Oral History # 016

An Interview With
Joe Fuentes

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AN INTERVIEW WITH JOE FUENTES

LYNN SCHWARTZENBURG: This is Lynn Schwartzenburg interviewing Joe Fuentes for The oH Project. The interview is taking place August 25th, 2016 in Houston, Texas. I’m interviewing Mr. Fuentes to document his recollections concerning the HIV/AIDS epidemic in Houston.

Welcome.

JOE FUENTES: Thank you. Thanks for doing this.

LYNN SCHWARTZENBURG: Thank you for agreeing to being interviewed.

Let’s start at the beginning. Where and when were you born?

JOE FUENTES: I was born in Houston, Texas back in the good old days in 1967.

LYNN SCHWARTZENBURG: And your parents?

JOE FUENTES: My parents were also born here. They were both brought up on the near northside, which I call around Boundary and North Main, so not northside like Kingwood, where we eventually moved to, but more northside of Houston, what I’ll call the barrio zone.

LYNN SCHWARTZENBURG: What did your father do?

JOE FUENTES: My father was a postmaster for the U.S. Postal Service most of his life. He retired when I was 18, so he was taking on more of a parental role and I was laughing because he was more concerned with who we were going out with at the time. I was like, “You kind of passed that up, Dad.” It was really interesting. He worked nights, so I didn’t really get to know him until he actually did retire, and I got to know him a lot better.
SCHWARTZENBURG: Your mom?

FUENTES: My mom was basically like an executive secretary for various organizations. One was a church one time. A Mexican oil company. Administrative staffing, personnel. Mostly did that when we got into junior high, my sister and I.

SCHWARTZENBURG: So you have a sister.

FUENTES: I have one sister. She’s a year younger. She’s the smart one. She’s the architect in the group. I was the dumb one. She’s really, really bright and she’s really, really gifted and she loves architecture. When she asked me what a flying buttress was, I had no idea what it was. It sounded really bad. I’m the social service one, and she’s more the engineer-type one. I thought it was really interesting as we’ve grown up.

SCHWARTZENBURG: What were you like as a child?

FUENTES: I was tame for most of my life until, I think, I went into college. Then I became really wild and my sister, we reversed roles. She was the wild one in high school, so we kind of changed roles, so it’s kind of interesting. Yeah, pretty tame.

Pretty to myself. Very social. I do remember that. Did a lot of things like with music and band and things of that nature when I was in high school. Not too outgoing. Just pretty much I found high school boring. It wasn’t until college where I think I hit my stride and was really excited by that.

SCHWARTZENBURG: What did you want to be when you grew up?

FUENTES: I always thought I’d be some kind of an accountant, which I think it’s hilarious now. But for some reason, in the financial services industry, but more like an accountant. I always thought that was a steady job and probably the most responsible. I never thought I’d be doing what I’m doing now. It’s worked out
quite well, and there is some accounting involved. I have an MBA, and I hate accounting and finance. Some of it did come true, but not in the aspect that I thought it would. I really did think something that was stable, something that was traditional, something my parents wouldn’t cry about.

SCHWARTZENBURG: A professional.

FUENTES: Yeah.

SCHWARTZENBURG: When did you graduate high school and from where?

FUENTES: In 1986 from Aldine High School. It’s the year Aliens came out, and it’s my favorite movie of all time. I love Sigourney Weaver. That was a milestone for me. I was very happy for my family. They were extremely excited because my mother didn’t graduate from high school, and actually got a GED. My dad had a bachelor’s degree, but they were very excited that we were moving up in terms of doing better than your parents did. They were excited by that.

SCHWARTZENBURG: Where did you go to college?

FUENTES: Undergrad at U of H, and then I got my master’s, my MBA, at Texas A&M University. They were extremely excited when I graduated from college because I was the first in the whole family, in terms of just cousins and everything, to actually graduate from college, and then followed by my sister right after that. Then later on, getting a master’s degree, that was another high point. It was very exciting.

SCHWARTZENBURG: What was your undergraduate in?

FUENTES: Undergrad was in political science and psychology. I had a double major.

SCHWARTZENBURG: What drew you to both of those?

FUENTES: To understand the political world, you have to have some basis in
psychology, whether it’s dysfunctional or not. That was really interesting. When I thought I was going to be an accountant, there was some leaning towards being an attorney, and I thought political science might be a way to do that. Then I realized I really liked the machinery behind politics and that’s how you got things done, so I shifted my focus to more of those inner workings more than law. Today it has really helped a lot in what I do now, so I think that was the right path to take.

SCHWARTZENBURG: After you graduated, what did you do?

FUENTES: When I was in college, or undergrad, I worked for a place called Body Positive, which was one of the first organizations to assist people living with HIV and AIDS, and it was mostly a peer group type of environment to get people to talk to one another and meet other people, but also there were therapists that would come in and lead the group.

That was my project that led my interest into the whole realm of learning more about HIV disease, and in that time too I was also diagnosed, so that was interesting. I didn’t know that that’s what it was going to lead to, but I couldn’t have been at a better place because I knew all the resources at the time.

Back in the day, they weren’t really good about providing results. I got the results over the phone on a Saturday and there was nowhere to call at the time, but knowing that system made it a little bit easier to really deal with it.

That led to another job full time working for AVES, which was a Hispanic-focused organization for HIV and AIDS, and I worked as a case manager there really helping other Latinos, Hispanics living with HIV disease in terms of case management.
I did that for a couple of years and then was recruited by the Department of Veterans Affairs to work for their special medicine department, which was their HIV department, and that was probably one of the best jobs I ever had. I loved it there. It was an interesting way, because it was all primary-care-related in terms with social services embedded with every kind of thing you could need, and our veterans were very clear about making me know that I was there because of them, which was great, and they came with a lot of other psychosocial issues.

It was a really enjoyable job, and then through that I also got to work with the Department of Veterans Affairs, their homeless programs, and so I wrote grants for both the homeless program as well as their HIV special medicine program. I learned a lot there. I was there for about five years and really enjoyed it.

SCHWARTZENBURG: What time frame was that?

FUENTES: That was around 1995, between 1992 and 1995, I want to say. That microcosm was a little bit different than what was going on in the community. Most of those, the veterans were African American and white; not too many Hispanics. In my community work, working for community-based agencies, I was always utilized for more working with the Hispanic community. I was able to see all fronts of that, working in larger systems and working in very small community-based organizations, which are a lot different in how they work and how they operate and the impacts of finances and politics. Very interesting way to see.

SCHWARTZENBURG: Going back a little bit, when you were working with Body Positive, what was happening in the community? What was the climate like?
FUENTES: It was a really troubling environment still. It was still the late 1980s, early
1990s, people dying left and right. A lot of my friends had passed away. I was
the youngest of my group of friends. Maybe 15 or 20 of my friends had passed
away, so I was left with a hole and a gap, and that support system was almost
wiped out within a 10-year period, because didn’t know [sic] that you couldn’t
really do much at the time, and knowing that medicine and the stigma, or lack of
medications or what they knew about medications, which I thought was toxic at
the time, massive doses of AZT — it’s what we know now too, looking in
retrospect — it led to my decision not to take those kind of meds when I was
diagnosed.

I told my physician, I said, “Show me a study that Hispanics take that
medication.”

They couldn’t provide me one, so I said, "Well, I’m not taking it.”

So I didn’t take meds, but it was a different time then where people were
being — family relationships were almost nonexistent sometimes, people being
disowned from their families. Nobody wanted to touch or hug anybody. It was a
really bad time as far as I was concerned. It was kind of the peak of it too, and
being a Reagan kid in the 1980s — I graduated in 1986, so I saw it when it was
called GRID [gay-related immune deficiency], coming out of high school and
seeing that.

It was just a really bad time, and there was a high-pitched fever in terms of
you would see the AIDS Quilt being displayed on the National Mall. When you
would look at that, you would just realize how many people died from this
disease, and I don’t think people understand how bad it was or what it looked like
back then. But to see a gigantic quilt spread over the National Mall, it puts things in perspective and kind of makes you really reevaluate not only what you are as a person, but what you can do for people.

SCHWARTZENBURG: Were you there?

FUENTES: I was there for that, yeah. I went almost every other year to go to that. I was fortunate to see it. Every year, though, I had fewer friends that were coming with me because they had passed away.

SCHWARTZENBURG: And the Quilt gets bigger.

FUENTES: And the Quilt got bigger and bigger and bigger, yeah. It took a lot of people, a lot of volunteers to undo that. And then even locally the Houston Chapter had a part too, and they would display it, and it was just unbelievable at the time. The national one made such a big impact on me that that’s how I got more involved with HIV/AIDS-related services and prevention and care.

SCHWARTZENBURG: Going to the VA, was that kind of to take a break from what was happening?

FUENTES: They recruited me because I was getting such good results with people who had no resources. The veterans were a little bit more challenging because there was PTSD [posttraumatic stress disorder]. There were some health concerns in general regarding substance abuse use, some kind of mental health issues or concerns.

I remember I had one client, he was this probably 6-foot-5 African American, huge like a linebacker, and he didn’t like needles, and he would just regress into crying like a baby and asking for me in front of the whole staff. He had to go upstairs for something on one of the floors, to be hospitalized, and he
told the person, “Don’t use a needle on me. Call Joe. If you use a needle, I’m going to beat the hell out of you,” and they used a needle and he beat the hell out of them.

   So they were calling me downstairs, I go up there, and he’s crying, “They shot me with a needle.”

   You just wouldn’t picture something like that, so I’m calming him down, saying, “He did tell you-all not to do that.”

   There were a variety of interesting things. I had one client who decompensated on me. I would transport clients in my car, and I used to wear a tie, and one client just decompensated and choked me. I never drove a patient again after that.

   It was just an interesting array of differences, and so HIV disease sometimes was the least of their worries. It was more of really trying to cope with whatever was going on due to being in wartime or something like that. You had a multitude of issues.

   It’s a very specialized population. They have other issues that maybe civilian life wouldn’t have, and also readjusting back into the community. Not only with that, but also realizing you’re HIV positive, that was a double whammy.

   It just brought a different perspective, and I think I learned a lot in terms of how to really find services. It really impressed upon me quality of care, quality improvement. I learned those fundamentals there at the VA. That was my strongest suite. I brought that with me today. It’s something that’s just embedded in me. It’s kind of in my fabric. I’m really kind of a nerd when it comes to that.

SCHWARTZENBURG: So you really have your own war stories in a way.
FUENTES: Yeah, in a way, yeah. Those patients even with the VA, despite the great care they got, they passed away as well. A lot of them did, too. They used to get an extra death benefit if they actually passed away in the VA, and some of these clients had nothing, and they’d say, “Come get me. I’m ready.” So I would get them and take them to the hospital and actually put them in the door so they would pass away in the doorway so they could get their death benefit. I did that, like, for six clients. I remember that.

Even today, I have some that come still, think that I am still their case manager, and they’ll call over here. They find me somehow. “Could you help me with my DD214?” you know, all this stuff. It’s funny today, after twenty-something, thirty-something years, they still call, those that are doing well but still think I’m their case manager. It’s kind of fun. It’s nice to be needed, in a way.

It’s great to know that some of them really have come a long way over there. It’s always great to see, especially if I depart from an organization, that some of those things I did there were still implemented and really helping people. That was a great thing when I look back; that changes that I made were really helpful. I’m proud of those things.

SCHWARTZENBURG: I just can’t imagine what it must be like for you, HIV positive, in the middle of so many other people dying and you’re the one helping them through that. There had to be some point in time when you said, “Why not me?” or, “When is my time coming?” What was that?

FUENTES: Even if I look back from even the day of this interview to back then, it was like, why me? The majority of my good friends passed away. How come I wasn’t included in that? Or people that I worked with, clients that I had, they
passed away. How come it wasn’t me?

I was one of those weird cases, I guess. I get my care here, and I’ve had the same doctor for a while, and they tease me that I’m like a cockroach that I have AIDS-light, which I think is hilarious. And I just started taking meds last year, so when I look at the medication regimen, like 20-something pills back then, and I only take one pill a day, knock on wood [indicating], I’m thankful, but there was some, I guess for lack of a better term, survivor’s guilt about that. Why was it me? But I kept so busy that it wasn’t even a thought at the time, and I had to see what I could do to improve things in the community, so I kind of let that be the catalyst that carried me forward, and not worry so much about poor little old me. I guess that’s how I dealt with it.

Plus, I had other people who were HIV positive around me, so I could see a community, but over time the community did get better in terms of physical health. I’ve been seeing HIV disease treated more as a chronic condition and not just a death sentence like it used to be, although I think it kind of shifted way to the other end where the younger generation, they see these great, like, Kaletra ads and stuff, where everybody is hiking, everybody is really fit. I think sometimes that can send the wrong message because not everybody will fare that way. A lot will, but not everyone, and I think that people need to take that with a grain of salt when they see that kind of imagery.

SCHWARTZENBURG: It’s hard to teach those history lessons sometimes.

FUENTES: Yeah, it is. It really is.

SCHWARTZENBURG: After the VA, is it right that you went to UT?

FUENTES: I did. I went to UT Health Science Center and worked with their — which
was the Recovery Campus at the time, and it was an inpatient-outpatient substance abuse treatment center, so I was able to see people living with HIV who really had that struggle; whether it was with substances, whether it was alcohol, no matter what it was, and how that could be detrimental to not only the person’s health condition, but also what it did to their lives and families and relationships. I appreciated being there because I saw a whole different dynamic in terms of people trying to always fight those demons, for lack of a better term, and watching that.

It also made me more aware of why people self-medicate and that they may not have the skill set to really monitor those kind of triggers about use and about relapse and things like that, so it was very beneficial to be there.

It was mostly people of color that I was seeing too, and that was part of when the demographic started changing more to people of color, less than gay white men, but also heterosexual African-American men and Hispanic men, heterosexual females African American and Hispanic, and so we just saw a lot of that shifting, and those interventions needed to change that were traditionally just for HIV disease, but they were all written for gay men, so it didn’t address anything like childbirth. It didn’t address anything like what do you do with your kids if you find out you’re positive.

We saw that shift happening probably in that time from when I left the VA to UT, really looking at it that way. It was very interesting to see how that transpired.

SCHWARTZENBURG: Were you involved with Ryan White Planning Council at that time?
FUENTES: Yeah, I was. I was on the Planning Council for a long time, off and on, almost 15 years, so I think I paid my dues. I’ll never go back. There is a horrible picture of me on the wall. I wish they would take it down and get a better picture of me. I should have had photo approval back then.

I served on it for a long time just as a member, and then one year as Vice Chair and two years as Chair. In the two years that I was Chair, we did a lot of revamping of that program and also made sure that the programs were targeted to people of color using Minority AIDS Initiative funding, but also what used to be previously called the Congressional Black Caucus funding. So I saw that shift too, and it was really trying to ensure that all segments of the population of HIV were served, including women, women of color, women with children, youth, people of color, gay white men. It was really making sure that those services were where they needed to go.

Between probably 1995 and 1998, you saw the trend even more in terms of increasing people of color. And if you look today, it’s overwhelmingly African American and Hispanic, at least those being new infections.

People living with AIDS, it’s also you’re seeing that trend change somewhat too because people have died. So those living with AIDS tend to show a white majority, but as you see the shift happening, you’re going to see more African American, more Hispanics taking that place. I hate to say it that way. And especially with youth, anywhere 17- to 24-year-olds, African-American men are really one of the highest infection rates that we’re seeing.

Back then, [I’m] glad that we did make those shifts in funding and did make those programs available to people because now it served almost as a safety
net for what we’re seeing now, so I was really happy about that, but it was not without controversy and without — here was this young Hispanic guy here chairing this thing of 30 people and all these business executives. What does he know?

It was fun. They didn’t know what to think of me, and I certainly didn’t know what to think of them at the time, but we got the work done and we did really great work back then, and one of the things I’m the proudest of is, we moved the Council Support Office out of the Administrative Agent, which seemed somewhat incestuous. There needed to be transparency and there needed to be a lot of trust-building, so making that big change was one of the biggest marks, I think, that we made, plus ensuring things like if you are a funded agency, you couldn’t be the Chair. Usually the biggest grantee was the Chair and they were self-serving, and I hated that.

SCHWARTZENBURG: When was that happening?

FUENTES: Around 1995 to 1998. Probably a little bit earlier, 1992 to 1998, during that whole time I was on the Council. I got to be Vice Chair, and I didn’t agree with the Chair at the time, who was the biggest grantee at the time, and explain why, and they didn’t really —

SCHWARTZENBURG: Who was that?

FUENTES: King Hillier, at Harris Health. He and I didn’t get along too well. Now we do, but back then it wasn’t so hot.

When I became Chair, they had a strong Vice Chair, Barbara Joseph, who’s also HIV positive, African-American woman, self-disclosing, no big deal. She and I really got close, and that’s how we were able to kind of orchestrate, is
the best word, this kind of a more culturally competent and more sensitive Planning Council and making sure it was transparent and it was fair and equitable to everybody, not only providers, but also patients.

SCHWARTZENBURG: Were you on the Council when Sue Cooper was there?

FUENTES: I was.

SCHWARTZENBURG: That was just as a committee member?

FUENTES: I was a committee member, and then I became Chair. She traditionally orchestrated a lot of stuff behind the scenes, and I guess she didn’t think that some Hispanic kid would know what was going on.

So long story short, Barbara Joseph and I had gone to Judge Eckels and really pleaded, saying this is not working out. He did his changes, and she was on her way out.

I’ll always remember the last thing she said to me. She goes, “Well, I don’t want any part of anything you’re doing.”

I said, “Well, you don’t have to worry about that anymore. Bye. You’re on your way out.”

SCHWARTZENBURG: Because Lindsay had appointed her, right?

FUENTES: Yes, and back in the day, there was one Administrative Agent and there was the Resource Group. Then sometime overnight she moved the files and everything to the County, and then the Resource Group remained with the State Services and Part B, and we have that same structure today, which is kind of duplicative, because it should be just one Administrative Agent. But back in the day, minority agencies fared better with the Resource Group than they did Ryan White, so I think that was some reason why people in the community wanted to
leave it. But it was a shifty and crafty political move on her part to take that and have Jon Lindsay, Judge Lindsay, say, “Okay. Well, I’m going to be the grantee,” and move it over there, because the highest elected official is really the grantee, no matter who it is, and so it’s the County Judge.

SCHWARTZENBURG: Right, and they decide how to disburse the funds.

FUENTES: Yes.

SCHWARTZENBURG: But there needs to be community input.

FUENTES: There does, and that’s what the Planning Council is supposed to be for. But you also have plenty of providers on there, which they have their own agenda. You have consumers who could have their own agenda. It’s really hard to manage conflict of interest there and really kind of do it that way, and so you really rely on data. I think that was the other shift that we did. Instead of anecdotal information, we’d say, “That’s not what this data’s showing,” and kind of force it down their throat. You’ve got two people of color telling these other groups that have been around in existence for a long time about we’re going to change the way you do business. Fortunately it worked out. We were a lot stronger together.

SCHWARTZENBURG: Well, it helped out when [the City of Houston] started using names [in the database] of HIV positive [people].

FUENTES: Yes, that was one of the things. They did do that. We made sure that there was all anecdotal information. There were 11-digit character codes. There was a lot that was done in the administrative part when Sue left and Charles Henley took over. Charles was really a good advocate for people with HIV and AIDS. He and I may have had our differences at times. Very few, though. His mind was in the
right place, and I mean that from a business standpoint and also for the community. I believe he did a really good job. I do believe that today. Not everybody else agrees with me on that, but I believe so, for what it’s worth.

SCHWARTZENBURG: It sounds like in a way you are more of an advocate for minority communities with HIV and AIDS than the gay community, or you just saw that needs were shifting?

FUENTES: Well, at the time, you’re categorized as something. The Planning Council kind of had to do that. What role did you fill on the Council? Was it a provider? Was it somebody who was HIV positive that was IDU [injecting drug user]? Was it a Hispanic? Was it an openly gay man?

We were pigeonholed in certain things, and so I may have served in the — I could have killed three birds with one stone: the gay Hispanic HIV positives. I had three under my belt, so I was like, “Put me anywhere.” I think it had more to do with [being] definitely more of an advocate and activist when it came to making sure it was equitable for all. You could see how that would look, because we were pigeonholed in certain categories and had to be representative of the community, so they slotted us in certain things, and so that’s what I represented.

It may appear that I was just mostly about minorities and stuff like that, and at the time, I probably was, but then after it all got smoothed over, there was more worrying about ensuring equitable access for everybody. Once that hump was done, then it was really focusing on everybody as a whole because it became complete. When looking at funding, what was the next thing we could tackle, and it was making sure of equitable access for everybody regardless of ethnicity or race.
SCHWARTZENBURG: Tell me, then, about how HACS [Houston Area Community Services] started.

FUENTES: Well, there’s the nice way to say it, and there’s the other way to say it. In the nice way, it was: How do I continue the work that I want to do? On the flip side of that was: You write the grants for everybody else; why don’t you just do it yourself?

I kind of took that person’s advice and really knew from the Planning Council and the workings and seeing all the data what needed to be done, and I was frustrated with other providers, saying they did something, or getting funded and doing totally something different with the money. And I even worked for places like that in the past, and I hated it. When I was at the Recovery Campus, I decided to go ahead and apply. We were a group of PWAs that got together, and they said, “Well, do you want to write it?”

I said, “Sure.”

So we did. We incorporated. We did everything and applied for the money, applied for the Ryan White grant and actually got it on our first try, which outraged a lot of people. I can forward you the Houston Press article so you can see that. That article made me cry the most because it was people whom I worked with. It was people whom I knew professionally. To me, it just seemed like an
uneducated PWA was a friend of theirs, and one that was not was — or at least PWAs who were in the know and really wanted to make change; they weren’t — we were the enemy.

Having gone through that process was very painful, and I almost gave the money back. Somebody said, “Don’t you be stupid. You earned it fair and square.”

I said, “Okay.”

For many years, I was always furious with that article. Now I read it, and I kind of laugh about it, because I think it’s funny now, but at the time, it really wasn’t funny at all. I was really depressed about it. I just couldn’t believe how they could come after you like that and how ugly it was and what they accused me of. But like I said, now there’s nothing really to say other than the fact of the launch of the agency and what it’s produced. I don’t even have to respond to it, I don’t think, anymore. At least, that’s my opinion.

SCHWARTZENBURG: Tell me what HACS is, what it does, how it started, and take me through how it’s grown and changed.

FUENTES: Sure. It started off as an AIDS service organization, and we funded services beginning March 1st of 1998, and it was really targeted to communities of color, getting people, more through outreach and case management, getting them more linked to primary care, making sure they got the services they needed, making sure that we were tackling various areas such as transportation, stigma, access to all services. That’s how we started. It was a social service agency.

And then we were kind of nerdy and we said, well, let’s do something different, so we added prevention services I think in 1999, HIV-related prevention
services, which was counseling and testing, so we added those services.

And then somewhere around 2001 or 2005 — I can’t remember, somewhere in between there — we decided to do primary care. I was recruited by one organization to do primary care, to write their grant, so I wrote it. And then somebody said we were stupid; why didn’t you do it yourself?

So after a few years later, I said, you know what, maybe we should. And I didn’t want to do primary care at all, like it’s too complicated. Why are we doing this? Somebody convinced me otherwise, and I said okay. So we were funded for primary care, for HIV-related primary care.

With that, we were also noticing these trends in the demographics; that we were getting more families because of communities of color, and we could only serve one person in a family. So if there was a family of five and one was positive, I really couldn’t do anything with the other people, and they were contributing to some of the dysfunction in the home. How do I get them to behavioral health services other than doing a lot of linkages and things like that and have to rely on other providers who may or may not have been responsive or the appropriate provider of care.

We applied for primary care and got it, and then in 2005 we really were looking at should we become a fully qualified healthcare center to serve everybody, or should we focus just inward on how we can provide better services?

We went with the latter, and we became accredited by the Joint Commission for Ambulatory Care and Behavioral Health in 2005. I would never recommend it again, because I got so much gray hair out of it, going through
those certifications. Never again, but we were so proud of it, and then it allowed us some time to plan.

In 2009, because of this shift we were seeing in demographics and we wanted to serve everybody and we just thought that it was the right thing to do, we became an FQHC [federally qualified healthcare center] in 2009 on our first try, so we’re very excited about that.

The organization exists today as more of a health and human services organization because we just do more than primary care. We do housing. We do behavioral health services. We do pharmacy. We do everything now. It’s really neat to see. While we’re known to be a health center, I call it really a health and human services organization.

That got us into housing, which we do as part of primary care. If somebody doesn’t have a place to live, they can’t take their medicines, they can’t cook, they can’t shower. That big arm became a part of our agency’s service offerings. Right now we see 1,700 clients just in housing, and with 1,200 units of housing we’re the largest housing provider. I just don’t tell anybody because we don’t need any advertisement for that. We’re always booked; we’re full. The more that we get into that, we do everything in that program, and we also continue Housing Opportunities for People with AIDS, which is the HUD-specific [Housing and Urban Development] HIV-related housing services. We still do those services today.

It’s grown from a social service agency backwards, adding a clinic. Usually you have a clinic, and you add the social services. Not us. Usually you would go for bigger. We didn’t. We decided to be nerds and go for quality. It’s
been one giant experiment, I think, as we moved on, but it seems to have worked out really well. As long as we’re in existence and as long as I’m the CEO, we’ll always have our HIV-related programs: prevention and care. It’s just part of who we became to be. It’s where we started. Actually we’re learning HIV as a chronic care model to move that into diabetes and other health disparities too, so it’s really helped us out a lot coming from the HIV disease care management model.

SCHWARTZENBURG: You really picked little pieces of almost every aspect of your background and your career and brought it back into this [organization].

FUENTES: Tried to. Yeah, I tried to, and make sure that it all gelled, and really wanted to become more of a one-stop shop. We don’t do everything, and we don’t plan on it, but for a lot of the core services, we do.

And even to add on core services, we did a partial consolidation with Bering Omega Community Services. And so we operate the dental clinic; the hospice; and their adult day treatment program and their HOPWA [Housing Opportunities for People with AIDS] programs, we combine that one.

Dental can see everybody now, but we’re focusing on that, making sure that we can open dental services not to just people with HIV, but we will still continue to serve people with HIV. There are other people that need dental service in this community. It’s one of the hardest services to get and one of the most expensive, so we want to make sure to do that.

They built a treatment program. We expanded that. It’s still going to include people with HIV disease, but it’s also going to include people with other neurocognitive issues that need day treatment.
And I’m really looking at our older population, older adults that we serve, and seeing the trend for people who are, like myself, getting older. So I want to prepare for that if I ever need it, so I’m making sure we’re into that direction.

And then hospice, we actually were able to do, since the disease management for HIV has changed where we’re seeing people living longer. They went into hospice a complete mess, but then they got such good care, they bounced back and they were living, doing really well. They weren’t hospice-appropriate, so we move them into medical respite to kind of get them together and then ship them into a permanent supportive housing or HOPWA to make sure they had an apartment.

That program is still being rightsized right now because not everybody is dying from HIV. There are still people who are, but it’s a lot less than it was when I was talking earlier, a lot less, and so that’s a great thing.

It’s just making sure that we rightsize that program to reflect what the current need is and not something that people are stuck back in the 1980s and don’t want to give up that memory.

I don’t either, but you also need to move forward and do what’s right for the community, and I think that’s some of this disconnect that I have with maybe some of my other colleagues or some people who really support that program.
It’s not that we don’t support it. It’s just that it needs to be relevant to what is today.

SCHWARTZENBURG: Given all that you have done for the community, because you came of age when AIDS emerged —

FUENTES: Before, during, and after.

SCHWARTZENBURG: That’s a pretty long view of this disease, condition, chronic illness now. What’s your perspective?

FUENTES: I think if I look internally, I’ve probably represented the best and the worst of the whole thing. I probably wasn’t the nicest person when I was on the Planning Council. I wanted my way, and I got it done. I had a lot of energy with a big mouth. My delivery could have been better when I was a lot younger.

When people say [that] I’m tame now, they’re like, “Really? Are you kidding me? You’re still wired.”

I’m like, “Yeah, but I was a lot worse back then.”

All the bad stuff — this sounds like a cliché, but all that bad stuff that happened really set the ground for what I’m doing today. You don’t forget those things, but you also move forward. I think for me personally, the work that I’ve done is really a tribute to the people whom I’ve known, whether it was friends or clients who have passed away. I guess that’s what drives me somewhat still, just making sure that no one ever has to go through that again and making sure that even as I have some control over the organization to make sure our organization never acts the fool or stupid — the CEO can act stupid. I can act stupid, but no one else can.

But I think that’s what it is, and so I think I represent all that history and
the shift, but always having that optimistic view that it can always get better and we can always improve. From early on with my VA experiences to community-based organizations, I was making sure that we’re always trying to improve; that we’re trying to increase access; that we treat everybody with respect and dignity. Even when I didn’t, those were things that I should have done, and so now that I’m older, I know better now.

I think all those things have really kind of put me where I am today in making sure that I don’t react; that I take some time to reflect a little, don’t shoot my mouth off like I used to, and making sure that all sides are heard, whether I agree with them or not.

I think that’s been the biggest learning experience, to listen to everybody. All their points are valid. I may disagree with them, but everybody should be given the opportunity to be heard, and that wasn’t the case in the past. I make sure that at the very least, that’s what happens here, whether it’s staff or clients or volunteers.

I guess that’s it on that part.

SCHWARTZENBURG: That’s all I had for you today. I really appreciate your taking the time, and thank you very much.

FUENTES: Thank you. I’m honored. I’m really glad you-all did this. It was really an interesting experience to go back that far and try to remember stuff. I can’t remember what I did two days ago, it seems like, but finding these old photos, just kind of — I was sharing with my staff. They’re like going, “God, you look different.”

I was like, “Of course. That was 20 years ago.”
It was really interesting to go through that. I really appreciate the opportunity because I don’t get to do that that often. Maybe I’ll go to therapy one day. Who knows?

SCHWARTZENBURG: It’s important for us to remember, and that’s the amazing thing about this, is putting together all the stories and the remembrances as a collective.

FUENTES: I appreciate the opportunity, so thank you so much.

SCHWARTZENBURG: Thank you.

[END OF AUDIO]

[INTERVIEW CONCLUDED]

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