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An Interview With
Shannon Schrader MD

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AN INTERVIEW WITH SHANNON SCHRADER, MD

LYNN SCHWARTZENBURG: This is Lynn Schwartzenburg interviewing Shannon Schrader, MD, for The oH Project. The interview is taking place on June 11, 2019, in Houston, Texas. I am interviewing Dr. Schrader to document his recollections concerning the response to the HIV/AIDS epidemic in Houston.

Welcome. Thank you for doing this.

SHANNON SCHRADER: Thank you.

LYNN SCHWARTZENBURG: Let’s start at the beginning. When and where were you born?

SHANNON SCHRADER: I was born in northern Kentucky and lived in northern Kentucky until third grade. Born in 1962. At the beginning of fourth grade, I moved to Frankfort, Kentucky, which I call home because that’s where I spent the rest of my life through high school, before I left for college.

LYNN SCHWARTZENBURG: Tell me about your parents.

SHANNON SCHRADER: My mother just turned 79, and spent most of her life working for the state government of Kentucky, retired at 50, and has lived life even better since retirement and been busier. My father was a Marine first and then a Kentucky State Trooper. Before he retired, he was security for the governor of Kentucky, and he also retired at 50 and has had a nice, relaxing life since then. Both still live in Frankfort, Kentucky, no longer married. They separated when I was 17, when I left home for college. I have one brother, who is one year younger than I, and his name is Scott.
SCHWARTZENBURG: What caused you to move to Frankfort?

SCHRADER: My father was transferred, through the Kentucky State Police, from one post to another post. He actually was born and raised in Frankfort, so that was hometown for him. His family lived there. My mother had grown up in a smaller town down the road, and much of our family was in that Central Kentucky area, as well.

SCHWARTZENBURG: So it was unusual that they moved so far north for the first few years of your life?

SCHRADER: It was unusual, but that also was determined by when my father finished his state police training, he was stationed at the post there in northern Kentucky.

SCHWARTZENBURG: Did he do that right out of high school?

SCHRADER: He did the Marines for a couple of years and then the Kentucky State Police, yes.

SCHWARTZENBURG: There were no active conflicts at the time that he was in the Marines?

SCHRADER: There was not, to my knowledge. I think he did some time overseas, but most of it was just sort of the Marine Corps initiation and training.

SCHWARTZENBURG: What were you like as a child?

SCHRADER: I was the oldest of two, and I was the more studious son. I knew at an early age that studying was probably my way to leave the nest someday and feel comfortable with leaving that nest. My brother was the athlete. Basketball, football, baseball, he excelled at everything he did from an athletic standpoint and dated all the hometown girls and lived life in a grand way.

SCHWARTZENBURG: Big man on campus.
SCHRADER: Big man on campus, even though I was the older brother.

In my studies and in my interest in sports, I enjoyed tennis, and I think to my father that was not considered a sport because it wasn’t the typical Big Three. I’m not sure he ever appreciated the fact that that was very important to me. Again, my outlet, I think, was studying because I knew I needed to sort of someday leave the nest and leave it as soon as I could just to be who I was. My father often referred to me as “the bookworm,” which at the time was very unsettling, but I get it, and today I consider that a term of endearment because I think that was his way of expressing some appreciation for what I was attempting to do.

SCHWARTZENBURG: “I see this is who I think that you are,” and could be taken either way, either loving or, you know —

SCHRADER: Correct, on some days, I took it for what it was. Other days, I felt like it was some form of a criticism. The relationship, certainly, with my dad was just more superficial and a little tumultuous. Again, I always knew inside of me I needed a way to exit someday, so I focused. I read a lot and studied a lot, and that was my whole game plan.

SCHWARTZENBURG: That sounds like a really strong desire for someone so young, to just know that you have to leave.

SCHRADER: I think for my sanity reasons. Again, it’s interesting. I could probably go on about my relationship with my father.

Fast forward. When I finally ended up in Houston and out of the very small state of Kentucky, — it’s very close-minded — and I got to become who I was, it was at that point I realized if I held onto the negative emotion about it that
the only person who was going to suffer from that would be me, so I chose, when I first moved here, to release and let it go and not hold onto anger directed at anybody in my family.

There was an interesting experience in moving to Houston and not knowing anyone and doing the internship and residency, which I am happy to chat about. It was May of 1989, and I knew I was going home for Thanksgiving of that year, and in that time frame, I realized I needed to create an environment at home to state what I was feeling, but also then to forgive.

I visited a therapist here in town that had been referred to me. I had never been through counseling before. This young lady in The Heights, we role-played. She role-played me. She role-played my conversation that was supposed to transpire with my father. We even had 3-by-5 index cards with how this conversation was supposed to play out. It was a very tough exercise, certainly, to do.

I made it home for Thanksgiving, and because my parents had already divorced at that point, I had to divide time over that long weekend between my mother and my father, but I knew my father would be taking me back to the airport on Sunday morning to fly home, which was an hour drive away, to Louisville, Kentucky. Normally his wife would go along.

Well, the weekend kept passing, and I was anxious and nervous, and I had the 3-by-5 index card in my pocket, and I just think, “This is not going to happen the way it’s supposed to,” and I was frustrated because I felt like I was failing at what I came there to accomplish.

That Sunday morning, my father’s wife spoke up and said,
“I’m not sure what it is, but I think you need to take this ride with your father by yourself.”

I thought, “It was that obvious?” is what I was thinking in my head.

We did the ride. It was an hour of complete silence. At the end of the ride, though, rather than just pulling up and dropping me off, he gets out and gives me a hug. I’d like to believe I saw a tear in his eye. In nothing being stated, a lot was stated.

I came back and had one more visit with the therapist. “How did it go? How did it go?”

I said, “Well, this is how it played out.”

Her conversation with me was, “So you didn’t use our script?”

I’m like, “No, I didn’t.”

You could tell by her body language that she was very disappointed that it didn’t play out that way. My parting words to her were, “You helped me more than you will ever know, but things don’t always play out the way you plan them. You have to be spontaneous and go with it and get with the emotion at the time, and that’s what happened.”

Anyway, here we are this many years later, and the forgiveness I was able to do back then allowed me to proceed forward to where I am today.

SCHWARTZENBURG: So that hug said it all.

SCHRADER: It spoke volumes.

The other thing that I feel like I missed out on as a child, I’ve been able to carry forward into my exam rooms, and that’s a hug, hoping it would bring healing on so many levels.
SCHWARTZENBURG: It’s a sort of trademark, isn’t it?

SCHRADER: It is. I have mentioned to you, when we first met, that what people don’t understand is, I get as much from it as they may. So there’s still some healing going on, and it’s a two-way street.

SCHWARTZENBURG: Let’s touch on high school and making your decision about what’s next after high school, going to college. What were your thoughts, desires at that point?

SCHRADER: My high school years were actually kind years. I did have a network of friends, and we were close, but when it came time for graduation, we all sort of went our own separate ways to different colleges. I had the pipe dream of leaving Kentucky then to go to some place out of state or to go to a private school. Initially I was told I could by my family, but when it got down to the finances, we realized that wasn’t going to be feasible, so I then had to start applying for student loans and that type of thing, so I chose to attend the University of Kentucky.

When you live in Kentucky, you have blue blood coursing through your veins when it comes to basketball and athletics, so I couldn't let that down. I was a big fan. I do remember fond memories of growing up and us watching the sporting events together rooting for the University of Kentucky.

I majored in biology. At that time, that’s what they wanted you to do if you knew you wanted to go to medical school.

SCHWARTZENBURG: And you knew you wanted to go?

SCHRADER: I did know I wanted to go to medical school. I had an uncle who was a dermatologist. It’s a brother of my mother. That was always in the back of my mind. I wanted to follow in his footsteps because I certainly respected him. He
was always very supportive and encouraged me.

Growing up in a rural state, doctors used to do home visits, and I remember that. Not that we ever had them over very much, because we would go to the health department if we wanted free vaccines, or put a water bottle on your ear if you had an earache, or take an aspirin or something. Fortunately, we were healthy kids.

There was an old family doctor named Dr. Snyder that I met once or twice. He took care of my grandparents. He took care of my dad when he was a child, and my dad stayed friends with him. He actually was just an eye doctor.

I remember once in elementary school, it may have been junior high, I was helping my mother cook in the kitchen, and I tried to open a can of lemonade, frozen lemonade, and I actually sustained a laceration to my thumb. I'm like, “Okay, this is an emergency room visit,” so my father took me to this emergency room and called the old family friend, and he met us in the emergency room with his elderly nurse.

As a kid, I was very afraid of what was about ready to happen, but I will never forget his nor her expression when they saw the cut on my hand, and it was an expression of, “That is awful. That is bad. That is terrible,” which only escalated my fear. To this day, I still remember the body language that both of them demonstrated.

I told myself that day that in my future career as a physician, I would be very cognizant of my body language and how I reacted to something that may not be pleasant, or to a story that I may not agree with, but who am I to, certainly, judge in that scenario? Because I felt like I had been judged many times by my
own parent. I remember that, and I still try to carry that forward today.

Even in college, I am not one of these people that has the photographic memory. I had to earn every grade I made. I was always diligent enough to try to do well, to show my family my grades while I was trying to get into premed and med school. I still think today I was doing it on some level to get a compliment or to please, my father in particular, in some way since I wasn’t the athlete, I didn’t feel like I measured up. That was always a driving force, I think, through undergraduate. I ended up applying and making it into medical school.

SCHWARTZENBURG: Which medical school?

SCHRADER: University of Louisville School of Medicine. First, because that’s where my uncle had attended, and I wanted him to write me a letter of recommendation. Secondly, at the time anyway, of the ranking of medical schools in state, that had the better ranking than the University of Kentucky.

I moved to Lexington and really didn’t know anybody, so I studied, and here I was moving to Louisville for another four years and really didn’t know many people, and I was studying most of the time, but I met some great people through both of those experiences, but isolating to the point where I knew I had a mission. I had a mission, and I wasn’t going to stop until I made that mission because I knew the next step was my exit strategy. Not an exit in a bad way, I just needed to figure out who I was and to be okay with who I was because I knew I was sort of glazing the surface of actually who I was as a gay man.

I studied through med school. In med school, you have to decide what specialty you want to do. I’m not someone that was ever interested in a surgical type of thing. I still remember the country doc mentality. I still remember the
potential of doing home visits. I still remember that facial expression. I wanted a continuity of care to where I know a grandparent, a parent, and a child, and they can call me if they needed me. That’s what I aspire to do.

Of course, family practice in medical schools was not always the popular specialty to go into because everyone tended to want to do a specialty which was more lucrative. But that’s what drove me, is the connection and the continuity of care with people and patients.

SCHWARTZENBURG: You really need to know more about more things. It’s a little more difficult than specializing, in a way.

SCHRADER: We do, and every 10 years we retake a board exam to make sure we’re staying up with the current stuff. It was a long four years.

SCHWARTZENBURG: Is it mostly classes, or is there any clinical, or out-in-the-field, in-the-hospitals type of thing?

SCHRADER: The first two years of med school in most medical schools are nothing but classroom, where you learn the anatomy, physiology, the cadavers, the pharmacology, those types of topics. The last two years are where you rotate in a hospital setting or a clinic setting through a different specialty every month.

Many of us change our mind through those rotations. You may be doing pediatrics this month. “Well, I want to take care of kids the rest of my life.” Or you may be doing deliveries. “Well, I want to be ob-gyn.” Those are the years where we change our mind, but I still stuck with primary care because actually in primary care, you can do all of that except for the surgery part, because you’re trained in delivering babies, you’re trained in pediatrics, you’re trained in adult medicine and all aspects of that.
During my training at University of Louisville, which was in the mid-1980s, there were only very few HIV patients that were in the hospital wards at the time, and we were officially not allowed to follow them one-on-one. We could follow them peripherally if we were on a consulting service. For example, if we were doing renal service, for kidney health, and that patient happened to have a kidney issue, we would follow our attending physician to the bedside, but we weren’t allowed to be the main team member to take care of these patients. I always thought that that was unusual, but I was naïve to everything back then, especially in the HIV world.

SCHWARTZENBURG: Did they offer an explanation for that?

SCHRADER: They did not, that I recall. They did not.

Of course, graduating from medical school, I certainly did not even entertain the idea of ever being involved in the HIV world. On the day of graduation, my brother — and to no fault of his own, who is my father’s favorite son — made a comment to me at the end of graduation that it was now my turn to shine. I found that a fascinating comment because I don’t think one, as a child, should have to necessarily accomplish something to, quote-unquote, shine, and why couldn’t I have shone as a shining star when I was a child, when you need it most, when you need validation that you’re okay?

Certainly the topic of what I was feeling on the inside about who I was never arose. I actually grew up hearing jokes about lifestyle alternatives, if you will, from a Marine and policeman and the good old boys.

But I took that comment from my brother with a grain of salt; that this is my chance. I’m no longer doing it for anyone else but me. Now I’ve
accomplished what I set out to do, and it’s time to go.

During your last year of medical school, you choose your specialty of choice, and then you get to determine where you would like to attend your internship and residency program. I interviewed at four places. One was back in northern Kentucky, into a private hospital family practice residency. I had spent a month rotation there and absolutely loved it.

Another place where I interviewed was the Bronx Lebanon Hospital in Bronx, New York. The idea of New York just sounded fascinating to me as a young person. That was a reflection of once on a whim in college, a friend and I drove a VW [Volkswagen] Bug from Lexington, Kentucky, to Times Square, New York City, on New Year’s Eve, in a car that had no heat, spent one very long night in Times Square in a crowded mess of people, and drove back the next day. But the momentum and what that fueled in me to just be adventurous about New York City led me to want to interview there.

The Bronx, probably more so back then that now, had some rough areas, and this hospital was particularly in a rough part of the city. It was in a winter time of interviewing, and I flew into LaGuardia. I had an overcoat and a suit on, and it was difficult finding a cab to escort me to The Bronx to drop me off at the hospital for my interview.

SCHWARTZENBURG: Why?

SCHRADER: I think the nature of just the area; that it was going to be dangerous and the chances of a cab driver finding another ride back in for business was probably slim to none. Fortunately, by some fortuitous reason, a cab driver did drive me to this place to drop me off at the emergency room to enter the building. We had to
circle the building several times, and he would not let me out of the car, telling me from the front seat that, “This is dangerous. There’s a gang, there’s a gang, there’s a gang, and this would not be a safe place to drop you off.”

Finally, there was a moment that I was able to get out of the cab and run into the building and do my interviews with some of the faculty for the family practice program there.

There were several other applicants also interviewing that day, who were not in a suit, not in an overcoat. They were dressed in everyday wear. They were different people from what I was used to in Kentucky. Piercings and tattoos and hair different color, and it made me feel a little out of my element, but I was there to interview, and all I could do was answer the questions that they had.

They did keep asking questions on how comfortable I was with HIV care, and I had to truly answer I was not, but I was willing to learn.

We did a tour of the hospital, and all I remember is bay after bay after bay of patients only divided by a curtain of these dying HIV-positive patients, and the chaos that was occurring in the emergency room at the time.

SCHWARTZENBURG: Was that the first time you had seen a scene like that?

SCHRADER: It was. It was, and it was life-changing, but it almost changed my life to the point where I was making a visceral decision that I didn’t want to do that. That’s not why I chose family practice.

The interview ended. They helped me find a cab back to LaGuardia. I immediately received letters from the people who conducted the interviews with me asking me to please rank their program so I could attend there. I remember succinctly that they stated they wanted someone in their program that was like the
all-American boy. But I had a fear for my safety. I had a fear of that concept of these people are going to die on me, and that makes me not successful with medicine, necessarily. You’re supposed to help people live.

I had another interview at UCSF [University of California, San Francisco] in San Francisco. Now, granted, I don’t know why I chose that one, but I knew it was a long way from home, okay? But I have to be honest now, reflecting back, that I think it was driven by this internal message that I needed to become who I was on the inside. I was 27 years old. It was time to figure this out.

I interviewed on Ward 86, which is the famous HIV ward at San Francisco General Hospital. Faculty members interviewed me. I was assigned to a resident to show me a tour of this county hospital. Again, there was chaos. There were people dying right and left and sick. You knew they were not going to leave that unit.

The resident who was assigned to showing me around pulled me off to the side and said, “This place may not be the safest place since residents get things stolen and pickpocketed on a regular basis.” He looks me straight in the eye and he says, “Unless all you want to know is HIV, this is not the place to come.” This is 1989.

I had one more interview, and that was with Baylor College of Medicine here in Houston, which had also been suggested by the uncle who is a dermatologist, to consider Baylor. It has a great reputation. I land here at a very nice, upscale family practice environment on Greenbriar and was interviewed by Robert Rakel, who is one of the fathers of family practice, has written many textbooks, a couple of other faculty members and residents, and I’m still friends
with some of those residents today since they still practice in Houston.

There was one interviewer, Dr. Susan Miller, who at the time I didn’t realize certainly that she was cutting edge in the HIV world in Houston and elsewhere. The moment I walked into her office, she embraced me. She took me under her wing. She encouraged me. She was so kind. Granted, she didn’t say anything about HIV and that that was her area, but she almost made a promise that she would guide me through this, and we just connected.

The decision then had to be made. How do I rank these programs? Every March, there’s something called National Match Day, but you have to rank your programs. I struggled. I knew northern Kentucky was too close. I don’t even think I ended up putting that on my ranking list. I put Baylor, No. 1; Bronx, No. 2; UCSF, No. 3, because all I didn’t want to know was HIV, and that’s what I’d been told at UCSF.

Well, fortunately, I matched my first choice of Baylor and moved here in May of 1989 to start my internship. Dr. Miller and I certainly reconnected.

SCHWARTZENBURG: What is an internship like?

SCHRADER: Your first year of internship is probably the toughest year. I like to consider it an initiation into the fraternity, if you will. Back then, less so now, you were on call for 36 hours straight, went home and slept for 12 hours, and probably came back for another 36 hours. It was exhausting. I didn’t know a soul in the city. There were 12 of us who were residents in this program at the time.

As a family practice intern, you don’t spend your whole time in that one specialty. You rotate through the different specialties. You may rotate through pediatrics, and there are pediatric residents. They are interns, but you are the
family practice intern. Not always do family practice interns or residents get the respect within the respective specialties’ areas.

I knew for me to learn, I needed to speak out for myself, and I did quite often. People within Baylor College of Medicine knew who I was in the departments because I wanted to learn just as much as the interns and residents did.

The first month I was an intern, I almost quit. It was 24 hours in a labor and delivery at LBJ [Lyndon Baines Johnson] Hospital, and I obviously had not been taught very well in med school about labor and delivery. The ob residents did that. For 24 hours, the nurses and the ob residents would yell and scream, and I was exhausted, and I was lonely. I almost made a decision to leave. I was 27.

A few months after I moved to Houston, on a weekend when I was not on call, my brother came to visit. He was actually living outside of Dallas at that time, but he came to Houston to visit. We went out. We were at a bar. It was after-hours, and we ended up going to an after-hours bar just to have some more drinks. We were also with a neighbor. We walk into the after-hours bar, and there were quite a few cliques of people. Obvious that many of them may have been gay.

This neighbor friend immediately went up to one of these groups and tried to pick a fight and certainly say some derogatory comments, so I step in to break up the whole encounter. A young man in that group came up to me about 20 minutes later to thank me for that, introduced himself, gave me a phone number. He was 19. I was 27.

Before the night was over, my brother said, “Why did you take that
number? That may give him the wrong impression.”

But I did reach out two weeks later, and that young man was my very first relationship. That 19-year-old taught this 27-year-old to be comfortable in my own skin, to embrace who I was on the inside, and to allow me to state that my faith, which is very strong to me, is okay with who I am.

SCHWARTZENBURG: That’s huge.

SCHRADER: At 19, he was high on life, and your first is someone you always remember.

Four months later, he decided he had some wild oats to sow and that he needed to end the relationship. I was heartbroken. He also knew that the only way for me to move forward was to not be in contact for a period of time.

SCHWARTZENBURG: A clean break.

SCHRADER: Now I was in internship, and so I had a distraction, but I was still heartbroken. I focused on my internship to just get by that first year because I knew it was the toughest. It was also in that internship year that Susan Miller guided me. She set the stage for me to want to take care of her patients. Many of her patients were obviously HIV. She was doing research. She traveled a lot speaking. I think she knew I was the only resident, and even amongst her faculty peers, who was willing to step into this room, engage in a conversation, embrace, and not have fear that I may catch this from being in the room with them. That idea was still very prevalent in the minds of many people. I took this on, and the lessons that some of these patients taught me were more than I ever learned from any other man in my life.

SCHWARTZENBURG: What were the lessons?
SCHRADER: Probably the biggest lesson that I remember is, “You need to get right with who you are first.”

SCHWARTZENBURG: So they saw right through any veneer?

SCHRADER: They saw right through.

“Once you get right with who you are, you will be an amazing physician.”

There are a few that stick out. A couple of them are actually buried in the same cemetery plot at Glenwood on Washington Avenue. I will go over there on some occasions still today and sit in this peaceful place and talk to these old friends. One of those people was Monte Frost, whom you may or may not know. There’s the Frost Eye Clinic at Legacy Clinic. He took me under his wing; he became a paternal figure in my life.

But each and every day as people were dying back then, another lesson they taught me was, this life is not necessarily about me as an individual. It is about helping others the best that you can. Some of these patients were enrolling in studies that they knew would be harsh on them, but they wanted to blaze that trail for the people who were to follow. I referred to them as ninja warriors. There was fear of being in pain, there was fear certainly of dying, but they also still had the mentality of wanting to help others to follow.

SCHWARTZENBURG: They sacrificed.

SCHRADER: They did, they did, and it was a selfless act. I still regret today that I never journaled about each and every one of these people because there are hundreds of them, hundreds. In some way, I still keep a piece of each one of them with me. My very first HIV patient for whom I was totally responsible for the care was a young man named Edward.
In family practice internship and residencies, from the first year until you finish the third year, you create a patient base at a clinic, and they become your family practice patients. He established with me probably through being referred to Dr. Miller, but her panel was full, so she referred him to me. I was then allowed to initiate my first research study and to get access for this young man to a drug called ddI [didanosine]. In filling out all the FDA [Food and Drug Administration] forms and all the questionnaires, I was always designated as the responsible physician for that. Back then, we treated people with one drug at a time. You fail one, you go on the next one.

Edward showed up every week to see me. A lot of times the message was, “You’re fine. Your numbers are stable. You’re tolerating your medications. Let’s do some lab work. I need to get it for the study.”

He would show up again the following week.

Eventually he developed CNS [central nervous system] lymphoma and passed. His family, his mother in particular, met me at this time, not prior to that.

SCHWARTZENBURG: After he died?

SCHRADER: After he died.

She asked me to deliver the eulogy. First of all, I knew I wouldn’t stand up there without just being a blubbery, noncomposed person. I declined, and I declined for the reason that if I did it for him, there may be more in the future where I would be requested to do that, and if I did it for one, I would have to do it for all, and I chose not to do that. I wanted to set the ground rules from that point on. I did attend the funeral, which I’ve only done once or twice since then, as well. But I knew my life was going in a different trajectory after this because I
had a fire burning in me.

At the funeral, his mother got up and said some very kind words about me. Afterwards, I went up and met her. She saw me come, and she says, “Come here, son. I call you that because I consider you a son of mine.” She asked if I ever wondered why Edward showed up every single week.

I said, “As a matter of fact, yes.”

Her response was, “You were the only one who ever touched or hugged him and was not afraid to do those. He didn’t feel judged. He didn’t feel isolated. He felt like someone cared.”

His family lived elsewhere. He was by himself here. He never shared that with me, and I never picked up on that. But that was a very poignant moment for me. Again, just as much as I need this [demonstrating], they obviously do, too. We stayed in touch for a while, his mother and I did. She still referred to me as “son” for many years.

I’ll reflect back again on Susan Miller because she made such an impact on my life, and I give her much of the credit for identifying within me some passion that I hadn’t tapped into yet, and she just knew that a door needed to be opened, and she did. She was the first medical director of Thomas Street Clinic, when it was all on one floor, people were very ill, and she would allow me to go help there and volunteer there. There was one day I was there, and I had just come out of an exam room, and there was a patient who just hauled off and punched me right upside the head. My glasses went flying across the floor.

She comes running around the corner and brings me into her office. “What happened?” she asked.
“Nothing.”

To make a long story short, this person had toxoplasmosis and wasn’t thinking right. Some of the other doctors were joking about me pressing charges and things like that, I stated “No, this is a memory. This is a memory.”

SCHWARTZENBURG: A good story.

SCHRADER: Thomas Street Clinic is an amazing place for so many people here in town — after your first year of internship, you get to spend more time in subspecialties within family practice, in case you want to subspecialize in sports medicine, cardiology, emergency medicine. Again, I sort of spoke up for myself.

In the last year, your third year, the faculty members choose a chief resident. We happened to have two, and there were two of us who were chosen to be chief resident. The role of chief resident is to work out a schedule of call coverage and to also handle any disciplinary actions amongst your colleagues or peers if there were such actions that needed to happen. Fortunately, there weren’t that many.

There are some other things that happened during that whole time frame. I created my own panel of patients. On the weekends, I would help cover Dr. Miller’s patients when she was out of town. I got comfortable after Edward with my own mortality. I also realized that I might be at risk for this if I’m not smart here, so I had better embrace everything I can and learn everything I can to help these people, these patients, have as much quality of life as possible, to work hard to get access to drugs for them, and to always remind them how much someone cares about them because I know, without a doubt, that all of them at some point have been judged and chastised and told they were bad people by
parents perhaps, by family, by their church, by themselves because they may have
started to believe it. If you hear it often enough, you start to believe it.

[END OF AUDIO PART 1]

SCHWARTZENBURG: Not only being gay, but also HIV positive.

SCHRADER: A second stigma to deal with.

Of course, during the death and dying of many of these patients and
holding them in your arms, and more often than not seeing a smile on their face
when they take their last breath, there’s a comfort in that to me because I know
there’s a brighter, more peaceful place, and it let me know that they had arrived.

Then the horror stories of families coming out of the woodwork to try to
claim parts of an estate or something, especially if nothing had been documented,
and even then, documented things were not always followed through on if their
significant others were on that document, because families brought up every
excuse in the book. I’ve seen horror stories along those lines and remember some
of those.

Fast forward. Today, it’s somewhat better, but it has to be in legal writing
and registered somewhere.

During residency, a couple of other things that happened that kept fueling
this passion inside of me. There was a movie, Longtime Companion, the first one
I ever saw. I went with Chris, my first partner, to the old River Oaks Theatre on
West Gray. It was the most painful and emotional movie I had ever seen, and at
the end of the movie, no one moved. The credits had already rolled, lights were
up, and there was not a dry eye in that theatre. The stuff that was happening in
that movie, I was seeing.
SCHWARTZENBURG: That was your life.

SCHRADER: Yes. Many people in that theatre, if they hadn’t already, were probably about ready to experience some of these things. I would bet that many people in that theatre are no longer living today.

I also went when the Quilt was placed in the National Mall in Washington, D.C., and saw some quilt pieces that were done for patients of mine. Moving, moving, moving. I was there with Chris and another person with whom I was in a relationship at the time.

Somewhere in there, I saw the play on Broadway, Rent. The title song in that, “Seasons of Love,” where they talk about 525,600 minutes, that played over and over and over in my head for many years and still does on occasion. How do you define someone’s life? By minutes? You define it by love, the seasons of love. It’s those little nuances that kept me moving forward and taking care of my very special patients with HIV.

My last year of residency, you had to make a decision. What are you going to do with the rest of your life? How does this play out?

January of 1992, I had to do a rural rotation, and I chose Jackson Hole, Wyoming, in January. On the weekends, I was at the base of the Grand Tetons, in their clinic, with broken bones. During the week, I was with a rural country...
surgeon named William Close, who happened to be Glenn Close’s father. I spent
a month with him and his wife. At the end of that month, they begged me to
please come there. I knew Jackson Hole nor any rural place was not ready for me.

SCHWARTZENBURG: You were out and comfortable with who you are.

SCHRADER: I was mostly out, certainly comfortable with who I am, but still hanging
onto the concept that I didn’t want anyone else to have to deal with the hassle or
the flak that may have bounced off of me in certain situations.

SCHWARTZENBURG: Still protecting everyone.

SCHRADER: Still protecting everyone else. I’m a caregiver. That is my nature.

There is even a private practice here in town, it was a father and son team
that I took call for on weekends for some moonlighting money, and they asked me
to join them. Again, I didn’t think they were ready yet. Today, they’re one of the
largest family practice groups in this city, so if I had been on the ground floor, it
would have been a very nice experience and I probably could have retired by
now. But they certainly didn’t want to do HIV, and that was still calling me.

SCHWARTZENBURG: You discussed that with them, or you just knew?

SCHRADER: No, I just knew. Why open that Pandora’s box and that can of worms?

Also, I have to tell you that before my residency was up, my last year of
residency, fast forward two and a half years, I get a phone call one evening, and
it’s Chris.

SCHWARTZENBURG: First love?

SCHRADER: Uh-huh. Checking in, “How are you doing? By the way, I’m HIV
positive, and I would like for you to guide me through this.”

Professionally, personally, and ethically, I knew I couldn’t do this myself,
I couldn’t be his physician, so I actually got him into the NIH [National Institutes of Health] in Washington, D.C., for free care because he was unfortunately one of those young men that was covered in those KS [Kaposi’s sarcoma] lesions that people used to have, and the NIH happened to have some studies going for that, so he got free care, free flights once a quarter to D.C., and he was very grateful for that, and we became very, very good friends. There’s still a connection to this day to that young man, even though he’s no longer with us.

I left residency. I was in a year of practice by myself down Shepherd, here [indicating]. Bellaire Hospital helped set me up for a year, and I used to wish that someone would trip and fall outside so I would have a patient as a walk-in just to build my practice. I say that tongue in cheek, but I’m not joking, because I needed some business. That was 1992.

At the end of 1993, three gentlemen reached out to me. They wanted to form Southampton Medical Group. They were internal medicine physicians. I’m family practice, so I had to give up my pediatric practice because I don’t think they would know how to handle a child with 104º fever.

Rod Frazier, Patrick McNamara, Wayne Bockmon, and myself formed Southampton Medical Group. It became a very, very important, busy HIV organization in town. It wasn’t the only one, but it was certainly very busy. We had an infusion center on-site. We had a pharmacy on-site. The infusion center for IV [intravenous] medications and treatments was constantly full. Dr. Bockmon was doing research at Montrose Clinic, which we would enroll trials in from our office.

I had also started volunteering at the old Montrose Clinic when it was on
lower Richmond, and it was more of an STD [sexually transmitted disease] HIV clinic, although there was some primary care, but it handled the community.

There was an older nurse there that was just full of vinegar and fire. She would tell me stories that when people were ill at this clinic, even the nearby fire station just didn’t really want to come by and pick up the patients there. You could always tell by their body language, that this is not where they wanted to be.

I started in 1995 volunteering there and helping Dr. Bockmon with research, and about that time, he pulled out of research and asked me to take on his position there. He had been doing HIV for a few years longer than I, and I really think the emotional toll was wearing him down.

The research organization was called Houston Clinical Research Network, or HCRN. It was part of Montrose Clinic. They moved to lower Westheimer. HCRN was part of the amfAR [formerly American Foundation for AIDS Research, now The Foundation for AIDS Research] research network, so we got to meet Mathilde Krim and Kevin Frost, who’s actually still in charge of amfAR these days. It was a short amount of time that we did research studies for them.

At one point, Montrose Clinic wanted to get out of the research world because they were delving into more of a primary care clinic as well, in addition to their HIV clinic. That’s when I decided to take that on, myself, in 2006 and then bring it under my own umbrella in my private practice.

The Southampton Medical Group stayed together as a group for a long time. Dr. Bockmon was the first one to step away, and I inherited many of his patients. Overnight, I had a very full practice. I began to speak for pharmaceutical companies, I was doing the research, I was seeing many patients a
day and loving every minute of it.

In those days, we rotated our weekend call every fourth weekend. When it was your weekend on call, it could be very tedious and very long, and little sleep. Quite a few people in the hospital, most very ill. When it wasn’t your weekend on call, you would come in on a Monday morning and ask, “Who is no longer with us?”

SCHWARTZENBURG: What were some of the treatment protocols? What was going on?

SCHRADER: Even though we could put patients on available medications, sometimes those medications alone were creating adverse events and side effects that people just could not live with. Immune systems were continuing to drop because we didn’t have that many options. You became resistant to the medication you were on, and then that allowed opportunistic infections to take place: pneumonias, fungal infections, cancers, things that you couldn’t imagine. I used to know the dosages of all those medications. I would have to look them up today because it’s been a while since I’ve seen a lot of those opportunistic infections.

The other thing that Susan Miller taught me was, yes, there are boundaries between a physician and a patient, but there are times with those boundaries, it is more important to let them in a little bit, then they may let you in a little bit more; that it is okay to do that hug; that it is okay if you want to shed a tear with this person, and I have many times. That makes it real and transparent, and that’s what I think any patient wants. They want someone that’s going to listen, there’s not going to be a judgment, or no anticipation of a judgment call, even if they tell you something that may make your skin just like [demonstrating]. “You really
did that?” Those types of comments. I’ve heard it all. I’ve seen it all. Today it makes me smile every time I think about some of these stories.

There are a couple of patients through the years certainly that have left marks on me. Monte Frost was certainly one of those, and the day he passed was a very difficult day for me because he was like a father figure to me. There are some days I don’t feel like I did everything I could, but I know I did.

There’s another, young lady named Cynthia. Beautiful, blond female from New York City who moved here to be home because she was not doing well, and she had a crush on me. Her family would always tell me she would often go to the beauty shop and get her hair done before she came in. Or she would get a little shy around me, but she was in the infusion center, getting IV’s, trying to stay positive. All these young men would chat with her because there were very few women at the time in our practice. It was mostly men.

Shortly before she passed away, she asked her family to take her to Rome, to the Vatican. She was Catholic. She bought a cross, a pocket cross, and had it blessed by Pope John Paul to present as a gift to me. There is a photo somewhere that’s floating around showing her in a wheelchair with him blessing this cross, and she presented that to me.

I have been with my current partner working on 19 years now, and shortly after we met, I presented that to him as a gift, and he has never taken it off. A month after I presented it to him, we were on a plane, he was reading the paper, he happened to be looking at the obituary column. Every year after she passed, her family would put a memoriam in the paper, and lo and behold, there was a photo of her. I said, “There she is.”
“Who are you talking about?”

“That is Cynthia. That cross that you wear is a gift from her to me and now to you,” so it registered.

That’s a picture of her [displaying]. I cut that out of the paper that day.

Again, there are many, many, many stories like that. I wouldn’t change any of those stories, and I wouldn’t do anything different because I know that I’ve done the best that I can while at the same time every single one of them teaching me how to live, how to be strong, how to love myself, how to realize the days are long but the years are short, and how do you measure those years? I’ve committed certainly through the years to treat them the way I wanted to be treated.

SCHWARTZENBURG: Do you think that approach made you more susceptible or staved off burnout?

SCHRADER: I think that approach made me stronger than a lot of treaters who have gotten out of this because they got burned out. It made me want to make them feel loved. It made me want them to live. In some ways, a caregiver, I felt like I
always wanted to take their burdens away from them. But at the end of the day, and I had to learn a long time ago, I couldn’t take it away from this office every day. I had to leave it at the office.

During the day, you got 110 percent of me and then some. At the end of the day, I’m available if you need me, but I’ve got to leave some of the emotion at the office so I don’t get burned out.

Some of the young treaters today, and even some of the newer diagnosed patients, they will never understand the magnitude and the impact that the old days had on those of us who were involved in it and the history that’s just evolved in this and the miracle that’s involved and evolved from this, from someone taking 30 pills a day, now down to one pill a day. A lot of us treaters who have been doing this for a long time, we’re nearing retirement age, and there is some concern who’s going to want to come out and do HIV treatment anymore? Not a lot of folks necessarily want to come out of training wanting to do HIV care anymore. Yes, it’s more of a manageable type of thing, but there’s still some thinking that has to go into treatment.

SCHWARTZENBURG: It’s not just cookie-cutter.

SCHRADER: It’s not just cookie-cutter, and there’s not a recipe on treating everybody the same, because everybody is unique. Everybody is an individual, and the conversation is different with everyone.

In the old days, every week there was a magazine in town called TWT [This Week in Texas], and you used to look at the obituaries every week. After 1995, when the protease inhibitors became available and people started to live, there were fewer and fewer and fewer, and that was such a milestone in this whole
epidemic.

SCHWARTZENBURG: Were you able to do any of the research studies for protease inhibitors?

SCHRADER: Absolutely, you bet.

SCHWARTZENBURG: What was that like?

SCHRADER: It was one of the most rewarding times in the whole course of this career for me. Many of the phone calls I used to get at nighttime were side effects to the medications, and those first protease inhibitors were very complicated: three every eight hours, empty stomach, kidney stones, nausea. But you saw their numbers change on paper, their viral load and their CD4 counts. That is positive reinforcement for anyone when there no longer is a viral load, so you know that your system is healing. That is a message that you want to tell everyone, that “You’re going to live.”

There is still the knee-jerk reaction today on people, when you tell them they’re positive, “How long am I going to live?”

My response today is, “As long as you’re supposed to, and this could be a full life for you. I’m not ultimately in charge of that. There is some higher power.”

SCHWARTZENBURG: “And you do have some responsibility.”

SCHRADER: “And you have some responsibility, but there’s no reason why you can’t enjoy a full life,” thanks to where we’ve come, thanks to those in the past who helped set this up the way it has played out.

SCHWARTZENBURG: Made those sacrifices.

SCHRADER: Absolutely. Most of them get it. Most of them do. There are still young
people today, like the 13- to 25-year-old age group, where there’s a lot of cases that are popping up positive. I think that age group is still the immortal age group, and they may not grasp the whole insight behind, “Hmm, there’s some stuff to do, you need to change some ways, and now you take a pill.”

From back then, when everyone had a viral load, to getting people undetectable, and now there’s the whole concept of U=U, undetectable equals untransmittable. I haven’t latched onto it completely. I’ve been doing this too long. But it’s a message, and it’s a great thing because we’ve come that far.

I got a New York license one time because another way for me to explore me was just to experience some of the life, and I couldn't do it in Houston. Too many people knew me and the doctors at Southampton Medical Group. I couldn’t go anywhere in the city without people knowing us.

For eight summers in a row, for several weeks each summer I was the physician at Fire Island, New York. That was a crash course in the lifestyle, the edginess that could take place if one chose to. But every day for two hours in the morning and two hours in the evening, I had to be at a little medical clinic, and people would come to see me, and it was the HIV folks from New York City who were not doing well, but they were out there to party, and they were out there to have unsafe sex. When I wasn’t in the office, it was vacation for me.

Then about year six, it all shifted a little bit. People were living with HIV, but I was taking care of drug overdoses and things like that, so it no longer became a vacation for me. It became a job, and this was in the middle of the night, trying to life flight people off of Fire Island into Manhattan, and so I gave that up. But the first couple of years was an exploration of the lifestyle and,
again, just figuring out me, because I had squelched it for so long.

Now, I’m naïve. I have been, I still am safe today, because I was so naïve, and I’m grateful for that. I truly am. So I can’t always say I understand sometimes, because I’ve never walked in the shoes of someone who’s HIV, but I’ve seen a lot of shoes walk with me in the course of their life.

I have volunteered at Thomas Street Clinic. I just recently stopped volunteering after 23 years at Legacy. I worked the AIDS Foundation Houston Hotline years ago. I did everything I could to enmesh myself into this.

Almost 13 years ago, I made a tough decision to change my practice a bit. I was solo practice, still making rounds at a hospital, still seeing multiple patients a day, and at the end of the day, I was questioning myself on what I may have missed in that exam room, and I was exhausted doing the volunteer work and the research, all that was still going on. I had been approached a year prior by a concierge model called MDVIP to consider transitioning. They were looking for primary care practices.

SCHWARTZENBURG: Do you know why they picked you?

SCHRADER: Word of mouth. They certainly wanted a successful practice that people would want to sign up.

SCHWARTZENBURG: Pay the concierge fee.

SCHRADER: They capped you at 600 people. But a year prior, it had crossed my desk, and I declined.

SCHWARTZENBURG: How many patients did you have, approximately?

SCHRADER: I had about 3,000, 3,500 patients and still accepting new ones, and many of them HIV, if not most, and many of them, I had been their physician for many
SCHWARTZENBURG: People are living.

SCHRADER: They are living. And my primary care hat plays an important role now.

Yes, I still have to make that decision about your HIV medicine and monitor your numbers, but I’m also monitoring you for diabetes, heart disease, cancer, anything else that you may be susceptible to from a genetic standpoint, the way you choose to eat and exercise, or whatever you may be at risk for.

SCHWARTZENBURG: Real-life stuff.

SCHRADER: Real-life stuff.

But I declined a year before because my first thought, “Well, that’s not fair to the patients who can’t afford this.” The fee was $1,500 a year.

My partner and I had bought a home in Maine. I was looking for another out. I have never lost my compassion, but I was losing my passion for it because I was just burned out. I applied for a Maine license, and that was an option, to move to Maine.

I have been asked through the years to join pharmaceutical companies as a medical director. My first question is always, “May I see patients part-time?”

The answer was usually, “No, there’s not enough time,” so I would decline. I get my drive from seeing patients.

A year later, the MDVIP model crosses my desk again. I make an extremely tough decision to make it happen. They put you through a process that back then they called the love factor, basically just sort of send out a survey to see if you would fill up, because not every doctor does.

I obviously passed the love factor. The company had never seen a
transition like this, and they make everything as smooth as it can be for a
transition like this for those people who don’t come onboard. They will even put
someone in the office to help transition them onboard and to also help get them in
with other treaters, so I had to arrange for at least three other treaters in the city, to
see if they would even be willing to take my patients.

The day the word went out via a VoiceShot, there was so much emotional
upheaval on my part and their parts. It was first-come, first-sign-up, which
happened within 20 minutes, 600 patients. Some, I think, signed up immediately
out of fear, but for the other several thousand, they had to go interview one of
these other physicians to transfer their care.

Let me just say that we were the first. There were three of us in the city
transitioning at the time, two other internists but not HIV-based practice, and me.
I had warned the company that this would not be easy, and they didn’t believe me
because they had done it in several other towns and other cities, but they had
never seen this before.

When you are the first of something that’s new and different, one can be
raked across the coals in so many ways before it starts to emotionally drain you.
Naturally, I knew I’d be called an elitist. Naturally, I would be the brunt of some
anger. Houston Press interviewed one or two patients. One of the patients made
a comment in the press that he was going to have to sell his grandmother’s
jewelry to be a patient of mine. Granted, these are people I had taken care of for
many years. The Houston Press was kind enough to be very cautious about how
they responded to it, because they knew what I have and had done up until that
point.
SCHWARTZENBURG: A huge practice, hours and hours of volunteerism, research.

SCHRADER: And the community support.

You’re supposed to, during this process, stand up at a gathering at a hotel and tell your patients why you’re doing this. The idea is for people to be able to sign up, but it had already filled up. There were some subtle threats of picketing and anger that were going to happen.

I’m the only one in the MDVIP organization where that event was canceled. I regret it to this day that it didn’t happen, as tough as it may have been, because it didn’t give me closure and they didn’t hear closure.

One day, my partner sort of shook me when I, at the end of a long day, stated, “I’m just exhausted. This is harder than I thought it would be. I’m taking these comments on. I have given everything I’ve got to these patients whom I still cherish, but they’re making comments that just are unsettling.”

He looks at me. “Whether this is true or not, maybe those comments aren’t about you. Maybe it’s their fear of who’s going to take care of them as well as you have? Who’s going to love and embrace them as you have? Will their experiences be as fulfilling to where someone will tell them, ‘You will live’?”

It was one of those epiphanies for me where I had to get very tough-skinned and realize at some point in the equations of life when you’re a caregiver, you can’t forget to care about yourself.

I’m finishing up my 13th year. It has been professionally and personally the best decision for me. The patients who are onboard are grateful because you have my undivided attention for 30 minutes or whatever you need. It’s a
wellness-based program, because guess what? I have to keep you well now because of the medicines you can take for HIV. Now I have to work at the other stuff, so give me a chance to check those things I would do for anyone also with an HIV-negative status.

But I also knew I made the right decision one day a month after I started. There was a female patient, not HIV, that I had just spent 30 minutes with. I had taken care of her for quite a few years. She told me a story about a family member committing suicide years ago. I looked at her, and I said, “And why didn’t I know that?”

She looked at me, and she said, “You’ve been an amazing physician for me, which is why I’m still onboard. However, I always knew you were listening, you had eye contact with me, but I knew you had 40 other people to see, and you had one hand on the door to exit. The timing was never right.”

That’s when I thought okay. What my fear was, was what was I missing at the end of the day, because there was so much coming at me as a solo practitioner making rounds, seeing many patients, managing 15 employees. It validated that I had done something right for me.

SCHWARTZENBURG: And for your patients.

SCHRADER: And for the patients who continued to remain a part of this. Even a couple of those patients who made those negative comments — and I know who they are; they don’t know I know who they are — they actually transitioned back to me to maintain the relationship that I had with them from the get-go. Their reaction was anger. I get that. I’m a human being. I understand anger and fear and sadness and any other emotion that you can have, but I think that a lot of them may have
not realized is how deep my compassion goes for you and, as a caregiver, how I take all that on. I can spend 30 minutes in an exam room with somebody sometime and may leave that exam room exhausted because it’s been a long conversation. They’re in a bad way. I want to take that away from them. I need to defuse it.

I can spend 30 minutes with somebody else or even five minutes with other people who are as sick as they can be. I’m telling them their bad news or something like that, but I’ll walk out of the room, and I’m uplifted because it’s the perspective that they bring to the room, as well, and how I take it on, and how I’m going to try to make them feel better.

It’s a body language, it’s a chemistry, it’s an energy that I think, after doing this for 30 years, I’ve picked up on, and I know who I’m going to exclaim, if I smoked, I’d need a cigarette. I jokingly say that, by the way. Or I know who I’m going to come out and just smile from ear to ear. For those that are heavy, it’s not a negative thing. It’s just where they are, and I give them space to be where they are.

SCHWARTZENBURG: And presence.

SCHRADER: Yes.
Doing the concierge thing has also allowed me to continue doing my research. In Beaumont, Texas, there’s an organization, it used to be called Triangle AIDS Network. Now’s it called Triangle Area Network, or TAN Clinic. We changed the name when we also incorporated primary care. It was an organization that started in 1989, I believe, and in a garage, in the Port Arthur-Orange-Beaumont area. For years, I heard the pharmaceutical reps who called on my office talk about that facility; that they had a physician that was there once or twice a week, he didn’t stay very long, they just really needed a lot of help.

I offered, and no one took me up on the offer. I put it out there again, and finally a pharmaceutical rep introduced me to the executive director at that time, and she invited me to come out, and I started volunteering there. It was probably seven or eight years now.

We’ve expanded the organization. We’re now a Federally Qualified Health Clinic with a 340B pharmacy. I have nurse practitioners that I’ve taught HIV-hep C. They are also primary care nurse practitioners. I’m there two or three times a month to take care of the more complicated patients or the newly diagnosed patients. We are going to be responsible for testing and treating in the jail systems around there. It is the largest organization there to take care of the HIV community, although there are others in town, Legacy and Baptist Hospital.

This organization will continue to grow. I will know when it’s my time to step away, but right now I’m having fun with it, and I love to teach, so I’m teaching the nurse practitioners on how to do this. The primary care part, I will always love.

We also have mobile units to go in some of the poorest counties in this
state, and we go into church recreational halls and take care of patients who haven’t seen doctors in years.

SCHWARTZENBURG: Just full practice?

SCHRADER: Full, the best that we can. They don’t have insurance. We do what we can. You hear stories that are just mind-boggling about family dynamics and some health things that I may have only heard about once, never seen it, may show up on a board exam, because it’s so rare, but those things are existing out in East Texas.

SCHWARTZENBURG: How thrilling to really test your knowledge.

SCHRADER: I love it, and I think the nurse practitioners are really enjoying it, as well. A lot of the clientele there are uninsured. The communities of color with HIV are being impacting, these days. That tends to be a lot of the clientele. I love my private practice here. I really love that community and that patient base. They need us. They are grateful for us. The first time someone comes in and they may be a different skin color than I, they’ll see me give them a hug and they don’t know what hit them, and I keep holding until they squeeze.

Just when you think they’re not going to come back or show up because they may be actively using street drugs or whatever, they show up, and they take their meds, and they are very grateful. They can be a very complicated group of people, but they show up.

SCHWARTZENBURG: How is it funded?

SCHRADER: Federal, and then through private grants and private funding, as well.

Getting back to the concierge thing, even when I transitioned, there weren’t only patients, there were one or two ASO’s [AIDS services organizations]
in town who made some derogatory comments.

By the way, I’ve kept those OutSmart books [indicating]. It strengthens me every time I read it because I had a weak moment, but I got strong in learning to be okay with doing things for myself, and not in a selfish way, but in a survival way, and that’s survival mentally, spiritually, physically, emotionally.

SCHWARTZENBURG: Where did you learn to finally take care of yourself?

SCHRADER: I think it has been an evolution. I would be untruthful if I sat here today and told you I’m 100 percent with this, because I still hang onto the cobwebs that are in the attic from memories. It still goes back to that 19-year-old.

SCHWARTZENBURG: That started the journey.

SCHRADER: That started the journey.

On learning to love oneself, he [displaying photograph] lived life to the fullest. He left here. He went to San Francisco. We stayed in touch. He came back. He admitted at one point he’d like to be back in a relationship with me, and I’m like, “You’re not ready, and I’m not ready, because I don’t live that fast-paced life.” I will tell you, I’ve stayed in very good touch with his family and his mother.

Probably about six or seven years ago, he was admitted to the hospital in California, in San Francisco. I told you, he just had ballistic KS and was being treated with medicine above and beyond the normal, which would then shut your kidneys down. Then he got a staph infection that had to be treated with medicines that shut his kidneys down.

To make a long story short, his mother says, “I need you to come before I make a big decision here.”
I hadn’t seen him in a couple of years, but we stayed in touch via texts and emails and phone calls. I’ve been doing this a long time, but I walk into that ICU [intensive care unit] room, and I have never and hope I never see what was in front of me. Unrecognizable because of the complications from the treatment to where this [indicating face and head] was all unidentifiable from the staph.

It was difficult, but his mother waited until I got there. And I think I was a grounding force in his life on some level, because he didn’t have a relationship with his father, and I was older but not that much older, but I think I was a male figure in his life that was grounding, but he had no idea what he taught me.

[END OF AUDIO PART 2]

SCHWARTZENBURG: How do you want to be remembered related to your experience with HIV/AIDS in Houston?

SCHRADER: With sort of tongue in cheek, I would say I don’t need my name in lights.

In reading that question, I found sort of a comment I’ll make, and this is by Maya Angelou. [emotionally expressing] “I’ve learned that people will forget what you say, they will probably forget what you did, but they will never forget how you made them feel.” [pausing]

This is not over for me yet. I hope that people must be able to state truthfully that I treated people with kindness and love and that I attempted to help them make their life a masterpiece. Each and every time I still think about these people, I do and I will always give them a standing ovation.

SCHWARTZENBURG: Thank you so much.

[END OF AUDIO PART 3]

[INTERVIEW CONCLUDED]