

Searching for Relief from an AIDS Epidemic: Clients and Community at Gay Men's Health Crisis

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“It may be that the equal measure of fear and hope has brought us together, but the great thing is, we are together. We’ve got to fight back. We’ve got to show each other and the unfriendly world that we’ve got more than looks, brains, talent, and money. We’ve got guts too. Plus an awful lot of heart.”

—Paul Popham, first president of Gay Men's Health Crisis¹

In Passing, In the Halls

It broke my heart when I met AIDS, that wretched disease that plagues my community, and learned that I will always be a part of it.

Though it took an academic fellowship in New York City this summer, I discovered what AIDS was when I looked it in the eyes, twenty-seven years since that “gay cancer” was born, and watched it tear my community apart.

It was June this year when I met AIDS in person; we had only known each other in passing, in the halls. In high school, back in California, I had a distant friend whose boyfriend died of AIDS-related causes. Acquired Immune Deficiency Syndrome took the young boy's life, and my acquaintance ran away to New York City to meet the disease that took his lover from him.

I didn't know what that meant at the time, as I'm still not sure whether I do now. Yet this past summer, I too took off for New York, in hopes of finding some answers. I was fulfilling an internship at Gay Men's Health Crisis, searching for some truth in helping others like my long-lost friend. And it wasn't until I took a flight to New York City and a subway car down to Chelsea on that screeching, subterranean number 1 train that I felt I truly met this disease.

On my first day at work, I nervously asked my coworker why Gay Men's Health Crisis had the name it was given in the early 1980s. After all, I argued, the agency has grown from that nearby living room it started in. It now works out of a 12-floor corporate office and serves every demographic affected by the epidemic.

“Gay Men's Health Crisis,” I said to him that sunny June morning. The heat poured in the windows by my desk, and he looked suspiciously into my eyes. “GMHC,” I continued. “Surely, those four letters are a misnomer, too dramatic to speak to the progress we've made.”

He looked back at me, watching my confidence fade. “You'll see,” was all he said, before telling me to wait in my cubicle while he helped a client through an overdose.

As the summer continued and the humidity rose, I began to learn what AIDS was by becoming a part of it. The crisis sat next to me on my way to work, lurking over my shoulder and following me out of the subway car. It rang on the hotline's telephones and printed itself on the ink of condom wrappers.

I learned what the virus was when I saw it during apartment inspections, squeezing its way into pill boxes and being swallowed as an antiretroviral. I smelled the epidemic in our agency's kitchen during lunchtime, its old, leftover stench piling on our homeless clients' plates. It stank in the hot Manhattan sun that muddied through the skylight, reeking of old politics, of money lost, of lovers dead.

I learned what AIDS was when I looked it in the eyes this summer, almost thirty years after it began and only three years since my high school friend fled for New York. But as my summer began, and I acquainted myself with this wretched disease, I learned I had to meet it to know how to fight back.

I did this in therapy with clients, actively listening to the catharsis of their stories. I fought the bureaucracy that AIDS became, as I worked with New York City housing authorities, pushing to secure poor people of color stable apartments and rent. AIDS became real, and I soon learned how much there was to be done.

As I began to find my place, I wondered what my friend had done when he came to this steaming city. I thought of him when I landed in New York this summer, exiting the plane and taking an overpriced taxi to my wildly expensive apartment. When he traveled from coast to coast, where did he live? Would I run into him, on the streets, or at a restaurant?

Would I see him at my agency, in passing, in the halls? I was terrified when I landed in New York, and I realized in that moment how much I still needed to learn. AIDS, I would soon discover, was not a story, nor a statistic, nor a friend's lover whose time on this Earth was too short. HIV was the summer heat; it was crystal meth. It was intravenous happiness and interracial homelessness. AIDS was the dirt on the sidewalk that the city never paid to clean.

And all I knew, as I looked out the window of my taxi cab and into the dark eyes of the night skyline, was that I would only know AIDS when I allowed myself to meet it.

Heat: A Sauna of Sweat and Relief

When I left the subway on my first day of work and walked a block uptown to that towering office, all I met was a brick wall of humidity. Chelsea is sweaty in the summer, and if you can't feel your own, you see it roasting on everyone else.

You smell it at the coffee truck; you hear it dripping on the treeless sidewalk. On West 24th Street and 7th Avenue, Chelsea is a cement sauna, and it's the sweat that consumes you first.

The boys of Chelsea sweat north of Greenwich Village, and just south of the Garment District. They hover above the Meatpacking District, hanging onto the foundation of Hell's Kitchen. The neighborhood is post-industrial, and the variety in the architecture shows it. Some buildings seem eager to topple over, while the new ones are glass boxes, reflecting the detriment of the ferocious sun. Furnished with hip art galleries and boutiques, Chelsea is often called a "gayborhood." It's easy to see why.

Chelsea is always busy, packed with people of all genders, ethnicities, and anxieties. They sit on stoops of brownstone apartments or outside at restaurants. They bustle around, sometimes running, and far too often passed out on the burning hot cement. On 24th between Sixth and Seventh Avenue, there are rivers of perspiration on the exposed thighs of the neighborhood sex workers. These men come from all walks of life to Chelsea, where they are paid to sweat. Each lunch break, I pass thirty or so of these desperate looking boys on my way to Whole Foods. They say hello, friendly, shaking.

I wave, and we begin to become acquainted. Yet as I greet them day after day, I know I will never truly feel the crisis in their lives.

When in Chelsea, head a bit east of the booming gentrification, and you'll see Gay Men's Health Crisis stretching its twelve stories up towards the sky. If Chelsea

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is a sauna, then GMHC is the cold shower that rinses your sweaty demons away. The building is monstrous, brown and white, yet it somehow still seems rooted deeply into the sidewalk. Its twelve floors let the harsh sun in through muddied windows.

Our clients enter the wide, double doors to escape the powerful heat. Up the elevator, there's an artificial breeze from an overhead vent. "Relief," it seems to hum, and it pours chilling air on the clients' bodies. The walls are lined with portraits, paintings, and collages. GMHC prides itself on its commitment to community, and all its artwork is client made. Get off on the fourth floor and immediately ahead is an eight-foot-tall photograph of a naked, white man. He lies on his stomach above a table covered in condoms. Copy machines are broken, missing pieces and machinery like the people this community has lost.

But still, GMHC is full of relief in the summer. I left 24th street my first day of work and walked through those heavy doors into a cold shower. Relief from everything, from life, from Chelsea, from abusive relationships or unsafe sex, from the projects a block away, or the intoxication of flashing clubs. You smell it in the pastries in the cafeteria, hear it buzzing from the white noise machines in the counseling rooms. You taste it in the water you throw across your face in the sink, washing off the dirty streets and the sounds of sirens in the intersections.

On West 24th Street and Seventh Avenue, Chelsea may be a cement sauna, but the relief is what consumes you next.

Death: A Life Voyager's Journey

It's another sunny day in Chelsea, and I excitedly walk in to find my first client dead on the table. Her head is flat, motionless on the cheap, wooden surface, and I look down to see her coarse hair spilling out of her dead head like a soul escaping a corpse. The table is crowded with a jungle of papers and a passport from "República Dominicana." She's dead; I'm sure of it. I drop my clipboard to the floor, and her file flies off of it, name and proof of AIDS symptoms drifting slowly onto the table.

"Beatriz Vidal," the hospital records say. I look back and forth from the file to the faceless figure. I am here representing Coordinated Integrated Care, a program that determines who qualifies for a one-time financial grant paid directly to one's landlord. Clients like Beatriz must show HIV symptoms and owe rent on previous months to be eligible.

A solid minute goes by, and I stand still, looking down again at the client's file. I find it ironic that, in Spanish, "Beatriz" is a voyager, and "Vidal" is a term for life. This "Life Voyager" apparently has taken a trip to Gay Men's Health Crisis and died on my interview table.

I look back down at Vidal and can't help but note her purple denim shorts, and a skin-tight white T-shirt. It's sleeveless, and I see messes of armpit hair, an extension of the bundle on her head. I wonder what has brought this woman to GMHC. According to my supervisor, Beatriz is a client of HASA, or HIV/AIDS Services Administration, a department of Social Services that places people with AIDS in stabilized housing.

I try to check myself and try not to be fazed, when suddenly, the monster before me raises her head up and yelps, directing her bloodshot gaze at my face.

"Faggot!" she belts, throwing her animated body forward. She's alive, it seems, though my history as a gay rights advocate fighting that particular term influences me to fear her a bit more because of it.

"Another white faggot," she proclaims, her voice rougher than sandpaper. I'm too frightened to cringe, so my face stays unmoved. "What the fuck you doin' here?"

After a deep breath, I take a step forward, force myself not to flinch, and eventually sit down across the messy table. "What chu doin'?" she repeats, and I begin to hear my foot tapping at the floor.

I remember my supervisor, who spoke to me the day before about creating a culture of inclusion here at GMHC, and what it means to maintain perspective. "Always check yourself," he warned me. "You come from a place of privilege. People may offend you, scare you, and threaten you, but remember what you're doing here."

"Well," I stutter, digging inside myself for a bit of tact, "I may be a white faggot, but I am here to help you out." I hold my right foot down with its counterpart to the left, and force my lips apart to explain my role in Beatriz' life.

"I'm here to interview you, to determine your eligibility for our back rent program. Over the course of an hour, it is my job to take note of your background related to AIDS, citizenship, housing, and finances. If you are eligible, we will pay the majority of your rent arrears."

I do not mention that eligibility includes being too sick to work, and too poor to live on welfare alone. The most “eligible” clients struggle under the poverty line, and most receive Social Security benefits, which pay a portion of New York City rent every month.

“Benefits,” just like “Life Voyager,” seem to be a bit of a misnomer. I can’t deny the irony that clients in the worst of situations have the best chances of being successful here. Those with the lowest CD4 count, or the weakest immune systems, have the highest probability of their rent being paid. A CD4 count below 200 denotes an AIDS-positive status; Beatriz has a count of 121. I try to question my judgments, yet I can’t help but feel relief when I see this. At least I know I can send her home with a check.

“So,” I say, “why don’t we get started? Did you bring your Social Security card and a picture ID?” I unfold my interview booklet and look around the cramped box of a room, while Beatriz rifles through a plastic bag that reads “I LOVE NEW YORK.” Though I’m new to Manhattan, I can’t help but wonder if, in her place, I would love this city too.

She seems angry, scraping holes in the plastic with her acrylic nails. I imagine her digging them into my face if I ask a question the wrong way, or bring up something a bit too personal. “This is for wondering about my sexual history!” she’ll scream, tearing at my flesh with her pink, manicured weapons. Or that delightful “white faggot” proclamation as she gags me with her shopping bag.

“Here it is. Enjoy,” she says, producing a ripped card that now reads “Soci Curity.” I reach across the barrier of the table, and try again to check my own biases.

Have I been socialized to fear a Latino woman living in poverty? I ask myself, as I write the numbers on her torn picture ID. I know the answer is yes.

How is it fair for me to judge someone’s homophobia when she lives with a world of disease commonly blamed on gay men? Entirely unfair.

“How much money have you made this year?” I probe Beatriz, and guilt fills me like helium in a balloon.

“What was your mode of HIV-transmission?” I ask.

Apparently, she forgets. “Do you live alone? How often do you use intravenous drugs?” On and on, I jab at her memory and personal history, scratching down her responses with an almost inkless pen.

As she spits her words at me, I try not to trust my initial judgments, though it is not easy. I am a white male from California, whose gayness was a relatively small point of vulnerability growing up. My family is well off, unshaken by anxieties of homelessness.

“Which HIV meds are you taking?”

I ask Beatriz, and it hits me that I don’t have to worry about these things in my own life. She tears her plastic bag apart in search of her child’s birth certificate. When I begin again to fear for my safety, I look down at my side to see my own bag: suede, designer, a Chanukkah gift. It’s full of privilege that I have yet to unpack.

Beatriz and I finish our session, and I am thankful that she is my first client. As I demand that these strangers detail the pain in their lives, I will know that I need to remember mine. Their histories, prejudices, and backgrounds may seem foreign to me, even offensive. However, I know to remind myself where I come from, and why I am here, in this cramped, freezing room with a woman named Life Voyager who wishes I were somewhere else.

I was given \$3,500 through a Brandeis fellowship to work here this summer, and the contrast here hits me hard. As I speak with this woman, I realize that her landlord has threatened eviction because she owes half of my grant.

I am an outsider and an insider, a foreigner who has been granted a summer visa, yet there are conditions to this privilege. I may use it not to judge, but to help. I’m here to listen, to empathize, functioning as a foreigner but also as a citizen. After all, I may be HIV-negative, but I’ve been affected by AIDS in other ways, and I am a member of a larger group of people who want so desperately for all this death to come to an end.

“I think we’re about done here,” I tell her, and I look up from my booklet, maintaining a level perspective with her disgruntled gaze. “Welcome to GMHC,” I say, finally feeling more comfortable with her. “And I’m really glad you were only napping when I walked in this afternoon.”

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She grins at me and laughs, and I'm thrilled to see her animated. "Well, honey," she says, "Welcome to your internship. Anything else you need?"

"Just one last signature," I say, flipping the page around and handing her the final drips of my pen. Beatriz signs the end of the booklet, and my ink fades on the last stroke of "Vidal."

"Life."

Life: Vibrantly Alive

"Forty senior AIDS center are going to close," Annie says, pointing to the number on a whiteboard and knowing the lives that this numeric value will affect. "Forty!"

A big red four next to a tiny zero glare bleakly at the room, the red ink bleeding down a dirty, overused board. I loosen my tie. It's hot in this stale room up on the twelfth floor, and the other twenty-three members of the Public Policy Department stare despairingly back at the number's significance.

Annie is a well-educated, 30-something white woman who coordinates the Action Center at GMHC, a new activist group with only five years under its tightening belt. This afternoon, as the sun pours mercilessly through the room's five large windows, the dust that coats them leaves a shadow in the cheap carpet. The streaks of shade speak to how long it's been since this building was cleaned. Annie is tired, but she continues.

"While Mayor Bloomberg cuts 6 million dollars from AIDS prevention, there's a surplus in the New York City budget. So...where's the disconnect?"

I hear a sigh burst out of Max, a 72-year-old client who helps run one of these forty senior centers in the Tribeca neighborhood of Manhattan. Max looks wearily over at me, and I wonder how he does it, day after day. I hear his charcoaled, weathered knuckles grind desperately against each other, and he reminds me of GMHC: old and weathered, but still fighting. Max has been HIV-positive since 1982, the year Gay Men's Health Crisis opened its first office down on West 22nd Street.

Max explained to me that, in 1981, eighty or so men gathered in writer Larry Kramer's living room to organize and raise money for relief. Twenty-seven years later, here's the world's first AIDS organization: a twelve-story building

in the heart of Chelsea. And today, here's the relief: twenty-three members of an advocacy group meeting to battle financial depletion.

Yet Max's age shows, and the agency's does too. Copy machines stay broken, and the dining hall often is too crowded to fit all of its hungry clients. The building lives on, as does Max, year after year. With his age cracking his forehead, he turns to me, and puts up a fist.

"Be strong," he mouths. "Fight on."

We look forward as Annie continues. She knows the AIDS fatigue the world is feeling right now. New drugs have been invented, and new cures are being found, so why fight? As people roar in Spanish and complain in English, our leader tries to appear confident. But the room is getting even hotter in the shadow of the sun.

I leave the meeting feeling helpless, wondering what I can do in this enormous struggle. It's my afternoon break, and I walk around the dining hall where our clients eat five lunches a week and dinner every Friday night. I feel guilty as I finger the Whole Foods bag in my left hand, so I hide it behind my back, and sit down with Max and a woman from the meeting whom I haven't yet met.

After saying hello, I look up at painting by our table. It is beautiful and striking: fifty or so people, all nude, of different colors and sizes, stand outside in a busy city. They hold each other's hands yet seem to frown, looking down sadly like a disaster has just occurred. The charcoal skyline is gray, though yellow painted streaks of sun beat down on their backs. I can't help but interpret that they're being burned by it, scorched by its harsh light.

I look across at Max, and admit the painting reminds me of GMHC: a diverse community struggling to smile in a harsh urban disaster zone. Sadness is ubiquitous in this building; it is spoken in clients' words, in their therapy sessions, even in the art on the walls. Sadness is in the agency's history, hiding in free condom wrappers and withdrawing blood through a thin, testing needle.

Yet when I look across at my clients, I don't see sadness on their faces.

The woman sits across the table from me, smiling, with very tan skin and dark hair. Instead of the heat weighing her down, she seems only to reflect the light, and Max holds his signature fist up in the air.

“Like my painting?” she asks, smiling as her strong, muscular jaw line shakes the gold hoop earrings hanging by her face.

“It seems sad to me, but yes, I like it.”

She cracks a smile and rolls her eyes.

“Look closer,” she says, and I do.

As I lean in, I drop my Whole Foods bag on the table. “Exposed!” I think, embarrassed, but I lean anyway. I see something written toward the top of the canvas, tiny cursive words etched thinly into mounds of oil paint.

Reading them out loud, I recite, “Today is a beautiful day, and I am vibrantly alive.” I look back at my new friend, and finally crack a smile. The art may be steeped in victimization, in sadness, but it is also bursting with hope.

“My name is Koa,” the painter says, as she extends a muscular arm to offer a strong handshake. “It’s Hawaiian for ‘strength.’”

“That’s a beautiful name.”

“Thanks, dear,” she goes on. And she winks, smiling with those full red lips. “Chose it back when I moved to New York and started coming here.”

As I look across the table at Koa, Max, and two others, I can’t help but smile. The heat may pour down through the room’s gaping skylight, and my hands may be exhausted from handing out clean syringes and newly printed pamphlets. My heart may be exhausted from facing the facts: the financial let-down and the horror stories of my clients. But I think of what this agency has accomplished and suddenly feel so proud.

Like its community, GMHC has changed its face over time. Since the late 1980s, when the newest AIDS cases were attributed more to needle sharing than to sexual contact, GMHC began to house a needle exchange. Since the early 1990s, when the newest AIDS infections were mostly among women of color, the Women’s Institute was born, and more hope was delivered to Chelsea.

I begin a sigh of relief, and untie my tie completely, looking up at Koa and Max gleaming before me.

“Six million dollars is nothing,” she says, shaking her large head from left to right. “Forty senior centers... we can rebuild.”

Max looks up at her, and again holds that old fist up in the air.

“Today is a beautiful day,” he says. “And I am vibrantly alive.”

Community: The Game of Life

“You just don’t *feel* it, Aaron,” Wayde told me from across the table. He said it with a force he knew would kill me, but hey, at least I wasn’t *actually* dying.

I’d gotten closer with my clients throughout the summer, and discovered new faces of AIDS I thought I’d never meet. Wayde was one of them. He was a middle-aged, heterosexual-identified man who had sex with men. Wayde got HIV through sharing a needle during crystal methamphetamine use, a highly addictive drug and common source of HIV infection.

He held up his wrist in the fluorescent light, needle marks scarring the flesh, and repeating his charge. “You don’t feel it. AIDS ain’t a part of you.”

And neither was “Tina,” a common sobriquet in the black MSM community (the public health term for men who have sex with men.) “Tina” is a sex-enhancing, life-destroying drug, and I worked with Wayde’s addiction to the substance through helping him remove “triggers” from his life. These included items and people who reminded him of using.

I looked down at the board game on the table, then back up at him. It bothered me to consider how much this comment affected me; after all, why would anyone want to feel AIDS? It could have been easy to distance myself from the disease, from drug-using clients and from a person whose skin color and sexual orientation were far from my own.

The air conditioning blew at full blast, and Wayde shook; he was too thin to stay warm in the artificial chill. He looked down at his cards. These hour-long support groups used board games as a tool for homeless drug users with HIV to find an easier way to speak to their struggles. On this day, we were playing the Game of Life, but winning wasn’t the goal of our Friday afternoon.

Yet as Wayde moved to finish and pierced my gaze, laughing at my bank loans and desperation for a new career, I wondered how much it mattered that I was simply an ally, not a client.

I wasn't the first person to feel like an outsider here. Gay Men's Health Crisis was founded not only by AIDS survivors, but also by their lovers, friends, and their families. In 1981, volunteers and community members met to set a foundation for how to fight, even collecting \$7,000 the first evening of their battle.

AIDS activists like them, according to researcher Suzanna C. Ouelletta Kobasa², felt victimized by social ostracism, and found their basic rights violated. "In this atmosphere," Kobasa states, "they realized they would have to continue to turn to each other for help" (283). Because

of this marginalization, GMHC is a specialized organization for a specific community that, Kobasa explains, "felt powerless to get health care institutions to respond appropriately and quickly to the growing crisis" (283).

I got to New York in June, when the sun made the locals sweat until 9 at night. Through work such as the support group, it didn't take long for me to learn what Kobasa meant about powerlessness and to see AIDS in people I wouldn't expect to. Wayde was the first client to ask what I was doing there, yet he wasn't the last.

While Kobasa's writing paints a grim picture of reality for those with AIDS, her theory as to why people become involved in the fight gives me some hope. She says that "AIDS voluntary activities and associations reveal important facts about how we, as individuals and as a society, respond to modern health

crises" (281). I saw this in my work every day, as I helped case managers and social workers secure stable housing for AIDS patients. I saw society respond to modern health crises when I heard psychotherapists give catharsis to their clients.

Though Wayde confirmed my anxiety as an HIV-negative outsider, I learned to accept that part of my role is this community is owning my limitations and celebrating the limitlessness of others.

Yet for me, as I woke up every day in the Upper West Side and rushed onto the downtown 1 Train, I wondered if this community would ever be mine. I tied my tie on that subway every day, watching myself as the doors slid open and closed all the way down to 23rd Street. My reflection wavered in the windows, and I couldn't help but stare open eyed into the depths below Manhattan. Before the summer, I'd always felt like I was peering at AIDS through dirty glass, like an onlooker who'd been affected, but never truly felt it.

And in support group with Wayde, I came to realize that this does matter to many but certainly not to all. By the middle of the summer, I knew what Kobasa meant when she said that "participation in AIDS voluntary associations offers an opportunity for empowerment, an orientation toward self and world that allows one effectively to respond to the many stressors of contemporary life" (281).

Kobasa interviewed GMHC volunteers, and found that there is an immense amount of meaning to be discovered in giving time here. There is a stable reflection to be found, a clearer window through which to look at a community.

Though Wayde confirmed my anxiety as an HIV-negative outsider, I learned to accept that part of my role is this community is owning my limitations and celebrating the limitlessness of others. The gay men who came together to form GMHC, as Kobasa explains, were not part of a single movement. They simply knew that they "needed to be organized in a critical new way if their association were to respond effectively to a challenge as formidable as AIDS" (284).

And that was what I was at GMHC to do.

I looked across at Wayde, his six-foot-three frame held weakly by his middle-aged, disease-ridden bones. "You're right," I said, "I don't feel it. I don't *feel* AIDS because I thankfully don't *have to*."

Wayde's stern look faded into a smile, and he closed his eyes, touching that jagged wrist to his heart.

"And thank God for that," he said. "Thank God for that."

He reached his hand away from his chest, and Yolanda looked down at me and smiled. Wayde spun the dial on the board, the arrow landing on blue.

“But I know you’re still a part of it,” he continued, moving his car up to the green rectangle reading “PAY DAY” in big, white letters. He collected his fake cash for that fictitious “athlete” career, and held it up for me to see. I was anxious, but congratulated him for his success.

“And I know,” he said in response, “that you’re here for me too, to celebrate when I’m doing well.”

“Of course I am,” I said, relieved.

It was my turn to spin the dial. I reached out for the cheap plastic decider of my fake fate, knowing it made no difference what it landed on. After all, I would still go home after work to my queen-sized bed and rest well, knowing I was healthy. But for the afternoon, as I lost the Game of Life, and for the summer, as I helped others get through theirs with a bit of relief, I finally knew how it felt to be part of the struggle.

Silence: Relief in the Afternoon Rain

“Think about it this way,” I tell myself, glaring up at the overbearing sun. “That red, bursting ball of fire is the only force in this city with more power and pride than this goddamned march!”

After all, despite the heat and all the trials of the AIDS world, today is *finally* a day of celebration: the LGBT Pride Parade. We are taking to the streets of Manhattan to treasure what we have gained and to mourn for all we’ve lost. I glance left at our enormous float, a beautiful mess of banners, clients, and employees ready to roll down burning summer streets.

I finally feel that sense of community I’ve been searching for.

Ahead, on the corner of 52nd Street and Fifth Avenue, I see Paulo. A 35-year-old Peruvian transgendered man, Paulo is a client of mine who was evicted from his housing project because of his illegal residence in the United States. Paulo has fought to find his place in New York for 15 years now, since he moved here and first tested positive for HIV. It has been a struggle for him to find community, to find some relief from this treacherous disease and this blistering summer heat.

“Hey, Aaron!” he screams, panting after each breath. “Glad I found you!”

He smiles, bending forward to catch his breath. I’m glad to have found him, but I began to worry. He’s been sick since recently starting a new brand of antiretrovirals and his thin frame drips sweat before the parade has even started.

“Hey, how are you?” I ask, smiling back despite my concern. “A bit hot, huh?”

“Just a bit,” he says, wiping his brow and drying his hand with his navy blue T-shirt. “But I’ve been marching in this thing 15 years, and ain’t nothin’ gon’ stop me now!”

The parade begins, and as Paulo and I march on, New York City becomes a sea of madness. I move my sweat-soaked silver ballet shoes to the beats of salsa, reggaeton, and merengue that pump out of local radio stations. It’s roaring loud in the blistering streets, and I see naked women ride past us on unicycles as we walk by 48th Street. At 45th, people hang off rooftops and balconies; they drink beer and hold banners celebrating the communities that thrive despite all their pain.

Drag kings bicycle past our float, throwing condoms at the lines of observers on each side of the street. I hear engines roaring over Spanish chanting. I smell hot dogs roasting in vendors’ carts. Up ahead at 41st Street, I see Marjorie Hill, the first black female executive director of Gay Men’s Health Crisis, an agency notorious for catering to white gay men.

“She’s beautiful,” Paulo says, pointed at the dreadlocked woman holding an eight-foot-tall rainbow flag. It’s a revolutionary thing for this woman to be in charge; after all, what is a community-based organization if not accepting of everyone in its community?

We sweat together, Paulo and I, marching in a mob of sticky celebrators who trudge together down the streets of a ceremonial city. It’s 1:50 now, and the sky begins to gray, the clouds darkening like sinister puffs of smoke. Paulo is too hot, and I hand him a fan for some relief. I worry his legs are too skinny; I worry his white blood cells are too low.

But Paulo marches on.

We pass 35th Street at 2 o’clock and pause for a moment of silence. I look over at him, and see the fan’s red ink of “Fight AIDS” flap feverishly beside his sweaty face.

To my left, “Brothers and sisters!” explodes from a megaphone on GMHC’s float. Paulo and I look up to see a skinny, beautiful drag queen project her voice over the burning crowd. Her back reads “Our VOTE!” and she grips the megaphone with a bedazzled hand.

“This is for our brothers and sisters who died of AIDS!” she projects. A moment of silence, to remember those who suffered, and to stand with those who suffer now.” More grey clouds collect above her head.

And New York City, that self-righteous city that never sleeps, finally shuts its mouth. The heat ripples over silent sidewalks; it reflects on the windows of hushed boutiques and noiseless cafes. I look uptown, and the unspoken sadness of a 27-year-old HIV agency stands before me. I hear Paulo crying beside me, and I feel the pain and hurt of that torturous disease that consumes my community every single day, like the heat bearing down on us this July afternoon.

But something changes in the air. I feel a splash on my right shoulder, a loud drop of rain that breaks the silence. Within a minute, the rain begins to fall, and with it goes the silence. Clouds feverishly explode over our heads, washing the quiet away, and the heat and struggle go with it.

GMHC’s float becomes Noah’s Ark in that moment, and the plagues of New York City drown beside it. The ark floats down Fifth Avenue, but this time, *everyone* is spared. The observers run into the street, clutching each other’s hands in a sea of celebration. There is no “two by two,” no

judgments placed on whose lives are worth saving. No crisis, no Mayor Bloomberg taking six million dollars from HIV relief.

Instead, in this moment, an entire community swims in the streets and dances its miseries into the past.

The rain continues to pour and, for an ephemeral moment, it washes sickness into history. No more AIDS, no more need for relief services.

No need for a minute of silence, or for Paulo to cry for his people or be evicted from his neighborhood. It is like 1981 never happened, like the Center for Disease Control never declared that wretched “gay cancer” an epidemic.

The sky continues to fall apart, and I feel more connected than I ever have in my life. So celebrated, so powerful, so relieved. Paulo and I lift our hands in the air, eyes closed, and dance our feet downtown,

swimming in the celebration of the summer cement. That afternoon, on Fifth Avenue, I feel relief like I’ve never felt before.

It was the heat that consumed me when I first came to New York City. Yet this hot afternoon, surrounded by a community of relief and support, Paulo and I march on, and surrender to the rain.

Conclusion: Fighting in the Fall Breeze

Chelsea is sweaty in the summer. But on my last day at work, as I walk the two city blocks up from the 23rd Street subway, I feel a breeze hit my cheek. My eyes cross, perplexed; it came out of nowhere, this gust of wind. I thought this heat would never be over, like this disease that seems to have no end. And then another gust comes, and another, and I know the season is nearing its end. When I pass the usual sex workers who solicit on the corner of 24th and 7th, I see that they notice it too. The two men are clients of Gay Men’s Health Crisis, and I say hello as they cock their heads at me in the cool air. They wave, laughing at the abrupt freshness of the seasonal wind.

Chelsea is a sauna in the summer, but as I pack my cubicle into two little boxes, I look outside and see fall subtly moving into the neighborhood. When I sit in on my last support group and listen to three HIV-positive clients tell the stories of my community’s pain, I begin to look forward to the relief the autumn months will bring. I switch off my desk lamp after lunch with my supervisor and shut down that slow, stubborn computer for the last time. I close the files I’ve written, the grant proposals, the event details, the resource guides I’ve composed. I peer outside again at that one solitary tree across the busy downtown street; I won’t be here to watch its leaves fall.

The hardest part of the end of my internship at Gay Men’s Health Crisis is the knowledge that, despite all I’ve done, AIDS will not be leaving Chelsea with me.

So as I pack up fliers and pamphlets to bring back to Boston, I wonder what will happen to my clients. Will Wayne ever live in a room with walls and sleep on a bed instead of the sidewalk? Will New York City pour funding into senior centers and allow its citizens the right to live? Will AIDS ever end? When will Paulo find a home, and what if Beatriz is found sometime next week, *truly* dead on a conference table? Will I ever live in a world where I don’t have to watch my friends suffer, where simple things like the heat won’t cause my community to despair?

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My work was nothing if not rewarding, of course. Yet, as I pack up my things my last day of work, I confront myself with the fact that staying here another month won't stop my community from suffering. Pills get smaller, lives grow longer, and the air gets cooler, but I honestly don't see an end to AIDS and HIV.

I walk with my belongings down those old, rickety stairs. I've said my goodbyes, yet I'm still not sure I've done all I could. As I leave the building and walk onto the cement, that breeze strikes my face again. The season is changing abruptly to fall, and I suddenly feel some relief from the heat, the same celebratory feeling I had in the pouring rain during the summer Pride Parade.

So as I pass those same two sex workers, standing six hours later on the same corner, I wave goodbye, and acknowledge that I have no idea what will become of them. Yet there is so much more work to be done to fight for these lives. AIDS must be seen not as a white gay man's disease of the past, but as a crisis that affects *everyone*. It is an epidemic that must be treated not through shame but through prevention awareness, through relief services, and through community development, especially in underserved areas.

Though a breeze hits my cheek on my walk home toward the subway, I leave these clients behind and hope for a better future for my community's approaching seasons and coming generations.

And as long as the disease isn't over, neither is my fight. Even if AIDS plagues my community my entire life, I will always be a part of it as well.

Fighting.

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