It’s Up To Him, New York: Ronald Johnson

A positive city official stays healthy with vitamins, support groups and hope

June 1, 1996 By Amy Feehan

As coordinator of AIDS policy for the City of New York and powerful chair of the municipal HIV Planning Council, Ronald Johnson, 48, is responsible for allocating millions of dollars in AIDS funding. He first honed his administrative skills during four years as executive director of the nongovernmental Minority Task Force on AIDS. Named a city official in 1992 by Democratic Mayor David Dinkins, he was reappointed last year by Republican-Conservative Mayor Rudolph Giuliani. Johnson has become controversial since helping implement what he calls “restructuring” -- a 27 percent staff cut -- at the city agency coordinating benefits for rising numbers of PWAs. Johnson attributes the criticism to “a great deal of community distrust of this Republican mayor, which carries over to my position.”

But the low-key man with the voice of a smooth jazz d.j. is no stranger to publicity, particularly considering the media blitz that followed the public announcement of his HIV positive status, made when he first took the city position. POZ *caught up with him between all-day meetings, jury duty and a vacation to see his 27-year-old son in Texas.*

When did you first learn you were HIV positive, and what was it like to publicly announce you have HIV?

After my partner, Julio, tested positive in 1989, I decided to get tested and found out I too was positive. Interestingly, at the time, I would not tell anyone other than my very close friends and family. It was not because of privacy, it was because of shame. Here I was, the executive director of an AIDS organization, telling clients, “There is nothing to be ashamed about. Your life is not over. La-di-da,” and I was the one who was ashamed. It took me about a year or two to deal with those feelings.

When Mayor Dinkins appointed me, I knew it would be important for the AIDS community to know I was HIV positive. In the first few days after my announcement, HIV positive people would stop me on the street to simply say thank you. I guess I didn’t appreciate how important it is to be public about one’s status. To me, it was just, “I’ve got to do it.” I was surprised and touched that it meant so much to other people.

How has your health been and what conventional and alternative treatments are you taking?

I've never had AIDS -- that is, no opportunistic infections -- and I've never been on any conventional treatments. I just take tons of vitamins daily, which I've been on for five or six years now. I take a multivitamin, vitamin C, B-complex, selenium and an antioxidant complex. I've never felt the pressure to be on any HIV-related drugs. My CD4 count has hovered around 1,000 (it's now above 900), and when I recently had my first viral load test, it showed a negligible amount of virus. These measures tell me and my physician that I don't need to be on any antiretrovirals.

I must confess that, even though I am an AIDS professional, I still have a fear of what taking medications means for my own health. Not being on AZT and the like is a reminder to me that I'm still healthy. Also, we still don't know the long-term effects of antiretrovirals. I don't want to start taking drugs when I'm relatively healthy and then build up resistance so that if no new treatments come along by the time I am sick, I've blown my chances of survival.

If someone with HIV asked for your advice on what treatments to take, what would you say?

I would say that treatment is still very much an individual decision, and what you need first and most importantly is to have a good relationship with your primary care physician. I have a very close, trusting relationship with my physician, Dr. Nancy Mellow. She was Julio's doctor. I see her generally every three to six months, but if I have a cold or something -- this winter was a little rough on me -- I see her more often. Each time, we monitor my bloodwork and make treatment decisions based on those findings.

How are you doing after the loss of Julio last July?

Physically, I feel very, very good. I've resumed going to the gym after a too-long hiatus. Generally, I work out by lifting weights and doing aerobics two to four times a week, but that varies with the mad pace of my job. Emotionally, I am just OK. I'm still feeling pangs from losing Julio. We were together for 11 years. I'm going through everything without him for the first time: The holidays, my birthday, our anniversary coming up soon.

Spiritually, I feel very sound, though. I have not been going to church as regularly as I used to, but I have my family and friends. I continue to participate in a partners' support group, and I recently joined a bereavement group. It has been very, very helpful to have others to share experiences with. I confess to being a workaholic, and since Julio's death I use work as a diversion. I work, on average, 55 to 60 hours a week.

Does the way you approach your job help you manage your own HIV infection?

As much as there is a sense of immediacy with any epidemic, it's important to always ask, "What is the situation going to be like two, three, five years from now and what can we do to be

prepared?” With my own health, I similarly have to look ahead and do what I can now to stay healthy. For example, I have really improved my diet over the past year, which has helped me lose about 25 pounds. It feels wonderful. My doctor is getting a little worried about me because I am on a roll now. I want to lose more. I need to. I have become fanatic about reading labels; I’m working hard to reduce my fat intake. I have substituted chicken and fish for beef and pork, and I eat lots of fruits and vegetables. Now that Julio is gone and I’m cooking for one, I make smaller portions and skip second helpings.

How do you manage the stress of your job? You have said that it’s fair to call your tenure “controversial,” so how do you handle living in the public eye?

My stress level has been pretty high. I wasn’t reappointed until a year into the new mayoral administration. So from January of 1994 until March of 1995, I’d go to work and ask myself, “Well, what is going to happen today?”

More recently, we’ve been going through a rather difficult time in my office. At first we thought we were going to see a major reduction in federal funding, so we began developing a contingency plan. The severity of those cuts did not go over well in the AIDS community and some took rather strong exception to the contingency plan. Several of our meetings were disrupted by protesters, which unfortunately led to some arrests, so that was very, very painful for me. As it has turned out, we’re going to get more money than we expected. Now there’s the stress of developing yet another plan.

How I handle all the stress gets back to my religious and spiritual background. I am a Christian, so the concept of hope is very central to me. Certainly in this epidemic, both collectively and individually, there is a great deal about which we can be in despair. But for me, the antidote to despair is hope. And when I say hope I mean an assurance that things are going to get better. Not just a belief or wish but an assurance that they will. I’m reconciled to the fact that I might not live to see a cure for AIDS, but I know there will be one. So that is the hope that sustains me. And I believe that we as a community will get through this.

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