Looking in the Mirror

Valencia Landry has dug in for battle in the Lone Star State, where she finds purpose and meaning in her HIV advocacy.

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Valencia Landry knows firsthand what it's like to be an HIV advocate in a conservative state. A native of Louisiana, where she was first diagnosed with HIV in 2005, Landry now resides in Fort Worth, Texas, a state governed by conservative Republicans whose views of sex and injection drug use inform policies that create barriers to HIV prevention and treatment.

"The hardest part of preaching prevention and PrEP [pre-exposure prophylaxis] in the state of Texas is that HIV prevention policy is often abstinence-based," Landry says. "And in Texas, you can't go to the schools and talk about sex education. You can't give out condoms because everything is abstinence, and that's not helpful because people are having sex."

People are also injecting drugs, which is especially risky in Texas because it opposes needle exchange efforts to curb HIV transmissions. Only Bexar County, home to San Antonio, over 250 miles from Fort Worth, permits needle exchange.

But instead of ditching Fort Worth for friendlier climes, Landry has dug in for battle in the Lone Star State, where she finds purpose and meaning in her HIV advocacy. With scant few legislative allies, Landry organizes locally, often filling the gaps created by state policymaking.

"I'm a part of the Tarrant County Community Advisory Board," she says. "We drafted a step-by-step guide—from being newly diagnosed to getting the resources that you need to getting to doctors' appointments and things like that. And they have different social services and support agencies listed in the county that can help you along the way as well."

Landry also works with the Dallas-based Grace Project, which hosts the nation's largest annual conference for women living with HIV and AIDS. At the most recent gathering, Landry led a breakout session about financial literacy for individuals of all ages, including older long-term HIV survivors.

Landry notes that long-term financial planning—including retirement—for people with HIV is a far cry from the early days of the epidemic, when most people with the virus couldn't imagine growing old.

"People were getting diagnosed, and not much later they were passing away," she says. "But now it's just like, How can I help others with HIV live a longer life? How can I help them live life with dignity or even just dying with dignity later on?"

For Landry, living with dignity includes establishing and maintaining financial security.

When asked about the persistent stigma around HIV, Landry suggests that the battle against it often begins in the mirror.

"Sometimes we're in our own head, and we stigmatize ourselves, and I hope that people stop doing that and live their lives," Landry says. "Because life doesn't stop with a diagnosis. You have to keep pushing. Every morning that we open our eyes, we have to keep going."
