

gcam_ah_20000429_t1_02_edit

Mon, Jan 23, 2023 1:58PM 46:45

SUMMARY KEYWORDS

hiv, people, aids, treatment, community, folks, work, advocacy, viral load, genotypic, houston, diagnostic tool, coalition, tests, interesting, class, talking, disease, program, board

SPEAKERS

Jimmy Carper, Bobby



00:01

within established systems to be agents for chain? Well, you



Jimmy Carper 00:06

know, I, I'm gonna take you off track here because you just said something that I think, to me typifies the entire queer community is that we're not of the ACT UP strain anymore. We are working within the system. And Vermont shows it to us. Right there. I



Bobby 00:33

mean, that was the good news of the week. That's



Jimmy Carper 00:35

really the



00:37

good news of the decade.



Jimmy Carper 00:40

No kidding. But you see where it takes what is if I were to ask you, you know, what is the most least homophobic country in the world? You might say the Netherlands. And I say, Okay, let's go to Amsterdam and go to the gay community there. Well, there isn't one because gays are so

into every part of the community. They don't need a Montrose or a Greenwich Village or a Castro



01:12

and really all through Europe when, when I've been in Europe, one of the first questions I asked when I was there the first time I said, but where's the gay neighborhood? Because I always come from cities where, you know, in Philadelphia, there's this Center City Park Center City. Here, there's Montrose, Dallas, there's Oakland's right. You know, there are there are these gay enclaves. There's power in numbers. My friends looked at me like, well, we don't have one of those. Because where I'm from,



Bobby 01:40

it's the village. Yeah,



Jimmy Carper 01:41

you know, because we don't need it. Right. And that's where we're going. And so like you said, in this case, that's our growth pattern, right?



01:55

I think and I think we can do it. I am. Personally, I believe that you change the world, one person at a time. I mean, I personally,



Jimmy Carper 02:06

while we're changing people a whole lot more than that these days. I mean, I mean,



02:10

as far as our, our interpersonal relationships, people don't know me as a gay man, they know me as rich Aaron Schilt. And then they find out Aaron said, I'm again. Okay. So



Jimmy Carper 02:22

but you're talking about activism. And I think some of the biggest activists and activist right now are people not in the Montrose those are the people in the suburbs, who just quietly live their lives, they own the home, the neighbors, know them, to women to man, whatever. And they're being activists by Justice,



02:44

the living thing I have, I had a real pleasure to know Margaret O'Donnell who works for the University of Houston in the American humanics program. And she's on the board of the Center for AIDS. And she's a recent graduate. And she won't mind me saying this, but you look at her, and she looks like the just the average suburban white woman, well, she has a very keen interest in this disease. And she has, she's very well connected with a lot of people. And she, I find some of our we have 80% of our classes required to be HIV positive. The other 20%, excuse me, is reserved for a significant others and family members mostly, and I Taya, I find that mothers and siblings of folks with HIV and AIDS, make the best advocates because they're so safe taken what is potentially a very difficult situation. And they've taken that energy rather than be angry, a lot of them have taken that energy and put it into activism. So So I encourage significant others and family members to apply. Let me give you before I get too far along, let me give you some basic information on how to contact me



Jimmy Carper 04:04

Oh, please. Because I think what you do is so very, very important, because we need people who are educated in in the disease and what's going on to be on the boards of all of these different groups.



04:18

You know, we tell you a little bit, I have one more little thing to say, but you can reach me at the people with AIDS coalition, just as for rich, and it's 713-522-5428. And this word recruiting for the class. Now the class is going to start in late May. So we're about a month away from our class beginning. So if anyone has any questions you have you have to fill out an application. There's a simple two page application. And just we'll we'll send we'll be happy to send you one of those as needed. Okay, let me have that number 713522. Mach 22544 to a to a and just ask for rich with Project leaf and they'll get you to me. And I'll give you a ring back and give you an application and answer any questions you might have. One of the things you, one of the things you mentioned was talked about boards of directors. And one of the little wrinkles that we decided to do in this year's grant application was not only do we have our full project, leave the full 24 weeks, by the way those classes meet, there'll be two classes, there'll be an evening class for folks who are working, or working during the day, there'll be a daytime class, which will probably meet on Wednesdays from 10 to two. And we we have class, the important thing about to know about Project leap is that it is not a support group. It is an educational endeavor. It's like coming back to school. Yep. And we do some lecture and some participatory stuff. But it is not a support group. It is for people that want to learn about funding streams, and techniques for advocacy, and how services are procured and delivered for folks with HIV and AIDS. So that that's a real clear distinction I like to make for people because there are places to tell your story. You know, there are a lot of places to tell your story in Houston. And those places need to be there. But our function is to teach. And that's what we do. One of the things we decided in talking with some executive directors from eight service organizations and community based organizations, one of the things I heard from them was, they would say to me, you know, my board has no idea where my money comes from, to run this clinic or to run this foundation or to run this agency, they wouldn't know the difference between Ryan White Title One and title two, if it bit him on the butt. That's maybe I don't know. So we kind of heard this from a lot of

people. So what we decided to do, Tracy and I decided, we decided to take the most salient points of this curriculum, and condense them into what we call a four hour board seminar format. So what our goal was, was to present four hours that was really concentrated on funding and service delivery. In other words, we spend 10 minutes on the history of HIV and epidemiology. Okay. Out of the four hours, we spend 10, minute and 10 minutes, Whiplash will cover that. And that's, that's basically what it is. What we decided to do was to offer this condensed curriculum to boards of directors like on a Saturday, telling folks, listen, get your board together, get some sandwiches on the tray. Let's let's go through this. So that your everyone on your board, regardless of what they do, they have at least a basic idea of the major funding sources for HIV and AIDS, and how it works. And the response we've gotten from folks has really been terrific.

 Jimmy Carper 08:08

Not only is that a good idea, but it is just so very needed, right?

 08:13

Also we are we have a mysterious friend, I don't know who this is. But that Thank goodness for the web. We have a friend who works for it's either the National Institutes of Health or the CDC, who somehow has gotten wind of project leap, and posted our press release on their website and distribution list. And so we are, we are, we were called by the Texas Department of Health folks in Lubbock to present this seminar out there, so no kid Tracy and I are gonna paint our little red wagon, and we're gonna go out there and also the women's rising project in Austin. I talk with them on Friday, they would love for us to come out. So this, this is a one of a kind program in the nation. There's no other program like this. There's no there are some programs that do treatment Advocacy Project teaching Philadelphia is one of them. But there's no program that spends this much time on funding for certain service delivery. So what we're, what we're hoping, and our goal for the next two years is to really put this model out there and see what happens. So it's, it's a great program. It's a lot of fun. It's a great way to meet some really interesting people I No

 Jimmy Carper 09:35

kidding. And you know, you've got to keep up with stuff too, because changes happen constantly, right in this in this with this disease. And just thinking about how hospices have changed right in the past, since 1996,

 09:55

the whole treatment, the treatment advocacy, with the advent of protease inhibitors. And you know now what's happening is the estimates are between 30 and 50% of the folks on protease inhibitors are failing those wretched Yes, I know, we talk about now we're talking about what they call salvage therapy, we're talking about, excuse me, one of the newest things was, is what they call STIs are our strategic treatment interruptions, which is a really interesting

concept in the medical community that basically says, you know, quit all your drugs all at once. Give your liver kidneys and, and your body time to rest, and then go back on all of your drugs. After you you've

 Jimmy Carper 10:43

read this, I have read this and you know, I have been on the same treatment since April of 1996. And my T cell count Well, my viral load has gone from 250,000 to undetectable good for you. And it's been undetectable. And T cell count has gone from 60 to just last month. 733 Wow. And so you know how hard it is for me to even conceive of stopping this treatment. But no, I you know, I'm to the point where I can barely walk sometimes from the neuropathy.

 11:23

TDI or DDC or TDI you to all the D drugs will give you an array. That's the way to remember that. The other thing there, there is some dissension in the medical community about this kind of thing. But there's the you have the strategic treatment interruptions, you also have the whole new diagnostic tool of genotypic and phenotypic testing, whoa, what's notch? They are two types of solute and wage there. These are two types of tests. And Tracy Wilson taught me this, I hope I get it right. Two types of tests that determine basically the effectiveness of drugs that you're going to take. They determine what kind of virus you have, which which kind of virus Do you have? Because the biggest problem, the biggest treatment challenge that people have right now, is that drug resistant virus is being passed amongst people. So this this test, one through one studies, what they call genetic mutations, which is the genotypic test and phenotypic test puts your particular brand, if you will, of HIV in a petri dish, and exposes it to two different types of medicine and figures out what works and what doesn't. So it's a very basic and probably slightly incorrect description, but it's a diagnostic tool that helps you to determine which drugs you're there's are two diagnostic tools that determine which drugs your virus is susceptible to. Because in the old days, what they what they had to do plays you had to it was trial, trial and error,

 Jimmy Carper 13:10

trial and error, you have to


 13:13

remember, remember when they were fighting, Jimmy, remember when they were fighting to get viral loads used as a diagnostic tool? Yeah, remember how the drug companies and the insurance companies wouldn't pay for those? Well, now we're in we're in kind of the second generation of a diagnostic tool and genotypic and phenotypic testing. I know, the folks at Southampton Medical Group, Dr. Shannon Schrader who some of you know, I know they use this as a diagnose, they don't use it solely, it's not the sole source that they use, but they use it as a diagnostic tool, with other things. And if you think about it from a monetary standpoint, if a

diagnostic tool is one of these, these range between three and \$600 in costs, so they are kind of pricey, but when you relate that to putting someone on drug for a month, that's not that's does isn't going to work. It actually is cost effective to do these genotypic and phenotypic tests.

 Jimmy Carper 14:13


Let me tell you something, I don't have insurance. I have a hospitalization policy but I don't have anything else and five get a T cell count and a viral load and the full blood work done runs a little over 500 bucks and that's what the discount right so Hey, and I wanted to add why is it that we have to fight tooth and nail with insurance companies for everything to get covered?

 Bobby 14:46

That drives me crazy because me great yeah, I'm very lucky to have been because of my other problem. The one I was born with problem that's how

 14:58

does he does everyone know that you have the two gay men who walked funny in Houston Texas here in the same radio had not because they've had a fun evening though, you know when when Bobby is walking down the street and I'm driving by I go, Look, there's my brother, and everyone in the car thinks it's the most warped thing.

 Bobby 15:20


Oh, and I love to be more than his brother. But that's a whole nother conversation.

 Jimmy Carper 15:28

What we what we mean for folks who don't listen regularly is that Bobby has Spinal Bifida.

 15:34

Yes. And and I have cerebral palsy. There you go. So

 Bobby 15:37

but we we walk in an almost identical manner. We think,


 15:43

you know, if my hair were longer and I had 15 Pounds of silver jewelry on, they might confuse

me for

 Jimmy Carper 15:55

just say that we're listening. You are listening. I'm listening to it too. But especially you out there listening to KPFT Houston and KEOS College Station. This is after hours queer radio, with attitude. I'm Jimmy. Bobby's here. Hello, riches here. Hello, we're talking about serious stuff. And we're going to keep talking about serious stuff until it's time to talk about fun stuff.

 Bobby 16:21

You know, something I was just gonna say, you know, the great thing about that was since we were talking about serious stuff, the this testing is that the idea that you'll know how what to hit something with

 Jimmy Carper 16:35

I think that's a great outdated van is a wonderful thing. Yeah, you know, and years past, you just took something until it stopped working. And I hope that

 16:45

it and this is this is a test that you really need to get. When you take when you take this test, it really means the one of these tests, there are two, the genotypic and phenotypic tests, which are two tests that give you some of the same information but in a different way. You need to have these tests really looked at by someone that's used to interpreting them. So and, and use it in conjunction with all the other diagnostic tools use it in conjunction with a general blood workup with your viral load. And everyone knows not to take your numbers, your T cell count and your Bible load on a monthly basis. Yeah, look at the trends. Yeah. And and these genotypic and phenotypic tests are a really good tool. The science is coming along when they were first out, there was some questions about the science and and how the tests were being interpreted. But they've cleared a lot of that up. And I think very soon this is going to become another standard test that we use, just like the T cell test and and the viral load test.

 Jimmy Carper 17:53

I've been around long enough to remember when we weren't advised not to take an HIV test, because the results weren't always 100%. Look how far we've gone. Right.

 18:08

The other some other interesting things I know, we digress into treatment or progress into treatment, I guess we should say, and Tracy and I do cover we have do have a treatment section in in Project leap. And one of the reasons why you use thank goodness, you're doing

advocacy for funding. Why do you have a treatment section? Well, you know, one of the interesting things that happens to people out in the community is they'll be at a cocktail party and say you're a graduate of my program of our program. And someone will say to you, you know, Jimmy, I just don't understand how this HIV works. I have no idea. My wife and I, we read it on the news. We don't know, my feeling is part of advocacy is having a basic knowledge. You don't have to be a scientist. But you have to have a basic knowledge of some of the basic principles of HIV. How people become HIV positive, how the disease progresses,

B

Bobby 19:11

how messes up your system, right? Yeah,

⦿

19:13

what it does to you

J

Jimmy Carper 19:15

how what the drugs duty replication is, yeah,

⦿

19:18

you know, how the side effects work? Sure, how that the disease is not a curable disease. And why and talk a little bit about how the virus is capable of changing, which makes it so difficult to treat. I think that advocates advocates have to have that basic knowledge. So we spend for things for the 24 hours. That's a big part of it.

J

Jimmy Carper 19:43

So there's just an exchange of of treatment and and hospices and I know that the man who runs Stephens house has been talking about you know, gosh, when I first Got into this it was all gay white gay men. Now, it they are in the very minority and I'm dealing with women and I'm dealing with drug addicts I'm dealing with, with EX convicts, right?

⦿


20:16

The interesting thing is, for the people with AIDS coalition are one of our striking demographics. I looked at this just the other day at 88% of the women that we see as clients at the coalition are African American 8%. And that those fat community is very disempowered. And that's why we seek African American women in this program, one of the one of the other things we're, we're dreaming about, the interesting thing is that the funding cycles for for HIV and AIDS related funding, a lot of them have shifted to two year grants. So when you get a grant, now from, from Ryan, white, a lot of those grants are 24 month grants, which is great, yeah, that way is, hey, if you're getting your case management from AIDS Foundation, or somebody like

that, and then all of a sudden, they lose that grant, well, you've got to go somewhere else on the opposite side of town, you've got to deal with another case manager. That's what we call continuum of care. There's no continuum of care for you as a PWA. In that type of situation. And one of the things there, again, through consumer input to consumer and when I say consumer, I mean HIV positive person, those are our consumers. That input said to the powers that be, you know, we need we can't have folks moving around all the time, it's too difficult for clients. It's difficult for service providers. So what they've done is a lot of these grants have now become renewable. So basically, if you meet your contract requirements, initially, you renewed for another 12 months, which has given people like me, who's a program director, it's given me the ability to do some planning and 10 a little bit of dreaming and one of those dreams is we would like to do some kind of derivative of this education process for Hispanic women for mono lingual, Hispanic women, involving a translator or presenters in Spanish and getting all these materials in Spanish because there are, you know, that that is probably the least empowered group in our better epidemic because everything in that culture is related to the woman is related to her husband. And we we do a session. One of the interesting things about Project bleep is we do a session on how AIDS affects specific communities, the Hispanic community, the black community, the transgendered community, Tom Reiner does a wonderful presentation for us there. We also this year have included a session on housing, what they call HOPWA, which is housing opportunities for people with AIDS, you may have heard of this. We're doing a session on the graying of AIDS, how older Americans are, because

 Jimmy Carper 23:27

yes, I've read that, that that, but you're talking about the African American and Latin communities, and it's something that is so very, very important for people to understand is you cannot put white middle class values and put them on top of the Latin community and the African American community because there are different value systems.

 Bobby 23:51

I saw something I think it was it was on the news and possibly in some of our publications about how the African how all of these ministers and people were going to, you know, get together and tell, you know, try to push, you know, into telling people making sure the word got out to the African community. And I'm like, we're 20 years into this and you're just saying,

 Jimmy Carper 24:21

I know, I know, I know, I feel the same way but you know, and if, if, if the African American people are going to be given that information, it's gonna be through the ministers. Well,

 24:33

and let me let me address that a little bit. We had the pleasure of Rudy Rasmus from St. John's United Methodist was our graduation speaker. We just graduated a class in February, and through him and some other presenters that I've met. One of the things that the black churches have to do is historically the black churches have said To the women of the church, you must

submit to your husband. You know, okay, your husband drinks, He's fooling around with other women, you're in an abusive situation. You pray about that. And it'll be okay. But you have to stay within the sanctity of that marriage at all costs. And I've heard this from our presenters. Yes, one of whom has direct experience with this. Her point was, she said, the black churches now have to take responsibility for promoting that philosophy. So basically, you see this kind of shift, the axis is shifting, and there are some Oh, goodness, I can't remember his name. With a block of very prominent African American preacher in town. He, he the block is an agency that's really targeted at the African American community. Dr. Brenda Paige Smith, from Windsor, from whom is, she is a real powerhouse. In the black community. We're seeing people like Rudy Rasmus, who, who does bread of life. So some people, some folks are waking up this, this is very, very important. And here's the really the word from what I hear now I am, I am the white boy. I mean, all I need is a polka dot wrapper around me, and I'd be a loaf of bread.

 Jimmy Carper 26:31


Red, Yellow and Blue. Right.

 26:36

From what, from what I hear from our presenters, you know, they say that the church has now got to take responsibility. And, and it's beginning to do so. And there are things like the urban aids task force that are,

 Jimmy Carper 26:52

He just cried. It's like, I know, that part of me wants to lay blame, but the other part of me wants to say, hey, no matter what it takes, let them say face because we're dealing in people's lives here.

 Bobby 27:07

And that's the thing we Yeah, I mean, it was, you had all these people saying one thing, and then there was the realities in people's lives when they were at home. And now that has to shift to people realizing that they may be their flock, but these are humans, and they will do things their way, as their as their families, as they're raising is in the Spanish community, as you were talking about, you know, I come from a New York Italian family, you know, we did things a certain show, you know, that's the way things were.

 27:46

And in the black community, it's interesting. It's more acceptable. From what I hear from what our presenters tell me, it's more acceptable in many families in the black community, for children have parents in that community to be a crack addicts than to be HIV infected. And the reason is, is because people in that community are more familiar with that, you know, oh, my grandson is this? Well, oh, I know about that. They're more familiar with that. And it's really, in

some ways more accepted. And this is not my viewpoint. These are things that I that folks have told me. So you have a whole stereo, you have a whole different set of norms. The other thing is in the minority communities just as a as a general rule, but really in the black community and the clients that we see at the coalition. One of the things is, Jimmy, if I'm sure when you became positive, you probably acted on that nearly right away, I would imagine, and you decided to make that a priority in your life just knowing you the way I do, I would make that assumption. Yeah. You have to remember in some communities, you look at what they're dealing with, you're dealing with homelessness, they may be dealing with an addiction issue, they may be dealing with a domestic violence issue. They may they may not have close to where they may have another illness, they may have tuberculosis or some kind of liver damage or something like that. And Oh, guess what the fifth or sixth thing on the list is HIV, HIV. So it doesn't take the same priority in some community. Now, I'm generalizing, of course. But in some communities, it's on down the list. Now, if I was to become HIV positive, the first thing I would do would be get on meds and get an under a doctor's care and do that. Whereas in other communities, it's it's the other thing, it's the fifth or sixth thing down the line. So as service providers that presents a real challenge to us So how do we how do we serve these people affected by HIV? If they don't have a place to live, and they don't have food to eat, and they don't have a place to refrigerate their meds? I mean, how do you, you know, medicate that. And those are some things that we talk about in the class, let's talk we talk about HIV and AIDS in the homeless community, in the youth community, among sex workers, those are all little little bits and parts of this class.

B

Bobby 30:26

The youth community, it seems that there's the there's this misconception that, you know, Jimmy and I had talked about this, since at some length of the youth feel they're immortal because they're young. Oh, yeah. And now it's getting to be a thing of there are more and more young people becoming positive because they believe that we've solved the problem. The meds are out there. So they'll live forever. And it's like,

⦿

31:01

you have the whole philosophy of what they call pep post exposure prophylaxis. Not prophylactic, but prophylaxis, there's a big difference between. And that's basically kind of referred to as the HIV morning after pill. Yeah, and they, you know, this comes from health care, as a result of people getting needle sticks and stuff like that the typical, cares 30 days on HIV drugs to prevent infection. So, but in the minds of the young folks, you know, they think that they can just take a pill or a series of pills for a little while. And there we have it.

J

Jimmy Carper 31:45

Big righteous handed, something came right off the wire. And I'm going to read it for I haven't read it thoroughly myself yet. But the Clinton administration reportedly has designated aids as a threat to national security. The Washington Post reports that NAT the National Security Council is directing a reassessment of government errors, efforts to combat aids. The newspaper says it's the first time the council has ever been involved in fighting on infectious disease. You know, the, the amazing,



32:29

the interesting thing about that is, is one of the things you learn in Project leap is how fundings what we call funding streams. And it's just like, it sounds, the how the streams come from Washington, to places like Houston and Dallas and Austin, Los Angeles everywhere, in what are called eligible metropolitan areas, it's a government lingo. One of the interesting things is about when you learn about how this funding happens, is there's something called the Ryan White Care Act, which I think most people probably know about. They know that that is kind of this omnibus legislation that really authorizes all of the money that is spent for HIV and AIDS or a good portion of it throughout the nation. What what is interesting is, is that these big care at this Care Act, as it's called, the Congress has the opportunity to reauthorize the Ryan White CARE Act every five years. So basically, the Congress says In its simplest form, and pardon my political science, friends, if this is slightly incorrect, but every five years the Congress says, Okay, we will reauthorize this entire act this big pile of money. Well, guess what the year 2000? is, it's time for the reauthorization of the White Care Act. Now it is it is not. I mean, it probably wouldn't happen. But there is a power, there's a probability that Congress could wake up and its collective lack of wisdom one day and say, you know, I don't think we need to reauthorize this act. Let's just do away with it. AIDS is over. People are being treated. People don't need care. So the interesting thing is about the climate right now is that this Care Act is being reauthorized by Congress and in that reauthorization process, they can change the Care Act. Because what, what you need to remember is the Care Act initially, when it was when it was put forth 10 years ago, it was remember where the disease was, at that point. It was predominantly gay white men, and the Care Act was is a, a vehicle by which people, basically gay men could come to the system and say, Okay, I've used up all of my resources. I've used up all of my partner's resources. I've used up my family's resources. Now I must come to you because I need case management and I need medical care, and I need transportation, and, you know, food, pantry, all that kind of stuff. So so that was how the Care Act was really envisioned. And for many years, that's how the Care Act functioned. What's happened now is that it has become more of an entitlement kind of program where it's the first resource that people go to. And a lot of men and women in Congress, especially our Republican brother, and sister in law, and I will make no comment there are saying, you know, well, wait a minute. And one of the valid one of the valid, one of the I won't pardon me, it's not a, it's not a valid statement, but one of the statements that you will hear is, okay, we have all of these things for people with AIDS. What about people with leukemia? What about people with cancer? Why don't they get why don't they get this series of entitlements? Now, there's a there's a whole sociological commentary there, which I'll stay away from. But in the minds of the politicians who make the laws and who formed these acts, this is a sentiment that you hear, I've heard this from the lips of stuff, Texas legislators, they have told me, Well, you know, my wife has cancer, and she didn't get a place to live. She just there's no housing opportunities for people with cancer. You know, why? Why are we developing this special class? So what that says to me is, is that advocacy continued, needs to continue to happen, because as the public perception that the disease is over continues. And as I think the Congress, and unfortunately, I think the next president, as their leanings come away from this disease, we really need for people to step up to the plate. And those people, I think, need to be HIV positive. Because when you stand in front of a crowd, and we talk about this, and project leap, when you stand in front of a crowd, or just a gathering, just a small gathering, and you say, I'm a person affected by this disease, you have instant credibility, because chances are very few people in that room are going to be in the same situation you are. So there is, I'm not saying you have to get on the news, and disclose your status to everyone. But in certain situations, disclosure really enhances advocacy.

And we, we let each person make that decision with living with the from now. But you you see these real concerns, and these are real life statements that people they are, they are statements that have occurred. And I've heard from my with my own ears. So

B

Bobby 38:24

yeah, there was a thing, you know, that it was even in a speech that some lady did at one of the marches, about where will you be when they come Pat Parker? Well, you know, where they came, you know, and then there's that button that says, where they came for this group, and I didn't speak up, I, they came for this group, and then they came for me, and there was no one else to, I mean, if we don't, if we as part of the HIV positive community, don't speak for ourselves, at some point, you know, who's going to be left to do it, when other people are treating are gonna start treating us like we don't no longer exist, because we're all healthy, supposedly healthy with all these meds, you know?



39:06

So there's, you know, there's advocacy for funding, there's advocacy for services, there's advocacy for acceptance, there's advocacy for treatment. And, and just, you know, I mean, we're very lucky here in Western culture, obviously, you know, to have places like the Center for AIDS, which I'll just put a little plug, because they know how much I love the work that they do. That is really one of the premier treatment advocacy organizations in the United States. And it's right here in Houston. On at the intersection of Hawthorne and upang. Joel Martinez, and Michael paronto was our founding directors. They're Paul Simmons, Thomas gagne, who writes the newsletter, Sarah Steen, Sharon white. I think I've named them all Wow. So a great group of folks, if you are under treatment for HIV, and for some reason or another, your doc is not an HIV specialist, and you need information, go there and and tell them what you're doing and what your treatment is, what you've been on previously, and what you're currently thinking about, if you're going to change treatment or change drugs, they have a lot of information on all the various treatments. There's a lot of bogus stuff out there, there's a lot of fraud out there, for HIV. And so you need to be always has been since the very beginning. And there was a study done basically That stated, if you are under treatment for HIV, and your doc is not an HIV or infectious disease specialist, you have a 1/3, you have a 33% increase in your mortality rate, if your doc does not know HIV, so and really Thomas Street Clinic, we the coalition runs a volunteer program out there has for years and has a president out there, I think, in spite of the difficulties that you have in accessing a public health care system, the waiting and things like that, I think that the care that you get there for HIV infection is really quite good. And Shannon Schrader who who is with Southampton? He is, I think he's leaving Thomas street, he dedicated one, one, I believe, one day a week to Thomas Street. And he is, unfortunately, he's leaving Thomas straight. But there are some really good folks out there. They've also had some new management out there, they had some, some administration out there that was not very patient friendly. And through the advocacy there, again, of Tracy Wilson, who is a graduate of this program, and his leadership of the Thomas street Advisory Council, they've really turn things around in that clinic. Very well. And that's another point is that there are all kinds of opportunities were very big in Project leap about points of entry. You know, now that that I'm sure has a different connotation 130 in the morning on a Saturday night, but we we really focus on points of entry, how can you enter into the system? Where do you need to be in? So there's a wonderful book called What color's your parachute? Which basically says, What are you best

apt to do? You know, do you need to be on the board of directors of AIDS Foundation or the PWA? Coalition? Do you need to be a treatment advocate doing volunteer work at the Center for AIDS? Should you be on a patient advisory council, like the Thomas street Advisory Council, you know that all of the public health clinics in Houston, have advisory councils and those councils should primarily be made up of patients who receive care, you bet. So for instance, the Thomas street Advisory Council under Tracy's leadership that and I think, John chef chick is there. And some other folks all of whom a lot of whom graduated from the program, they have really turned patient care in that clinic around as a result of their being there, and advocating for the needs of those clients. So there are different places you can be sure you don't have a lot

B

Bobby 43:38

fright for a man who's suffered, who has



43:42

no T cells and a viral load in the millions. He's listening Hi, Tracy, He just tries to just went through chemo yesterday. So he's feeling kind of low. So if you're listening, I hope you're doing well behave yourself. So there are a lot of opportunities we had, we've had some folks go to all kinds of different places from Project leap. It's kind of like, almost like salmon spawning. They just that's what that's why

J

Jimmy Carper 44:15

it's so important that you are educating people to work in this field.



44:24

And it's, it's a rewarding field. I mean, I've I've been in HIV and AIDS professionally for about the past 10 years, and as a volunteer for the last 15. And, you know, my my father and I have often had this discussion, because he's kind of a corporate type. And, you know, he looks at my nonprofit salary and says, rich, you're 40 years old, you should really be making X number of dollars. So finally, one day, he and I had a little discussion, and the discussion went like this He works. He used to work for Coca Cola, which is a huge company, as you all know. And I said, Dad, I used to tell him that he sold colored sugar water to children. But on a more serious note, I said to him, I said, Dad, you're very successful. But How significant are you? You know, I said, Well, I may not be as successful as you are. But I think I might be just a little bit more significant to people. And the interesting thing about working in this and specifically in education, I love to teach I love to teach the work in education, especially in this field. You can really get it you have an opportunity to be significant. And that's the interesting thing about working in HIV AIDS education. So we were very lucky at the coalition. We've got a great staff. We have quite a few programs. We do case management, we have a well established warehouse program. We have a volunteer program run by Jackie where, who you may know. We have offices at 3400 Montrose, which is where the classes will be the old Cody's building. Yes. Now Scott Curtner Sky Bar, I think it is



Jimmy Carper 46:22

the top floor top floor. So if you know where Kroger's is on Monterey, know where 3400 Miles that's



46:28

where the classes will be. We also have Fifth Ward offices out of Fifth Ward Denver harbor area. Oh, really? And so we're kind of all over the place. We have a new executive director, Naomi Madrid comes to us from the city of Houston.