

# Houston Area HIV Services Ryan White Planning Council

## Affected Community Committee Meeting

12 noon, Monday, May 14, 2018

Meeting Location: 2223 West Loop South, Room 240  
Houston, TX 77027

### AGENDA

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- I. Call to Order Rodney Mills and  
Tana Pradia, Co-Chairs
  - A. Welcome
  - B. Announce who will be chairing the meeting
  - C. Moment of Reflection
  - D. Adoption of the Agenda
  - E. Approval of the Minutes
  - F. Appreciations: Ronnie & Crystal for National Transgender  
HIV Testing Event Day Tori Williams
  
- II. Public Comment  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
  
- III. Ryan White Program Updates Tori Williams  
Reachelian Ellison
  - A. Part A
  - B. Part B and State Services funding
  
- IV. New Business Tori Williams
  - A. Rules regarding petty cash reimbursement for Uber/taxi cabs
  - B. Road 2 Success
  
- V. Old Business
  - A. Community Events
  - B. Greeters
  - C. Quarterly Committee Report
  
- VI. Announcements
  
- VII. Adjourn  
  
Members meet with committee mentor Allen Murray

**Houston Area HIV Services Ryan White Planning Council**

**Affected Community Committee Meeting**

12 noon, Monday, March 12, 2018

**Meeting Location:** 2223 West Loop South, Room 240, Houston, TX 77027

**MINUTES**

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>OTHERS PRESENT</b>
Tana Pradia, Co-Chair	Ruth Atkinson, excused	Cecilia Oshingbade, RWPC Chair
Rodney Mills, Co-Chair	Rosalind Belcher	Reachelian Ellison, TRG
Johnny Deal	Skeet Boyle	Tasha Traylor, RWGA
Herman Finley	Arlene Johnson	
Ronnie Galley	Denis Kelly	<i>Office of Support</i>
Allen Murray	Amber David	Tori Williams
John Poole	Kelvin Harris	Diane Beck
Mona Cartwright-Biggs	Stephon Johnson	
Ma'Janae Chambers	Isis Torrente	
Eddie Givens		
Lionel Pennamon		
Crystal Starr		
Veria Steptoe		

**Call to Order:** Tana Pradia, Co-Chair, called the meeting to order at 12:01 p.m. Pradia said that she would be chairing today's meeting and then asked for a moment of reflection.

**Adoption of the Agenda:** **Motion #1:** *it was moved and seconded (Starr, Pennamon) to adopt the agenda with one addition: Under New Business add B. HIV and Aging Coalition. Motion carried unanimously.*

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Mills, Galley) to approve the February 12, 2018 minutes. Motion carried. Abstentions: Chambers, Givens, Starr.*

**Public Comment:** None.

**Training: The Ryan White How to Best Meet the Need Process:** See attached. Williams walked committee members through the How To Best Meet the Need (HTBMN) process, which will take place in April 2018. All members were encouraged to sign up for How To Best Meet the Need workgroups. Email reminders will be sent to those who sign up. The following members signed up for workgroups:

Special Workgroup #1:	Cartwright-Biggs, Chambers, Finley, Mills, Murray, Pennamon, Starr, Steptoe
Special Workgroup #2:	Cartwright-Biggs, Chambers, Mills, Pradia, Steptoe
Workgroup #1:	Chambers, Mills, Murray, Pennamon, Starr

Workgroup #2:	Cartwright-Biggs, Chambers, Givens, Pennamon, Pradia, Starr
Workgroup #3:	Chambers, Murray, Pradia, Starr

**New Business**

**2017-2021 Houston Area Comprehensive Plan:** Harbolt reviewed the 2018 (Year 2) Comprehensive Plan Activities, by Strategy as related to the committee. See attached.

**HIV and Aging Coalition:** See attached request for volunteers to staff the Long Term Survivor event on June 3, 2018. The following committee members signed up to volunteer: Deal, Galley, Murray, Oshingbade, Pradia, Starr (maybe), and Steptoe.

**Old Business**

**Greeters:** Volunteers signed up to be greeters at monthly Council meetings, see attached.

**Announcements:** The April committee meeting is cancelled so that members can participate in the HTBMN training and workgroups.

**Adjourn: Motion #6:** *it was moved and seconded (Starr, Chambers) to adjourn the meeting at 1:08 p.m. Motion carried unanimously.*

Submitted by:

Approved by:

\_\_\_\_\_  
Tori Williams, Director                      Date

\_\_\_\_\_  
Committee Chair                              Date

## 2018 Road 2 Success/Camino hacia tu Salud

(as of 05/03/18)

*Road 2 Success: Understanding the HIV Care System* and the Spanish version, *Camino hacia tu Salud*, is a series of free, seminars with the goal of providing HIV+ individuals and caregivers living in the Greater Houston area with information that will help them understand the complex HIV care system and empower them to:

- access HIV-related services
- access a source of payment for their services
- voice their concerns regarding HIV-related services
- participate in the development of the HIV prevention and care system

**GUIDING PRINCIPLES:** No boring or highly technical presentations. At least 2 seminars each year taught in Spanish. Select class locations that are familiar and comfortable for the consumers. No combative behavior.

Day, date, times	Event, Co-Host & Location	Information to be Presented	Participants
July	Road 2 Success – 2-hour seminar Thomas Street Health Center (TSHC) TSHC 2015 Thomas Street, 77009		<u>Need 5 Volunteers:</u>
August	Camino hacia tu Salud – 2-hour seminar Positive713 Support Group Leonel Castillo Community Ctr. 2101 South Street, 77009		<u>Need 4 Volunteers (incl. Spanish speaking):</u>
September	Road 2 Success – 2-hour seminar		<u>Need 5 volunteers</u>
October	Camino hacia tu Salud – 2-hour seminar		<u>Need 5 Spanish speaking volunteers:</u>
November	Road 2 Success		<u>Need 5 volunteers (incl. Spanish speaking):</u>  DISTRIBUTE LEAP FLYERS

**Affected Community Committee**  
**2018 Community Events** (as of 05-13-18)

Point Person (PP): Committee member who picks up display materials and returns them to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 4 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	Tana, Allen & Mona – distribute LEAP flyers
Sunday, June 3 Before 1 pm start time	Long-Term HIV Survivors Event	11410 Hempstead Road	<b><u>Need 10 volunteers (3 for PC booth):</u></b> Council: Johnny D., Ronnie, Cecilia, Tana, Veria, maybe Crystal LEAP: Calvin, Roy, Erika, Felipe, Mel, Prince, Tony
Saturday, June 23 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm): PP:</u> <u>Shift 2 (2-4:30 pm):</u> <u>Shift 3 (4:30-7 pm): PP:</u>
July	Road 2 Success	Thomas Street Health Center 2015 Thomas Street, 77009	<b><u>Need 5 Volunteers:</u></b>
August	Camino hacia tu Salud	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	<b><u>Need 4 Volunteers:</u></b>
August or September	Road 2 Success	Collaborate with the Transition Summit for adolescents going off of Medicaid – Gloria	<b><u>Volunteers:</u></b>
October	MISS UTOPIA	Crowne Plaza Northwest-Brookhollow 12801 Northwest Freeway Houston, TX 77040	<b><u>Volunteers: PP:</u></b>  DISTRIBUTE LEAP FLYERS
October	Camino hacia tu Salud		<b><u>Volunteers:</u></b>
November	Road 2 Success		<b><u>Volunteers:</u></b>
Saturday, December 1	World AIDS Day Events		Most committee members attend events DISTRIBUTE LEAP FLYERS

HONORING & CELEBRATING THE LIVES OF LONG-TERM HIV SURVIVORS

# BBQ MIMOSA BRUNCH SUNDAY JUNE 3<sup>RD</sup> 2018



Houston Area  
**HIV & Aging**  
Coalition

GALVESTON GETAWAY RAFFLE  
GET WET STRIPPER DUNK TANK  
DEBRIS SISTERS PERFORMANCE

# 1 PM NEON BOOTS 11410 HEMPSTEAD RD. HOUSTON



*Walgreens*



UNIVERSITY of HOUSTON  
GRADUATE COLLEGE of SOCIAL WORK



FOR MORE INFORMATION ABOUT US, TO VOLUNTEER OR TO DONATE VISIT US AT: [AGINGCOALITION.ORG](http://AGINGCOALITION.ORG)  
THE MONTROSE CENTER IS A TAX EXEMPT 501(C)(3) ORGANIZATION CHARTERED IN THE STATE OF TEXAS

## Greeters for 2018 Council Meetings

(Revised: 05-03-18)

<b>2018 Meeting Dates</b> (Please arrive at <b>11:45 a.m.</b> Unless otherwise noted, the meetings are held at 2223 W. Loop South)	<b>Greeter #1</b> External Member	<b>Greeter #2</b>	<b>Greeter #3</b>
Thurs. March 8	Mona	Skeet	Tana
Thurs. April 12	Eddie	Rodney	Allen
Thurs. May 10 <b>CANCELLED</b>	Lionel	Allen	Johnny
Thurs. June 14	Crystal	Tana	Ronnie
Thurs. July 12			
Thurs. August 9			
Thurs. September 13			
Thurs. October 11			
Thurs. November 8 External Committee Member Appreciation			
Thurs. December 6			

## Greeters for 2018 Council Meetings

(Revised: 03-20-18)

<b>2018 Meeting Dates</b> (Please arrive at 11:45 a.m. Unless otherwise noted, the meetings are held at 2223 W. Loop South)	<b>Greeter #1</b> External Member	<b>Greeter #2</b>	<b>Greeter #3</b>
Thurs. March 8	Mona	Skeet	Tana
Thurs. April 12	Eddie	Rodney	Allen
Thurs. May 10	Lionel	Allen	Johnny
Thurs. June 14 - MAY BE OFFSITE	Crystal	Tana	Ronnie
Thurs. July 12			
Thurs. August 9			
Thurs. September 13			
Thurs. October 11			
Thurs. November 8 External Committee Member Appreciation			
Thurs. December 6			



**2018 QUARTERLY REPORT**  
**AFFECTED COMMUNITY COMMITTEE**  
(May 2018)

**Status of Committee Goals and Responsibilities (\* indicates a HRSA mandate):**

1. Educate consumers so they understand how to access HIV/AIDS treatment and medication. Provide information that can be understood by consumers of diverse educational backgrounds on client-centered issues.

**Status:**

2. Continue to get a better understanding of the needs of transgender individuals through training, attending meetings of the transgender community and more.

3. Assure participation by people living with HIV/AIDS in all Council work products.

**Status:**

4. \*Work with other committees to coordinate Public Hearings regarding the FY 2018 How to Best Meet the Need Results & Priorities and Allocations for Ryan White Parts A and B and State Services.

**Status:**

5. Recruit Council applicants throughout the year.

**Status:**

6. Annually, review the status of committee activities identified in the current Comprehensive Plan.

**Status:**

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Date

**FYI**



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

## Prescription Drug Donation Program

The Prescription Drug Donation Program allows for certain prescription drugs that would normally be discarded

to be donated to participating providers. Individuals who would normally be unable to get these medications

can receive them from participating providers. The Department of State Health Services' Pharmacy Branch is

the administrator for the program and ***does not accept nor dispense donated prescription drugs at its warehouse.***

## Prescription Drug Donation Program Participating Providers:

[Prescription Drug Donation Program Participating Provider Database](#)

## Prescription Drug Donation Program Requirements:

### All donated drugs must:

- o Be approved by the Food and Drug Administration (FDA)
- o Be dispensed only by prescription
- o Bear the federal legend "Rx Only" or "Caution: Federal Law Prohibits Dispensing Without Prescription"
- o Be packaged into original sealed, unit-dose packages such as blister-cards, and
- o Be intended for human use

### A prescription drug cannot be donated if it:

- o Is a controlled substance
- o Has not been stored in compliance with its product label
- o Is required to have storage temperatures other than normal room temperature.

This includes drugs that have to be refrigerated.

- o Is required by the Food and Drug Administration to have a risk evaluation and mitigation strategy
- o Is adulterated (e.g. changes to the substance without authorization)
- o Is misbranded (e.g. false label statements), or
- o Was previously purchased by Medicaid.

## Prescription Drug Donation Program Frequently Asked Questions:

[Prescription Drug Donation Program Frequently Asked Questions](#)

### Examples of Acceptable Medications for Donation :



### Examples of Medications Not Acceptable for Donation :



## Prescription Drug Donation Program Required Forms:

1. Prescription Drug Donation Program Donor Form

[Prescription Drug Donation Program Donor Form](#)

2. Prescription Drug Donation Program Recipient Form:

[Prescription Drug Donation Program Recipient Form](#)

3. Prescription Drug Donation Program Participating Provider Form:

[Prescription Drug Donation Program Participating Provider Form](#)

## Please Fax or Scan Completed Participating Provider Forms to:

Contact Info:

### Fax:

(512) 776-7489

### Email:

[rxdrugdonation@dshs.texas.gov](mailto:rxdrugdonation@dshs.texas.gov)

## For Questions, Comments, or Concerns Please Call:

### Phone:

(512) 776-2741

Houston Area  
**HIV&Aging  
Coalition**

Website: [AgingCoalition.org](http://AgingCoalition.org)

FaceBook: HIV and Aging Coalition Houston

Meetings: 1:30 PM Third Monday of each month (educational)

Facilitators: Bruce Turner (at large) Fred Reninger (Montrose Center)

2018 Beneficiary of Houston Bears

2017 Beneficiary of Houston Firedancers

2018 Calendar Special events

Long-term Survivors Day celebration (first weekend in June)

Christmas Party (Generally first weekend in December)

Dates to be determined and posted on Web site and Facebook page

Suggested social activity: Coffee social second and fourth Mondays at Empire Cafe 2:00 PM

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# HIV and Older Adults | Understanding HIV/AIDS

## HIV and Older Adults

Last Reviewed: April 2, 2018

### Key Points

- According to the [Centers for Disease Control and Prevention \(CDC\)](#), in 2014, an estimated 45% of Americans living with diagnosed HIV were aged 50 and older.
- Many HIV risk factors are the same for adults of any age, but older people are less likely to get tested for HIV.
- Treatment with HIV medicines (called [antiretroviral therapy or ART](#)) is recommended for everyone with HIV. Life-long treatment with HIV medicines helps people with HIV live longer, healthier lives.
- Many older adults have conditions such as heart disease or [diabetes](#) that can complicate HIV treatment.

Does HIV affect older adults?

Yes, anyone—including older adults—can get HIV. According to the [Centers for Disease Control and Prevention \(CDC\)](#), in 2014, an estimated 45% of Americans living with diagnosed HIV were aged 50 and older.

The population of older adults living with HIV is increasing for the following reasons:

- Many people who received an HIV diagnosis at a younger age are growing older. Life-long treatment with HIV medicines (called [antiretroviral therapy or ART](#)) is helping these people live longer, healthier lives.
- Thousands of older people become infected with HIV every year.

For these reasons, the population of people living with HIV will increasingly include older adults.



Are the risk factors for HIV the same for older adults?

Many risk factors for HIV are the same for adults of any age. But like many younger people, older adults may not be aware of their HIV risk factors. HIV is most commonly spread by:

- having sex without using a condom with someone who is HIV positive or whose HIV status you don't know; or
- injecting drugs and sharing needles, syringes, or other drug equipment.

Some age-related factors also put older adults at risk for HIV infection. For example, older adults who begin dating again after a divorce or the death of a partner may not use condoms if they are unaware of the risk of HIV.

Age-related thinning and dryness of the vagina may increase the risk of HIV infection in older women. In addition, women who are no longer concerned about pregnancy may not use a female condom or ask their partners to use a male condom during sex.

Talk to your health care provider about your risk of HIV infection and ways to reduce your risk.

Should older adults get tested for HIV?

CDC recommends that everyone 13 to 64 years old get tested for HIV at least once and that people at high risk of infection get tested more often. Your health care provider may recommend HIV testing if you are over 64 and at risk for HIV infection.

For several reasons, older people are less likely to get tested for HIV:

- Health care providers may not think to ask older adults about their HIV risk factors, including sexual activity, and may not recommend HIV testing.
- Some older people may be embarrassed to discuss HIV testing with their health care providers.
- In older adults, signs of HIV infection may be mistaken for symptoms of aging or of age-related conditions. Consequently, HIV testing is often not offered to older adults.

For these reasons, HIV is more likely to be diagnosed at an advanced stage in many older adults. When diagnosed late, HIV is more likely to advance to [AIDS](#).

Ask your health care provider whether HIV testing is right for you. Use these questions from [healthfinder.gov](#) to start the conversation: [HIV Testing: Questions for the doctor](#).

Is HIV treatment the same for older adults?

Treatment with HIV medicines is recommended for everyone with HIV, and HIV treatment recommendations are the same for older and younger adults. However, age-related factors can complicate HIV treatment in older adults.

- Liver and kidney functions decline with age. This decline may make it harder for the body to process HIV medicines and increase the risk of side effects.
- Older adults with HIV may have other conditions, like [diabetes](#) and heart disease, that can make it more difficult to manage HIV infection. In addition, HIV may affect the aging process and increase the risk of age-related conditions such as dementia, bone loss, and some cancers. Taking HIV medicines and medicines for other conditions at the same time may increase the risk of [drug-drug interactions](#) and side effects.
- The [immune system](#) may not recover as well or as quickly in older adults taking HIV medicines as it does in younger people.

Despite these age-related factors, some studies have shown that older adults are more adherent to their HIV medicine regimens—meaning they take their HIV medicines every day and exactly as prescribed—than younger adults.

Where can I find more information about HIV and aging?

Click on the links below to find more information about HIV and aging. This fact sheet is based on information from these sources:

From CDC:

- [HIV Among People Aged 50 and Over](#)

From the Department of Health and Human Services:

- [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV: HIV and the Older Patient](#)

From the National Institute on Aging:

- [HIV, AIDS, and Older People](#)



# The Truth About the 7,000

Why are there still so many AIDS-related deaths?

April 2, 2018 By [Mark S. King](#)

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A friend of mine, Antron-Reshaud Olukayode, died of an AIDS-related illness a few months ago. He was an Atlanta-based writer and HIV advocate. The news was quite a shock for me because an empowered person living with HIV isn't supposed to die at age 33. Or so I believed.

During Antron's last hospital stay, his friend Nina Martinez brought him food and comfort. "Antron was having trouble getting on his feet. Something was hurting," she tells me during a conversation in which she doubted her choice to be open about the details, to tell the truth of it. "And then Antron pulled down his sock and showed me a black lesion on the bottom of his foot."

Nina immediately recognized the spot as Kaposi's sarcoma, known as KS, an often deadly AIDS-defining cancer. You can regularly see it on the faces and bodies of people with AIDS in old photos and documentaries. People think it doesn't happen anymore. They're wrong.

Nina herself is HIV positive. She contracted the virus through a blood transfusion when she was a few weeks old. She knows all too well the cunning ways that HIV can damage a body. Because people on effective treatment don't just end up with late-stage complications, she realized that Antron had not been taking his medications, probably for a long time. Looking at Antron's foot, Nina asked him whether the spot was KS.

"Antron looked at me and said yes," Nina recalls, with the exhaustion of fresh grief in her voice, "and then there was this release, like a pressure cooker, and he started to cry. Antron was afraid of being judged. I wasn't going to judge him, but he knew his community would."

Antron had been a visible HIV advocate and volunteer, even appearing in a national media campaign by the Centers for Disease Control and Prevention as someone living with HIV. But somewhere along his journey, things changed. He seemed depressed. Medications stopped. Very few of his friends understood what was happening, much less what to do about it. Antron was an AIDS death hiding in plain sight.

A few days after his conversation with Nina, Antron lost his ability to speak. His family took him home to die in the town he had once escaped. His obituary did not mention AIDS.

# I wasn't going to judge him. But he knew his community would.

Antron became one of the nearly 7,000 HIV-positive people who die of causes directly attributable to the virus every year in the United States. It's a stunning number to reconcile in this day and age, and its effects multiply many times over when you include the grieving families and confused friends and frustrated clinicians. Each one of those 7,000 people represents a life that wasn't supposed to end, at least not to incredulous onlookers who don't understand how or why anyone with HIV could die anymore.

It's a fair question, the why of it. Why would anyone never get an HIV test, ignore symptoms, stop their medications or hide their illness? Who exactly are these 7,000 people? What the hell happened?

In search of answers, I talked to workers on the front lines, in clinics and hospitals and community agencies. I talked to patients and activists and people in waiting rooms. Most of them were eager to share what they have seen. Very few wanted to be identified. The truth can be uncomfortable.

What I discovered is that when you ask why, there are so many, so terribly many, answers to the question.

In the first decades of AIDS, testing HIV positive meant joining a community in which you were embraced by an enormous support network. We had no choice but to be open about our HIV status because our very lives were at stake. Long-term survivors and community elders passed along shared history and survival skills.

Not anymore. People who test positive for the virus today often face the health care labyrinth alone. Some prefer it that way because they have a good doctor and pharmacy benefits and their status is none of your business. They are entitled, yes, indeed, to their privacy and to their limited interaction with what passes for an HIV community these days by showing up once a year for a walkathon that has stripped AIDS from its name and replaced the disfigured gay men in wheelchairs with baby strollers and French bulldogs and chicken on a stick.

Welcome to the public face of HIV in 2018. It is a parade, and it is warranted because there is so much to celebrate, after all. The parade has billboards at busy intersections and posts on Instagram. It has the pretty faces of empowered HIV-negative people taking pre-exposure prophylaxis, or PrEP, and people living with HIV taking pride in their undetectable viral load.

There are T-shirts and ball caps and posters. There are online memes and funny web videos and signs you hold up when you smile for the camera and blogs with names like—God, help me—My Fabulous Disease.

It is a parade we have all helped to create. It is a privileged affair, with few people talking about the homelessness and poverty and drug addiction that percolate upward from the forlorn and the forgotten. Meanwhile, HIV stigma keeps spreading over the spectacle like a rolling fog.

The 7,000 people who will die this year can't hear the happy jamboree from the lonely confines of their apartment or hospital bed or shelter or prison cell. If they could, they might think we have all lost our fucking minds.

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Campaigns that seek to normalize people living with HIV are missing an important truth, according to long-term survivor and activist Matt Ebert. "U=U feels like a lie," he tells me, referring to the award-winning "Undetectable Equals Untransmittable" campaign heralding the fact that people with an undetectable viral load cannot transmit HIV. Matt believes the science of it, but the word standing in the middle of the catchphrase makes him cringe.

"I am not equal to someone who is negative," Matt contends, "not in the way I am treated and not in the way I feel. These campaigns try to promote our sameness, but testing HIV positive is the same shot to the heart it has always been."

"If I got HIV today, I would be devastated," Matt explains. "It's a very big deal. HIV affects every decision I make. People say I should be grateful to be alive. Well, it doesn't work that way. No wonder people stop taking their meds."

"And," Matt adds pointedly, he feels this way despite being "white and privileged."

Activist Kairo Brown, who founded the organization Meet for a Cause to help impoverished LGBTQ youth in Baltimore, doesn't have time for endless discussions of privilege or racism, as bad as it may be, because he is consumed by the daily struggle for survival among those he serves. "I hear us blame white people," Kairo says, "but what about what we as Black people are doing to other Black people? We must unite as a community."

There is meager social support within the Black community for people living with HIV, Kairo believes. Many young Black men are trying to deal with their own feelings of brokenness, with their search for a crowd that will welcome them, even if for some it means never returning for treatment after testing positive because the price of transparency in their circle of friends is much too high. As in every other community, women are often left to fend almost entirely for themselves.

Community workers across the spectrum told me about impoverished clients who fill out clinic surveys in exchange for financial incentives, checking any box at all, signing anything handed to them, because they need a free bus pass a lot more than they care about the data making sense. They know people who allow themselves to become sick, treating HIV symptoms with an Advil from the gas station, because they believe illness will get them more services.

Case managers told me about clients who tested positive and then scoured the internet, searching for another answer that might explain things away, falling victim to fake potions and frauds, because a bullshit answer is better than the one that says HIV.

HIV providers talk of clients who store their medications under bushes because the shelter doesn't have lockers. They watch the treatment regimens of their patients start and stop at roughly the same rate as their monthly hospitalizations, when drugs are dripped from IV bags in a mad scramble to repair the damage. They draw blood from people addicted to opioids using the arm that hasn't been amputated because of an infected abscess.

And all the people living with HIV in the margins of our society, advocates and sex workers and mothers and addicts and case managers alike, know they are one disconnected cell phone, one bout of depression, one missed bus, one part-time paycheck away from total devastation.

There are even revelers in the grand parade who are privately troubled, who grit their teeth when they smile, who haven't admitted that it has been months since they took their meds because the co-pay got too expensive or the fatigue of it all has become too much to bear, who have chosen to delay treatment until things get bad or until they find a cheaper apartment or until some unseen solution comes along. It might. It might not.

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These AIDS-related complications are real, and they exist in a world far away from happy Facebook status updates. Traveling the distance between them might as well be crossing the galaxy.

And yet, mercifully, even in the midst of all these challenges, success stories and moments of grace exist.

Brent Bible took an HIV test when he was 17 years old as a requirement to enter a teen drug rehab program. "They called me and said to come back in and bring my mom," Brent tells me. "When they said I was positive, my mom broke down. But I was like, Everything is OK. I'm not going to cry about it."

Sometimes, youthful resilience is nothing of the kind. The next day, Brent tried to kill himself.

"It didn't work," Brent says. "So, I just said, Fuck it, I'll party." He escaped his troubles—the absent dad and the addicted mother and the challenges of being a gay Black man—by defiantly choosing hard drugs over HIV medications. He remembers that time with tears in his eyes. "It was hard, for so many years," Brent tells me. He's 29 years old now, but some things still haunt him.

Brent eventually pulled himself from the brink, but getting HIV care required a stability he hadn't yet achieved. "I didn't have a place to stay," he tells me, "and I needed proof of where I lived, proof of this and proof of that. And I wasn't working and didn't have transportation. Some places were no help at all." Today, Brent makes his doctor appointments and takes his meds, and his viral

load is undetectable. He knows he is lucky. He knows people who were broken by the pressure of life with HIV.

“Being around them, they seemed happy,” Brent recalls, remembering several friends in their 20s who are now lost to AIDS, “but behind closed doors, they might just be done with it all. You just don’t know. You never really know.”

We have a collective responsibility to Brent, to help him rise above the stigma, to continue his treatment in the months and years ahead, to ask him uncomfortable questions when he says he is just fine, to teach him survival skills and to assure him that everyone living with HIV doesn’t always feel as happy as they look on the posters.

Because the statistic that 7,000 people will die simply waits, year after year, to be satisfied. Because depression and fatigue can undermine the will to live. Because people deserve the truth about life with HIV and the support to face it. Because we don’t want to be shocked all over again and left wondering why.

Because you never really know.

[Mark S. King](#) was diagnosed with HIV in 1985. His blog, [My Fabulous Disease](#), has been nominated for a 2018 GLAAD Media Award.