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Metropolis

In It for the Long Haul

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Terry Goddard II, executive director of Aid for AIDS.

Photo by Julianne Backmann

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How does the AIDS landscape in L.A. look today, as opposed to 10 or 15 years ago?

One of the big changes is the move toward a majority of Latinos seeking service, more than any other ethnic group. It's pretty evenly split with Caucasians, but it's moving forward. How people receive the virus has remained stable. The overwhelming transmission category is men who have sex with men. That's about 65% of HIV-positive cases in L.A. County. [HIV-positive persons in L.A. County are] about 15% women, which is a fairly constant figure.

What is most overlooked about the current AIDS situation in L.A.?

I think the Latino rise might be a surprise. Also, there are people here who are not legal who are HIV [positive] and need services. Many can't access services and it's a pitiful thing. Many of them have to work while they're very sick. It's a humanitarian crisis. This is something we should look at beyond borders. This isn't something that should be politicized.

What recent development should concern people?

We see increasing numbers of young men who are not safe. There's a brand-new study by HRSA, the Health Resources and Services Administration, a federal agency. They tested young men in L.A. A team went out to places where young men who have sex with men congregate—bars, coffee clubs. It's important to note that these were individuals who were willing to get tested. In the group ages 15 to 22, 19% of African Americans tested HIV-positive. Now, that's very high. But the next subgroup, at 13%, were Asians, an ethnic category not traditionally known as a high HIV carrier in L.A. County. This is a sign perhaps of things to come that's very disturbing. I think the federal government's message of abstinence has limited benefit if that's the only message you're telling teens.

Aside from the crisis in Africa, people don't seem to talk about AIDS much now. Why?

You have a lot of groups and issues vying for attention. The tsunami, animal rights, the election, cancer—it's a continuous stream of need. AIDS hasn't gone away. Seriously folks, it's not over yet. Let's not quit until it's over.

When the HIV cocktails first appeared, there were news reports about aid groups closing up shop or cutting back due to reduced demand. Is this accurate?

Oh, it was a shock. I remember attending many group settings with other nonprofits on how we were going to end, but it just didn't realize. The drugs weren't good for many, or it was too late in the game for many people. For many of our clients who go back to work, we see them back after six months or a year.

There was great excitement when the drugs came out. Are we waiting for "the other shoe to drop"?

Only time will tell what the side effects of all these drugs long term will be. For many of our long-term clients, they're reaching end games; the drugs are no longer effective. Many are becoming less functional. There's a definite end point taking these drugs, but again, it's all so new. With the drugs, there's a perception: You look at people and they look healthy and you think, "They look great," and then two weeks later they pass.

Is there a new demand facing your group that's taken you by surprise?

Food. People are flooding our offices for food. Partly because L.A. is so geographically dispersed, delivering food has become a major issue. We've had to focus more on home deliveries and novel ways that we can deliver food.

For which services does Aid for AIDS give the most resources?

Housing. It's always been housing. It's the biggest-ticket item for most people. And it's the easiest in some ways for us to do, and it's been very effective. Over the years housing has remained the one big need. Certainly the most expensive in L.A.

Activist groups such as ACT UP were a huge component of the epidemic's first wave. Why does activism seem to play less of a role in AIDS policy now?

I think because they were very successful. The inertia to provide services to people with AIDS in the '80s has been overcome, and we have government programs in place. In many ways they got what they were after. I think if the government did anything that upset the AIDS community, that would come back very quickly.

The last several years have seen increased emphasis on private funding for nonprofit service groups. Has this changed how you operate?

Ten years ago, you wore the red ribbon and that's all you needed, but everything goes in phases. AIDS has kind of lost its chic-ness, if you will. With AIDS, it's a maintenance situation. In some ways, our clients are in a boat in the middle of the ocean, and we're just trying to keep as many of them alive until we cross the ocean and get a cure. People do want to contribute to that, but it's difficult.

Why are you in the field you're in? At the end of the day, is it worth it?

It's a tremendously powerful thing that we do: We help people in a way that saves them. It's a bit addicting. It's a wonderful feeling that you're doing something tangible that makes this a better world. That's very important to me. I love a challenge. It's incredibly stressful and hectic and God knows what, but it's rewarding. You can't be dry, you have to have fire in the belly. If you don't, you can't convince people that this is an issue for them to take up as well.