

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 # 17

An Interview With
Amber David

Place of Interview: Houston, TX
Interviewer: Ann Pinchak
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AN INTERVIEW WITH AMBER DAVID

ANN PINCHAK: This is Ann Pinchak. I'm interviewing Amber David for The oH Project. Today is August 17th, 2016.

Please tell me your story as a gay man learning you were HIV positive.

AMBER DAVID: I was diagnosed in 1996 at the Montrose Center in Houston, Texas. I was 36 years of age. I had gone into treatment to stop using alcohol and crack cocaine, so I was five months sober. I checked myself into a treatment center on January 8th of 1996 and was tested in May, which I diagnosed HIV positive. I've been openly gay all my life.

ANN PINCHAK: How did you happen to get tested? What made you think you needed to be tested then?

AMBER DAVID: Prior to going into treatment to address my substance abuse, one of my best friends — and later both disclosed that they were positive — and I did tell my counselor at the treatment center that I had friends that were HIV positive.

She asked did I know my status, and I said, "No, I'm not HIV positive."

She said, "How do you know?"

I said, "I don't know. I'm not sick."

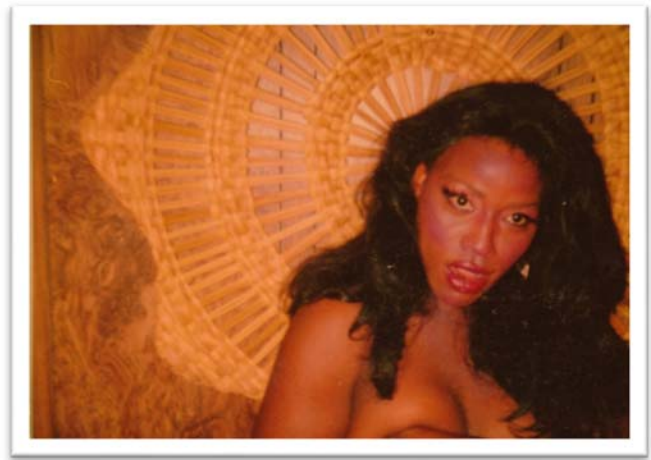
She said, "You need to get tested, but let's get your sobriety stable first," so we waited five months for me to get stabilized for them in my twelve-step program.

ANN PINCHAK: What kind of support did you have?

AMBER DAVID: I had support all around. My counselor at the substance abuse

halfway house, which was Houston Aftercare, which is in Montrose, prior to being tested for HIV, she had me go to meetings where people from the GLBT community were, and I went to Montrose Center to get into a sober processing group. She suggested that I disclose to my group that I was going to test and that my friends had tested positive. So that created a support mechanism right there for me at Montrose Center.

My counselor knew that I was testing, and when I was diagnosed HIV positive she became probably one of my first supporters in me knowing my status. Well, the group really was the first.



Amber David aka LaRona, 1996.
David learns he is HIV positive.

When I was diagnosed in May,

I received my results on the same night of my process group, the same evening, so that I would have support when I found out my status, if it would have been negative or positive. So I walked right into my group literally a couple of hours after knowing my status, so I had the full support of my group. I want to say it was at least a group of maybe 10 people.

PINCHAK: How did you decide who to tell and when to tell them about your status?

DAVID: Well, the wonderful thing about being tested at the Montrose Clinic, the Montrose Clinic had a program in place at that time for those who tested positive, and the name of the group was the Next Step. It literally was the next step after you received your positive result so you could put your plan together for the next

chapter of your life. Montrose Center had a support program in place for positives, so that happened immediately, which in that program, that group, the Next Step, they basically told you what your next steps were. Your next step was to now get a viral load test so you can see where the virus is in your body, so that was the very next step. We started to make my plans from there.

Also at Montrose Center, where my support group was around substance abuse, and they were there for me as far as being HIV positive, when I took my diagnosis, there are support programs and services at Montrose Center for positives, which is free to HIV positive persons, so I immediately got a one-on-one counselor for my HIV, and I was immediately enrolled in another group at Montrose Center, which was HIV Positive Support Group. All that happened on the day that I was diagnosed.

PINCHAK: Other than the groups, did you tell anyone?

DAVID: No. What was wonderful about the Next Step and the HIV Positive Support Group was, we talked about when to disclose and safe places to disclose. One of the things we talked about and they made you aware of, that if you were going to share body fluids, you would disclose. I can remember one of the clichés or phrases was “HIV is not a secret, but it’s my business.” So I knew that if I was not going to share body fluids, I could kind of feel out people; if they were a safe place for me to disclose my status. I did not have to disclose if I was not going to share body fluids with you.

One of the wonderful things about the twelve-step program, while you are trying to look inward and deal with your core issues to anchor your sobriety, they suggested that you do a year of abstinence. I had already been abstaining from

sex for five months, so of course I just went my full year, so I didn't have to even worry about disclosing to a sexual partner.

PINCHAK: How long before you told your family?

DAVID: It was right at a year. I wanted to internalize my diagnosis myself. With the advancement of treatment for HIV and where we were in 1996 as opposed to where we were in the early 1980s, I knew that I probably could maintain a high quality of life. I wanted to do that. I wanted to either know that I would be all right, or I wanted to go through any side effects without my mother, because I was raised by a single mother, a single parent; that I did not want her to go through with me if I was going to have any problems, because I felt like it was my diagnosis, my body. So I did not disclose to my family for a year. My plan was to see how it was going to affect me, being on meds. I waited a year so I could feel all right and not fall apart when I disclosed, so that's why I waited a year.

PINCHAK: Where did you get your treatment?

DAVID: My treatment was at Thomas Street. Thomas Street is a freestanding HIV clinic that is part of the now Harris Health System.

PINCHAK: How were you treated by the medical profession, by any dentists or other professionals you might have seen? What was your experience?

DAVID: Well, my experience at Thomas Street, of course, was positive because it was a freestanding HIV clinic and I was out there. It dealt with HIV. Prior to me being diagnosed, with the onset of HIV here in Houston in the Montrose area, as my friends were diagnosed I supported them at their appointments. I was familiar with Thomas Street, so I knew who they were and I knew how they cared for those who were HIV positive, prior to my diagnosis.

My primary care for HIV was a wonderful experience, as wonderful as it could be, but I had some very traumatic experiences with dentists. I can remember having insurance and going to a dentist and in filling out the intake form, it asked if you were HIV positive, and I disclosed on the form, and I can remember the negative encounter with the dentist. If I think back properly, I think she didn't even finish the full exam. She was angry the whole time. I'd tell my friends, it was like she was a mechanic working under a hood. It was bang, bang, bam, bam, "Why did you let your teeth get this way? This does not make sense. Why? Why?"

I'm a person that really tries to put myself in other people's shoes, and I knew that we had seen cases on TV where when you see a dentist or you make a visit to a dentist that that was one of the visits to a medical service provider that a lot of blood would be present, and we knew HIV was in the blood, so I kind of let her off the hook, and I said, "They're scared to death, but there's really no excuse," but I do know there's a lot of blood present because I had had extractions before and I know a lot of blood is present.

I went on to a second dentist, and he told me that he was not the dentist to do that extraction. He referred me to someone else.

That was two back-to-back traumatic experiences. Then I spoke with someone else that was HIV positive. Bering Omega has a dental clinic and they service HIV positive persons, and my income was at a level where I was eligible to go to Bering Omega, and that's when the pleasant experiences with getting medical services, and dental specifically, it changed.

I remember today, when I think about going to a dentist, it's traumatic,

because I make too much to go to Bering Omega and I have insurance. Right now I am preparing to choose another dentist. I am a little shaky about it.

PINCHAK: That's understandable.

Let's go back. You grew up where?

DAVID: Baytown. It is the last little town in east Harris County, right before Harris County ends and Chambers County begins down East I-10.

PINCHAK: What was it like growing up in Baytown?

DAVID: I went to a high school, Robert E. Lee High School, which was a military high school. It wasn't military in that we carried guns or anything, but it was Robert E. Lee, and we saluted Robert E. Lee. I can remember when there was a student sit-in because the Confederate flag flew right up under the Texas flag, and as we integrated, students protested; that they could not do the Pledge of Allegiance to the other flag without seeing the Confederate flag.

It was that kind of town, but it wasn't blatant prejudice everywhere, because in this area I did see hooded Klansmen. We saw them on I-10 burn crosses in the full regalia that the Klan wear, so I grew up knowing about prejudice. I didn't have a lot of really bad experiences because my mother sheltered me.

As a kid, my grandmother was a domestic, and she would take me to work with her, so I always had little white friends. I had a best friend that was a Hispanic kid, so I kind of saw the world as a rainbow. I was always, from a child, with other ethnic groups, from being small, so that was not too bad.

I was always an effeminate boy, so most of my growing up in my family was a negative experience because I was an effeminate boy and I have very

masculine male cousins and uncles, so it was always an issue from the crib, so that was very negative for me. With the stigma of HIV being a gay disease, outside of my mother and my sister I have never really disclosed to other family members. I know they know, because no one keeps secrets, but I never felt safe with my family, and I've done many national campaigns. I'm on posters, billboards, and everything, but I've never sat down and tried to even explain it. I don't have the, I almost want to say, willingness to lose somebody in a face-to-face encounter. I'd just rather not even deal with it.

Baytown was a small town, Confederate flags, but I had friends: black, white, Hispanic. In the sixth grade, and I should have been 11, I met a group of friends and we figured out we were all gay, the first day, and we all joined the band. Those friends remained my friends up until my thirties. We went from junior high to high school to our young adult experiences being the openly gay kids in Baytown, and we considered ourselves — we had a little group that nobody knew about. We would call ourselves The Bugs, so we were little ladybugs. It was Baytown United Gay Society.

PINCHAK: How did your grandmother react? What would she tell you? You said the males in your family didn't particularly treat you well. Would she say anything in particular?

DAVID: My grandmother was a matriarch. My grandmother was a mother of 10: five boys, five girls. The boys were huge men, but she ruled with an iron glove. She saw what was happening early, early, early on; that they were being mean and abusive, verbally and physically and sexually. She didn't know about the sex. She just knew that they were picking on me, and she started to work on my

courage. She made me stand up and not run away, and stand up for myself in being an effeminate boy. She really helped me learn how to exist within homophobia within my family.

PINCHAK: What about your mother?

DAVID: My mother just knew I was her baby boy child. My mother really didn't, I don't think, address my being effeminate until I started to have to fight kids in school for being effeminate, and she would come up to the school and stand up for me. Probably when I became a freshman in high school, it became obvious that I was going to continue to have to fight this battle, so she didn't say anything until I'm 14, as a freshman. I came out to my mother and to the whole world when I was 15 and a half. I turned 16 that summer, but when I was 15, I found Montrose. My mother would let me ride the bus to The Galleria and go shopping. That was one of my little things when she gave me my allowance. The bus would go down Westheimer, and I started to get off the bus and walk through Montrose and feel who I was, and so I was preparing to come out to her. Once I came out to her, she just stood with me, so she's been with me on this journey from 1975, when I came out to her, to right now, because I had always been effeminate.

Then I started what I call my jester period, like a court jester. I knew that a court jester had to perform for the king, and if the king didn't like his performance, he would kill him. So to me, I started dancing as a kid at little community events, and I was good, so that stopped the kids from picking on me. She would start making me little dance outfits, so I just got gayer and gayer. I always had these little outfits that she made. I felt like Baby Jane or something.

So she was there. She never made me feel bad, and she fought with me.

Many times I'd have to go have a fight. I remember a football player jumped me in high school, and I fought back. As he ran to the office down one hall, I ran to the band room and called my mother, and she was there in minutes. I can remember that homophobia was everywhere and it was acceptable, because he was the varsity football player and the vice principal that dealt with boys was the coach, and it was like they were just getting ready to pounce on me, and my mother came through the door. She was always like an angel.

PINCHAK: Did she help you find work at all?

DAVID: Yeah, my mother was going around trying to make sure I had friends. I can remember, I became a high school dropout in 1977 because I was starting to fight every day. I was fighting boys every day because I was openly gay, and I started to be more flamboyant. I dyed my hair red and wearing effeminate clothing because I had found Montrose.

She told me, she said, "Well, if you're not going to make it through, go to the local college, and you need to choose a trade."

So I was over at the local college taking sewing classes and dancing and all that kind of stuff. She was in the mall or somewhere one day, and she saw these two white guys and she figured out they were gay. She went up to them and said, "Hey, I have a son that you need to meet. He's gay." She didn't know these people from Adam.

She got their phone number, and so she gave me the phone number. She said, "They have a flower shop. They want to meet you."

I went to the flower shop. They immediately loved me. They hired me immediately as the front-desk cashier, and I was flamboyant and was like a little

androgynous person in the 1970s in the middle of Baytown.

Then we went on to start having little pageants. We had a little pageant, and then I became Miss Gay Baytown. I was Miss Gay Baytown, and I went all around wearing this little tiara, just pushing the envelope in Baytown. There I was, this little black kid with all these gay and Mexican kids, and I was Miss Gay Baytown.

PINCHAK: That's great. Tell me more about when you first came to Montrose. Would you go back and forth? What would you do? When were you there?

DAVID: Like I said, my mother would let me go to The Galleria, and I would go ice skating and go shopping every Saturday. They had a bus line called the Kirbyville Bus Line. The Kirbyville Bus Line would leave the Greyhound bus station in Houston, go out 45 and go through Galveston, come back through Baytown, and come back to the Greyhound bus station in Houston. That's how I got to Houston every Saturday to go to The Galleria. I would take the Kirbyville bus from Baytown and come to Houston, and that's how I found Montrose. I commuted forever.

That got me through until my mother bought me a car at about 17, I think. If you took driver's ed, you could get your driver's license at 16, I think, back then. As soon as I got my driver's license, my mother got me a car. Then I started driving to Montrose. As a teenager, I always ran up and down I-10 to Montrose, my friends and I. I commuted forever. I've always been in and out of Houston my while life, but to me it's all Harris County. It's like just living on the outskirts of downtown, in my mind.

PINCHAK: What was it like in those early days in Montrose?

DAVID: In the early days, it felt like Hollywood to us. You saw people that had these Goth looks. Westheimer then was more of a strip where you had all kinds of entertainment, all kinds of art. They had topless clubs, they had gay clubs, all of that. I would always go up and down and peep in and see the world. I figured that's the way, probably, Hollywood Boulevard looked.

Back in the 1970s, people would come from all surrounding areas, and you literally at night could not — it was a traffic jam from Elgin to probably at least Kirby, with people just riding down looking at the different people with different lifestyles. People were walking with big mohawks, in leather, drag, all



Amber David aka LaRona, early 1980s. HIV is just beginning to appear in gay community in Houston.

of that. It was the place to go. It was bright lights, big city, and Westheimer was where everybody went to express themselves, so a lot of self-expression.

PINCHAK: How did you first learn about

HIV/AIDS? The new

cancer? What was it called? How did you learn about it? How did you hear about it?

DAVID: In our community, we have gay families, so you always had a gay mother or a gay father. So when I came out in Baytown, the older gay guys one day called me over to the porch where all the gay guys sat and gave me a talking to and said, “If

you're sexually active, you need to get an STD check periodically.”

I now work at the health department, but the health department has disease intervention specialists, so there was a disease intervention specialist. They go out into the community, and they test high-risk groups. I guess being promiscuous and gay probably was a high-risk group.

There was a disease intervention specialist, and her name was Fredna Tillery, who came to Baytown and had us all gather at a friend's house, and she would do tests. She would test us for syphilis and everything like that. There was no HIV then, so just STDs. She became our friend from the health department, and she made us aware of our status. This is me probably as an 18-year-old. I was 18 and I knew the health department is where you went and got your STD test, but she would come to Baytown.

I can remember her coming at one time and said, “I need you guys to hear me. It is something new, and we don't know what it is. It's like cancer. We don't know what it is, but it is killing gay men in most of the large metropolitan cities.”

She said something, and I think she was just trying to protect us. She said, “So you might not want to come to Houston and have casual sex right now, because we don't know what's going on.”

We were very inquisitive about what she was talking about, and she said, “But what I know we know is that one of the cancers we're seeing in these men is KS, Kaposi's sarcoma.”

And we asked how could we find out more about it, and she gave us the address to M.D. Anderson, and we all sent off for a packet. I probably have that

packet somewhere right now.

Kaposi's sarcoma was the first thing we knew. If it was early 1980s, not knowing then, but it probably hadn't even gotten a name. ARC [AIDS-related complex] or something probably was the name. That's when we knew something was going on, and everybody got very frightened.

PINCHAK: You talk about how everybody was really frightened. Did everybody have theories? What were some of the theories about what was happening, why it was happening?

DAVID: At first, we didn't know what was going on. I often talk about our — HIV, to me, ravaged our community, but it came in like the scene in *The Ten Commandments* where the dark smoke came and killed all the firstborn sons. It slowly came. We slowly were educated and were finding out about what was going on.

When the CDC [Centers for Disease Control] knew something, it became a fact to us. We were starting to understand that the body fluids, that it was being transmitted through them. I can't remember exactly when, but we were made aware that it was semen, vaginal secretions, blood, and all that kind of thing. We got very afraid when we heard blood.

Back in the late 1970s or early 1980s, hepatitis C was very prevalent in the gay community. It was common for one of your group — if one of them got hepatitis B, they told you to go and get a GG shot, a gamma globulin shot. So our knowing and doing our research, we knew that it was made from blood byproducts, and we said maybe that's how we're getting it, and maybe someone is giving it to us.

Everybody was like, “Where is it coming from? Why is every gay community being ravaged in every major city?” That’s how we were looking. We were looking here and there and what was going on.

I can remember at that time, that’s when Anita Bryant came on the scene from Florida, and she was the spokesperson for Minute Maid orange juice. I’ll never forget us thinking, “Oh, maybe it’s in the orange juice. Anita Bryant is killing us.”

Back in those days, orange juice was just one of the beverages, I guess you would say, you’d put into your drink when you went and got a drink. We loved mimosas. Orange juice and champagne was the classy thing to do before 12:00 o’clock, a mimosa. So then we went over to this what was not pure orange juice.

We would drink something that was orange juice-ish. I’ll never forget that. I think we stopped using orange juice in the clubs. We changed to Sprite or something else, and we would drink a light drink. We were frightened to death. We thought Anita Bryant was killing us through orange juice. I’ll never forget that.

PINCHAK: How did you and the community respond to all the people getting sick around you?



Amber LeRoy David aka LaRona in drag. Amber is HIV negative. Virus has hit the gay community hard, 1990s.

DAVID: We, of course, were frightened. Then we turned into a community of caregivers and compassion and a very close-knit family unit as a community. If someone were sick, maybe if you were somebody

who was not employed, you would move in with them. I was sewing for a living, and I was doing some home healthcare, and I had always kind of like helped take care of the seniors in my family. I was raised with grandparents in the home. I had a great-aunt with diabetes, that had no legs; a blind grandfather; and a great-uncle that had seizures in the middle of the night. They were all people in their eighties. Caregiving, bedside, all of that, just came naturally to me.

Many of us, what we did was, we started taking care of each other. We started seeing HIV, the onset of AIDS, killing people. It never crossed our minds to turn away and run. We started moving in with each other, taking care of each other, and we used to have this mindset that if someone was hospitalized three times, they were not going to make it out the third time, because we were dealing with pneumonia and things like that and people were dying quickly. If they were so ill where they had to be hospitalized, we always said, “Oh, it’s the third time,” and we were prepared to lose our friends.

I can remember when friends in the community were not able to work, the drag community started having fundraisers and we mainly did drag shows for food, nonperishables, and people would bring canned goods and we created a pantry. We would take boxes of food to our friends who could not longer even afford to go and buy groceries.

We created what’s now known as Stone Soup in Houston. We created that ourselves out of boxes and donations at drag shows. We took care of each other. We really took care of each other. As we started learning more and more — I’ll never forget that one time I was doing floral delivery in 1989, and I was coming down Richmond and I saw a guy stumble into the traffic, and I was driving a van,

delivering flowers. When I saw him fall into the middle of Richmond and there was traffic behind me, I turned my van and blocked all the traffic behind me. As he lay in the street bleeding, someone called an ambulance.

And I'll never forget, the fire truck got there first, arrived first, and he said, he kept saying, "I have AIDS. I have AIDS." He was worried about the people who were going to help him. Well, he was right in front of the apartment complex that he lived in. He had gotten confused with his dementia and stumbled.

And they saw the commotion and came out and said, "Oh, he lives here. He has dementia. He loses his way when he goes to the store."

That's what we were dealing with.

PINCHAK: Where would people go when they got sick? What hospitals would take them back then?

DAVID: You got your primary care from Thomas Street, but I know that Twelve Oaks and Park Plaza both had an HIV/AIDS ward, and that's where we would go just to sit with our friends. I can remember many of them, when there was nothing else that could be done, they would be on morphine, and we would just stay there until they died. We would just go and stay. There was nothing else to do.

PINCHAK: How fast would it happen?

DAVID: I remember when we knew signs and symptoms were flu-like symptoms and colds and fatigue. So if someone started coughing really bad, we felt like we were going to lose them. Many times, when you would see somebody and they would start to look different — and I think what we probably know today, that would be full-blown AIDS when you could physically see them losing weight and

being ill, tired, fatigued. We didn't realize then that they probably had contracted HIV sometime before and now they have progressed to full-blown AIDS. When we could see it, we were getting ready to lose them. To us, it was like you could see somebody on Monday and they started to look sick, and next week you'd be having to plan the funeral. It was devastating.

PINCHAK: What about the funerals? Were they often?

DAVID: They were often. There were many — and still today, probably — mortuaries or undertakers won't touch HIV/AIDS bodies. And many churches today still won't let an HIV embalmed body pass through that church. Still, until today.

PINCHAK: That's amazing. Were you, yourself, a drag queen?

DAVID: Oh, yes, and my progression was natural from being an effeminate boy to being a female impersonator, and I was really trying to get there. And when I was about 17, my mother made me promise to wait to be legal to go in the club and purchase alcohol. Probably on my eighteenth birthday, I told her it's time to make a dress. She helped me find a seamstress, she took me to buy women's shoes, and it started. I was a female impersonator for 20 years before I went into sobriety where basically we were trying to get to the core of my addiction and you just kind of like peel everything off. It had nothing to do with not wanting to do drag. You just have to kind of basically peel back down to the core issues which are causing you to medicate through substances. So 1996, everything either started or stopped in 1996.

PINCHAK: Were you in Pride Parades?

DAVID: Oh, I was in Pride Parades. I had been in Pride Parades and going to Pride Parades since I was about 16, and I can remember this year, 2016, I was in my

fortieth Pride Parade. I've been going forever, because I was out at 16. I was a full part of Montrose. I considered myself one of the Montrose kids. When I say "kids," I mean adolescent gay boys running around, peeping in the clubs. You know, just to be gay, just running around.

So yes, I was a part of, and as I matured and became a female impersonator, was a part of the Arts Festival where we were part of what we consider the art of Montrose, one of the female impersonators doing that.

I can remember one period when I looked around and I knew nobody at the Pride Parade because all my friends had died, and I went into a depression and I stopped going to the parade because I didn't recognize — everybody was new faces, and my friends had all gone away. Years prior, we were on different floats, waving at each other, hanging out before and afterwards.

That era had passed, and it's just been of late, since I've been working for the health department — the health department always has a float in the Pride Parade — I've gotten back on the floats, and it kind of brought me back to the Pride Parade, working here the last five years, working at the health department, the Bureau of HIV/STD and Viral Hepatitis.

PINCHAK: Early on, when AIDS was in the community and someone would go on a date, what was it like?

DAVID: We tried to give each other these exams. We would look for Kaposi's sarcoma. We knew that you could have an inflammation of the lymph nodes, so we would casually try to touch your neck to see if you felt a swelling, kind of touch you down in your groin and that kind of thing. We were giving each other exams. It was just the craziest thing. We were touching each other all over and feeling each

other. I'll never forget it. It was on both sides. Both guys were examining the other one, and it became commonplace that you were trying to see if this guy that you liked could be positive.

I can remember being a part of what we called a hug group. All they did was hug. Nobody was going to do anything but hug. I'll never forget being with this guy, and I felt like he was going to choke the life out of me because he hugged me and hugged me and hugged me.

I was like, "Oh, no," after that. "I can't do this," so I left the hug club.

It was that kind of thing. Holding hands, finding different ways to love. We said those kinds of things out loud. We had to find a new way to love without sharing body fluids.

PINCHAK: Were there other clubs besides the hug club?

DAVID: There were masturbation clubs. There was anything you could do without sharing semen.

PINCHAK: How did you see families respond?

DAVID: I saw families, some embrace. I saw others turn their backs. We buried friends that became wards of the County, because they knew the family was not coming. I remember when I was in my addiction, a young man had gone home to die, to have his family take care of him. He was from San Antonio. When he went back to his family, they put him in a nursing home and never came to visit, and that was his really greatest fear, dying alone. But he was already getting his Social Security, and he took his Social Security check and took a bus back to Houston to die in Montrose around people he thought cared.

I remember the night that his body started to shut down, we were in an

apartment. We were all abusing drugs at that time. My acquaintances were aware that I did home healthcare, so they called an ambulance and sent me off with him to die.

He died. I was responsible for all his property. I was responsible — I didn't even really know him — for finding a family. I did my research. I found that he got his care at Thomas Street, and then they helped me as much as they could. Then I went back into the community, and someone helped me find his boyfriend. His boyfriend had a phone number to the family, and I got in contact with the family in San Antonio. I told them where the body was, and they didn't contact me when they came.

I just called the morgue one day, and they said, "Oh, yes, the family came and picked him up," so I don't know what day they came.

I kept his rosary. I have his rosary until today.

So that kind of thing. And I've been the coordinator of an AIDS care team in my church. I'm a member of St. John's United Methodist downtown at Crawford and Gray. Upon my being diagnosed, there was a care team in place at that church. The care team there was really a bedside hospice type of care team. We had been trained and educated on body fluids and how to take care of those who were full-blown. Interfaith Ministry would assign clients to us that HIV case managers had identified as no support. We became their support. I remember one gentleman that was here, and his family members — and I mean siblings — were in California, and they wrote the care team and said, "We will send you our power of attorney, because we're never coming."

We buried him. They told us he had a son in Galveston and said he was a

Junior to the man that we were caring for. So we did our research and found the young man — he was in high school — and told him his father had died, and our care team went and picked him up and transported him to the graveside, because he was a ward of Harris County at that point because he had no family, and had a graveside service.

We had several graveside services. We had another gentleman that we were assigned from the care team. He too never did find family before he died, and the County said, well, you have 30 minutes to meet the body at the county cemetery, and he will be put in the ground in 30 minutes after the body arrives.

We went out to the county cemetery, and his body was up under a tree on one of the casket stands, and we prayed for him and walked away.

Those are the kinds of sad endings of people whose family just turned away and never came.

PINCHAK: How did St. John's happen to get involved in care teams?

DAVID: St. John's was a dying church. It had nine members. Now it has over 15,000.

They wanted a church in midtown for the transient and homeless population and to serve meals. My pastor, who has been there, Rudy Rasmus, Rudy and Juanita Rasmus, when they arrived, what they found was hunger, homelessness, and HIV. That's what was there. So the pastor wanted an HIV/AIDS ministry to address HIV/AIDS, and one of the nurses from Park Plaza that worked on the HIV/AIDS unit formed the AIDS ministry.

PINCHAK: And her name was?

DAVID: Enavie Praterly, I think, something like that.

PINCHAK: What happened? How did that evolve? Is it still doing the same thing, or

are they doing more? What's happening?

DAVID: Well, like I say, I've been the coordinator for about 18 years. I've been a member of St. John's for 20. We got to a place where the word "AIDS" at St. John's was more like a stigma, and we were identifying younger people with HIV and you didn't have to progress to AIDS anymore, so we went in to try to find another name. We used the acronym SJAM, and that's St. John's Awareness Ministry, with the focus on education, support, and prayer. That's who we are today.

We interchange HIV/AIDS, because sometimes we need to say "AIDS," because on World AIDS Day, we're one of the big groups. The AIDS Walk, we show up. Sometimes we need to say the word "AIDS," and so we are St. John's Awareness/AIDS Ministry, until today. We're the largest faith-based walk team for the AIDS Walk. We're the largest. We have hundreds that walk.

I do a pledge season. I sit in the lobby of the church from January, the first Sunday of January, through the second Sunday of March, every Sunday, every service, to fundraise for the AIDS Walk, and we have probably raised as much as \$20,000, one dollar at a time, in that church, people just coming by because they care.

Right now, we focus on members in the congregation or whoever that comes, but we focus mainly on those who come to us. We don't have a lot of funds, so when you collect your pledges and turn it in to the AIDS Foundation, 75 percent comes back to you, so that keeps us with \$5,000 to \$6,000 to work with.

As of this week, we will be purchasing back-to-school supplies for

affected children of infected parents. We right now presently have 10 children that we will be doing back-to-school supplies, uniforms, backpacks. Everything they need, they will receive all of that Friday.

[END OF AUDIO PART 1]

PINCHAK: That's great. You mentioned the AIDS Foundation. How long have they been around?

DAVID: AIDS Foundation, I don't know how long they've been around, but they were the first legitimate or first formal agency that addressed HIV/AIDS in Houston. That's the first phone number that we had. I was told the other day that AIDS Foundation was the first community-based organization that focused on HIV/AIDS and Omega House was the first hospice. Omega House this month will be celebrating 30 years of hospice care. They're doing their 30-year anniversary this year.

PINCHAK: Back then, who organized them? Was it a government?

DAVID: I think, with AIDS Foundation, and I'm just saying what I think I know, that probably was money from the government, because I know that's the way we exist, with grants. I know that Omega House was started by a nurse and basically built from donations from the private sector, because she did not want to be governed by the regulations of the government because we were finding people who were not even legal that were here that would have to be turned away if they didn't have documentation. I know that her picture hangs over the fireplace in the Omega House on Branard. She's the nurse that single-handedly was the person that started Omega House.

PINCHAK: Do you remember her name?

DAVID: Huh-uh.

PINCHAK: No. Okay. You talked about at the church doing education. How often? Is there a regular program? Is there a certain day of the month that is dedicated to education?

DAVID: Well, I started off on the church side with the care team. We received a grant from the City of Houston in 1994 to do HIV testing, which has been ongoing since 1994. Even on the ministry side, we went through basic education like Red Cross would teach on the body fluids, transmission, and that kind of thing, so we were aware.

As I moved deeper into the ministry, I was approached by my pastors to go and be certified, get my certification on every level I needed to, to work in our clinic, so I did. You can be certified at the City of Houston for phlebotomy; HIV counseling; and education, to be an educator. You had to be cross-trained back in those days. I was cross-trained, and then I became an employee of the Bread of Life, which is a 501(c) (3) that comes out of St. John's, and our HIV department used the acronym COPE, Counseling, Outreach, Prevention, and Education.

I was there for 10 years, and I became the HIV Program Director until I was recruited by the City of Houston five years ago. I'm now a Senior Public Health Investigator for the City of Houston.

PINCHAK: Nice.

DAVID: At St. John's, we kept our testing events, and so as money shrank and our programs became smaller — we used to test every day because HIV was so prevalent and then this was the homeless population. When I was an employee of the Bread of Life, we've had as many as seven grants from different funders:

CDC and the City. We've had syphilis grants, HIV, HIV targeting just black women, HIV targeting IV drug users, HIV targeting — we had many grants. We had a huge staff. Money started to shrink, and I literally was the only one standing in the end, so we went down to just testing once a month after church, fourth Sunday, and call it Get Tested Sunday.

The congregation responded. We test every fourth Sunday. We've never not had more than enough to test.

So St. John's does not have the burden of stigma of talking about HIV or testing. I've been there 15 years. I started in 1996. I could have a 15-year-old who wasn't even sexually active who is 30 now, who has grown up asking about HIV, knowing about HIV, knowing where to get tested, finding out everything they know about HIV at that church.

PINCHAK: That's great. When they started doing it, was it a big deal for a church to test for HIV?

DAVID: Yes, it was, and my pastor, Rudy Rasmus, and several other pastors who decided to tackle this thing all got tested in front of the media. It was all the pastors who were going to address HIV in their congregation. It was a big deal, and it was under the mayor, Lee P. Brown, and the black community had the burden of 61 percent of all cases in Houston were African American, so they declared it a state of emergency. At that point the pastors came forth and said, "We're going to address it," and they all were tested in front of the media, and we



Amber David
St. John's Church, 2015

were one of those churches.

PINCHAK: That's great. Are there special challenges about being homeless and being HIV positive?

DAVID: Yes. When I first started taking meds, and I was taking 14 pills a day, I had medication that had to be refrigerated. If you're homeless, you don't have a refrigerator, so that was part of what we did for the homeless. They could come in, in the morning, and take their meds because we would refrigerate their meds.

When you first started taking HIV meds, you always want to have a meal before. With HIV, those who have side effects — and many, many, many have side effects when starting to take their meds — one of the side effects was diarrhea. So you're homeless, with diarrhea, with nowhere to use the restroom. All of those things, we addressed at the Bread of Life.

PINCHAK: That's great. Tell me about your work with the City. How did you happen to go to work for the City? How did that come about?

DAVID: If you are a contractor to the City, and monies are contracted out from the City to the CBOs, the community-based organizations that are focused on HIV, you are basically under contract to do testing in the communities. When we would do testing in the community, being Bread of Life was a recipient of one of the grants, we all would come together on national days and do mass testing. I've always had a relationship with the City because we have a contract back to the City, and they would come by and do the audits and all those kinds of things. And by me, once I came into the industry, I have not left yet, so it's been a long-term relationship with the City from the Bread of Life, so I've always been in relationships with the bureau I'm in right now.

Ten years ago, we started a summer intervention, which we call Hip Hop for HIV, where I was recruited to be the Operations Chief for their intervention every spring and summer. I was contracted to the City before I became an employee for the City, so I would contract for Hip Hop for HIV back to the City, and at that time I would be housed here so many days of the week for a month or two. Therefore, I've been up here all the time.

Also, when Lee P. Brown declared HIV a state of emergency, the City's general fund, they made general funds available to address the state of emergency. I'm probably the third Chair of the African-American State of Emergency Task Force in the fight against HIV/AIDS, which came out of that declaration of us declaring HIV a state of emergency. When I was the Chair of the task force, we operated with \$200,000 a year. I had to request and plan out how we would use those monies with this same fifth floor, so I've always been up here. Even when I was external and I wasn't here, everything I did was in collaboration with the health department.

PINCHAK: You talk about the state of emergency. What has it been like, as an African-American gay man, seeing the epidemic come to you? Are there any special challenges because of attitudes?

DAVID: We're right on the edge of the Bible Belt. I didn't have the issue, because when I really came into a real relationship — within recovery, we call it a higher power or God; I call it God — I was in a church that was a progressive church, St. John's, so I didn't get the old fire and brimstone sermons. The State of Emergency Task Force had, I think, five populations we focused on, and one of them was the faith-based, so we were smart enough not to try to change

somebody's theology, so we would go in the churches and just educate, and we would educate on HIV in zip codes.

The church kind of welcomed us, because we gave facts that HIV was in the zip codes. There were some people still in the mindset, "If you stop doing what you're doing, you won't contract HIV." It is an acquired disease. You're not born with it. We still have churches that maybe have their head in the sand, but I've never been one to bash the churches because my church has never been there, and so I've always known pastors that aligned themselves with my pastor, that were progressive thinkers and basically do practical application of religion and theology.

We still do have many churches that just don't understand, but my story is different. I find that upon educating churches, that they open up to people's suffering. I think if you approach like, "You need to do this. You need to stop thinking a prayer will fix everything," you come in and put people on the defense. We were not those people. I didn't come out of that kind of church, and it's not my approach, but I do know many people are ashamed, and they still do have anonymous sex. They still are very afraid for their church family and their immediate family to know. I know people like that. I know openly gay people now who will never say they're gay and will never say they're positive.

For me, the problem with that is people will not go into services nor get help at a known CBO that provides HIV care, and many times, if you don't have insurance, you have to go to the community-based organizations. I literally know people probably have died because of stigma, and some of it was because of their religious upbringing. It is still upon us in the South.

PINCHAK: How does your background help you here? Is there experience that you've had that's missing maybe in others, that you have?

DAVID: Well, I had the opportunity to go into a church that is affirming to all people that are marginalized. It wasn't just gay people. It was homeless. It was substance abuse. There were people that I kind of laid my new foundation with in the last 20 years that were other marginalized people. Basically, it's very comfortable for me to do HIV education to a homeless person, to a substance abuser, because they made room for me and they were there for me, so my approach is not just as a gay man. I'm not just trying to save the gay community. I'm trying to save the homeless. I'm trying to raise awareness to the homeless community, to the substance-abusing community, which I'm 20 years sober. I have compassion for PFLAG [Parents, Families and Friends of Lesbians and Gays], the parents of gay kids, because my mother has been there for me, so I did not give up on family.

My journey being one that was just so perfectly laid out for me to survive, I want to give that hope to others, so mine is just that one story that everything was in place, and all those services are still here, so navigating and getting people to services to live the quality of life that I'm experiencing, I think is very important.

I'll go back one more time to the faith-based experience. I was in a think tank one time. They said, "Well, Amber, why do you keep saying it's so important for you to talk about HIV/AIDS in the church?"

I said, "When I got up three times on a Sunday to disclose three times to 500 people in all three services, and for me to look on a pew at a grandchild, a

grandmother, a son, a daughter-in-law, and that whole family can see a positive person who is happy and all right, that family can leave and talk about — it gives you the opportunity for a teachable moment to even a child. ‘Well, what was Mr. Amber talking about? What is AIDS?’” I said, “I don’t know where else we could pull a family together and talk about HIV/AIDS and it be appropriate.”

PINCHAK: That’s great. How are things different now than in the early years, with the population, maybe age, the attitudes? What’s different now?

DAVID: Of course, medication. We used to be on so many pills. We started off with AZT, which we didn’t know how much to give. People were dying. Now most cocktails, a combination has three pills. Because, I guess, of the angel that rides on my shoulder, I’ve never needed but two. I am an unorthodox study. I’ve never needed three pills. Two pills have kept me with over 1,000 T cells for 20 years, and I often am asked, “Well, why don’t you take three?”

I say, “Because my doctor said it doesn’t take but two,” and it is what it is.

So I came from 14 pills in 1996 to two pills I take one time a day. That’s it. That’s big. I used to wear a watch so that I wouldn’t miss my dosage. That’s changed. We were wearing watches. We had alarms going off. We were sneaking off to take medication so no one would know.

People are not losing jobs like they were. People are still losing jobs, but people were losing jobs if they disclosed. We’re not there anymore.

Our testing technology has come so far. When we identified the disease and knew what it was and then identified the antibodies that were present in the body forever, we said 90 days, your body will create the antibodies, and we would test for antibodies.

Now we test for virus. We can see virus through our testing technology. We can see the virus, and generally I think we have what we call a fourth generation testing. Some of our testing technology allows us to see that someone has been infected within seven days of infection. Early detection is always the best thing in the world to give you options. We're talking about seven days, so we're talking about if you know that you put yourself at risk, you can go next week and maybe see.

Our next round, which we'll call the fifth generation, we will be able to see viral load in minutes. That has changed our world.

PINCHAK: That's amazing. And what about the age?

DAVID: With the President's National Strategy, with the research that we've done around the country, we are looking at HIV/AIDS transmissions going down in age. We're seeing 13 to 32, in that range, where we're seeing a lot of new transmissions, and what we know now is people who are virally suppressed, who have been taking their medication and adhering to their drug regimen that they should be taking, they can become undetectable. Those people are not infecting others today. It is a minute change, 1 percent.

Now we have Truvada, which we already use for HIV, as a PrEP [pre-exposure prophylaxis] to stop someone from contracting HIV from a positive person. So if you have a couple that one is positive and one is negative, I'm virally suppressed and the 1 percent is almost taken away with the PrEP, now you have a healthy serodiscordant couple.

The issue we're seeing is for a young person to stop their life when they're just starting out and find a way to take medication every single day the rest of

their life. That is the group, the younger group, the youth and young adult, to get into viral suppression. That is our issue now. We're seeing a lack or absence of viral suppression in a younger group that now knows what the virus is.

See, we didn't know. They've never known a world without it. If they're 30 or younger, they've never known a world without HIV. They know. But the natural progression, the stages of development, it does not make sense for them to have to stop — they're in college; they're in high school — to have to stop and now do this. That is our challenge today.

Our challenge also is for sexually active gay and heterosexual young people who may remain on their family's insurance until 26. They may be in college. They have to either disclose that they are having sex, or they have to disclose that they are HIV positive, or in a relationship with somebody HIV positive and gay, all in the one setting. That's the kind of counseling we're having to do now.

Let me go to the older group, my group. My group, we're seeing some depression because we're survivors; everybody is gone. People that are older are contracting HIV just from sheer loneliness. They're putting themselves at risk. "I am 60. There's nobody else. I will take any kind of relationship right now. Everybody is gone." So we're looking at depression in HIV in an aging group, which is me.

PINCHAK: So there's still a lot of important work to do?

DAVID: Uh-huh.

PINCHAK: Why do you think you lived when so many others died?

DAVID: I think I might not have such an aggressive strain, but I think that everything

was in place and I complied.

PINCHAK: Did you ever miss a pill?

DAVID: Occasionally, I'd miss a pill, but I didn't, not in the beginning. Probably for the first 10 years, never, ever. But what I realized was, this is the rest of my life. If I miss a pill today, that's just one day. You know, take your pill tomorrow.

When I do educate, and people sometimes get nervous and anxious when they miss a pill, "This is the rest of your life. Life is going to happen. You're going to forget. Your luggage is going to go somewhere else. Things are going to happen. If we keep a level of this medication in your system and you go right back" — I know all of that.

So I'm happy. I've been doing the work back forever. I think me being happy, me not having stigma, me having my family know. My father, when he passed away, he knew. My mother and father knew. My parents know. So I think not living under stigma, shame, has helped me stay healthy. Having a good relationship with my doctor. Having my labs done every six months to know where I am, that's very important also, because we used to describe the medication as chemo in a pill. It was to kill everything that it could. All of my major organs are healthy.

It's just been that my angel is on my shoulder. It just rides with me everywhere, and I just go around laughing and bragging about it. Sometimes you might have critics say, "Well, don't go and make people think it's going to be hunky-dory."

I said, "But my story is what my story is."

Every one of them is not diarrhea, depression, and going into full-blown.

It's not everybody's story. In a religious term, grace and mercy.

PINCHAK: That's true. Is there anything else that you would want to say either about the early years or anything that you would like historians, people in the future, to know?

DAVID: That research has been very important for us to move forward, for us to be where we are and live even a better quality of life; that wherever you can stamp out stigma, which still today, in 2016, people still will not get tested. People still will not get help because of stigma. To stamp out stigma wherever you can and care for each other, because our community took care of each other, and if we don't take care of each other, people will die alone. People are still dying alone. I just think that that kindness in humanity will always play a part in the healing of HIV and AIDS in our community.

PINCHAK: Thank you.

[END OF AUDIO PART 2]

[INTERVIEW CONCLUDED]

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