that resulted from the meningitis..... (8748:8848) - D 8: 801_0014corrected

So in a way it was a gift. The pain that resulted from the meningitis motivated me to stop drinking.

8:20 I still am an alcoholic and I always will be, but I treat it by partic..... (9650:9768) - D 8: 801_0014corrected

I still am an alcoholic and I always will be, but I treat it by participation in the fellowship. So it's kind of a gift

8:21 . I mean I have a lot in terms of my entitlements, and the respect of..... (10680:10862) - D 8: 801_0014corrected

. I mean I have a lot in terms of my entitlements, and the respect of my family and friends and my sobriety and the program, I have a lot due to modern science and community activism.

8:32 I'm grateful that I live long enough to achieve some semblance of sani..... (17244:17315) - D 8: 801_0014corrected

I'm grateful that I live long enough to achieve some semblance of sanity

8:42 I did try to commit suicide at 19, but my family played a role. They d..... (30370:30506) - D 8: 801_0014corrected

I did try to commit suicide at 19, but my family played a role. They didn't, I knew, the sort of me killing myself was upsetting to them.

8:43 Because I was there. I was there for all of them when they were little..... (31733:32081) - D 8: 801_0014corrected

Because I was there. I was there for all of them when they were little and the thought that I'm here, and I'm not just a memory, and I get to grow old with my sisters because one of the sisters is 66. The other one is 63. My brother in law is 69. And we get a chance to spend more time on this earth growing older together. So I'm grateful for that

8:44 So I have a lot to be grateful for. (32084:32118) - D 8: 801_0014corrected

So I have a lot to be grateful for.

8:45 But so that's why it's good to travel to other areas, which I do becau..... (32961:33593) - D 8: 801_0014corrected

But so that's why it's good to travel to other areas, which I do because AA had such a lot of groups participate in the exchange program. You know, I go to Bronx and I go here, I might to guest speaker, nobody has met me before, and that's why those of us who continue to keep on coming to AA never stops getting different because we're all snowflakes and everyone has a different story. It's like we come from different shipwrecks, but we all know ended up in the same lifeboat. Stories are different. And even with AA and even with HIV, the stories are different. But those of us who are here to about it are here to talk about it.

8:46 The other thing I'm grateful for, I don't have post-traumatic stress s..... (34696:34800) - D 8: 801_0014corrected

The other thing I'm grateful for, I don't have post-traumatic stress syndrome from having been in a war.

8:48 But and I've established myself as, it's hard to believe that, my niec..... (40048:40353) - D 8: 801_0014corrected

But and I've established myself as, it's hard to believe that, my niece calls to the busiest unemployed person, she knows. But I guess I have established myself as an AIDS activist and person that does this service in Alcoholics Anonymous. And I'm enjoying life, I'm enjoying, I find the city fascinating.

9:7 So I learned how to interpret it in my own form of way and it's sort o..... (7523:8029) - D 9: 801_0019corrected

So I learned how to interpret it in my own form of way and it's sort of allowed me to live to want to live today, want to continue to live, to have a regular life, to go to work, go to school and I love to dance, I do things, give this information back, outreach on the streets to other people. I do a lot of group facilitation. I do a lot of public speaking. I normally go to people that I know that don't think they know, they think they know but they don't know and I don't mind telling my story to them.

9:11 but just for the day I've to enjoy the best I can. I'm not a lay down..... (10930:11266) - D 9: 801_0019corrected

but just for the day I've to enjoy the best I can. I'm not a lay down person, I'm not ill to the point that I need to like be home all day, but I'm grateful that my mind tells me get

up and go because you have the energy to do it. I'm not the type of person that, whether I'm working or not that kind of lay down. I can't, I got to go. I

9:20 So I take that walk today. I'm confident and I have self acceptance to..... (21540:21663) - D 9: 801_0019corrected

So I take that walk today. I'm confident and I have self acceptance today that I could take that back walk back that you see

9:21 I'm grateful to the god of my understanding, my creator, Jehovah God. (22053:22121) - D 9: 801_0019corrected

I'm grateful to the god of my understanding, my creator, Jehovah God.

10:1 I just give thanks to the Lord to help me and taking care of me. I alw..... (3250:3520) - D 10: 801_0017 - corrected

I just give thanks to the Lord to help me and taking care of me. I always wanted, I was looking forward to Jesus, the Lord. We don't believe in Jesus Christ, we believe in the Lord, the main man, Jesus was brought onto earth by the Holy Spirit as I heard in the Gospel.

10:9 knowing myself, loving myself, respecting myself, because at one time..... (14115:14193) - D 10: 801_0017 - corrected

knowing myself, loving myself, respecting myself, because at one time I didn't,

10:10 First, you have to love yourself. Respect yourself. If you don't do it..... (15980:16084) - D 10: 801_0017 - corrected

First, you have to love yourself. Respect yourself. If you don't do it, nobody's going to do it for you.

12:4 they was like saying oh if I get this, I'm going to go rob a bank, or..... (2405:2721) - D 12: 801_0016- corrected

they was like saying oh if I get this, I'm going to go rob a bank, or if I get this, I'm going to commit suicide. Just do a lot of drugs and just hope that I die and things of that nature. I said to myself, I'm going to try to find out what's the best way that I can live with this because I really don't want to die

12:15 It was a good thing, you know what I'm saying, and it was good because..... (8698:8852) - D 12: 801_0016- corrected

It was a good thing, you know what I'm saying, and it was good because it gave me encouragement to help other people while I live with as the virus myself.

12:22 I really don't have too much problems involving my HIV status. (17211:17273) - D 12: 801_0016- corrected

I really don't have too much problems involving my HIV status.

**12:25 when I was diagnosed, I was told three times I got one year to live. I.....
(18219:18439) - D 12: 801_0016- corrected**

when I was diagnosed, I was told three times I got one year to live. I beat those odds by the grace of God, they said I had six months to live, I beat them odds. Then they said I had ninety days to live, I beat them odds.

12:26 complying totally with every medical advice they've given me and compl..... (18680:18799) - D 12: 801_0016- corrected

complying totally with every medical advice they've given me and complying to my medicine and it worked. I beat the odds

**12:29 I think I'd probably be killed from other -- other than HIV maybe drug.....
(21762:22149) - D 12: 801_0016- corrected**

I think I'd probably be killed from other -- other than HIV maybe drugs, maybe, I probably would have been in prison doing a life of crime. But I found out for me, being contracting HIV it had made me -- it had forced me to do a lot of good things and for myself and other people whereas I don't think I would have been -- I don't think I would have been doing that if it never happened.

12:30 It made me turn my life around and start getting other people in my li..... (22151:22343) - D 12: 801_0016- corrected

It made me turn my life around and start getting other people in my life and I let the doctor, the HIV specialist and also harm reduction and detox specialist, she played a big part of my life

**12:34 It gave me a lot of encouragement that I don't think I would be doing.....
(23371:23612) - D 12: 801_0016- corrected**

It gave me a lot of encouragement that I don't think I would be doing that, if I wasn't HIV positive. I think I probably be like I said living a life of crime, drugs, different things of that nature and that's sad to say but that's the truth.

**12:35 It made me look at life totally -- in a total different way and also m.....
(23663:23794) - D 12: 801_0016- corrected**

It made me look at life totally -- in a total different way and also made me be more concerned about my health and what other people

12:38 For myself, avoidance is the key, and education's the key and I try to..... (25144:25321) - D 12: 801_0016- corrected

For myself, avoidance is the key, and education's the key and I try to constantly educate myself and apply the education that I get and also be a living example to other people.

**13:10 I didn't want to do Woodcrest, and I heard stories about it, so I just.....
(9407:9547) - D 13: 801_0012- corrected**

I didn't want to do Woodcrest, and I heard stories about it, so I just motivated myself to get up, get dressed, go to the park, do something.

13:11 So I got better because I was determined to get better (9567:9621) - D 13: 801_0012- corrected

So I got better because I was determined to get better

13:12 so with monies that I had, and I went and I just, you know, just splur..... (10166:10418) - D 13: 801_0012- corrected

so with monies that I had, and I went and I just, you know, just splurged and went to the movie, snuck into a Broadway play, so I really enjoyed myself. So all that motivation and everything it really, really lifted my spirit and helped me to move on.

13:15 So in between all of that I say my life, my life was, it was an advent..... (12059:12175) - D 13: 801_0012- corrected

So in between all of that I say my life, my life was, it was an adventure good and bad and I learned to help people.

13:35 If I hadn't HIV. I wouldn't be like geared towards these other doctors..... (20050:20177) - D 13: 801_0012- corrected

If I hadn't HIV. I wouldn't be like geared towards these other doctors or other avenues to see about my health and my wellbeing.

13:36 So I can't say having HIV is a blessing, but having HIV. It helped me..... (20179:20283) - D 13: 801_0012- corrected

So I can't say having HIV is a blessing, but having HIV. It helped me to maintain my life and my health.

13:37 The fact that I could have been out there or whatever I got to do bein..... (20284:20403) - D 13: 801_0012- corrected

The fact that I could have been out there or whatever I got to do being HIV negative, but still putting my life at risk.

13:38 had learned to live with it and have learned to be contented and you k..... (20477:20614) - D 13: 801_0012- corrected

had learned to live with it and have learned to be contented and you know, don't drown in my self-pity or let myself be sorry for myself

13:41 At this point in time in my life, I'm quite contented with my life. It..... (23724:23842) - D 13: 801_0012- corrected

At this point in time in my life, I'm quite contented with my life. It could be better, but I'm not stressing over it.

14:10 I try to stay positive (8802:8823) - D 14: 801_0011- corrected

I try to stay positive

14:11 I actually studied Buddhism and I do believe in afterlife and the whole..... (8868:9097) - D 14: 801_0011- corrected

I actually studied Buddhism and I do believe in afterlife and the whole journey that life moves on. What is called the suffering. There's no point to suffer, so moving on it probably sometimes it's the best thing that can happen.

14:17 I was so determined, so determined that determination kept me going. (10750:10817) - D 14: 801_0011- corrected

I was so determined, so determined that determination kept me going.

14:36 I feel very, very optimistic. I think I feel like I get better as I ge..... (19739:19816) - D 14: 801_0011- corrected

I feel very, very optimistic. I think I feel like I get better as I get older.

14:37 from the spiritual standpoint I tend to think it's that kind of think,..... (20131:20279) - D 14: 801_0011- corrected

from the spiritual standpoint I tend to think it's that kind of think, not kind of think, I know for sure it's been a sort of a blessing in disguise.

14:43 all the years I spent getting myself better, working on getting a seco..... (24731:24983) - D 14: 801_0011- corrected

all the years I spent getting myself better, working on getting a second career working with the animals, there's no time for it. I'm not saying the possibilities might be who knows, in the future, as I get older, I'd like to have companion or something

14:44 I'm very, very optimistic (25132:25156) - D 14: 801_0011- corrected

I'm very, very optimistic

14:45 As I go to this group at GHMC it's called – it's HIV over fifty. It's..... (25213:25497) - D 14: 801_0011- corrected

As I go to this group at GHMC it's called – it's HIV over fifty. It's a New York HIV over fifty and I really get a lot of support from those guys. Some of them are early fifties, late fifties, early sixties, just a lot of them are so optimistic and I'm like, oh, it makes me feel good.

14:46 Yeah, I feel very good, really very good. (25610:25650) - D 14: 801_0011- corrected

Yeah, I feel very good, really very good.

14:47 I live my life every day to the fullest extent I really do, and try to..... (25855:25977) - D 14: 801_0011- corrected

I live my life every day to the fullest extent I really do, and try to erase fear, and erase anger and just work on myself.

14:49 So I am doing the best I can. I do a lot of work on myself and I'm ver..... (26954:27174) - D 14: 801_0011- corrected

So I am doing the best I can. I do a lot of work on myself and I'm very optimistic and I'm glad I have such a great doctor that works with me individually and there's a great guy I see once a week; he's an acupuncturist.

14:50 Yeah, I mean I always like to hear my inner feelings and how devoted I..... (28039:28162) - D 14: 801_0011- corrected

Yeah, I mean I always like to hear my inner feelings and how devoted I am to living life, but it's a very indifferent thing.

15:4 I learned to accept that I was positive, that I am positive, and I don..... (4092:4196) - D 15: 801_0015-corrected

I learned to accept that I was positive, that I am positive, and I don't mess with as many girls no more

15:11 For me the most positive thing is being alive. (13244:13289) - D 15: 801_0015-corrected

For me the most positive thing is being alive.

15:14 Shit, I am alive. I am in heaven already; still alive right. I (20379:20440) - D 15: 801_0015-corrected

Shit, I am alive. I am in heaven already; still alive right. I

16:7 When I don't think about it. I just act like if I never had it and tha..... (6033:6115) - D 16: 801_0018-corrected

When I don't think about it. I just act like if I never had it and that's who I am.

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (1)

○ Gratitude and positive thinking

108 Quotations:

1:6 Luckily, I had a roof over my head (2883:2916) - D 1: 801_0005corrected

Luckily, I had a roof over my head

**1:7 Six months, I'm like, Oh, I'm still alive. A year later I'm like, Oh,.....
(2953:3140) - D 1: 801_0005corrected**

Six months, I'm like, Oh, I'm still alive. A year later I'm like, Oh, I'm still alive. A year and a half later, I'm like, I'm still alive. So me having a roof over my head was beneficial

**1:9 Oh, I'm grateful to be alive. It's actually a blessing because many ha.....
(3721:4373) - D 1: 801_0005corrected**

Oh, I'm grateful to be alive. It's actually a blessing because many haven't come this far. I watched over the years people that I have become acquainted with they are no longer among us for one reason or another. So I'm figuring that I'm not done yet. There is some purpose for me to still be here because I've made some pretty stupid choices in my time, but I'm still here. So whatever it is I am here to accomplish, I haven't accomplished yet. So because someone gave of themselves to me and I'm still here, I told myself that it's the right thing to give back. I'm there for somebody who was in my position one day, because I know what it feels like.

**1:13 I think having HIV saved my life because I was running amok. (4523:4584)
- D 1: 801_0005corrected**

I think having HIV saved my life because I was running amok.

**1:14 Like I said, I've made some poor choices in my life. But only by the g.....
(4979:5351) - D 1: 801_0005corrected**

Like I said, I've made some poor choices in my life. But only by the grace of God, I'm sitting here because what they say protect the babies and fools, and I was foolish a long time. Yeah, I'm grateful to be alive. HIV showed me that I could have not still been here, but because I changed the course of my life, started living better, taking my medication, I'm still here.

**1:18 I was raised by my grandmother, and she had a garden and she stirred
s..... (6280:6720) - D 1: 801_0005corrected**

I was raised by my grandmother, and she had a garden and she stirred stuff in a bowl and got a pantry and gave it to us. We were never sick as children, but I think that has a lot to do with why I am still here because I was taken care of properly when I was young. I'm not fragile like the new age kids because I ate properly, I got enough rest, I was nurtured, I was really nurtured, and I think that was beneficial to me still being here.

**1:20 I'm just lucky. I'm just lucky. I'm just lucky. (6832:6878) - D 1:
801_0005corrected**

I'm just lucky. I'm just lucky. I'm just lucky.

1:21 Okay. I know for a fact that I was breastfed because my mother knocked..... (7135:7622) - D 1: 801_0005corrected

Okay. I know for a fact that I was breastfed because my mother knocked that into my head all the time. I was always hungry. I was always greedy. She said it in public. She had to throw a diaper over me and feed me wherever she was. Okay. I know that to be a biological fact that breastfed babies are healthier. My grandparents raised me, so I had a good upbringing. I was brought up, I wasn't drug up. I had a good rearing. I chose to take the wrong path even though I was raised properly

1:29 Sometimes I disappoint myself, but to err is human and you have to lea..... (11938:12160) - D 1: 801_0005corrected

Sometimes I disappoint myself, but to err is human and you have to learn from your mistakes, and I have made many, but I'm still here, so here we go, wake up every morning, grateful for the day, grateful to be alive and try

1:32 That's past and I'm glad. (13095:13119) - D 1: 801_0005corrected

That's past and I'm glad.

1:36 I'm just grateful to still be alive after all I've been through becaus..... (13978:14078) - D 1: 801_0005corrected

I'm just grateful to still be alive after all I've been through because many haven't come this far.

2:12 The positive side is I'm still in training for my commercial driver's..... (3244:3531) - D 2: 801_0006corrected

The positive side is I'm still in training for my commercial driver's license. I've completed cooking school; I'm on top of the world right now and I'm having a good time with it and a lot of fun. I meet new people, I like helping people, so...hello! There's really no negative side for me.

2:27 . I just enjoy life; that's it. That's what I do; I enjoy life. (8062:8124) - D 2: 801_0006corrected

. I just enjoy life; that's it. That's what I do; I enjoy life.

3:12 But make sure the thing that you do, you be around positive people and..... (2633:2764) - D 3: 801_0007corrected

But make sure the thing that you do, you be around positive people and as long as you are around positive people, you could make it.

3:16 So I'm struggling with AIDS now, but it's not a struggle to me because..... (4097:4205) - D 3: 801_0007corrected

So I'm struggling with AIDS now, but it's not a struggle to me because of all the counseling I have received.

3:17 Now I know I can do now to keep on living and keep on thinking positiv..... (4207:4555) - D 3: 801_0007corrected

Now I know I can do now to keep on living and keep on thinking positive and don't, and I can't worry about dying right now because I just feel if and when my time come, it's going to happen anyway, but right now I want to be concerned about enjoying life and getting into a positive part of life, that's the only thing I can think about right now. I

3:18 I think that's one thing that kept me going or being around positive p..... (4555:4891) - D 3: 801_0007corrected

I think that's one thing that kept me going or being around positive people and being around people that set good example and family, because I told my family, I told them they all know. But my family has a positive outlook on the way -- and they kind of worry about me from time to time, but they're very supportive, so they all know. I

3:20 going to keep on doing what I had to do to stay alive and keep on bein..... (5445:5548) - D 3: 801_0007corrected

going to keep on doing what I had to do to stay alive and keep on being positive to working with people.

3:25 And like anytime now if I'm feeling like depressed or something, I can..... (6668:6905) - D 3: 801_0007corrected

And like anytime now if I'm feeling like depressed or something, I can go in there and I can talk to one of their clients. When I hear their story and what they have been through my story like peanuts according to what they been through.

3:27 You just think about the importance of life and that's why I think abo..... (8339:8436) - D 3: 801_0007corrected

You just think about the importance of life and that's why I think about the importance of life. I

3:30 But I just had to deal with it, but I am not going to sit around and f..... (9502:9697) - D 3: 801_0007corrected

But I just had to deal with it, but I am not going to sit around and feel sorry for myself because I know that as an older person, if you sit around and feel sorry for yourself, you go real quick.

3:31 to me sex is not that important now to me, the more important thing to..... (9944:10103) - D 3: 801_0007corrected

to me sex is not that important now to me, the more important thing to me now is life, just to live, to live the life and to live with the best to your ability,

3:33 but now since I'm older, to me when HIV set in, you get also - it also..... (10313:10623) - D 3: 801_0007corrected

but now since I'm older, to me when HIV set in, you get also - it also set in with aging too, because as you age more you become more mature, you become more aware of your surroundings. You become more open to things that is going to happen to you and you've got to be prepared when those things happen to you.

3:34 that's how I'm now and I say it to myself, I am just going to go along..... (10633:10762) - D 3: 801_0007corrected

that's how I'm now and I say it to myself, I am just going to go along, and live my life, I'm not going to let anything into fear.

3:36 But I feel that as an older person you could still live with HIV and y..... (10888:11167) - D 3: 801_0007corrected

But I feel that as an older person you could still live with HIV and you can still live your life and you can still do the same things you want to do in life. And even though obstacles could they come along, you could be able to handle it, and also you don't let depression set in

3:39 I cannot run around here feeling sorry for myself, that's the wrong th..... (11537:11617) - D 3: 801_0007corrected

I cannot run around here feeling sorry for myself, that's the wrong thing to do.

3:45 but to overcome that nasty stigma keep doing things for others, keep d..... (14790:14916) - D 3: 801_0007corrected

but to overcome that nasty stigma keep doing things for others, keep doing positive things, keep listening to positive people.

3:46 Keep being positive, take counseling from different people because whe..... (14917:15126) - D 3: 801_0007corrected

Keep being positive, take counseling from different people because when you get positive counseling from different people, you can, especially for someone who sets a good example, it could be used in your life.

3:47 And you see, I can't be worrying about the past right now, I can only..... (15128:15386) - D 3: 801_0007corrected

And you see, I can't be worrying about the past right now, I can only be worried about the present and if God decides that it is my time to go, it is my time to go, but at least while we're here on the earth, I enjoy my life, this is the most important thing.

3:51 But my thing with that is that sometimes it's hard to swallow when you..... (16812:16973) - D 3: 801_0007corrected

But my thing with that is that sometimes it's hard to swallow when you lose somebody that are close to you, but like I said, you move on, you move on and do well.

4:4 I mean how many people lived 27 years with the virus, took AZT, and I..... (2051:2198) - D 4: 801_0008corrected

I mean how many people lived 27 years with the virus, took AZT, and I only took it for three weeks, but it was enough. And you know still have hope

4:9 say yes, you know, but I don't know what it was, it changed my mind th..... (4071:4599) - D 4: 801_0008corrected

say yes, you know, but I don't know what it was, it changed my mind that said I want to live, and it's got to be on upward and onward battle. You know, I did get tired at one time, but you can't it's like I think that's way the life is supposed to be period that you can't tired, that you can't give up, that you got to keep doing what you got to do, your responsibilities, your requirement says as the body deteriorates, get fake teeth and get whatever you need to sell yourself and make yourself more comfortable with yourself.

4:13 I think that I've remembered what my original feeling was as a kid to..... (5245:5440) - D 4: 801_0008corrected

I think that I've remembered what my original feeling was as a kid to strive, just to be better and show off my talents and, you know, use them to my best ability. I don't know how else to put it.

4:14 neglect you know, some finally did give up. And I like the survivor th..... (5861:5998) - D 4: 801_0008corrected

neglect you know, some finally did give up. And I like the survivor the badge you know. I like yeah, "you are still here" and I like that.

4:18 I think that I'm going to stick around for the cure and I think that I..... (7652:7803) - D 4: 801_0008corrected

I think that I'm going to stick around for the cure and I think that I'm going to be one of those first they're going to say, wow, you did a good job.

4:19 I don't know. I'm just very lucky. I did not know (7289:7337) - D 4: 801_0008corrected

I don't know. I'm just very lucky. I did not know

4:20 It's survivor who looks like I do and thinks like I do and feels like..... (7932:8171) - D 4: 801_0008corrected

It's survivor who looks like I do and thinks like I do and feels like I do even on shitty days. There's weather that that does not allow you to shine as much sometimes, but you shine because you're still here. That's such a fantastic thing.

4:26 I don't know that I would trade in this experience because it's made m..... (10607:10688) - D 4: 801_0008corrected

I don't know that I would trade in this experience because it's made me who I am,

4:30 Yeah, definitely. My mindset. Yeah. I've always had great bounce back..... (13652:13728) - D 4: 801_0008corrected

Yeah, definitely. My mindset. Yeah. I've always had great bounce back ability

5:4 could really say it's been a good life. I mean, not that I want to liv..... (3522:3640) - D 5: 801_0009corrected

could really say it's been a good life. I mean, not that I want to live with it, but living with it has been all right

5:5 No, no. I've been lucky in that sense, because you got a lot of people..... (3734:3964) - D 5: 801_0009corrected

No, no. I've been lucky in that sense, because you got a lot of people that haven't been, but I have been lucky. I guess because of my friends and my base of -- it's just a -- I have a good base that's the only thing I have to say.

5:20 You know what I'm saying? I am so glad I didn't have to go through tha..... (13074:13272) - D 5: 801_0009corrected

You know what I'm saying? I am so glad I didn't have to go through that. I mean I really felt that I was lucky, and that comes from my upbringing I really believe that, I really truly believe that.

6:8 Once you fight and don't give up you'll be alright. (2719:2769) - D 6: 801_0010Corrected

Once you fight and don't give up you'll be alright.

6:10 So today, I'm a living witness, I'm strong and I'm still fighting and..... (2995:3093) - D 6: 801_0010Corrected

So today, I'm a living witness, I'm strong and I'm still fighting and I'm still hanging in there.

6:16 You've got to keep fighting and to this day I'm still fighting. You ca..... (4818:5019) - D 6: 801_0010Corrected

You've got to keep fighting and to this day I'm still fighting. You can't give up. Even if they say secure, but we all know, but as long as you keep fighting you're going to be alright. It's a battle.

6:31 I'm living longer. Thank God I'm here today and I'm still fighting. I'..... (10832:10926) - D 6: 801_0010Corrected

I'm living longer. Thank God I'm here today and I'm still fighting. I'm never going to give up.

6:33 Right! Never give up; you've got to keep fighting. That's the whole ke..... (11044:11119) - D 6: 801_0010Corrected

Right! Never give up; you've got to keep fighting. That's the whole keyword.

6:36 I was distant from people; I must say that but I came around and start..... (12208:12316) - D 6: 801_0010Corrected

I was distant from people; I must say that but I came around and started going to groups and stuff like that.

7:11 That's just where were you at, its what you make it. (4182:4233) - D 7: 801_0013corrected

That's just where were you at, its what you make it.

7:21 My attitude determines my altitude, it's an attitude of gratitude (16655:16720) - D 7: 801_0013corrected

My attitude determines my altitude, it's an attitude of gratitude

7:22 It's just a matter of, you know, I don't think that, if I mishandled m..... (17770:17934) - D 7: 801_0013corrected

It's just a matter of, you know, I don't think that, if I mishandled my blessings and I would continued to be blessed, so I am mindful of that and I'm getting better

7:23 I think when I was just totally unaware, not God conscious and I was j..... (17937:18158) - D 7: 801_0013corrected

I think when I was just totally unaware, not God conscious and I was just out there, you know, but I'll come in and see an organization where it's not about me. It's about we, and if I can't keep it humble like right there

7:29 So that's how my life is coming to, you know, whatever, wherever it's..... (23293:23421) - D 7: 801_0013corrected

So that's how my life is coming to, you know, whatever, wherever it's going at this point, like I'm putting my best foot forward.

7:33 Or you're going to step up, jump in the ring, land on two feet and sta..... (27694:27973) - D 7: 801_0013corrected

Or you're going to step up, jump in the ring, land on two feet and start swinging it like, you know, I'm a fighter, so I'm continuing to not be affected. I don't have to walk around infected or be under the lash of active addiction, which is very important for me. I have to say.

8:6 Well I've been very lucky. I've been feeling I'm relatively pain free (3303:3371) - D 8: 801_0014corrected

Well I've been very lucky. I've been feeling I'm relatively pain free

8:10 So they're kind of, they go in tandem and I'm so I'm happier really an..... (4738:5068) - D 8: 801_0014corrected

So they're kind of, they go in tandem and I'm so I'm happier really and more balanced than I've ever been because of my sobriety, which coincided with falling into this whole

living as a person with AIDS it's cause before from an 1988 to 2000, I wasn't living as a person with AIDS. I was practically living as a person without it.

**8:19 So in a way it was a gift. The pain that resulted from the meningitis.....
(8748:8848) - D 8: 801_0014corrected**

So in a way it was a gift. The pain that resulted from the meningitis motivated me to stop drinking.

**8:20 I still am an alcoholic and I always will be, but I treat it by partic.....
(9650:9768) - D 8: 801_0014corrected**

I still am an alcoholic and I always will be, but I treat it by participation in the fellowship. So it's kind of a gift

**8:21 . I mean I have a lot in terms of my entitlements, and the respect of.....
(10680:10862) - D 8: 801_0014corrected**

. I mean I have a lot in terms of my entitlements, and the respect of my family and friends and my sobriety and the program, I have a lot due to modern science and community activism.

**8:32 I'm grateful that I live long enough to achieve some semblance of
sani..... (17244:17315) - D 8: 801_0014corrected**

I'm grateful that I live long enough to achieve some semblance of sanity

**8:42 I did try to commit suicide at 19, but my family played a role. They d.....
(30370:30506) - D 8: 801_0014corrected**

I did try to commit suicide at 19, but my family played a role. They didn't, I knew, the sort of me killing myself was upsetting to them.

**8:43 Because I was there. I was there for all of them when they were little.....
(31733:32081) - D 8: 801_0014corrected**

Because I was there. I was there for all of them when they were little and the thought that I'm here, and I'm not just a memory, and I get to grow old with my sisters because one of the sisters is 66. The other one is 63. My brother in law is 69. And we get a chance to spend more time on this earth growing older together. So I'm grateful for that

8:44 So I have a lot to be grateful for. (32084:32118) - D 8: 801_0014corrected

So I have a lot to be grateful for.

**8:45 But so that's why it's good to travel to other areas, which I do becau.....
(32961:33593) - D 8: 801_0014corrected**

But so that's why it's good to travel to other areas, which I do because AA had such a lot of groups participate in the exchange program. You know, I go to Bronx and I go here, I might to guest speaker, nobody has met me before, and that's why those of us who continue to keep on coming to AA never stops getting different because we're all

snowflakes and everyone has a different story. It's like we come from different shipwrecks, but we all know ended up in the same lifeboat. Stories are different. And even with AA and even with HIV, the stories are different. But those of us who are here to about it are here to talk about it.

**8:46 The other thing I'm grateful for, I don't have post-traumatic stress s.....
(34696:34800) - D 8: 801_0014corrected**

The other thing I'm grateful for, I don't have post-traumatic stress syndrome from having been in a war.

**8:48 But and I've established myself as, it's hard to believe that, my niec.....
(40048:40353) - D 8: 801_0014corrected**

But and I've established myself as, it's hard to believe that, my niece calls to the busiest unemployed person, she knows. But I guess I have established myself as an AIDS activist and person that does this service in Alcoholics Anonymous. And I'm enjoying life, I'm enjoying, I find the city fascinating.

**9:7 So I learned how to interpret it in my own form of way and it's sort o.....
(7523:8029) - D 9: 801_0019corrected**

So I learned how to interpret it in my own form of way and it's sort of allowed me to live to want to live today, want to continue to live, to have a regular life, to go to work, go to school and I love to dance, I do things, give this information back, outreach on the streets to other people. I do a lot of group facilitation. I do a lot of public speaking. I normally go to people that I know that don't think they know, they think they know but they don't know and I don't mind telling my story to them.

**9:11 but just for the day I've to enjoy the best I can. I'm not a lay down.....
(10930:11266) - D 9: 801_0019corrected**

but just for the day I've to enjoy the best I can. I'm not a lay down person, I'm not ill to the point that I need to like be home all day, but I'm grateful that my mind tells me get up and go because you have the energy to do it. I'm not the type of person that, whether I'm working or not that kind of lay down. I can't, I got to go. I

**9:20 So I take that walk today. I'm confident and I have self acceptance to.....
(21540:21663) - D 9: 801_0019corrected**

So I take that walk today. I'm confident and I have self acceptance today that I could take that back walk back that you see

**9:21 I'm grateful to the god of my understanding, my creator, Jehovah God.
(22053:22121) - D 9: 801_0019corrected**

I'm grateful to the god of my understanding, my creator, Jehovah God.

**10:1 I just give thanks to the Lord to help me and taking care of me. I alw.....
(3250:3520) - D 10: 801_0017 - corrected**

I just give thanks to the Lord to help me and taking care of me. I always wanted, I was looking forward to Jesus, the Lord. We don't believe in Jesus Christ, we believe in the Lord, the main man, Jesus was brought onto earth by the Holy Spirit as I heard in the Gospel.

10:9 knowing myself, loving myself, respecting myself, because at one time..... (14115:14193) - D 10: 801_0017 - corrected

knowing myself, loving myself, respecting myself, because at one time I didn't,

10:10 First, you have to love yourself. Respect yourself. If you don't do it..... (15980:16084) - D 10: 801_0017 - corrected

First, you have to love yourself. Respect yourself. If you don't do it, nobody's going to do it for you.

12:4 they was like saying oh if I get this, I'm going to go rob a bank, or..... (2405:2721) - D 12: 801_0016- corrected

they was like saying oh if I get this, I'm going to go rob a bank, or if I get this, I'm going to commit suicide. Just do a lot of drugs and just hope that I die and things of that nature. I said to myself, I'm going to try to find out what's the best way that I can live with this because I really don't want to die

12:15 It was a good thing, you know what I'm saying, and it was good because..... (8698:8852) - D 12: 801_0016- corrected

It was a good thing, you know what I'm saying, and it was good because it gave me encouragement to help other people while I live with as the virus myself.

12:22 I really don't have too much problems involving my HIV status. (17211:17273) - D 12: 801_0016- corrected

I really don't have too much problems involving my HIV status.

12:25 when I was diagnosed, I was told three times I got one year to live. I..... (18219:18439) - D 12: 801_0016- corrected

when I was diagnosed, I was told three times I got one year to live. I beat those odds by the grace of God, they said I had six months to live, I beat them odds. Then they said I had ninety days to live, I beat them odds.

12:26 complying totally with every medical advice they've given me and compl..... (18680:18799) - D 12: 801_0016- corrected

complying totally with every medical advice they've given me and complying to my medicine and it worked. I beat the odds

12:29 I think I'd probably be killed from other -- other than HIV maybe drug..... (21762:22149) - D 12: 801_0016- corrected

I think I'd probably be killed from other -- other than HIV maybe drugs, maybe, I probably would have been in prison doing a life of crime. But I found out for me, being contracting HIV it had made me -- it had forced me to do a lot of good things and for myself and other people whereas I don't think I would have been -- I don't think I would have been doing that if it never happened.

12:30 It made me turn my life around and start getting other people in my li..... (22151:22343) - D 12: 801_0016- corrected

It made me turn my life around and start getting other people in my life and I let the doctor, the HIV specialist and also harm reduction and detox specialist, she played a big part of my life

12:34 It gave me a lot of encouragement that I don't think I would be doing..... (23371:23612) - D 12: 801_0016- corrected

It gave me a lot of encouragement that I don't think I would be doing that, if I wasn't HIV positive. I think I probably be like I said living a life of crime, drugs, different things of that nature and that's sad to say but that's the truth.

12:35 It made me look at life totally -- in a total different way and also m..... (23663:23794) - D 12: 801_0016- corrected

It made me look at life totally -- in a total different way and also made me be more concerned about my health and what other people

12:38 For myself, avoidance is the key, and education's the key and I try to..... (25144:25321) - D 12: 801_0016- corrected

For myself, avoidance is the key, and education's the key and I try to constantly educate myself and apply the education that I get and also be a living example to other people.

13:10 I didn't want to do Woodcrest, and I heard stories about it, so I just..... (9407:9547) - D 13: 801_0012- corrected

I didn't want to do Woodcrest, and I heard stories about it, so I just motivated myself to get up, get dressed, go to the park, do something.

13:11 So I got better because I was determined to get better (9567:9621) - D 13: 801_0012- corrected

So I got better because I was determined to get better

13:12 so with monies that I had, and I went and I just, you know, just splur..... (10166:10418) - D 13: 801_0012- corrected

so with monies that I had, and I went and I just, you know, just splurged and went to the movie, snuck into a Broadway play, so I really enjoyed myself. So all that motivation and everything it really, really lifted my spirit and helped me to move on.

**13:15 So in between all of that I say my life, my life was, it was an advent.....
(12059:12175) - D 13: 801_0012- corrected**

So in between all of that I say my life, my life was, it was an adventure good and bad and I learned to help people.

**13:35 If I hadn't HIV. I wouldn't be like geared towards these other doctors.....
(20050:20177) - D 13: 801_0012- corrected**

If I hadn't HIV. I wouldn't be like geared towards these other doctors or other avenues to see about my health and my wellbeing.

**13:36 So I can't say having HIV is a blessing, but having HIV. It helped me.....
(20179:20283) - D 13: 801_0012- corrected**

So I can't say having HIV is a blessing, but having HIV. It helped me to maintain my life and my health.

**13:37 The fact that I could have been out there or whatever I got to do
bein..... (20284:20403) - D 13: 801_0012- corrected**

The fact that I could have been out there or whatever I got to do being HIV negative, but still putting my life at risk.

**13:38 had learned to live with it and have learned to be contented and you
k..... (20477:20614) - D 13: 801_0012- corrected**

had learned to live with it and have learned to be contented and you know, don't drown in my self-pity or let myself be sorry for myself

**13:41 At this point in time in my life, I'm quite contented with my life. It.....
(23724:23842) - D 13: 801_0012- corrected**

At this point in time in my life, I'm quite contented with my life. It could be better, but I'm not stressing over it.

14:10 I try to stay positive (8802:8823) - D 14: 801_0011- corrected

I try to stay positive

**14:11 I actually studied Buddhism and I do believe in afterlife and the
whol..... (8868:9097) - D 14: 801_0011- corrected**

I actually studied Buddhism and I do believe in afterlife and the whole journey that life moves on. What is called the suffering. There's no point to suffer, so moving on it probably sometimes it's the best thing that can happen.

**14:17 I was so determined, so determined that determination kept me going.
(10750:10817) - D 14: 801_0011- corrected**

I was so determined, so determined that determination kept me going.

**14:36 I feel very, very optimistic. I think I feel like I get better as I ge.....
(19739:19816) - D 14: 801_0011- corrected**

I feel very, very optimistic. I think I feel like I get better as I get older.

**14:37 from the spiritual standpoint I tend to think it's that kind of think,.....
(20131:20279) - D 14: 801_0011- corrected**

from the spiritual standpoint I tend to think it's that kind of think, not kind of think, I know for sure it's been a sort of a blessing in disguise.

**14:43 all the years I spent getting myself better, working on getting a seco.....
(24731:24983) - D 14: 801_0011- corrected**

all the years I spent getting myself better, working on getting a second career working with the animals, there's no time for it. I'm not saying the possibilities might be who knows, in the future, as I get older, I'd like to have companion or something

14:44 I'm very, very optimistic (25132:25156) - D 14: 801_0011- corrected

I'm very, very optimistic

**14:45 As I go to this group at GHMC it's called – it's HIV over fifty. It's.....
(25213:25497) - D 14: 801_0011- corrected**

As I go to this group at GHMC it's called – it's HIV over fifty. It's a New York HIV over fifty and I really get a lot of support from those guys. Some of them are early fifties, late fifties, early sixties, just a lot of them are so optimistic and I'm like, oh, it makes me feel good.

14:46 Yeah, I feel very good, really very good. (25610:25650) - D 14: 801_0011- corrected

Yeah, I feel very good, really very good.

**14:47 I live my life every day to the fullest extent I really do, and try to.....
(25855:25977) - D 14: 801_0011- corrected**

I live my life every day to the fullest extent I really do, and try to erase fear, and erase anger and just work on myself.

**14:49 So I am doing the best I can. I do a lot of work on myself and I'm ver.....
(26954:27174) - D 14: 801_0011- corrected**

So I am doing the best I can. I do a lot of work on myself and I'm very optimistic and I'm glad I have such a great doctor that works with me individually and there's a great guy I see once a week; he's an acupuncturist.

**14:50 Yeah, I mean I always like to hear my inner feelings and how devoted I.....
(28039:28162) - D 14: 801_0011- corrected**

Yeah, I mean I always like to hear my inner feelings and how devoted I am to living life, but it's a very indifferent thing.

15:4 I learned to accept that I was positive, that I am positive, and I don't mess with as many girls no more (4092:4196) - D 15: 801_0015-corrected

I learned to accept that I was positive, that I am positive, and I don't mess with as many girls no more

15:11 For me the most positive thing is being alive. (13244:13289) - D 15: 801_0015-corrected

For me the most positive thing is being alive.

15:14 Shit, I am alive. I am in heaven already; still alive right. I (20379:20440) - D 15: 801_0015-corrected

Shit, I am alive. I am in heaven already; still alive right. I

16:7 When I don't think about it. I just act like if I never had it and that's who I am. (6033:6115) - D 16: 801_0018-corrected

When I don't think about it. I just act like if I never had it and that's who I am.

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (1)

○ Intersectionality

28 Quotations:

5:7 I suffer more losses through the gay community because most people I mean..... (5095:5412) - D 5: 801_0009corrected

I suffer more losses through the gay community because most people I mean dealing HIV. Most people still kind of secretive about being feeling not gay, you know what I'm saying? It's -- I mean if you're not HIV -- I mean if you are HIV positive and you're not gay, you're not telling nobody, you know what I'm saying?

5:8 I think the gay community is more open with it, that's why it seems li..... (5413:5723) - D 5: 801_0009corrected

I think the gay community is more open with it, that's why it seems like we suffer more losses, or we remember more losses because I think we got a bond together as far as when we find out we're HIV positive and we start helping each other and you get close. Then when you lose somebody it's really a big thing.

**5:21 Because that drug killed off a whole generation of parents along with.....
(11405:11592) - D 5: 801_0009corrected**

Because that drug killed off a whole generation of parents along with grandparents, because my age now they would be grandparents. You don't have no more grandparents because of the drugs.

**7:34 I've never accepted when I've come to New York, they have stopped and.....
(29047:29244) - D 7: 801_0013corrected**

I've never accepted when I've come to New York, they have stopped and frisked me. I'm like come on I am a dusty old man, I'm not a crook, I'm not the enemy. I'm not walking around. I don't do that.

**8:9 I feel like I have a dual diagnosis, alcoholism and HIV so and I crash.....
(4611:4734) - D 8: 801_0014corrected**

I feel like I have a dual diagnosis, alcoholism and HIV so and I crashed and burned with HIV and got sober at the same time.

**8:10 So they're kind of, they go in tandem and I'm so I'm happier really an.....
(4738:5068) - D 8: 801_0014corrected**

So they're kind of, they go in tandem and I'm so I'm happier really and more balanced than I've ever been because of my sobriety, which coincided with falling into this whole living as a person with AIDS it's cause before from an 1988 to 2000, I wasn't living as a person with AIDS. I was practically living as a person without it.

**8:17 But I was also an alcoholic that was getting progressively worse in te.....
(7261:7383) - D 8: 801_0014corrected**

But I was also an alcoholic that was getting progressively worse in terms of my alcoholism. It was I feel dually diagnosed.

**8:35 My main culprit in my opinion is my alcohol the fact that I was an alc.....
(20848:21020) - D 8: 801_0014corrected**

My main culprit in my opinion is my alcohol the fact that I was an alcoholic and it took me a long time to diagnose myself. Being gay isn't easy, but I've come to accept it.

**8:45 But so that's why it's good to travel to other areas, which I do becau.....
(32961:33593) - D 8: 801_0014corrected**

But so that's why it's good to travel to other areas, which I do because AA had such a lot of groups participate in the exchange program. You know, I go to Bronx and I go here, I might to guest speaker, nobody has met me before, and that's why those of us who continue to keep on coming to AA never stops getting different because we're all snowflakes and everyone has a different story. It's like we come from different shipwrecks, but we all know ended up in the same lifeboat. Stories are different. And even with AA and even with HIV, the stories are different. But those of us who are here to about it are here to talk about it.

9:2 he's telling me, I don't want you taking care of me you're a faggot an..... (3390:3474) - D 9: 801_0019corrected

he's telling me, I don't want you taking care of me you're a faggot and you got AIDS.

9:12 Then special needs speaks to, you may have cancer on top of HIV and Al..... (12146:12517) - D 9: 801_0019corrected

Then special needs speaks to, you may have cancer on top of HIV and AIDS, right? What does that look like? What kind of coverage is that? I mean after having surgery preop and postop what's going to happen? Is somebody's going to come in and help me? Can I afford it? Is there an exception to policy, housing? Big old issue, big, big issue that stresses the immune system.

9:15 It's hard always addressing it and assessing someone's needs because t..... (13886:13990) - D 9: 801_0019corrected

It's hard always addressing it and assessing someone's needs because they can vary from moment to moment.

9:19 And I just love it. I love it because I tell them, don't feel bad beca..... (20799:21536) - D 9: 801_0019corrected

And I just love it. I love it because I tell them, don't feel bad because you weren't there. This journey was my journey and that man, they got me through this journey. I could take that walk and look back at those days today and not cry. But look at someone else and say, I can help that their journey doesn't be as bad as mine, mine was rough; HIV positive, gay, father can't stand it, molestation early on in life, some things went on, bad domestic violent relationships, some kids born, couldn't see them no more. Then somebody found you're HIV positive then the kids got to leave the parents, the mother took them. I mean a lot, I have folds and chapters, and chapters, and chapters, and chapters, and chapters of this oddly journey.

9:23 Being me it's like I am not a bad -- I am not as bad as I thought I we..... (23267:23651) - D 9: 801_0019corrected

Being me it's like I am not a bad -- I am not as bad as I thought I were. For a long time I lived under this umbrella or this big old coat that said that you are an abomination. you're this, you're that, you never do nothing. I'm finding out at 59 years old, I'm funny, I'm humorous, I have a lot of love for other folk as well as myself, but I could get along with just about anybody.

9:24 I took that jacket off. I burned that jacket. I am not a fagot, I am g..... (23885:23975) - D 9: 801_0019corrected

I took that jacket off. I burned that jacket. I am not a fagot, I am gay man. So, I like me

10:22 I'm very spiritual, I'm Native American and very spiritual (36519:36577) - D 10: 801_0017 - corrected

I'm very spiritual, I'm Native American and very spiritual

10:24 They killed us. They tried to kill all the Native Americans (3837:3896) - D 10: 801_0017 - corrected

They killed us. They tried to kill all the Native Americans

10:25 Respondent: My sex, I am strictly gay. Interviewer: Strictly gay. Re..... (317:420) - D 10: 801_0017 - corrected

Respondent: My sex, I am strictly gay.

Interviewer: Strictly gay.

Respondent: Yes. I am bottom only.

10:26 They were always beating me up because I was, I wasn't the same, I did..... (754:900) - D 10: 801_0017 - corrected

They were always beating me up because I was, I wasn't the same, I didn't want to be this way, but I was molested by three men, all three raped me.

12:1 I was diagnosed 1983 back with this thing they called GRID like I didn't..... (689:973) - D 12: 801_0016- corrected

I was diagnosed 1983 back with this thing they called GRID like I didn't really understood because when I was in the hospital for meningitis, they -- I asked my doctor, I say what does GRID mean he said Gay White Man Immune Deficiency. I said I'm neither gay or white how do I get it?

12:12 used to go with her to different conferences all over the world. I use..... (6848:7212) - D 12: 801_0016- corrected

used to go with her to different conferences all over the world. I used to be on speaking panels with Magic Johnson, other HIV people and I was a living example of a person that had come from a low educational background that had to deal with drug addiction and contracted this monster disease of HIV/AIDS and was helping people and I thought I never could do it.

12:31 Whereas I am going to different agencies and talking about the HIV vir..... (22624:22801) - D 12: 801_0016- corrected

Whereas I am going to different agencies and talking about the HIV virus and dealing with life in prison and dealing with -- being an ex-former drug addict still dealing with HIV.

14:13 I accepted myself as a gay man as an HIV positive gay man. (9494:9552) - D 14: 801_0011- corrected

I accepted myself as a gay man as an HIV positive gay man.

15:17 My whole family was drug sellers. Luckily none of us got killed behin..... (18175:18425) - D 15: 801_0015-corrected

My whole family was drug sellers. Luckily none of us got killed behind it. They don't do that no more. They all grown now, but they've grown up, can't always hang out – growing up in, how you say the hood, ghetto yeah well, yeah we were drug sellers.

15:22 Young people? Get your education. Go to school. Wear protection. I me..... (27763:27875) - D 15: 801_0015-corrected

Young people? Get your education. Go to school. Wear protection. I mean I could do that over again, but I can't.

16:11 Therapy. Therapy, but I have a lot of problems besides HIV, it's like..... (10323:10397) - D 16: 801_0018-corrected

Therapy. Therapy, but I have a lot of problems besides HIV, it's like a mix

16:12 Yeah. Sometimes it does work and sometimes it don't too. I go to NA, I..... (11619:11748) - D 16: 801_0018-corrected

Yeah. Sometimes it does work and sometimes it don't too. I go to NA, I go to all kind of therapy that is not going to fix the HIV.

16:17 Some people, they're open with stuff, but I know gay people there, the..... (22000:22297) - D 16: 801_0018-corrected

Some people, they're open with stuff, but I know gay people there, they tell their family they are gay and whatever happens, whatever happens because everybody is different. I've seen a lot of -- well the good the way I got raised in the streets and the family some stuff you had to keep a secret.

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (1)

○ Othering

72 Quotations:

1:10 I watched over the years people that I have become acquainted with the..... (3812:3933) - D 1: 801_0005corrected

I watched over the years people that I have become acquainted with they are no longer among us for one reason or another.

1:19 I'm not fragile like the new age kids (6546:6582) - D 1: 801_0005corrected

I'm not fragile like the new age kids

**2:25 I've seen a lot of people go through ups and downs with shingles, off.....
(7423:7585) - D 2: 801_0006corrected**

I've seen a lot of people go through ups and downs with shingles, off medications, a lot of opportunistic infections and I look at them and say what are you doing?

**2:26 Most of them get stressed out; that's the biggest thing. They don't kn.....
(7587:7915) - D 2: 801_0006corrected**

Most of them get stressed out; that's the biggest thing. They don't know how to handle stress and misguided anger. I do; I've been through it. It's not that it's easy, it's just a lot of folks don't know how and they get stressed out and then they bring it on themselves, inflicted things that don't really have to be stressful!

**3:33 but now since I'm older, to me when HIV set in, you get also - it also.....
(10313:10623) - D 3: 801_0007corrected**

but now since I'm older, to me when HIV set in, you get also - it also set in with aging too, because as you age more you become more mature, you become more aware of your surroundings. You become more open to things that is going to happen to you and you've got to be prepared when those things happen to you.

**3:37 you keep yourself busy because you don't keep yourself busy
depression..... (11193:11275) - D 3: 801_0007corrected**

you keep yourself busy because you don't keep yourself busy depression can set in.

**3:48 Either you accept me the way I am, but you can't accept me, you move
a..... (15748:15843) - D 3: 801_0007corrected**

Either you accept me the way I am, but you can't accept me, you move along, I will be just fine.

**3:50 Those that run away are not good friend. They were never friend from
t..... (16477:16604) - D 3: 801_0007corrected**

Those that run away are not good friend. They were never friend from the get-go, so the thing I did just let them go and move on

**3:52 sometime you might have people that come against you, especially
when..... (17224:17585) - D 3: 801_0007corrected**

sometime you might have people that come against you, especially when new friends come into your life or new people come into your life. Sometimes you might have people that is against you, how I deal with that one is that. "Okay, if you can't be around me because I'm HIV or I have AIDS, it's better that you go on, I haven't lost nothing, that's not my loss."

3:53 just be feeling sorry for yourself because you see we put ourselves in..... (17988:18243) - D 3: 801_0007corrected

just be feeling sorry for yourself because you see we put ourselves in this situation because of our life behavioral, because our own, I wouldn't say your sexual behavior, sexual behavior is part of that, but I like said our own lifestyle puts where we are

4:14 neglect you know, some finally did give up. And I like the survivor th..... (5861:5998) - D 4: 801_0008corrected

neglect you know, some finally did give up. And I like the survivor the badge you know. I like yeah, "you are still here" and I like that.

4:15 I was fine, you know, but I had seen a lot of my friends wake up one m..... (6441:6895) - D 4: 801_0008corrected

I was fine, you know, but I had seen a lot of my friends wake up one morning and not be able to walk. I had seen people just slowly go regressing in their mind and getting dementia. I saw a lot of people died. One died in my arms, breathed his last breath in my arms. But I was always been said, I'm not, I'm not, I'm not, I'm not going to be a statistic. I'm not going to be, I've always said I was different. I'm here to prove it still, still working on

4:22 Then what happens is, is that I'm going to create a newer group which..... (9339:9751) - D 4: 801_0008corrected

Then what happens is, is that I'm going to create a newer group which would be a like advanced group, and they would do performance level better than what you get at Barnes and Noble sometimes because you are just subjected to people who were just reading this stuff for the first time in public, but some people who would be able to do outreach and education and through performance. I'm stepping it up for them.

4:23 Most definitely because in my time I've met too many people who just g..... (9849:10168) - D 4: 801_0008corrected

Most definitely because in my time I've met too many people who just got diagnosed in 2003. I don't understand that, maybe because they didn't see the ravages, they didn't see, you know, the people dying in AIDS wards. They didn't see people dropping like flies and haven't been to as many memorials as I have, you know.

4:24 I know I couldn't understand anyone becoming infected now, but it happ..... (10170:10251) - D 4: 801_0008corrected

I know I couldn't understand anyone becoming infected now, but it happens still.

4:25 Almost that like I want to cry for them before they even, it's almost..... (10376:10605) - D 4: 801_0008corrected

Almost that like I want to cry for them before they even, it's almost as upsetting as... Then to some, it's not even that upsetting. They said, oh, so what do I get now? What am I entitled to now? I don't understand that thinking.

4:31 but sometimes if you don't have any push in your will, you don't go, y..... (13731:13866) - D 4: 801_0008corrected

but sometimes if you don't have any push in your will, you don't go, you don't jump back. That's what happened to a lot of my friends.

5:12 The younger generation they don't know anything. I mean, I could see i..... (8794:9073) - D 5: 801_0009corrected

The younger generation they don't know anything. I mean, I could see it from working here, you know what I'm saying? It's like -- I don't know how to explain it but it's like they have no guidelines, you know what I'm saying? They don't know how to access help or how to seek out.

5:13 Makes me mad, it really does because like I got so many young kids tha..... (9295:9633) - D 5: 801_0009corrected

Makes me mad, it really does because like I got so many young kids that I know and I'd be telling them the same thing you must get tested, you must go check out this to make sure. If you do find out don't keep it a secret. I mean, you ain't got to tell everybody but you need to tell the right people so you can get the help that you need.

5:14 That's the only thing with these people, young people today, you know..... (9635:9951) - D 5: 801_0009corrected

That's the only thing with these people, young people today, you know what I'm saying? There's so much stigma behind the HIV and that thing will never die, it's going to be always right there. But they have to learn that, that stigma is not going to help them. They need to just ignore this and go and get the help.

5:15 You got to let them see what they got to do, you can't tell them becau..... (10851:11199) - D 5: 801_0009corrected

You got to let them see what they got to do, you can't tell them because they're not good with people telling them because they ain't never had nobody, just young generation. I mean their parents grew up on drugs, so they ain't got no kind of sense of responsibility or whatever or reporting anything. That affects them in a decision making to me.

5:16 Yes, the lack of parenting is the main thing. (11359:11403) - D 5: 801_0009corrected

Yes, the lack of parenting is the main thing.

5:17 Kids don't have no respect for the elder because they knew what they w..... (11594:11869) - D 5: 801_0009corrected

Kids don't have no respect for the elder because they knew what they were doing when they was doing it, you know what I'm saying? It's like if you grew up and you seen your mother doing drugs, I mean what can your mother say to you now? That's exactly what happened, you know.

5:18 Young people do not follow rules or regulations, you understand what I..... (12260:12404) - D 5: 801_0009corrected

Young people do not follow rules or regulations, you understand what I'm saying? They feel -- a young person feel they're going to live forever.

5:19 But it sounds like you didn't experience any of those feelings, the sa..... (12859:13039) - D 5: 801_0009corrected

But it sounds like you didn't experience any of those feelings, the sadness and depression that bring you down.

Respondent: No I didn't personally but I felt it to other people.

5:20 You know what I'm saying? I am so glad I didn't have to go through tha..... (13074:13272) - D 5: 801_0009corrected

You know what I'm saying? I am so glad I didn't have to go through that. I mean I really felt that I was lucky, and that comes from my upbringing I really believe that, I really truly believe that.

6:9 That's what I learnt, to fight and never give up. I have so many peopl..... (2771:2994) - D 6: 801_0010Corrected

That's what I learnt, to fight and never give up. I have so many people that died from it because they just gave up all together. They wouldn't take their medicine, they said medicine is toxic and that as a hurting feeling.

6:10 So today, I'm a living witness, I'm strong and I'm still fighting and..... (2995:3093) - D 6: 801_0010Corrected

So today, I'm a living witness, I'm strong and I'm still fighting and I'm still hanging in there.

6:19 Yeah. Because he didn't want to take his medicine and that was the har..... (6082:6303) - D 6: 801_0010Corrected

Yeah. Because he didn't want to take his medicine and that was the hardest thing for me. He's resting now; he's in a veteran cemetery, he was in the marines. I go out there in May, Memorial Day and put flowers on his grave

6:20 It's kind of hard to see somebody die right in front of you and just g..... (6768:7071) - D 6: 801_0010Corrected

It's kind of hard to see somebody die right in front of you and just give up. That's why I tell people to take their medicine. Never give up. It's a battle but you know, it's not the end of the world. As long as you take your medicine and continue to eat well you'll be alright; that's the way I see it.

6:22 I think they need to learn. They're in this fast world thing, you got..... (7512:7636) - D 6: 801_0010Corrected

I think they need to learn. They're in this fast world thing, you got some young kids that are gay; they're moving too fast.

6:23 They're having unprotected sex and not using condoms and stuff like th..... (7638:7784) - D 6: 801_0010Corrected

They're having unprotected sex and not using condoms and stuff like that. Half of them are trying to get HIV to get the service that we got today.

6:29 think they can teach them a little more; the older generation. Because..... (9683:10023) - D 6: 801_0010Corrected

think they can teach them a little more; the older generation. Because I think they need someone to talk to for real. Some of them are just fast; you see them on the train going nowhere. They perform and you got to slow down half of the time. They want to be seen and they want to be heard and stuff like that. There's no need for all that!

6:30 Slow down; a lot. They're moving a little too fast. (10092:10142) - D 6: 801_0010Corrected

Slow down; a lot. They're moving a little too fast.

6:32 They just gave up; they really did. We lost so many people who just ga..... (11257:11411) - D 6: 801_0010Corrected

They just gave up; they really did. We lost so many people who just gave up all together; for real. We found people died in their house; they just give up.

6:34 They're not taking care of themselves and have sex after sex not using..... (11959:12099) - D 6: 801_0010Corrected

They're not taking care of themselves and have sex after sex not using condoms and things like that. Some people drink and they just give up.

6:35 A lot of people have sex, you know when they have sex and they know th..... (12601:12862) - D 6: 801_0010Corrected

A lot of people have sex, you know when they have sex and they know they have HIV, they're not going to tell their partner they have it and that is a crime when you don't tell them that you have it. So you actually pass it onto them; you're killing that person.

7:14 These kids need to have visuals of how it used to be. It was just real..... (5014:5090) - D 7: 801_0013corrected

These kids need to have visuals of how it used to be. It was just really bad,

7:24 I mean be a part of solution, be a problem solver, wreck the haters (19386:19452) - D 7: 801_0013corrected

I mean be a part of solution, be a problem solver, wreck the haters

7:25 Sometimes you can't even get a live person. We're just moving in a day..... (19074:19359) - D 7: 801_0013corrected

Sometimes you can't even get a live person. We're just moving in a day and age where I know I was created for relationships. So it's a lack of that across the board and that's how it is manifested and that's why people are so stressed out and so on the edge, and so miserable. I refuse.

7:35 But outside of that we live in a system of things that saves the day b..... (29245:29463) - D 7: 801_0013corrected

But outside of that we live in a system of things that saves the day because a lot of times you can be in the wrong place at the wrong time, but actually if you decide to manoeuvre yourself correctly, then you're good.

8:36 You can't tell young people things. (22917:22951) - D 8: 801_0014corrected

You can't tell young people things.

9:2 he's telling me, I don't want you taking care of me you're a faggot an..... (3390:3474) - D 9: 801_0019corrected

he's telling me, I don't want you taking care of me you're a faggot and you got AIDS.

10:7 I am asking them and say, hey, I get what you get, and you get more th..... (13750:13827) - D 10: 801_0017 - corrected

I am asking them and say, hey, I get what you get, and you get more than I do,

10:11 I don't hang out. I never went to a porn star movie or I don't have no..... (16085:16228) - D 10: 801_0017 - corrected

I don't hang out. I never went to a porn star movie or I don't have no CDs or DVDs or anything like that, or dirty movies. I was not into that.

10:16 They try to be better than anybody else, no, we're all in this equal,..... (24804:24950) - D 10: 801_0017 - corrected

They try to be better than anybody else, no, we're all in this equal, we are all equal. If you have the education, use it, don't step all over it.

12:1 I was diagnosed 1983 back with this thing they called GRID like I didn..... (689:973) - D 12: 801_0016- corrected

I was diagnosed 1983 back with this thing they called GRID like I didn't really understood because when I was in the hospital for meningitis, they -- I asked my doctor, I say what does GRID mean he said Gay White Man Immune Deficiency. I said I'm neither gay or white how do I get it?

12:2 Okay, upon when I first received my diagnosis it was a lot of negative..... (1474:1770) - D 12: 801_0016- corrected

Okay, upon when I first received my diagnosis it was a lot of negative stigma around it. People that I knew and people that I knew of that had contracted it, they were either killing themselves or taking it as a dead sentence. But me, I didn't do it because I was more like a realistic individual

12:4 they was like saying oh if I get this, I'm going to go rob a bank, or..... (2405:2721) - D 12: 801_0016- corrected

they was like saying oh if I get this, I'm going to go rob a bank, or if I get this, I'm going to commit suicide. Just do a lot of drugs and just hope that I die and things of that nature. I said to myself, I'm going to try to find out what's the best way that I can live with this because I really don't want to die

13:4 I was shunned. I was scorned, I was talked about, I was, oh my God, it..... (5911:6066) - D 13: 801_0012- corrected

I was shunned. I was scorned, I was talked about, I was, oh my God, it was a time in my life where I wish, I wish it was a death sentence, that I was dead.

13:5 You know, everyone talking about me wherever I go, you already got tha..... (6092:6245) - D 13: 801_0012- corrected

You know, everyone talking about me wherever I go, you already got that, or I heard you're sick or you can't come to my house. I got shunned by my family,

13:23 You can't use my bathroom, don't come back to my house. My aunt told m..... (14888:15022) - D 13: 801_0012- corrected

You can't use my bathroom, don't come back to my house. My aunt told me that, you can't come back to my house with that thing you got.

13:33 I'm 50 years old and I've never been arrested. Everyone say that's a b..... (19393:19599) - D 13: 801_0012- corrected

I'm 50 years old and I've never been arrested. Everyone say that's a blessing, no that's my choice. You know it ain't a blessing. It is what I chose not to do, or what I choose to do, so it makes me stronger

13:42 So my advice is to people who think they are immune in this day and ag..... (25968:26171) - D 13: 801_0012- corrected

So my advice is to people who think they are immune in this day and age, people think they are immune to this, "I'm not gay," "well I ain't got that," "that's what gay people get," "I don't mess around."

13:46 This day and age people still think that get it from casual contact. (26371:26438) - D 13: 801_0012- corrected

This day and age people still think that get it from casual contact.

14:8 Well you know that's one thing of addiction. They have to like blame i..... (7898:7982) - D 14: 801_0011- corrected

Well you know that's one thing of addiction. They have to like blame it on something.

14:9 He started, he couldn't control it. It took him out. (8331:8382) - D 14: 801_0011- corrected

He started, he couldn't control it. It took him out.

14:18 Of course. It's very easy to give up; very easy. It's a combination of..... (10988:11309) - D 14: 801_0011- corrected

Of course. It's very easy to give up; very easy. It's a combination of not only psychological, no, I think part of it physiological too like I got to say I've worked as a nurse for over twelve years plus four in the military. A lot of the Western medicines there have too many side effects; every individual is different.

14:30 I don't know they're just I don't know from what I've seen, I really d..... (16119:16251) - D 14: 801_0011- corrected

I don't know they're just I don't know from what I've seen, I really don't like what's going on with the younger generation with HIV.

14:31 a lot of the younger kids are very, they're very scared, very, very sc..... (15990:16064) - D 14: 801_0011- corrected

a lot of the younger kids are very, they're very scared, very, very scared.

14:32 I think the young generation that just, a lot of them are not, they ar..... (17096:17310) - D 14: 801_0011- corrected

I think the young generation that just, a lot of them are not, they are a lot misinformed, they are misinformed, they think it doesn't happen to us. It happens to older men, older gay men. It happens to everyone.

14:33 Like you know part of the gay lifestyle has always been promiscuity an..... (18480:18620) - D 14: 801_0011- corrected

Like you know part of the gay lifestyle has always been promiscuity and promiscuity still goes on you know like parks and that kind of stuff.

14:34 A lot of them I spoke to feel they're exempt; it is not going to happe..... (19273:19344) - D 14: 801_0011- corrected

A lot of them I spoke to feel they're exempt; it is not going to happen.

14:35 Yeah, keep telling them, no, you got to take care, you got to take car..... (19503:19575) - D 14: 801_0011- corrected

Yeah, keep telling them, no, you got to take care, you got to take care.

14:40 And I think that a lot of times people, I mean I could just sit around..... (22213:22361) - D 14: 801_0011- corrected

And I think that a lot of times people, I mean I could just sit around and just feel like, like my life is over. I've been retired twenty five years.

14:48 A lot of times I have compassion in my heart, and we don't know why people..... (25979:26084) - D 14: 801_0011- corrected

A lot of times I have compassion in my heart, and we don't know why people go through the things they do.

15:22 Young people? Get your education. Go to school. Wear protection. I mean..... (27763:27875) - D 15: 801_0015-corrected

Young people? Get your education. Go to school. Wear protection. I mean I could do that over again, but I can't.

16:4 Women, men, they go, they have sex, they don't know they have it and it..... (4102:4223) - D 16: 801_0018-corrected

Women, men, they go, they have sex, they don't know they have it and it gets spread out more and more. It's really crazy.

16:5 I see how it affects different people, different ways. He gets tired,..... (4913:5086) - D 16: 801_0018-corrected

I see how it affects different people, different ways. He gets tired, he gets very weak. It affects you in different ways but to me it's sometime I feel like I don't have it.

16:13 I feel that person, I see that person doesn't have it, some time I will..... (13665:13857) - D 16: 801_0018-corrected

I feel that person, I see that person doesn't have it, some time I will be like I wish I could be like you or I was like you before and then, but once we have it's too late, it's there already

16:16 What government, president, I don't know, but I hope they do because a..... (16181:16420) - D 16: 801_0018-corrected

What government, president, I don't know, but I hope they do because a lot of people have it out there and they will die, and they don't know. I know that. I could see it coming. I know people they don't know they have that. It's dangerous.

16:17 Some people, they're open with stuff, but I know gay people there, the..... (22000:22297) - D 16: 801_0018-corrected

Some people, they're open with stuff, but I know gay people there, they tell their family they are gay and whatever happens, whatever happens because everybody is different. I've seen a lot of -- well the good the way I got raised in the streets and the family some stuff you had to keep a secret.

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (1)

○ Policy and Services

58 Quotations:

1:1 State of New York, I have benefited greatly because the services here..... (1237:1352) - D 1: 801_0005corrected

State of New York, I have benefited greatly because the services here are tremendous if you know how to access them.

1:3 But the clinic that I went to when I was diagnosed paved the way for m..... (1606:1926) - D 1: 801_0005corrected

But the clinic that I went to when I was diagnosed paved the way for me to settle myself. My social worker at my clinic suggested the Momentum Project because my food stamps didn't last from month to month and I was hungry. She said your health is not going to get better if you don't eat so you could take the medicine.

1:25 When I realized, oh, I'm not dead yet and open the door and came out a..... (8902:8994) - D 1: 801_0005corrected

When I realized, oh, I'm not dead yet and open the door and came out and Momentum embrace me

2:4 I just said damn, let me find out more about this virus. That's when I..... (1730:1870) - D 2: 801_0006corrected

I just said damn, let me find out more about this virus. That's when I joined Gay Men Health Crisis Centre and I've been learning ever since

2:14 I used to work for the Department of Aging with senior citizens and th..... (3864:4169) - D 2: 801_0006corrected

I used to work for the Department of Aging with senior citizens and they pretty much excited me in itself. They do exercise, they get up, things we feel because we're getting older we can't do. Those guys would shock you! They do exercise, jumping jacks, it's like oh my god are they going to break a hip!

3:4 But going through counselor, workshops, and being here at the Momentum..... (1546:1724) - D 3: 801_0007corrected

But going through counselor, workshops, and being here at the Momentum Project, it helped that a lot and I began to relate to people. And then because I begin to relate to people,

3:16 So I'm struggling with AIDS now, but it's not a struggle to me because..... (4097:4205) - D 3: 801_0007corrected

So I'm struggling with AIDS now, but it's not a struggle to me because of all the counseling I have received.

3:24 But now I'm tough, I'm not worrying about the negative response becaus..... (6450:6667) - D 3: 801_0007corrected

But now I'm tough, I'm not worrying about the negative response because of all the counselling I had here at the Momentum Project, because when the Momentum Project started, we had a lot of counselors when it started.

3:25 And like anytime now if I'm feeling like depressed or something, I can..... (6668:6905) - D 3: 801_0007corrected

And like anytime now if I'm feeling like depressed or something, I can go in there and I can talk to one of their clients. When I hear their story and what they have been through my story like peanuts according to what they been through.

3:46 Keep being positive, take counseling from different people because whe..... (14917:15126) - D 3: 801_0007corrected

Keep being positive, take counseling from different people because when you get positive counseling from different people, you can, especially for someone who sets a good example, it could be used in your life.

5:2 I had help with this program, I had a help with friends that I met thr..... (1911:2324) - D 5: 801_0009corrected

I had help with this program, I had a help with friends that I met through this program. There's been a lot of support, you know what I'm saying? It had really help me get through the time because at the time when I was -- when I was finding out that I was on I was doing drugs at the same time. Now I've been clean for like, what, 15 years I've been doing good, so this program has helped a lot, Momentum program.

5:9 : I have tried other programs and stuff like that, and they help out t..... (5929:6174) - D 5: 801_0009corrected

: I have tried other programs and stuff like that, and they help out too because I've met other people, you know what I'm saying? Well, Momentum has been the base of my program because I don't like to jump around, so Momentum is the main program.

6:2 I came around and got the proper treatment. I spoke to a counsellor an..... (978:1198) - D 6: 801_0010Corrected

I came around and got the proper treatment. I spoke to a counsellor and she got me hooked up with this doctor and then they started me on medicine and ever since I've been taking my medicine and that's how I cope with it.

6:14 Well Momentum is a good support group. They helped me; I can say they..... (4086:4456) - D 6: 801_0010Corrected

Well Momentum is a good support group. They helped me; I can say they helped a lot. They've been there for me, they make sure I eat properly, I go to the group, especially Afesha. She makes sure I eat properly, eat the right food, make sure I eat my vegetables because I never ate vegetables before but now I started eating my vegetables so that's a good thing.

7:4 Like, but at that time I had met somebody that invited me to go to Tex..... (1964:2229) - D 7: 801_0013corrected

Like, but at that time I had met somebody that invited me to go to Texas. I was in DC and he invited me to go to Texas. I went to Texas and I got hooked up to a doctor and process, getting assistance from the city etc. and I lived in Texas for two and a half years,

8:2 I was seeing a therapist at the LGBT Centre and he, when I told him I..... (2439:2639) - D 8: 801_0014corrected

I was seeing a therapist at the LGBT Centre and he, when I told him I had decided to stop drinking, he recommended I go to AA and I went, and I decided to identify as I decided that I was an alcoholic.

8:4 And then, and I was the hospital recommended to apply for disability a..... (2698:3071) - D 8: 801_0014corrected

And then, and I was the hospital recommended to apply for disability and they referred me to HASA. So ever since then I've just been living in this world of that I really didn't know existed. I call it the HIV Entitlement gravy train. I'm on disability based on my diagnosis. I'm a HASA client, I get the food stamps, I got a lot of AA meetings, which is a separate subject.

8:5 But I also am involved in the community, the New York City Community o..... (3073:3215) - D 8: 801_0014corrected

But I also am involved in the community, the New York City Community or people living with the virus, Momentum, GMHC, whatever else I can find.

8:8 I'm totally dependent on entitlements and I'm totally dependent on med..... (4294:4371) - D 8: 801_0014corrected

I'm totally dependent on entitlements and I'm totally dependent on medication

8:11 I wasn't even thinking about it. Now I'm, because I'm so grateful for..... (5157:5342) - D 8: 801_0014corrected

I wasn't even thinking about it. Now I'm, because I'm so grateful for the proper progress that's been made in the services that are, that are available, that have been there to help me.

**8:13 I go for blood work every three months. I participate in studies, I pa.....
(5505:5884) - D 8: 801_0014corrected**

I go for blood work every three months. I participate in studies, I participate in and HIV related services, my disability is based on my diagnosis. So my whole situation is directly related to the fact that I'm a person living with AIDS. But prior to 2000, I was living as if I didn't have it, even though I was aware that I was positive, I was waiting for the other shoe to drop

**8:20 I still am an alcoholic and I always will be, but I treat it by partic.....
(9650:9768) - D 8: 801_0014corrected**

I still am an alcoholic and I always will be, but I treat it by participation in the fellowship. So it's kind of a gift

**8:21 . I mean I have a lot in terms of my entitlements, and the respect of.....
(10680:10862) - D 8: 801_0014corrected**

. I mean I have a lot in terms of my entitlements, and the respect of my family and friends and my sobriety and the program, I have a lot due to modern science and community activism.

**8:25 And then of course I have that whole other circle of friends through
m..... (12581:12754) - D 8: 801_0014corrected**

And then of course I have that whole other circle of friends through my political advocacy and through my involvement in the services government services for people with HIV.

**8:26 Well, the services are what I mean when I say services, are Momentum
a..... (12872:13289) - D 8: 801_0014corrected**

Well, the services are what I mean when I say services, are Momentum and Gay Men's Health Crisis. Now I'm a client of a Partnership for the Homeless that are trying to find me another place to live and they're going to refer me to some computer training because I'm ignorant. This building I fulfilled a quota, or this building is comprised of a certain percentage of people living with HIV. I think they have a quota.

**8:27 But the fact that I had the AIDS have the AIDS diagnosis, expedited
th..... (13513:13642) - D 8: 801_0014corrected**

But the fact that I had the AIDS have the AIDS diagnosis, expedited the services that have come to, I've come to be provided with

**8:28 So, yeah, so the involving myself, like going to the meal programs
and..... (13708:13978) - D 8: 801_0014corrected**

So, yeah, so the involving myself, like going to the meal programs and being around other people living with the virus, that's like a support group and it's also a way to gather information and learn, additional coping skills and hearing about other people's experiences.

8:29 As someone who's spent time in psych voids, I'm involved with NYAPRS N..... (14122:14418) - D 8: 801_0014corrected

As someone who's spent time in psych voids, I'm involved with NYAPRS New York Association of Psychiatric Rehabilitation Services. And when I moved into this building, they ended, they had an advocacy committee and they introduced me and they got me to register to vote, they were, it was wonderful

8:31 Medicare is paying for it, so I have to stick close to the services ju..... (16589:16675) - D 8: 801_0014corrected

Medicare is paying for it, so I have to stick close to the services just to stay alive.

8:33 Initially I've been lucky that way too, because I was treatment naive..... (17604:17942) - D 8: 801_0014corrected

Initially I've been lucky that way too, because I was treatment naive in 2003, so they introduced me to Cambaver which had a little bit of AZT in it because it, my doctor explained AZT was one of the few drugs that would go, went through the brain barrier and he wanted to be thorough and hit fast and hard with tried and true medications.

9:7 So I learned how to interpret it in my own form of way and it's sort o..... (7523:8029) - D 9: 801_0019corrected

So I learned how to interpret it in my own form of way and it's sort of allowed me to live to want to live today, want to continue to live, to have a regular life, to go to work, go to school and I love to dance, I do things, give this information back, outreach on the streets to other people. I do a lot of group facilitation. I do a lot of public speaking. I normally go to people that I know that don't think they know, they think they know but they don't know and I don't mind telling my story to them.

9:12 Then special needs speaks to, you may have cancer on top of HIV and AI..... (12146:12517) - D 9: 801_0019corrected

Then special needs speaks to, you may have cancer on top of HIV and AIDS, right? What does that look like? What kind of coverage is that? I mean after having surgery preop and postop what's going to happen? Is somebody's going to come in and help me? Can I afford it? Is there an exception to policy, housing? Big old issue, big, big issue that stresses the immune system.

9:13 If you're new one just coming to the city and you just got diagnosed,..... (12521:12917) - D 9: 801_0019corrected

If you're new one just coming to the city and you just got diagnosed, you don't have any opportunistic disorders, you can't get on HASA because you don't have the dying dynamics to get on. So now you don't know where to go, you don't know what to do, so

you may have to run into people like me that I don't even know who you are but I'm a delegate for you one way or another to get something done.

10:15 All these years, and I've been a client of GMHC for 15 years now, and..... (24587:24745) - D 10: 801_0017 - corrected

All these years, and I've been a client of GMHC for 15 years now, and I love it. I love to see the people; I love to see the people. All of them are my family

10:18 they give you food stamps and my SSI check. (13540:13583) - D 10: 801_0017 - corrected

they give you food stamps and my SSI check.

12:6 so I was involved in ACT UP. I was involved with Gay Men Health Crisis..... (3805:3962) - D 12: 801_0016- corrected

so I was involved in ACT UP. I was involved with Gay Men Health Crisis, I got involved with a lot of agencies that fought against legislature to make policy.

12:18 I'm taking my medicine and doing the peer training again at the place..... (15535:15703) - D 12: 801_0016- corrected

I'm taking my medicine and doing the peer training again at the place called Boom. It's with an agency they merge Boom and Momentum merge, it's a harm reduction agency.

12:28 It had ups and downs, but I had a lot of support from the outside. The..... (18941:19050) - D 12: 801_0016- corrected

It had ups and downs, but I had a lot of support from the outside. They had a HIV hotline that's pretty nice.

12:39 Right now I'm also involved in Vocal New York. We do policies and proc..... (26450:26673) - D 12: 801_0016- corrected

Right now I'm also involved in Vocal New York. We do policies and procedures, we go to Albany we try to deal with -- to get more funding for hepatitis C treatment, for needle exchange, education, and needle exchange stigma.

13:2 I continued to go, got a social worker who in turn helped me out with,..... (3884:4239) - D 13: 801_0012- corrected

I continued to go, got a social worker who in turn helped me out with, you know, getting connected for doctors and for social services because I wasn't living on my own either. That part kind of helped me out for the fact that they helped me out with housing and financial benefits, which I didn't had a clue about because I had been working like you know.

13:7 I didn't know no doctors, no clinics, nothing down there. So I wasn't..... (6797:6937) - D 13: 801_0012- corrected

I didn't know no doctors, no clinics, nothing down there. So I wasn't taking anything. My health started to deteriorate. I got anaemic again.

**13:9 we walked out of social service, get referral stuff like that, got in.....
(8949:9087) - D 13: 801_0012- corrected**

we walked out of social service, get referral stuff like that, got in and out, got situated in this hotel on 44th between 6th and Broadway.

**13:12 so with monies that I had, and I went and I just, you know, just splur.....
(10166:10418) - D 13: 801_0012- corrected**

so with monies that I had, and I went and I just, you know, just splurged and went to the movie, snuck into a Broadway play, so I really enjoyed myself. So all that motivation and everything it really, really lifted my spirit and helped me to move on.

**13:14 I didn't know this place and the case manager from HR she told me
about..... (11660:11770) - D 13: 801_0012- corrected**

I didn't know this place and the case manager from HR she told me about Momentum, and then I went and joined.

**13:16 I joined and started going and lost my card one day and decided not
to..... (11771:12057) - D 13: 801_0012- corrected**

I joined and started going and lost my card one day and decided not to come for 10 years. And I signed back up with Ms. Gastro last year. So Ms. Gastro who happens to be the nutritionist at the place where I also volunteered and do stipend job; she is the one who told me to come back.

**13:45 . So we hang our brochures, we hang out information about that. And
in..... (26588:26744) - D 13: 801_0012- corrected**

. So we hang our brochures, we hang out information about that. And in my groups, I tried to tell them, you can't talk to nobody about abstinence these days.

**13:47 So I tried to, tried to teach them about HIV prevention, so that's wha.....
(27454:27579) - D 13: 801_0012- corrected**

So I tried to, tried to teach them about HIV prevention, so that's what I do.

I can only give you the tools whatever you do,

**13:48 I try to talk to them about take care of yourself, safety. (26818:26875) - D
13: 801_0012- corrected**

I try to talk to them about take care of yourself, safety.

**14:14 I go to Momentum I go to Gay Men's Health Crisis, they've been very
he..... (9935:10010) - D 14: 801_0011- corrected**

I go to Momentum I go to Gay Men's Health Crisis, they've been very helpful

**14:45 As I go to this group at GHMC it's called – it's HIV over fifty. It's.....
(25213:25497) - D 14: 801_0011- corrected**

As I go to this group at GHMC it's called – it's HIV over fifty. It's a New York HIV over fifty and I really get a lot of support from those guys. Some of them are early fifties, late fifties, early sixties, just a lot of them are so optimistic and I'm like, oh, it makes me feel good.

**14:49 So I am doing the best I can. I do a lot of work on myself and I'm ver.....
(26954:27174) - D 14: 801_0011- corrected**

So I am doing the best I can. I do a lot of work on myself and I'm very optimistic and I'm glad I have such a great doctor that works with me individually and there's a great guy I see once a week; he's an acupuncturist.

**15:8 And then I stop and in here, yeah, serving food and stuff that don't b.....
(10737:10839) - D 15: 801_0015-corrected**

And then I stop and in here, yeah, serving food and stuff that don't bother me, I get a kick out of it.

**15:9 Oh about, ohh about 7 years, 8 years. I came back from Baltimore
MCVET..... (11096:11367) - D 15: 801_0015-corrected**

Oh about, ohh about 7 years, 8 years. I came back from Baltimore MCVET in 06. I started messing around Momentum about 07, and they have sites everywhere Brooklyn, Bronx, Queens. I used to go to all of them, but I only started volunteering here. Every Monday and Wednesday

**16:3 One thing I do know about HIV is a lot of people that I know and
progr..... (3931:4100) - D 16: 801_0018-corrected**

One thing I do know about HIV is a lot of people that I know and programs that I go to I go to volunteer like I said people don't know they had it unless they get tested.

**16:8 I joined groups, and I listened to the groups that I went to, because.....
(6353:6555) - D 16: 801_0018-corrected**

I joined groups, and I listened to the groups that I went to, because I learnt in groups that you are not -- I'm not the only one that had it, and then there again, they teach you the healthy food to eat

**16:11 Therapy. Therapy, but I have a lot of problems besides HIV, it's like.....
(10323:10397) - D 16: 801_0018-corrected**

Therapy. Therapy, but I have a lot of problems besides HIV, it's like a mix

**16:12 Yeah. Sometimes it does work and sometimes it don't too. I go to NA,
I..... (11619:11748) - D 16: 801_0018-corrected**

Yeah. Sometimes it does work and sometimes it don't too. I go to NA, I go to all kind of therapy that is not going to fix the HIV.

**16:18 That's why I go through a lot of programs and therapy (22814:22866) - D
16: 801_0018-corrected**

That's why I go through a lot of programs and therapy

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (1)

○ Reinvention and survivor status

122 Quotations:

**1:8 I had to thrash it out within myself. You know how you talk to. I talk.....
(3328:3544) - D 1: 801_0005corrected**

I had to thrash it out within myself. You know how you talk to. I talked to my mirror, so you know, I kept telling myself, pull yourself together, pull yourself together. It took me a while, but yeah, I'm still here.

**1:12 So whatever it is I am here to accomplish, I haven't accomplished yet.
(4096:4165) - D 1: 801_0005corrected**

So whatever it is I am here to accomplish, I haven't accomplished yet.

**1:15 HIV showed me that I could have not still been here, but because I
cha..... (5194:5353) - D 1: 801_0005corrected**

HIV showed me that I could have not still been here, but because I changed the course of my life, started living better, taking my medication, I'm still here.

**1:23 But then by the time I pulled myself together I'm like, okay, I want t.....
(8579:8901) - D 1: 801_0005corrected**

But then by the time I pulled myself together I'm like, okay, I want to live so I started taking the medicine and taking it properly. You know what helped me also? Having something to do, laying around, oh, it woe is me. I'm going to die, what did I do to myself, blah, blah, blah. That didn't help having something to do.

**1:28 I'm not lonely, but I like my own space, but I know that came with age.....
(10057:10127) - D 1: 801_0005corrected**

I'm not lonely, but I like my own space, but I know that came with age.

**1:30 You have to try because at one time I didn't try. I just laid around,.....
(12163:12306) - D 1: 801_0005corrected**

You have to try because at one time I didn't try. I just laid around, I laid around, laid around and I'm like, back to, okay I I'm not dead yet.

**1:34 Then I thought to myself, what are you saying and then I had to work
t..... (13349:13495) - D 1: 801_0005corrected**

Then I thought to myself, what are you saying and then I had to work through it, I had to work through it. Again, I don't think my story is so much

**2:12 The positive side is I'm still in training for my commercial driver's.....
(3244:3531) - D 2: 801_0006corrected**

The positive side is I'm still in training for my commercial driver's license. I've completed cooking school; I'm on top of the world right now and I'm having a good time with it and a lot of fun. I meet new people, I like helping people, so...hello! There's really no negative side for me.

**2:15 But no, they stay on top of their life and I love that. It gave me an.....
(4171:4346) - D 2: 801_0006corrected**

But no, they stay on top of their life and I love that. It gave me an incentive to say hey I want to get old. So that's why I changed my life and I just continue to go, go, go!

**2:17 Before HIV I had a lot of associates, no one I can actually call my fr.....
(4972:5127) - D 2: 801_0006corrected**

Before HIV I had a lot of associates, no one I can actually call my friend, just my family because I have a close knit family, a big family but close knit.

**2:18 now I have the bigger audience I have a lot more associates but some
i..... (5294:5391) - D 2: 801_0006corrected**

now I have the bigger audience I have a lot more associates but some is actually becoming friends.

**2:19 I go through trauma myself; ups and downs, like I sad and lonely. I ta.....
(5511:5788) - D 2: 801_0006corrected**

I go through trauma myself; ups and downs, like I sad and lonely. I talk about it and sometimes they can relate and I can relate to these situations and we just converse on a lot of stuff. It keeps me balanced in life, the way I need to be mentally. I really enjoy life itself.

**2:20 It's just, it's the way you think about things; how you perceive it an.....
(5908:6008) - D 2: 801_0006corrected**

It's just, it's the way you think about things; how you perceive it and the way you put your mindset.

2:21 Right now, I'm on top of the world and nobody can understand why I do..... (6010:6166) - D 2: 801_0006corrected

Right now, I'm on top of the world and nobody can understand why I do the things I do. People say you're positive right? I say yeah I'm positive! That's it!

2:24 There's things we have to change within our lives in order to get better..... (7034:7355) - D 2: 801_0006corrected

There's things we have to change within our lives in order to get better, stay on top of our regimens and keep moving on. Because it's not the end, of course we tired; we all get tired. I used to work fourteen hours a day, now, I take my time. I get a little winded, I sit down. Nobody pushes or rushes me to do anything.

2:28 I have a lot, here at Momentum, I have a lot of people that know me he..... (8126:8555) - D 2: 801_0006corrected

I have a lot, here at Momentum, I have a lot of people that know me here and know what I stand for, they don't come to me with drugs or their sexual preference; they don't come to me for that because that's not what I do. I help people on a positive level. I try to help them get positive and stay positive and try to, if I can, help them throughout life step by step by step. It's not easy. It's not easy to change your own life.

2:29 For me, when I put my mindset to do something, that's exactly what I'm..... (8557:8639) - D 2: 801_0006corrected

For me, when I put my mindset to do something, that's exactly what I'm going to do.

3:11 And for me, being HIV positive, at first it was a struggle, but I began..... (2344:2632) - D 3: 801_0007corrected

And for me, being HIV positive, at first it was a struggle, but I began to understand it that you can live a normal life. You can live a normal life no matter what people may think, it's not their lives you are living, it's your life you're living and you have to do what is best for you.

3:19 I got tired doing that, so I told my family and all my friends know, s..... (5033:5134) - D 3: 801_0007corrected

I got tired doing that, so I told my family and all my friends know, so therefore I feel more at ease.

3:26 So it's kind of uplifting when you can talk to people who are dealing..... (6906:7245) - D 3: 801_0007corrected

So it's kind of uplifting when you can talk to people who are dealing with the same situation that you are dealing with and they have been able to overcome the nasty stigma, now you are not affected. I mean that's why we're more concerned about what other people have said, how do people really respond, but I don't care about that no more.

3:28 I feel – as long as I can communicate with people, and work with peopl..... (8436:8568) - D 3: 801_0007corrected

I feel – as long as I can communicate with people, and work with people, and go to church, I'd be okay, that's how I feel about that.

3:31 to me sex is not that important now to me, the more important thing to..... (9944:10103) - D 3: 801_0007corrected

to me sex is not that important now to me, the more important thing to me now is life, just to live, to live the life and to live with the best to your ability,

3:32 that's the most important thing to me right now, all the stuff about g..... (10105:10268) - D 3: 801_0007corrected

that's the most important thing to me right now, all the stuff about going out and having sex and all that I'm an older man now, that stuff don't bother me anymore.

3:33 but now since I'm older, to me when HIV set in, you get also - it also..... (10313:10623) - D 3: 801_0007corrected

but now since I'm older, to me when HIV set in, you get also - it also set in with aging too, because as you age more you become more mature, you become more aware of your surroundings. You become more open to things that is going to happen to you and you've got to be prepared when those things happen to you.

4:2 have been close to death many times but all of a sudden, I am having a..... (1864:2051) - D 4: 801_0008corrected

have been close to death many times but all of a sudden, I am having a resurgence and feel so good because it's like I am getting more than a second chance, I'm getting a greater chance,

4:3 At 62, I am going on to 62 I am accepting you know I am embracing it,..... (2201:2400) - D 4: 801_0008corrected

At 62, I am going on to 62 I am accepting you know I am embracing it, I decided a couple of years ago to reinvent myself and to make myself more marketable, because I have always been a hot commodity.

4:5 I danced for 20 years professionally, I have done Broadway I have done..... (2478:2749) - D 4: 801_0008corrected

I danced for 20 years professionally, I have done Broadway I have done off Broadway, I have done movies, toured. So I said well now you can't dance anymore so what can you do? I write and I am a good actor and I am an activist, as well, that's what really get to me going.

4:9 say yes, you know, but I don't know what it was, it changed my mind th..... (4071:4599) - D 4: 801_0008corrected

say yes, you know, but I don't know what it was, it changed my mind that said I want to live, and it's got to be on upward and onward battle. You know, I did get tired at one time, but you can't it's like I think that's way the life is supposed to be period that you can't tired, that you can't give up, that you got to keep doing what you got to do, your responsibilities, your requirement says as the body deteriorates, get fake teeth and get whatever you need to sell yourself and make yourself more comfortable with yourself.

**4:10 I've always known I've been a good salesperson, so I figured the best.....
(4691:4781) - D 4: 801_0008corrected**

I've always known I've been a good salesperson, so I figured the best thing to sell was me.

4:11 You know, so I went back and got certified every which way, you know,..... (4818:4952) - D 4: 801_0008corrected

You know, so I went back and got certified every which way, you know, and see I've had two and a half years where I haven't been sick.

**4:12 People are like, oh, so now I'm getting involved with all the things t.....
(4991:5244) - D 4: 801_0008corrected**

People are like, oh, so now I'm getting involved with all the things that I've known about, but it was never healthy enough to address and become a part of. Now, I'm in it and I decided not to just be in it, but I've decided to lead the parade you know.

**4:13 I think that I've remembered what my original feeling was as a kid to.....
(5245:5440) - D 4: 801_0008corrected**

I think that I've remembered what my original feeling was as a kid to strive, just to be better and show off my talents and, you know, use them to my best ability. I don't know how else to put it.

**4:20 It's survivor who looks like I do and thinks like I do and feels like.....
(7932:8171) - D 4: 801_0008corrected**

It's survivor who looks like I do and thinks like I do and feels like I do even on shitty days. There's weather that that does not allow you to shine as much sometimes, but you shine because you're still here. That's such a fantastic thing.

**4:21 I'm part of this creative writing group. As a matter of fact, I'm taki.....
(9074:9337) - D 4: 801_0008corrected**

I'm part of this creative writing group. As a matter of fact, I'm taking over this creative writing group that I used to attend. The person has retired to her bee farm and wherever it is Upstate, and she's left to a few of us who are still the elders of the group.

4:26 I don't know that I would trade in this experience because it's made m..... (10607:10688) - D 4: 801_0008corrected

I don't know that I would trade in this experience because it's made me who I am,

**4:27 I feel like I'm strong enough to do that again and I would love the op.....
(12662:12760) - D 4: 801_0008corrected**

I feel like I'm strong enough to do that again and I would love the opportunity to go other places.

**4:28 yes, it's going to make a difference, but I'm going to make an even bi.....
(13021:13106) - D 4: 801_0008corrected**

yes, it's going to make a difference, but I'm going to make an even bigger difference.

**6:10 So today, I'm a living witness, I'm strong and I'm still fighting and.....
(2995:3093) - D 6: 801_0010Corrected**

So today, I'm a living witness, I'm strong and I'm still fighting and I'm still hanging in there.

**6:16 You've got to keep fighting and to this day I'm still fighting. You ca.....
(4818:5019) - D 6: 801_0010Corrected**

You've got to keep fighting and to this day I'm still fighting. You can't give up. Even if they say secure, but we all know, but as long as you keep fighting you're going to be alright. It's a battle.

**6:20 It's kind of hard to see somebody die right in front of you and just g.....
(6768:7071) - D 6: 801_0010Corrected**

It's kind of hard to see somebody die right in front of you and just give up. That's why I tell people to take their medicine. Never give up. It's a battle but you know, it's not the end of the world. As long as you take your medicine and continue to eat well you'll be alright; that's the way I see it.

**6:31 I'm living longer. Thank God I'm here today and I'm still fighting. I'.....
(10832:10926) - D 6: 801_0010Corrected**

I'm living longer. Thank God I'm here today and I'm still fighting. I'm never going to give up.

**7:4 Like, but at that time I had met somebody that invited me to go to Tex.....
(1964:2229) - D 7: 801_0013corrected**

Like, but at that time I had met somebody that invited me to go to Texas. I was in DC and he invited me to go to Texas. I went to Texas and I got hooked up to a doctor and process, getting assistance from the city etc. and I lived in Texas for two and a half years,

**7:5 and going away to Texas. I educated myself about the virus like I had.....
(2230:2450) - D 7: 801_0013corrected**

and going away to Texas. I educated myself about the virus like I had every pamphlet and every book I could, whatever, whatever I could read, you know, for the bus trip down here, I decided to, you know, inform myself.

**7:6 So when I got there, I was like in demand I need this, and I need that.....
(2452:2522) - D 7: 801_0013corrected**

So when I got there, I was like in demand I need this, and I need that.

**7:7 I'll never forget this and that's what prompted me to get to educate m.....
(2917:3162) - D 7: 801_0013corrected**

I'll never forget this and that's what prompted me to get to educate myself on the way to Texas because you just, you don't -- by then, I had, I had come into myself to be a little more responsible for myself even as I was on the streets smoking.

**7:8 Thank God I'm not living like that no more, but still the homelessness.....
(3166:3372) - D 7: 801_0013corrected**

Thank God I'm not living like that no more, but still the homelessness and drug addiction and then just mental psychosis. I just as I look back like I was just living really insane, very psychotic, you know.

7:16 That when it comes to homelessness, when it comes to the mental illness..... (10773:11330) - D 7: 801_0013corrected

That when it comes to homelessness, when it comes to the mental illness, of course smoking and shooting or sniffing or puffing by dropping whatever you are going to open the door for a psychosis. Who knows -- I mean that's just to me it's like common sense. Of course you are going to be depressed and bipolar and schizophrenic, just all over the place, because you know but I decided not to be glued to dumb anymore so I am the representative and to tell somebody wrap it up or just don't do it. Self-preservation saved the day, see a doctor take your meds.

**7:20 I'm trying to be perfect in that area, growing in an area, form and fa.....
(12813:13239) - D 7: 801_0013corrected**

I'm trying to be perfect in that area, growing in an area, form and fashion that I have a more excellent, excellent relations, to be more excellent in communications skills made to comfort them, come from, as far as somebody to, be mindful of the health or the spirituality, whatever is needed to direct somebody if they're hungry or if they need some clothes or whatever, just be available to be a beacon of light, a guide.

**7:22 It's just a matter of, you know, I don't think that, if I mishandled m.....
(17770:17934) - D 7: 801_0013corrected**

It's just a matter of, you know, I don't think that, if I mishandled my blessings and I would continued to be blessed, so I am mindful of that and I'm getting better

7:23 I think when I was just totally unaware, not God conscious and I was j..... (17937:18158) - D 7: 801_0013corrected

I think when I was just totally unaware, not God conscious and I was just out there, you know, but I'll come in and see an organization where it's not about me. It's about we, and if I can't keep it humble like right there

7:27 I wish you could see some of my paintings I've painted, I mean I paint..... (19865:19992) - D 7: 801_0013corrected

I wish you could see some of my paintings I've painted, I mean I paint, I picked up a new hobby and I'm really getting into it.

7:28 like I'm brainstorming and doing some soul searching about how I went..... (20422:20524) - D 7: 801_0013corrected

like I'm brainstorming and doing some soul searching about how I went the next few years to be for me

7:29 So that's how my life is coming to, you know, whatever, wherever it's..... (23293:23421) - D 7: 801_0013corrected

So that's how my life is coming to, you know, whatever, wherever it's going at this point, like I'm putting my best foot forward.

7:33 Or you're going to step up, jump in the ring, land on two feet and sta..... (27694:27973) - D 7: 801_0013corrected

Or you're going to step up, jump in the ring, land on two feet and start swinging it like, you know, I'm a fighter, so I'm continuing to not be affected. I don't have to walk around infected or be under the lash of active addiction, which is very important for me. I have to say.

8:3 I decided to identify as I decided that I was an alcoholic. I subseque..... (2581:2696) - D 8: 801_0014corrected

I decided to identify as I decided that I was an alcoholic. I subsequently got clean and sober and I've been living.

8:9 I feel like I have a dual diagnosis, alcoholism and HIV so and I crash..... (4611:4734) - D 8: 801_0014corrected

I feel like I have a dual diagnosis, alcoholism and HIV so and I crashed and burned with HIV and got sober at the same time.

8:10 So they're kind of, they go in tandem and I'm so I'm happier really an..... (4738:5068) - D 8: 801_0014corrected

So they're kind of, they go in tandem and I'm so I'm happier really and more balanced than I've ever been because of my sobriety, which coincided with falling into this whole living as a person with AIDS it's cause before from an 1988 to 2000, I wasn't living as a person with AIDS. I was practically living as a person without it.

8:12 I kind of see myself as a community advocate (5343:5387) - D 8: 801_0014corrected

I kind of see myself as a community advocate

**8:13 I go for blood work every three months. I participate in studies, I pa.....
(5505:5884) - D 8: 801_0014corrected**

I go for blood work every three months. I participate in studies, I participate in and HIV related services, my disability is based on my diagnosis. So my whole situation is directly related to the fact that I'm a person living with AIDS. But prior to 2000, I was living as if I didn't have it, even though I was aware that I was positive, I was waiting for the other shoe to drop

**8:19 So in a way it was a gift. The pain that resulted from the meningitis.....
(8748:8848) - D 8: 801_0014corrected**

So in a way it was a gift. The pain that resulted from the meningitis motivated me to stop drinking.

**8:21 . I mean I have a lot in terms of my entitlements, and the respect of.....
(10680:10862) - D 8: 801_0014corrected**

. I mean I have a lot in terms of my entitlements, and the respect of my family and friends and my sobriety and the program, I have a lot due to modern science and community activism.

**8:22 you give back to society, lead a good life. I'm trying to do that now
(11184:11252) - D 8: 801_0014corrected**

you give back to society, lead a good life. I'm trying to do that now

**8:48 But and I've established myself as, it's hard to believe that, my niec.....
(40048:40353) - D 8: 801_0014corrected**

But and I've established myself as, it's hard to believe that, my niece calls to the busiest unemployed person, she knows. But I guess I have established myself as an AIDS activist and person that does this service in Alcoholics Anonymous. And I'm enjoying life, I'm enjoying, I find the city fascinating.

**9:7 So I learned how to interpret it in my own form of way and it's sort o.....
(7523:8029) - D 9: 801_0019corrected**

So I learned how to interpret it in my own form of way and it's sort of allowed me to live to want to live today, want to continue to live, to have a regular life, to go to work, go to school and I love to dance, I do things, give this information back, outreach on the streets to other people. I do a lot of group facilitation. I do a lot of public speaking. I normally go to people that I know that don't think they know, they think they know but they don't know and I don't mind telling my story to them.

**9:8 So working as a legal advocate, this is the kind of stuff that I do to.....
(8838:9024) - D 9: 801_0019corrected**

So working as a legal advocate, this is the kind of stuff that I do today, but I have to take my medication, I have to get rest. I don't have a partner. If I were, I would protect myself.

**9:10 I do lobbying. I go to Albany. I fight for rights for citizenship for.....
(10198:10842) - D 9: 801_0019corrected**

I do lobbying. I go to Albany. I fight for rights for citizenship for people who have HIV and AIDS, young people, parents, little kids that their parents died due to HIV and AIDS and they don't have any funding. Anything related with that I basically even working inside of a boutique where we take donations for HIV and AIDS and homelessness, I do that. I work on the floor as a sales associate as well, the inventory piece. I'd dress up mannequins, do auction windows with people, professional people that make money that are stars I have links to them too that I talk to to get fundraising to get money, Broadway people, I go places I talk.

**9:11 but just for the day I've to enjoy the best I can. I'm not a lay down.....
(10930:11266) - D 9: 801_0019corrected**

but just for the day I've to enjoy the best I can. I'm not a lay down person, I'm not ill to the point that I need to like be home all day, but I'm grateful that my mind tells me get up and go because you have the energy to do it. I'm not the type of person that, whether I'm working or not that kind of lay down. I can't, I got to go. I

**9:19 And I just love it. I love it because I tell them, don't feel bad beca.....
(20799:21536) - D 9: 801_0019corrected**

And I just love it. I love it because I tell them, don't feel bad because you weren't there. This journey was my journey and that man, they got me through this journey. I could take that walk and look back at those days today and not cry. But look at someone else and say, I can help that their journey doesn't be as bad as mine, mine was rough; HIV positive, gay, father can't stand it, molestation early on in life, some things went on, bad domestic violent relationships, some kids born, couldn't see them no more. Then somebody found you're HIV positive then the kids got to leave the parents, the mother took them. I mean a lot, I have folds and chapters, and chapters, and chapters, and chapters, and chapters of this oddly journey.

**9:20 So I take that walk today. I'm confident and I have self acceptance to.....
(21540:21663) - D 9: 801_0019corrected**

So I take that walk today. I'm confident and I have self acceptance today that I could take that back walk back that you see

**9:23 Being me it's like I am not a bad -- I am not as bad as I thought I we.....
(23267:23651) - D 9: 801_0019corrected**

Being me it's like I am not a bad -- I am not as bad as I thought I were. For a long time I lived under this umbrella or this big old coat that said that you are an abomination. you're this, you're that, you never do nothing. I'm finding out at 59 years old, I'm funny, I'm humorous, I have a lot of love for other folk as well as myself, but I could get along with just about anybody.

**9:24 I took that jacket off. I burned that jacket. I am not a fagot, I am g.....
(23885:23975) - D 9: 801_0019corrected**

I took that jacket off. I burned that jacket. I am not a fagot, I am gay man. So, I like me

9:25 Sometimes I sit back and I say, wow, Carl you got through that, becaus..... (23980:24148) - D 9: 801_0019corrected

Sometimes I sit back and I say, wow, Carl you got through that, because you who you are today, and it's not a bad thing to find out who you are, but it just takes work.

10:6 I have survived. I'm a long-time survivor. (13937:13978) - D 10: 801_0017 - corrected

I have survived. I'm a long-time survivor.

10:10 First, you have to love yourself. Respect yourself. If you don't do it..... (15980:16084) - D 10: 801_0017 - corrected

First, you have to love yourself. Respect yourself. If you don't do it, nobody's going to do it for you.

10:19 I'm an alcoholic, 1995 on my own, no AA, no nothing. I stopped with th..... (14872:15036) - D 10: 801_0017 - corrected

I'm an alcoholic, 1995 on my own, no AA, no nothing. I stopped with the grace of God. I was always asking, help me Lord. Help me. Help me Lord. I know I am a sinner.

12:7 I wound getting a type of assistance and while I went to school and I..... (5352:5559) - D 12: 801_0016- corrected

I wound getting a type of assistance and while I went to school and I had worked for various pharmaceutical companies like Bayer, MERCK, Bristol-Myers, Squibb and this other one I can't pronounce it P-I-Z ---

12:8 Yeah right, Pfizer and I have worked with them as a peer educator. The..... (5598:5735) - D 12: 801_0016- corrected

Yeah right, Pfizer and I have worked with them as a peer educator. They had given me a stipend and I was working close with Dr. Williamson

12:13 I became a drug counselor for another private agency that she was work..... (7355:7517) - D 12: 801_0016- corrected

I became a drug counselor for another private agency that she was working for. I did -- I was a detox specialist and intake coordinator and still a peer educator.

12:15 It was a good thing, you know what I'm saying, and it was good because..... (8698:8852) - D 12: 801_0016- corrected

It was a good thing, you know what I'm saying, and it was good because it gave me encouragement to help other people while I live with as the virus myself.

12:17 stopped doing that and so I just maintain my medicine now and I try to..... (14292:14492) - D 12: 801_0016- corrected

stopped doing that and so I just maintain my medicine now and I try to exercise naturally, pull up, pushups, dips and things of that nature. I got on a methadone programme to try to curb my drug use.

12:20 I want to get the certification to put it on my resume, but I need to..... (16297:16433) - D 12: 801_0016- corrected

I want to get the certification to put it on my resume, but I need to update my resume because I had went away to prison for seven years.

12:21 Now I'm going to try to re-establish my credentials in the right way b..... (16437:16884) - D 12: 801_0016- corrected

Now I'm going to try to re-establish my credentials in the right way by going back to school and I plan on try to go through VASA which is called Access Now. They pay for your training and probably get a certification, become a substance abuse counsellor (CASAC) or might go back to school where I think probably get -- use my life experience as well as my street knowledge to help me find maybe an associate degree and drug and alcohol counsellor,

12:25 when I was diagnosed, I was told three times I got one year to live. I..... (18219:18439) - D 12: 801_0016- corrected

when I was diagnosed, I was told three times I got one year to live. I beat those odds by the grace of God, they said I had six months to live, I beat them odds. Then they said I had ninety days to live, I beat them odds.

12:26 complying totally with every medical advice they've given me and compl..... (18680:18799) - D 12: 801_0016- corrected

complying totally with every medical advice they've given me and complying to my medicine and it worked. I beat the odds

12:29 I think I'd probably be killed from other -- other than HIV maybe drug..... (21762:22149) - D 12: 801_0016- corrected

I think I'd probably be killed from other -- other than HIV maybe drugs, maybe, I probably would have been in prison doing a life of crime. But I found out for me, being contracting HIV it had made me -- it had forced me to do a lot of good things and for myself and other people whereas I don't think I would have been -- I don't think I would have been doing that if it never happened.

12:30 It made me turn my life around and start getting other people in my li..... (22151:22343) - D 12: 801_0016- corrected

It made me turn my life around and start getting other people in my life and I let the doctor, the HIV specialist and also harm reduction and detox specialist, she played a big part of my life

12:34 It gave me a lot of encouragement that I don't think I would be doing..... (23371:23612) - D 12: 801_0016- corrected

It gave me a lot of encouragement that I don't think I would be doing that, if I wasn't HIV positive. I think I probably be like I said living a life of crime, drugs, different things of that nature and that's sad to say but that's the truth.

12:35 It made me look at life totally -- in a total different way and also m..... (23663:23794) - D 12: 801_0016- corrected

It made me look at life totally -- in a total different way and also made me be more concerned about my health and what other people

12:36 . I tell you I was told three -- on three different occasions that I h..... (24076:24226) - D 12: 801_0016- corrected

. I tell you I was told three -- on three different occasions that I had a certain amount of time to live and I beat the odds and I'm still living, so.

12:37 I believe that by me changing my lifestyle and living a clean honest d..... (24498:24690) - D 12: 801_0016- corrected

I believe that by me changing my lifestyle and living a clean honest decent life and help build a lot of extra years. If I didn't get the virus I probably would have been living more reckless.

13:6 I moved to West Palm Beach, Florida. I never told him about my situati..... (6441:6607) - D 13: 801_0012- corrected

I moved to West Palm Beach, Florida. I never told him about my situation because I was traumatized from everything that happened to me. I just wanted to start it anew.

13:13 I learned to look accept what I had, that was my first Thanksgiving di..... (11442:11631) - D 13: 801_0012- corrected

I learned to look accept what I had, that was my first Thanksgiving dinner in years. First Christmas I enjoyed it. I learned to live again, start setting up home. I started trying to get up

13:17 I even went to a talk show and revealed my status because at the point..... (12176:12355) - D 13: 801_0012- corrected

I even went to a talk show and revealed my status because at the point in time if my family know to tell half the world, why don't I tell the other half, you know what I am saying.

13:18 So, it was a point in time in my life where I had learned to help peop..... (12358:12450) - D 13: 801_0012- corrected

So, it was a point in time in my life where I had learned to help people where I volunteered.

13:19 I gave back because when I was down and out, I see some people suffer,..... (12454:12583) - D 13: 801_0012- corrected

I gave back because when I was down and out, I see some people suffer, I see people being selfish. I see people being mistreated.

13:24 So he pays me to cook for him like every other week. That's what I do..... (15909:16056) - D 13: 801_0012- corrected

So he pays me to cook for him like every other week. That's what I do. I do cakes, I cater on the side, I give back creative volunteer and all that.

13:25 You know, I got skills, I do whatever I want, have parties, have been..... (15639:15862) - D 13: 801_0012- corrected

You know, I got skills, I do whatever I want, have parties, have been in parties and I invite my friends over and my neighbour, this person shared enough unofficially a single father got custody of his son, he is a teenager.

13:26 the restaurant that I think about opening with the surplus, I'm going..... (16332:16443) - D 13: 801_0012- corrected

the restaurant that I think about opening with the surplus, I'm going to open for anyone who is less fortunate.

13:27 I just want to showcase what I got, because my repertoire is overwhelm..... (16588:16783) - D 13: 801_0012- corrected

I just want to showcase what I got, because my repertoire is overwhelming. Its why kind of my Instagram and my Facebook. Everyone is like okay can you make this, can you make that, can you do this

13:31 So I think my just strong believable power, you know, and just these d..... (17780:17910) - D 13: 801_0012- corrected

So I think my just strong believable power, you know, and just these determinations that I have like, I think that is what kept me

13:33 I'm 50 years old and I've never been arrested. Everyone say that's a b..... (19393:19599) - D 13: 801_0012- corrected

I'm 50 years old and I've never been arrested. Everyone say that's a blessing, no that's my choice. You know it ain't a blessing. It is what I chose not to do, or what I choose to do, so it makes me stronger

13:34 Living with HIV, makes me stronger. I could say that, if I didn't had..... (19602:19850) - D 13: 801_0012- corrected

Living with HIV, makes me stronger. I could say that, if I didn't had HIV, I wouldn't think I'll be having appointments with doctors to go check me, my blood pressure. My sugar level to see if I have diabetes, to check me for neuropathy or whatever.

13:38 had learned to live with it and have learned to be contented and you k..... (20477:20614) - D 13: 801_0012- corrected

had learned to live with it and have learned to be contented and you know, don't drown in my self-pity or let myself be sorry for myself

13:39 So it is my strong determinating willpower make me the person that I a..... (20657:20747) - D 13: 801_0012- corrected

So it is my strong determinating willpower make me the person that I am today. Yeah it did.

13:40 So I'm record changing in my life as it is right now. It was meant to..... (23246:23394) - D 13: 801_0012- corrected

So I'm record changing in my life as it is right now. It was meant to be, and that person come along, or my ship comes in. Then I'll, it will happen.

14:3 I've worked on it and I'm in a real good place. There was a lot of -..... (5317:5509) - D 14: 801_0011- corrected

I've worked on it and I'm in a real good place. There was a lot of - postoperatively took me twelve years to really recoup. I was institutionalised for a while; for many years I couldn't speak

14:4 I've been asymptomatic for the last twenty one years. I went on a majo..... (5892:6175) - D 14: 801_0011- corrected

I've been asymptomatic for the last twenty one years. I went on a major holistic protocol, I went out to Utah, I studied with this guy called Gary Young. He works with basically aromatherapy essential oils and a lot of like new wave type modalities and stuff. It seems to be working.

14:15 I have not gotten that really involved because I think that me venturi..... (10013:10304) - D 14: 801_0011- corrected

I have not gotten that really involved because I think that me venturing out and going into school and studying aromatherapy and you know, all my protocols that I have done over the year, all my practitioners my doctors my therapist and tell you, oh no, no, it's going to be too much stress.

14:17 I was so determined, so determined that determination kept me going. (10750:10817) - D 14: 801_0011- corrected

I was so determined, so determined that determination kept me going.

14:18 Of course. It's very easy to give up; very easy. It's a combination of..... (10988:11309) - D 14: 801_0011- corrected

Of course. It's very easy to give up; very easy. It's a combination of not only psychological, no, I think part of it physiological too like I got to say I've worked as a nurse for over twelve years plus four in the military. A lot of the Western medicines there have too many side effects; every individual is different.

**14:19 . I do a lot of juicing and lot of fruits and wholesome foods, I work.....
(12030:12223) - D 14: 801_0011- corrected**

. I do a lot of juicing and lot of fruits and wholesome foods, I work out. So if I didn't do that, maybe I wouldn't be here sitting and talking with you because as I said, everyone's different.

**14:21 do a lot of outreach work with animals, I am a major pet lover so I
do..... (13244:13369) - D 14: 801_0011- corrected**

do a lot of outreach work with animals, I am a major pet lover so I do volunteer work for shelter in Brooklyn in Mighty Mutts

**14:28 But you know that's my choice. I keep myself very busy, very
preoccupi..... (15141:15295) - D 14: 801_0011- corrected**

But you know that's my choice. I keep myself very busy, very preoccupied between the volunteer work and working out; I'll keep myself, very, very occupied.

**14:29 you have to just keep going and keep that positive image. I go, I do
a..... (15555:15724) - D 14: 801_0011- corrected**

you have to just keep going and keep that positive image. I go, I do a lot of, I like yoga, I do a lot of yoga, I do a lot of meditation, so I just keep myself very busy.

**14:36 I feel very, very optimistic. I think I feel like I get better as I ge.....
(19739:19816) - D 14: 801_0011- corrected**

I feel very, very optimistic. I think I feel like I get better as I get older.

**14:37 from the spiritual standpoint I tend to think it's that kind of think,.....
(20131:20279) - D 14: 801_0011- corrected**

from the spiritual standpoint I tend to think it's that kind of think, not kind of think, I know for sure it's been a sort of a blessing in disguise.

**14:38 I like the medical field and all that, but being ventured into the hol.....
(20502:20650) - D 14: 801_0011- corrected**

I like the medical field and all that, but being ventured into the holistic approach and being able to travel and really able to do the things I do.

**14:41 I have a friend in California, and she and her fiancé, they want to ge.....
(20651:20834) - D 14: 801_0011- corrected**

I have a friend in California, and she and her fiancé, they want to get into animal rescue work and if things work out, she said I could go you know, work with them and help them out.

**14:43 all the years I spent getting myself better, working on getting a seco.....
(24731:24983) - D 14: 801_0011- corrected**

all the years I spent getting myself better, working on getting a second career working with the animals, there's no time for it. I'm not saying the possibilities might be who knows, in the future, as I get older, I'd like to have companion or something

15:4 I learned to accept that I was positive, that I am positive, and I don't mess with as many girls no more..... (4092:4196) - D 15: 801_0015-corrected

I learned to accept that I was positive, that I am positive, and I don't mess with as many girls no more

15:12 Feel bad about it, so now I'm kind of, how you say, reconcile. I got this weird notion, I knew I was going to hell. I've got this weird notion, that if I help people, they get to pearly gates. (19645:19838) - D 15: 801_0015-corrected

Feel bad about it, so now I'm kind of, how you say, reconcile. I got this weird notion, I knew I was going to hell. I've got this weird notion, that if I help people, they get to pearly gates.

16:19 When I was in jail, I did a lot of groups, I have a certificate for drugs and alcohol and I met people from HIV. They used to go in HIV counsellors, they get good money doing this stuff. (23677:23863) - D 16: 801_0018-corrected

When I was in jail, I did a lot of groups, I have a certificate for drugs and alcohol and I met people from HIV. They used to go in HIV counsellors, they get good money doing this stuff.

Project: Dissertation

Report created by charl on 5/17/2019

Code Report

Selected codes (4)

○ **Religion**

27 Quotations:

3:2 I think that I overcame the nasty stigma through religion because I got involved with church activities and that help a lot. (1182:1305) - D 3: 801_0007corrected

I think that I overcame the nasty stigma through religion because I got involved with church activities and that help a lot.

3:5 I also began to relate to church people as well, (1726:1773) - D 3: 801_0007corrected

I also began to relate to church people as well,

3:13 Religion have a lot of influence, because you know like, when you're H..... (2836:3274) - D 3: 801_0007corrected

Religion have a lot of influence, because you know like, when you're HIV positive, you look at it everyday on, how would I stay on a physical level, you become depressed, depression sets in, you kind of worry about, well I am almost done, might not live tomorrow, so I'm living for today. But religion, well it helps a lot because religion for brain, your brain parts -- it talks to your mind and with religion you can be able to make it.

3:15 So I just comment that religion had help a great deal in dealing with..... (3525:3721) - D 3: 801_0007corrected

So I just comment that religion had help a great deal in dealing with being sick and dealing with all the medication you got to take because being HIV positive you got to take a lot of medication.

3:28 I feel – as long as I can communicate with people, and work with peopl..... (8436:8568) - D 3: 801_0007corrected

I feel – as long as I can communicate with people, and work with people, and go to church, I'd be okay, that's how I feel about that.

3:47 And you see, I can't be worrying about the past right now, I can only..... (15128:15386) - D 3: 801_0007corrected

And you see, I can't be worrying about the past right now, I can only be worried about the present and if God decides that it is my time to go, it is my time to go, but at least while we're here on the earth, I enjoy my life, this is the most important thing.

4:16 I'm very much involved with my church. My church does wonders for me,..... (6898:7285) - D 4: 801_0008corrected

I'm very much involved with my church. My church does wonders for me, I've been involved with them since 2001 and since the Sunday after 9/11 and now, let's see, I'm a delegate, soloist in the choir, and volunteer one or two days a week. Well, now it's one. I'm getting ready to do a fundraiser where, you know, I will get acts together and do a night of stars and raise money, you know.

5:10 I'm not the most religious in the world, but I have fought myself, fou..... (6496:6642) - D 5: 801_0009corrected

I'm not the most religious in the world, but I have fought myself, found myself, find the solitude in my religion and it has helped pull me through

6:21 I believe in God. I talk to him every day. I wonder does he hear me bu..... (7124:7388) - D 6: 801_0010Corrected

I believe in God. I talk to him every day. I wonder does he hear me but I know he hears me. I want him to speak back but I know he can't speak back but I know he hears me.

That's one strong thing that keeps me going because the man above me, he never lets me down.

**7:17 A lot of that and just the spirit of God, like the divine intervention.....
(11429:11590) - D 7: 801_0013corrected**

A lot of that and just the spirit of God, like the divine intervention, I am so sold out to Jesus. That's the god of my understanding like so that's all I know.

7:18 But today's a very good day because I'm grounded. I have been encounte..... (12015:12311) - D 7: 801_0013corrected

But today's a very good day because I'm grounded. I have been encountering a lot of young people with the church I'm affiliated with, sandwiches on Saturdays too, the homeless and just indoctrinating, I guess, when it comes to homelessness, that's a new thing in this church, in an embryo stage.

**7:19 what I call the be in the spirit and being other spirit, being led by.....
(12679:12812) - D 7: 801_0013corrected**

what I call the be in the spirit and being other spirit, being led by the spirit, you know, become the hands, feet about peace of God.

7:23 I think when I was just totally unaware, not God conscious and I was j..... (17937:18158) - D 7: 801_0013corrected

I think when I was just totally unaware, not God conscious and I was just out there, you know, but I'll come in and see an organization where it's not about me. It's about we, and if I can't keep it humble like right there

**7:32 I really believe that the power of God is invested in the spirit of Go.....
(27267:27362) - D 7: 801_0013corrected**

I really believe that the power of God is invested in the spirit of God that leads me, keeps me

**9:21 I'm grateful to the god of my understanding, my creator, Jehovah God.
(22053:22121) - D 9: 801_0019corrected**

I'm grateful to the god of my understanding, my creator, Jehovah God.

**10:1 I just give thanks to the Lord to help me and taking care of me. I alw.....
(3250:3520) - D 10: 801_0017 - corrected**

I just give thanks to the Lord to help me and taking care of me. I always wanted, I was looking forward to Jesus, the Lord. We don't believe in Jesus Christ, we believe in the Lord, the main man, Jesus was brought onto earth by the Holy Spirit as I heard in the Gospel.

**10:5 But they caught me and then I started going to, I'm catholic, born and.....
(12772:13183) - D 10: 801_0017 - corrected**

But they caught me and then I started going to, I'm catholic, born and raised Catholic. I started going to different churches in Jewish, Jews, and I'd talk to a Rabbi, and they would give me good advice, but like I was looking for the Lord in the same garbage cans, the Lord or Christ and where I found him is in Christian Church, in synagogue, yeah synagogue, no, well whatever, at Christian Church I found him.

10:19 I'm an alcoholic, 1995 on my own, no AA, no nothing. I stopped with th..... (14872:15036) - D 10: 801_0017 - corrected

I'm an alcoholic, 1995 on my own, no AA, no nothing. I stopped with the grace of God. I was always asking, help me Lord. Help me. Help me Lord. I know I am a sinner.

10:22 I'm very spiritual, I'm Native American and very spiritual (36519:36577) - D 10: 801_0017 - corrected

I'm very spiritual, I'm Native American and very spiritual

12:16 I was a faithful Muslim, I also incorporated my faith into living with..... (9026:9246) - D 12: 801_0016- corrected

I was a faithful Muslim, I also incorporated my faith into living with this because as a Muslim you are not supposed to do drugs and things of that nature, and live the holiest life that you can and that had help me a lot

13:28 I'm practicing Christian, church going Christian or whatever, but I tr..... (17197:17332) - D 13: 801_0012- corrected

I'm practicing Christian, church going Christian or whatever, but I truly believe and I have this faith, just higher power to sustain me

13:30 But I think he bring me through all that and he bring me this far. So..... (17596:17779) - D 13: 801_0012- corrected

But I think he bring me through all that and he bring me this far. So I think you could take it further, but the fact that those folks back home, they used to say, he's there for you.

14:11 I actually studied Buddhism and I do believe in afterlife and the whol..... (8868:9097) - D 14: 801_0011- corrected

I actually studied Buddhism and I do believe in afterlife and the whole journey that life moves on. What is called the suffering. There's no point to suffer, so moving on it probably sometimes it's the best thing that can happen.

14:12 I'm not religious at all the spiritual, I think I have them spirituali..... (9268:9570) - D 14: 801_0011- corrected

I'm not religious at all the spiritual, I think I have them spiritualist I don't go to any kind of, I don't really do the organised religion. I go to Unity Church which is non-denominational, and it gives me a lot of support I accepted myself as a gay man as an HIV positive gay man. It's been helpful.

15:12 Feel bad about it, so now I'm kind of, how you say, reconcile. I got t..... (19645:19838) - D 15: 801_0015-corrected

Feel bad about it, so now I'm kind of, how you say, reconcile. I got this weird notion, I knew I was going to hell. I've got this weird notion, that if I help people, the I get to pearly gates.

15:15 My greatest goal in life is to fight in God's war against evil. (20779:20842) - D 15: 801_0015-corrected

My greatest goal in life is to fight in God's war against evil.

15:18 So I started saying, lord promise me to live till 70 (21981:22032) - D 15: 801_0015-corrected

So I started saying, lord promise me to live till 70

○ Social Support Given

122 Quotations:

1:11 So because someone gave of themselves to me and I'm still here, I told..... (4167:4373) - D 1: 801_0005corrected

So because someone gave of themselves to me and I'm still here, I told myself that it's the right thing to give back. I'm there for somebody who was in my position one day, because I know what it feels like.

1:24 I came to New York in '87. I was diagnosed in '95 so I came here around..... (9074:9333) - D 1: 801_0005corrected

I came to New York in '87. I was diagnosed in '95 so I came here around '97, '98. I volunteered off and on since then. They've given me a few stipend positions since then, and then I had the one full-time position, first client hire, so things work out for me,

1:26 At this present time, I'm seeing somebody, it's not intimate, oh corre..... (10129:10320) - D 1: 801_0005corrected

At this present time, I'm seeing somebody, it's not intimate, oh correction, it's not a sexual relationship, it's an intimacy. Somebody I'm close with for the last five years and it's a male,

1:27 Relationships are important, but the important thing -- the most impor..... (10629:10871) - D 1: 801_0005corrected

Relationships are important, but the important thing -- the most important thing is what type of relationship is it. Is it something that's going to grow? Is it something that going to go nowhere? Is it for a reason, or is it for no reason?

1:37 I enjoy doing for others what somebody did for me. (15119:15168) - D 1: 801_0005corrected

I enjoy doing for others what somebody did for me.

2:5 I've been learning ever since and I share now. I share my experience,..... (1840:2126) - D 2: 801_0006corrected

I've been learning ever since and I share now. I share my experience, sharing hope with everyone that is newly diagnosed, those that forgot the regimen, those who forgot their regimen, how to stay on top of the regimen; keeping a clean and healthy, sober life, without drugs or alcohol.

2:7 More of the positive is that I can relate it to the next guy that don't (2401:2644) - D 2: 801_0006corrected

More of the positive is that I can relate it to the next guy that don't understand how to read his labs or how to stay on his regiment or what they call medication adherence. They call me for everything as far as a broken toenail or whatever.

2:8 I speak to a lot of people. (2646:2672) - D 2: 801_0006corrected

I speak to a lot of people.

2:11 I actually help a lot of people stay on top of their life, put it like..... (2843:3007) - D 2: 801_0006corrected

I actually help a lot of people stay on top of their life, put it like that. They call me for advice any hour of night and if I'm awake I'll answer; if not I won't.

2:13 Actually it gave me a bigger audience to help because I've always been..... (3654:3863) - D 2: 801_0006corrected

Actually it gave me a bigger audience to help because I've always been with people but I've basically been working all my life since the age of thirteen. It gave me a bigger audience to help a lot more people.

2:14 I used to work for the Department of Aging with senior citizens and th..... (3864:4169) - D 2: 801_0006corrected

I used to work for the Department of Aging with senior citizens and they pretty much excited me in itself. They do exercise, they get up, things we feel because we're getting older we can't do. Those guys would shock you! They do exercise, jumping jacks, it's like oh my god are they going to break a hip!

2:18 now I have the bigger audience I have a lot more associates but some i..... (5294:5391) - D 2: 801_0006corrected

now I have the bigger audience I have a lot more associates but some is actually becoming friends.

**2:19 I go through trauma myself; ups and downs, like I sad and lonely. I ta.....
(5511:5788) - D 2: 801_0006corrected**

I go through trauma myself; ups and downs, like I sad and lonely. I talk about it and sometimes they can relate and I can relate to these situations and we just converse on a lot of stuff. It keeps me balanced in life, the way I need to be mentally. I really enjoy life itself.

**2:23 So I started educating myself on it and once I kinda got most of it un.....
(6832:7031) - D 2: 801_0006corrected**

So I started educating myself on it and once I kinda got most of it under my belt then I started sharing with everybody else and I let them know it's not the end. It's just the beginning of a new life

**2:28 I have a lot, here at Momentum, I have a lot of people that know me
he..... (8126:8555) - D 2: 801_0006corrected**

I have a lot, here at Momentum, I have a lot of people that know me here and know what I stand for, they don't come to me with drugs or their sexual preference; they don't come to me for that because that's not what I do. I help people on a positive level. I try to help them get positive and stay positive and try to, if I can, help them throughout life step by step by step. It's not easy. It's not easy to change your own life.

**2:30 I'm a sociable guy and I enjoy the company of other people,
conversati..... (8846:8935) - D 2: 801_0006corrected**

I'm a sociable guy and I enjoy the company of other people, conversation, movies; whatever

**3:8 If you treat people right and keep a positive attitude, you can make i.....
(2028:2166) - D 3: 801_0007corrected**

If you treat people right and keep a positive attitude, you can make it because sometimes negativity can affect the immune system as well,

**3:12 But make sure the thing that you do, you be around positive people
and..... (2633:2764) - D 3: 801_0007corrected**

But make sure the thing that you do, you be around positive people and as long as you are around positive people, you could make it.

**3:18 I think that's one thing that kept me going or being around positive p.....
(4555:4891) - D 3: 801_0007corrected**

I think that's one thing that kept me going or being around positive people and being around people that set good example and family, because I told my family, I told them they all know. But my family has a positive outlook on the way -- and they kind of worry about me from time to time, but they're very supportive, so they all know. I

3:20 going to keep on doing what I had to do to stay alive and keep on being..... (5445:5548) - D 3: 801_0007corrected

going to keep on doing what I had to do to stay alive and keep on being positive to working with people.

3:21 Because when you – when I first was diagnosed I never thought that I c..... (5549:5713) - D 3: 801_0007corrected

Because when you – when I first was diagnosed I never thought that I can ever work with people again, but I enjoy working with people and that's what I like to do.

3:22 And so far being HIV positive or being full blown AIDS has not affecte..... (5714:5930) - D 3: 801_0007corrected

And so far being HIV positive or being full blown AIDS has not affected me working with people, but as long you take care of your health, that's the most important. You can live longer if you take care of your health.

3:26 So it's kind of uplifting when you can talk to people who are dealing..... (6906:7245) - D 3: 801_0007corrected

So it's kind of uplifting when you can talk to people who are dealing with the same situation that you are dealing with and they have been able to overcome the nasty stigma, now you are not affected. I mean that's why we're more concerned about what other people have said, how do people really respond, but I don't care about that no more.

3:28 I feel – as long as I can communicate with people, and work with peopl..... (8436:8568) - D 3: 801_0007corrected

I feel – as long as I can communicate with people, and work with people, and go to church, I'd be okay, that's how I feel about that.

3:29 And as an older person, I feel I don't – I don't know, I think I would..... (8570:8834) - D 3: 801_0007corrected

And as an older person, I feel I don't – I don't know, I think I would say more like a father-figure, in other words I could teach other people. I tell young people today you do not, please use safer sex because you do not want to go through what I've been through.

3:35 Even as an older person, I've seen – as an older person I have more fr..... (10763:10887) - D 3: 801_0007corrected

Even as an older person, I've seen – as an older person I have more friends as an older person than I had when I was young.

3:40 But what you can do to boost your life up is that you do it for others..... (12319:12511) - D 3: 801_0007corrected

But what you can do to boost your life up is that you do it for others, as long as you do it for others, because when you're taking care, like in my family I took care of my nieces and nephew.

3:41 It may not be like you have your own kids but you can still parent, yo..... (12641:12875) - D 3: 801_0007corrected

It may not be like you have your own kids but you can still parent, you can still parent children, you can still parent people because you cannot get the virus by giving somebody something, you cannot get the virus by helping somebody.

3:43 But then like I said, the Momentum Project brought me out of it, and e..... (13308:13620) - D 3: 801_0007corrected

But then like I said, the Momentum Project brought me out of it, and ever since I've been coming to Momentum, and ever since I've been dealing with staff here and dealing with the clients here and whenever I get depressed or something, I talk with a staff member. I usually talk with client, it seems to clear up.

3:44 I always had the desire to help other people, and I think that's the m..... (13640:13787) - D 3: 801_0007corrected

I always had the desire to help other people, and I think that's the most important thing, and like I said they help you to overcome the depression,

3:45 but to overcome that nasty stigma keep doing things for others, keep d..... (14790:14916) - D 3: 801_0007corrected

but to overcome that nasty stigma keep doing things for others, keep doing positive things, keep listening to positive people.

3:49 good friend will stick with you from thick to thin, no matter what you..... (16144:16475) - D 3: 801_0007corrected

good friend will stick with you from thick to thin, no matter what you have they will stick with you, a real good friend. I know a brother that I met from the church, he knows that I'm HIV, he knows that my status have advanced to AIDS now, but we all like that, it don't seem to bother him. That's what you call a real good friend.

4:7 What I do now is I go in groups on Fridays to help others trying to ex..... (3171:3298) - D 4: 801_0008corrected

What I do now is I go in groups on Fridays to help others trying to express themselves and be better mouthpieces for themselves.

4:16 I'm very much involved with my church. My church does wonders for me,..... (6898:7285) - D 4: 801_0008corrected

I'm very much involved with my church. My church does wonders for me, I've been involved with them since 2001 and since the Sunday after 9/11 and now, let's see, I'm a delegate, soloist in the choir, and volunteer one or two days a week. Well, now it's one.

I'm getting ready to do a fundraiser where, you know, I will get acts together and do a night of stars and raise money, you know.

**4:21 I'm part of this creative writing group. As a matter of fact, I'm taki.....
(9074:9337) - D 4: 801_0008corrected**

I'm part of this creative writing group. As a matter of fact, I'm taking over this creative writing group that I used to attend. The person has retired to her bee farm and wherever it is Upstate, and she's left to a few of us who are still the elders of the group.

**5:5 No, no. I've been lucky in that sense, because you got a lot of people.....
(3734:3964) - D 5: 801_0009corrected**

No, no. I've been lucky in that sense, because you got a lot of people that haven't been, but I have been lucky. I guess because of my friends and my base of -- it's just a -- I have a good base that's the only thing I have to say.

5:6 My family they completely understand it, you understand what I'm sayin..... (4194:4499) - D 5: 801_0009corrected

My family they completely understand it, you understand what I'm saying? I never had no problems like that. As far as other relationships -- my relationships has been pretty long, I just came out of one that was like nine years and I ain't looking to get back into one no time soon, so, but it's been good.

**5:8 I think the gay community is more open with it, that's why it seems li.....
(5413:5723) - D 5: 801_0009corrected**

I think the gay community is more open with it, that's why it seems like we suffer more losses, or we remember more losses because I think we got a bond together as far as when we find out we're HIV positive and we start helping each other and you get close. Then when you lose somebody it's really a big thing.

**5:9 : I have tried other programs and stuff like that, and they help out t.....
(5929:6174) - D 5: 801_0009corrected**

: I have tried other programs and stuff like that, and they help out too because I've met other people, you know what I'm saying? Well, Momentum has been the base of my program because I don't like to jump around, so Momentum is the main program.

6:25 Yeah! I do outreach in the summertime, go out to the gay park and hand..... (7958:8189) - D 6: 801_0010Corrected

Yeah! I do outreach in the summertime, go out to the gay park and handout condoms. You'd be amazed at some of the younger ones that are there; they're no more than fourteen or fifteen years old and having sex back to back like that.

**6:36 I was distant from people; I must say that but I came around and start.....
(12208:12316) - D 6: 801_0010Corrected**

I was distant from people; I must say that but I came around and started going to groups and stuff like that.

7:10 I've really tried to be an advocate to whatever extent spontaneously s..... (3995:4181) - D 7: 801_0013corrected

I've really tried to be an advocate to whatever extent spontaneously speaking, regardless of where I'm at, who I'm talking to, cover it up, get tested, and so on, that will never change.

7:12 Like I went to Howard and learn how to take care of someone that had c..... (4386:4637) - D 7: 801_0013corrected

Like I went to Howard and learn how to take care of someone that had come to the symptomatic aspect of AIDS. I had a chance to take care of my mother and I saw her waste away-- I used to take care of a lot of people in their homes and hospitals, etc.

7:13 I found that very, very fulfilling, but at the same time it was very h..... (4639:4716) - D 7: 801_0013corrected

I found that very, very fulfilling, but at the same time it was very horrific.

7:18 But today's a very good day because I'm grounded. I have been encounte..... (12015:12311) - D 7: 801_0013corrected

But today's a very good day because I'm grounded. I have been encountering a lot of young people with the church I'm affiliated with, sandwiches on Saturdays too, the homeless and just indoctrinating, I guess, when it comes to homelessness, that's a new thing in this church, in an embryo stage.

7:19 what I call the be in the spirit and being other spirit, being led by..... (12679:12812) - D 7: 801_0013corrected

what I call the be in the spirit and being other spirit, being led by the spirit, you know, become the hands, feet about peace of God.

7:20 I'm trying to be perfect in that area, growing in an area, form and fa..... (12813:13239) - D 7: 801_0013corrected

I'm trying to be perfect in that area, growing in an area, form and fashion that I have a more excellent, excellent relations, to be more excellent in communications skills made to comfort them, come from, as far as somebody to, be mindful of the health or the spirituality, whatever is needed to direct somebody if they're hungry or if they need some clothes or whatever, just be available to be a beacon of light, a guide.

7:26 But I'm just so glad I can deter somebody from that. That is the purpo..... (19677:19861) - D 7: 801_0013corrected

But I'm just so glad I can deter somebody from that. That is the purpose for like...you deter somebody from getting sick or being homeless or being under the lash of an active addiction.

8:5 But I also am involved in the community, the New York City Community o..... (3073:3215) - D 8: 801_0014corrected

But I also am involved in the community, the New York City Community or people living with the virus, Momentum, GMHC, whatever else I can find.

8:12 I kind of see myself as a community advocate (5343:5387) - D 8: 801_0014corrected

I kind of see myself as a community advocate

8:22 you give back to society, lead a good life. I'm trying to do that now (11184:11252) - D 8: 801_0014corrected

you give back to society, lead a good life. I'm trying to do that now

8:25 And then of course I have that whole other circle of friends through m..... (12581:12754) - D 8: 801_0014corrected

And then of course I have that whole other circle of friends through my political advocacy and through my involvement in the services government services for people with HIV.

8:28 So, yeah, so the involving myself, like going to the meal programs and..... (13708:13978) - D 8: 801_0014corrected

So, yeah, so the involving myself, like going to the meal programs and being around other people living with the virus, that's like a support group and it's also a way to gather information and learn, additional coping skills and hearing about other people's experiences.

8:37 I was asked to give a presentation at Care for the Homeless. I worked..... (22953:23157) - D 8: 801_0014corrected

I was asked to give a presentation at Care for the Homeless. I worked as a peer worker for six months and they said, okay, boys and girls gather round. Steve is going to talk about his experience with HIV

8:38 mean, in general, that's why what I do is I go to AA Meetings and I ta..... (23789:23976) - D 8: 801_0014corrected

mean, in general, that's why what I do is I go to AA Meetings and I take care of myself. Maybe I could be a power of example to kids or the fact that I'm a kind and compassionate person.

8:39 I can show up at an AA Meeting and I'm either being useful by listenin..... (24359:24560) - D 8: 801_0014corrected

I can show up at an AA Meeting and I'm either being useful by listening to somebody or I'm being useful by letting someone see how I stay sober that it can be done because that's what it was like for me

**8:40 I'm kind of speak at an 8 o'clock meeting. I'm also chairing at 9:15 m.....
(24944:25437) - D 8: 801_0014corrected**

I'm kind of speak at an 8 o'clock meeting. I'm also chairing at 9:15 meeting and I'll probably go to a 10:30 meeting and I could have gotten to a 12 o'clock meeting today, but I didn't. I go to a lot of meetings. People think I'm crazy, but I'm unemployed and, I like to get up and out and they talk about that in the literature of alcoholics anonymous with those of us who have the time, there's a lot of volunteer opportunities. I could answer phones and into group. I could do a lot of stuff

**8:41 . So I I'm the intergroup delegate for a local meeting. I'm the demo s.....
(25889:26384) - D 8: 801_0014corrected**

. So I I'm the intergroup delegate for a local meeting. I'm the demo services rep for Queens Meeting. I'm trying to get a hold on that level of service because I do, I chair meetings and like we celebrate anniversaries of the last Friday of the month. I'm the person that gets the coins things like that. I've chaired, primarily chair meetings. I help set up, make coffee, things like that. There's a lot of opportunities to just be a part of it, which is what, how it works, which keeps me sane.

**8:42 I did try to commit suicide at 19, but my family played a role. They d.....
(30370:30506) - D 8: 801_0014corrected**

I did try to commit suicide at 19, but my family played a role. They didn't, I knew, the sort of me killing myself was upsetting to them.

**8:43 Because I was there. I was there for all of them when they were little.....
(31733:32081) - D 8: 801_0014corrected**

Because I was there. I was there for all of them when they were little and the thought that I'm here, and I'm not just a memory, and I get to grow old with my sisters because one of the sisters is 66. The other one is 63. My brother in law is 69. And we get a chance to spend more time on this earth growing older together. So I'm grateful for that

**8:45 But so that's why it's good to travel to other areas, which I do becau.....
(32961:33593) - D 8: 801_0014corrected**

But so that's why it's good to travel to other areas, which I do because AA had such a lot of groups participate in the exchange program. You know, I go to Bronx and I go here, I might to guest speaker, nobody has met me before, and that's why those of us who continue to keep on coming to AA never stops getting different because we're all snowflakes and everyone has a different story. It's like we come from different shipwrecks, but we all know ended up in the same lifeboat. Stories are different. And even with AA and even with HIV, the stories are different. But those of us who are here to about it are here to talk about it.

**8:48 But and I've established myself as, it's hard to believe that, my niec.....
(40048:40353) - D 8: 801_0014corrected**

But and I've established myself as, it's hard to believe that, my niece calls to the busiest unemployed person, she knows. But I guess I have established myself as an AIDS

activist and person that does this service in Alcoholics Anonymous. And I'm enjoying life, I'm enjoying, I find the city fascinating.

**9:3 which as I did my training as for the type of work I've done in outrea.....
(4204:4380) - D 9: 801_0019corrected**

which as I did my training as for the type of work I've done in outreach and research because I've worked variously in this field but I'm not disappointing you, I've been around

**9:6 so I learnt how to animate it in order to present it to other people,.....
(7030:7243) - D 9: 801_0019corrected**

so I learnt how to animate it in order to present it to other people, what's going on in your body when this cell is coming in and these phagocytes and these other people that are there they knock these people off.

**9:7 So I learned how to interpret it in my own form of way and it's sort o.....
(7523:8029) - D 9: 801_0019corrected**

So I learned how to interpret it in my own form of way and it's sort of allowed me to live to want to live today, want to continue to live, to have a regular life, to go to work, go to school and I love to dance, I do things, give this information back, outreach on the streets to other people. I do a lot of group facilitation. I do a lot of public speaking. I normally go to people that I know that don't think they know, they think they know but they don't know and I don't mind telling my story to them.

**9:9 And he still wanted to be bothered with me so I got him tested and we.....
(9249:9607) - D 9: 801_0019corrected**

And he still wanted to be bothered with me so I got him tested and we kept on going back and forth but somewhere we got together. But the whole art of it was that I made him part of my care, meeting my doctor, my family never wanted me to come, my family was never open with this. They didn't want try to meet no man with me, no, they don't like none of that.

**9:10 I do lobbying. I go to Albany. I fight for rights for citizenship for.....
(10198:10842) - D 9: 801_0019corrected**

I do lobbying. I go to Albany. I fight for rights for citizenship for people who have HIV and AIDS, young people, parents, little kids that their parents died due to HIV and AIDS and they don't have any funding. Anything related with that I basically even working inside of a boutique where we take donations for HIV and AIDS and homelessness, I do that. I work on the floor as a sales associate as well, the inventory piece. I'd dress up mannequins, do auction windows with people, professional people that make money that are stars I have links to them too that I talk to to get fundraising to get money, Broadway people, I go places I talk.

**9:15 It's hard always addressing it and assessing someone's needs because
t..... (13886:13990) - D 9: 801_0019corrected**

It's hard always addressing it and assessing someone's needs because they can vary from moment to moment.

9:17 I'm like, you know I'm moving so much, Saturday come, I'm like, tellin..... (18008:18445) - D 9: 801_0019corrected

I'm like, you know I'm moving so much, Saturday come, I'm like, telling my sister, I won't see you out at 4 o'clock this afternoon. She'd say, you don't have to worry about, your nephew is going to drop you up whatever you need. I'm like, wow, what a blessing because I'm tired because I'm moving around all day long because I don't want to say that I just laid in that bed, I can't lay in that bed anyway. It would take all my strength.

9:18 My family loves me. My sisters love me, my nieces love me, my uncles I..... (19742:20067) - D 9: 801_0019corrected

My family loves me. My sisters love me, my nieces love me, my uncles loved me, my aunts love me. I had a long journey, a period of time not with them at all. And we discuss over dinner a lot of times when I'm with them is that they actually apologized for not be there, not being there, their lack of education, information.

10:2 I enjoy it. I've been doing it now for 15 years. (11549:11596) - D 10: 801_0017 - corrected

I enjoy it. I've been doing it now for 15 years.

10:12 I was volunteering as interim chair GMHC on 21st Street where the Vill..... (18216:18320) - D 10: 801_0017 - corrected

I was volunteering as interim chair GMHC on 21st Street where the Village Centre is, that belong to GMHC.

10:15 All these years, and I've been a client of GMHC for 15 years now, and..... (24587:24745) - D 10: 801_0017 - corrected

All these years, and I've been a client of GMHC for 15 years now, and I love it. I love to see the people; I love to see the people. All of them are my family

10:23 I can say things have happened to me, but the loss of my ex-lover, I'v..... (34937:35102) - D 10: 801_0017 - corrected

I can say things have happened to me, but the loss of my ex-lover, I've loved everyone, everyone was special but this one, the one that died in 2002, he had this way,

12:8 Yeah right, Pfizer and I have worked with them as a peer educator. The..... (5598:5735) - D 12: 801_0016- corrected

Yeah right, Pfizer and I have worked with them as a peer educator. They had given me a stipend and I was working close with Dr. Williamson

12:10 I was also the peer educator. So the patient that she couldn't reach,..... (6012:6213) - D 12: 801_0016- corrected

I was also the peer educator. So the patient that she couldn't reach, she would send them to me, and I used to tell them about my personal, strength hope and experience living with HIV to get them help.

12:11 But I take my medicine and remind her to take her medicine and she lik..... (6646:6796) - D 12: 801_0016- corrected

But I take my medicine and remind her to take her medicine and she like that I was committed that I work with my acupuncture, my tai-chi, my exercises,

12:12 used to go with her to different conferences all over the world. I use..... (6848:7212) - D 12: 801_0016- corrected

used to go with her to different conferences all over the world. I used to be on speaking panels with Magic Johnson, other HIV people and I was a living example of a person that had come from a low educational background that had to deal with drug addiction and contracted this monster disease of HIV/AIDS and was helping people and I thought I never could do it.

12:13 I became a drug counselor for another private agency that she was work..... (7355:7517) - D 12: 801_0016- corrected

I became a drug counselor for another private agency that she was working for. I did -- I was a detox specialist and intake coordinator and still a peer educator.

12:14 I would do my trainings, go with the other clients, go pick up medicat..... (8343:8696) - D 12: 801_0016- corrected

I would do my trainings, go with the other clients, go pick up medication and go to home bound, other home bound, other clients that couldn't go out and go check on them, see they're eating right, see they're taking their medication. I would teach them how to set up their pill bottles, their pill box weekly, monthly and different things of that nature.

12:15 It was a good thing, you know what I'm saying, and it was good because..... (8698:8852) - D 12: 801_0016- corrected

It was a good thing, you know what I'm saying, and it was good because it gave me encouragement to help other people while I live with as the virus myself.

12:18 I'm taking my medicine and doing the peer training again at the place..... (15535:15703) - D 12: 801_0016- corrected

I'm taking my medicine and doing the peer training again at the place called Boom. It's with an agency they merge Boom and Momentum merge, it's a harm reduction agency.

12:27 I used to advocate to the other inmates about the hotline because a lo..... (19291:19530) - D 12: 801_0016- corrected

I used to advocate to the other inmates about the hotline because a lot of them, had it too, because I was a pre-post test counsellor too. I got my certification on dealing with -- giving people their HIV results and stuff of that nature.

12:32 Then one time I used to deal with pathogenesis the lifecycle of the HI..... (22933:23212) - D 12: 801_0016- corrected

Then one time I used to deal with pathogenesis the lifecycle of the HIV virus that I teach a lot of people about the virus on how it replicate in the body and the different ways that the medication, when you take it properly and how it can stop the virus replicating in your body

12:33 Letting people know that it's not a death sentence, that you can live..... (22805:22932) - D 12: 801_0016- corrected

Letting people know that it's not a death sentence, that you can live and be medically compliant, taking your medicine on time.

12:38 For myself, avoidance is the key, and education's the key and I try to..... (25144:25321) - D 12: 801_0016- corrected

For myself, avoidance is the key, and education's the key and I try to constantly educate myself and apply the education that I get and also be a living example to other people.

13:15 So in between all of that I say my life, my life was, it was an advent..... (12059:12175) - D 13: 801_0012- corrected

So in between all of that I say my life, my life was, it was an adventure good and bad and I learned to help people.

13:18 So, it was a point in time in my life where I had learned to help peop..... (12358:12450) - D 13: 801_0012- corrected

So, it was a point in time in my life where I had learned to help people where I volunteered.

13:19 I gave back because when I was down and out, I see some people suffer,..... (12454:12583) - D 13: 801_0012- corrected

I gave back because when I was down and out, I see some people suffer, I see people being selfish. I see people being mistreated.

13:20 I did a couple of, couple of, I did a couple of courses, and arrive an..... (12584:12779) - D 13: 801_0012- corrected

I did a couple of, couple of, I did a couple of courses, and arrive and a prior had a couple of courses, and I learned to go. I facilitate AMAZE group now, and I also run my own HIV support group.

13:21 My family and I, we connect the ones that are still in Barbados and we..... (14103:14310) - D 13: 801_0012- corrected

My family and I, we connect the ones that are still in Barbados and we call each other, my brother and we spoke for like half an hour running my bills from Barbados last Saturday, and I wired him some money.

13:22 I have support from my cousins, they have accepted me for who I am, an..... (14727:14885) - D 13: 801_0012- corrected

I have support from my cousins, they have accepted me for who I am, and they never got the episodes of me going through the stigma of being scorned and shunned

13:24 So he pays me to cook for him like every other week. That's what I do..... (15909:16056) - D 13: 801_0012- corrected

So he pays me to cook for him like every other week. That's what I do. I do cakes, I cater on the side, I give back creative volunteer and all that.

13:25 You know, I got skills, I do whatever I want, have parties, have been..... (15639:15862) - D 13: 801_0012- corrected

You know, I got skills, I do whatever I want, have parties, have been in parties and I invite my friends over and my neighbour, this person shared enough unofficially a single father got custody of his son, he is a teenager.

13:43 Yeah, couple of years ago, a word they say, couple of years, I agreed..... (24863:24986) - D 13: 801_0012- corrected

Yeah, couple of years ago, a word they say, couple of years, I agreed to speak at my alma mater, two blocks from my house. I

13:44 They told me they will write back and tell me that over 300 people the..... (25674:25862) - D 13: 801_0012- corrected

They told me they will write back and tell me that over 300 people the company had tested, they had testing stations there, and over 300 of those students got tested. So I talked to them--

13:45 . So we hang our brochures, we hang out information about that. And in..... (26588:26744) - D 13: 801_0012- corrected

. So we hang our brochures, we hang out information about that. And in my groups, I tried to tell them, you can't talk to nobody about abstinence these days.

13:47 So I tried to, tried to teach them about HIV prevention, so that's wha..... (27454:27579) - D 13: 801_0012- corrected

So I tried to, tried to teach them about HIV prevention, so that's what I do.

I can only give you the tools whatever you do,

13:48 I try to talk to them about take care of yourself, safety. (26818:26875) - D 13: 801_0012- corrected

I try to talk to them about take care of yourself, safety.

14:21 do a lot of outreach work with animals, I am a major pet lover so I do..... (13244:13369) - D 14: 801_0011- corrected

do a lot of outreach work with animals, I am a major pet lover so I do volunteer work for shelter in Brooklyn in Mighty Mutts

14:22 Yeah, yeah, I go there, I volunteer there and sometimes I've volunteer..... (13549:13663) - D 14: 801_0011- corrected

Yeah, yeah, I go there, I volunteer there and sometimes I've volunteered at the Union Square Park on the weekends.

14:23 I do body work with animals, reflexology, they are more receptive than..... (13825:13902) - D 14: 801_0011- corrected

I do body work with animals, reflexology, they are more receptive than humans.

14:26 can't tell, every time I've been to my therapist it's like, she always..... (14629:14854) - D 14: 801_0011- corrected

can't tell, every time I've been to my therapist it's like, she always asks me, what keeps you going? I say, my girls, my girls. Some of the guys said your girls, you got kids? No, they're my babies and they are very special.

14:27 Of course I have got lots of friends, nothing, no, no, no partners or..... (15053:15138) - D 14: 801_0011- corrected

Of course I have got lots of friends, nothing, no, no, no partners or nothing romantic

14:28 But you know that's my choice. I keep myself very busy, very preoccupi..... (15141:15295) - D 14: 801_0011- corrected

But you know that's my choice. I keep myself very busy, very preoccupied between the volunteer work and working out; I'll keep myself, very, very occupied.

14:35 Yeah, keep telling them, no, you got to take care, you got to take care..... (19503:19575) - D 14: 801_0011- corrected

Yeah, keep telling them, no, you got to take care, you got to take care.

14:39 Helping others. Helping animals helping rescue animals, I think that t..... (21975:22211) - D 14: 801_0011- corrected

Helping others. Helping animals helping rescue animals, I think that touches my heart like nothing else. I've helped so many animals. I felt that my Mighty Mutts I do a lot of work with that agency and that it's really amazing, you know?

14:41 I have a friend in California, and she and her fiancé, they want to ge..... (20651:20834) - D 14: 801_0011- corrected

I have a friend in California, and she and her fiancé, they want to get into animal rescue work and if things work out, she said I could go you know, work with them and help them out.

14:42 I buy them special fancy feast dinners and they have special treats, t..... (24187:24386) - D 14: 801_0011- corrected

I buy them special fancy feast dinners and they have special treats, they're special, they get treated like royalty. I think that they do that for me too, they are very therapeutic, very therapeutic.

14:48 A lot of times I have compassion in my heart, and we don't know why pe..... (25979:26084) - D 14: 801_0011- corrected

A lot of times I have compassion in my heart, and we don't know why people go through the things they do.

14:51 Everyone is in a different space. So we have to meet people where they..... (28255:28332) - D 14: 801_0011- corrected

Everyone is in a different space. So we have to meet people where they are at.

15:7 Yeah, I get a kick out of helping people. (10447:10489) - D 15: 801_0015-corrected

Yeah, I get a kick out of helping people.

15:8 And then I stop and in here, yeah, serving food and stuff that don't b..... (10737:10839) - D 15: 801_0015-corrected

And then I stop and in here, yeah, serving food and stuff that don't bother me, I get a kick out of it.

15:9 Oh about, ohh about 7 years, 8 years. I came back from Baltimore MCVET..... (11096:11367) - D 15: 801_0015-corrected

Oh about, ohh about 7 years, 8 years. I came back from Baltimore MCVET in 06. I started messing around Momentum about 07, and they have sites everywhere Brooklyn, Bronx, Queens. I used to go to all of them, but I only started volunteering here. Every Monday and Wednesday

15:10 but yo if I could help you like-- I mean not only here people in the s..... (11840:12037) - D 15: 801_0015-corrected

but yo if I could help you like-- I mean not only here people in the street too. If I could help them, I will help them. Sometimes I take the pantry, and I'll give it to people that ain't got food

15:12 Feel bad about it, so now I'm kind of, how you say, reconcile. I got t..... (19645:19838) - D 15: 801_0015-corrected

Feel bad about it, so now I'm kind of, how you say, reconcile. I got this weird notion, I knew I was going to hell. I've got this weird notion, that if I help people, the I get to pearly gates.

15:13 I get to feeling you are supposed to help poor when you can, your fell..... (20067:20151) - D 15: 801_0015-corrected

I get to feeling you are supposed to help poor when you can, your fellow human beings

15:16 I got this little girl, she is six on the 23rd of this month, 22nd of..... (20966:21171) - D 15: 801_0015-corrected

I got this little girl, she is six on the 23rd of this month, 22nd of this month. She is my goddaughter; I love this little girl, and that's going to be one of my goal in this life, so she goes to college.

16:3 One thing I do know about HIV is a lot of people that I know and progr..... (3931:4100) - D 16: 801_0018-corrected

One thing I do know about HIV is a lot of people that I know and programs that I go to I go to volunteer like I said people don't know they had it unless they get tested.

16:8 I joined groups, and I listened to the groups that I went to, because..... (6353:6555) - D 16: 801_0018-corrected

I joined groups, and I listened to the groups that I went to, because I learnt in groups that you are not -- I'm not the only one that had it, and then there again, they teach you the healthy food to eat

16:10 I found a woman who is in the programme who got HIV, (8880:8932) - D 16: 801_0018-corrected

I found a woman who is in the programme who got HIV,

16:14 Well, I've talked to like the young kids in my family, but they don't..... (13991:14465) - D 16: 801_0018-corrected

Well, I've talked to like the young kids in my family, but they don't have it, like I said they don't have it, but I talk to them. They now go to programmes and study a lot of different programmes and sometimes they are asking questions about getting high on drugs and going to jail and stuff like that and I told them the truth, be careful, be very wise when you go out there and party because I have friends that they have HIV and they get sick and some of them are dying.

○ Social Support taken

74 Quotations:

1:4 When I came here, they calmed me, they fed me, they told me it was goi..... (1927:2169) - D 1: 801_0005corrected

When I came here, they calmed me, they fed me, they told me it was going to be all right and it has been ever since. I'm very excitable, you know what I'm saying? Somebody taking the time to tell me it's going to be all right, helped me a lot.

1:18 I was raised by my grandmother, and she had a garden and she stirred s..... (6280:6720) - D 1: 801_0005corrected

I was raised by my grandmother, and she had a garden and she stirred stuff in a bowl and got a pantry and gave it to us. We were never sick as children, but I think that has a lot to do with why I am still here because I was taken care of properly when I was young. I'm not fragile like the new age kids because I ate properly, I got enough rest, I was nurtured, I was really nurtured, and I think that was beneficial to me still being here.

1:21 Okay. I know for a fact that I was breastfed because my mother knocked..... (7135:7622) - D 1: 801_0005corrected

Okay. I know for a fact that I was breastfed because my mother knocked that into my head all the time. I was always hungry. I was always greedy. She said it in public. She had to throw a diaper over me and feed me wherever she was. Okay. I know that to be a biological fact that breastfed babies are healthier. My grandparents raised me, so I had a good upbringing. I was brought up, I wasn't drug up. I had a good rearing. I chose to take the wrong path even though I was raised properly

1:25 When I realized, oh, I'm not dead yet and open the door and came out a..... (8902:8994) - D 1: 801_0005corrected

When I realized, oh, I'm not dead yet and open the door and came out and Momentum embrace me

1:26 At this present time, I'm seeing somebody, it's not intimate, oh corre..... (10129:10320) - D 1: 801_0005corrected

At this present time, I'm seeing somebody, it's not intimate, oh correction, it's not a sexual relationship, it's an intimacy. Somebody I'm close with for the last five years and it's a male,

1:27 Relationships are important, but the important thing -- the most impor..... (10629:10871) - D 1: 801_0005corrected

Relationships are important, but the important thing -- the most important thing is what type of relationship is it. Is it something that's going to grow? Is it something that going to go nowhere? Is it for a reason, or is it for no reason?

2:17 Before HIV I had a lot of associates, no one I can actually call my fr..... (4972:5127) - D 2: 801_0006corrected

Before HIV I had a lot of associates, no one I can actually call my friend, just my family because I have a close knit family, a big family but close knit.

2:18 now I have the bigger audience I have a lot more associates but some i..... (5294:5391) - D 2: 801_0006corrected

now I have the bigger audience I have a lot more associates but some is actually becoming friends.

2:19 I go through trauma myself; ups and downs, like I sad and lonely. I ta..... (5511:5788) - D 2: 801_0006corrected

I go through trauma myself; ups and downs, like I sad and lonely. I talk about it and sometimes they can relate and I can relate to these situations and we just converse on a lot of stuff. It keeps me balanced in life, the way I need to be mentally. I really enjoy life itself.

2:30 I'm a sociable guy and I enjoy the company of other people, conversati..... (8846:8935) - D 2: 801_0006corrected

I'm a sociable guy and I enjoy the company of other people, conversation, movies; whatever

3:4 But going through counselor, workshops, and being here at the Momentum..... (1546:1724) - D 3: 801_0007corrected

But going through counselor, workshops, and being here at the Momentum Project, it helped that a lot and I began to relate to people. And then because I begin to relate to people,

3:12 But make sure the thing that you do, you be around positive people and..... (2633:2764) - D 3: 801_0007corrected

But make sure the thing that you do, you be around positive people and as long as you are around positive people, you could make it.

3:16 So I'm struggling with AIDS now, but it's not a struggle to me because..... (4097:4205) - D 3: 801_0007corrected

So I'm struggling with AIDS now, but it's not a struggle to me because of all the counseling I have received.

3:18 I think that's one thing that kept me going or being around positive p..... (4555:4891) - D 3: 801_0007corrected

I think that's one thing that kept me going or being around positive people and being around people that set good example and family, because I told my family, I told them they all know. But my family has a positive outlook on the way -- and they kind of worry about me from time to time, but they're very supportive, so they all know. I

3:19 I got tired doing that, so I told my family and all my friends know, s..... (5033:5134) - D 3: 801_0007corrected

I got tired doing that, so I told my family and all my friends know, so therefore I feel more at ease.

3:24 But now I'm tough, I'm not worrying about the negative response because..... (6450:6667) - D 3: 801_0007corrected

But now I'm tough, I'm not worrying about the negative response because of all the counselling I had here at the Momentum Project, because when the Momentum Project started, we had a lot of counselors when it started.

3:25 And like anytime now if I'm feeling like depressed or something, I can..... (6668:6905) - D 3: 801_0007corrected

And like anytime now if I'm feeling like depressed or something, I can go in there and I can talk to one of their clients. When I hear their story and what they have been through my story like peanuts according to what they been through.

3:35 Even as an older person, I've seen – as an older person I have more fr..... (10763:10887) - D 3: 801_0007corrected

Even as an older person, I've seen – as an older person I have more friends as an older person than I had when I was young.

3:43 But then like I said, the Momentum Project brought me out of it, and e..... (13308:13620) - D 3: 801_0007corrected

But then like I said, the Momentum Project brought me out of it, and ever since I've been coming to Momentum, and ever since I've been dealing with staff here and dealing with the clients here and whenever I get depressed or something, I talk with a staff member. I usually talk with client, it seems to clear up.

3:45 but to overcome that nasty stigma keep doing things for others, keep d..... (14790:14916) - D 3: 801_0007corrected

but to overcome that nasty stigma keep doing things for others, keep doing positive things, keep listening to positive people.

3:46 Keep being positive, take counseling from different people because whe..... (14917:15126) - D 3: 801_0007corrected

Keep being positive, take counseling from different people because when you get positive counseling from different people, you can, especially for someone who sets a good example, it could be used in your life.

3:49 good friend will stick with you from thick to thin, no matter what you..... (16144:16475) - D 3: 801_0007corrected

good friend will stick with you from thick to thin, no matter what you have they will stick with you, a real good friend. I know a brother that I met from the church, he knows that I'm HIV, he knows that my status have advanced to AIDS now, but we all like that, it don't seem to bother him. That's what you call a real good friend.

5:2 I had help with this program, I had a help with friends that I met thr..... (1911:2324) - D 5: 801_0009corrected

I had help with this program, I had a help with friends that I met through this program. There's been a lot of support, you know what I'm saying? It had really help me get through the time because at the time when I was -- when I was finding out that I was on I was doing drugs at the same time. Now I've been clean for like, what, 15 years I've been doing good, so this program has helped a lot, Momentum program.

5:5 No, no. I've been lucky in that sense, because you got a lot of people..... (3734:3964) - D 5: 801_0009corrected

No, no. I've been lucky in that sense, because you got a lot of people that haven't been, but I have been lucky. I guess because of my friends and my base of -- it's just a -- I have a good base that's the only thing I have to say.

5:6 My family they completely understand it, you understand what I'm sayin..... (4194:4499) - D 5: 801_0009corrected

My family they completely understand it, you understand what I'm saying? I never had no problems like that. As far as other relationships -- my relationships has been pretty long, I just came out of one that was like nine years and I ain't looking to get back into one no time soon, so, but it's been good.

5:7 I suffer more losses through the gay community because most people I m..... (5095:5412) - D 5: 801_0009corrected

I suffer more losses through the gay community because most people I mean dealing HIV. Most people still kind of secretive about being feeling not gay, you know what I'm saying? It's -- I mean if you're not HIV -- I mean if you are HIV positive and you're not gay, you're not telling nobody, you know what I'm saying?

5:8 I think the gay community is more open with it, that's why it seems li..... (5413:5723) - D 5: 801_0009corrected

I think the gay community is more open with it, that's why it seems like we suffer more losses, or we remember more losses because I think we got a bond together as far as when we find out we're HIV positive and we start helping each other and you get close. Then when you lose somebody it's really a big thing.

5:9 : I have tried other programs and stuff like that, and they help out t..... (5929:6174) - D 5: 801_0009corrected

: I have tried other programs and stuff like that, and they help out too because I've met other people, you know what I'm saying? Well, Momentum has been the base of my program because I don't like to jump around, so Momentum is the main program.

6:2 I came around and got the proper treatment. I spoke to a counsellor an..... (978:1198) - D 6: 801_0010Corrected

I came around and got the proper treatment. I spoke to a counsellor and she got me hooked up with this doctor and then they started me on medicine and ever since I've been taking my medicine and that's how I cope with it.

**6:11 Well at first I told my sister. She didn't know how to cope with it bu.....
(3177:3331) - D 6: 801_0010Corrected**

Well at first I told my sister. She didn't know how to cope with it but she came around. She said everything is going to be alright and then I told my aunt

6:13 We talk and he calls me to make sure I'm taking my medicine and makes..... (3890:3995) - D 6: 801_0010Corrected

We talk and he calls me to make sure I'm taking my medicine and makes sure I'm eating and that's about it.

6:14 Well Momentum is a good support group. They helped me; I can say they..... (4086:4456) - D 6: 801_0010Corrected

Well Momentum is a good support group. They helped me; I can say they helped a lot. They've been there for me, they make sure I eat properly, I go to the group, especially Afesha[00:04:40]. She makes sure I eat properly, eat the right food, make sure I eat my vegetables because I never ate vegetables before but now I started eating my vegetables so that's a good thing.

**6:36 I was distant from people; I must say that but I came around and start.....
(12208:12316) - D 6: 801_0010Corrected**

I was distant from people; I must say that but I came around and started going to groups and stuff like that.

**7:4 Like, but at that time I had met somebody that invited me to go to Tex.....
(1964:2229) - D 7: 801_0013corrected**

Like, but at that time I had met somebody that invited me to go to Texas. I was in DC and he invited me to go to Texas. I went to Texas and I got hooked up to a doctor and process, getting assistance from the city etc. and I lived in Texas for two and a half years,

**8:2 I was seeing a therapist at the LGBT Centre and he, when I told him I.....
(2439:2639) - D 8: 801_0014corrected**

I was seeing a therapist at the LGBT Centre and he, when I told him I had decided to stop drinking, he recommended I go to AA and I went, and I decided to identify as I decided that I was an alcoholic.

8:7 It's been good because Alcoholics Anonymous it's psychotherapy and it'..... (4010:4122) - D 8: 801_0014corrected

It's been good because Alcoholics Anonymous it's psychotherapy and it's been teaching me to accept my situation,

**8:11 I wasn't even thinking about it. Now I'm, because I'm so grateful for.....
(5157:5342) - D 8: 801_0014corrected**

I wasn't even thinking about it. Now I'm, because I'm so grateful for the proper progress that's been made in the services that are, that are available, that have been there to help me.

**8:20 I still am an alcoholic and I always will be, but I treat it by partic.....
(9650:9768) - D 8: 801_0014corrected**

I still am an alcoholic and I always will be, but I treat it by participation in the fellowship. So it's kind of a gift

**8:21 . I mean I have a lot in terms of my entitlements, and the respect of.....
(10680:10862) - D 8: 801_0014corrected**

. I mean I have a lot in terms of my entitlements, and the respect of my family and friends and my sobriety and the program, I have a lot due to modern science and community activism.

**8:23 I have very loving sisters. The kind of treat me like I'm six, sometim.....
(11993:12225) - D 8: 801_0014corrected**

I have very loving sisters. The kind of treat me like I'm six, sometimes it's a little annoying, especially the older one. But, no, I'm lucky in that way. They know everything there is to know about me and they admire me for coping.

**8:24 Oh, I have a lot of wonderful friends largely in within the program of.....
(12279:12579) - D 8: 801_0014corrected**

Oh, I have a lot of wonderful friends largely in within the program of Alcoholics Anonymous and some as a result of we're having worked with them when I was working in an office, like a "normal person". I'm still in touch with some people from those I experienced in childhood and I'm rich in friends.

**8:28 So, yeah, so the involving myself, like going to the meal programs
and..... (13708:13978) - D 8: 801_0014corrected**

So, yeah, so the involving myself, like going to the meal programs and being around other people living with the virus, that's like a support group and it's also a way to gather information and learn, additional coping skills and hearing about other people's experiences.

**8:43 Because I was there. I was there for all of them when they were little.....
(31733:32081) - D 8: 801_0014corrected**

Because I was there. I was there for all of them when they were little and the thought that I'm here, and I'm not just a memory, and I get to grow old with my sisters because one of the sisters is 66. The other one is 63. My brother in law is 69. And we get a chance to spend more time on this earth growing older together. So I'm grateful for that

**8:45 But so that's why it's good to travel to other areas, which I do becau.....
(32961:33593) - D 8: 801_0014corrected**

But so that's why it's good to travel to other areas, which I do because AA had such a lot of groups participate in the exchange program. You know, I go to Bronx and I go here, I might to guest speaker, nobody has met me before, and that's why those of us who continue to keep on coming to AA never stops getting different because we're all snowflakes and everyone has a different story. It's like we come from different shipwrecks, but we all know ended up in the same lifeboat. Stories are different. And even with AA and even with HIV, the stories are different. But those of us who are here to about it are here to talk about it.

9:1 my nephews and nieces called me back and said, uncle, you've got to co..... (2326:2459) - D 9: 801_0019corrected

my nephews and nieces called me back and said, uncle, you've got to come home, we love you, we found out about that thing that you got

9:9 And he still wanted to be bothered with me so I got him tested and we..... (9249:9607) - D 9: 801_0019corrected

And he still wanted to be bothered with me so I got him tested and we kept on going back and forth but somewhere we got together. But the whole art of it was that I made him part of my care, meeting my doctor, my family never wanted me to come, my family was never open with this. They didn't want try to meet no man with me, no, they don't like none of that.

9:18 My family loves me. My sisters love me, my nieces love me, my uncles l..... (19742:20067) - D 9: 801_0019corrected

My family loves me. My sisters love me, my nieces love me, my uncles loved me, my aunts love me. I had a long journey, a period of time not with them at all. And we discuss over dinner a lot of times when I'm with them is that they actually apologized for not be there, not being there, their lack of education, information.

9:27 I have support. I have people I can go to and say, you know something,..... (25541:25746) - D 9: 801_0019corrected

I have support. I have people I can go to and say, you know something, I feel really funny today, I don't know what it is I'm going through and I feel like doing something stupid, and they will listen to me

10:3 My boss Donna Pine she has been my boss, she's always protected her vo..... (11598:11709) - D 10: 801_0017 - corrected

My boss Donna Pine she has been my boss, she's always protected her volunteers. Here they protect us still a lot

10:15 All these years, and I've been a client of GMHC for 15 years now, and..... (24587:24745) - D 10: 801_0017 - corrected

All these years, and I've been a client of GMHC for 15 years now, and I love it. I love to see the people; I love to see the people. All of them are my family

10:21 My only family is my roommate. We've been friends for 28 years, nothin..... (33498:33621) - D 10: 801_0017 - corrected

My only family is my roommate. We've been friends for 28 years, nothing, nothing, nothing between he and I. We are friends.

10:23 I can say things have happened to me, but the loss of my ex-lover, I've..... (34937:35102) - D 10: 801_0017 - corrected

I can say things have happened to me, but the loss of my ex-lover, I've loved everyone, everyone was special but this one, the one that died in 2002, he had this way,

12:23 But I talk about it in group, I talk about it in NA, AA I let people k..... (17274:17455) - D 12: 801_0016- corrected

But I talk about it in group, I talk about it in NA, AA I let people know that I'm HIV positive, I deal with it on my terms, I take my medicine, I just want to do a no drug holidays.

12:28 It had ups and downs, but I had a lot of support from the outside. The..... (18941:19050) - D 12: 801_0016- corrected

It had ups and downs, but I had a lot of support from the outside. They had a HIV hotline that's pretty nice.

12:30 It made me turn my life around and start getting other people in my li..... (22151:22343) - D 12: 801_0016- corrected

It made me turn my life around and start getting other people in my life and I let the doctor, the HIV specialist and also harm reduction and detox specialist, she played a big part of my life

13:2 I continued to go, got a social worker who in turn helped me out with,..... (3884:4239) - D 13: 801_0012- corrected

I continued to go, got a social worker who in turn helped me out with, you know, getting connected for doctors and for social services because I wasn't living on my own either. That part kind of helped me out for the fact that they helped me out with housing and financial benefits, which I didn't had a clue about because I had been working like you know.

13:8 When one of my friends came to pick me up, I had to go right back to t..... (8713:8898) - D 13: 801_0012- corrected

When one of my friends came to pick me up, I had to go right back to the building. It was like a bat. The sun hurt my, I haven't seen the sun for three months, so the sun hurt my eyes.

13:16 I joined and started going and lost my card one day and decided not to..... (11771:12057) - D 13: 801_0012- corrected

I joined and started going and lost my card one day and decided not to come for 10 years. And I signed back up with Ms. Gastro last year. So Ms. Gastro who happens to be the nutritionist at the place where I also volunteered and do stipend job; she is the one who told me to come back.

13:21 My family and I, we connect the ones that are still in Barbados and we..... (14103:14310) - D 13: 801_0012- corrected

My family and I, we connect the ones that are still in Barbados and we call each other, my brother and we spoke for like half an hour running my bills from Barbados last Saturday, and I wired him some money.

13:22 I have support from my cousins, they have accepted me for who I am, an..... (14727:14885) - D 13: 801_0012- corrected

I have support from my cousins, they have accepted me for who I am, and they never got the episodes of me going through the stigma of being scorned and shunned

14:7 He's the one that saved my life and gave me a second chance of life. H..... (7579:7803) - D 14: 801_0011- corrected

He's the one that saved my life and gave me a second chance of life. He was very caring but I think just, he said to just get on do stress of watching me go through all those turmoils he started like playing with the heroin.

14:12 I'm not religious at all the spiritual, I think I have them spirituali..... (9268:9570) - D 14: 801_0011- corrected

I'm not religious at all the spiritual, I think I have them spiritualist I don't go to any kind of, I don't really do the organised religion. I go to Unity Church which is non-denominational, and it gives me a lot of support I accepted myself as a gay man as an HIV positive gay man. It's been helpful.

14:14 I go to Momentum I go to Gay Men's Health Crisis, they've been very he..... (9935:10010) - D 14: 801_0011- corrected

I go to Momentum I go to Gay Men's Health Crisis, they've been very helpful

14:26 can't tell, every time I've been to my therapist it's like, she always..... (14629:14854) - D 14: 801_0011- corrected

can't tell, every time I've been to my therapist it's like, she always asks me, what keeps you going? I say, my girls, my girls. Some of the guys said your girls, you got kids? No, they're my babies and they are very special.

14:27 Of course I have got lots of friends, nothing, no, no, no partners or..... (15053:15138) - D 14: 801_0011- corrected

Of course I have got lots of friends, nothing, no, no, no partners or nothing romantic

**14:41 I have a friend in California, and she and her fiancé, they want to ge.....
(20651:20834) - D 14: 801_0011- corrected**

I have a friend in California, and she and her fiancé, they want to get into animal rescue work and if things work out, she said I could go you know, work with them and help them out.

**14:42 I buy them special fancy feast dinners and they have special treats,
t..... (24187:24386) - D 14: 801_0011- corrected**

I buy them special fancy feast dinners and they have special treats, they're special, they get treated like royalty. I think that they do that for me too, they are very therapeutic, very therapeutic.

**14:45 As I go to this group at GHMC it's called – it's HIV over fifty. It's.....
(25213:25497) - D 14: 801_0011- corrected**

As I go to this group at GHMC it's called – it's HIV over fifty. It's a New York HIV over fifty and I really get a lot of support from those guys. Some of them are early fifties, late fifties, early sixties, just a lot of them are so optimistic and I'm like, oh, it makes me feel good.

**15:6 Different no – they were the same, they were still the same, still the.....
(10026:10194) - D 15: 801_0015-corrected**

Different no – they were the same, they were still the same, still the same. My sisters and brothers said yeah, we love you, whether you got it or not we still love you.

**16:8 I joined groups, and I listened to the groups that I went to, because.....
(6353:6555) - D 16: 801_0018-corrected**

I joined groups, and I listened to the groups that I went to, because I learnt in groups that you are not -- I'm not the only one that had it, and then there again, they teach you the healthy food to eat

**16:10 I found a woman who is in the programme who got HIV, (8880:8932) - D
16: 801_0018-corrected**

I found a woman who is in the programme who got HIV,

**16:11 Therapy. Therapy, but I have a lot of problems besides HIV, it's like.....
(10323:10397) - D 16: 801_0018-corrected**

Therapy. Therapy, but I have a lot of problems besides HIV, it's like a mix

**16:12 Yeah. Sometimes it does work and sometimes it don't too. I go to NA,
I..... (11619:11748) - D 16: 801_0018-corrected**

Yeah. Sometimes it does work and sometimes it don't too. I go to NA, I go to all kind of therapy that is not going to fix the HIV.

16:18 That's why I go through a lot of programs and therapy (22814:22866) - D 16: 801_0018-corrected

That's why I go through a lot of programs and therapy

○ **Starting Point**

63 Quotations:

1:2 Being newly diagnosed, not knowing who to go to, what to say and how to go about getting services was daunting, actually depressing. (1437:1570) - D 1: 801_0005corrected

Being newly diagnosed, not knowing who to go to, what to say and how to go about getting services was daunting, actually depressing.

1:5 It was out of body experience, to pre and post-test counselling. I remember them telling me, I remember me sitting there, but it was like I was over there watching because I don't know how I got home after I was told. I don't remember. It was like I was moving along, but actually I don't remember how I got home after, but I know I stumbled through the street. It was rough, it was rough, not knowing what to do, not knowing what was going to happen to me at that time. You know what I'm saying? Being diagnosed, I'm thinking, okay, I'm going to just go home and die because I didn't know I had no idea. I went home. (2265:2882) - D 1: 801_0005corrected

It was out of body experience, to pre and post-test counselling. I remember them telling me, I remember me sitting there, but it was like I was over there watching because I don't know how I got home after I was told. I don't remember. It was like I was moving along, but actually I don't remember how I got home after, but I know I stumbled through the street. It was rough, it was rough, not knowing what to do, not knowing what was going to happen to me at that time. You know what I'm saying? Being diagnosed, I'm thinking, okay, I'm going to just go home and die because I didn't know I had no idea. I went home.

1:31 : No, it was more than six months. It was more than six months. It was worse than depression. It was worse than depression. There were days that I didn't wash. There were days that I didn't eat. There were days. (12370:12581) - D 1: 801_0005corrected

: No, it was more than six months. It was more than six months. It was worse than depression. It was worse than depression. There were days that I didn't wash. There were days that I didn't eat. There were days.

1:33 It was worse than depression. I can't think. I can't put a word to it..... (13121:13347) - D 1: 801_0005corrected

It was worse than depression. I can't think. I can't put a word to it. It was worse than depression. I didn't want to live. I told myself it will be better if I was dead because I wouldn't have to go through this so many times.

1:35 one time the mailman came upstairs from the lobby and knocked on my door..... (12593:13062) - D 1: 801_0005corrected

one time the mailman came upstairs from the lobby and knocked on my door. I can't put anything else in your box, so you are alright in there. I'm like yeah. I didn't open the door. I didn't let him look at me. When he went away, I just went downstairs and got the mail. He said next time you go away, come to the post office and tell us and we will

keep it at the post office. I said, okay, thank you. I didn't tell him that I was in the house and just couldn't come out

**2:1 Well, at the beginning of getting tested it was a crazy time. I was sa.....
(1071:1191) - D 2: 801_0006corrected**

Well, at the beginning of getting tested it was a crazy time. I was sad, I was lonely, I was curious if I had it or not.

**2:2 I thought do I have to take medications, how did I get it, why am I ti.....
(1371:1536) - D 2: 801_0006corrected**

I thought do I have to take medications, how did I get it, why am I tired, is my life over? Will I continue to be able to work? How do I tell my family and friends?

2:3 There was so much going on. It was a really crazy time for me. But, um..... (1538:1729) - D 2: 801_0006corrected

There was so much going on. It was a really crazy time for me. But, um, I went through depression, loneliness, sadness, denial; I went through the whole chain of it; it was really bad for me.

**3:1 Well for me to diagnosed with having HIV at first it was a struggle be.....
(1067:1181) - D 3: 801_0007corrected**

Well for me to diagnosed with having HIV at first it was a struggle because of the nasty stigma that come with it.

**3:3 I was the type of person that you couldn't tell me nothing. After I wa.....
(1307:1544) - D 3: 801_0007corrected**

I was the type of person that you couldn't tell me nothing. After I was done diagnosed, you couldn't tell me nothing. I didn't want to hear nothing from nobody, if you are not a family member, you couldn't even talk to me, that how I was.

**3:6 but I thought at first it was a death sentence, (1775:1821) - D 3:
801_0007corrected**

but I thought at first it was a death sentence,

**3:10 And for me, being HIV positive, at first it was a struggle (2344:2401) - D 3:
801_0007corrected**

And for me, being HIV positive, at first it was a struggle

3:14 become depressed, depression sets in, you kind of worry about, well l..... (2989:3124) - D 3: 801_0007corrected

become depressed, depression sets in, you kind of worry about, well I am almost done, might not live tomorrow, so I'm living for today.

3:21 Because when you – when I first was diagnosed I never thought that I c..... (5549:5713) - D 3: 801_0007corrected

Because when you – when I first was diagnosed I never thought that I can ever work with people again, but I enjoy working with people and that's what I like to do.

3:23 when you are HIV because it has such a nasty stigma that come with it,..... (6107:6448) - D 3: 801_0007corrected

when you are HIV because it has such a nasty stigma that come with it, so when you been HIV positive, you can't worry about what other people are going to say about me. I don't want other people to know because they have a negative response and just the kind of response you get, I was afraid of the negative response that I was going to get.

3:42 When I first was diagnosed I was 27 years old because it was back in 1..... (11860:12148) - D 3: 801_0007corrected

When I first was diagnosed I was 27 years old because it was back in 1989, at that time of the age you think about -- at that time when you're that young, you think about having a family and all that kind of stuff, and I couldn't do that, and that's why I started feeling sorry for myself.

4:1 Thought I was going to die, and I said I don't need this medication be..... (1394:1630) - D 4: 801_0008corrected

Thought I was going to die, and I said I don't need this medication because all of a sudden, this medication brought up, you know, I thought. I stopped taking medication, that was when I was 35 something like that, I guess it's 27 years

4:8 debilitated me to the point where I was had curvature of the spine alm..... (3784:4067) - D 4: 801_0008corrected

debilitated me to the point where I was had curvature of the spine almost and I was on a cane and at that time also I was taking medication that was putting me through changes and I had. That was when I had 4 T cells and I was in pampers and I was kind of they say depressed you know.

5:1 It didn't bother me because I mean I heard about it and I knew that li..... (1264:1550) - D 5: 801_0009corrected

It didn't bother me because I mean I heard about it and I knew that lifestyle I was living. So when I -- it was a no shock, put it like that. I think that the doctors was more worried about my reaction because there wasn't no reaction, so they thought something was really wrong with me.

6:1 When I first got diagnosed with HIV, I didn't take it very well. I was..... (862:978) - D 6: 801_0010Corrected

When I first got diagnosed with HIV, I didn't take it very well. I was suicidal because I didn't take it very well. I

**6:4 didn't cope with that very well. I thought I was going to die. I tried.....
(1914:2054) - D 6: 801_0010Corrected**

didn't cope with that very well. I thought I was going to die. I tried to kill myself and then I came to the reality that it's not that bad.

6:12 They treated me kind of bad. They fed me on paper plates, gave me plas..... (3334:3630) - D 6: 801_0010Corrected

They treated me kind of bad. They fed me on paper plates, gave me plastic cups and stuff like that. That was a hurting feeling for real. My brother didn't know how to accept it; he didn't want to talk to me. He didn't talk to me for a long, long time but now he's coming around and talking to me.

**7:1 When I got diagnosed, I was at a homeless shelter. Needless to say, I.....
(1066:1173) - D 7: 801_0013corrected**

When I got diagnosed, I was at a homeless shelter. Needless to say, I just felt like I was in a big process.

**7:2 All the times that I've shared anything about that, that whole thing,.....
(1381:1723) - D 7: 801_0013corrected**

All the times that I've shared anything about that, that whole thing, like I just remembered that they did not tell me they were testing me for HIV, but they did. So they contacted me and the woman literally in the conversation told me I was going to die. Like I was, you're smoking crack real bad because on the streets and just living crazy.

**7:3 I went to the doctor and got all of these medications and I was in the.....
(1753:1963) - D 7: 801_0013corrected**

I went to the doctor and got all of these medications and I was in the shelter in a cubicle and I sat on the bed and I was looking at all the medication. I just broke down and I said to myself, I can't do this.

8:1 He recommended I go on meds on protease inhibitor cocktail and I told..... (1864:2331) - D 8: 801_0014corrected

He recommended I go on meds on protease inhibitor cocktail and I told him I would think about it and I was a heavy drinker at that point. I was living as an alcoholic really, and I quit my job and drank full time and spent all of my assets and resources and ended up homeless living on the streets of New York City and in 2003, I have, I had a horrific headache and I walked into St Vincent's Hospital and they diagnosed me with a viral meningitis and full-blown AIDS.

**8:10 So they're kind of, they go in tandem and I'm so I'm happier really an.....
(4738:5068) - D 8: 801_0014corrected**

So they're kind of, they go in tandem and I'm so I'm happier really and more balanced than I've ever been because of my sobriety, which coincided with falling into this whole

living as a person with AIDS it's cause before from an 1988 to 2000, I wasn't living as a person with AIDS. I was practically living as a person without it.

8:14 I was devastated. It was like being punched in the stomach. It certain..... (6157:6358) - D 8: 801_0014corrected

I was devastated. It was like being punched in the stomach. It certainly didn't surprise me because in the early eighties during the height of the epidemic when it first we'd be all became aware of it.

8:15 I was drinking up a storm and engaging in unprotected, a promiscuous s..... (6477:6810) - D 8: 801_0014corrected

I was drinking up a storm and engaging in unprotected, a promiscuous sex. And I knew I was in the epicentre of the AIDS epidemic, but I really didn't care because as an active alcoholic I was depressed. It was more important to me to get drunk and to go home with someone, then it was to be safe. I was very reckless and irresponsible

8:16 I thought about it, my reaction was, okay, well I'll be dead before I'..... (7055:7248) - D 8: 801_0014corrected

I thought about it, my reaction was, okay, well I'll be dead before I'm 40. It's not going to be pretty, but I'm feeling strong, so I'm going to live as long as I can live is if I don't have it.

8:18 Yeah, I witness, I witness people die. I wouldn't, people with Kaposi'..... (7902:8381) - D 8: 801_0014corrected

Yeah, I witness, I witness people die. I wouldn't, people with Kaposi's sarcoma, I'd be sitting next to him at a bar and they be riddled with Kaposi Sarcoma and the following week they wouldn't be there anymore. Where are they, oh, they died. So I was in the city during that time because as a gay man and a drinker, I am an alcoholic and irresponsible and sexually promiscuous. I was its part of the biasing the gay bar scene here and I didn't care, which was very irresponsible.

8:47 I didn't get involved in the fight. I was like just let me die (36561:36623) - D 8: 801_0014corrected

I didn't get involved in the fight. I was like just let me die

9:2 he's telling me, I don't want you taking care of me you're a faggot an..... (3390:3474) - D 9: 801_0019corrected

he's telling me, I don't want you taking care of me you're a faggot and you got AIDS.

9:4 couldn't address my issue of how I felt about having HIV and Aids and..... (4872:5209) - D 9: 801_0019corrected

couldn't address my issue of how I felt about having HIV and Aids and how the death sentence was upon me. So I think I literally was like, I just didn't care about myself

anymore, my dad and all that kind of stuff, not getting the medicine, so I wound up in a nursing home with no T cells, candidiasis [PH], MAC, my life was going blind.

**9:19 And I just love it. I love it because I tell them, don't feel bad beca.....
(20799:21536) - D 9: 801_0019corrected**

And I just love it. I love it because I tell them, don't feel bad because you weren't there. This journey was my journey and that man, they got me through this journey. I could take that walk and look back at those days today and not cry. But look at someone else and say, I can help that their journey doesn't be as bad as mine, mine was rough; HIV positive, gay, father can't stand it, molestation early on in life, some things went on, bad domestic violent relationships, some kids born, couldn't see them no more. Then somebody found you're HIV positive then the kids got to leave the parents, the mother took them. I mean a lot, I have folds and chapters, and chapters, and chapters, and chapters, and chapters of this oddly journey.

9:26 you know other times self destruction was like, well everybody said sh..... (24939:25095) - D 9: 801_0019corrected

you know other times self destruction was like, well everybody said shit anyway and you are this and you are that and all of a sudden I'm going to die anyway

**10:4 I went to the Empire state building, three times and the three times I.....
(12632:12770) - D 10: 801_0017 - corrected**

I went to the Empire state building, three times and the three times I had tried to jump. I said, if I go, I'm going to go out with splash.

10:20 He served his wife and children, and then when he came to me, he broug..... (30222:30375) - D 10: 801_0017 - corrected

He served his wife and children, and then when he came to me, he brought me a paper plate, and I took the paper plate, I went and threw it in the garbage.

10:26 They were always beating me up because I was, I wasn't the same, I did..... (754:900) - D 10: 801_0017 - corrected

They were always beating me up because I was, I wasn't the same, I didn't want to be this way, but I was molested by three men, all three raped me.

**12:1 I was diagnosed 1983 back with this thing they called GRID like I didn.....
(689:973) - D 12: 801_0016- corrected**

I was diagnosed 1983 back with this thing they called GRID like I didn't really understood because when I was in the hospital for meningitis, they -- I asked my doctor, I say what does GRID mean he said Gay White Man Immune Deficiency. I said I'm neither gay or white how do I get it?

**12:2 Okay, upon when I first received my diagnosis it was a lot of negative.....
(1474:1770) - D 12: 801_0016- corrected**

Okay, upon when I first received my diagnosis it was a lot of negative stigma around it. People that I knew and people that I knew of that had contracted it, they were either killing themselves or taking it as a death sentence. But me, I didn't do it because I was more like a realistic individual

**12:3 At that time it had put me in some type of psychological funk (1965:2026)
- D 12: 801_0016- corrected**

At that time it had put me in some type of psychological funk

**12:4 they was like saying oh if I get this, I'm going to go rob a bank, or.....
(2405:2721) - D 12: 801_0016- corrected**

they was like saying oh if I get this, I'm going to go rob a bank, or if I get this, I'm going to commit suicide. Just do a lot of drugs and just hope that I die and things of that nature. I said to myself, I'm going to try to find out what's the best way that I can live with this because I really don't want to die

**13:1 I was like, oh my God, I got so mad, got ballistic, I was living on th.....
(5219:5494) - D 13: 801_0012- corrected**

I was like, oh my God, I got so mad, got ballistic, I was living on the 15th floor of a building, through a blackout period in the middle of winter. I just, I just was mad. But you know, everything turned out that it is not a death sentence. At that time it was yes it was

**13:2 I continued to go, got a social worker who in turn helped me out with,.....
(3884:4239) - D 13: 801_0012- corrected**

I continued to go, got a social worker who in turn helped me out with, you know, getting connected for doctors and for social services because I wasn't living on my own either. That part kind of helped me out for the fact that they helped me out with housing and financial benefits, which I didn't had a clue about because I had been working like you know.

**13:3 It made me weak, it turned my hair grey, my nails started blackening,.....
(5644:5907) - D 13: 801_0012- corrected**

It made me weak, it turned my hair grey, my nails started blackening, and it was like chronic fatigue I had. I was anaemic and I told one person, that same cousin and the whole world knew because I don't know how she is like kind of like put me in depression mode.

**13:4 I was shunned. I was scorned, I was talked about, I was, oh my God, it.....
(5911:6066) - D 13: 801_0012- corrected**

I was shunned. I was scorned, I was talked about, I was, oh my God, it was a time in my life where I wish, I wish it was a death sentence, that I was dead.

**13:5 You know, everyone talking about me wherever I go, you already got tha.....
(6092:6245) - D 13: 801_0012- corrected**

You know, everyone talking about me wherever I go, you already got that, or I heard you're sick or you can't come to my house. I got shunned by my family,

13:6 I moved to West Palm Beach, Florida. I never told him about my situati..... (6441:6607) - D 13: 801_0012- corrected

I moved to West Palm Beach, Florida. I never told him about my situation because I was traumatized from everything that happened to me. I just wanted to start it anew.

13:8 When one of my friends came to pick me up, I had to go right back to t..... (8713:8898) - D 13: 801_0012- corrected

When one of my friends came to pick me up, I had to go right back to the building. It was like a bat. The sun hurt my, I haven't seen the sun for three months, so the sun hurt my eyes.

13:13 I learned to look accept what I had, that was my first Thanksgiving di..... (11442:11631) - D 13: 801_0012- corrected

I learned to look accept what I had, that was my first Thanksgiving dinner in years. First Christmas I enjoyed it. I learned to live again, start setting up home. I started trying to get up

13:23 You can't use my bathroom, don't come back to my house. My aunt told m..... (14888:15022) - D 13: 801_0012- corrected

You can't use my bathroom, don't come back to my house. My aunt told me that, you can't come back to my house with that thing you got.

13:29 I was so bad that was like so suffering and everything, I had the nerv..... (17380:17595) - D 13: 801_0012- corrected

I was so bad that was like so suffering and everything, I had the nerve to ask God, please take me tonight. I don't want to wake up tomorrow, and when I did wake up the next day, well I was mad because I was alive.

13:32 I'm not going to lie to you. I gave up a couple of times. I gave up,..... (17914:18111) - D 13: 801_0012- corrected

I'm not going to lie to you. I gave up a couple of times. I gave up, I was just tired. It was the suffering, it was the life quote that I didn't plan it, it just happened to be part of this play.

14:1 It was scary, very frightening back in 1988 because I was employed bac..... (2935:3168) - D 14: 801_0011- corrected

It was scary, very frightening back in 1988 because I was employed back then, I pretty much I did critical care nursing and I was under a lot of stress because it was critical care, it's like you do twelve hours, sixteen hours shifts.

**14:2 Anger; if it's alright for me to say that. I got very angry but like-.....
(3813:4131) - D 14: 801_0011- corrected**

Anger; if it's alright for me to say that. I got very angry but like- I was in the peak of my career. I was working on my Masters and I am like, I had a really great partner, we were making it happen. We were just about to buy a condo in the West Village and it was like what's going to happen to my life right now, so.

**14:3 I've worked on it and I'm in a real good place. There was a lot of -.....
(5317:5509) - D 14: 801_0011- corrected**

I've worked on it and I'm in a real good place. There was a lot of - postoperatively took me twelve years to really recoup. I was institutionalised for a while; for many years I couldn't speak

**14:16 It was very difficult to me when I first, years ago I used to walk wit.....
(10567:10745) - D 14: 801_0011- corrected**

It was very difficult to me when I first, years ago I used to walk with a walker for a long time and I went from a walker to a cane, and I just had a lot of neurological problems

**15:1 was living upstate, I don't know I was embarrassed. I wanted to kill t.....
(1305:1386) - D 15: 801_0015-corrected**

was living upstate, I don't know I was embarrassed. I wanted to kill this girl.

**15:2 It isn't that I didn't know how, I didn't want to tell them because. I.....
(2294:2474) - D 15: 801_0015-corrected**

It isn't that I didn't know how, I didn't want to tell them because. I didn't think they would want to do get with me if I tell them. Then I had a thing about wearing prophylactics.

**15:5 I live by myself I've -- I've been alone all my life anyway. Four brot.....
(4467:4671) - D 15: 801_0015-corrected**

I live by myself I've -- I've been alone all my life anyway. Four brothers, two brothers now two died from HIV back in 70s when they ain't had nothing for it, and they didn't have no condom or medication.

**16:1 At that time then, I thought that I would try to kill myself, commit s.....
(3249:3488) - D 16: 801_0018-corrected**

At that time then, I thought that I would try to kill myself, commit suicide. So when she came and told me the news, they had two policemen with her and they took me to a room. Where I cannot jump out a window or run or anything like that.

**16:13 I feel that person, I see that person doesn't have it, some time I wil.....
(13665:13857) - D 16: 801_0018-corrected**

I feel that person, I see that person doesn't have it, some time I will be like I wish I could be like you or I was like you before and then, but once we have it's too late, it's there already