Oral History

An Interview with
Pete Rodriguez

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AN INTERVIEW WITH PETE RODRIGUEZ

LYNN SCHWARTZENBURG: This is Lynn Schwartzenburg interviewing Pete Rodriguez for The oH Project. The interview is taking place on December 17th, 2015 in Houston, Texas. I’m interviewing Mr. Rodriguez to obtain his recollections concerning his experience being a nurse during the AIDS crisis in Houston, Texas from the late 1980s to the present.

Welcome, Pete.

PETE RODRIGUEZ: Thank you.

LYNN SCHWARTZENBURG: Thank you for doing this.

PETE RODRIGUEZ: Thank you. Thank you for inviting me.

LYNN SCHWARTZENBURG: Let’s go back to the very beginning. Tell me about your parents and where they were born and a little bit about your family.

PETE RODRIGUEZ: My parents were both born in Texas. Their parents came from Mexico during the 1920s, at the time of the Revolution, and they settled in Oklahoma. And because of the Depression, they moved down to Texas.

LYNN SCHWARTZENBURG: What’s your father’s name?

PETE RODRIGUEZ: Father’s name was Cecilio.

LYNN SCHWARTZENBURG: And your mother?

PETE RODRIGUEZ: Mother was Maria Luisa.

LYNN SCHWARTZENBURG: And tell me about your siblings.

PETE RODRIGUEZ: I had one sister, who passed away as a baby before I was born, and an older brother. His name was Johnny, and he died when he was 19. I believe I
was 17. He had muscular dystrophy. And I have one living brother, Arcadio, who still lives up in the Fort Worth-Dallas area.

SCHWARTZENBURG: What was your childhood like?

RODRIGUEZ: You know, I thought about my childhood. It was basically a happy childhood under the circumstances, you know, having a father that was mostly bedridden and a brother who was in a wheelchair. But I just pulled out the family album, and it reminded me that there were really — I thought of it as a happy childhood.

SCHWARTZENBURG: So even though you were surrounded by people struggling with health issues, everyone was happy?

RODRIGUEZ: Right. But I remember playing more than anything else, always — back then, our mother threw us outside and wouldn’t let us come in until sundown during the summertime. So there was a lot of happy time. There was a lot of love. We didn’t realize, I think, as children, of the struggles that we had, or the struggles my mother had, because of course she had a very limited income and a lot of responsibilities, and she shielded us from knowing that it was a bad situation.

SCHWARTZENBURG: You’re very lucky.

RODRIGUEZ: I’m very lucky.

SCHWARTZENBURG: When did you know that you were gay?

RODRIGUEZ: I knew that I was attracted to men, even as young as six years of age. I liked being physical with another boy in my first-grade class. But it was probably when I was in middle school, around 13 or 14, that I realized that I wasn’t the only man in the world attracted to other men, from a Johnny Carson show, when
he used the word “homosexual” and I looked it up in the dictionary.

SCHWARTZENBURG: That sounds familiar.

RODRIGUEZ: Yeah. I said, “Oh, I’ve got to look that up,” and I did. That’s what I was.

SCHWARTZENBURG: How did you get into nursing?

RODRIGUEZ: My brother was working in the lab at the county hospital, and when I graduated in my senior year, I needed a job, and he told me to apply in the emergency room as an orderly. And I went up there and I applied, and I got the job and started the same night I interviewed.

SCHWARTZENBURG: And this was Arcadio?

RODRIGUEZ: Arcadio, yes.

SCHWARTZENBURG: All right. And you were saying that at the time, you were also caring for your dad? Or had your dad passed at —

RODRIGUEZ: My father had already passed away. He passed away when I was 17.

SCHWARTZENBURG: So you were working at the lab.

RODRIGUEZ: Actually, I started as a volunteer when I was 15, in the same county hospital, and —

SCHWARTZENBURG: Which hospital was that?

RODRIGUEZ: John Peter Smith. It was the county hospital in Fort Worth. And then I started as an orderly when I was 18, working the night shift in the emergency room.

SCHWARTZENBURG: And going back a little bit, where did you go to grade school?

RODRIGUEZ: I went to grade school in Fort Worth. At first, we went to a small school that had a program for disabled children. Because my brother was in a
wheelchair, we went to that school. We moved from that school because we changed neighborhoods, and then I went to a small school called South Hi Mount, and I was the only Hispanic kid in the whole school. Well, except for one little girl in the first grade. Other than that, I was the only Hispanic kid, and everybody else there was white. And now, my niece’s son goes there, and it’s all Hispanic with just a smattering of white kids.

SCHWARTZENBURG: Did you experience any discrimination or problems because —

RODRIGUEZ: I felt like an outsider, because I was just not used to such an environment where so many Caucasians were at, so I felt an outsider.

SCHWARTZENBURG: And outside of school, was it the opposite; that you were surrounded by — I mean, culturally, were you around —

RODRIGUEZ: I was mostly around Hispanics, you know, and I was thinking about this question earlier. I don’t consider myself a gay Hispanic male. I consider myself a Hispanic gay male. I feel more closely affiliated with the Hispanic population than I do with the, quote, gay population.

SCHWARTZENBURG: That’s where your culture is and how you —

RODRIGUEZ: More so, I feel more affiliated with Hispanics.

SCHWARTZENBURG: How did you then get into nursing?

RODRIGUEZ: Well, as I said, I was working in the county hospital there at night and I was going to college. I was a business major, and I ended up — I really hated my business courses, but I loved working in the emergency room, and I would even skip class so I could work in the emergency room. And it finally dawned on me, “Hey, you like medicine. Stick with this instead of forcing yourself to go to these business classes.” So I switched majors and went into nursing.
SCHWARTZENBURG: You were an LVN also and an RN?

RODRIGUEZ: Right. Well, I went to LVN school first, because I was supporting myself, so as an LVN, I could make more money than I could as an orderly. And then I went to RN school at TCU in Fort Worth.

SCHWARTZENBURG: What’s the time frame? About what years?

RODRIGUEZ: I became an LVN in 1977, and I graduated from the RN program in 1982.

SCHWARTZENBURG: And about how old were you at that time?

RODRIGUEZ: I think I was 32 when I got my RN, and I was about 24, 26, I think, when I got my LVN.

SCHWARTZENBURG: When you were going to business school, what school was that?

RODRIGUEZ: UT Arlington.

SCHWARTZENBURG: Oh, okay. So you started at UT Arlington.

RODRIGUEZ: Well, Tarrant County Junior College and UT Arlington.

SCHWARTZENBURG: In business school. Realized you liked nursing. So how did you become an LVN? What school was that?

RODRIGUEZ: At the time, in Fort Worth, St. Joseph’s Hospital had an LVN program. So it was the St. Joseph’s School of Nursing, and it was a 40-hour-a-week curriculum. So I had to stop working full-time so I could go to school full-time. I just worked part-time in a department store on the weekends.
SCHWARTZENBURG: That’s funny.

RODRIGUEZ: Yeah. Moved back home. Had to move in with my mom, because I had to go to school full-time.

SCHWARTZENBURG: Right. And you’re the youngest?

RODRIGUEZ: I’m the youngest. At the time, it was just Mother and I at home.

SCHWARTZENBURG: And so after you became an LVN, where did you work?

RODRIGUEZ: I still stayed in the emergency room. Stayed in the emergency room 11:00 to 7:00, and was going to classes, getting all my prerequisites done before I went on to TCU for the last two years.

SCHWARTZENBURG: Right. So did the LVN count as the first two years?

RODRIGUEZ: At that time it didn’t. It did not, no. You couldn’t get college courses back then for LVN school.

SCHWARTZENBURG: Okay. So you were working on your prerequisites at TCU?

RODRIGUEZ: At Tarrant County Junior College, until I got them all, and then I entered my junior year at TCU.

SCHWARTZENBURG: Oh, got it. And were you still working?

RODRIGUEZ: Still working.

SCHWARTZENBURG: As an LVN still?

RODRIGUEZ: As an LVN. I worked full-time my junior and senior year. I’d work 11:00 to 7:00, go to classes during the day, catch a few hours’ sleep.

SCHWARTZENBURG: Just a few.

RODRIGUEZ: Just a few, very few. I would go into the large student lounge, when I was going to class, and I’d go to sleep, and I’d have other students wake me up before my 2:00 o’clock class. So it was catching sleep whenever I could.
SCHWARTZENBURG: That must be exhausting.

RODRIGUEZ: It was exhausting, but my grades were good. I mean, I really enjoyed nursing, enjoyed it very much.

SCHWARTZENBURG: Were you the only male in the nursing class?

RODRIGUEZ: I think when I went to LVN school, I believe there was one other male. And when I went to RN school — of course, this was back in 1980 through 1982 — there were two other males in my class. That was it. And I think I was the only Hispanic at TCU in my nursing class at the time.

SCHWARTZENBURG: Were there any kind of scholarships or anything for you at TCU?

RODRIGUEZ: Oh, yeah, there was a lot at TCU, yeah. Lot of Pell grants. I also went on — my father was ex-military, so I went on some scholarships from his military background.

SCHWARTZENBURG: I imagine even then, TCU wasn’t the cheapest school to go to.

RODRIGUEZ: It wasn’t, but their financial aid department was very helpful. As a matter of fact, when I graduated, I just had a $3,000 student loan.

SCHWARTZENBURG: That’s amazing.

RODRIGUEZ: It was at 2 percent or something. It was very cheap. So they were very helpful.

SCHWARTZENBURG: Did you experience any reverse discrimination or discrimination being the only male in a typically female profession?

RODRIGUEZ: I think the only time I felt discrimination — and it wasn’t so much that I was a male; it was that I was a student — was by the nurses in the private hospital when I did obstetrics rotation. It was a private hospital, and they were very —
they used to like to spoil the private doctors. You know, a doctor would walk in the room and they would stand up. And so they were really rough on the young student nurses.

SCHWARTZENBURG: So it had nothing to do with being male or Hispanic?

RODRIGUEZ: Nothing to do with being male, no.

SCHWARTZENBURG: Did anyone know that you were gay?

RODRIGUEZ: They probably did, but at that time, I wasn’t really open about it. So, no.

I loved the county hospital. When I went to LVN school, I did my rotation at the county hospital, and they just — they would let you do anything. I mean, I would be in the postpartum unit. I’d be in the delivery room. This was back in 1976 during school, and they put myself and another student nurse in charge of the newborn nursery one shift. I mean, in those days student nurses got to do it all.

So it was a great experience. Of course, they wouldn’t do that now.

SCHWARTZENBURG: No.

RODRIGUEZ: But back then, no, I had no discrimination. I really didn’t.

SCHWARTZENBURG: I was in nursing school about that same time, and there were a fair number of men; not the majority, by any means.

RODRIGUEZ: It wasn’t bad, and they welcomed a man on the unit for heavy lifting, which, you know, as a student, it was like, “Sure, fine, I’ll do it. No problem.”

SCHWARTZENBURG: Exactly. “Yeah, whatever. What’s a back?”

RODRIGUEZ: That’s right. I mean, it got you in good graces with the staff.

SCHWARTZENBURG: Tell me how you first encountered AIDS within your career.

RODRIGUEZ: Well, I think I mentioned it before. My first AIDS patient, I was the charge nurse from 11:00 to 7:00 at the county hospital in Fort Worth, and a little
black girl came in, extremely emaciated, dehydrated, barely responsive. And her mother, we knew was an IV drug user, so we were assuming it was a child neglect case. In those days we had white uniforms.

I had a white uniform on, and it was considered un-macho if you wore gloves during procedures, so I held the baby in a fetal position while we did a lumbar puncture, and I drew blood on the baby and I started an IV on the baby, and I had blood on my hands, you know, from doing all this. Didn’t even think about it. And we admitted the baby, and then the baby died a few days later, and that’s when they told us the baby had died of AIDS.

And that was kind of my call to action. I felt so responsible that I had — I didn’t know how to take precautions, and I didn’t know how to — what instructions to give my staff about AIDS, but we thought, “Oh, we’ll never see that again,” you know. We didn’t think much about it; just it was a — and then back then, there wasn’t really a test, a readily available test for AIDS. So healthcare workers, we didn’t test for it.

SCHWARTZENBURG: Do you remember when, about, that was? When was that?

RODRIGUEZ: I think it must have been around — because I started working at the health department in 1987, I think. So the test didn’t come out until, I think, 1985 or 1986. This was the really early days. So that must have been the first AIDS
patient I saw was in the early — maybe 1983, 1984.

SCHWARTZENBURG: Were you aware of AIDS among gay men at that time?

RODRIGUEZ: I was, among gay men. You know, the word had just come out, and I was aware of it. But you know, being a kid from Texas, we thought it was just happening up in New York and San Francisco; that it couldn’t affect us.

SCHWARTZENBURG: And you hadn’t seen any gay men come through? This was in the ER, right?

RODRIGUEZ: This was the emergency room, and the first gay man I saw, I think I mentioned to you, was somebody who I used to see walking along the riverbank where I’d go run, and he’s with his friends, and he came in and he told me he had AIDS, and we gowned up, you know.

SCHWARTZENBURG: This was after the little girl?

RODRIGUEZ: This was after the little girl. This was closer to, like, 1985, 1986, and we — you know, head cover, face mask, gloves, shoe covers, gown, the whole bit. We put him in an isolation room.

SCHWARTZENBURG: Was he the first AIDS patient that was gay?

RODRIGUEZ: He was the first AIDS patient that I saw, yeah, right. Very first.

SCHWARTZENBURG: And you mentioned being a charge nurse. So when did they start putting you in charge of everything?

RODRIGUEZ: I graduated in 1982 from RN school, and I had been working there, like I said, as an orderly, since 1971, so probably 1983, 1984, like a year or two after I graduated.

SCHWARTZENBURG: They couldn’t wait for you.

RODRIGUEZ: Yeah, you know, I was a really good nurse, I think, and I was very
organized, and at the time, nobody else really wanted it. Nobody wanted the responsibility, but I did. I’m not sure why, but I did.

SCHWARTZENBURG: Can you think of any other AIDS patients that you encountered early, after the little girl and then the man that you saw walking while you were jogging, he came in? And then was there a progression where you started seeing more and more and more?

RODRIGUEZ: In the emergency room, we really didn’t start seeing them, but I had a job offer to go to the health department in 1986 to work as an AIDS education specialist, and the responsibilities for that were to do HIV testing and counseling and to do educational programs in the community. So that’s when I just jumped at it. I said, “Yes, I’m ready.” I was ready for a change. You know, by then I was starting to get burned out from the ER. I was just tired of it. I’d been doing it for years. So I jumped at the opportunity to do that.

SCHWARTZENBURG: At the time, did you know much about AIDS education?

RODRIGUEZ: I knew the basics about it. We were just starting to do universal precautions in the hospitals. And you know, looking back on it, there wasn’t that much to know. There weren’t that many medications. You just kind of knew how the virus worked in the body and how you could not get it, but as far as how to treat it, it was on the very brink, the very brink of beginning.

SCHWARTZENBURG: Was the health department also in the same county system that you had been before?

RODRIGUEZ: Well, no, it was — I worked at John Peter Smith, which was the Tarrant County Hospital District, and then you had the Tarrant County Health Department, so I went to work for the Tarrant County Health Department, which
is a totally different entity than the county hospital.

SCHWARTZENBURG: So when and how did you meet Jimmy Garner?

RODRIGUEZ: Jimmy Garner. Jimmy and I met at a bar and started talking, and that must have been around 1986, 1987. And I was in a relationship, and he was still married to a woman, with two small children, and we decided to leave our partners that we had at the time and become a couple, and we did. And he had some personal problems, so he had to leave his practice of pediatric anesthesiology, and he went working per diem in emergency care throughout small emergency rooms throughout — around Tarrant County.

SCHWARTZENBURG: That was the very beginning of kind of rent-a-doc and physicians kind of having their own — practicing consulting, in a way, for the ER.

RODRIGUEZ: Right, and he would be one of those, they’d send them to small towns for the weekend, like the 48-hour shifts in the emergency room. And he finally got a job offer at Conroe Medical Center, doing anesthesia again. So he moved to Conroe and I stayed in Fort Worth, and then the strain of being apart kind of forced me to move to Houston to be with him.

SCHWARTZENBURG: Was he involved in his kids’ life, or was there any kind of joint custody?

RODRIGUEZ: He was involved. I think we’d see the kids every other weekend. And even when we moved to Houston, the kids would fly up, and so they’d spend time with us. For a while, he lived in Big Spring out in West Texas, maybe for a summer or maybe six months, and I would fly out to see him and take the kids with me so we could all be together.
SCHWARTZENBURG: So you were close to them?

RODRIGUEZ: Uh-huh, I was close to them when they were little.

SCHWARTZENBURG: Are you still close to them?

RODRIGUEZ: No, no, I’m not. When Jimmy and I broke up, it was a difficult breakup, and the kids were still living in Fort Worth, and of course we were living in Houston, and we just lost contact with each other.

SCHWARTZENBURG: That happens. So you moved to the Houston area. I think you said The Woodlands was where you —

RODRIGUEZ: Went to The Woodlands. We both lived in The Woodlands, and I got a job at Park Plaza in the AIDS unit. He was working in Conroe, and I’d commute every day.

SCHWARTZENBURG: It was an easier commute then than now.

RODRIGUEZ: It was crazy. You know, if you left the house at just the right time, you’d be bumper to bumper, 60 miles an hour. It was just crazy. And I’d be eating my breakfast and had the radio going. I had a little convertible and, you know, that was life. It was life in the fast lane.

SCHWARTZENBURG: A closed head injury waiting to happen.

RODRIGUEZ: And I smoked. Jimmy and I both smoked back then, so I probably had a cigarette going too. It was pretty stressful.

SCHWARTZENBURG: Yeah, that’s a picture. So what was Park Plaza like?
RODRIGUEZ: Park Plaza, again, I was the nurse manager for the AIDS unit, which was
two floors, and it was considered a very exclusive hospital. It was physician-
owned, and so the mantra at the hospital was that the primary customer is the
physician. That was the mantra. Not the patient; definitely not the nursing staff.
The physicians were the primary customer. And I think it had a reputation of
being a little snobby, a little upper crust. And again, I believe it was, I believe, a
60-bed unit devoted to AIDS care. The majority of our patients were male. They
were all male in the early days. And I remember the first time we had a female
patient, and we weren’t used to it. It was shocking for us to see a female patient.

SCHWARTZENBURG: And the nursing staff, was it predominantly male also?

RODRIGUEZ: The nursing staff was predominantly male and predominantly gay.
Filipino male nurses, white, Hispanic male nurses, they were all very, very good.
Some of them did have HIV, and it took its toll. We had one nurse, a male nurse,
who committed suicide because of a relationship he was having with one of the
doctors on the unit that went south. So it seemed like there just a lot of drama
among the nursing staff.

It was a cohesive nursing staff, some of the most compassionate nurses I
had ever worked with. I mean, to the point that we had to — I remember one
nurse I had who would leave the shift, and then she’d change and would stay in
the patient’s room and spend the night, you know. She was crossing the
boundaries, you know, because he was getting worse and she was becoming a
demanding visitor. It was like, “Wait a second. You’ve got to recalibrate here.
What you’re doing is good, but you’re crossing lines.”

And again, there was so little we could do for the patients sometimes
except make them comfortable, so we would give a lot of pain medication, 100, 150 milligrams Demerol IV push, same way with the Valium, a lot of Ativan back then. The goal was to keep the patient out of pain and not in a state of worry, not in a state of stress. So sometimes the nurses would have conflict with that. “I just gave 150, four hours ago, and he wants more, and the doctor said I could give him more, but I don’t” — you know, so having those types of discussions.

And we had a lot of research going on. We had foscarinet, Diflucan, ddI, ddC, ganciclovir, all the medications that were just on the forefront. But by the same token, the patients were so sick and so many died. There was so much death. We used to keep a logbook of patients’ death, and we got a new book because it was so full of people who had died on the unit. I remember one of the worst days was, we had 14 patients in other units waiting to get to our unit, but our unit was full. And again, they were so sick.

So many of the patients had chest tubes because their lungs were collapsing, we ran out of Gomco suction machines. We used every one in the hospital. We had to call other hospitals for more. The patient gets sick, and they weren’t DNR. We would, you know, rush them to the ICU, so the ICU had our patients. It was a stressful unit, but yet our staff were always laughing, you know, always upbeat. They were very territorial about their units. It was pods, like three pods on the eighth floor and then two pods on the ninth floor, but they owned their pods. You know, they didn’t want to — they became, of course, very attached to their patients.

SCHWARTZENBURG: “Don’t make me go to that pod.”

RODRIGUEZ: That’s right.
SCHWARTZENBURG: “I’ll only work on one.”

RODRIGUEZ: “It’s not my turn. It’s not my turn to be pulled.”

But just the incredible suffering that some of the patients went through. And there was something called progressive multifocal leukoencephalopathy, PML, which was basically brain lesions, multiple brain lesions, and there was nothing we could do. There was just nothing we could do for it, and these young men sunk into dementia and just died. You know, you’d see these healthy bodies, but they were terribly debilitated.

It was the same way with KS. Back then, we could not get a grasp on caring for KS. I think one of the worst cases was a young man named Mark. His KS started at his feet and moved up, and his extremities looked like eggplants, just a big, huge, purple. And unfortunately, it kept going up, so it reached his rib cage, and we knew that eventually it was going to compromise his lung capacity. And unfortunately, he was still coherent. You know, he could see what was happening to him. And like so many patients, he had a picture of himself when he was healthy, by the bedside, when he was so — no matter how many times you went in that room, you’d look at that picture and look at him, and such a shock, such a “What’s this all about?” you know, because you were so helpless. There was nothing you could do.

And when I think, I will always remember the mothers and the lovers, because the mothers were just so — they seemed resigned to the fact of what was happening. They were so tired, and yet they were still taking care of their babies. We tried to take care of the mothers and give them support, you know, and try to give them physical comfort.
SCHWARTZENBURG: That’s tough work.

RODRIGUEZ: It was tough, but it was rewarding.

SCHWARTZENBURG: Everyone sounds so committed.

RODRIGUEZ: They were.

SCHWARTZENBURG: It was like a cause.

RODRIGUEZ: And I think lately, the laws about marriage for gay people, and you think about those couples, those gay couples back then, one who was caring for his sick partner, an uncomfortable death. It wasn’t a pleasant death, and they would sit there and care for them until the last breath, knowing that they could be the next person in that bed, and many times they were. So just to tell gay people they don’t deserve marriage, after seeing that, was such an affront.

But the guys, the patients — you know, one time they had a drag queen, big, 6-foot-4 drag queen, dressed like Mae West, who came on the unit on Valentine’s Day, one of them. You know, all the other units were, “Oh, my god, look at that.” We had a grand piano in the lobby, and volunteers would come and play music.

SCHWARTZENBURG: The lobby of the pod or the hospital?

RODRIGUEZ: The lobby of the eighth floor pod. They would come up and — I can’t describe it any other way, but some of these guys were very grand. They were grand. I remember one guy telling us, “These drapes won’t do,” so he had drapes made for his room. They would bring in their Persian carpets and their artwork. I remember I had to go talk to one guy because he was high on meds and he was a little demented, but he used to work at Tiffany’s, and he had all these boxes of little diamond bracelets and rings. It was like, “You can’t keep this stuff up here.”
SCHWARTZENBURG: It’s a liability.

RODRIGUEZ: “We’re going to have to lock it up.” “You’re going to have to ask somebody take it out.”

And he was just very, “How dare you. I can’t keep my pretty things in my room.”

“So you can keep one or two, but you can’t” — because he was dropping them on the floor, you know, and you just can’t do that, you know, and —

SCHWARTZENBURG: I can imagine Park Plaza Hospital just — it is what it is, but then you walk onto your pods, and it must be, you’ve entered a whole other reality.

RODRIGUEZ: Right, right, yeah, you’re in Disneyland, you know. And back then, patients could smoke, so they’d be smoking in their rooms. And we had a big huddle when they said patients can’t smoke in rooms. “Oh, my gosh, what are we going to do?” Truly, I mean, “What are we — that’s just for patient satisfaction. That’s not going to fly. Can we have an exemption?”

“No, you can’t have an exemption.”

So we’d wheel the patients outside for their cigarettes.

SCHWARTZENBURG: “How can we have this bar atmosphere without the smoking?”

RODRIGUEZ: Right, “How can we do this?”

And we had one doctor, he was pretty eccentric. He was pretty tough. He was a tough doctor. He was smart and brilliant.

SCHWARTZENBURG: Who was that?

RODRIGUEZ: Eddie Stool, Dr. Eddie Stool. Cuss you out in a minute. You know, I had nurses crying, having a rough time. But he would make rounds at 2:00 in the
morning and have a cigarette on the unit.

We were a moneymaker for Park Plaza. A lot of money came in on our units, so whatever we wanted, we usually got it. We did.

There was one patient that got in trouble because he went out on a pass, and we got a call in the middle of the night. He had been arrested for shoplifting. So the CEO said, “Get him back in this hospital bed.”

It was like, “Oh, man.”

So, you know, heads were going to roll. “Who wrote” — and the doctor hadn’t written a pass, but the nurse felt sorry for him because he says I’m just going to go home to do something. He ended up shoplifting.

And then there were also some patients who were evicted. You know, we had one guy who was on crack, and he was smoking crack in the room, in the hospital room. We had burn marks, because he was leaving his pipe sitting on the edge of the shower stall. And we had a bust down in the lobby. They busted his drug dealer.

So it was the full spectrum of life there.

SCHWARTZENBURG: That’s a difficult — you mentioned the people that were also addicted, and that’s a tough balance.

RODRIGUEZ: Right.

SCHWARTZENBURG: How do you manage all their symptoms and their pain with whatever resources you have, which at that time were either antibiotics or pain medication or psychotropics, I mean. But yet you know that they’re either prone to addiction or are addicted.

RODRIGUEZ: Right, or they’re in their end stages, and what the hell does it matter if
they’re addicted.

SCHWARTZENBURG: In end stages. Doesn’t matter, end stages, you’re right.

RODRIGUEZ: I remember, once I had a nurse from New York. His name was Michael.

And he wanted to put these boys on a regimen for pain medication and sign contracts. “Michael, they’re dying. Just give them the medication,” you know.

SCHWARTZENBURG: Oh, try to rehabilitate them.

RODRIGUEZ: Right, rehabilitate them. And we ended up having a shut-the-door exorcism. “If you don’t like it on this unit, leave.”

“I’m a gay man, and I care about my brothers.”

“Well, I care about them too, and you’re” — you know.

And finally we shook hands and hugged, and he ended up crying and said, “Okay. I’ll do it.”

But I mean, those are the type of dramas you had working with some gay men. It was just power struggles.

And then we had a clerk, and the RN was his lover, and they would fight, and it was just — it was crazy. It was a nursing unit. It was an AIDS nursing unit with a lot of gay men working there, caring for gay men, so there was just drama.

SCHWARTZENBURG: It’s a barrelful of boundary issues, I imagine.

RODRIGUEZ: There were boundary issues. There were boundary issues, yeah.

SCHWARTZENBURG: Did you also have volunteers on that floor?

RODRIGUEZ: You know, I don’t remember, really, any volunteers. During Christmastime, we may have had volunteers who came around and brought presents, but full-time volunteers, no, not that I remember.

SCHWARTZENBURG: So why would you ever leave the party atmosphere at Park
Plaza? What happened?

RODRIGUEZ: Dr. Patricia Salvato was a doctor there, who was going to open up a new AIDS unit at a hospital on the campus of Texas Woman’s Hospital, and it was called Medical Center Hospital, and she invited me to open up the unit. I mean, literally, it was a brand new unit. Pick the furniture. Pick your staff.

Probably the hardest part about working at Park Plaza, the most difficult part of it, was having to deal with the philosophy of the physician is the primary customer. They were very demanding. They would verbally abuse nurses. And I had a particularly nasty encounter with my chief nurse and executive officer and the director of physician services, where I had a nurse just in tears, where she was just sobbing, because she had been cussed at, I mean, royally cussed at, and really degraded in front of staff and patients.

So I went to her and I said, “This can’t go on. This shouldn’t be allowed.”

And they reminded me, point-blank, who is the customer here? Who is the primary customer? Physicians.

SCHWARTZENBURG: Go back to Rule 1.

RODRIGUEZ: Rule 1. Physicians. Have the nurse apologize.

“No, I am not going to have that nurse apologize.”

SCHWARTZENBURG: For getting chewed out.

RODRIGUEZ: Right. So anyway, that was the biggest stressor for me, working at Park Plaza. I loved the patients, I loved the staff, but it was a huge stressor. It was a big stressor.

So Patsy Salvato and I opened up the unit, the AIDS unit, at Medical Center Hospital, and that’s why I left. I left Park Plaza and worked there. I
worked there for a year.

Jimmy Garner and I, we were in the throes of ending our relationship about that time, and he got an offer to work at Thomas Street. And they opened up a clinic with evening hours as part of the Harris Health System, at Northwest, and so I started moonlighting over there so I could spend some time with him. So eventually I left Medical Center Hospital to work at Ben Taub as the nurse case manager for inpatient HIV patients.

SCHWARTZENBURG: So how long were you at Medical Center Hospital?

RODRIGUEZ: I think I was there maybe one or two years, one or two years.

SCHWARTZENBURG: Yeah, and when, about, was that?

RODRIGUEZ: I started with the Hospital District in 1992, so it must been about 1991, about 1991. Then I went to Ben Taub.

SCHWARTZENBURG: You missed the county.

RODRIGUEZ: I love the county. I do. I did miss it very much.

SCHWARTZENBURG: You had the extreme opposite experience at Park Plaza.

RODRIGUEZ: I did, and when I was an orderly at John Peter Smith, I was 18, and you would party with the doctors. I mean, literally you would work — 7:00 in the morning, there was actually a pool hall that was open in Fort Worth to the doctors and nurses and cops. You know, we’d all go to the pool hall and shoot pool and drink beer until noon, and come stumbling out and go to bed, and so back to work. I mean, that was the type of hospital environment I was used to. And to go to a private hospital where a physician is god, it felt wrong.

But then going back to Ben Taub, it was the same working with physicians.
“Hey, Pete, I’ve got a question. What do you think about XYZ?”

“Oh, well, you know, it” —

SCHWARTZENBURG: You were respected again.

RODRIGUEZ: Yeah, I mean, you were respected, and it was more camaraderie, and it was great. It was great to be back at county hospital, working with the staff, but it was a different world at Ben Taub.

The county hospital in Fort Worth was more comfortable racially. And again, I started there as a kid.

Going to Ben Taub, coming to Harris County, coming to Houston from Fort Worth, it was a strong African-American-run institution at the time, and I remember a black nurse once telling me, “Pete, you’re going to have to learn. You do it our way, or you’re not going to get what you need done.”

I’m easy to get along with. It was like, “Okay. Sure.” Nope. You know, whatever, whoever’s ass I have to kiss to get what I need for my patient, I have no shame.

And so we got along really well. You know, I’d work with the patients at Ben Taub, but it was a different world. There were no resources. I mean, there were no resources at Ben Taub, that we had at Park Plaza. It’s a totally — it was a different world.

SCHWARTZENBURG: Oh, yeah, night and day.

RODRIGUEZ: Yeah, totally different. You know, we had all private rooms at Park Plaza, and at Ben Taub it was four patients to a room.

SCHWARTZENBURG: No pianos in the lobby.

RODRIGUEZ: No pianos in the lobby, no, huh-uh, no.
You don’t like the drapes? Don’t worry. We don’t have drapes.

So it was a different world, but I still loved it. I like county hospital. I like working with that patient.

SCHWARTZENBURG: When you were at Ben Taub, were you still moonlighting at Thomas Street Clinic?

RODRIGUEZ: Well, I was moonlighting at Northwest, for evening hours. I did that, and then —

SCHWARTZENBURG: Northwest Hospital?

RODRIGUEZ: It’s Northwest Health Center.

SCHWARTZENBURG: Oh, okay.

RODRIGUEZ: It’s a health center up at Shepherd and 34th. But the doctors from Thomas Street would go there in the evenings to moonlight, and Dr. Garner was one of the doctors that moonlighted there. So even after we broke up, I would still work out there. It’s part of the relationship thing.

SCHWARTZENBURG: Had you just not moved on, or you just liked him as a person, or —

RODRIGUEZ: I hadn’t quite moved on. I hadn’t quite let go. I feel like I’m talking to my therapist.

He and I still had sexual relationships after we broke up, and I told him — oh, I met him at House of Pies, and he said, “Oh, I want you to meet my boyfriend.” And I saw his boyfriend, and his boyfriend looked sick, extremely emaciated, I mean, and I could tell by his — he had some skin conditions that I just think he’s HIV-infected.

So I said, “Jimmy, if we ever have relationships, we’re going to have to
use a condom.”

And he was like, “Well, that’s insulting.”

I said, “That’s too bad.”

And so it was, I guess, maybe a year later, he went to meet me at Cafe Brasil, and he said, “I’ve got something to tell you.”

And I said, “Yeah.”

He says, “I’m HIV positive.”

And I was like, “You work in an AIDS clinic. You’re a doctor.”

Well, you know, and it was — this was a physician who was in HIV care, the typical lying. He told me he was negative. I mean, it was — you know.

And I remember, I went home and I just cried. I thought what irony that this happened, you know. So ironic. It was a stormy relationship, a stormy relationship.

SCHWARTZENBURG: And healthcare professionals, as much as we know, we’re still human.

[END OF AUDIO PART 1]

RODRIGUEZ: Right. Oh, I know. You know, the staff I have now, we still get in the exact same conversations, you know. Male nurse. “Are you using protection?”

“No.”

You know, “You” —

And it’s that, “Well, I was in a relationship with a guy who was positive for months and months and months, and we never used protection, and I didn’t catch anything, so it just shows you that I can” — you know. And he’s Hispanic. “I’ll leave it up to god. It’s god’s will.”
“Well, it’s your will too, buddy.”

SCHWARTZENBURG: And wasn’t there kind of a thought process too, at some stage of learning about AIDS, that people perceived that some people were just immune to it? I’ve heard some people talk about that.

RODRIGUEZ: I think it was more magical thinking. It was, “I think I’m a lucky one. I think I’m not going to get it. I haven’t yet. I’ve been with guys who are positive, so I’m just one of the lucky ones.” It is magical thinking. They don’t have a rationale.

“Okay. Why do you think? Do you think it’s genetic? Do you think you’re predisposed? Something that” —

SCHWARTZENBURG: It’s an urban myth.

RODRIGUEZ: Yeah, it’s magical thinking.

SCHWARTZENBURG: Yeah.

RODRIGUEZ: You know, “I haven’t got it yet, and I’ve been lucky.” Yeah, I’ve heard that.

SCHWARTZENBURG: So at the time that you were at Thomas Street Clinic with Jimmy, what kind of patients were there? Who were you seeing? What kind of work were you doing there?

RODRIGUEZ: Well, I was a case manager at Ben Taub, and so I would refer patients to Thomas Street on discharge, and sometimes I would meet the patients at Thomas Street after they were discharged, just kind of guide them into the system. But it was much more drug-related exposure, and it wasn’t so much — there was a lot of
crack in those days, tons of crack, some meth, drug use, more women than I was used to, and a lot of them were pretty heavy into drugs, into crack, sex for hire. There were gay men. Most of them, again, were African American or Hispanic. The straight men were very angry, and the options, again, were less. You know, if I sent a patient home from Park Plaza, there was no question, “Do you have a place to go?”

Well, the patients at Ben Taub, that was the first question. “Where are you going when you leave here?”

And many times, it was, you know, back on the streets, on the bridge, wherever.

I had countless discussions about hospice, and I usually didn’t do that at Park Plaza because we were very aggressive, but at Ben Taub that was an option. You know, “You’re very, very sick. The doctors don’t think you’re going to get better. What do you” — you know, those really strong discussions. Discussions with the family and the lovers. It wasn’t that we were being cruel. It was, you know, “He’s not getting better.”

I remember I had a mother of a patient at Ben Taub, and I had been talking to her on the phone, and she had finally flown in from Atlanta, and she was furious. “Well, the landlord’s doing this,” and, you know, “His car is here, and I’ve got to work with his insurance papers, so I’ll be back.”

And I said, “What you need to do now is just sit by his bed. He will be gone very soon, probably within hours.”

And she was angry, I mean. “Who do you think you are, telling me what to do?”
I said, “You really just need to sit by his bed.”

And when it finally hit her, you know, it hit her as if I had slapped her, and she broke down. She says, “I can’t.”

I said, “You have to. Just go sit by the bed.”

And she did, and he died. You know, god love the doctors, but they were young and they weren’t used to talking — you know, “Pete, would you talk to” — “Sure, no problem.”

SCHWARTZENBURG: “I’d love to. Better me than you.”

RODRIGUEZ: And plus, in Spanish. You know, I could do this in Spanish as well.

“It’s okay. You know, you put up a good fight.”

But the other side of that was telling people it’s not time yet. You know, “I want to die.”

You know, I would literally tell them, “It’s not time.” You know, “You’re going to have to fight, but it’s not time for you to go yet. You’re going to have to fight.” You know, “Take these pills. Do this.”

You know, they’d be in the hospital for a week or two, and “Yeah, you were right, Mr. Rodriguez.”

“Yeah.”

SCHWARTZENBURG: It takes a lot of good old nurse sense.

RODRIGUEZ: It is nurse sense. And those discussions were also held with physicians.

SCHWARTZENBURG: Yeah, you telling the physician, “It’s time”; “It’s not time.”

RODRIGUEZ: “Well, he needs to get a hospice bed.”

“No, he doesn’t need a hospice bed. He needs this and this and this, and let’s try him on this. Okay? Just give me a week.”
“Oh, fine. Who’s your supervisor?”

“I’ll give you the number.”

Until there was a good trust going, you know, that I’m not —

SCHWARTZENBURG: Well, and there’s always a new one coming in, and you have to train them, and —

RODRIGUEZ: I’m not pie in the sky. I’m not just dreaming this up. “Give them a chance here, buddy,” you know.

And the same way with the ICU nurses. The same way with some of the nursing staff.

“No, it’s not — no. Get him some PT in here.” “Let’s get respiratory therapy.” You know, “Let’s — no, not yet.”

But at the same time I was realistic with some people. It was too far gone. They were ready. And back then, there was Casa The Special Hospital. And then we had a great place called Milam House. And then, of course, Omega House. And then I could work — there was the private hospice that’s over on Holcombe. It’s a really beautiful hospice.

SCHWARTZENBURG: Medical Center? It used to be —

RODRIGUEZ: It looks like a Tudor house, a big, beautiful place. But sometimes I could get patients in there.

SCHWARTZENBURG: Houston Hospice, I think it was.

RODRIGUEZ: I can’t remember what it was. It was a really outstanding hospice.

Anyway, just having some very frank conversations with patients and staff, that was one of my biggest jobs at the time.

SCHWARTZENBURG: Was Ben Taub a dedicated AIDS unit?
RODRIGUEZ: No, no. Well, I mean, Ben Taub, it was six floors, but there was one unit where they tried to keep patients on, as many AIDS patients as they could, because the nurses were used to the medications. So they tried — so it was four patients per room, so usually two rooms — so they usually had at least eight patients, plus I think it was three or four isolation rooms, that were usually full. But then, they were scattered. You know, the telemetry unit on 6D, and on ICU, and some of the other units where patients would come in. If patients had a gunshot wound, who was HIV, he may be in the surgical unit. But the majority of medical HIV patients were on that one unit.

SCHWARTZENBURG: So how long were you there, and what was next, and why?

RODRIGUEZ: Oh, that’s a tough one. I think I was at Ben Taub at least six or eight years, and I was in a relationship with Mark Hartel for two years. It was a good relationship, and I was working at Ben Taub. And one Thanksgiving, he and I were headed to Fort Worth to visit my family, and we stopped at a filling station with my dog. Mark and I were driving. And I got out to fill up with gas, and Mark was walking the dog, and the car next to us, there was a commotion going on.

Well, the car next to me was being carjacked, and the fellow who was stealing the car was behind the wheel, and the owner, they were fighting over the steering wheel, and they drove off. And as they drove off, they hit Mark.

And I saw a body fly up in the air. I thought, “Oh, that poor soul. God, that’s horrible.” I went to the ditch where he landed, and I thought, “Oh, man, he’s gone.” And then I looked at his shoes, and they were Mark’s shoes, and that’s when it hit me. He was killed.
And I went back to Ben Taub, and I just couldn’t deal with it. So I got a
job as a research nurse. I turned in my resignation to my boss at the time. I told
her I just cannot deal with death right now. I can’t. I can’t go in a room like this.
You know, I can’t deal with this.

So she says, “No, you know, don’t. There’s a position as a nurse
coordinator, which would be more in charge of — you’ll be at Thomas Street.
You’ll be working with programs and grants. Just give me time.”

“Okay.” So I did. So I did.

So I changed roles. I became a nurse coordinator at Thomas Street, and by
this time Jimmy had already left Thomas Street and retired. I think he had already
retired. Anyway, so I was over the nurse case manager who took my position at
Ben Taub and at LBJ. And then I said, “You know, we really need a dietician.”
So we hired a dietician, and that person was over me.

“And you know, we really need a nurse practitioner in the treatment
room,” so that person was under me.

And then, you know, “We need case management. Okay, that’s going to
be your department.”

So all these ideas I thought of, my responsibilities kept growing, which
was fine, because it enhanced what was going on at Thomas Street, and I was
over quality assurance and performance improvement and the Ryan White visits
and all that stuff. And then the position for director came up, and here I am.

SCHWARTZENBURG: There you are. When was that? Do you know? When did you
go over there, and how long did it take you to amass your fiefdom?

RODRIGUEZ: My fiefdom, oh, jeez. Well, Mark died in 1997, so from 1992 to 1997, I
must have been at Ben Taub. And then 1997, I became the nurse coordinator, and I’ve been in this position, I want to say, five years. So from 1997 to about 2000, I was the nurse coordinator.

SCHWARTZENBURG: At Thomas Street?

RODRIGUEZ: Thomas Street, yes.

SCHWARTZENBURG: So when you first got there, how was Thomas Street funded?

This may get a little into Ryan White.

RODRIGUEZ: Well, when I first went to Ben Taub back in 1992, it was a horrible place. I mean, I don’t think they had finished the remodeling. So it was paid for by Harris Health. And then when Ryan White came in, they totally remodeled the building, and more of the staff became funded by Ryan White. And now, today, there are about a hundred employees, and only about four employees are funded by Harris Health. The rest are all Ryan White employees.

SCHWARTZENBURG: That’s a big shift.

RODRIGUEZ: A big shift, big shift. Plus, all the money we get from ADAP [AIDS Drug Assistance Program] and all the grants we get. We receive about $20 million in different grants. And Harris Health right now, I think the budget for us is, like, $1.5 million, but that includes the building, electricity, the water, four positions. So they do fund, but the majority is still Ryan White.

SCHWARTZENBURG: So how did that happen?

RODRIGUEZ: Well, the Ryan White CARE Act came into effect, and so we started getting what’s known as Part A money, for the large counties that have a large chunk of AIDS patients. And then we started applying for other grants with Ryan White. Part C, which is early intervention, which took care of Northwest
fundings. And then Part D, which is the women’s program, which we started getting. And then AETC, AIDS Education Training Center, we started getting that money. And then we got Project for Homeless Patients, we got that money. So we’ve slowly been increasing the type of Ryan White grants that we received. It’s just been slowly increasing. And that’s where we are now.

SCHWARTZENBURG: Were you ever a part of, or were you there when there were questions about the county commissioner and how they decided where the Ryan White funding went?

RODRIGUEZ: No, I really wasn’t. No, I really wasn’t part of all that fighting. You know, I was at Ben Taub when all that really took place. When I first went to Thomas Street, there was a big — there was a lot of animosity by the public about Thomas Street, and I’d go to the patient advisory council and there would be screaming matches between the patients and the director at the time, because some of the services were terrible. For an ADAP application, it would take, like, six months to get the application processed.

Well, when I went to Thomas Street, guess what they gave me? So they gave me the ADAP program, so I had to make some personnel changes, some tough personnel changes, but it had to be done. So slowly we started — the old guard had to change, and I think it took some new blood to get those changes.

SCHWARTZENBURG: Right, you put your administrator hat on.

RODRIGUEZ: I did, you know, administrator hat and a smile and, you know, “This can’t” —

SCHWARTZENBURG: Well, and good old nurse sense. “This isn’t working.”

RODRIGUEZ: Right, ain’t working. “What can we try? You tell me know we can fix
it.” And that’s always been my mantra: When all else fails, ask the frontline staff.

And the same way at the hospital. You know, that was something I learned in the emergency room. When all else fails, ask the patients. “What do you think you have?”

“Well, you know, I always thought it was a hernia.”

“You know what, that sounds right. You’re right. Hey, you just told us. You know, we did all this lab work, and it’s a hernia.”

And that’s the way it is, you know, with personnel. When all else fails, ask the frontline staff. “Oh, Mr. Rodriguez, do you know why that ain’t working? Let me tell you.”

You know, and they’ll tell us. So the mantra is ask the patient; ask frontline staff. They’ll let you know.

SCHWARTZENBURG: And then you just fix it.

RODRIGUEZ: Sure, piece of cake. “Oh, that’s what we need, sure.”

SCHWARTZENBURG: You’ve seen the full spectrum, as we know it, of AIDS.

What’s your perspective on it?

RODRIGUEZ: My perspective on it?

SCHWARTZENBURG: On where it started, the midpoint up until now, and then now, and just what’s your philosophy about it or how do you think of it? Describe it.

RODRIGUEZ: It’s one of the most ingenious viruses. It’s the Trojan horse. If we could use this strategy with ISIS right now, we’d beat them. It’s an incredible, incredible virus. It attacks the center of the immune system. Without being morbid, it’s a fascinating virus, the way it attacks. But the way that our
medications work now is also incredible, how we attack it at different stages of
the game. It’s really incredible. I wish there was a vaccine.

I don’t think Harris County has been innovative enough in preventing this
virus. My focus is primary care, and we still try to do — we’re starting to go
more into prevention, especially with PrEP [pre-exposure prophylaxis]. You
know, we have the captive audience. We know these folks are —

SCHWARTZENBURG: Primary prevention, and also secondary prevention is really the
treatment.

RODRIGUEZ: Right, if we can keep our patients’ viral load down, then we know we’re
helping the community with prevention. If we can get our patients — you know,
“You are the key here to spreading this disease.” That’s what we can do within
our walls.

But our numbers are not going down. We’re getting more patients every
year, young patients. We have almost 2,000 women, and their primary source of
infection was that they made love to somebody that they loved. It wasn’t that
they were IV drug users or they had multiple partners. They have the wrong
partner.

So getting through to the Hispanic male is tough. It’s really tough, for
many reasons. Getting through to the young African American, the gay African
American, is tough. Getting through to the mindset of our leaders is tough.

And we were talking about shaking up the landscape. We need to shake
up the landscape in Houston. There are many HIV-infected men who would
punch you in the face if you told them they were gay. They’re having sex with
another man, but they’re going home to their wives, who they truly love, and who
they are truly sexually attracted to, but they’re having sex with men. So you put up a flyer or have gay men in T-shirts handing out condoms in Montrose, it will never touch the guys down on Navigation or the guys up here on Beechnut or the macho guys in Pearland. You’re not going to touch those guys. You’ve got to shake up the way you’re doing prevention in Houston. You’ve got to do it.

SCHWARTZENBURG: Do you think that the powers that be, for lack of a better term, the people that could make changes, do you think they still see it as a gay man’s disease?

RODRIGUEZ: Yeah, I think they see it as a gay man’s disease. I think they’re focusing a lot on the gay African-American male. And again, gay African-American male, there are a lot of — I went to a City of Houston health function recently, and they talked about MSMs [men who have sex with men] in a derisive attitude. “Now, we all know about MSMs. They’re all gay.”

“No, they’re not.”

You know, you’ve got to respect, they are MSMs. I’m not sure you could even call them bisexual. They just happen to like certain sex acts that another man can provide.

So I mean, we’ve got to change the mindset. The Internet, the topless bars, the video arcades, those are hot for MSM activity. Craigslist, I don’t know if you’ve ever looked up — go to Craigslist, go to Personals, go to MSM, and you will see hundreds — I mean, every day, there are at least 50 to 100 ads posted by MSMs. What they want, where they want to meet. You know, if I wanted to type in there “gay, male, noon,” I could have ten guys in an hour. So that’s what’s now, as opposed to back when this started. Things have changed so much, so
much.

SCHWARTZENBURG: And with sexually transmitted diseases, there is so much stigma.

RODRIGUEZ: Sure. But you know, why do we still have — Harris County has a high syphilis rate. Why do we have a high chlamydia rate? What are we — and yet, I know our teen pregnancy rates have dropped, so it’s possible to get a message to teens about this. The number of teens who use condoms has increased.

What is wrong with the HIV message, the education message? Go to those folks. “Hey, what are you-all doing to get women’s teen pregnancy rates — what are you” — you know, do you see what I’m saying? I mean, you know, we’ve —

SCHWARTZENBURG: It’s not abstinence.

RODRIGUEZ: It’s not abstinence. But you know, Africa had a huge abstinence program that worked. There was one region of Africa, a huge abstinence program. It was a very strong, concentrated — we give you — you are top of the social ladder if you abstain.

There are parts of Africa that they went on a big circumcision campaign, huge circumcision campaign. “You’re not a man unless you’re circumcised,” which shows that it increases HIV infection.

There was one, a giveaway, and it was cheap, $5 giveaways if you use condoms. So even in Africa, a, quote, third world country, they are thinking outside the box with programs.

What are we doing here? What are we doing? Putting up posters in gay bars. That’s — you’re not — stop it, you know. Think big. Think outside the
box.

And again, when all else fails, go to the front line. Ask the guys in the STD clinics, who are married to women, “Hey, guys, where do you think we should do some education on this? What would work with you? What do we do? Do I have some hot babes at the topless bar sitting down next to you, drinking a soda, ‘Hey, I saw you were about ready to go upstairs with a woman.’”

You know what I’m saying?

SCHWARTZENBURG: Exactly.

RODRIGUEZ: I mean, because even in San Francisco, they have big hookup parties. You know, you get online, and okay, ten of us are going to meet at this apartment so-and-so. They would have somebody from their bureau go to those sex parties with food and bottled water and snacks and, “Hey, guys, let me talk to you guys before you-all get started.”

You see what I’m saying? I mean, that type of face it. Don’t just keep thinking gay male. Anyway, that’s my soapbox.

SCHWARTZENBURG: Makes a lot of sense. Well, I thank you for your time today.

RODRIGUEZ: Yeah, it’s been interesting thinking about all this. It’s been interesting.

SCHWARTZENBURG: Thank you again.

RODRIGUEZ: You’re welcome.

[END OF AUDIO PART 2]

[INTERVIEW CONCLUDED]

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