

Transcript of “S4 E8 Intimacy Starts with I: Women, Self-Love, and HIV with Michelle Lopez”

Tammy Kramer ([00:09](#)):

Coming Together for Sexual Health engages you in shameless conversations about sex-positive, identity-affirming sexual healthcare. We keep our attention on those most impacted by STIs, HIV and structural barriers. We're powered by nationally-recognized experts in sexual health at the University of California San Francisco and the California Prevention Training Center. All views expressed are those of the person speaking and not at the CAPTC or their employer. My name is Tammy Kramer. Let's come together for sexual health.

([00:51](#)):

Welcome to Coming Together for Sexual Health, Michelle Lopez. I am so excited to have you on today. We're going to be talking about HIV, pleasure, women, trauma, all kinds of topics that weave together. And today, Michelle is with us as an advocate for public health among black and Latinx communities with over 30 years of experience working in HIV and AIDS prevention, healthcare navigation, substance use services, and has contributed so much to research as well. She's worked with immigrants, migrating to New York, linking them with care and services for an HIV diagnosis. She's served on boards of directors and advised on policy development that impacts the lives of marginalized communities. Today, she's focusing a lot of her energy on designing research methods that meaningfully engage community members. So, welcome, Michelle.

Michelle Lopez ([01:44](#)):

Thank you. Thank you for having me. Today, you and your audience is going to be in for a treat. You're going to be speaking to this out bisexual woman, this immigrant woman, this woman who I keep saying it, I fit the AIDS pie. But because she's here and through these lived experiences have created many years of wonderful outcomes, impacting the lives of individuals who've been marginalized, diagnosed with HIV, homeless, immigrants. So, we're in for a treat.

Tammy Kramer ([02:22](#)):

You say it's your favorite topic. What about this is your favorite topic, talking about HIV women and pleasure?

Michelle Lopez ([02:28](#)):

This topic, HIV, women, sex, sexual health, my God, being self, loving... It takes me full circle really to the life that I live today. I am living a life that I've never lived before and I'm really happy. I'm going to share some trauma experiences. What got me through that trauma. There are certain behaviors. The things that I did, I don't do it anymore, but I don't forget because of those experiences is what helped me to get to the point where I'm at, where I can help another person. I can identify behaviors when I see it. But most and foremost is learning. The learning that came out of that, love yourself. And some of us really don't know how to go about loving ourselves. I love telling stories, but my stories that I tell can then be utilized. You're going to have a lot of aha moments.

Tammy Kramer (03:33):

Well, let's start with your personal story if you're up for that.

Michelle Lopez (03:37):

My personal story, there are things that I'm going to be sharing now in this conversation about my life that is going to be able to put information, again, into context. I'm an incest survivor. And it all started on a beautiful island where I was born and raised, ts called Trinidad. Everyone knows Trinidad and Tobago. At the age of seven, my mom and my dad had a separation. And my godmother, she stepped in. This is what we do in the Caribbean. Different family members step in. And she stepped in to help my dad because my dad was now in the care of six children, four girls, two boys. The first night that I got taken myself and my younger brother to live with my godmother because of this help she wanted to render to my father, I was sexually molested. And this molestation started from the age of seven until 12, because by the time I turned 12, my mom and my dad had worked things out and she came back at home.

(04:42):

And here I am, because my memory of my mom and my dad were the best of moments that I had. My parents loved their children, but what they were not aware of were different effects that happened to each of us as their children because of this separation. I never threw that in my parents' face. But what they had to deal with was a very dysfunctional acting out teenager that they just couldn't understand what my behavior was about. And this behavior started because I was drinking. Behavior was what we know and is what we are going to do. And I remember hearing adults around me saying, "Boy, you take a good drink. You ain't had nothing to worry about." I'm giving you Trinidad dialect.

(05:31):

So, what did this seven-year-old, eight-year-old started doing because of this molestation? I started having drinks and I used to be drunk when the molestations was going on. Yeah, so by the time I'm 12 and Mom and Dad is back together, they now have to deal with a 12-year-old old, she's back in a safe household, with a 12-year-old who now drinks, and they couldn't understand what this drinking was about. And I never shared with them because I wanted that household again. I wanted Mom and Dad back together. It's one of my first indicators when trauma comes into our lives, the point in time that this trauma came into our life is what set me on the pathway of self-destruction, substance use. And it's because of a situation and it's because of circumstances.

(06:24):

So, I use that as an educational piece when I speak to individuals today, when I work now, I provide one-on-one as a peer. But it took me also too, at the age of 16, I had then attempted suicide, my third attempt, and I almost died. And my aunt was visiting Trinidad for the carnival season. Trinidad is known for our carnival festivities. And after the carnival was over, my mom said to her, "You're taking Michelle to live with you in New York because if she stays here, either she's going to die or somebody's going to kill her." I came out and used words to my parents at the age of 13 because I got caught in the locker areas in school kissing a girl. And my teacher used the word, "Oh, this is new. They hang out in the lockers and they smoke and they drink and they do... But this is new. She's in here making out with girls."

(07:27):

And I remember my mom taking me home and was like, "Michelle, what is wrong with you? What is going on?" And I had an older sister who was also acting out, but guess what? She was dealing with molestation too and nobody knew. There was a book in my life that I then read, I love reading, called

She's Come Undone and the author is Wally Lamb. And I had such an identity. I started paying attention the things that happened to me and how my behavior was aligning. So, when I started using... Because I graduated from alcohol then I was smoking pot, we said weed in Trinidad. I was smoking weed at the age of 12. And my mom then saw this behavior, but again, we don't know of taking your child to a therapist... No, I remember being taken to a clinician. I remember the clinician saying, "This child is drunk. She have a drinking problem."

[\(08:23\)](#):

But that same clinician also treated me for an STI. I remember him. He said it to my mom, "Ms. Lady," that's how they speak, "Ms. Lady, somebody do something to this little girl. She have an STI and that came from sex." I remember those conversations. So, how my mom dealt with it, I guess was she looked at it again, voodoo. One of the interpretations my mom did back then as a Caribbean woman, and I remember every Friday being taken to this voodoo priest. He was boiling herbs and he had castor oil and different oils that he would put and he would let me drink it. And he would then stick his hand down my throat and say, "Oh, move away everybody, the demons are coming out," because then I'm throwing up furiously.

[\(09:14\)](#):

So, these are things that were in my pathway. And by the time I'm 16 and here I am, my mom sent me... I felt abandoned. My mom and my dad agreed with her. This would be a safer setting, not realizing I was sent into the belly of the beast. Events happened in my life from being raped, from just having different individuals sexually abuse me. And I endured it because that's what I knew. And I figured this was a way for me to survive. So, here I am at the age of 24, I'm living a life of survival. I have two other friends, two other young ladies that I reconnected with, that went to high school with me in Trinidad and we are roommates living in Brooklyn, New York. I had a son. My son's father was someone that I met, just again from my life, living out there, I'm raising my son and all is well.

[\(10:16\)](#):

And there was this parade day going on in Harlem, and I would just pick up myself and just go places and meet people. And I went to Harlem and I'm having this conversation. I met this guy. Then, came my daughter's father. And this is where my life experience, it feels like I earned a degree from UCLA, the University of the Corner of Lenox Avenue, because that's where I met my daughter's father, and my life changed. I met someone who promised me the world. I met someone who just was so loving to me and he wooed me. I was living a life where there were times I was in a relationship with a female. And then there were times I'm in a relationship with a man. I was just living.

[\(11:08\)](#):

And when I met this man, he sold dreams to me that they sound very realistic that it was going to happen and I became pregnant. And during my pregnancy, I started noticing behaviors with this man that it was just not conducive, from abuse, to physical abuse, mental abuse. He just changed. And I don't know what brought that change about, but I knew I had to get out of that household. And I left and I made contact with my sister and I told her, "I'm pregnant, I just need help." She asked me was my son? I had sent my son to live in Trinidad with my mom. I started living with my sister. And because I was sniffing cocaine while pregnant with my daughter. And my sister said, "You cannot stay here," and she threw me out.

[\(12:08\)](#):

So, I went into a woman's shelter and I did let them know the type of life that was going on. And when I went into labor and I had my daughter, she was a healthy baby. I was not in communication with her dad anymore when she was born. And by the time she was nine months old, I was now living in a

household with another person who was severely battering me. And I got beaten very severely one night. It was the worst beating, but it was one of the best beating because I left the household and I started riding the trains with this newborn baby at nine months old. And this is 1990. And I saw an ad while I'm riding the trains and the ad spoke to me, "If you're a woman and you're enduring substance use and you're homeless, you're dealing with battery..." I mean it spoke to Michelle. I wrote the number down. And when I started the journey on that train ride, I started out in Queens, I ended up in Brooklyn, and that's when I saw this ad and I wrote the number down.

[\(13:22\)](#):

It was morning time and I got to a stop. And when I got off the stop and I walked upstairs, I dialed the number that I wrote down from that ad. A real person answered the phone. I just started speaking and I broke down and I started crying. She was a nurse and I told her what was going on in my life, just of me being beaten, of me using substances, me just having this newborn baby. And she said, "Where are you standing right now?" And I disclosed to her, I said, "I'm standing on Flatbush Avenue and Nevins Street." I said, "I'm in the Brooklyn area." And the woman gasped. I said, "Oh, my goodness." I said, "Miss, did I say something that you cannot help me?" She said, "I want you to turn around and I want you to face west of Nevins Street." She said, "And if you walk five blocks in, you're going to find me," and I did.

[\(14:28\)](#):

When I walked down to that facility, it was a nurse, her name was Lily Chen, and a group of other folks was there waiting for me. And that day I sat in a room and I was asked, "Would you be willing to take an HIV test? Because of the things that you shared with us, you and this baby might've been exposed to HIV." And I said, "But women don't get HIV." I was educated right there on the spot. I got a quick one-on-one. And I agreed. And I was placed in a shelter for women, families that night. And back then in 1990, you had to wait two weeks to get your results. We didn't have the rapid test. And two weeks of me being in that shelter, the counselor called me and she said, "I'm going to come pick you up. We need to discuss with you, you and the baby's results came back in." She did not disclose to me over the phone.

[\(15:24\)](#):

She took me back to the facility and I was sat and told, "Michelle, you are HIV positive and so is your baby. We are going to do some other tests on your baby to know if your baby..." Because I was educated, not all babies that was born to a woman living with HIV remains positive. Unfortunately, my daughter did not seroconvert. Meaning then, she remained HIV positive. I was breastfeeding this kid and had no idea that breast milk was a way of transmitting HIV. And I truly believe that's how she acquired the HIV from me. But she was also getting sickly along the way because there was no medication. So, my survival really came because I found community.

[\(16:15\)](#):

My caseworker introduced me to a group in New York called ACT UP. I was then molded. I really took a stand because this community that I found really taught me a lot. ACT UP was right in the middle of acting up and getting the government to do ethical things that we needed to survive living with HIV. And here I was, this young 24-year-old, no one looked at my age, they didn't even look at my undocumented status. But one of the first thing that I did as an activist, because I was then told, "You got to fight for your life. You're going to have to fight against the government. We are going to help you." This facility that tested me and they got me into care, they assisted me with establishing a legal status where I could remain and live and take care care of myself. And just looking back at that era, it was along these experiences that I learned about my rights, that I learned to take a stand, that I got educated.

[\(17:23\)](#):

I did not go back to school to get a degree, but I got credentialed. One of the first credentialing that I got was to become a CASAC, a certified alcohol and substance abuse counselor, because I needed to understand why did I need these substances to just cope with whatever comes my way? And as I learned, I applied it to myself, I became clean. When I got the confirmation that my daughter was not going to seroconvert, I had an eight ball of cocaine at home because cocaine... I sniffed cocaine. I sniffed heroin. I never shot up because I was scared of needles. But I did these substances because it was my method. I understood from the alcohol use to the weed, I understood what my behavior was about, but I also too, recognized me getting clean would've given me more of a power and opportunity to fight against the situations and circumstances to stand up for my rights to start loving me.

[\(18:33\)](#):

I had to learn what it is to love Michelle. The trauma that I came from and the trauma that I endured. It was giving me these definitions that I know that was not me. I did not let my diagnosis as a woman with HIV be a barrier to me learning about myself, going back to school. I have a very high IQ. My brain works well, but I can say throughout the years because of the different substances and things that went on in my life and being diagnosed with HIV and having opportunistic infections, these things came along the way in my livelihood. It's been 33 years now that I'm diagnosed living with HIV. I've survived toxoplasmosis, which is a brain infection that someone can acquire once you have advanced to AIDS. So, this is why I tell anyone HIV is very real. It's a virus and if it's left untreated and you do not get the care that is required, you can advance to AIDS. I experienced AIDS.

[\(19:41\)](#):

Would CDC today say that I have AIDS? Yes, once you're diagnosed with AIDS, it's always on file, on record. But because of medications, because of my advocacy, because of me learning to take a stand, I recognized where me becoming involved within a peer deliverable... Because another individual can get help from a person who understands them, understands their lingo, who knows what it is to meet them where they're at. One of the things today that we still need is a provider understanding what it means to meet a person where they're at. Myself, from this lived experience, myself now that's having a skill base, because yeah, as I said, I got my CASAC. I learned about behavior. But one of the most important thing that I learned is understanding our mental health issues. I understood how early trauma came into my life. It did not define me, but it gave me an opportunity to be able now to work.

[\(20:48\)](#):

I've lost count of the different individuals who I helped take that test. I've met hundreds of folks who have said, "This HIV diagnosis..." Looking at HIV as a death sentence, to us now, many of us built and we put the work in and we got at decision-making tables. I learned the form of advocacy, what it took to be at a table where decisions are being made about your lives. Some of us was federally funded and we heard about meaningful involvement of people living with AIDS. We call it MEPA. I remember when I applied to be on the board of directors of the only national organization we had at one time called NAPWA, my immigration status was questioned. This was questioned by people like myself who are living with the virus.

[\(21:47\)](#):

I'm giving you snippets of these bits of lived experiences, but I got certified as an HIV counselor tester very recently, because of my research advocacy work that I've done in the past. I'm now reengaged because here I am aging. I'm 56 now, being diagnosed at 24. The way that I format using my life, lived experiences, I keep using that word because there's a richness on when we learn and identify how we can package these lived experiences, and then implement this where we can educate, we can inform,

create some magnificent programs that I sat with funders and I sold to them a concept. You hear me saying situations and circumstances because risk is a word that was thrown to us.

[\(22:47\)](#):

It's men and women, but I have to say women and that's what got... Oh, oh, you was at risk when you contracted HIV. I didn't see risk. I was involved in a relationship with a man who promised to marry me and help me get a green card. I never got the green card through that man. I got HIV, I got gonorrhea, I got herpes. But from those experiences, I can teach another woman how you can prevent yourself from contracting. I can give you some real-life theories and concepts of things that we can identify. We call it minority stress, right? Minority stress is day-to-day life experiences. Many of us black and brown women and men experience it, but it's what do we do with it when it comes our way?

Tammy Kramer [\(23:38\)](#):

You mentioned that your daughter had seroconverted, and that there weren't a lot of treatments at that time for HIV and AIDS. Can you tell me about the research that your daughter was involved with?

Michelle Lopez [\(23:59\)](#):

First, let me go back a bit. I got involved in doing research advocacy because there was no medications available for children diagnosed HIV positive. So, once I got confirmation that this child is infected, she's not shedding the virus, she's going to be living with HIV, I got on a mission to find companies who needed to develop dosage for children. In 1995, that was one of the most trying times she had with her diagnosis. She was getting very sick. She was not eating, losing weight. And her doctor and myself, through the research advocacy, found out there was a company called Aragon Pharmaceuticals. And they were looking for a child that their parent will be willing to have this child spend a 24-hour period to identify the dose for the first protease inhibitor that a company wanted to formalize for children. I donated my daughter.

[\(25:04\)](#):

I really felt this was it. This was a make or break. I had friends of mine saying, "Michelle, don't do this. This could kill Raven. They don't know what is the right dose, Michelle, you know what..." "Yes, I know what a pharmacokinetic study is. Yes, I do." I said, "What does she have to lose?" That child is now 33 today. She's 33, alive. She's a mom. And this was a child of color. This was a black child that made it possible. So, it's one of my greatest accomplishment. It's one of my greatest celebration. Yes, indeed.

Tammy Kramer [\(25:45\)](#):

Yeah. So, beautiful to have been able to raise a child under those conditions and have the opportunity to celebrate her today and her fullness as an adult.

Michelle Lopez [\(25:56\)](#):

Absolutely. And here I am as a grandma. She has a kid now. She's a parent, and that little boy is a boy and he's negative and he's healthy. She can share the glories of the things that her and Mommy did, that she can now be such a great mom to him.

Tammy Kramer [\(26:15\)](#):

That's great.

Michelle Lopez [\(26:16\)](#):

I just completed my first research study as a researcher.

Tammy Kramer (26:24):

Congratulations.

Michelle Lopez (26:25):

And I said that with a team because our CFARs, these are funded institutions, Centers for AIDS Research and Studies that NIH funds millions of dollars. And one of the requirement that these CFARs must have is community involvement from the design of the studies to the point that now my study that I completed with a psychiatrist, because this is a very big issue that's impacting the lives of women living with HIV, aging with HIV, our mental health needs. And some of us don't even know how to ask for that help because we still act out. And some of us are very angry. And here I am, the trauma from my experiences and the things that I've been through, I took the lemon and I made some lemonade. And I made some damn good lemonade. Because I'm at a point today, I live my life. I can speak about my bisexuality. I can engage with individuals who had no idea this is what this woman is about to share and help me out with. But I do know also there are instances in our lives that we can't prevent.

Tammy Kramer (27:49):

That's got to be some good lemonade. I want to get some of that lemonade. I mean that is power right there.

Michelle Lopez (27:58):

I have control now and I'm not dominated, and it's not done to me in an abusive manner. And guess what? In whichever manner that I want it. Because there were these different experiences and how it impacted me and how I dealt with it is where today I can say the life that I'm living today, I'm in control. I'm not being violated. I love me. I have a chance to take care of my mental health. Guess what? I'm good. I feel like a millionaire.

Tammy Kramer (28:34):

Yeah.

Michelle Lopez (28:39):

It was never a freeness and enjoyment that I have, and it really came from what I did when I realized and acknowledged what trauma did to me. For some of us, it's one of the joys that I celebrate working in public health. Public health is not just about the clinical aspect. Some of us really do need guidance because of what came into our lives. We get stuck. We feel less [inaudible 00:29:09], these different emotions. What do we do with these things that comes into our lives? So, I think I've found a way to work in the context that I do. I worked in a federally-qualified health center for over, shit, over 30 years.

(29:26):

I remember using the terminology and saying to folks, "You know what? A lot of black and brown folk comes from what we call sick health. We did not know. We do not understand what is healthcare. So, some of us accept what is just thrown at us because we think that's the way it's supposed to be because I'm a black person, because I have Medicaid, because I'm getting subsidized care." No, as a consumer, we deserve the best of whatever our needs are. We do deserve the best. Let the clinicians do their

clinical work, but there are clinical outcomes from the social aspect of the work and interventions that I am providing that's helping that person live.

Tammy Kramer ([30:14](#)):

Right, absolutely. Looking at how we can approach people from a perspective of a whole person and not just a part of their body or a part of their wellbeing.

Michelle Lopez ([30:25](#)):

Yeah, we are not treating the diagnosis, we are not treating the virus, we are treating a person. And that's the piece, that's the fill in that I see a lot of allied workers who are non-clinician do fulfill within healthcare. But is it as integrated as we should be doing it? No, it's not. There's still a lot of work because we are dealing with the inequities. And one of the striking things that struck out to me was about sex and sexuality. That individuals, women especially, who were diagnosed with HIV, they were being ostracized. I experienced it too. And I remember first, it was the doctor. A doctor misdiagnosed me. I had a severe outbreak and this doctor misdiagnosed me. This was 1992, and he sent me home with a substance to wash myself because you women who are coming in here with HIV, you need to wash yourself.

Tammy Kramer ([31:30](#)):

Wow.

Michelle Lopez ([31:30](#)):

I have herpes. It was an outbreak, and he misdiagnosed me. So, the different things that he said to me and how he made me feel, I remember going and reported him. I told my case manager, "I want to speak to the CEO, to the boss, because I'm not the only woman that he's treating." And what he did to me, ooh, it took me back. Flashbacks, triggers. And I said, "No more." This is a sexually-transmitted disease. People were not acknowledging and saying it, but it is. And this is how HIV came into 80% of us as women. Yes, some of us were partners to IV drug users, but the direct connect, it came through sex that we had with the men who either knew their status, did not know how to disclose, were fearful. It was just, again, the different layers. And I saw getting involved with the research aspect because, for me, what research did, it helped me understand why we are seeing certain things, why it's happening.

([32:43](#)):

People go off and they publish these great findings, but here I am with someone who was marginalized. I needed to be able to get the resources to help me survive and teach other individuals. Knowing your HIV status is going to be able to put you on a pathway of receiving help and working on getting your life together. So, when I first started working in this clinical setting and I identified what they were saying to us women especially about sex, it was part of my conversation with my peers. I literally had women say, "Michelle, I don't have sex anymore." But here we are as part of our clinical care, our doctors are supposed to be discussing with us our sexual health needs. Bullshit, it was only being discussed with men being. As much as you would hear the notion HIV is not about gay men or gay men's health.

([33:43](#)):

And once I recognized that as a woman and once I understood there are things that we need to do is when I started identifying myself as a change factor. I can get things changed. I got women to understand what it is when somebody tells you, "This is your breast and this is how you should examine your breasts, and these are the things that you should do, touch." I had to start teaching women about

touch. One of the things that I share and I discuss because it's what helped me, again, intimacy. What letter does intimacy starts with?

Tammy Kramer ([34:25](#)):

I.

Michelle Lopez ([34:28](#)):

I. There has been so much sexual trauma in the world of women's life. Some of us caught HIV, but some of us, there were other ways, but that's sexual trauma. Some of us was the first set of encounters and we've got to be able to work through that. And when I tells people today, "I am so sex positive, I love it. I engage with it when I want it, how I want, with who I want it with." And no one stigmatizes me because I have control, and that intimacy starts with I. I had to learn what it's to love Michelle. I had to learn when I get up in the morning and I look in that mirror, "Good morning, gorgeous." When my titties started sagging, I had to learn, because guess what? Some of us yearn for that touch, we yearn for that, but we can't even do it with ourselves. Self-pleasure.

([35:31](#)):

I remember doing workshops, teaching women. Give it a start. I have girlfriends who have canes. I said, "Girl, use the cane as a prop. Let me show you how. Use the cane as a prop in the bedroom, and girl." I have had friends of mine who are having a very hard time getting a guy to use a condom. Make some fun out of it. I did workshops. "Let me teach you how to put on a condom with your mouth." They go, "What the hell is that?" "Try. If it work, it works. If it doesn't work, shit, talk about that experience too because guess what? It may not work for you, but it may work for somebody else."

([36:17](#)):

I created a presentation workshop called The Joys of Intimacy. Intimacy starts with yourself, right? COVID came along and what happened? People lost opportunities and people lost touch with another person. I created a little workshop called Show & Tell Honey. Zoom, I was smartphones. I was teaching girls, call your little boyfriend or your girlfriend honey, and set those two legs apart and say, "Honey, I got this to show you." Make some fun out it. Let them know how much the girl is missing the... I did stuff like that. My girlfriend's like, "Michelle, you crazy," but the shit was funny.

([37:11](#)):

[inaudible 00:37:11] tried it out. [inaudible 00:37:13] listen, we got to do something because I use that as a method. I wanted some of my girlfriends to be able to encourage the guy to go get that shot, the COVID shot. "Honey, if you want to come and get the boom, boom." Entice them. I gave them homework to do. One of the things that helps a man to decide, "Let's try this condom thing." Drop that condom and look through your legs. "Let me pick up this condom that you don't want to use," and do that naked in front of a man. Honey, that's a start. [inaudible 00:37:47] excited, just that little act. These are little things. I said, "Not everybody could work a pole, but some of us who could use our little chair, use your wheelchair, use your walker. Get creative. But practice it first with yourself and see how it feels."

([38:09](#)):

When we get lonely.... I don't get lonely. No. My quiet time becomes real creative. Yes, I create my own joys. I learned what that is and in whichever setting. Where pleasure is needed, pleasure should be achieved. When pleasure is needed, pleasure should be accomplished. I have met women grown in their 30s, 40s, and now, as I said, we are hair aging with HIV. Never took a look at their vagina. I said, "Girl, but you told me how good he ate that pussy. You need to know is there anything else I can do to

enhance this girl? You got to be able to connect with [inaudible 00:39:04] now because that's one of your pleasure points. So, what do you yourself know?" I said, "Guess what? I got something to teach you. There are some things now that you can do in reference to stimulation, right?" Some of us are having issues with penetration, us aging women with some women introduce, yes, your man to a toy, but it's not, again, it's not what you do, it's how you do it, how you go about it.

Tammy Kramer ([39:32](#)):

You talk about where pleasure is needed. Can you tell me what do you define pleasure as or what role does pleasure play? Why does pleasure feel important to you?

Michelle Lopez ([39:50](#)):

Pleasure is very important to me, to individuals, because what pleasure does, it stimulates an emotion. I remember having these conversations with my girlfriends, "How do you know what do you like as pleasure when you've never had it explored?" And I have these kind conversations where it's getting individuals to talk about stuff that they have been internalizing, don't know how to deal with. And what that did, it brought some emotions into them that they really don't enjoy. A lot of my friends and girlfriends, again, they don't want to be bitter, they don't want to be grumpy. No. But when we start lacking in certain areas of our lives, and sex is one, there's a direct impact medically, clinically, once our sex and how we feel about sex and how we are getting it, once these things are intact, it do impacts us.

([40:53](#)):

How many of us can remember saying to one of your girlfriend, "Girl, you need some dick right now? Ooh, you just so miserable." We use that term a lot. And when I say that to my girlfriend, I'll be like, "Ooh, honey. Uh-huh, you know got options today, so you don't have to be a dick. You need to cum. You need to release." [inaudible 00:41:13] everything for you is about sex. But guess what? Guess what? I get the call a couple days later, "Bitch, how the hell did you know?" I said, "Because I understand certain behaviors when I see it." And some of us, again, has been made to feel these ways about that same sex that we yearn for that same emotion, that pleasure. It's that pleasure. That's why some people can turn to food for pleasure. Some people will turn to drinking. It's because we know this feeling that we feel when pleasure is an emotion that we're trying to reach, to get, to encounter, to have.

Tammy Kramer ([42:05](#)):

What I'm hearing and what you're saying is there's this kind of need that we have as people to experience pleasure in one form or another and finding the ways that we experience pleasure personally can then kind of expand us and impact other areas of our life. It makes me think too about how you are discussing clinicians and the allied health professionals. How do you see pleasure coming into those conversations or how do you wish pleasure would be included in conversations clinicians have with patients who are coming in for, let's say, STI testing or other things?

Michelle Lopez ([42:43](#)):

Pleasure needs to have its continued role and play, no matter how your client is presenting the unpleasures that is going on in their lives. Individuals are presenting to you about, "Oh my God, I just got this sexually transmitted infection." Always not being judgmental is an acknowledgement. We have to take into mindset the emotion that this person is encountering. So, you've got to be able to treat, yes, the infection, but also, to prioritize treating that person because that infection, that encounter, what they have had can be the breaker to how the continuum of their livelihood goes on. Based on a rape, I'm a rape survivor. Yes, I got raped. I can have a pap smear done on me today without having any problems.

[\(43:54\)](#):

I can say today now, if I meet a new provider, "The reason why I do not want a male person examining me is because I am an incest survivor." And guess what? When I verbalize those things, it's your now responsibility to provide me, because I've shared some things with you and you understood. And you and me working together is going to get me through... I'm in this angry motion right now. I feel violated right now, but I'm going to work through this because it's going to help me understand this was not about me. It's a person taking control, violating. There's nothing bad about sex. Sex, how it was presented to some of us is what's bad. Yes, we treat the infection, but you know what? Following two weeks, some of us don't even come in for what we call a [inaudible 00:44:48], but just to check in.

[\(44:51\)](#):

Just that little check in. One of the job descriptions that I had as a treatment educator working in the field of HIV clinical setting was working with individuals who were having adherence issues. And from identifying that every time this woman comes to the clinic, the person who is examining her, is reminding her of her abuser. Who could she tell that to? She did not feel safe saying it to anyone. So, when she comes to that visit, she wants to be seen in and out, and then she gets back home and she does not want to be reminded of why she's seeing that person. Guess what? She's not touching those meds. Oh, she's not adhering. So, there has been staff who have worked with me who I had to introduce them and let them know about Lola, because my clients know who Lola is.

Tammy Kramer [\(45:52\)](#):

Tell us.

Michelle Lopez [\(45:54\)](#):

Lola is my alter ego, and I have to share with staff and help them understand why I introduced some of these clients to Lola. And what is the saying with Lola? Whatever Lola wants, Lola gets. And when I sit and I work with individuals letting me know, "I never had this experience, Michelle. It was not an opportunity for me to be able to share with my girlfriends, 'Oh, I lost my virginity at this age. Oh, this is who, as a boy, that I did this with.'" When I identify, again, there's been many levels of sexual violation that went on in women's lives, and there has been guys, men, who I had to counsel and I told them about Lola because there were things in our lives when it happened to us we didn't have that control. Here we are now. We're diagnosed. We're living with HIV. We got access to meds. We have access to healthcare. But up here, in that little brain, where these emotions and these things that connect in our lives when they get triggered, what we manifest is really what it is that we are feeling and experiencing.

[\(47:13\)](#):

And clinicians need to be able, providers need to be able to know what that manifestation, what it speaks to. I would hear providers say, "I don't treat my client in a judgmental way," but two weeks ago when this person came in and there was a little falter going on in their records, the language that you use... Providers is not paying attention to language. Very recently, we are at a well-acclaimed conference and an ally who was a major supporter within the HIV community, she said, "These infected people..." That's not language we use in our community anymore.

[\(47:58\)](#):

We acquired this disease or we acquired an infection from an individual that we had a sexual relationship with. We are not infected people. No, these are the stigmatizing words. That clinician got to be open to understand the different underpinnings that we experience in our day-to-day lives, the minority stresses. So, when you see certain behaviors from us, if you really do not know my struggle,

you cannot judge me. But within our systems that we have to navigate today, we have to start acting on what we are saying and what we are putting in reports. We have to act on it. And this is where, again, my work comes in.

Tammy Kramer ([48:48](#)):

Your testimony and your storytelling, I think is an incredible gift that you're sharing with us. And as a way to really not just think about these ideas, but really feel, and I just think that's such a powerful thing that you're able to bring in really so generous, Michelle, to tell your story the way that you do.

Michelle Lopez ([49:09](#)):

Yes, it's my method and it's very engaging. I have seen the outcomes of this approach that I use of just Michelle being Michelle. This is who Michelle really is. What you see is what you get, is what you're going to get.

Tammy Kramer ([49:26](#)):

And such deep work that you've done. I'm experiencing all these different layers like the access to or the connection to the hardship that you faced, but also the kind of joy that you've been able to excavate and carve out of that experience. That is incredible.

Michelle Lopez ([49:45](#)):

Life is livable. It's what we do with it. Do we have the resources? Do we have the necessary things that we need? Because yeah, a doctor could write a script, boom, "Take this pill, take care of it." But it's where I'm at that's really going to determine if I'm going to take this pill. So, writing a script, giving a prescription, giving a diagnosis is a starting point of an accountability now, of helping someone. From that point in time of their encounter with you to learn what it is now to live with the things that they're experiencing.

Tammy Kramer ([50:29](#)):

Yeah. You are already living in this space of imagination and play. I hear it in the way that you speak. Something that I like to ask every podcast guest at the end is to activate that, but we're already there. But what do you hope we can create by coming together for sexual health?

Michelle Lopez ([50:47](#)):

One of the things that we can create, and I hope to see us do that, is embracing touch. Touch has done some wonderful things for individuals and touch has done some really horrible things to individuals. I'm using and I'm saying this as a key to unlocking some of the barriers as providers. It's a place of sharing, a place of acknowledgement like, "You know what? Don't touch me right now." To give people that opportunity to verbalize at that point in time. Why do we still have violation going on in people's lives? Because again, this touch and that touch encompasses so much, but it also comes to a foundation in a person's life.

Tammy Kramer ([51:43](#)):

Well, thank you so much for everything that you shared today, Michelle. I'm really moved by your story and I'm sure our listeners will be too.

Michelle Lopez ([51:50](#)):

You're very welcome. I always say to individuals, give it a chance. Give it a try to find your Lola. I'll leave it at that.

Tammy Kramer ([52:01](#)):

Oh, I love that. Find your Lola.

[\(52:09\)](#):

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