

## More That Matters: HIV

With Jimmy Gale

Diane (00:00):

Cover new territory with today on Vax Matters, and it's all about HIV.

Clay (00:14):

Welcome to a brand-new segment of Vax Matters where we address different health matters and issues that affect every community. Now, our topic today is HIV, for which a vaccine has not yet been developed. Here to improve our understanding of this devastating disease is Jimmy Gale, Capacity Building Community Mobilization Manager at the Louisiana Department of Health. I wanna see that on a business card. Jimmy, thank you for joining us. Wonder how that fits onto a card. It's so great to talk with you. And y- this may seem like an extremely obvious question, but what is a basic explanation of what HIV is?

Jimmy (00:58):

That's a great question. HIV is a virus that attacks the white blood cells in your body and impacts your immune system. Left untreated, it can be fatal. But for folks like myself who have been living HIV for almost 14 years, uh, if you take your treatments, you can live a long, happy, healthy, and normal life.

Diane (01:20):

How common is HIV, Jimmy?

Jimmy (01:24):

Um, HIV impacts all communities. We see it across the board, a- around the world, um, but most importantly, it's about the folks that have the least amount of access to healthcare and resources. Um, for the longest time, HIV was considered, um, a gay disease, but that's not the truth and that's not the reality, especially here in Louisiana. HIV impacts so many communities, um, specifically we're talking about, you know, uh, communities of color, um, specifically women of color are highly impacted by this virus. We see this happening among transgender individuals, uh, people with housing insecurities. It's- it's across the board. It is a concern for all communities involved, but HIV is not necessarily an easy virus to contract. Oftentimes, folks are concerned that with one small exposure, um, that they're goin- going to become HIV positive.

Jimmy (02:20):

But the reality is, is that there are measures in place and prevention tools at our disposal that can protect you and raise your immunity moving forward.

Diane (02:29):

Let's talk about those protections in place. And I- I believe that, uh, HIV, we- it has been in the US, is that right, since the late- maybe mid to late '70s? That we hear-

Jimmy (02:41):

That is correct.

Diane (02:42):

Okay. Okay. So let- let's talk a little bit about that-

Jimmy (02:46):

Mm-hmm.

Diane (02:46):

... and the- the measures in place. This is very important.

Jimmy (02:49):

I think the important thing to think about is those early days of the AIDS epidemic-

Diane (02:53):

Mm-hmm.

Jimmy (02:54):

... and how it impacted t- s- communities so quickly. Um, at that time, we didn't know as much about the virus, we didn't have treatment available, and folks were just doing their very best to survive. Um, in the early days of the virus, it wasn't called HIV, it wasn't called AIDS, it was called GRID, which stood for Gay Related Immune Deficiency. Um, and shortly after that name was given, we did receive a new name for it, which was AIDS. Um, since then, you know, treatment has become available, uh, and there are so many options out there that do all different types of things in the various stages of the HIV lifecycle. So there is a- an option for treatment for every single person living with HIV that will suit their needs and help their body thrive.

Jimmy (03:41):

In terms of preventing HIV, you know, there's a lot of discussions around it, and most commonly folks still think about, well, condoms, condoms, condoms. You know, that is the most effective way to prevent an HIV infection, but in reality, condoms are not foolproof and human error is a big part of it. So we've very excited that a pre-exposure prophylaxis, or PrEP, was made available, uh, which is a once a day treatment or now with an injectable version, um, that when taken as prescribed by your doctor decreases your chances of an HIV exposure by more than 90%.

Diane (04:19):

Oh, that's a big number. Gosh.

Clay (04:19):

Wow.

Jimmy (04:20):

And now there are more and more... Yeah, it's- it's a wonderful opportunity.

Diane (04:22):

Mm-hmm.

Jimmy (04:23):

And just another prevention tool in our toolbox. Um, so in combination with condoms while taking PrEP, you know, those are all of these great barriers that can be put into place to keep a person happy and healthy. Um, just this past year, an injectable version of PrEP was made available on the market, uh, where a person would go in every two months and just get a shot.

Clay (04:42):

Hm.

Diane (04:43):

Wow.

Jimmy (04:43):

For folks, um, that struggle with medication adherence, they live a busy life, uh, and taking that off of your plate just allows you to move forward and focus on being your- your true self to its core.

Clay (04:58):

As we understand it, there are three stages to HIV. Could you talk us through those? What are they?

Jimmy (05:04):

Of course. So the first stage of an HIV infection is considered the acute infection, and that typically happens within two to four weeks after a person, um, has been exposed to the virus. And in the acute stage is when a person is oftentimes at their most infectious. Uh, the virus has been introduced into the blood system, it has been replicating rapidly, and so a person's viral load, which is the number of copies of the virus in your system, can be in the millions. Um, that is the point where, you know, for folks oftentimes they're not aware of their diagnosis. They have no idea that they're now living with HIV, and so they're living their lives like an- every person would, um, unaware of the fact that they could potentially be exposing a partner.

Jimmy (05:46):

After a while, the virus will tend to calm down a bit, uh, and that would be the chronic stage of HIV where, you know, the virus is present in the body, it continues to replicate, but it's not replicating at such a rapid pace and the viral load will tend to mellow down and drop down into, you know, the hundreds of thousands or less. Um, if a person were to start, um, HIV treatment, that could actually help stop that, lower the viral load, and protect the CD4 count.

Jimmy (06:18):

And the final stage would be when a person me- uh, achieves an AIDS diagnosis, but at that point, that is when the CD4 count is below 200, um, and just basically just stating that your immune system has become more compromised. Um, an AIDS diagnosis is not necessarily a permanent thing. You know, you can have your CD4 count drop below 200, get on treatment, and get your viral load in

check, get your CD4 boosted, uh, and you're just living with HIV, but that diagnosis does tend to stick with you in medical record.

Diane (06:50):

You know, Jimmy, it is really incredible what you're saying to us today and saying to our listeners about, uh, what- what you- what you know, what you're- what you're living yourself... Of course, you were- you mentioned that right at the beg- very beginning of our- our podcast, because back in the- in the early '80s-

Jimmy (07:09):

Mm-hmm.

Diane (07:09):

... I- I remember everything that happened with this situation, and- and the- the thing that comes to mind was Princess Diana going to the hospitals-

Jimmy (07:19):

Yeah. Yeah.

Diane (07:19):

... and actually, talking to patients, and p- there was a such a fear about it then. But what has- what is just registering-

Clay (07:30):

Not our finest hour in a lot of ways.

Diane (07:30):

No, no, it was not unfortunately. But what is so encouraging now and positive is that we can talk about it and can talk positively about it, and you're saying that you've had it, and you're living a full life with 14 years, Jimmy.

Jimmy (07:45):

Yep. It's just such an interesting change. You know, I was born in 1984-

Diane (07:50):

Mm-hmm.

Jimmy (07:50):

... you know, at, like, the height when everything was at its scariest point.

Diane (07:54):

Yes, it was. Mm-hmm.

Jimmy (07:54):

And I remember growing up and hearing grownups talk about HIV in whispers. You know, it was something that was just- it was scary, and it was terrifying, but they always were worried about, "Well, it's just their problem."

Clay (08:08):

Mm-hmm.

Jimmy (08:08):

"It's not impacting us." And, you know, as time has gone on, we've seen the way that HIV impacts so many communities. It has allowed folks to speak up and to speak out and be more visible, um, with their experiences. And, you know, I was diagnosed at 24, and it came as a- came as a shock obviously. And, you know, in that moment, I truly felt that my life was over, that I was untouchable-

Diane (08:35):

Mm.

Jimmy (08:35):

... that no one would ever love me, that I was somehow tainted. And it took a lot of work to kinda work through and realize that this diagnosis never changed who I was, did not change, you know, what I was gonna bring to the world. And in fact, it inspired me to change careers. I left a very profitable career as a makeup artist to get involved with HIV work. Um, and I have no regrets because I think sometimes for people like me, you know, people living with HIV, to be on the frontlines and just share our stories and to talk to others through a difficult diagnosis, uh, while it is painful, and while it can be challenging, oftentimes we have to stick up for each other and be that voice.

Jimmy (09:20):

So, um, while be diagnosed is not something I would wish on anyone else, uh, it changed my life for the better. That's how I found myself in New Orleans doing this work now and- and supporting the communities that I come across.

Diane (09:35):

It-

Clay (09:35):

You know, it's- it's- it's interesting because we- Di referenced the '80s and you talked about when you received your diagnosis and- and your- how it impacted you. T- the stigma and the misinformation behind it then versus now is very different. Can you talk a little bit about that? Like, today in 2023 the- the entire spectrum of emotions is gonna be so different for a number of people if- if they happen to contract the virus mostly because of the different types of information that's available now.

Jimmy (10:09):

Oh, definitely. Stigma is alive and well and thriving. And specifically in southern states, you know, we have a series of stigmatizing HIV criminalization laws on the books. Louisiana has some of the worst laws in the country, um, for people living with HIV, uh, which just adds another level of stigma to it. So with that law that's currently on the books, if I were to spit on someone, I could be convicted of, you know, exposing someone to HIV even though HIV is not transmitted through saliva.

Diane (10:46):

Mm.

Clay (10:46):

Hm.

Jimmy (10:47):

I could still go to prison for 10 years and be listed as a registered sex offender.

Diane (10:51):

Oh, I had no idea. Oh my goodness.

Jimmy (10:52):

Um, these laws do not follow the science and they're- they do nothing in terms of the science of undetectable equals untransmittable. Um, a person living with HIV that takes their medication as prescribed and maintains an undetectable viral load cannot by any means transmit the virus to their partner sexually. And so those laws here in the south make it more difficult for folks to access testing services because they're afraid.

Clay (11:21):

Hm.

Jimmy (11:22):

The stigma and the misinformation that we see, um, around the world, across the country, and here in Louisiana, a lot of it is about fear, and a lot of it is about prejudice and bigotry because they think of it as something only impacting, um, gay, bisexual men, um, transgender individuals, sex workers, people with a relationship with drug use, but it's not. All of us are at risk for HIV, but some of us, you know, are just more vocal about the measures we're taking to protect ourselves and each other.

Diane (11:54):

And when you were talking about, you know, how your life path changed, you probably had a pretty good idea in your early 20s what you wanted to do, and you were talking about a makeup artist and what have you-

Jimmy (12:04):

Mm-hmm.

Diane (12:04):

... and then this happened in your life. And you- it- it's so interesting when you have the opportunity, uh, to look back now and to see how that path in your life, you- that little (laughs) fork in the road so to speak, changed. How much more impact do you have now because you are walking that path? You know, nobody- you- you- people can't say, "You don't know what I'm going through."

Jimmy (12:25):

Yeah.

Diane (12:25):

"You don't have any idea what I'm going through." Yeah, you do. Yeah, you do Jimmy.

Jimmy (12:28):

I do.

Diane (12:28):

How strong is your voice when you say, "I've been there. I know how you're feeling. I know what you're going to feel. Let me help you understand it and let me help you get through this."? Your voice is huge.

Jimmy (12:42):

And I think it's just being outspoken is a big part of it. You know, for the longest time, you know, this was considered a death sentence.

Diane (12:50):

Yes, it was. Yeah.

Jimmy (12:51):

It's not a death sentence anymore.

Clay (12:52):

Mm-hmm. Right.

Jimmy (12:52):

Treatment is available, options are available for you, and there's a community ready to welcome, accept, and celebrate you. But that fear especially at those early days of, like, when you're just diagnosed, all- everything you know about HIV has gone out the window, and you feel lost, and you feel alone, but there are people like us all over the place ready to help. And I think... Um, before moving to New Orleans, you know, I was doing this work on the West Coast. And oftentimes when somebody's test would come back reactive, I was the person that would get called into the room to disclose that positive test result.

Diane (13:29):

Mm.

Jimmy (13:29):

And in that moment, you know, seeing that fear in their eyes and seeing that confusion and that anger and that hurt, I remember exactly how I felt.

Diane (13:37):

Yeah.

Clay (13:38):

Mm-hmm.

Jimmy (13:38):

And as painful as it was, I wouldn't trust anybody else to do that job because being in that moment and sitting across from them and walking them through this new life change, um, that's a moment they're gonna remember for the rest of their life.

Diane (13:53):

As you did and as you continue to do.

Clay (13:55):

Yeah.

Jimmy (13:55):

Exactly. And I think, you know, as for me, you know, being so outspoken, being so involved in the community... You know, I- I was just named Southern Decadence Grand Marshall, uh, and being a person living with HIV marching through the streets of New Orleans, out and proud with my HIV status is a pretty big deal. Um, and I never shy away from that conversation and constantly am talking about, you know, the celebration of what U=U is, you know, talking to people about prevention measures, talking to people about being sex positive and owning their bodies and taking control of their sexual health, and that's not a conversation that happens often enough. So while it's a- a difficult job, and it's a difficult path moving forward, I have met some of the most incredible and passionate individuals in this work that continue to keep moving things forward and keep improving the lives of Louisianans, and it's inspiring to be involved with that.

Clay (14:49):

You know, you mentioned prevention measures. I- it- what would you recommend for per- people who are listening to lower their chances of exposure?

Jimmy (14:59):

Of course, yeah, I think the most important thing is to know your status. So getting testing regularly is the most important thing that you can do. You know, the current CDC recommendations are, you know, anyone I believe over the ages of 14 to 60 should get HIV tested at least once a year. But if you are sexually active, you have have more than one sexual partner, definitely recommend getting tested every three months. Uh, and if you are being very sex positive and sex forward, getting tested every two months if that's something that you can do. Knowing your status is the first step to taking



control. Once you know your status, then we have- we have additional work to do. So if you're diagnosed with HIV, get your labs drawn and start treatment as soon as possible.

Jimmy (15:45):

When I was diagnosed, the guidelines at that time were not to prescribe HIV treatment until your viral load fell below 350, but the reality is it's easier to grow T cells while you still have them. And so now, a- the moment a person is diagnosed with HIV, they can start treatment the very same day.

Diane (16:06):

Mm.

Jimmy (16:07):

And it works. And typically for most folks and most communities, if they take it as prescribed, they will maintain- they will achieve an undetectable viral load within 30 days. For folks that are HIV negative, you know, there are a lot of different things that you can do. So get tested routinely, you know, talk to your sexual partners about their testing history. If condoms are an option for you, go for it. Um, condoms are about 76% effective in preventing an HIV infection, but due to human error and just the wild and crazy lives we live out here, you know, sometimes you need a little bit more support, so talking to your doctor about PrEP, whether that be, uh, Truvada or it's generic, uh, the newer Descovy, which is another option, or the new injectable form, and those are some great opportunities for folks to take control of their health.

Diane (17:00):

And there is something I believe is called Pep, P-E-P, that's the post-exposure that's available to you, Jimmy.

Jimmy (17:07):

That's correct. So if a person- you know, if a person has a sexual encounter where let's say the condom broke or they are sexually assaulted, or, you know-

Diane (17:14):

Mm.

Jimmy (17:15):

... it's just something out of their control to place, and they may have been exposed, if they are going to go to doctor, they need to do that within 72 hours to access Pep. And Pep is a combination of HIV treatments that you would take for about a month, um, that greatly reduce the risk of the HIV virus taking hold inside of your body and stops it from replicating as soon as possible. Um, each of- like, I mentioned the medications earlier. And, you know, for a person living with HIV, you need to- you need to take a combination of three or more drugs. Thankfully, all of those pills these days are oftentimes condensed down into one pill a day. For Pep, it's the same medications, uh, but you're only taking for a month and then you do a routine test every few months following that.

Clay (18:03):

So I'll ask, uh, you a question about m- mothers who are pregnant who may be HIV positive. Um, what about them passing it along to their babies and are there ways of preventing that- uh, them transmitting it or- or passing it along to their- to their children?

Jimmy (18:20):

There are. So vertical transmission, or mother to child transmission, um, is- is definitely something that's still happening here. Other states and other regions have pretty much eradicated vertical transmission as something happening for them, um, but we do still see that happening here in Louisiana and in the southern states. So if a mother is living with HIV and becomes pregnant, you know, definitely talk to your doctor about it. Most of the HIV treatment regimens are still okay for a woman to take while pregnant, um, but sometimes, you know, during discussions with your doctor, uh, certain medications may be considered dangerous in terms of birth defects, but having that conversation is important. Um, just making sure you're maintaining some level of treatment, maintaining an undetectable viral load is best for the health of yourself and the baby.

Jimmy (19:10):

And then additionally, oftentimes it is recommended, um, for mothers to consider a C-section during childbirth so as to not-

Clay (19:18):

Hm.

Jimmy (19:19):

... um, to minimize the exposure to HIV positive blood cells.

Diane (19:25):

And again, that is a conversation that the mothers need to have with their-

Jimmy (19:28):

Yeah.

Diane (19:29):

... their doctors prior to giving birth.

Jimmy (19:33):

But also too, on the flip side, you know, with these advantages and, you know, these advancements that we've had with prevention and treatment, it is possible for an HIV positive male to have children as well with an HIV negative woman, um, if the woman were to be taking- uh, taking PrEP and the man is maintaining an undetectable viral load. That was not something we ever thought possible.

Diane (19:57):

Hm.

Clay (19:57):

Mm-hmm.

Jimmy (19:58):

So these medical advancements really are allowing folks to live their full authentic lives as if HIV didn't impact them. So all of those things that we thought were off the table, um, you can have a family, you can get married, you can travel the world. You can do all of these amazing things as long as you're taking care of your health.

Diane (20:19):

And that, again, is the bottom line to know your body, to know your health-

Jimmy (20:23):

Mm-hmm.

Diane (20:23):

... to know your status, to have people that you can talk to. Like you said Jimmy, you- you've been there, you know what it's like, and I would imagine there is a lot of- of counseling services available too as far as the procedure, what to do here, what to do there, the next step, but let's talk about the vaccines in particular.

Clay (20:43):

Yeah.

Diane (20:44):

You know, that- I- I realize that, and as you said, that since HIV attacks a body's immune system it's really important for people living with HIV to talk to their doctor about what vaccines they need to get, and maybe in some instances maybe what not to get. Could you kind of walk us through that too?

Jimmy (21:02):

Definitely. I think o- oftentimes, you know, the vaccine suggestions or requirements are based on what your CD4 count. So your CD4 count is the number of your white blood cells in the body that are fighting off infection. So as I mentioned earlier, a person with a CD4 count below 200 is considered to have a AIDS diagnosis, so highly immunocompromised. Um, for folks with a- that lower immun- immunity, it's definitely about having a conversation with your provider. So oftentimes, the concern for those folks is that, you know, anything containing a live virus could potentially be dangerous, and that is the conversation to have with your provider. But for folks with a CD4 count greater than 200 or within a healthy, normal range, some of the important ones to consider are your flu vaccine each year, uh, Tdap, so protection against tetanus, diphtheria, or whooping cough, your, uh- the pneumo- uh, pneumococcal vaccines.

Jimmy (22:03):

Uh, pneumonia is a very dangerous thing for people with a compromised immune system, so making sure you have that. Uh, your meningitis vaccine, uh, your hepatitis B vaccine, HPV if you are within the age range, um, to be eligible for that vaccine. Typically, it is only prescribed to people up to the age of 26, um, but you can speak with your doctor if you are between 27 and 45 to see if you would

be eligible for that. Um, and some- the other two that are oftentimes recommended your MMR vaccine, so measles, mumps, and rubella, and their- the- and the varicella vaccine, um, so to protect against chickenpox if you were born after 1980. Um, so those are the important ones to consider just to make sure that your immune system is boosted as much as you can. But for those with the low CD4 count, um, talking to the doctor and seeing whether or not these vaccines contain a live version of the virus, that is when the concern comes up.

Clay (23:02):

Hm. There's so much information out there, and I know that, um, that's one of the- the tasks that you have taken on. Do you find it difficult to get information to the public? Are there any obstructions to making certain people know these things?

Jimmy (23:18):

Oh, definitely. I think so many folks are still hanging on to those early messages and the early fear that they felt in the beginning days of the AIDS epidemic. And, you know, a few year backs, I was teaching a workshop for newly diagnosed folks, and it was open to anyone living with HIV that also needed a refresher course. And I remember standing up there in front of about 50 people talking about the science of U=U, undetectable equals untransmittable, and how it is impossible for you if you're undetectable to transmit the virus, and one of the gentlemen in the audience was probably close to 60 years old, and he stood up with tears in his eyes-

Diane (23:59):

Mm.

Jimmy (23:59):

... and he pointed at me and screamed, "You are a liar."

Diane (24:04):

Mm.

Jimmy (24:04):

And I was like, "What do you mean?" He's like, "I have withheld from any sexual activity, getting close to anybody for more than 30 years, and you're telling me now that since I'm undetectable I didn't have to do that." I'm like, "That is exactly what I am telling you." Even for people in these communities that are highly impacted, that stigma and that fear hold strong to this day. So overcoming that misinformation, giving folks the newer information, letting them know that treatment is available, that your life doesn't have to change, that you are still the same person is an uphill battle. It's also challenging being in a- a historically more conservative state where resources for communities more highly impacted to HIV are difficult to come across.

Jimmy (24:53):

You know, we're dealing with levels of, uh, medical mistrust among certain communities. We're dealing with people with difficulty accessing the healthcare services that they need. And as we all know, you know, healthcare administration is not easy to navigate. And oftentimes, it's set up that way on purpose, so allowing the folks the tools to take control and to get connected to care is

challenging. But mostly, it's about having these conversations and making sure that folks hear the messages that they're going to be okay, that there's nothing to be afraid of, that this doesn't change who you are.

Diane (25:30):

And you made a such an interesting point and such a powerful point a moment ago, how much things have changed in a relatively short amount of time from the '80s. And now, we're, you know, 30, 40 years later-

Clay (25:44):

Yeah. Yeah.

Diane (25:45):

... you know, where we've come and what a sad statement for that gentlemen to think that all those years, you know, three decades.

Clay (25:52):

Yeah.

Diane (25:52):

So that kind of segues into the next question, can you talk about- or what do you feel is the future that HIV prevention- what might that look like in the next 10, 20, 30 years, Jimmy?

Jimmy (26:06):

There are so many things currently in the pipeline that are very exciting. So, you know, we've talked about PrEP, pre-exposure prophylaxis, and as of now, there are three options for folks to take. And thankfully, there's an option for everybody. You know, when we're talking about, you know, access to treatment, um, Descovy is one of the newer ones, but Descovy is not recommended for youths, um, for women, or folks with vaginas, um, because of the way it absorbs into the body. The injectable is approved for everyone, but PrEP access and uptake among women has been very slow. And painfully slow to be honest-

Diane (26:44):

Mm.

Jimmy (26:44):

... is that folks that are sexually active are recommended, you know, to take advantage of measures like PrEP. But in the pipeline, they are currently working on more versions of an injectable. There's the potential for a vaginal ring as a preventative measure. Think along the lines of birth control. Um, there are so many options currently coming, and medications for treatment of HIV just continue to improve. But at the end of the day, the important thing for us that I would love for more folks to be talking about is U=U. The reality is if we were to get 90% of people living with HIV to an undetectable viral load, we would have no need for things like PrEP.

Diane (27:26):

Mm.

Jimmy (27:26):

As we're lowering the community viral load, we're lowering all of the opportunities for a potential exposure, and we're giving people the tool to stay healthy. So if we can make sure that anyone that we know or come across that is living with HIV, we wanna support them in getting linked into care, finding a doctor that supports and sees them for who they are and their sexual activity. Those are some important key points just to make sure that we are making- we're paving a path and removing all of the barriers-

Diane (27:57):

Yes.

Jimmy (27:57):

... to get folks the access to care that they need, which is an ongoing issue across the country where it's difficult to get health insurance, to find a doctor that's not going to judge you and stigmatize you and getting access to those support services like support groups, having a counselor, having a therapist. You don't have to do this alone, um, but so many folks are so afraid of others finding out that they try their darnedest to do it on their own, and they don't have to.

Diane (28:26):

And you know, Jimmy, they don't- sometimes when they try it on their own, they don't know what questions to ask.

Jimmy (28:31):

Mm-hmm.

Diane (28:31):

So as a result, they don't know the answers and they don't know what is so important and critical for their lives. As you said, U=U. This is- that's why these podcasts, we are so very blessed to be able to bring this-

Clay (28:45):

Yeah.

Diane (28:45):

... important health information to people who need it, and we all- we all need more information to take care of ourselves, Clay.

Clay (28:52):

Correct. Correct. Is there anything, uh, that we may have missed or- or glossed over in the- in the discussion about this? You've talked about u- some of the- the practices that people should employ whether you have contracted or have not contracted the virus, but a- are there things that we left off?

Jimmy (29:12):

No, I feel like- I feel like we covered the basics. And the important key points of all of this is that at the end of the day, we want everybody to know their status, whether it's positive, whether it's negative. Knowing your status is the most important thing. And all across our state, we have testing services available that are free. Some of them even anonymous. Um, certain jurisdictions are even doing free at-home tests if you are afraid of being seen in public. There are places you can call, and they will give you an at-home HIV test, and you get your results in 20 minutes. I remember when I first was out and starting my testing journey, it would take two weeks to get a result.

Diane (29:54):

Oh, gosh.

Jimmy (29:54):

And in- in those two weeks, it was just anxiety-

Diane (29:57):

Yeah.

Jimmy (29:57):

... and fear and every cough made me think that I was sick.

Diane (30:00):

Mm-hmm.

Jimmy (30:01):

Um, but now, we can get results in 20 minutes, and you can get confirmatory results sometimes in 60 seconds.

Clay (30:08):

Wow.

Jimmy (30:09):

So testing is available and just access that as often as you need to. And have the conversations with your friends, with your family, with your community. Oftentimes, you know, working in public health, you know, we do our best to get into these communities, get on the frontlines, and build that trust so they know that we're on your side and we're here to support you and elevate you and champion your needs. But those community stakeholders, those gatekeepers within the community, those faith leaders have this incredible power to spread this message and spread the gospel, if you will, about the importance of taking control of your sexual health. And so I think that is gonna be the next step for us is working with these untapped resources, working with community leaders, working with faith-based communities, and letting them know that this is not something to be ashamed of.

Jimmy (31:04):

Uh, we are human beings, and we seek pleasure, and sexuality is part of what makes you you, so accessing those testing services and getting linked into care is going to be one of the most important jobs we have moving forward.

Diane (31:19):

Jimmy Gale, thank you so much for taking t- your time, your honesty, the conversation, the openness about this topic and this conversation today. Very- very critical 30, 35 minutes that we are on air speaking about, and we can't even tell you how much we appreciate you being with us for this episode. And viewers and listeners, thank you so very much for staying with us. It was a fabulous episode. So much critical information that we are pleased to pass along to you, and we hope that we have done that in this new segment of Vax Matters. Thank you all for being with us today.