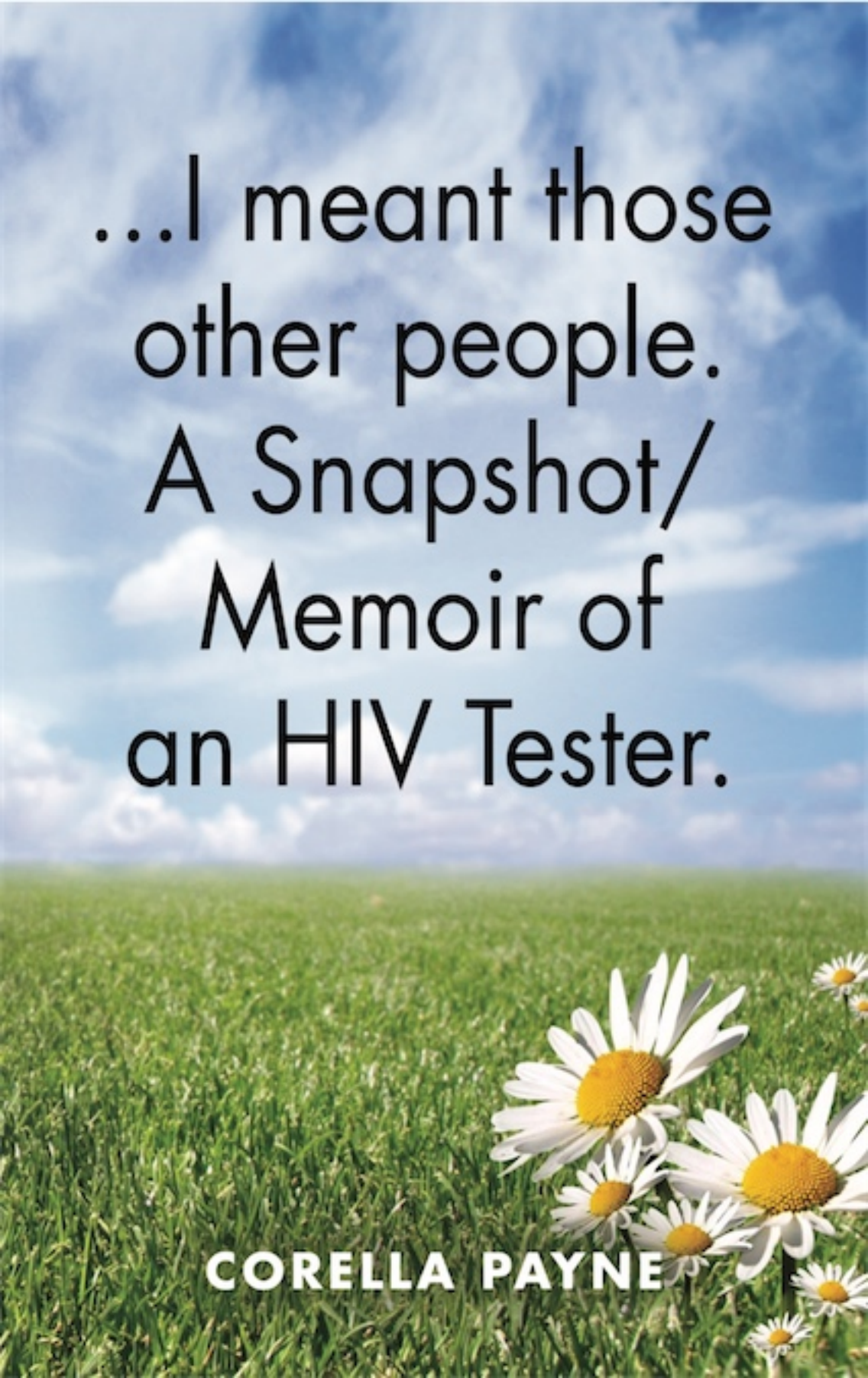


*Conversations about HIV disease can bring forth reactions ranging from comprehension, to fear. This book seeks to encourage having honest discussions to reach a clearer, fact-based understanding of the virus, as well as ensuring fair, respectful treatment for all those impacted as well as affected by HIV/AIDS, everywhere.*

**...I meant those other people.  
A Snapshot Memoir of an HIV Tester**  
by Corella Payne

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**CORELLA PAYNE**

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## DISCLAIMER

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your physician or other licensed healthcare practitioner to ensure that you are in good health and that the examples contained in this book will not harm you.

This book provides content related to topics physical and/or mental health issues. As such, use of this book implies your acceptance of this disclaimer.

Last note: There have been significant medical advances in the treatment of HIV disease. That information was not intentionally ignored; it was simply not part of the discussion or subject of my book. That is why part of the title is a "Snapshot Memoir". It captures a period of my work and experiences, in the continuing history of HIV/AIDS.

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## The Red Bible

In the STD clinic, I had already downed two strong cups of coffee and was ready to go. Caffeine *is* good for you. I was in the midst of setting up the DVD player as clients started to file in, take a seat, and fill out the necessary paperwork. There were lots of very young couples, with kids, and single young men with other young men, perhaps coming in to both be tested, or perhaps to offer support as a friend/lover/current partner. Some older guys came in alone. I like to see the mix of folks before I start my health education piece about HIV and getting tested. It makes me change my stories up a bit, and hopefully bring the educational messages closer to home. I always hope something useful information resonates with them.

This isn't the clinic for mothers and children but clients sometimes bring their kids. If you've got some unusual smell, and or discharge in your genital area, and don't have or can't afford childcare, well, here you are. People also bring newspapers, cross-word puzzles, magazines, knitting needles and yarn.

You're maybe going to be here a couple of hours, you've got a sweater to work on, so why not?

Some folks just bring themselves and snooze lightly until their number is called.



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As I was about to put the first DVD in that talked about routine HIV testing, I noticed a middle-aged woman, in a beautifully cut short blazer, dainty white blouse and full length skirt. I only made note of her black pumps and hose because she was so much more dressed than the blue jeans, T-shirts, baggy jackets and gym shoes worn by most of the other clients. She had a gorgeous black leather purse one on arm.

As she was seated she filled out the forms on top of a thick and large red bible.

Obviously, she brought this with her; the clinic does not supply material of a religious nature.

I did think it was an unusual piece of reading material to carry while being seen for the treatment of sexually transmitted infections. I mean, really... a bible?

I did my first spiel, laying out the facts about HIV transmission, and then asked the clients a question about contracting the virus by sharing a meal with someone who had HIV.

I bet, for some people, eating with someone who had the virus might be unsettling.

If you knew they had HIV.

And they knew that about themselves.

*And* decided that was something they wanted to share with you.

I got comments such as. “I wouldn’t touch their food, you know, just to be on the safe side,” and “If a person knew *they had that* (also referred by me as people *still* not being able to say HIV) they should at least tell you upfront.”

So that one could do...what? Upon knowing, one would remove one’s person, plate of food, whatever glass or cup one was drinking out of, as well as one’s eating utensils *away from that person* so that....

Right. No logic there.

This then led to conversations about transmission and how one doesn’t/can’t contract the virus from eating *anything* with friends or family members regardless of a person’s status.

I then voiced this transmission question to a group of about twenty-five clients: One summer day an 8 yr-old kid with HIV ran around inside a Chicago Park District pool, slipped, badly scraping his knee, and somehow fell over into the water. As a lifeguard hurriedly came over to pull him out the pool, the kid left rapidly diluting swirls of blood in the pool with about twenty other kids still in the water.

...I meant those other people.

I asked if anyone had an idea if any kid in the pool was at risk for contracting HIV from the bloody water.

A staff person from another department who was delivering some supplies overheard my inquiry. "Shoot," she responded dismissively, dropping off a couple reams of computer paper, "If I even thought some kid with AIDS was in the pool, I'd pull my kid out in a heartbeat. You just never know."

I looked away, shaking my head slightly while deciding not to respond. *Not going to go there.*

A young woman holding a restless toddler asked, "how would I know which kid has HIV?"

Exactly. How would one know, let alone why would a parent even need *to know* what kid had HIV? What would the parent do...immediately bundle their child up, take him/her home and, scrub and disinfect their kid with...*Lysol*?

Uh, no.

And I went back and explain the means of transmission again. How fragile the virus is once it's outside the body, and how easily chlorine kills it. Sometimes it takes a while for the information to sink in. I just want people to not be afraid of the word so they can hear the other educational components that go with it.

I finished my presentation, asked if there were any further questions, and let them know I would be more than happy to answer any questions and concerns of a more confidential nature.

I headed back to my small office, and sat down to make some written notes that would later go into my quarterly report. As I was writing, the woman with the large red bible knocked on my door.

“Hi, can I help you with something?” I asked politely.

“Um, yes,” she replied quietly. “I’d like a bunch of female condoms, if you don’t mind,” she said, clutching her bible to her chest.

Was the good book supposed to be some religious shield against contracting a sexually transmitted infection?

A bit *late* for that. But I digress.

“Not a problem,” I said, standing up to reach for the condoms out of the cabinet. I found a medium sized brown paper bag and placed several of the condoms inside. “Did you have any questions about how to use them? You know your partner doesn’t need to wear a condom if you’ve got this, right?” I asked her, folding the bag and handing it over.

...I meant those other people.

“Right, I know. I’ve used them before,” she said, as she placed the bag on top of her bible.

She looked down at the floor for a minute, and in a sheepish, embarrassed smile, said, “Do you mind if I make a comment about your presentation?”

Surprised, I replied, “Of course not. I’m always looking for ways to make it more interesting.”

“Well,” she began, “it’s real obvious you know your material and the stories you told about people you’ve worked with that, you know, *had that...*”

“HIV. AIDS,” I said gently. What *was it* that made people trip all up trying not to use the words?

“Yeah. HIV. Okay, Listen.” She tried again. “I just think if maybe you toned down what you said,” as she patted the air in a downward gesture for emphasis, “just make it a bit softer, people might listen, you know?”

Actually, I didn’t. What was I supposed to make nicer and...what? ...more pleasant about HIV disease??

“I sing in my church choir,” she continued, patting her bible reassuringly, “and I know a lot of folks in my church who could really use your information.”

I *could* have gone there. I *wanted* to say, “Okay, and the fact that you sing in a choir and have a bible on hand

has what to do with why you're in an STD clinic? Because you were having what kind of sex?" Oh. Unprotected.

But I'm a laid-back, relaxed kind of person. Usually. And always open to suggestions. Casually crossing my arms, I gave her a look of genuine concern. And courteously asked her, "Can you tell me what and where I should tone down what I'm saying? That would really be useful."

"Oh," she waved her hand, seemingly flustered. "I can't think of anything specific. Don't get me wrong; I got what you were saying about...um, getting AIDS. Okay, HIV first. I just think if you changed the tone of your voice, or the way you give out the information, it'd make it a lot easier to church people, well, folks from my church, anyway, to get your message, you know what I'm saying?" she said, trying to be helpful.

"You know, I'm going to think about your advice and see where I can use it in my presentation," I replied. "I really appreciate your feedback."

Bolstered by her little pep talk with me, she put her bag of condoms in her purse, folded her bible under her arm, and smiled at me. "Thanks for listening. God bless you!" she said as she walked out the door.

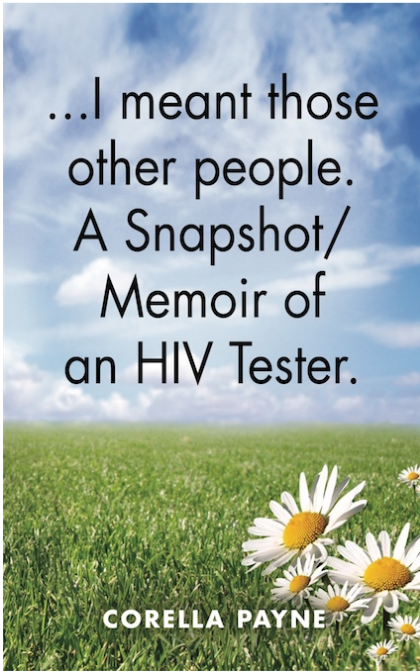
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I thought about what she said. If I had made any comments about HIV/AIDS that were inaccurate, or said anything about church, the faith community, or religion in general that was crude, lewd, and socially rude, she might have had a point.

But she had neither a point, nor a leg to stand on. Nothing I ever say about HIV/AIDS has anything to do with religion, spirituality, or anybody's version of the big guy/person who supposedly resides upstairs. Somewhere. HIV disease is all based on fact.

There, then, was nothing to soften, tone down, smooth over, or blunt the hard edges about the virus. Maybe the straightforward, unembellished truth about Acquired Immune Deficiency Syndrome is a bit hard to listen to.

Oh, well. Can't be helped.



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