

LB: So Rodney, can I turn my attention to you and ask you to start by first of all telling me your name and the date?

Rodney Lofton: Rodney Lofton. September 1st, 2017.

LB: And then tell me something about how you grew up, where you grew up, what your family is like, just tell me about your childhood and coming of age.

RL: Well let's see. I was, just by chance, born in Seaboard, North Carolina, a little blip on the map. To this day I still don't think they have a traffic light. The last count, I believe, population was like 927. My parents were visiting my grandparents, and my mom gave birth with the help of Johnnie Sue, the midwife in the community. But I was raised here in Richmond, Virginia, until ten years old. Moved to Baltimore 'til I was 16. Moved back to Richmond to finish high school. And kind of lived all over the country since then. But primarily been back in Richmond since 2004—so the last 13 years.

LB: So it's been a while. Tell me, how did you first hear about HIV and AIDS?

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RL: I was in Miss Hancock's English class at Thomas Jefferson High School. We were just listening and reading about this gay disease. It was called "gay cancer" at the time. And not quite sure what it was, but it was affecting gay communities, specifically white gay men. And so, never really took an interest in it. Said, well you know, "I'm gay, so that's probably the only connection. I wasn't white, so it really wasn't an issue for me. And so you started to hear more and more. "Gay cancer" became "G.R.I.D.—gay related immune deficiency" and then HTLV-III and then what we now as HIV disease. So I would have to say it was probably my junior year in high school. Junior, senior year in high school.

LB: It sounds as though it was sort of irrelevant information to you at that time.

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RL: At that time. Like I said, at that time the only connection was—I was coming out. I was discovering or embracing who I was as a gay man, gay teenager. But the fact that the only images that I saw were white gay men. I didn't think it was something that would be on my radar.

LB: So what year was this about?

RL: That was probably '85, '86.

LB: Okay. Okay. And then what happened?

RL: Then what happened... We started to see a little bit of a shift. We started seeing Haitians. They were people of color. So I kind of feared. But then I thought well, you know... Haiti... U.S.... I've never been to Haiti. But I also realized, I took it as a precautionary measure that with my annual physicals I would incorporate being tested. Just as a safety precaution. They shared the methods and modes of transmission. And I said well you know, "I'm in a high-risk category. So I might as well just go ahead and do it." And I would always get my negative test results. And everything was fine. I moved to New York in August of 1992. And December of 1993 I tested positive for HIV.

LB: Tell me about that.

RL: I was working in the entertainment industry. I always wanted to do something. And so I moved to New York after meeting the late E. Lynn Harris, who wrote a book called *Invisible Life*. The company that was handling Lynn's publicity was looking for an assistant, for a PR company. So I moved to New York in August of 1992. I started working for this company. I'll refrain from naming the company. And I was doing everything I wanted to do. I was writing at the time, going to premieres. I didn't make jack in terms of making a lot of money. But all the perks that went along with it were great. And I fell in love. I fell in love and just like anyone who has a heart, I thought this would be the person that I spent the rest of my life with. Early in that, in 1993, early September, my mother called me from Richmond and shared with me that one of my high school friends had died. He died from HIV disease. I shared it with my partner at the time. I said, "Hey, we need to go get tested." We hadn't been tested this entire relationship.

And he said, "Okay well you schedule the appointment. We'll go together." So on and so forth. And he was a no-show. But I went and tested anyway. It was December of 1993. The number that was assigned to me was 1277597. It was at the New York City Health Department in Chelsea at 28th and 9th. Jeanine Dietz was the young lady who I had tested with a couple weeks prior. I had just returned from LA. First time in California. A group that I represented at the time appeared on The Arsenio Hall Show. Jeanine and I exchanged pleasantries. I had on a pair of green denim jeans. I had a Born Jamericans t-shirt because that was a group I represented at the time. Flannel jacket. Black baseball cap. And after we talked about my trip and the excitement of the Christmas season that was coming up, she asked for that piece of paper, 1277597, just so that she would know that it was officially me. She confirmed, and she got up, and she went to a file cabinet, and she pulled the file out, and she looked at it, and she closed it, and she sat down in front of me. She opened it. She turned it around. And it said "Patient has tested HIV antibody positive."

Everything that meant something to me at that moment ended. I had just turned 25 years old. Immediately thought that "I'm going to die." And I was banging my head against the back of the wall. And she, of course, asked, "What are you thinking?" And I said, "I'm gonna die."

And she said, “No, you’re not. There are some things that we need to do. Some lifestyle changes. You need to peel your fruits and vegetables because they contain pesticides that are toxic to your immune system. You need to quit smoking and drinking because they’re both toxic to your immune system.” And she gave me a packet of information, with condoms, and sent me on my way. And walking to the metro subway station, I was just in this haze. I was dazed. I was confused. I was wondering if anyone could see at that point that I was now, as they used to say, “the walking dead.”

The first person I told was one of my coworkers, Karen Taylor. She offered what I needed at that time, but not what I really felt that I needed. She was supportive. I called my partner, devastated A: That he didn’t show up to be tested a couple weeks earlier. I said, “Hey I tested positive.” He said, “Thanks for the information,” and hung up. And I didn’t see him for a couple of days. So my boss at the time reached out to him and said, “You need to go see this kid.”

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It changed my life. I remember going home that evening and getting two packs of Newports and a fifth of Bacardi, drinking myself to sleep, listening over and over to a song by Toni Braxton. It was her first official solo release and there was a song called “Best Friend,” I think it was selection number ten or eleven. It was a song about her best friend sleeping with her husband, or her man or something like that. And that’s not what was going on in my life. But there was a line in the song that said, “I didn’t have the strength to live but I’m much too young to die.”

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I kind of just walked through life for the next week or so. Dazed and confused. I was functioning, but to me it was still stinging, not quite understanding it, not knowing what to do at that point. So I called my cousin (we grew up together) and shared with her. It was close to Christmas holidays. And I knew I was coming back to Richmond to visit my family. She said, “You need to tell your mom. Because I can’t go home, knowing this information.” That was the hardest call I ever had to make. I’m the only child. And the first thing I thought was—I let my mom down. And I called, and of course, I was drinking. To me that was liquid courage. And I said, “Hey.” And it was late. She said, “Are you okay?” That’s the first thing my mom always says when I call late. And I started crying just as soon as I heard her voice. And I said, “Mom, I tested positive.” And I just lost it.

Without missing a beat, she said, “We’re gonna get through this.” She said, “Go ahead and get some sleep. You’ll be home soon.”

My mother... this is before we really got into DVDs, had recorded “And the Band Played On” and we sat there and watched. And she became my first educator, because she started learning everything that she shared with me. And I went back home. I went back to New York. I just knew that I could do it, and I could beat this, because my mother said, “We’re gonna get through

this.” I think it was probably late January, early February that I called her and I said, “Ma, I can’t do this. I wanna come home.” She said, “Come on.” You know. She said, “I didn’t want to push it. But come home.” I came back. I weighed about 127, soaking wet. It was kind of like my family rallied around me because they thought I was gonna die. And I got better. I prepared myself to die. When someone tells you, “You’re going to die”... I was going to do the, no offense to anyone, I was going to do the *queen’s* version of death. I wanted to be propped up in the casket and spiritually be able to tell who was at my funeral and who didn’t and who mourned for me and who didn’t. I was very twisted to be honest with you.

So I came home. I continued to let my hair grow. I had grown my hair down to my shoulder. I felt like Samson; it was my source of strength. I knew that I had to eventually get to a doctor, so I was connected to, at that time, MCV IV clinic. I didn’t have any false sense that I would walk in and they would say, “Oh! The test results were wrong.” And I met a gentleman, Bob Higginson. Bob said to me, in so many words, “I got this. You’re going to be okay. You have to work on everything else. I got this.” And so, with my mom, and my family, and friends... I can never say that I truly embraced being HIV positive at that time. I always feared that if I walked out, someone would see the big “A.” You know? Or the whispering. I’d heard horror stories about folks passing away. I kind of walked through life, just marking off every year.

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Then one morning I woke up and said, “I’m not dead.” Someone lied to me. I called a friend of mine and he buzzed my hair. I actually still have it in a bag, as a reminder. And I started working. There was an incredible lady, Laverne King. I will never forget Miss King. When I was in the Army, (that’s a whole different story) when I left the Army I started temping with her company. I went back to that same temp agency once I decided, or figured out, that I was still alive. And I shared with her. I said, “Hey, I don’t know how much time I have, but I need to work.” I was honest with her.

She closed her office door. She said, “I want you to work with me.” In a way, she gave me my wings back.

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I started doing some volunteering. I’m gonna paraphrase the quote, or the verse: “To whom much is given, much is required.” I had this incredible group and support system in my life and I wanted to do something. I wanted to give back. So I started volunteering and the young lady I volunteered with eventually moved to D.C. to accept a position. And she called me a couple of months later and said, “Hey I have a job for you here in D.C.” That was the beginning of my journey into doing HIV/AIDS work. And that was late 1996, maybe early 1997. So I moved to D.C. and started doing HIV prevention. I’ve been doing it ever since in some form or fashion.

LB: What kind of treatments were available to you when you were first diagnosed and how sick did you look when you came back to Richmond?

RL: I was sick. I was twenty-five years old, weighing in at 127. Was I sick?... I would say that I was emotionally beat up. Physically I didn't have any visible signs of HIV infection. At that time there were very few treatment options. I was one of those individuals who tried AZT. Then when a new one came out, switched because of the toxicity of the AZT. AZT is a cancer drug. It didn't... it was the only thing that was available. So eventually just going through a number of treatment options until one that actually worked... until there were more treatment options. So no, I wasn't, knock on plastic... I've never really been ill as a result of my HIV infection, since... God... this is 2017... that was 1993... twenty-four years this December.

LB: Tell me something about... I have so many questions for you. Tell me about this volunteer work you started doing. What did that involve?

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RL: There was a teen theater group here called Praxis, which was a program of Planned Parenthood. They had two theater groups. One was a teen theater group and then there was the adult theater group. And they wrote HIV prevention messages for targeted audiences. I was one of the mentors for the teen theater group. And helped out with the adult theater group as well. And that's how it started. It was incredible. I met some really nice people. And that, eventually, as I mentioned, took me to D.C. to work for Metro Teen AIDS. I was with them for a few years, working in HIV prevention in northern Virginia—specifically Alexandria, Arlington, Fairfax, Loudon and Prince William counties.

LB: What did HIV prevention routines look like then? And how did it change over the years that you've been involved with it?

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RL: I am on the short end of a couple days of my 49th birthday. September 9th. There was a program that we partnered with—Northern Virginia AIDS Ministry. It was a program, collaboration, between NOVAM and MTA (Metro Teen Aids), called Youth Speak. Young people in high school, as well as George Mason University, were trained to be peer educators. They were taught what HIV is, how it's prevented, how it's transmitted, and what AIDS is and how to prevent it—this whole HIV/AIDS education. In between the definition and prevention, it was a piece called “Face to Face,” and it allowed the audience, who were receiving this information, to meet and hear the stories of persons living with HIV that look like them. So if we were at a high school in George Mason... I'm sorry... in Fairfax—we would have a Caucasian female speaker, a Caucasian male speaker. That was one program. Of course, at that time, you couldn't talk condoms. Your parents could actually opt you out of that particular presentation because of course the schools would alert them: “There's this discussion taking place on September 2nd, the guest speakers are Metro Teen AIDS, Northern Virginia AIDS Ministry. The topic is HIV and AIDS.” The parents could opt their child out of that program, while the other students participated. What it's like now... it's a little bit more progressive. But I haven't done a

presentation in a high school in a long time, so honestly, I couldn't really tell you what that's like. But yeah.

LB: That's interesting, because my daughter just graduated TJ actually—

RL: Oh, okay! Fellow Trojan.

LB: ... and she said, that when she got any kind of education, dealing with AIDS or anything sexual, the message was abstinence only.

RL: Mhm. And I believe that's still the case. I'm not quite sure whether it's just in Virginia.

LB: I think it's all over. So I guess my question is—how do you work around that?

RL: You have to be creative. If you're talking to a group and you know that this coming Saturday, especially with the Youth Speak program that we did, we would do outreach on Saturdays. So, you would tell them, "Oh, by the way, if you would like to learn more, you can come to Tower Records (at that particular time) and we're doing outreach. Just come and hang out with us learn additional information about HIV prevention." That was a way of doing it. We couldn't really talk about condoms. And it's always abstinence before marriage. But then you isolate a whole group of individuals who... you're speaking from the perspective of talking to a heterosexual group. So if you have a young gay man who's in that classroom and you're not speaking to his truth—he's not going to hear that prevention message. Because you've isolated him. So that was sometimes a challenge.

LB: It seems like there would be a lot of challenges that you face as an AIDS educator, here in Virginia and particularly in Richmond. Can you tell me about some of your biggest challenges?

RL: I wouldn't say they were here in Richmond—believe it or not.

LB: Interesting. Tell me more.

RL: I did a presentation at one of the pharmaceutical companies in New Jersey. And it was for their staff. We were talking about transmission and dispelling any myths or fears. During this presentation, I reached for the hand of one of the staff members to show that HIV wasn't transmitted through casual contact. And she *reluctantly* held my hand, but not for a long time. That's probably one thing that really stuck with me... But I've never really run into that wall, where someone has said... Of course you know folks will say some negative things to you... I've had people say, "I can't date you because you're HIV-positive, because I fear that you're going to die." And I'm like "Well, hell—who's to say that we're going to be together in six

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months? I'm not planning for the future. This is just a date, you know?" But nothing... you know... I guess I've been fortunate in that sense. I go back to what my mother said to me that night, "We'll get through this." Whatever there was at that time—I just kind of swept aside.

LB: How long was it before you began receiving treatment, from when you were diagnosed?

RL: I was diagnosed in December of '93. Probably '94, '95.

LB: So tell me about the time in between where you still thought you had a death sentence hanging over you. You were back in the city that you'd grown up in. But it sounds like you were a bit at sixes and sevens. Tell me more about that time.

RL: Well at that time, the only testing that they were doing was CD4 count. You had to have a great CD4 count. We weren't measuring viral load at that particular time.

LB: Can you explain what a CD4 count is?

RL: Yeah. It's part of the immune system. It fights off infection. The higher the CD4 count, or T cell count, they're fighter cells, let's call them, the first line of defense... The higher the CD4 count—great. Now, or a few years back, they started viral load testing, measuring the copies of HIV in the body. You want a high CD4 count [and/or] an undetectable viral load. Meaning that the virus is still present, but its copies are so low that it can't be measured in your lab work. We still know that HIV is a virus that attacks the immune system and there is no cure. So even if someone has an undetectable viral load, they're still HIV-positive. I started treatment at that time because I guess we didn't know what to expect. I guess at some point it was like—well, let's go ahead and try treatment so that we can prolong one's life because we don't know the long-term effects of this disease. Or, at that time, don't know the long-term effects of the medication as well—so let's just try it.

RL: With treatment it's been successful at times. I did hit a blip. I thought I was grown. I went on vacation and decided to take a vacation from my medications. And my body built up resistance. So I was taking one pill a day. And unfortunately, because of not being 100% compliant, I built up resistance so I had to switch to another drug treatment option.

LB: And did you stay on that treatment option?

RL: I haven't missed a pill since that day. So yeah.

LB: How long did it take from your vacation to medication for you to develop the resistance?

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RL: It probably started when I stopped. During that week.

LB: So just a week?

RL: Mhm.

LB: That's amazing.

RL: I went on vacation, came back I think about a week later. Went to my doctor for my check-up. She called me and said, "Hey, we need to talk." So, yeah. That was in 2008, 2009. So I don't miss my medications now. Like the Karl Malden American Express commercial: "Never leave home without it." I never leave home without my meds.

LB: So back when you came home to Richmond, right after your diagnosis, apart from a friend that your mother told you about, who had died, did you know other people?

RL: No, no, no, no, no, no, no. My mom videotaped the movie and she became my educator...

LB: No, I know that.

RL: I'm sorry...

LB: I'm sorry, I thought when you called her she said that someone from TJ?

RL: No, no, no. I'm sorry. You've kind of confused me with the TJ reference. A friend of mine, I won't share his name, she [Rodney's mother] called me in September of '93 to say that he did pass. Okay, I'm back with you now.

LB: That's what I was [referring to]... So did you have other friends at that time, in the early 90s, in Richmond, who had found out that they were HIV-positive?

RL: Yeah, but they would never tell. They'll never disclose. Because at that time there was the fear. The fear of being ostracized, about having this disease. The images that we saw—it's not a pretty way to go. So, no. We used to gather on the holidays at Bar Code, or whatever the club was at the time. And every holiday you would notice that there was one empty seat. There became another empty seat the following year or a couple years later. And then you hear through the grapevine, "Oh, John Doe passed away. He had the virus." But no one really spoke about it.

LB: That's pretty amazing. There was an epidemic going around that was affecting people in very, very profound ways at the time, varied treatment options, and yet—silence.

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RL: Mhm. Yes. And that's the sad part. There's such a stigma with being HIV-positive even to this day in the African American community. Nobody wants to talk about it. I remember, growing up, "Children are to be seen and not heard." "No child's place." The other one was "We don't air our dirty laundry." We don't want folks to know what's going on in our own household. But as my grandmother used to say, "A closed mouth never gets fed." So how can you actually address the issue if you're not really speaking about it? Even now, in 2017, there's still that stigma, that fear, that anxiety around HIV disease. You know? Yeah.

LB: How do you see that expressed in the people that you work with who are HIV-positive, clients of yours through the years?

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RL: Some are a little bit more embracing of their HIV status, and wanting to prove all the naysayers wrong. You know you're going to live. So they adopt this whole healthier living attitude and adjusting to fight this disease. They're doing their part while their medications are doing their part. And then you have those who are suffering in silence. There are individuals who won't take the medications because if the medication bottles are found in their medicine cabinet, that folks will ask, "Well, what is this particular pill for?" And we live in the modern age where you can get immediate information just by googling the name of a medication on your cell phone.

There was someone I worked with and I said, "You do know what you're doing by not taking your HIV meds." He was like, "Yeah, I'm slowly committing suicide." We live in a society that will allow that, instead of providing him with the care and services that he needs, and the affirmation that he so desperately needs. There's not really that outreach to him, to say, "Hey, you're going to be around for a while."

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LB: So how do you deal with that? When you're working with clients who have gotten an HIV diagnosis and they find that their context doesn't make it comfortable for them to do what they need to do, how do you deal with that?

RL: You have to meet people where they are when they're diagnosed. Whoever delivers that message to them, about their positive test results, really dictates how the next month, next two months goes. Making the direct linkage to care so that you know that when John or Jane Doe walks out that door, that they've already scheduled an appointment for a medical provider, to be assigned a case manager, and hopefully there's a linkage to mental health, because all three go hand-in-hand.

If the experience is not a pleasant one, not that it is a pleasant one to hear those words, but if it's not an *affirming* one—that person can be lost to care and probably will not enter care again until

he or she is sick, because it's this denial that's going on: "Well if I don't address it, if I don't face it, it's not really there." When you meet someone who comes in, sometimes they're angry, sometimes they're pissed. But to show them: "Okay, you tell me what's going on with you. Because the paperwork that we have to handle, we can do that later. Let me know." And just to be present in that moment. Because maybe for a lot of the clients that I worked with, either for myself or other staff members we're their only source of support at that time. You walk through the stages of affirming, assuring, and showing them that it's okay. There's not this fear anymore.

LB: What is the anger about with people?

RL: The anger, sometimes, is directed at the person that they may believe, or they may think, is the one who infected them. The anger of sometimes thinking, "Well, how did I allow this to happen?" So they're very mixed emotions at that time. You're having to sit across from someone who's going to be your case manager, your mental health provider, and to really have to open up about your past behaviors, about your past history, just so that you can map out a plan of where you go from this point on.

LB: What are some of the strategies that you've used when you've been meeting with someone in what is probably one of the most difficult and confusing moments of their life? It's a watershed moment. Where there's a distinct before. And a distinct after. And you remember everything. You're aware. You remember your number, right? From the health department.

RL: Yeah, I do.

LB: It's a profound moment.

RL: I remember what I felt like. I don't sit across this table because there's this barrier here between the two of us and I want you to know that there is not a fear on my end. Sometimes it really depends on the individual. If I have to self-disclose to... say... I'll sometimes get, "Well, you don't understand."

And then I'm: "Yes I do. I've been living with HIV for x number of years."

And [client says] "Oh, you don't look sick."

[Rodney responds...] "Well, no. That's what I'm trying to show you and share with you, that life goes on. I've been there. I've been scared. Am I scared now at 48? Yeah. I sometimes feel like it's a ticking time bomb and I just don't know when it's going to go off. My numbers are great. My health is great. But it still lingers in the back of my head. But I don't let it dictate my every day."

LB: How do you feel that your diagnosis has changed your life? And I mean in the larger sense?

RL: I can honestly say that if I were not diagnosed at twenty-five, I don't know where I would be today. Looking at just that time of my life, I loved working in the entertainment industry. Would I still be there? Probably not. I would've aged out a little bit. But not really sure where I would be at this point. Would I say it was my saving grace? Certainly not. But I decided to take a really bad situation and make the best out of it. And I owe a lot to my mom.

LB: Was it basically you and her in your family at that time?

RL: Yeah. My dad wasn't too keen on the fact that I'm gay. He would always ask, "Are you still that way [hand waver mimicking father]?" And I was like "What do you mean by that [same hand gesture]?" You know? I remember telling him that I was positive. And I remember him saying, "Well I kind of figured that might happen because of the kind of lifestyle you chose." I stopped talking to him for a while.

LB: Was he still with your mom at that time?

RL: No, no. They remained best friends. She, of course, gave him a piece of her mind. So he started to call and say, "How's that thing going that you got?" And at first I didn't know what he was talking about. And I said, "What are you talking about?" He's like "You know, that thing you caught in New York." Excuse me, I'm not sure if this is going to air, but just to be a dick, I would say, "Oh you're talking about the HIV? Oh, it's doing its thing. I'm doing my thing." And then he got better: "How's your health?" But then I would make sure that it was very short and to the point: "I'm well." That's it. But yeah, for the most part it was just my mother and me. And my grandmother, and aunts.

LB: You've certainly talked about your dad. How did your HIV status change your relationships in your life?

RL: I settled. Because I felt, "I'm damaged goods. Who's really gonna wanna be with me?" There are some folks that I dated that I probably wouldn't have, that have been negative. But it was that sense of companionship. It was that sense of feeling some human touch. And I was a bad boy. But then I fell in love. And I never thought it would happen again. I'm married to an incredible man. We've been together five years. Just celebrated our second wedding anniversary. We have two incredible little ladies. Lady Addison, Princess Buttercup, our two dogs.

LB: Is that the first time you've been in love since your diagnosis?

RL: Yes. But the one thing that... for me... I had to learn to forgive myself. That was the hardest thing. We tend to shift the focus, or the blame, or the responsibility of one's HIV infection, on someone else. And my partner at the time... I carried a lot of hurt and hate for him.

And I wrote a book. And he found out about the book and sent me an email. I couldn't really connect the two. I just said, "Thank you for the well wishes." I found out that it was him because it was his middle name and his date of birth. And I said, "Why didn't you tell me who you were?" He said, "Well, I didn't think you would really want to hear from me after all this time." And so, we chatted on the telephone! And the first thing he said was, "I'm sorry." I said, "Sorry for what?" (Because by this time I had buried the hurt. I hadn't heard from him in a number of years.) And he said, "I'm sorry for being the one who infected you. I never really wanted to accept that." And he died three weeks later. So...

LB: Had he really disappeared since the moment your boss made him come and connect to you?

RL: We kind of kept in contact. I kind of figured, "I'm positive now. Nobody else is gonna want me." We were still in the relationship. But he continued to live in New York. I moved back to Richmond. The distance certainly wasn't conducive to a relationship. And we lost contact. Until prior to the release of my book. He apologized. I got a call from his ex who shared with me that he had died. That was hard to hear: "He said he had closure with you." And so I had closure with him as well.

LB: Closure is always such a funny word. Don't you find?

RL: Yeah. It's the period. The end.

LB: Tell me about your book and writing the book, and what that experience was like for you. What led you to publish your book? I'd love you to talk some about it because people listening to this won't have read it.

Videographer: And say the name of your book, please.

RL: I wrote *The Day I Stopped Being Pretty*, after a failed suicide attempt. I wrote about the very good and the very bad in my life. It was brutal. Brutally honest. Some folks appreciated my honesty. Some folks didn't.

It came from being told, when I was growing up, that, "You're so pretty. You're so pretty." And I always thought that it was a term of endearment, that it was a great compliment. I would always say, "Oh why, thank you." Because that's how my parents raised me. And we were at my aunt

and uncle's wedding anniversary and there was this woman who pinched my cheek, and she said, "You're so pretty."

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And I instinctively just said, "Oh thank you."

Shortly thereafter, my dad grabbed me and said, "Men are not pretty. Men are handsome." I began at that early age to equate being pretty with something very negative, because that's what my dad said.

LB: How old were you?

RL: I was about ten. I was always hoping from that moment on that someone at least thought I was handsome. Because if they said that, they kind of cosigned on what my dad said. But I still got "pretty" up until high school. Kinda sucked.

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And then I wrote another book *No More Tomorrows: Two Lives, Two Stories, One Love*. And it was a story about a young African American gay male who awakes one morning and realizes it's his last day on this physical earth. He begins to reflect on the journey that has led him to where he is. The story is told from his perspective as an African American gay man who is living with HIV, and his partner who's another African American gay man, who's HIV-negative. Their journey is told together. The reason I wrote it was because it gave voice to a number of brothers that I knew. We didn't have that. We didn't have that voice to speak up for themselves. I wrote it because I needed to meet my contractual obligation, and then as I started to flesh out these two incredible characters, writing the last chapter was the hardest thing, because I was saying goodbye to a friend. I was amazed, because I wrote not for awards or anything like that. It was, for me, therapeutic. Just to hear some young brothers reach out and say, "Hey, thank you for telling my story," that was the icing on the cake.

LB: It is still striking to me how few stories there are about being black and HIV-positive, being black and gay.

RL: You know what's interesting... I had an incredible meeting today and someone gave me a magazine from July of 1991. It talks about then what HIV looked like in the African American community. At that time 29% of the HIV/AIDS cases were among African Americans based on this article in 1991. The title alone could be applied to 2017. It said something to the effect "African Americans and HIV: A Vulnerable Population with No Hope."

Even now, recognizing that what we know about HIV disease, how it's transmitted, how it's prevented, that on September 1st, 2017, no one ever has to test positive. I just said that this past August 27th at one of the churches, "No one ever has to test positive." But what we know [is],

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every nine minutes, someone tests positive for HIV disease. I keep thinking—what did we do wrong? What haven't we done to get the message across. Back in the day it was the fear factor, the images of emaciated gay men, and lesions. But now when the images that we see are young people who are riding bicycles and climbing mountains—"All because I take this one pill a day, I'm living healthier." But there's so much more that goes into an HIV diagnosis than just going to the doctor, taking your pills. It's this incredibly emotional journey, both up and down, that you go through. I don't know.

LB: We're living in a moment where a black man who's gay or bisexual has a 50% chance of contracting HIV in his lifetime. Can you talk some about why that is? In 2017, when as you said, four days ago, this doesn't need to happen... why is it still happening?

RL: Anecdotally... if you were to say...

LB: Yes, please.

1:51:50

RL: ... some folks may disagree with me, but some believe it's a rite of passage: "Oh, it's gonna happen to me anyway, let's go ahead and get it out of the way." Some believe that "If I become infected, it's no big deal. There are medications." One of the big reasons is because of the heart. We fall in love. Young people are redefining terms differently than you and I. ("Monogamy." "Long term.") The idea of meeting someone and having someone tell you, "I love you," and you feel it, and the negotiation on safer sex skills just kind of goes out the window. Placing yourself at risk because you're seeking and wanting that love. Outside of those three that I can think of... it's not the death sentence that we saw back in the 80s and 90s. I also believe that this generation, I know, will never know the complete devastation of this disease, and its history. That's the scary part.

LB: Connected to that, how have your views on HIV changed over time? You've had your personal twenty-four years of a diagnosis. And before that you heard about the gay cancer and GRID and everything else. How have your views changed? How do you think about it now compared to how you did ten years, twenty years ago, thirty years ago...

RL: I would say that... I think one of my physicians told me, "The HIV's not gonna kill you. If you don't quit smoking it will." I wouldn't wish this on my worst enemy. But it's a card that I have been dealt that I have to deal with... and just live my life. I wouldn't want anyone to go through what I've gone through. But one thing that I can pay forward is what has been given to me, and that's to remind them that as a community (and I'm all about this sense of community) that we'll get through it together. My mom still hangs in my ear to remind me of that.

LB: Why do you think Richmond in particular has such a high rate of HIV?

1:54:41

RL: That's the \$64,000 question. I don't know. You have individuals who will come to smaller counties or smaller communities believing that Richmond is the big city. And you have individuals who are turning from big cities, because Richmond is home. Some are new, new infections. Some are returning home, because for whatever reason, they're HIV-positive. It's just this melting pot. I don't really know or can explain why Richmond has one of the highest rates.

LB: It's so puzzling. So I want to ask everyone that I interview.

RL: And you'll probably get answers across the board.

LB: Well I already have for these first two interviews.

RL: It's been an interesting journey.

LB: If you could say one thing to the general public about HIV or your experience of living with HIV, what would it be? What do you think people need to know? What do you think their biggest misconceptions are?

1:55:56

RL: That no one will ever love you. That you're going to die... There's a song. There's a gospel artist by the name of Smokie Norful. A dear friend of mine sent it to me. He said, "You really need to listen to the lyrics of this song." It's a song called, "Run Til I Finish." My journey from being that scared twenty-five-year-old that night drinking vodka to where I am today, and where I'm going to be next year, is all wrapped up in that song.

He says, "I've decided, determined, I'm committed that I'll run." It goes on and then he says, "I've made up my mind. I ain't got much time. But I'm gonna run 'til I'm finished." And that's what I'm gonna do. I still carry that noise, that voice, in the back of my head, from my mother. I have to continue to play that. "We'll get through this."

LB: It's amazing that next year it will have been half your life.

RL: Exactly. Yeah. I didn't realize I would make it, but I'm here.

LB: Well thank you, Rodney. This has been a wonderful interview. I really appreciate it.

RL: Thank you. For everything.

LB: Were there any questions that I didn't ask you? Or anything that you'd like to say that I didn't cover?

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RL: Oh no, I'm fine. I didn't read the questions when you gave them to me, because I wanted it to be more conversational than...

LB: That's completely fine. Some people feel more comfortable doing what you did. Others want to mull it over.

RL: Okay. So I'll get Bill. Well that was great timing because Bill was ready for you at.... yeah, it's 11:45.

Videographer: Wow Rodney, you made me tear up a couple of times.

1:59:20

RL: Oh, you know, I lost my mom last year. I'm the only child. She prepared me for that time. My mom stood about right here [holds hand up chin-high]. I miss her every day. Her birthday is this Sunday. But she always taught me to give back. That's why I do the work I do. I'm never gonna be a rich man working for a nonprofit, I can tell you that. But the work that we do, whether it's here at Diversity, or when I was a case manager at New Mexico Aid Services, or at Fan Free Clinic at Health Brigade, or Metro Teen Aids—it's a matter of reminding everyone that we're part of this great community that I have and that you have. And we don't have to be selfish. How long have you been in Richmond?

Videographer: Wow. I came here in 1981.

RL: Okay, what part of town?

Videographer: I started out in Northside, then moved over to the Laburnum Avenue area. I now live out in Chesterfield. And I was here for the AIDS epidemic. I told Laura I had two cousins that were from New York who both were HIV-positive. My best friend, her brother died. Everything you said... the lesions... in the hospital. That was the first person I knew that had died from AIDS. And then one of my choir members I sit next to every Sunday is HIV-positive. So I kind of know about him.

RL: The point is, I grew up in a community that... if my Elementary school was here, and I lived there, whatever happened along that journey... I'd get an ass whoopin'. I reminded young people this last Sunday, I said, "We didn't have cell phones where you could text. There was rotary phones." And I said, "If you don't know what a rotary phone looks like, you can go and google and look it up." But what was important was that Miss Bannie, or Miss Elizabeth, they weren't hitting me or spanking me or any of my friends or my cousins because they wanted to punish us. They wanted to protect us. That whole sense of community, of taking care of each other, is something that I got from my grandmother and my aunts, and certainly, my mother. I

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will never allow myself to be jaded. Because I can't complain about anything. If the only reason you're not gonna like me is because my skin is too light or it's not light enough, or I don't have hair or I'm too thin for you... well you're missing out on getting to know who I am. That's how I feel.

Videographer: Excellent interview.

RL: Thank you.

Videographer: Be strong on Sunday, okay.

RL: I will. Thank you. So I'll grab Bill for you guys.

LB: Wonderful, thank you.