

THE
OH
PROJECT | Oral Histories
of HIV / AIDS
in Houston,
Harris County,
and Southeast Texas

*To collect, preserve and make available the experiences
of people impacted by the HIV/AIDS epidemic in
Houston, Harris County, and Southeast Texas*

Oral History # 23

An Interview With
Eric Roland

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AN INTERVIEW WITH ERIC ROLAND

ANN PINCHAK: This is Ann Pinchak interviewing Eric Roland for The Oral History Project about his recollection of AIDS prevention, treatment, and culture in the early years of the crisis in Houston and Southeast Texas. Today is December 6, 2016, and we are in Houston, Texas.

Tell me about your early years growing up. What were they like?

ERIC ROLAND: I grew up in a small town in Indiana with a great family. Two brothers, a dog and a cat, a wonderful little suburban neighborhood. What was different was that I was different. I felt different. I didn't feel like I completely fit in, in the homogeneous, white, suburban Indiana town. I felt like I was different from everyone else. I wasn't sure what that difference was. I thought it was because of my very red hair at the time and all the teasing I got for being a redhead.

Later, probably around 1981, when I was 13, when AIDS first became something that was talked about in the media and it was very quickly pinned on gay men only, that's about the time I figured out that I was gay. Of course, culture said you can't be like this; this is a bad thing. So I really kept it a secret all throughout my childhood, especially in my adolescent years up until I went to college in Ohio.

ANN PINCHAK: What was the community? What's the name of the community where you grew up?

ERIC ROLAND: I grew up in a town called Richmond, Indiana, but my parents lived

just outside the city, so I went to a high school called Centerville High School in Centerville, Indiana, that there were 500 kids in the school, so about 110 in my graduating class. A very small microcosm, but it was a really excellent school. I felt like I got a really good education. There was one black family; one Hispanic family; and one family that was from Iran, but I didn't know that until my senior year, until someone said that this young woman's parents were from Iran. I had no idea until someone said that. I just thought she had a nice tan.

PINCHAK: What year were you born?

ROLAND: I was born in 1967.

PINCHAK: Your parents' names and siblings'?

ROLAND: My parents' names are Duane and Judy Roland. My two siblings are Bret Roland, and he was seven years older than I am; and Brian Roland, who is a year and a half older than I am.

PINCHAK: You mentioned that you had an inkling something was a little different, but that you just couldn't at the time, based on culture — what was going on around in the community? You had mentioned something about in a high school near you, there was someone, a Ryan —

ROLAND: Oh, yes. There wasn't much about gay men in culture at that time, growing up in the late 1970s, starting high school in the early 1980s. There was really just not much at all that said positive things about gay people. I remember going to the library, going back into the back shelves and looking up homosexuality, and I didn't find anything that was really super supportive of homosexuality, so that just kept me thinking I need to keep that quiet even more.

My activism started early, without really even my knowledge, especially

around HIV and AIDS. I just thought it was horrible how there was so much discrimination around HIV and AIDS. I had heard in the media that people weren't allowing family members to come home for Thanksgiving or Christmas, but if they did allow them, they had to eat off paper plates and forks and spoons. It was stuff like that I heard in the media, and I just thought, "Well, that's ridiculous. It's not spread by casual contact."

Then when I was in high school, probably a freshman in high school, freshman or sophomore, the whole subject of Ryan White came up, the young hemophiliac boy who was not gay, who had contracted HIV from a blood transfusion and who was kicked out of his middle school. He was, I think, four years younger than I am, and he was kicked of his school. It was about two hours from where I went to school, in Kokomo, Indiana, or just outside Kokomo.

I remember writing a paper in my English class, junior year, that talked about Ryan White and the discrimination and how unfair that was and ridiculous that he had to be kicked out of his school. Of course, now Ryan White lives on as part of the Ryan White CARE [Comprehensive AIDS Resources Emergency] Act that's in Congress, that provides services for people all over the world. That's how I started my early activism.

PINCHAK: Tell me about when you were finally able to leave Richmond and when you went off to college.

ROLAND: I couldn't wait to get out of small-town Middle America. I couldn't wait to go off to college to go be an adult. I'm not sure at the time what I thought that was going to entail, but I didn't go far. I didn't escape out of Middle America. I went to Miami University, which was just under an hour away from my parents'

house, so I didn't move far. I am the baby of the family, so that kept me close by.

Once I got to Miami University, even though it was in a smaller town probably than I grew up in, Miami was much more diverse. Still Miami is a very white university, but there was more diversity there than I had seen in my life. I met my first Jewish person. I started having friends who were African American. I started meeting gay people. And just add, an institution of higher learning I think challenges people to be a little more open-minded about others and differences. Differences and otherness was celebrated there, and I felt that, and I felt comfortable in that. Of course, it still took me a while to come out.

PINCHAK: To clarify, that's Miami University in —

ROLAND: Oxford, Ohio.

PINCHAK: Where did you go after college, and what was that like?

ROLAND: After college, I moved with my first boyfriend to Upstate New York, to Binghamton, New York, which again was not escaping Middle America to go to a big city where gay people were welcome. This was a small post-industrial town. Again, there was a university there that was open-minded, very liberal, even more diverse than the university I came from. My boyfriend went to the university to get a degree in philosophy, a master's degree in philosophy, and I started working for a book publisher that published a lot of gay and lesbian titles, social work titles. They were a very liberal company, and then they started a book division, and it was mostly gay and lesbian titles that they had in the book division as well as HIV and AIDS titles. I felt like that was my way to be a part of the community and working in the community at the same time.

PINCHAK: And from there, you went to the city?

ROLAND: No. I stayed in Upstate New York, thought about moving to New York City, but never did, thought that it was way too expensive to move there. I stayed in Upstate New York for two and a half years working for the publishing company, making very little money, and then my first boyfriend and I broke up.

I met my second boyfriend there. He and I survived a winter blizzard and said that's it, no more, done with this.

PINCHAK: I thought you had mentioned to me you worked for someone who had AIDS, someone named Doug?

ROLAND: Yeah. One of the things I did when I was in Upstate New York, I started to get involved, moving from college, where I was very active in the gay and lesbian groups. I did volunteering at the AIDS Quilt in college, and then I did volunteering at the AIDS Quilt in Binghamton. I really wanted to do more to give back, and I started to volunteer for an organization called the People With AIDS Coalition, and that was pretty much a really grassroots organization formed in a small town to help anybody who was struggling with HIV or AIDS.

One of my first assignments as a volunteer was to go and sit with a guy who was bedridden. He was staying at his sister's house. His sister was taking care of him. His sister and her family needed to go away for a full day and called on us to come in and take care of him, feed him and everything.

I had no idea what I was getting into, but I was like, "Sure, I'll volunteer." Eager twenty-something-year-old, I was eager to volunteer.

What I walked in on was a man who was pretty much immobile in his bed. He couldn't talk at all. He couldn't really move his hands. There was very little communication coming out of him. I made the best of it and read articles to him

that were in some magazines. I remember feeding him frozen grapes. I was pretty much there by myself with a human being who was very close to death, and I had never seen anything like that in my life. It's a surreal experience to talk about now, but it was so important for my beginning initiation into the world of HIV and AIDS.

After that time, I really got involved with the group. I stayed involved, became friends with quite a few people, spent time at the hospitals visiting people.

My second boyfriend, Jerial, was taking care of an older man who had had full-blown AIDS for nine years. His name was Doug Hurlburt. He had lived here in Houston for a while but had moved back to be closer to his family in Upstate New York. I learned so much from Doug. He was one of those true survivors who didn't put up with the discrimination of the early AIDS days, and he taught me how to demand quality care from healthcare professionals; that it's something that: You're a healthcare professional. You got into it to help people who are sick. You need to take care of everyone equally, because in those days you really kind of felt the discrimination from some of the healthcare professionals. I'm still quite a pistol in the hospital because of Doug.

Doug started to get really bad headaches and started to get really ill. He eventually found out and was diagnosed with CMV [cytomegalovirus]. CMV can occur in a lot of different places, most commonly the eyes, which was what makes people with AIDS go blind, or at least it did quite often. Doug had CMV in his spinal column and in his brain, and he knew that that would eventually make him a vegetable; that he would probably still be alive but he would be brain-dead

essentially. He could not fathom the thought of being taken care of in that manner, and it was out of character for him to be taken care of in that manner, so on Veterans Day of 1992, Doug took his own life. We were actually aware that he was going to do this. We had a party, sort of, before he did it, and then celebrated his death afterwards.

Again, an extremely surreal moment in my life, but one that I think a lot of people who were working in AIDS faced at some point or another. When you face death, you sort of just face it head-on.

PINCHAK: Tell me about when you came to Houston.

ROLAND: I came to Houston in 1993. April of 1993 was the March on Washington, and I attended that. It was one of the last things I did living in New York. I drove down to Washington, D.C. to attend the March on Washington and then a few weeks later packed our stuff up and moved to Houston.



March on Washington, April 25, 1993.

We came here without jobs. We just knew we wanted to move to a bigger city, and my partner Jerial really liked Houston. I had never been, but I was willing to go anywhere with him, and I wanted to go to a big city, so we moved here. After getting settled in and after about six months, I started doing some volunteer work. I started working at *OutSmart Magazine*, which was ironically birthed at the March on Washington. Greg Jeu and Nancy Ford went to the March on Washington as well. I didn't



With OutSmart moving truck,
Houston, TX. 1994

know them at the time, but they were there and came back with the idea, “We need to start a gay and lesbian monthly publication.” They were very inspired by that, and I was the first assistant editor for *OutSmart*. I wrote the original cover story for the very first issue of the magazine and really did all kinds of things there from writing articles to designing ads to laying out the publication. It was very much a family-oriented business, and we all pitched in to get it done. It was very wonderful to work there.

PINCHAK: After you came to Houston, your own health was affected.

ROLAND: In 1995, in the summer of 1995, my boyfriend, Jerial, had a sinus infection or

something, went to the doctor, and the doctor said, “Hey, do you want to get an HIV test while you’re here?”

He said, “Sure.”

The doctor called him back two weeks later and told him over the phone that his test results had come back positive.

He came home one night and told me. It was a very tearful scene, very



OutSmart’s first float in the Pride Parade,
Houston, TX. 1994.

sad scene. Because he had worked in HIV and AIDS since he was 15, I think he almost expected that at some point it would happen to him.

I had never really had that thought. I really didn't think it would happen to me. I then got tested and also came back HIV positive, so I was diagnosed on July 25th of 1995, when I was 28 years old.

PINCHAK: What were you thinking at that time? How long did you think you had to live?

ROLAND: I remember being diagnosed, and I was really sort of okay with it. I had seen so much of it that I knew what to expect. I think the sadness around it was, No. 1, I felt like I was poison. I felt like no one would ever want to touch me again because I was poison. I also thought that I was wearing an invisible T-shirt that said, "I'm the guy who knew how to protect himself and still got HIV." I just felt like everyone was probably going to judge me because I had been an AIDS activist and working in HIV and AIDS and volunteering, and I knew safer-sex practices, but yet I was still one of those people who contracted it.

Also I distinctly remember thinking, well, I'll probably live until I was about 45 because I thought I'm a pretty healthy individual. I'm not going to die right away. I wasn't one of those people that give up and quit my job and go on disability. I wasn't like that at all. I was definitely a fighter, but I thought I have this horrible disease, and it was pre protease inhibitors, so pre HIV cocktail, so I thought I would probably live until about 45, and therefore didn't save for retirement for many years, and didn't initially go on medication because some of the medications were pretty toxic, and I had heard — I had done enough research. Because I was affiliated with *OutSmart*, I had more people at my disposal to talk

to. I had heard that there were some new medications that were in the pipeline that they were hoping would revolutionize treatment of HIV.



The AIDS Quilt, George R. Brown Convention Center,
Houston, TX. 1995

PINCHAK: What do you think kept you alive?

ROLAND: I'm now 49 years old. I've surpassed my date of expire, or the one I thought I would have. I think, No. 1, I have a very healthy immune system. I went through the Next Step program at Montrose Clinic when I was first diagnosed. I was tested, positive, at Montrose Clinic, at their clinic on Richmond Avenue, and then I participated in the Next Step program. During that Next Step program, they would offer blood tests to find out what your T-cell count was. It was before viral loads were commonplace. I found out that my T-cell count was, like, 900, and that's a very high T-cell count, especially for someone with HIV. That probably meant my infection was pretty new, but it also meant that I had a really healthy immune system. I know I'm alive today because of my great immune

system, but I have to also give great credit to protease inhibitors and the medications. Otherwise, I wouldn't be alive today.

PINCHAK: You mentioned Montrose Clinic. Tell me about Montrose Clinic. You said you were tested there. What other kinds of affiliations did you —

ROLAND: Montrose Clinic started in 1981 doing STD [sexually transmitted disease] testing and then quickly expanded into HIV. When I moved to Houston and looked around to see where are the clinics, where do you get tested for HIV, I quickly learned Montrose Clinic is the place to go.

My ex, Jerial, actually applied for a job there. He was fluent in American Sign Language, and at the time, Montrose Clinic had a really fantastic program for the deaf community on educating them about HIV. He had an interview at Montrose Clinic but did not get the job.

When I came around to getting tested, that's where I went to get tested, that's where I was diagnosed, and then participated in the Next Step class. I also knew of all the resources from working at *OutSmart*. I knew the community. I had to know the community from working there.

After I left *OutSmart*, I worked for a couple of different places. I worked in the community at Rich's. I was a barback and a doorman at Rich's for a while part-time and otherwise. Then I worked for homeless youth at StreetWise, and I worked with a lot of HIV positive homeless youth. That was really rewarding work, although difficult work. I stayed there for about a year and a half, and then in September of 1998 I started working for Montrose Clinic. I was hired as a health educator, and I was hired to teach the Next Step class that I had participated in about two years prior to that.

When I took the Next Step class, like I said, it was before protease inhibitors came out, and the Next Step program was not full of doom and gloom, but it was certainly not an upbeat presentation. It was really about how to take care of yourself if you got sick, the resources in the community, how to plan for your funeral, how you might take advantage of life insurance policies. It was really more a preparation for sickness and death than it was any kind of empowerment that you're going to live longer.

Between the time I actually took the class and when I started to teach the class, protease inhibitors had come online and people were starting to live longer and there was hope. So I took the Next Step course and with a co-worker of mine, we took the curriculum as it was and got rid of some of the negative pieces of it and started making it much more hopeful, much more about empowering individuals to take care of themselves. "We're going to give you the knowledge that you need to walk into your doctor's office and say, 'This is what I'm feeling. Could it be this?' or, 'I already know my T-cell count, Doc. I want to keep it there. How do I do that?' 'I know how these medications work in my body.'"

We were really empowering people to take care of themselves, which had been a big theme in HIV and AIDS from the beginning of the community empowering other people to fight for this. I wanted to keep that fight in there but also make it really empowering. That was not only empowering for the people taking the course, but it was incredibly empowering for me to be able to — and I stood up in front of every class, told them I was HIV positive, and would see people who walked into a room thinking, "I don't want to be here. I'm going to die." It was a pretty heavy room at the beginning, and at the beginning of the

course in the introduction, I would introduce myself as an HIV positive individual, and you could feel the heaviness lift because they looked at me — and at that point I had been living with it for several years — and they were, “Oh, well, this guy is living with it for five, six, seven years. I guess maybe I can do that too.” That was incredibly empowering for me as well.

PINCHAK: That’s great, and that’s huge. You mention this whole idea of people starting their own thing and taking control. Specifically in Houston, tell me about some of the organizations. What were they? If you know, how were they funded? What did they do? How did they start? In Houston.

ROLAND: I think all across the country we had this movement of community mobilization, is really what it was. Community mobilization to take care of people. In small-town Upstate New York, there’s a grassroots organization called People With AIDS Coalition who were there to take care of people. In other cities, like Houston, these organizations popped up to raise money, to raise money for people living with AIDS, or to — groups like Pet Patrol, who were there to take care of people’s pets when they were in the hospital. I think the gay community in Houston and the HIV/AIDS community in Houston really looked at what are the needs of people and what is it that they need and how can we help solve this?

Organizations like the Dianas, Miss Camp America, which had been around awhile pre HIV and AIDS, all of a sudden boomed because they knew they had people to take care of and there were people in their own organizations who were sick and dying or who had died, and so there was this personal piece to it that these organizations really wanted to come together and do something fun.

Miss Camp America was fun. It was great to go and watch a beauty pageant with a bunch of drag queens on the same night that the Miss America pageant was running, or to go to the annual Halloween Magic performance, which was always an over-the-top, kind of campy take-off on a Broadway show, and it always raised money for organizations that were serving people with AIDS. I remember Bunnies on the Bayou started as a house party, a pool party at someone's house in the early 1980s, I believe. It may have even been late 1970s. That organization is still around raising money to fund organizations that provide services for people with AIDS.

I know that when I was working at *OutSmart*, I started volunteering at Body Positive, and I also participated in Body Positive. Body Positive at the time was a really small organization. Their offices were at the Metropolitan Multi-Service Center on West Gray, and they had a little, small office space back there, and they were mainly resources. They

were a place that you could get some more resources, some more help, referrals to doctors and clinics, but their main program was a peer support program. It was a nine-week peer support group that was facilitated by a peer, so it was another person living with HIV and AIDS who had been trained by a therapist on how to facilitate a group, and it was a guided discussion. Each week was a different



AIDS Walk, Houston, TX.
1999

topic.

I participated in that nine-week support group. For me it was helpful in seeing that I had a really positive attitude because there were people in the room who did not have a positive attitude whatsoever. I had been around people who did not have a positive attitude about living with HIV, but I learned that I do have a positive attitude and that I needed to really use that for the good and really get out there. So I started volunteering for Body Positive, just doing some administrative stuff in their offices and learning a little bit more about them. They were struggling because they really didn't have many programs or services and didn't really have access to funding.

About the time I stopped volunteering there was about the time that Nelson Vergel was trying to get more support around his belief that the thin, wasting-away person with AIDS could be helped by building muscle mass and going to the gym and actually doing weight training. He was pretty revolutionary in thinking about that and thought, well, Body Positive would be a great organization to get funding for this through, so Nelson kind of grew Body Positive into more of a wellness center.

They moved offices and actually had a gym in there and trainers. A nutritionist came in and consulted with the people, and you really saw people bounce back from this very emaciated, thin person living with AIDS to someone who had muscle mass. The organization really flourished after Nelson came in there.

Then eventually Montrose Clinic merged with Body Positive and started providing the same services: the peer support group that they had always had and

also the wellness services, which they still offer today.

I'm trying to think if there were any others. Also early on, for anybody who has seen the movie *Dallas Buyers Club*, buyers clubs were a common thing in big cities across the country, trying to get drugs, experimental drugs from other places, but they were also aligned, and here in Houston, the Houston Buyers Club was also kind of aligned with Nelson Vergel's, like, "Let's try to use alternative therapies as well."

There were things like bitter melon that was made into a pill form that was thought to have immune-boosting properties. There was a lot of talk about taking antioxidants and really bulking up on over-the-counter vitamins and minerals. In fact, during those days and still today, people with HIV are recommended to take prenatal vitamins because they often have more of what a person with HIV needs.

So there was lots of talk about alternative medicines, protein powders, stuff like that. A guy named Fred Walters had started the Houston Buyers Club, and that grew over the years and was actually really quite profitable as a nonprofit buyers club, and he ended up having a store and everything.

Fast-forward years ahead, I think all of those supplements became available everywhere else online, and he eventually closed it. His was a little different than Dallas Buyers Club, because at that time there were a little more regulations around medication, but it was certainly somewhat of the same concept of providing cheaper medications and supplements to people with HIV.

I think those are some of the early organizations that I can remember. I would also have to give props to ERSICCS — I used to be able to get that — The Empire of the Royal, Sovereign and Imperial Court of the Single Star, who have a

whole coronation process with different people. Today they still are just amazing fundraisers, and it's such an important part of our history, starting out of San Francisco with a worldwide Court, and it's everywhere now. Those people still do amazing work.

Some of these organizations have — Miss Camp America doesn't exist anymore. Halloween Magic is, I think, coming back. The Dianas was floundering for quite a while, but it's gotten some new life in it, and I think that that's coming back. Bunnies on the Bayou, like I'd said earlier, is incredible, and they raise a lot of money. Some have flourished, and some have fallen, but more have taken over as well, so there are new ones.

PINCHAK: Now, you're on the board of —

ROLAND: Of Live Consortium. I've been on the board of Live Consortium since 2013.

Live Consortium came from Beau Miller, who had been a board member of Center for AIDS, and he really loved what Center for AIDS did as this resource group but thought they could do more, and they weren't really interested. They really wanted to stick to their resource center and their education about clinical trials and new experimental medications. That's where they really wanted to focus their attention. Beau kept trying to get them to move into another direction, staying with that original mission but also including more events for the community. He didn't get anywhere with them and thought, "Well, okay. I'll fund my own organization," so he started Live Consortium. I can't remember the year.

One of his first things that he wanted to do was an educational project at the University of Houston and have a whole day around HIV/AIDS awareness for

the University of Houston and really get a whole bunch of students tested because he saw that college students are our future generations and we really need to educate them and get them onboard with HIV and AIDS so that the stigma and discrimination stops.

Live Consortium's mission now, and kind of morphed into that mission, was to try to solve the stigma. There was so much stigma out there in the community that they really wanted to lessen the amount of stigma that happens. I went to one of Beau's first meetings that he was organizing for the University of Houston. At the time I was the director of education at Montrose Clinic, overseeing all their HIV testing programs.

Beau wanted to test 200 students in a three-hour period, and I said, "Beau, you can't do that."

At the time, Beau just didn't know how the system worked and that HIV testing takes about 30 minutes per person because of the required paperwork that you have to fill out, the consent forms, the counseling that is required by the State, or was at the time. That takes at least 30 minutes, so you can only test so many people in an hour with so many testers. It's a mathematical equation.

I know Beau was really frustrated with me for telling the truth, but at the end of the day he very much and still does appreciate what I did during those early days of him starting this organization to keep him grounded in what really works.

He asked me to join the board after I left Legacy Community Health Services, and I've been on the board since then and helped them in any of their projects that they're working on. They do research projects.

One of the things that was done with Live Consortium, one of the reasons I wanted to join the board, is that they were really good at reaching out to gay men that we might not see through HIV testing and counseling. We never did HIV testing and counseling at the bars on Friday and Saturday nights. Although that's when most people go out, it was also when most people go out to have fun, and we didn't want to take away from that fun. We would do outreach during those hours, but we wouldn't offer HIV testing. Oftentimes, a lot of those people who went out on a Friday, Saturday night never went out any other night, and so Beau started having parties for large groups of people.

I said, "Beau, I think this is great." I knew, as someone who worked with gay men through Montrose Clinic, that one of the ways to attract gay men is with alcohol. You can get gay men to come to a bar to listen to a speech on HIV and AIDS because there is alcohol available. You can't get them to come to a community center. It's very difficult to do that.

I would do community forums and get very small crowds of people. I couldn't fund it with alcohol because the government doesn't allow that, which is great. I respect that. But here Beau had this idea, "Well, wait. If I don't get government funding, I can have these parties."

I said, "Go for it. Have big parties. Just make sure there's a message there about HIV and AIDS to make sure you're getting people that we can't get."

I felt really good that we were working with them to bring all that together and educate another population.

PINCHAK: In the early years in getting testing in the bars, what was that like? Was it a little tentative? Were there lines?

ROLAND: Before I started at Montrose Clinic, Montrose Clinic was the first agency in Houston to do testing after the City of Houston started it, and no one would go to the City of Houston and get tested because it was too much feelings of, “It’s the government testing me. I don’t want them to know anything.” So Montrose Clinic started doing testing in 1985, after the test became available, and had lines out the door from what I’ve heard. I’ve seen pictures of lines out the door at their clinic on Richmond Avenue.

When I started with Montrose Clinic, we were in the building at 215 Westheimer, but it was a steady flow of people coming to get tested. Prior to me starting, probably about three or four years prior to me starting working there, Montrose Clinic had heard from the community members that, “Listen, I certainly don’t want to go get tested at the City of Houston, but I’m really uncomfortable going to get tested at Montrose Clinic because someone could see me in line or someone could see me in the lobby and know what was going on,” and that was problem. There were people who weren’t getting tested, who really needed to get tested.

So Montrose Clinic thought, “Well, could we take our testing out into the community? Could we do testing at bars? Could we do testing at bathhouses?” They advocated that with the State health department, got permission to do that, and started one of the first programs going out into the community. Very well accepted in the gay community. The bars, the bathhouses, most of them were very open to that.

Some of the bars, particularly JR’s and any of the bars owned by Charles —

PINCHAK: Charles who?

ROLAND: Armstrong.

Charles was against doing testing in the bars, and so he never allowed us in bars, but he would allow Montrose Clinic outreach workers to go in and place promotional stuff in there: posters, cards, things like that.

We worked around it. We found ways to make sure we were out there. We would actually go and draw blood. We were always in a back room or a closet or the manager's office doing that. I took over running those programs and was very instrumental in keeping those programs alive, making sure we were doing the best job that we could, making sure we were reaching as many people as we could.

It's interesting, we also wanted to expand into some other areas, and we thought, "Well, what else is a high-risk area where people who may be more sexually active go?" We had tried for a while to go to strip clubs to get HIV testing in there, and people thought we were crazy.

"You want to do what in our club?"

We're like, "Oh, we've been doing this for years over here in the gay community," but the heterosexual community is much more resistant to that.

PINCHAK: What were some of the bars in the gay community that let you test?

ROLAND: We always tested at EJ's. The 611. We would test at the Ripcord. There were times where we had two nights at each of the bathhouses: Midtowne Spa and Club Houston. They were very welcoming of us coming in there and offering those services. Venture-N, we did testing at before it closed. Some of these bars aren't even open anymore. Those were some of our big ones. I know EJ's, we

did a lot of testing at EJ's.

PINCHAK: What was the AIDS Foundation, and what was their attitude compared to Montrose Clinic's attitude about testing?

ROLAND: AIDS Foundation Houston started out as the Kaposi's Sarcoma Foundation, or the KS Foundation, and then for a while it was KS/AIDS Foundation, and then they just lost the "KS" and became AIDS Foundation Houston. They were really the first organization completely dedicated to people with AIDS.

Montrose Clinic meanwhile had started as an STD clinic and morphed into HIV and AIDS. Montrose Clinic was very adamant about getting the HIV test made available. When it was discovered that HIV was the cause of AIDS and someone quickly came up with a test, Montrose Clinic was very adamant about, "We need testing at the community level. We can't just let the City get testing, because gay men aren't going to go to the City to get tested."

At the time, there weren't treatments available, and so other organizations, including AIDS Foundation Houston, were somewhat opposed to HIV testing at the community level because they thought, "Well, if you test positive for HIV, there's no medications to help you, and that's just going to make the situation worse."

That same philosophy, I saw it later when hep C became a crisis and a test became available. People said the exact same thing. "Well, there's nothing to do to treat these people, so why would we want to find out if they're hep C positive?"

As a prevention worker, as someone who is very solidly about prevention, you do want to test someone so that they protect others. You do want to find out

if you have HIV so you can wear condoms to protect your sex partners. You do want to find out if you have hep C so you can stop drinking alcohol, to help protect your liver; so you can stop sharing needles or razors or things like that where there might be blood contamination. Yes, even though there's no treatment, there's prevention efforts there.

Another thing I wanted to say about the testing, especially in the bars but also in the clinic, because I oversaw all of that and we did over 1,000 tests every year — that was just in the community, 1,000 tests; I think we were close to 4,000 tests a year — I'm the one who managed all the reports, and we were very adamant about anonymous testing. HIV is the only blood test you can do that you can do anonymously. And it was because of the early days of stigma, that people wouldn't get tested if their name were on that piece of paper or if anyone found out who they were or where they lived. They just refused to get testing, so Montrose Clinic was very instrumental in advocating for anonymous testing, which still exists today.

When I was managing that department, I became a little disturbed by the fact that we had people who tested anonymously, who tested positive, but never came back for their results, and there's absolutely nothing you can do about that. You have no idea of who they are or where to track them. You can't find them. All of a sudden, you have this knowledge that there's someone out there who has HIV but doesn't know it. That's a disturbing thing to do and to look at every month.

About that time, rapid HIV testing came out. Rapid HIV testing gives you a result in 20 minutes. Now, it's a preliminary result, and then you have to have a

blood test. But at least you're able to get someone right in front of you. If they want to test anonymous, that's great. If they come back positive, then you can say, "Listen, let's get your information. I want to follow up with you." You're able to get them into care a lot quicker and at least able to tell them that they're positive and how to prevent spreading the disease and how they can take care of themselves.

I wanted to be the first one to implement rapid HIV testing, so at Montrose Clinic, under my supervision and management, we implemented the very first rapid HIV testing program in the city of Houston. A lot of that was with the help of the CDC [Centers for Disease Control], but a lot of that was just on our own because it was groundbreaking. There were other cities who were doing the same thing, but we were the only ones here in Houston.

There were a lot of organizations who wanted to wait for the oral swab version, and it had not been FDA [Food and Drug Administration] approved, and the only FDA approval for the rapid test was a finger prick, so you had to prick a finger and take a drop of blood.

I said, "What difference does it make, oral swab or finger prick? The best thing about this is we get a result in 20 minutes. That's what's going to revolutionize everything."

By the time the oral swab came out, we were fully set up to do rapid HIV testing, and it was an easy transition at that point.

[END OF AUDIO PART 1]

PINCHAK: Did you carry that into some of the outreach places?

ROLAND: Absolutely, absolutely. We offered that at the clinic, but we advocated for

funding to do rapid HIV testing out in the community because that's where it was really valuable. And so we did. We did rapid HIV. We converted to doing — instead of blood draws in the bars, we did oral swabs and finger pricks in the bars, and it went over really, really well.

PINCHAK: You talk about the fact people wouldn't come back. What was it like before the rapid [test]? How long would the test take?

ROLAND: From the time in 1995, when I was tested, and then all the time I was supervising, until rapid HIV testing came about, it was two weeks. The test results were two weeks. It was a pretty miserable two weeks for certain people. There were lots of people who complained about, "Why does it take so long?"

We would always say, "Well, you need to think about your behavior during these two weeks and see what you can do to help improve your behavior so you don't have to go through this stressful period again."

To be honest, that was just trying to convince them that the two weeks was acceptable when it really wasn't. It wasn't acceptable, and we really needed something in the community that would get people their results faster. I think rapid HIV testing revolutionized the way the epidemic is treated and also allows us to find — I think people were turned off by the two weeks, so they wouldn't get tested. I think people are encouraged by 20 minutes, so they're willing to do it.

PINCHAK: Was there any counseling?

ROLAND: Montrose Clinic was also pretty adamant about counseling being a part of testing. During those early days, there was so much fear around someone finding out they were positive and then thinking, "Oh, I'm going to die soon. I might as

well commit suicide,” or they didn’t have all the information. They were scared out of their minds.

The fact that my boyfriend at the time, Jerial, found out over the phone, it was like, “Oh, my God, you should never tell someone over the phone.”

I did meet a few people who found out via letter after they had donated blood. That’s a horrible, horrible way to find out. You wouldn’t find that out in the initial letter, but if you didn’t respond to the initial letter or the two letters after that, by about the fourth letter they sent you, they just told you in the letter. There was one person who ignored all the letters and then found out in a letter one night when she got home.

It’s awful. You need some sort of support system at that time, so we were always very adamant about client-centered counseling. We wanted to base it on what the clients’ needs were to make sure that they were able to talk about their risky behaviors; we were able to come up with helping them figure out a way to reduce their risk of contracting HIV; and for those people who were positive, sitting and talking to them about what their life was going to be like, how to get them into resources, connecting them with doctors, things like that.

PINCHAK: You talk about the testing and the counseling. What about the prevention part of it? What did you do with that? Where did you take that? Did you pass out things?

ROLAND: At the time, anybody who was doing testing and counseling was also required to do health education and risk reduction. Of course, in the clinic we were able to pass out brochures. We were able to give people information, fact sheets, things like that, and also give them verbal information.

Out in the community, what we would do would be — I'll take 611, for instance. At 611, my staff would be there from 4:00 to 8:00 p.m. They would show up about 3:45, go in and set up in the manager's office. The 611, by the way, is now the Eagle, and the manager's office is now a little store that sells leather apparel and lubes and condoms and stuff like that. We were actually in that room, and we would set up our testing stuff, get all that according to — like a mini laboratory back there, and then the staff would go out into the bar. We had various different promotional things we did. We would put little postcards on the bar. The staff would talk to people. "Hey, I'm from Montrose Clinic. I'm back in the back doing testing. If anybody wants to get tested, let me know," and he would make himself very present there. He wouldn't just sit back in the corner and wait for people to come. He would actually go out and engage with the community.

When I was running that program — this was in the late 1990s, early 2000s — I saw and witnessed there are so many people not going to the bars anymore. They were staying at home, and they were connecting with other guys for friendship, chat, and sex on the Internet. Specifically in those days, AOL [America Online] chat rooms and Gay.com were the big ones, and so people would, instead of going to a bar, sit in a chat room and talk to people, hoping oftentimes to meet with someone.

I saw that. I knew it was going to increase. I knew that chat rooms and the Internet was just going to take off as a communication device, specifically for gay men, and that there was a lot of sex going on. I wanted to create a program that would essentially take what we did in the bars — setting up, promoting,

announcing ourselves, having a presence there — I wanted to take that concept and move it into the chat room.

At the time, it was pretty cutting edge. There were a couple of agencies around the country — there was an agency in Florida, one in Michigan, one in New Orleans, and one in San Francisco — that had kind of started doing this. I very quickly got involved in the Internet outreach, how do we solve this population, and ended up with funding to put together a program.

I took the best of the programs around the country and merged it together with what we were doing in the community and created a very comprehensive protocol. There were guidelines, specific. Here's step-by-step what you do to go into these chat rooms, things you should be aware of, things you should do, things you shouldn't do. I created a whole curriculum, guidelines around that that was eventually incorporated into the National Guidelines for STD and HIV Prevention on the Internet that was produced by the Centers for Disease Control.

That program has been used around the world. It's mostly used around the country, but I know of places in Canada and England that also use that program. I'm very proud that I had that kind of impact, and those programs are still being run today.

PINCHAK: Were they monitored, or were they just people who came to the room, or how was that?

ROLAND: There were some organizations who allowed volunteers to do the outreach. I thought having a volunteer do it out of their home is just too risky; that you could easily go from being an outreach worker to a hookup if you didn't have any kind of supervision, so at Montrose Clinic we mostly used staff. We did have some

volunteers come in, and the volunteers would not do it from their homes. They would do it at the clinic. We had little stations set up where we had computer laptops, and people would go on and sign on. They would go into a chat room, introduce themselves, “Hi, I’m Eric from Montrose Clinic. I’m here to answer any kind of questions you have about HIV and AIDS. Ask away.”

There was a protocol set up that they had to reintroduce themselves every 15 minutes in case they got new people coming into the room. In the same way that we would hang a poster or place a card, we would then reintroduce ourselves to the chat room.

We were incredibly busy from the get-go. Most people thought it was really great that we were there. They felt like they could ask us questions over the Internet that they would not be able to ask in person, that they had too much shame about, because there is this I called it pseudo-anonymity on the Internet, pseudo-anonymity because it depends on what you post. If your profile has got your picture and a whole bunch of details about you, then it’s not particularly anonymous, but there were a lot of people who would not post their face pic, or they would not post a photo at all, or they would give very little details. Or for that matter, there’s people who lied on the Internet and put somebody else’s face and talked about them being 25 [years old] and 150 pounds, when they were really 35 and 200 pounds.

There’s a pseudo-anonymity, and people really, really asked some very personal, in-depth questions. Some of them, we’d never heard in the outreach process, but they were valid concerns.

Some of my staff sometimes, like, “I think this guy’s pulling my leg, some

of the questions he asked.”

I’m like, “What if he’s not pulling your leg? Answer his question just like you would anyone else. Even if you think he’s making something up, there’s an answer to his question.”

It was great to experiment with that program, see what we came back with, test it, evaluate it. We had several evaluators come in and look at the program and see that you are changing behaviors. You’re obviously educating people about these issues.

We were able to track also, because we were able to recruit people for testing. If one of my outreach workers was going to the Club 611 from 4:00 to 8:00, he would be on the Internet in the chat rooms from 2:00 to 4:00 and he would say, “Hey, I’m going to be at 611 this evening. Come visit me and come get tested.” So there was a way to actually then monitor it and evaluate the results and see that people did come in from those referrals, they did come in for testing.

PINCHAK: While your program started in Houston with the Internet, it could apply way beyond.

ROLAND: Yes, which could be a problem once some of the applications, the smartphone apps and some of the websites that were really international websites — how do you then focus it if there’s no Houston chat room, and it’s just people from all over? How do you then focus it? So we had to adapt the program to some of the new technologies.

I know that they now do that same Internet outreach on mobile apps and things like that, but just focused in Houston so that we could then refer people in Houston to services in Houston and to really keep that localized.

PINCHAK: Tell me about some of the early places where people would go who had AIDS. Maybe a model in Houston was Thomas Street?

ROLAND: For healthcare, people were trying to get in to see doctors like Dr. Crofoot, Dr. Salvato. Dr. Rios was there early on. But there were a lot of people who didn't have health insurance and didn't have a place to go, so most people who didn't have any kind of health insurance went to Thomas Street Clinic. Thomas Street was the first freestanding HIV clinic in the country, and it may still have that distinction. Thomas Street is in a building that used to be the railroad hospital on the north side, a beautiful old building that Harris County Health Department, now called Harris Health, took over and really created this freestanding HIV clinic with a pharmacy in it, with all the services.

Even once Montrose Clinic started to receive Ryan White funding for care, if Montrose Clinic had someone who went into full-blown AIDS and was sick, had a weak immune system, was susceptible to a lot of different illnesses, even Montrose Clinic would refer them, transfer their care over to Thomas Street because Thomas Street was so better equipped and so great at taking care of the really sick, the people living with AIDS and the different opportunistic infections that would affect them.

If they got healthy and their immune system came back, they would transfer back to Montrose Clinic, but we had a system set up so that we could refer the really sick to Thomas Street because they were so great at it and because they had the easy connection with Ben Taub Hospital for people without insurance that they could easily get them into Ben Taub quicker than Montrose Clinic could.

I also know that during those early years, obviously AIDS Foundation Houston responded with a lot of programs, a lot of education, lots of safer-sex prevention information, street outreach, all that kind of stuff. Montrose Clinic was doing its job in providing education, social services, and then primary care, and then the Body Positive wellness program when they merged.

Montrose Counseling Center was really instrumental in working with people with AIDS and getting them counseling services, free counseling services, grief support, things like that. They also provided some support groups.

I also give a little credit to Bering Memorial Church, who started one of the very first support groups for people living with HIV that is still running today, and it is every Wednesday, I believe, and it's a dinner, and people come in from all over, that they can come to this dinner, they can get support, and they can interact with other people living with AIDS. That Bering support network is still going on today and is still quite popular and busy.

That sort of support group, hearing my history and knowing that I came out of that support group atmosphere, I always found it very important to have some sort of support groups available, and they have dwindled in recent years. There aren't as many support groups out there. Some people say there's not a need anymore, but of course there's a need. People always need support. So I'm really proud that the Bering support network still continues to this day and still continues to be a popular place.

PINCHAK: From Montrose Clinic that you went to, and it evolved into —

ROLAND: Montrose Clinic in 2005 merged with the Assistance Fund, another small organization — I say small; I should say “small” as in people. They only had

about five people in the place, but their budget was huge. Assistance Fund was really founded to help people who were indigent, poor, maybe had health insurance but they ended up having co-pays for their medications that they couldn't afford, so Assistance Fund would help them with their co-pays.

For people who lost their job and then went on COBRA [Consolidated Omnibus Budget Reconciliation Act] as a continuing for health insurance, COBRA payments can oftentimes be very expensive. The Assistance Fund would help pay for some of those co-pays.

The statewide AIDS Drug Assistance Program, which is a federal program — all states get funds for an AIDS Drug Assistance Program, so-called ADAP — ADAP would pay for AIDS drugs, but it wouldn't pay for antibiotics that were needed to prophylactically keep someone from getting pneumonia. People with HIV and AIDS often have mental health issues. Depression is very common. ADAP wouldn't help pay for those antidepressants or anti-anxiety medications. They wouldn't help pay for anything other than HIV medications, so the Assistance Fund came in and also helped those people cover the cost of those medications so that you could really treat the whole person.

Assistance Fund was really for anyone in the Ryan White CARE system, no matter what agency they were at, but because Legacy, Montrose Clinic at the time, had really the most patients, Assistance Fund and Montrose Clinic worked very, very closely, and so they decided that for sustainability, those two organizations would merge.

At the same time, there was a fear that the Ryan White CARE Act would go away and that it wouldn't be reauthorized. At the time, two-thirds of Montrose

Clinic's budget was Ryan White CARE funding. To lose two-thirds of the budget would have hit Montrose Clinic really hard, and it might not have been able to stay open. It would have gone back to being an STD clinic and a prevention organization and would have had to have gotten rid of all the patients and transferred all those patients to Thomas Street. And those patients loved us. They wanted to be with us. They didn't want to go to Thomas Street. They wanted to come to us.

The fortune tellers at the federal government said if they get rid of Ryan White, all those people might go into a Medicaid-type program. At the time, Montrose Clinic couldn't take Medicaid, so we were still faced with if we lose this, we have to transfer all these patients somewhere else.

At the time, Katy Caldwell was really working with organizations in other parts of the country. We called them sister organizations because they were of very similar history. Howard Brown in Chicago, their history is almost identical to Montrose Clinic, down to dates. I think they were a year ahead of us. Fenway Clinic in Boston, other clinics around the country, these clinics kept in touch and started talking about, "Uh-oh, what do we do if Ryan White goes away?"

Well, Fenway Clinic in Boston was ahead of the curve and said, "We all need to become federally qualified health centers."

The first time Katy Caldwell heard that, she said, "What's a federally qualified health center?" She had no idea what it was.

It was funding to allow a clinic to become a Medicaid recipient. They could take Medicaid funding, Medicare funding, but they would take care of all types of people and all types of health issues. Katy knew that that was probably

the only way that Montrose Clinic would survive, and so we started planning that Montrose Clinic would become a new organization that would have clinics in other neighborhoods, serving those people, people with HIV but also people with diabetes, people with other health conditions, and just general healthcare.

When all this is happening together, Montrose Clinic and Assistance Fund are merging, the clinic knows that FQHC is in the future and we will probably move out. We knew at that point that it needed a new name, and Montrose Clinic and the Assistance Fund became Legacy Community Health Services.

The name “Legacy” was chosen by the board of directors through an exercise that they went through as a tribute to those people who donated money, fought for people living with AIDS, died of AIDS or complications to AIDS. We wanted to honor them and honor their legacy, but we also wanted to honor people like me, who spent 14 years at the agency and created programs like implementing rapid testing, creating an Internet outreach program. Wanted to pay tribute to those who were leaving a legacy, were in the process of leaving a legacy. So that’s where the name comes from.

PINCHAK: What was the attitude of people in the gay community?

ROLAND: People in the gay community were very opposed to changing the name.

People in the community were very attached to the name “Montrose Clinic.” It had been there since the late 1970s. It was instrumental in helping people with HIV and AIDS. It was a part of our community. It was where gay people went for healthcare. There were a lot of people who didn’t want to see that change. They didn’t want to see Montrose Clinic become something of a larger healthcare clinic. They wanted to keep it gay. They wanted to keep it focused on HIV. But

the issue was that HIV was not just a gay men's disease. It was affecting all kinds of people, and we were having those people come to us for the same reason that gay men came to us.

Gay men came to us because, they said, "I don't want to go to the health department." Gay men came to us because, they said, "I don't want to go to my doctor. I'm afraid to talk to my doctor about this. I'm afraid to talk about sex. My doctor doesn't know I'm gay. I can't ask him for an HIV test because then he'll [ask more questions about my sexual behaviors]," so they came to us because they didn't want to go in their own communities.

African Americans started coming to us because they didn't want to go to their own communities. In fact, when Legacy came together, the first outlying clinic they opened was in the Fifth Ward, and they started doing STD testing, just basic healthcare out there, but we were also able to do HIV care out there, and we surveyed the patients of Montrose Clinic, we surveyed those patients who lived in the Fifth Ward and surrounding area. "Would you like to receive your care closer to your home? We can provide services for you at the Fifth Ward Clinic."

The answer was resoundingly no. "No, no, no, I do not want to get HIV care at a place in my community. I want to leave there and come somewhere else."

So it was for the same reason gay men had, but yet there was this resistance to letting other people use our clinic. I think there was a lot of ownership over the clinic and ownership especially among some of the older gay men that, "This was the place where we found hope and solace, and we want to keep it that way."

I've been in this fight for gay and lesbian rights and HIV rights not as a separate but equal, but as an equal. We're all equal. Unfortunately, I always give the example that Crossroads Bookstore was such a wonderful gay and lesbian bookstore. They had tons and tons of gay and lesbian titles and magazines and books of feminism and homosexual theory and all this stuff. It existed because you couldn't buy those books anywhere else. I remember wanting books when I lived in Upstate New York. Well, I couldn't get books. I had to go to New York City to go to the Oscar Wilde Bookstore to get any kind of books like that.

Soon you started seeing that Barnes & Noble started having a gay and lesbian section. It was first called gender studies, and they kept their magazines covered in brown paper, but eventually the brown paper started coming off and eventually the bookcase went from gender studies to homosexuality, gay and lesbian studies. It became not just one shelf, but four bookcases full of books. All of a sudden, you could buy books anywhere. Amazon started, so you started to be able to buy books online.

All of a sudden, unfortunately — I want to say unfortunately; I want to stress that — the mom and pop shops couldn't keep up, and there was really no specific need for them anymore because we had become equal. We were moving our way toward becoming equal.

When you do that, you do have to give up those separate but equal places, and I think that Montrose Clinic was part of that. It was in a movement, a greater movement toward superior healthcare for all people, which I always thought that's what gay people are about. We want to use the knowledge that we have at combatting a disease, and we taught ourselves damn quick how to handle a

disease. I've always wanted to take that knowledge and bring it out to other communities. That may be where obesity is an epidemic proportion, or where diabetes is so out of control. Let's go and use the knowledge that we have to serve other people because I think that's what our legacy is.

PINCHAK: That's great. Tell me about while you were at now Legacy, what did you do to distinguish, to brand? And in what capacity were you at that time?

ROLAND: At the time of the merger, I was director of education, overseeing all of the HIV and STD prevention programs. Some of the programs that we had were very specifically around marketing. I created some social marketing campaigns or behavior-change campaigns that encouraged people to get tested for syphilis, encouraged them to get tested for HIV. We also ran an anti crystal meth campaign for a while. I was heavily involved in the marketing of the agency. It was really the only marketing that was out there was through our prevention programs.

I was often called into meetings to consult about marketing of this new entity called Legacy. How do we market this? How do we bridge the Montrose Clinic to Legacy and continue to respect our community and our history and our legacy? How do we respect the gay community but yet move into new territory?

One of the first things we did was, we incorporated a rainbow into the logo to let people know we're still here for the gay and lesbian community, but we've changed our name. We first started out with that and had that for a couple of years.

Meantime, I transitioned from the director of education into the senior director of marketing and communications, overseeing marketing for the entire

agency. I knew with going out to Fifth Ward Clinic, and there were talks of maybe we could go into southwest Houston, that the rainbow logo wasn't going to work at all those place, so we transitioned into just a solid blue logo. Blue is often used in healthcare. We transitioned into a solid blue logo, and I received quite a bit of flak for that, of getting rid of the rainbow. Again, I used the, "We're here to serve everybody now, and we're not just going to serve people with HIV or just serve gay people. We're going to serve everybody, and we need to have a logo that represents that."

I think that those initial years were very difficult, but it certainly helped to build a brand new building in Montrose at 1415 California Street that they moved into in 2006. I think that really helped to build a really shining example of progress and, "Look at this brand new clinic that we have here in this community."

Just before I left Legacy, we opened up the 1415 California Street, and we started to rebrand. We had enough clinics now that we could call it Legacy Community Health Services – Southwest; Legacy Community Health Services – Lyons Avenue Clinic; and then we were able to call it Legacy Community Health Services – Montrose Clinic, and they actually changed it to Montrose Campus after I left, but we were able to bring that "Montrose" back and bring that feeling back.

I think there's probably still some animosity around that, but for the most part, I think the people have respected what Legacy did and are accepting now of them, still being in the community and still serving gays and lesbians, but serving other people as well.

PINCHAK: How has your career evolved with AIDS and sort of started and come back?

Why are you in the fight? Why have you stayed? Why has it come and started and come back?

ROLAND: It's interesting. I can't get away from it. It's been a part of me since I was 20 years old. From those first days that I volunteered at an AIDS Quilt, and actually before that, when I was a junior in high school, writing a paper about Ryan White, I can reflect back that this was an important issue for me from very early. I wanted to help out. I wanted to be a part of the solution. I thought it was terrible that this disease had killed so many gay men and frankly stigmatized me into feeling bad about myself. I had a horrible self-esteem in my twenties, and I directly relate that to society and culture saying gay men deserve this disease. They're going to die of this disease, and they deserve it. It's God's punishment on them.

I heard that over and over again. I saw churches reject people. I saw the horrible discrimination that happened, and I heard so much about it, and I just thought it was such an injustice that I wanted to be a part of it.

Ironically, from my first job out of college, at a book-publishing company, I worked on gay and lesbian book titles and HIV and AIDS book titles. I then moved to Houston and volunteered. Even my jobs I fell into, eventually working at StreetWise — well, at *OutSmart*, once I got diagnosed, I started writing more articles around HIV and AIDS, so I used my skill at the time to get the word out.

When I went over to StreetWise and I started working with the kids who were HIV infected and specifically worked with them.

When I went to Montrose Clinic. I've told you all about that history.

Leaving Montrose Clinic, I kind of got out of it. I got into Live Consortium with being on the board there, but I pretty much got out of the community, and for a while I worked for a company that did marketing of surgical hospitals. It had nothing to do with HIV and AIDS.

Then I worked for a marketing agency that worked in healthcare, but it wasn't HIV-specific at all.

In April this year, I went out on my own and became a freelance writer and grant writer, and all of a sudden I'm being pulled back into HIV and AIDS.

AIDS Foundation Houston called me out of the blue — I don't even know how they got my name or found out about me — and asked me if I could do grant writing for them, which I'm doing now, and now I'm starting to get really heavily involved in PrEP.

Another one of my jobs is to work with UT [University of Texas] Health on a clinical trial they're doing on a new PrEP drug. I also know that there is a lot of PrEP funding to do marketing, and I'm going to be applying for some of that.

PINCHAK: Explain what PrEP is.

ROLAND: Yes, I knew I left that out. PrEP is a short term for pre-exposure prophylaxis, and it's a daily medication that can be taken. It's currently FDA [Food and Drug Administration] approved for Truvada, which is a once-a-day pill for people who are HIV negative that will prevent them from getting the virus if they're exposed to it. It's very effective and being used a lot around the country, and the Centers for Disease Control is pushing hard for PrEP and getting people on PrEP who are in high-risk situations, who may have multiple partners or who may be engaging in unprotected sex or who could be with an HIV positive

partner. They're really making a high priority on getting people on PrEP, and so there's a lot of funding out there.

I would love to get back involved in social marketing campaigns for HIV prevention, and I would love to do some PrEP campaigns, because they're hot right now and they're all around the country. Obviously as I told you, I'm one of those groundbreakers who likes to be on the cutting edge of prevention in the country.

PINCHAK: How has HIV changed the world?

ROLAND: In so many ways that HIV has changed the world. It's my personal opinion, and probably lots of people would agree with me, that HIV was the beginning of people talking about diseases from the patient perspective.

I've got to give a little credit to Betty Ford for talking openly about cancer because before Betty Ford ever spoke about cancer as First Lady of the United States, cancer was one of those words that you whispered. "Cancer, she has cancer." I mean, it was just so stigmatized.

Betty Ford, who also had alcohol and drug issues and started the Betty Ford Clinic, was like, "We can't do that." I think she knew that from an addict perspective. All this secrecy that happens in addiction, you keep it hidden. If you don't keep it hidden, then it's not as big of an issue. So I think she was a groundbreaker in that, and I'm talking about cancer. That was only a few years before HIV and AIDS hit. Whether there's a tie to that or not, there was certainly a movement, a momentum to say that people with HIV and AIDS need to stand up for themselves.

A good example of this was the first conference on AIDS that happened in

1982 in Denver. There were a group of gay men living with AIDS that came to that conference from all over the country, some from San Francisco, some from New York, Los Angeles. Other people came together. They had a meeting to talk about how they felt as mostly gay men — I think that there were a couple of heterosexual people in there — as people living with AIDS. “How do we feel about this conference?”

They said, “There’s all of these scientists and CDC representatives and all these people who don’t even know what it’s like to live with AIDS. They see it from a scientific perspective. We need to be at the table. We’re the ones living with the disease. We’re the ones dying from it. We need to be at the table.”

So they came up with something called the Denver Principles. The Denver Principles is one of the first examples of — and it clearly states in there, “Do not call us victims. We are people living with AIDS.” They really were against that victimization of people living with AIDS, and it really talked about, “We have the right for quality healthcare. We have this right. We have this right.” It was all about the rights.

That document was really groundbreaking. I don’t think the guys who put it together thought it was groundbreaking, but it certainly became groundbreaking, I think, for a whole movement in healthcare.

I think the timing of the Internet helped with that a lot, but I think one of the biggest outcomes of HIV and AIDS is that people now go to their doctor and say, “This is what I think I have.” People are educated, and they want to educate themselves. People who are diagnosed with cancer want to find out more information so they’re better informed. I think that’s a big lasting legacy.

Some other things that have been affected are laws and policies. The FDA approval process for medications is much quicker now than it was pre-HIV/AIDS because people with AIDS were like, “No. You have this disease out there, and you have this medication that might treat this disease? We need it now. We can’t wait two years for you to study it. Can’t you figure out some way to fast-track this?” So there is a fast-tracking process now at the FDA that came out of ACT UP, really, is where it came out of.

PINCHAK: Which was?

ROLAND: AIDS Coalition to Unleash Power, which was an organization founded in New York that quickly spread across the country to demonstrate against and raise awareness, and they used tactics of peaceful assembly, but they also used tactics of crime. They would storm St. Patrick’s Cathedral to bring awareness about the Catholic Church’s views on HIV and AIDS. They created a huge plastic condom and they covered Jesse Helms’ house with a huge plastic condom, the senator from North Carolina who was extremely homophobic and AIDS-phobic and wrote the first bill that would quarantine people with AIDS. They were civil disobedients who said enough is enough and got out there and acted up.

I think COBRA is another good example of policy change that came as a direct result of people with AIDS; that people with AIDS who lost their job or were fired from their job because they had AIDS oftentimes would lose their health insurance, and then they had nothing. So people again fought and said, “We need to be able to continue our health insurance. Can’t we just pay you for the premium?” That’s how COBRA came into existence. Now when you leave an employer, every employer is required by law to tell you about COBRA. If

they don't, they're in violation of the law. It has changed the world.

I think getting medications to impoverished countries has changed. Making medications generic, I think especially in foreign countries, that has changed so we can reduce the price so we can get generic drugs to the people who need it the most. It's fascinating how much the effect has been.

PINCHAK: What should people know now, that we learned from fighting the AIDS epidemic? What things in a future epidemic might we take from what worked, what didn't work?

ROLAND: No. 1, a voice. Nothing gets changed in this country without voice, starting with kind voice but sometimes you have to progress to obnoxious voice. The people, gay men in particular and those in the very early days of HIV and AIDS, said, "We have got to speak up. Nobody is doing anything."

The President of the United States, Ronald Reagan, didn't mention the word "AIDS" for many years of his presidency, yet thousands of people were dying. The stigma was so horrible that it made a lot of people angry, and people got up and did something. I think that we took our cues from the Civil Rights Movement and some of the demonstrations that they did and the fight that they had. "You can't do this to us. You can't treat us like this anymore." I think we owe something to the Civil Rights Movement, but I think for any future epidemic, you've got to have a voice. You've got to stand up and be heard.

I certainly saw the hepatitis C epidemic not do this and still to this day not have a voice. You don't see a whole bunch of people living with hepatitis C go march on the State Capitol to get testing, to get better treatments. Thankfully, they have progressed treatments, and there's now a cure. It's an expensive cure.

There are some lawsuits around the country because there are health insurance companies who won't cover the cost of the cure. They refuse treatment, which I think should be illegal, because it's a public health disease. If you have a treatment for some public health disease, you should treat it. I know there are some individual fights within the hepatitis C community, but there's not nearly the voices out there.

I think that people with HIV and the advocates around them going to speak to politicians, going to speak in front of Congress, I think that has changed dramatically. I don't think Michael J. Fox would have gone to speak to Congress about Parkinson's disease without Elizabeth Taylor standing up and saying, "This is something we have to fight for." All those other early people who really fought for it and went in front of Congress and spoke, I think that that's another lasting effect, and you have to do that in any kind of epidemic. You have to have some kind of fight in order to get something done.

PINCHAK: Is there anything else that you'd like to say?

[END OF AUDIO PART 2]

ROLAND: I guess from my perspective, I am incredibly proud of myself for the contributions I have made. Thinking back on some of my life and my early days and some of the things I did, it's surreal to think about it because I think I was just a kid when that happened. All that information I collected and it all influenced, so it was like everything was influenced by something else, and I eventually saw and was given this spark of energy to fight for people with HIV.

A lot of that credit goes to Doug, whom I mentioned earlier, and I still have a picture of Doug that stays on my desk, and I feel like he's my guardian

angel, and it's been 24 years since he died. When I get down and I think, "Oh, I'm tired of fighting this fight," I look back at Doug and go, "Doug never gave up." He did give up eventually and committed suicide, but it was because he didn't want to be a victim, and so he gave up by his own choice, not by someone else's choice or by a disease's choice. I look at that, and I know that I'm on this Earth to continue his message and to continue working in this fight until there's a cure.

I've always said when I was managing HIV testing, "Listen, I'll be thrilled when I have to shut this program down and we have to convert it into going out and giving vaccines to people. I'm all for that. Sign me up." Maybe that day will come true. If it does, I'll be there to start the program to make sure it happens.

PINCHAK: That's great. Thank you very much.

ROLAND: You're welcome.

[END OF AUDIO PART 3]

[INTERVIEW CONCLUDED]

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