

DAN ROYLES: Okay. So this is Dan Royles interviewing Durell Knights at the offices of Gay Men's Health Crisis in New York on February 21, 2013. So to start off, if you could just tell me a little bit about your early life.

DURELL KNIGHTS: My early life in regards to—?

DAN ROYLES: In regards to your life, where you grew up, or—

DURELL KNIGHTS: I'm forty-six years old. I grew up in the Bronx. I grew up in Long Island, I grew up in Queens. I come from a single family home. My mother and father were divorced when I was approximately five years old, and my mother raised us on her own. I have a twin brother and I have a sister—from my mother. I have other siblings from my father, but that's all I have from my mother.

DAN ROYLES: Okay. And growing up, what was your sense of your sexual identity?

DURELL KNIGHTS: Growing up, my sense of sexual identity, I knew that I was different than others. (laughs) I knew that I was different than my twin brother. I knew that I was different than the other boys in the neighborhood. I had feminine qualities. I was quiet. I was withdrawn. Yes.

DAN ROYLES: And how did other people respond to that in your life?

DURELL KNIGHTS: Other people responded to it by calling me derogatory names. Growing up, I was called faggot, homo, sissy, punk. I received more taunt from family members and other young men in the neighborhood.

DAN ROYLES: Were there other people in your life or in your community that you saw as being kind of similar to you?

DURELL KNIGHTS: The same as me?

DAN ROYLES: Yeah.

DURELL KNIGHTS: In high school. I remember being in high school with my best friend. My best friend also identified—well see, it was a different time back then. This was like during

the '80s, right before I went into the army. He identified as being gay. I didn't identify as being gay because I didn't want the backlash from my community. I didn't want the backlash from my family. But me and this individual, we became very good friends. His house seemed like a safe haven. I was able to go hang out at his house and just be who I wanted to be. His mother was accepting of him. She was accepting of me as his friend. Yeah.

DAN ROYLES: Was he the same age as you?

DURELL KNIGHTS: We were the same age. We were the same age. This was maybe sixteen, seventeen years old of age.

DAN ROYLES: Okay. And so then after high school, what did you do?

DURELL KNIGHTS: After high school, I went into the United States Army.

DAN ROYLES: Okay.

DURELL KNIGHTS: This was my way of running away from home. This was my way of becoming a man. I went into the army, maybe at eighteen. I remember turning nineteen in there. The army was an experience for me. It helped me grow up but it was also very challenging for me because I had to hide who I was. Again, I did not identify with being gay. I wasn't comfortable with saying that I was gay. I can count the—the sexual encounters that I had in the army. I had maybe three. Again—the taunts and the rejections came from—mainly, it was black men. It was the black men who saw that there was a difference in me and that became very challenging. When they started asking me whether I was gay or straight—they didn't use bisexual—if I was gay or if I was straight, I realized that it was time for me to get out of the army and come back home because again, here I am, I'm nineteen, twenty years old and back home was more safer than me being somewhere else, or me even being in the military and being kicked out of the army. So I decided to come back home.

DAN ROYLES: And what year was that?

DURELL KNIGHTS: This was 1988.

DAN ROYLES: Okay. So at what point did you first become aware of AIDS or what was going to become known as AIDS, if it was before they used that designation?

DURELL KNIGHTS: Okay, well when I was in the army—we heard stories of Rock Hudson, Liberace, where they had been diagnosed with AIDS. And now see, at that time, it was also—I didn't hear anything called HIV. It was diagnosed as AIDS. You had AIDS. You had full-blown AIDS, and a few months later, you passed away. It wasn't really—I didn't think that it was as bad as it was. For one, I was young. That was one of the least things on my mind and I'm sure with me saying this, it'll tie it into some other questions that you might ask later. And it was also a white man's gay disease. And again, I did not identify as being gay. I was not Caucasian. So it wasn't a problem for me. When I realized that things were happening within my community was when I got out of the army, and I saw organizations or groups like ACT UP. They were in the street fighting—not fighting but—asking for help. They were activists and they were asking for help. They were asking for a cure. I remember going to early pride events, maybe like '89, '90, and seeing tables with condoms on it and key chains with condoms on it, and literature about HIV and AIDS. And I remember the first place that I—again, 1989. Everything is just like clicking. 1989 when I started doing my—when I started volunteering with an organization called ACQC, AIDS Center of Queens County out in Queens. And I started attending—well, I started doing volunteer work there and I had a buddy. I remember the first time that I came down to GMHC, I had a buddy and he was a client, and I can't remember his name, but he was a client with GMHC, and I came down with him so that he could eat lunch in the space that we provided at the time for them to have lunch.

DAN ROYLES: This was when you were at ACQC?

DURELL KNIGHTS: This was when I was with ACQC, 1989. I remember the year, it's because '88, I got out of the army, '89 was ACQC, and then 1990 other things started happening in my life. (laughs)

DAN ROYLES: What happened in 1990?

DURELL KNIGHTS: 1990, I moved to the Bronx, got involved in bad relationships, and my

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life took on a different turn, yeah, a different avenue.

DAN ROYLES: So how did you come to work at Gay Men's Health Crisis?

DURELL KNIGHTS: I came—well, this was—ooh—you see, I'm looking for years. 1998, I had received a flyer somewhere about support groups that Gay Men's Health Crisis had and I knew I needed some support around identity. I knew I needed some support around staying HIV negative. I knew I needed some support around dealing with other gay black men on a different level than I had been dealing with them on. So I started attending the support groups. The first support group that I attended was a group called Soul Food. And this was like named after the movie *Soul Food* at that time where—and I started attending Soul Food and the support there was what I needed at the time. Soul Food was a safe space where men could come to and talk about different topics that were going on in their lives, whether it was sex, relationships, HIV, how to remain HIV negative, how to educate ourselves. We would sometimes go out into the community and hand out promotional materials—or not even, not just promotional materials but educational materials, educating other men who look like us, encouraging them to get tested. So I started with Soul Food. This was like in 1998, not '88, but 1998. And then I think in 2001, I decided to become a peer educator with the Institute for Gay Men's Health. They had a program upstairs and I used to do one-on-one counseling and people would come and talk about their problems and I would sit there and listen to them and offer them good advice and also encourage them to get tested and know their status. And then in 2004, I was hired by GMHC for another program that we have here.

DAN ROYLES: What's that program?

DURELL KNIGHTS: That program is called Many Men, Many Voices. It's a seven-week group for gay and bisexual men of color—African-American men, Hispanic men—to educate them around the risk around HIV and AIDS, encouraging them to get tested. We talk about relationships. We talk about negotiation. We talk about—we try to enhance their skills. We try to also, with their program, try to—build their self-esteem. You know, like a lot of times, people walk—and not only the walls of GMHC but people walk through different CBOs and

like it's sometimes difficult and sometimes hard to ask for help. And like you're walking through a door and like you know that you need some sort of supportive services. You know you need some sort of help. So we try to build their self-esteem. We try to help them to realize that they are valuable and that people do care about them. One of the good things about Many Men, Many Voices is that once the group is finished, we encourage them to get tested. It's also sometimes scary to get tested by yourself. So like once the participants have gone through the seven weeks of the group, we all go over to the Geffen Center because we also have another location. We have another location other than this one. We go over to the Geffen Testing Center which is located on 29th Street and we try to get them all tested as a group.

DAN ROYLES: So is it a program that's for men who are HIV negative?

DURELL KNIGHTS: It's mainly men who are HIV negative and also for men who are HIV positive.

DAN ROYLES: Okay.

DURELL KNIGHTS: And I want to share a story about a young man who participated in the group. What year was this? Maybe 2010. I remember he was seventeen years old at the time. He had been in and out of foster care. He was sexually abused by his father. His mother—I don't think he knew where his mother was but he went through the group. He felt comfortable enough with testing that Sunday—because I also facilitate the group over a seven-week period and I also facilitate over a three-day period—Friday, Saturday, and Sunday, we condense everything into the three days. But he felt that he was ready to get tested. And he also had his support. I mean, like he had been through the group with this bunch of guys all week and so you know, like he felt comfortable and he went in there to get tested and he came back out and he was like, "Something's wrong." Seventeen years old. "Something's wrong. They have to send my results out to get tested again." Come to find out that he—seventeen years old—he was HIV positive. And then like he disappeared, because he was supposed to come back and he was supposed to talk to me and I was supposed to like try to get him connected to services. He just like disappeared. And I would

go down to Christopher Street where I knew like the young kids hang out and I would search for him. I had a peer educator working with me at the time. Every now and then, he would see him: “Durell, I saw”—let’s call him Jose—“I saw Jose. And he said he’s going to call you, he said he’s going to come back in.” Eventually, he did come back in for his results. I know he got connected to services here because he, just recently, he was attending the GED program upstairs. And I also know that not only was he connected to services here at GMHC, but he was connected to services of other CBOs.

DAN ROYLES: Okay. You talked a little bit about self-esteem. Why is self-esteem important for this kind of work?

DURELL KNIGHTS: Self-esteem is important for this type of work because if you don’t value yourself, if you don’t think that you’re worthy, if you don’t think that you’re important, you might sometimes put yourself at risk. You put yourself at risk for STDs, you put yourself at risk for HIV, but you also put yourself—and I had a conversation with my tax man because we were sitting there in his house and we were doing taxes. And he was sitting where she is and I was sitting here and something was on the television about three gay men who had just recently been hurt or been killed. But if you don’t have self-esteem, you might put yourself at risk for, like I said, being killed. You find yourself in places. You find yourself in situations. And you go in there not thinking with a clear head, and you might not come out of that situation alive. Sometimes, when you don’t have self-esteem, like I said, you put yourself at risk.

DAN ROYLES: Earlier, you said that when you first became aware of AIDS, you thought of it, and a lot of other people thought of it, as a gay white man’s disease. When and how did your sense of that change?

DURELL KNIGHTS: When my cousin, Peter, was diagnosed with AIDS and I remember visiting him. What’s the name of that hospital in Brooklyn? There’s a hospital in Brooklyn, but something had happened and he was—what is the damn name of the hospital? He was in a hospital in Brooklyn and my cousin and I went to visit him. And he was in the psych ward where they were keeping the mental patients at the time. And we went in there and

we talked with him and he wasn't himself. Peter was—how much older? Peter had to have been older than ten—maybe ten or fifteen years older than I was at the time. Yeah. He was also an intravenous drug user. He was also bisexual. And he was here at this hospital in Brooklyn and when we left there, my cousin and I went outside and got in the car. And I'm like, "Well why is he in there?" Like, you know, (laughs), like I didn't know. I'm like, "Why is he in there?" And she whispered it. You know, she whispered it like nobody was supposed to know what he—"We know what he has. He has AIDS." Like she whispered it. Like if you said it too loud, everybody would know. That was the first time I knew about—when it had hit home. When it had hit home. Also, back in that time, like 1990, '91, '92, the places where I was socializing and the places where I was hanging out at, people started disappearing. I guess, if somebody—was diagnosed with HIV or somebody had AIDS, you might not have seen them for a while. And like you would ask, "Where is so and so, so and so at?" Like, "Oh, he has a brain tumor," or "He's been diagnosed with cancer." Nobody said HIV. Nobody said AIDS, because it was just like you didn't say those. You didn't talk about it back then. You didn't talk about it back then. I also sometimes feel and I also sometimes think if there were more places like GMHC like back during that time, I mean like before it got bad, I wonder how many people could have been saved. And I say this and I'm not saying this because I work here, but GMHC has really saved my life. GMHC has made me the man that I am today. Like I said, walking through the doors not feeling comfortable with who I was, or walking through the doors and being ashamed of who I was. And coming to groups like Many Men, Many Voices, because I went through Many Men, Many Voices myself years ago, or sitting in groups like Soul Food and letting me or allowing me to be who Durell is and know that it was okay to be gay.

DAN ROYLES: Who is Durell?

DURELL KNIGHTS: Oh, Durell is many, many things. (laughs) Durell is—okay. Who is Durell today?

DAN ROYLES: Okay.

DURELL KNIGHTS: Durell today is comfortable with who I am. Durell is valued. Durell is a

brother. Durell is a father. Durell is a grandfather. Durell is sometimes a sister. (laughs) I'm in a better space. I'm in a better place today because I'm comfortable with who I am. You know, I've learned that it's—no matter what anybody says, you know, be yourself. If you can't be honest and true, if you can't look in the mirror in the morning and say, "Well, this is Durell," or "This is who I am," and you know, "The hell what anyone else thinks," then you have to learn to be yourself. Because I think I've reached that stage in my life where it's like no one—look, I work. I pay the bills. I take care of myself. I don't ask anyone for anything. This is who I am.

DAN ROYLES: When you talked about the relationship issues that Many Men, Many Voices covers, what do you talk about in the group and why is it important?

DURELL KNIGHTS: In relationship issues, we—why is it important? Why is talking about relationships important? When I think about relationship issues and I think about like some of these young kids, they get involved in relationships where sometimes they settle just to be accepted. Sometimes they settle because they're looking for love in all the wrong places and they find themselves in relationships. Sometimes, they find themselves in relationships with men who are a little bit older, or sometimes older than they are who aren't always honest about who they are, aren't always honest about their status. We try to teach the participants, okay, if you find yourself in a relationship and you feel like this is the one, why don't you both go get tested together so that way, you know his status, he knows your status, and then you take it from there. Try to be in a hugely monogamous relationship. And monogamous relationships means different things to different people so we try to make sure that they're all on the same page. We talk about tops, bottoms, vers. We encourage them to use condoms. One condom is not for everyone. Like try different ones until you find the one that works for you. We talk about, again, what's most important is the relationship with yourself. You have to be in a very good relationship with yourself before you can be in a relationship with anybody else. You have to, once again, value who you are and know what you will accept and know what you won't accept in your life.

DAN ROYLES: Self-esteem.

DURELL KNIGHTS: Self-esteem.

DAN ROYLES: When your clients of color come to GMHC, what do they think about the organization before they step through the doors?

DURELL KNIGHTS: I'm not sure what they really feel about the organization before they step through the doors but what's most important is that they're here. So they've got to be coming here for a reason. They could be coming in because they've heard so many good things about GMHC. I know when we were over at the other location, we had twelve floors, and on twelve floors there was a whole lot going on whether it was upstairs in the dining room preparing meals for them, there was a GED program that was the [Workforce Development (MATCH)] program where they would help you work on your resume and try to—work on your resume and send you out to try to get work, we had case management, we had places where they could go to and get clothes, we had groups, we had substance use counseling and education, we had mental health counseling. And I should stress mental health counseling because a lot of times in communities of color, if you say that you need help and like you need to talk to somebody, which we all sometimes do, you're crazy. "Oh, you're seeing a therapist? You're crazy." No, I'm seeing a therapist because sometimes I need to talk and I need someone to listen. Not someone to talk back to me, but I need someone to just sit there and listen.

DAN ROYLES: What are some of the challenges that you encounter working with minority clients around HIV and AIDS?

DURELL KNIGHTS: Men who are already clients? I can't really think of none right now because like the clients that I see right now, most of them are in care. A lot of them are taking medications. They're seeing their doctors on a regular basis. A challenge.

DAN ROYLES: I think what I should have said is what challenges do they face in their lives around HIV and AIDS?

DURELL KNIGHTS: HIV and AIDS is sometimes not the most important thing on their to-do list. Some of them are homeless. Some of them are living in shelters. Some of them are

living in SROs. Some of them have issues with mental health. Some of them have issues with substance abuse and I hope that we get back to—because that’s what happened to me when—well, we’ll—

DAN ROYLES: Yeah, we can circle back to that. So mental health, substance abuse, those kinds of things?

DURELL KNIGHTS: Homelessness. Like I said, living in—losing your apartment, not being able to work anymore, not being able to pay my rent and now I’m living in an SRO. Another challenge is—it could be sometimes challenging to go ask somebody for help. You know, because we’re taught that we’re supposed to be black, proud, strong, providers. And it’s sometimes difficult to go somewhere and ask somebody for help. Like I said, you can see them sometimes when you walk through the doors. Like they look beaten. Like, “Damn, this is where I am now.” But there has been some successful stories. (takes a drink)

DAN ROYLES: Do you want to talk about your experiences with some of those things?

DURELL KNIGHTS: Well, yeah. When I got out of the army in 1988, I started hanging out in Times Square. I didn’t hang out in Christopher Street or the piers, anything like that. I hung out down in Times Square in the hustler bars. And I was in my early twenties and I got involved in a very bad relationship. I was going to say it wasn’t physically bad but sometimes, it was. But I got involved in a relationship with this guy and up to that time, I was only drinking. He was maybe nineteen years old and he was doing heroin. And I started doing heroin with him. And then I ended up getting the habit. So then from the heroin, it was like every two years, I’d graduate to something else. Two years from that, I started doing crack and then two years from that, I started doing coke. And then every day, it was like the heroin-crack-coke-alcohol. And I did it—like, I look at my life. I did a lot of this because well, for one, at one part like with the heroin when I first started, I would rather be in his world than not have him in mine. But I also look at, during that little timeframe, I wasn’t out then. I was still struggling with who Durell was. And again, I was looking for love at all the wrong places and got caught up in, like I said, messed-up relationships. I worked at a hospital for seventeen years. I ended up losing my job at the hospital. Well, no, it wasn’t

seventeen years when I first lost it. But I lost my job. I lost my apartment. I became homeless. I started getting arrested for drug sales. And I did anything and everything to support my habit. Luckily, like I said, I can say that I'm still HIV negative. It was a trying time. But again, I had to be comfortable—like I said, and all these came around the same time. I had to be comfortable with who I was. So I was mandated to a drug program. The courts mandated me to a drug program and I came out and the program was called Daytop. And I went to Daytop, and I came down in March of 1998. And that's, like I said, handing out fliers because sometimes our responsibilities were to, like our job, was to (unintelligible), was to hand out fliers and I gave somebody a flier and they gave me a flier about GMHC. And that's how I got connected to GMHC. But it was very, my—drug use was—it was a learning experience. I don't regret anything I've ever done. I don't. Because everything that I've done, I've learned from, and it's gotten me to where I am today, whereas, I can sit in a group with men and not say, "Look at me. I've done it." But yeah, sometimes you're going to struggle but what's most important is like, okay, try to get over that. Try to get over it. Because like eventually if you want to stay HIV negative or you want to stay abstinent from drugs, you can do it if you put your mind to it. You can do it if you have that support system set up around you. Whereas, like you might feel a little iffy one night, you have somebody that you can call, like you've created relationships and you've created friendships, where you can call up somebody and say, "Well, you know, this is what I'm going through. You know, I just need somebody to talk to right now." Yeah.

DAN ROYLES: After that dark period, when was the first time that you got tested for HIV after that?

DURELL KNIGHTS: Well, I got tested when I went up to Daytop between '96 and '98. And then I also got tested once—when I came—not when I came back down, but I had had sex with somebody. I was already connected to the agency at that time, though. I had sex with somebody. I can't remember if it was unprotected or protected sex. But I knew that GMHC, up on the sixth floor because the testing center was located on the sixth floor at that time, that I was able to go there and get tested. So I went there and got tested and like the counselor asked me like, "What's going on? You know, like—." Because also, they hadn't

seen me for a while because I had came back down, I got my job back at the hospital. And you know like, it was just too much. So I was like, “Okay. Well, stop going to group.” And I realized that like once I had lost that support system, that every Thursday support system where I had some place to talk and vent and talk about what was going on with me, that’s when I put myself back at risk. So at that point, I realized that I had to get connected back to GMHC and start attending groups again and connecting with my brothers.

DAN ROYLES: What was that experience like, getting tested after that period?

DURELL KNIGHTS: Well, okay, we didn’t have to come—did we get our test results that day or—? It was a little nerve wracking because you don’t—it was a little nerve wracking because you’re like, “Damn! Am I positive? Am I not positive? Am I positive? Am I not positive?” But I knew that I was in a safe environment, that if my results had come back positive, that the staff at GMHC, or the staff in the testing center, would have been able to refer me or point me in the right direction where I needed to go and what I needed to do.

DAN ROYLES: Why, in your words, is HIV and AIDS such a big problem for communities of color?

DURELL KNIGHTS: Because there’s sometimes, there’s still stigma. Sometimes, there’s still shame. Why is HIV and AIDS a big problem in communities of color? Sometimes, people are afraid of knowing their status. Even though HIV and AIDS is not a death sentence anymore, some people still look at it as a death sentence. Some people might be ostracized from their community. Not, door is closed, but people treating you differently. And who wants that? It’s also especially challenging for youth and young adults because here’s a youth or young adult who is not even really aware of who they are at seventeen, eighteen, nineteen years old. And then like you add that on. It’s like adding more fuel to the fire, giving them one more thing that they have to worry about.

DAN ROYLES: So you’ve been doing this work for about twelve years or so. In 2001, you started.

DURELL KNIGHTS: In 2001, I started.

DAN ROYLES: Okay. How have things changed for the clients that you serve in that time?

DURELL KNIGHTS: I see that they're getting more and more younger. Yes. Another thing that's challenging for me is like in doing the work that I do, it's like kids where—it's challenging for me like where I might have seen the kid when they were like sixteen or seventeen years old, and now, I know that they're here for services because they're positive. It's challenging because like maybe at one time, I knew they were HIV negative and like they've gone through these interventions and it's like, "Where did we go wrong?" Sometimes, you own that yourself, and you're like, "Okay, well, you know, he sat in my group. Did he not—get something?" Or like, "How did this happen?" Like we know how it happened but like, "How did this happen?" But one thing that's good about it—not good that he has become positive—but good about it as like, okay, so many years later and they find out that they're positive, that instead of hiding from themselves, instead of running from themselves, that they've decided to slow down for a second and look, "Okay, I know I can go back to GMHC and do an intake and become a client and access some of those services that I need in order to live a longer and healthier life."

DAN ROYLES: What are you most proud of in the work that you've done?

DURELL KNIGHTS: I'm most proud of in the work that I've done—I can tell you something that happened last week. I ran into a kid—something made me stay—I was doing something late here one night, and something made me stay. And I ran into one of the kids who had gone through Many Men, Many Voices. And I was on my way out and he was downstairs in front of the building smoking because he was here for an event that we were having that evening. And he wanted to stop, he wanted to talk, "Oh, Durell, you don't know that the group has helped me so much with my life. You know, I was able to accept myself for who I am. It's sometimes a challenge for my family to accept me. Blah-blah-blah-blah-blah. But look, I'm working with kids now. I've stopped getting high. I'm in the process of writing a book. You're going to be included in the book, blah-blah-blah-blah-blah." That I'm most proud of. I'm also most proud of where some kids who have—and like I say, I keep seeing kids because when I first started working with this group, a lot of the participants were youth and young adults. Some of the kids who have been a part of Many Men, Many

Voices, they've gone on and done other things with their lives, whether they're in college, with some of them, whether they've even finished high school. They have their own apartments. Some of them have gone on to other CBOs. Well, some of them have actually worked here but some of them have gone on to other CBOs and are continuing the fight, continuing the work, making sure that other—I don't want to just say men of color because when we go out to do outreach we go to walk and we go to predominantly neighborhoods where men of color might congregate or hang out at but like there are other people there also. Like we don't discriminate. If we feel that you might benefit from our materials or even a condom (laughs), you know, "Look, here. Take it." Bathhouses, or wherever. I'm most proud of the kids who have gone on to do other things with their lives, positive things with their lives.

DAN ROYLES: What are some of the other CBOs that the kids go and work for?

DURELL KNIGHTS: Harlem United is one. GMAD, Gay Men of African Descent out in Brooklyn. There was People of Color in Crisis. Bronx AIDS Services. Yeah. You see, I can name them off because I'm like, "Okay, that one is over there. That one is over there. And he's still here."

DAN ROYLES: Just kind of jumping back, when you were talking about places that you would go in Times Square, what were some of those places?

DURELL KNIGHTS: Oh, they were hustler bars. I mean, they're no longer around. They were hustler bars. There was one bar that was called Tricks. One bar was called Sally's Hideaway where they had—Sally's Hideaway was for transvestites. Tricks I, Tricks II in—there was a Tricks and Cats I, Cats II. Those were hustler bars where men went to have sex with other men and be paid for it. Most of the hustlers at that time were youth and young adults, men of color, whether they were African American or Puerto Rican or Dominican. And they would go there and they would—you didn't provide the service there but you were paid for your services. But then also, along that time, we also had that big thing like with the crack epidemic. And yeah, we had the crack epidemic and people took risks.

DAN ROYLES: How did the crack epidemic—?

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DURELL KNIGHTS: Fuel the fire?

DAN ROYLES: Yeah, there you go.

DURELL KNIGHTS: Because when you're under the influence of drugs, you sometimes put yourself at risk where you might not use a condom. If you're with a customer and the customer wants to pay you a little bit more to not use a condom, you don't use a condom. Being up all night or being up all day and you're running out of money and you're having multiple sex partners and going to different places and having multiple sex partners. Yeah, crack—did a number. Yeah.

DAN ROYLES: When you look at the state of things today, what do you think?

DURELL KNIGHTS: I think that we're possibly going in the right direction to finding a cure. It's not as bad as it used to be but I think it's not as bad as it used to be because people aren't dying the way they used to die. Whereas, there's are medications out there now that people are able to take. There are numerous places that they can go for different supportive services and people are living longer.

DAN ROYLES: You said you feel like we're going the right way for a cure. Do you think that we're going not the right way in other ways?

DURELL KNIGHTS: Nuh-uh.

DAN ROYLES: Okay. I just wanted to see if you were drawing a distinction there. Is there anything else that you want to say for posterity?

DURELL KNIGHTS: No. No, that's it.

DAN ROYLES: Okay. Well, I have no more questions but thank you very much.

DURELL KNIGHTS: You're welcome. You're more than welcome. Thank you. You made it seem—it was a lot easier than I thought it was going to be.

DAN ROYLES: Good. (both laugh). I'm glad to hear that.

pause in recording

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DAN ROYLES: Okay. So we're just going to talk about one more GMHC program and that's the Barbershop.

DURELL KNIGHTS: Okay. The Barbershop is a spinoff of Many Men, Many Voices because okay, after the participants have gone through the intervention where there's been seven weeks or three days, they've also—all of them have always asked me like, "What do we do after this? What do you have for us after this?" So the Barbershop was created in 2007. Again, participants are HIV negative and HIV positive, more towards, leaning towards the positive side. It's an intergenerational support group with participants between the ages of twenty four to eighty four. It's a mixed—did I say it was a mixed status group? It's a mixed status group. They're positive and negative. And it's topic driven. We talk about relationships. We talk about love. We talk about sex. We do outreach in the community where we go out and hand out promotional materials, trying to encourage people to get tested. We hand out promotional materials trying to get people to come in for services. We hand out condoms, lube. What else can I say about the Barbershop? Something that we're doing next week, we're having the nutritionist come down and speak to the participants of the Barbershop about nutrition and diabetes. Like also, I've noticed that the participants of the barber shop are just a little bit—they're in their forties. They're about the same age I am. They're in their forties on up. But we have her coming to talk about diabetes and nutrition, like how to start eating more healthier. And a lot of our topics of discussion are about relationships. And like I said, not only relationships with other people, but relationships with yourself. You know, what do you see when you look in the mirror when you wake up in the morning? How do you feel about yourself? How do you feel about yourself as a black man or as a black gay man? You know, what are some of the challenges and obstacles that you face or that you navigate on a day-to-day basis?

DAN ROYLES: And why is it called the Barbershop?

DURELL KNIGHTS: The Barbershop is called the Barbershop because—okay, well, it was someone else who named it the Barbershop but in communities of color, especially like barbershops in my neighborhood, barbershops you go over there and it's usually all men in there and you can talk about anything that you want to talk about in the barbershop and

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you know that you're in a safe environment and that you know that you might get feedback from either your barber, which are the facilitators, or someone sitting in the chair which are the participants of the group. And then also with a barbershop, most of the time when you walk out of the doors of a barbershop, you feel a little bit better about yourself than when you first walked in there. And that's what we try to do here because I've seen people come in who might have been away for a while and they come back and be like, "You know what? I needed that tonight. I needed to be around other men, other gay men, and just talk about whatever." One of the things that we do once a month with the Barbershop, we have like an open discussion where it's not structured. You come in and whatever's on your mind that evening, you can talk about that evening, and get feedback from your peers. Even though there's two facilitators there, I try not to take over because it's about them. It's not about me. It's about them. And also, like I said, building relationships with the people that are around you that whenever you're going through something, that you know that you can either go to the Barbershop or you know that you can call somebody up and get that support that you need.

DAN ROYLES: Great. Thank you again.

DURELL KNIGHTS: You're welcome.

end of recording