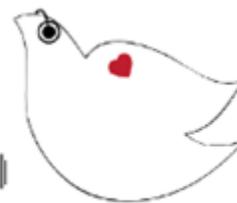


# Dunker Punks Podcast



## Transcription details:

Episode Number: 80

Episode Name: Perspective: HIV/AIDS

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Episode Description: Ben Bear interviews David Messamer on his experience with HIV.

## Speakers in audio file:

S1: Jacob Crouse

S2: Ben Bear

S3: David Messamer

## Transcription:

Jacob: Today on the Dunker Punks podcast, we're going in-depth discussing a virus that has affected millions of people around the world. Stay tuned.

[Intro music]

Jacob: Welcome everyone, to the Dunker Punks Podcast. I'm your host, Jacob Crouse. I always find it interesting how much more I learn about something if it affects it directly, yet how ignorant I am sometimes if it hasn't. Today's episode is kind of like that for me, though I expect I'll learn quite a bit through Ben Bear's interview with David Messamer, a member of the Modesto Church of the Brethren. They'll be discussing HIV and AIDs, which is a subject we don't hear talked about much within our church communities. As we listen, I think we should take some time to address our own stigmas and understanding about HIV and AIDS.

[Music]

Ben: All right, hey there Dunker Punks, this is Ben Bear, back again for another episode. I am talking about a topic here that I feel like doesn't get a lot of air time in the church, in general, and the Church of the Brethren specifically, and that's HIV and AIDS; and so I have with me a friend of mine from when I worked out in California, that is going to help... me go over some of what all that entails, and the experiences that he's had there. So, who are you? Who's... Who's helping me out Here?

David: Hi. Uh, my name is David Messamer. I uh, am uh in California, like Ben said, Modesto California, the beautiful Modesto Church of the Brethren. I just did a play, I do theatre, uh, working at the junior college. Um, I, uh, have two cats, that keep me more busy than anything else. Um, I don't know, you know, everything, it's California, so the sun, keeps me busy.

B: Oh?

D: Uh, I'm kidding, um, it was totally cloudy and rainy for like the last ten days. Um, so uh ya, that's what keeps me busy, and um, in regards to AIDS and HIV, just so that everybody knows, I was diagnosed um, in September of 2001 with HIV, so I've been positive for, nearly 18 years, maybe closer to, you know. I'll be um, diagnosed HIV positive for 18 years on, in September of 2019, and there's the spiel.

B: Cool. So...

D: Ok

B: For... some of us that may not be as familiar, what is HIV as opposed to AIDS?

D: Um, HIV is the human immuno deficiency virus, so, HIV is the virus,

B: Ok

D: AIDS... which can cause you to have AIDS if it goes, um, undiagnosed and untreated. Um, so I guess, um, HIV is the virus, which will make you sick, but AIDS is a qualification so, if you have HIV, if you have HIV and there are, um, certain things that go along with that. I think, a long, long time ago on the Phil Donahue show, in like, I don't know, 1980 something, they talked AIDS, they used to call it ARC I think, but they still call it ARC. But it's...if you have an HIV diagnosis and your T-cells drop below a certain number, ooh, I just threw T-cells out, sorry. We'll get to that. If your T-cells drop below a certain number, then, um, you are classified as having AIDS.

If you have HIV, and you, um, are diagnosed with certain other, um, AIDS related conditions like, um, shigella is one of them, um, like back in the day pneumonia/pneumocystis, um, other things like that then you'd be qualified as having AIDS. If you have no T-cells at all, then clearly you have AIDS as well. But you can regain some of those things, but you still have an AIDS classification, I guess, in the doctors' eyes. But it can go away and just become HIV again and still become undetectable. How's that?

B: So what's a T-cell? (laugh)

D: A T-cell is...uh

B: CD4 or whatever you were talking about

D: CD4, CD4 is um, is the, uh, I wish could be a lot more scientifically specific for you but, you know, 18 years with the doctor, but uh, CD4 count, CD4 count is, um, a count of your healthy... um, white, I think it's your white blood cells, that's correct. Um, in your body, that (overlapping). Ya, Say that again?

B: That sounds right.

D: Ya, that um, fight disease. So that are supporting your immune system. So when you, um, for instance, um, go and get an HIV test. Um, if you are, um, diagnosed as having HIV then the next step would be to do some other bloodwork panels, and one of those is your CD-4 count, which references how many healthy white, how many healthy CD-4, how many healthy cells you have in your immune system. Or cells that still are fighting. So, for instance, a normal CD-4 count, I think for anybody in the world is like, around, you know, even if you don't have HIV, just people if you're healthy, your, your T-cell count is like um, around 500, but it can be a lot more, um, but normal, I think is like, somewhere between 500 and 800. There's always discussion about what normal is. Um, and of course, what is normal? (laughter)

But um, um, but that's what your T-cells are, so, um when you have an AIDS and HIV diagnosis, um, then they check your T-cells and then, to find out how many T-cells you have left. Or if you have any, if they've been affected, how they've been affected, um, which of course has to do with the strain of virus that you get, and how strong the virus is, or if you have a supervirus or, or whatever. How's that?

B: Are there different strains of HIV?

D: Umh. Yes and no. How's that? You have a stronger virus depending on, say for inst..., say for instance, um, two people who have HIV who are, um, I don't want to speak for sure, but, there are different ways people's bodies handle the virus, and there are different strains of virus, meaning, like, how quickly they attack your immune system, and how strong they are. Um, like, how there are different cold viruses, I guess that's a way to explain it better. Like, how certain every year, we get, or people, some people, I have to get a flu shot every year. You know, they're like, trying to fight certain flu viruses.

B: Ok

D: I have this same thing. I wish I could speak more clearly for you, I could certainly reference other people for you that will know. Some people's bodies handle the viruses better, some peoples have more mild viruses, some people have what's called the super virus. Meaning that like, there, um, super strong, their virus is very strong. And that just, gosh, I hope that there is no scientist listening. Keep goin'.

B: (Laughter) Ok. Uh, so how do people become infected with HIV?

D: Uh, Ben Bear. Um, well, I don't know that exact thing, because there are um, I have uh many friends who work in AIDS and HIV, um, care, also in um, AIDS and HIV. I have a friend who works as uh, she's a freelance writer, she deals with AIDS and HIV specifically a lot and so, my I have a friend who just finished, he's a nurse practitioner now and he, he just

finished his um, he's a practitioner in AIDS and HIV specific. And there are, there are, there are strains of HIV that are from like the '20s and the '30s in this country, that they have that are saved.

So, where it came from exactly, or how it came, they're not, I don't think anyone's exactly sure, I think that when in the 80's, when HIV became, ya, became, and became more known internationally and nationally, in the discussion, and people started getting really sick. Um, initially it was transmitted through sexual contact, but certainly through blood contact as well. Um, I don't want to say that it came from animals necessarily, um, that's what I know. How's that?

B: Ok, um, so,

D: Did you want a better answer than that, Ben Bear?

B: Well, um, (laughter), I was,

D: Keep going

B: I wasn't actually going for quite that far back. I was thinking more of how does an individual potentially become infected. Um

D: Ohhh. (Ben) And so (talking over each other) (David) Wow, listen to me, I just wanna come off smart, um

B: So you referenced sexual contact, um, intercourse is one way. Um, what are some other ways

D: Sure, um

B: that people become infected?

D: Ok, so um, certainly sharing of needles. So it's a blood born pathogen, you know what I mean, it um, it's going to be passed through blood and some, um, bodily fluids. So needles, so for people who are drug addicts. Um, you could certainly use um, somebody's dirty rig, or dirty needles, sorry that was drug addict talk. Um, and get, uh, and contract HIV. You can contract HIV clearly, there was, um, people who contracted HIV through blood transfusions. Um, there, I think that it, there's a very slim, I know people like in the drug world, or I know of (unintelligible) that it was frowned upon like not to share paraphernalia other than needles as well, so like people that were snorting things.

So say you put something in your nose to snort a line, of um, elicit... euphoric drug (background laughter), um, and that you share that straw. You can also have blood on there, but I think that's much harder to do. Um, there's no, uh, recorded case of it being passed in saliva to my understanding, or to my knowledge. Um

B: So, if someone becomes infected with HIV, what sort of treatment options do they have?

D: Well, gratefully, uh, now, um, there are a lot of treatment options. So obviously, there's medications and, medications now, are, uh, incredibly effective. Um, I for instance, for instance, taking one pill every night. I would love to reference for you all the different zidovudines and zalcitabines, but it's a mixture of different um, medications that work together. To um, stop the growth of the virus within the cell. And then also to stop the virus from, uh, infecting other cells in your body. Blood cells, uh, and so uh, there's incredible amounts of, uh, of drugs. I will explain it to you like this: like um, when I first contracted HIV I was in a support group, and they talked about, like, they talked about HIV medication as though it was like, um, bookshelves.

So say you start on the bottom shelf and there's two or three medications on the bottom shelf, and you take them and they don't work, or you grow, or you, at some point become resistant to that drug. And you go to the next shelf, above it. And then you go to the next shelf. And now there's shelf on top of shelf on top of shelf, and those drugs are also, have much, much, fewer side effects than they used to, as well, gratefully, now too.

B: So, um, when I was researching a little bit about this before our conversation, I talked with a friend of mine that had been diagnosed uh, in the last year or two, and they said that the health department person that explained it to them, basically said that the medicine goes and it finds the cells that have HIV and it wraps them up like a Christmas present so that it can't get out. Um

D: Exactly.

B: So that way, that cell can't reproduce. It can't, um, replicate itself.

D: Right

B: And so therefore

D: Ya, your viral count

B: Ya, So, that brings the viral count down to, um, to something much smaller. So, the viral count, since we're talking about that, um, medication now can get you to the point that they can, that you can be considered undetectable. What does undetectable mean, and how does that connect with the viral count?

D: So in layman's terms, uh, which is what I live in, so, your viral count is a count of the, um, amount of virus in your body, and so you can become virally undetectable meaning, which I am, uh, and which means that, it means that, it means a few things. First of all, it means, um, it's um both the scientific community and the medical community now are now in agreement and have an understanding and have it, ya know, it's been announced in the last few years that there's no way for a person who had, is undetectable to be able to pass the virus to anybody. Through unprotected sex or needles or whatever.

B: That's pretty cool.

D: It's awesome. Ya, it's awesome, it's uh, ya, so that's a medical scientific doctor kind of a thing. Uh, that there's no chance that somebody's undetectable, of them being able to pass the virus to somebody who isn't, um, infected. Which is why it's quite important to get HIV test and get diagnosed and get on medication. Know your stuff. Um, so ya, your original question was about viral count. So um, when you first get diagnosed with HIV, often, I mean, it depends, some people are responsible and they go and get, you know, if they're sexually active, um, I can speak for people in the queer community, and some people in, you know, het, the heterosexual community, or however you want to put that, that you know, people who are sexually active, um, are, and not in committed relationships quack, quack, quack whatever, that they're going out and taking care of their health regularly. But there are people who don't, still.

I know of people in the last few years who... had not had HIV tests and had probably been living with HIV for ten years and they suffered great, uh physical hardship and damage to their bodies. Um, and their brains, from not having the, detect, from not detecting the virus and treating it. So, uh, so when you get det, when you get, um, diagnosed, and they do a viral load check, um, it's in the thousands usually. Depending on if it's, you know, fifteen thousand or 150,000 but, however much virus is in your system is another, um, uh, denominator, another thing that talks about whether you have AIDS, but it also clearly you know, if you have an incredibly high viral load in your system, then your chances of passing HIV to somebody else are higher.

B: HIV, AIDS, is it, would you say it's still considered a terminal diagnosis, or is the medication

D: No

B: Such that it's pretty easy.

D: Not, not terminal at all. Uh, you know when I was first diagnosed, uh, people talked to me um, people in the health field and doctors said, you know, that most likely at that time, which would be, well, who knows, in the early 2000s. That one of, that the uh, they talked about being able to live for 25 or 30 more years. With medications. Um, but now the medications make you, make the virus undetectable. Ok, so I'm going to explain more.

So, when I was first diagnosed, I wasn't put on medication for many years because my body, and however, whatever this strain of virus or whatever, however the virus interacted with my body, um, it man, my body managed. Um, better than a lot of other people's did. So, my viral load never got super high and my T-cells held pretty steady for a long time. The thought process then, in 2001, prior to that and some years after that, was that, you don't want to go on medication until you have to, because you don't want to take a medication and then develop a resistance to that medication. You don't want to run out of medication options.

Um, and so, uh, wow, what was the question? Um, and so, um, so then they were saying with medication you could live 25 or 30 years, but no one says anything about that now. It's, it's, I mean, I assume that I will live to see Ben Bear with a cane and grey hair, hobbling about.

B: I don't have hair, so good luck with that.

D: You have a beard.

B: Oh. Wow.

D: I can see that. Uh huh. It's going to be white soon

B: (laugh) If someone's trying, let's say someone is in a relationship with someone who is positive, even if their undetectable, it still would be prudent for them to, what to,

D: Go on

B: Safeguard

D: Go on PrEP

B: So, What is PrEP?

D: PrEP is Truvada, Truvada is um, is an HIV medication actually. It's been around along a long time, uh, in HIV years, whatever. Um, and doctors realized that by going on a regimen of PrEP, it actually, I don't understand, this is uh, facts, and ... it can keep someone who is pos, who is negative, um, it allows them to not, in most cases, be able to be infected with HIV. It acts as a, I wish I had a really good word right now, it acts as a...

B: Barrier?

D: Barrier of sorts, ya, so basically it, it creates um, it allows you to not get infected. So being on PrEP is really important to be on if like, anybody who is sexually active, gay, straight, queer, whatever. In my opinion, if they're engaging in unprotected sex, ever. Should be on PrEP. If they're sexually active. Um, there's no reason not to. We still have to get the government to, um, agree.

B: And...

D: Because it's expensive.

B: And PrEP stands for Pre-Expro, Pre-Exposure Prophylaxis or something like that? K?

D: Very Nice

B: Ok

D: You got that just right.

B: And you touched on the next question. Expensive. I have heard that HIV medication is quite expensive. There was um, a news, uh blip about it a few years ago, when, uh, that, uh, young, executive had gotten the, the rights for a particular HIV medication and jacked it up by

5,000 percent in price. Because he knew that people had to pay it, because it was how they were gonna stay alive. And so, um, but just across the board in general, HIV medication is kind of notoriously expensive, correct? How do people afford that?

D: Uh, well, there's a couple different ways. And that man, that medication was actually a medication, that um, people who, when you have HIV and it goes undiagnosed, you can get, develop what's called toxoplasmosis, meaning that the blood/brain barrier, in your, blood brain barrier, is, broken, or it gets through the wall, (laugh) and it can damage your brain and what happens after that is something called PML, where the virus, or the toxoplasmosis will actually start to, um, eat away at your brain matter.

B: Oh!

D: That medication, the medication that he got the rights to, and increased by 5,000 percent, was the medication that would keep people from getting PML, after they, ya, so he's a total a\*\*(censor beep)\*\*\*\*. Um, and, so uh, and leave that one in. Um, so, um, the question was about the importance of, there's a couple different ways, if you have health insurance, then your health insurance, you just have a copay. When I had, um, good health benefits I had a copay of like, ten dollars a month. For medication it would probably range, if I paid out of pocket, somewhere between like 2 to 3 thousand dollars a month.

B: Woah!

D: Um, at least I would think at least 1800 dollars a month for the medication to keep you alive. Or to keep you from, you know, keep your HIV in check. Um, there's also lots of really good, um, I don't know if there's lots of, there's, um something called ADAP, AIDS Drug Assistance Program, um, which is, if you make um, below, if you have a certain income, if you live below a certain income. Um, I'm sure depending, on lots of things, but as a single man, for me, living, um, on a certain income, I think if you, if you let, if you make less, I think it's changed in the last few years, if you make less than like, 50 or 55 thousand or 60 thousand dollars a year, something like that. I'm not sure what it used to be. Years and years ago, it was 45 thousand dollars a year, but I think it's gone up, obviously because cost of living increases, and wages don't.

Um, then ADAP, you could apply for this thing called ADAP, and it would, um, they would, it would pay for your medication. Um, I think some of those monies actually come from the drug companies, as well many of the drug companies that make the drugs have programs, that you can apply for, if you have to, with, that will also subsidize or pay for your medication. But if you had to pay for medication out of pocket, um, it would be incredibly expensive. Which is, you know, sort of a harrowing thing about living with HIV. Um, I currently actually, um, I quit a job that I had PPO medical benefits on, um, in the fall, and then had a temporary position at, with Modesto Junior College, with the junior college.

Um, but I don't have benefits, so I had to apply for what's called "Cover California" which we're lucky to have in California. Um, and I was actually automatically had to apply for MediCal, which is low-income, it's you know, making less money, and because I didn't have a consistent income, or at the time, I was, when I was applying I was unemployed and had no income. It, um, gratefully even, gratefully ADAP pays, ADAP is paying for my medication. But,

if I didn't have that, didn't have income, and I didn't have, I mean there'd be no way. But if people didn't interact, like, if there wasn't organizations, and there wasn't, um, ADAP, AIDS Drug Assistance Program, people would just, get sick and die.

B: One of the, programs that I know we have in this region, in Virginia, there's one called the Ryan White Foundation, that I, I think it's a national organization, but um

D: You are correct.

B: But I know that my friend that I talk to simply refers to it as the Ryan White Foundation. Whether it does something broader or not, but um, the story of Ryan White is, he's a kid that needed blood transfusions when he was, it was back in the mid-80's, I think, um

D: Correct.

B: And he got these blood transfusions when he was, I think, middle school, late elementary, something like that. And,

D: Ya, like twelve-ish, they think.

B: Ok. And ya, he had a bad transfusion, one of the transfusions was HIV infected, and they didn't know to test for it, or didn't have the proper equipment to test for it at the time. And so he got infected. And, he, was, responsible for instigating some legislation toward safeguarding biases and prejudice against people who have HIV because his school, tried to kick him out, wouldn't let him come to school, because he had HIV. And, because of the ignorance of people, that were scared of it, they were, they didn't want him to be at school with their children. Even though it had been proven that you couldn't contact, you couldn't, it wasn't a contact virus. (background laughter) So um, so that's just a little history lesson, I guess. I felt proud of myself that I remembered that.

D: Well, um, one ADAP, what I was talking about, the AIDS Drug Assistance Program, is, is actually through the Ryan White Global HIV/AIDS programs.

B: Oh, ok. Cool.

D: So, Ya. Ryan White, Ryan White's still doing good for us.

B: Which leads to the next question: Do you feel that there is still a social stigma towards individuals who are infected with HIV?

D: Yes. Um, it depends on the community you're in, and on the education level of people you interact with, but I can certainly say, um, yes, there is. Um, I said I'm from California, but I live in the Central Valley of California, for all those listening out there, which is not like the coast. Or San Francisco, or Los Angeles. It's not completely backwards, but um, it's a little bit different. So there's still, I can say, for instance, um, there are still people within the queer community that refer to people with AIDS and HIV as "dirty" vs. "clean". So if you have HIV

there are people within the queer community that are ignorant, um. Call people with HIV. For instance, on like apps, like dating apps or stuff like that. "Dating apps". Dating is in quotations. Uh, they would refer to people as clean and dirty.

Um, there's an organization called, um, The Stigma Project that's based out of San Francisco that works, um, against things like that. I mean, there's certainly, ya I mean, you know what I mean, you don't ever know, um, about when you interact, with new, um, you would think that when you interact with new medical people, people like doctors, or dentists, or stuff like that. Um, that you wouldn't run into stuff like, I have an experience, um, in I had a situation with a dentist who didn't want to provide care for me because I'm HIV (unintelligible). Currently there are still people that are, um, you know, it's just like anything, we live in America, I mean come on, there's a bunch of stupid people here. Um, and also, but they're lovely. Lovely and stupid. Um, book nerd people.

And so, um, you know people are scared of things that are different. People are scared, um, people don't evolve and they don't learn things, and so, uh, you have to make an effort, I think. You know, once you know somebody who has AIDS or HIV or me, I mean you know somebody that's queer, you, and not necessarily queer, lots of straight people have HIV. Um, ya, of course there is, definitely still stigma.

Within the queer community, I can speak to that, and outside of that as well. And I'm sure there are parts of the country, you know, I live in California, but I'm sure there are other parts of the country, I can only imagine, um, the stigma that's still involved with just being queer. Or being non-conformist or different in some way than other people, just on itself, and then to label, to layer AIDS and HIV on top of it would probably be... near to a death sentence in some communities. And I don't mean death by AIDS and HIV, I mean hatred.

B: Have you ever felt like you've been ostracized within your particular faith community or, in just in general within faith communities?

D: Around AIDS and HIV, or around?

B: Around ya, HIV and AIDS.

D: The picture. So, umm, I don't feel that way in the Modesto Church of the Brethren at all. Um, I mean, I uh, most people there know I have AIDS and HIV because I've spoken about it. And uh, I think that I first talked about it when the Modesto Church of the Brethren were, we were working towards becoming, um, an opening, open and affirming congregation. And working towards becoming part of, um, the Supportive Churches Network. Um, in one of the conversa, one of the things I said, in a, you know, there's 40 or 50 there probably at one of the meetings. Um, you know I just talked about my experience of growing up gay in the church, well, and actually leaving the church at some point because of that. But, I talked about being HIV positive, and certainly didn't label, put it on the back of the church that it had anything to do with my HIV status, because certainly we make our own choices, and what happens...just happened because of our own choice.

But what I talked about specifically was, if we have people in the church community that are queer and are out, just like in the greater world, that those people that are young, or struggling whether they are young or old, with their identity, might make different choices around... healthy choices, which may keep them from getting AIDS and HIV. Um, so certainly,

not the Church of the Brethren in Modesto, um have I experienced that. Um, I can't imagine in the greater church I wouldn't, because, you know, just being gay in parts of the church is not ok. Um, and looked down upon. Um, and I think people obviously, people feel that there's something wrong with gay people, I can't imagine what they would think about a gay person with AIDS. Um, or HIV. I'm speaking a very queer-centric, sorry I wish I could speak more to a broader thing but, whatever.

B: Speak to what you know, I suppose. Uh, do you have any particular examples of ways that your congregation has been supportive of you?

D: I mean, in regards to my status, everybody knows, and I think my experience of the church that I lived in and that I, um, you know, parted a cloth in is that they're supportive in me in every way. And so, to be, um, to know that you're cared for and loved for, um, cared for and loved with, cared for and loved. Um, is uh pretty paramount, I think. Um, when I've talked about having AIDS and HIV, people have asked me about it, 'cause they didn't know that until they found out. Um, and everyone's supportive and loving, I've never experienced stigma or anything like that from anybody. Which is a big deal, I mean, that goes a lot towards, emotional health goes a lot towards physical health, especially with AIDS and HIV. Um, as well as other diseases, I'm sure.

Um, ya, I mean, people check in, people wanna know that I'm healthy. So, I guess that's a big support.

B: Good. Have you ever found, on a denominational level, that there are any resources or support networks for individuals who have HIV?

D: I don't know that. I wish that I did. I imagine if I really spent some time on the Brethren Mennonite Council website, and also on the Supportive Churches Network website, that I might find some information. I should maybe just look at the national thing for the Brethren Church as well. Um, but I haven't. I guess, ya know, I mean, hmm. Uh... I guess

B: Well, to be fair... out of all the Brethren people that I know, and I probably know than the (soft laughter) average Brethren person, um, you, I think, are the only, the only person that comes to mind as being HIV positive, so it's certainly not a prevalent, not a prevalent population. It's not a large population to address.

D: Right. Um, ya, so I mean I don't think so, and I, hmm. I think that everything just comes back in my mind where I wouldn't even search it out, because I know, of the, the... differences within the church, you know. And so, uh, I... it might not be a priority something that we talk about that much, since we have such a hard time talking about... other things.

B: So, if you could imagine some sort of support from a denominational level, whether it's from Brethren Mennonite Council, or if it's from Supportive Congregations Network, or if it's from the Church of the Brethren national offices, what sort of support or resources would you hope would be available?

D: Ok, so, uh, certainly it would be lovely, I think, um, for someone who is recently diagnosed, or becomes diagnosed with HIV, to be able to go onto the Church of the Brethren national website, or um, SCN, or BMC, and for there to be a resource for the, um, somebody like me that they could get on the phone with and talk to about their diagnosis, and talk to them about how it doesn't have to um, that it doesn't mean a death sentence. But also just to be emotionally supportive 'cause regardless of whether or not you're going to be healthy or whether or not there's great medication, it's still devastating, I'm sure. It's incredibly devastating to me. Um.

To be, to know that there is community within your community, you know what I mean, I mean, the Church of the Brethren is, my people, it's my community, and to know that there's people you know, out there that are supporting and loving of you regardless of your status, regardless of your sexuality, regardless of who you are. Um, that uh, that they, you know, you're still loved and you're still cared for. Um, it would be nice, you know, if people in the denomination knew AIDS and HIV, but other than that, um, I'm sure there's still stigma in lots of places that I haven't experienced it at the Modesto Church of the Brethren. I'm sure there's stigma. And, you know, that's just 'cause people don't know. I mean, that's like anything. People don't know. So, the more we know, the better off we are. Um, people need to feel loved, no matter what.

B: That sounds like a good bit of advice, there. Well David, thank you for taking the time to chat a bit. Uh, I really enjoyed the insight that you've offered, and I appreciate the openness in which you've shared.

D: You're welcome, Ben Bear.

B: So, until next time, uh, thank you so much David, and Dunker Punks, I hope you enjoyed this episode, and we'll be in touch, somewhere down the road.

[music]

[background music softens and continues through talking]

J: And thanks so much to David for being so open and insightful in his sharing. It's true, we as Brethren don't talk much about HIV. It's something that's different and that makes it scary, and at times contentious. But not talking about it, is obviously not helpful and creates lasting problems for people for whom HIV is very real. Like David said, emotional health goes a long way towards physical health. Brethren seem to focus on being a tight-knit community, and I think Modesto would be a prime example for showing how to make the servant come to life, how to be supportive. How to practice a way of loving people. Dunker Punks, my challenge for you today is to address any stigma you might have about HIV and AIDS, and to do some research. Start the conversation in your communities, and continue the conversation in this community.

[music]

[background music softens and continues through talking]

J: The Dunker Punks podcast is produced by a group of folks from around the country who are seeking awareness. This episode is produced by Ben Bear, executive producer is Suzanne Lay, and I'm your host, Jacob Crouse. Thanks to Ben's guest, David Messamer, for being on the podcast today. If you would like to become involved with the podcast, what better way than a survey seen directly by our production team. We're looking to try some new formatting, and want to get to know our listeners better. Your opinion on this show, why you listen, what you'd like to hear. You hear a lot from us every other week, and we'd love to hear from you, too. I'll post a link to the survey on our social media, along with this podcast. You can find us at Dunker Punks pod, on Facebook, Twitter, Snapchat, or email us at [dpp@arlingtoncob.org](mailto:dpp@arlingtoncob.org) with any questions, comments, joys, grievances, suggestions, recipes, etc., etc.

Have an awesome week, ya'all. Until next time.

[music]