

Interviewee: Patricia Price  
Interviewers: Luke Snodgrass and Noah Severance  
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Transcriber: Noah Severance  
Overseen by Prof. Melinda Marchand, Clark University



**Abstract:** Patricia Price was born in 1957, grew up in New Jersey and Massachusetts, and moved to Worcester in 1992 while recovering from a substance use disorder. In 1996 she was assigned to help type a grant for AIDS Project Worcester through a temp agency and has worked there since then, starting as a secretary and eventually becoming Director of Program Support services. In this interview Patricia describes how AIDS Project Worcester works to support community members, emphasizing that she is proud of its food bank, and explains that she feels it is important to help those in need. She talks about her health issues, which culminated in a liver transplant in 2016 and left her immuno-compromised. She describes negative experiences in the healthcare system and expresses concern for those who cannot advocate for themselves in the healthcare system. Patricia also touches on work ethics and work-life balance.

**LS:** So this is Luke Snodgrass and Noah Severance, it is November 20th, and we are here with...

**PP:** Patricia Price.

**LS:** So Patricia, what is your full name, and if you're willing to share, your maiden name?

**PP:** Patricia Ann Lynch Price.

**LS:** Okay. Approximately when were you born?

**PP:** 1957.

**LS:** Have you ever married?

**PP:** Twice.

**LS:** Do you have children?

**PP:** One.

**LS:** What cultures or ethnicities do you identify with?

**PP:** African-American.

**LS:** Tell me a little bit about your parents.

**PP:** My father was born in Brooklyn, New York, and he was a barber shop owner, he cut hair. My mother, born in New Jersey—who is retired now, a registered nurse.

**LS:** Where are some of the different places that you've lived during your life?

**PP:** Hmm. Well, I've lived in New Jersey, I've lived in Brooklyn [New York], I lived in New Bedford [Massachusetts], I lived in Connecticut... I lived in Ethiopia for a short period of time as well.

**LS:** Okay.

**PP:** Yeah.

**LS:** Did you grow up in Worcester?

**PP:** I grew up in New Jersey.

**LS:** When did you come to Worcester?

**PP:** Hmm.

**LS:** And how did you come to live in Worcester? Or why, I suppose.

**PP:** I came to Worcester in '90—1992, and I came here because I had a substance use disorder, in New Bedford, and my friend came and got me and said “You don't have to live like that anymore.” And I ended up here in Worcester, and I've been here ever since. That was in 1992.

**LS:** Good. Where do you live in the city now? Have you lived in multiple areas in Worcester, or...

**PP:** I have. I first moved to Frank Street when I first—first came, and then I moved on Main Street and South Main for a few years, and then I live in the Greendale area now. [clears throat]

**LS:** Do you have other family members who live around here?

**PP:** I do not.

**LS:** What changes have you seen in Worcester since you've moved here? [muffled] Over time-

**PP:** Development changes.

**LS:** Mhm.

**PP:** Like really, really crazy development changes. And I noticed recently how it seems like we have so much more traffic.

**LS:** Mhm.

**PP:** When, you know, like it used to take me maybe 5 minutes to get to work, now it takes a little longer. It's just a lot of traffic, so I think a lot of people are moving into the area.

**LS:** What, um, what challenges do you think that Worcester still faces and—or what would you change about the city?

**PP:** I think the major challenge is homelessness and food insecurity. And I would get these factory buildings that are unoccupied and make rooms so people can at least have a place to sleep, you know, with a community kitchen and a community bathroom, but separate rooms f— just to sleep, because there's too many people on the street. And people should not be hungry, and I think that if I had any control I would lower the grocery prices. The—the food in the supermarkets are just outrageous.

**LS:** What distinct characteristics make Worcester the place that it is, or what do you like most about Worcester?

**PP:** I like Worcester a lot because it's not too small and it's not too big, so for me it's like that medium, cause I worked in New York and lived in Brooklyn, and then I lived in New Bedford, which is very small and very quiet, and compared to New York and New Bedford, Worcester is like in the middle, [**LS:** Mhm] so it's right up my speed.

**LS:** What do you think women's experiences in Worcester have been generally?

**PP:** Hmm. I don't know... [pauses] That's a hard question to answer.

**LS:** Do you think [**PP** clears throat] women have maybe faced certain challenges in Worcester that men don't, or more than elsewhere, or not so much?

**PP:** I don't think so.

**LS:** Okay.

**PP:** I don't think so at all.

**LS:** Moving to education a little bit, where did you attend school?

**PP:** New Bedford, New Bedford High [School]. I—I, uh, elementary school was in New Jersey, just a few years and then we traveled, and then we ended up in Massachusetts and so my junior high and my high school years were there.

**LS:** Did you attend or graduate from college?

**PP:** I did not attend college. In my school we were allowed to take college-led courses or business-led courses, and I knew all along I did not want to go to college, [**LS:** Mhm] and I knew all along I'd be working in an office setting, and so I took those t—courses, shorthand and typing and bookkeeping, and so I was prepared... So when I-

**LS:** You think those courses help prepare you pretty well?

**PP:** Absolutely. Absolutely. Because as soon as I graduated I started working in an office and all my life, I've worked in office setting.

**LS:** So you answered this one a little bit, but upon finishing your education, what did you see as your options? Probably informed by this...

**PP:** Office work.

**LS:** Mhm.

**PP:** Insurance companies, law firms, that's the route I took.

**LS:** Moving to family and personal life a little bit, what were or are your primary responsibilities in terms of housework or child care?

**PP:** As far as when I was growing up?

**LS:** No, sorry, now.

**PP:** Oh, now?

**LS:** In your adult life.

**PP:** Oh, I had one child. So of course my responsibility was to raise and take care of her, and work.

**LS:** Did you share those responsibilities with anyone else?

**PP:** My husband. But he's passed on now.

**LS:** Mhm.

**PP:** My first husband.

**LS:** If you don't mind sharing, when did he pass away?

**PP:** In '97, 1997, the same year my daughter was born.

**LS:** What did you find most difficult or most rewarding about raising your daughter?

**PP:** Mmm. She was the cutest little thing. [laughs] I, you know, I always felt that I couldn't have children and then—then she came, so it was like really awesome. And then nine months later, my husband dies, so I think, you know, it was supposed to be that way. I was supposed to have her.

**LS:** Mhm. How has [PP clears throat] she kind of impacted you or changed your—your perspective? Whether it be on life or work or whatever.

**PP:** Hmm. So, I think that more than her impacting me I think I impact her more so, because she seems to be like [LS laughs] me as far as work ethics.

**LS:** Mhm.

**PP:** And she's only 27 and she has such high value in work ethics, and I think that I admire that about her. Because I do HR here and you know, sometimes people call out for the silliest things.

**LS:** Mhm

**PP:** But not her, she could be sick and swollen ankles and—cause she has lupus, so she endures, and she'll still go to work. She would still go to work, so...

**LS:** Who's somebody who inspires you or who you look up to, either now or in the past?

**PP:** [pauses] I'd say my supervisor.

**LS:** Here?

**PP:** She's so- yeah, my supervisor here. She's so diplomatic all the time, and if you need assistance she's always there and if you are struggling with anything, she straightens you out, you know, she's like my balance. Because sometimes I'm a little [clears throat] maybe hard, maybe tough. But she always allows me to just lighten the burden, you know. I don't know if I explained that right...

**LS:** Yeah. [**PP** clears throat] What do you spend your free time doing? Do you have hobbies, or do you have other leisure activity that [**PP** laughs] Take you outside the house, or in the home, or...

**PP:** Mmm-mm. [**LS** laughs] I, um, no, not really. I—I keep saying to myself I'm going to go to the gym, gonna do this, gonna walk on my little treadmill thingy I bought, [**NS** laughs] and no, I don't want to do it here, I want to bring it to work. And I have goals [laughs] but I haven't attained them yet.

**LS:** What are some of your goals?

**PP:** Go back to the gym.

**LS:** Okay [laughs].

**PP:** [laughs] Really be consistent with it. I really, really, really need to be consistent with it, but... [sighs]

**LS:** Do you like to travel?

**PP:** I love to travel!

**LS:** What are some of your most memorable travel experiences?

**PP:** When my whole family took a cruise to Bermuda. That was our first cruise, I think that was in 2010, and the funniest thing happened. We were on the ship and we were standing outside, the horn's blowing because the ship's getting ready to set sail, and I s—I was standing there and I said, "This is gonna be the best vacation ever!" and a bird pooped on my head! [all laugh] So

that's very memorable. [laughing] I was like, "Oh my God." And of course, I didn't know where the bathrooms were, [LS laughs] I just got on this ship, I don't know where anything is, and I'm looking all up for the bathroom, I'm like "Ahh! Get it out!" So that was funny, memorable. And I've been to—I took another cruise not too long ago actually, [clears throat] we went to the Bahamas and Mexico, but I went with a bunch of other people, not my family. And the crazy thing about that cruise is when I got back, I had COVID.

**LS:** Oh!

**PP:** I was the only one out of—yeah, [LS: Wow.] there must have been 30 or 40 of us, I was the only one that came back with COVID. Now how did that happen, I don't know. [sigh] I tell you... But that was memorable too. [LS laughs] Came back sick.

**LS:** How have you balanced different priorities, responsibilities, interests in your life?

**PP:** Say again?

**LS:** How have you balanced-

**PP:** Oh, how?

**LS:** Yeah, some of the different priorities in your life.

**PP:** Hm. That's a good question. I don't know that they're balanced [LS laughs] because I find myself laying in bed, you know you're supposed to unwind, just clear your mind, get some rest; I think about what I need to do here. And so that's why I say I don't know if it's balanced. I do what I have to do, I don't know how balanced it is, because for me, I feel like when you're home, you're supposed to focus on what's going on in your home and what you need to do there, but my mind seems to go back to work. Even if I'm on vacation, [LS: Mhm] my mind is on work or somebody from work will text me or call me, "Trisha, where's this?" or "Trisha, where's that?" It's not really balanced.

**LS:** Okay let's, uh, let's move to work a little bit then. What was your first job?

**PP:** [pauses, laughs] Ooh, what was my first job? I think my first job was... that's a long time ago, Luke!

**LS:** [laughs]

**PP:** Wow! I'm trying to think, was my first job in New Jersey or my first job was in Massachusetts... I think my first job was in New Jersey and I worked for Fireman's Fund Insurance Agency. [**LS:** Hm.] My sister got me the job, that's why I remember. So I worked for an insurance company, New Jersey.

**NS:** How old were you then?

**PP:** Probably 18...

**LS:** About how long do you think you did that for?

**PP:** Five years.

**LS:** Oh wow, okay. What kind of work did you do there?

**PP:** I typed up, what do you call those when—when—interrogations. [**LS:** Mm.] So the claimant would interrogated by the rep, it would have to be typed up, so... Did a lot of typing.

**LS:** What are some other jobs you've had since then?

**PP:** I was a legal secretary for years in New Jersey, and in New York, and in Massachusetts, and in New Bedford. I was a paralegal in New York, I was secretary in New York, and I... work in Worcester, I was secretary at a nonprofit agency, Henry Lee Willis Community Center, and after that job—Oh, I had legal secretary here in Worcester as well, I worked for Abodeely and Revelli, downtown, law firm, and then... I did some assignments through a temp agency, and that's how I got this job.

**LS:** Through the temp agency?

**PP:** They sent me here to help type up a grant proposal. And I remember we was here 'till like 8:30 at night [**LS** laughs] and we got it done and sent it out, and then 30 days later they are like "Come, we wanna hire you!" Cause they couldn't hire me right then and there because they would have to pay the agency [**LS:** Mm.] and so they waited that 30 days, and then I came to work here and it's been... 28 years ago.

**LS:** 28 years? So what year was that that you would have come here?

**PP:** '96.

**LS:** '96?



**PP:** And my daughter was born in '97. [**LS:** Right.] My husband passed in '97. Yeah.

**LS:** So they offered—they asked you to come here and work for them. What—were you instantly convinced? What drew you to accept and work here?

**PP:** I really liked it because the people—I didn't know too much about what AIDS Project Worcester did—Actually, when the agency said “We're gonna go send you to AIDS Project Worcester” I didn't know anything about AIDS Project Worcester, I'd never heard of AIDS Project Worcester, so even when I came to do the work I still didn't really know, [**LS:** Mhm.] but I just—I know how to type, [**LS:** Right] that's all I needed and so I did that, but the people were really nice, I really liked the people. And so I got to learn a little bit about AIDS Project Worcester. [clears throat]

**LS:** Tell us, what are some of the main goals and mission of of AIDS Project Worcester, and then how do you work to achieve them?

**PP:** So main goals and mission is to help the clients that we serve to be self-sufficient. We also strive to not allow infectious diseases and STIs and AIDS, HIV to spread amongst one another, so we have a syringe services program that gives out needles and clean—everything that they need to inject drugs safely. Along with some education and, you know, information, so that we can stop the spread. We have a food bank so we can help those that are in need, those who are food insecure, and we have food bank Tuesdays and Thursdays every week and people can come and get what they want, what they need. Tell me the question again?

**LS:** [laughs] I believe the question was, uh, what are the main goals in mission of AIDS project?

**PP:** Main goal-

**LS:** And how you work to achieve them.

**PP:** Yeah, so, and that's—yeah, I didn't say what the goals were. To—to help folks get self-sufficient, [**LS:** Mhm.] to help them to survive and to live. Cause these days it's really hard. It's just, everything is just so expensive, rent, food, they don't get much help, you know. So that's what we try to do.

**LS:** When you first came in '96, [**PP:** Mhm? ] what were your first responsibilities when you worked there, then?

**PP:** I was mostly secretary... I did just mostly typing. I typed up different things for different people.

**LS:** How has your role here changed since then?

**PP:** Oh my God. [both laugh] It has evolved enormously. I went from that to handling personnel files, handling contracts, and... what else have I done here [pause] handling volunteers, which is what I still do now. So from that, from like the secretarial experience, I am now director of program support services, which entails HR. So I do the hiring and the firing, the interviewing. I also oversee our nutrition program, so that means that the food bank manager and the consultant that comes in, I also oversee our internship and volunteer program. And I oversee the office maintenance, the office management, something happens, I get the call to get it repaired, fixed, or whatever. So that's what I do now, so that's how my position here has evolved.

**LS:** How has AIDS Project Worcester's operations, independent of you, changed since you've worked here, or—

**PP:** Oh my God, the first thing I want to say is we used to lose a client almost weekly when I first started working here. [**LS:** Right.] Our clients were dying, just... very often. It's not like that anymore. Things have changed, where we are able to provide support for other folks that are not just HIV positive. In the beginning, it was just HIV positive folks that we could provide services to. Now, because of funding sources we are able to expand that, so now we are able to provide services for those who at—are high risk of becoming HIV positive, those who are IV drug users, we do vaccinations here, we were doing—when COVID came out, the city—or the state said “Can you help?” So we had testing sites, one in Worcester, one in Marlborough [Massachusetts]. For months, instead of coming here I was going to Marlborough. There were hundreds of cars lined up to get tested for COVID when it first came, it was crazy. So that's how we've expanded. We do Mpox [Monkeypox] vaccines, we do COVID vaccines, we have nurse practitioners that come in 20 hours a week so they can treat the clients. The clients will come in if they have sores or whatever on their skin, they can get treatment for that, they—she, one of them, can write prescriptions for the client. We also have another collaboration with Road to Care and they come in on Fridays and they do a suboxone clinic, so we have a lot of people just... It's just changed a lot since I started working here.

**LS:** What has this work at AIDS Project Worcester meant to you personally?

**PP:** Personally, I feel that it's important that, you know, people are helped, and I feel like my job is a job where you make a difference in someone's life, and I like that and like that feeling of being able to make a difference in someone's life as opposed to being corporate America, going in, punching the clock sitting at a desk doing, you know, non-meaning work, blah, blah blah

blah and then go home. So you can see, you can see your work in this job, you can see the difference in people. You—and they tell you—sometimes people are very unappreciative, yeah, we get that, I get that... It upsets me, because what we're doing here is—you can't just get that everywhere or anywhere. And... But what matters more is that person that says “Thank you,” you know, “I appreciate what you do, you helped me out.” So that makes the difference for me, even though you can get some folks that are like, yeah. They just complain about everything, whatever. It's that one person that you know you've helped and that tells you that “You've helped me” matters, makes all the difference.

**LS:** So you gave us a little hint of this, but could you just give us an overview of kind of what your average day looks like here at work?

**PP:** Oh my God, let me tell you about my day yesterday. [**LS** laughs] So I get here between 7:30 and 8:00, cause my hours are 8:00 to 4:00, and I start—the first thing I do is go through my emails. It seems like if I go away for two days, I'll come back to 500 emails [**NS** laughs] and it's just so much, so I try to get rid of those, you know, see what's going on with that. Tuesday is food bank day, so yesterday I had a couple of clients come in. One was upset because they were not on the list, they did not make an appointment to come to the food bank and they said they did, but they really didn't, so I had to deal with that and let the person just go and get food anyway. You know, my bottom line is, it's food. Even though I make these rules and I want you to stick to these rules, sometimes I have to bend, sometimes I have to be flexible. And I'm very hard about that, the rules are the rules, that's it. Cause my thing is, if you do it for one you have to do it for all, so you don't want to do that, you want to stick to your guns. But it's food, people need to eat, so I let that person go ahead and get some food, and then I had another client come in to my office—now mind you, my job doesn't entail client engagement. That's not my job. All the other people over there, [in the office] that's their job, not mine. I'm more admin, [**LS:** Mhm] but sometimes it comes with the territory of being an overseer of the nutrition program. Because that's client focused, that's client engagement... and so then, had another client come in my office. They were crying because their husband is going to have open heart surgery tomorrow, and so they was very upset and they wanted us to hold their turkey—because we distribute turkeys next weeks for Thanksgiving. And, let's see, so that was my two issues of the day, and mostly my days have been really typing, typing, typing, doing grants, cause we're doing... we're sending out the grant for, like, the major funding source that we have, so we—we've been working on that, and then in my email a smaller grant came up so I'm also working on that. Then I have a holiday party to plan, so I'm also trying to work on that, and it's—like, this is busy season, [**LS:** Mhm.] it's a lot going on right now. So yeah, that's what I'm working on, and now I'm sitting here with you lovely [**NS, LS** laugh] fellas and doing interviews.

**LS:** Moving to health a little bit.

**PP:** Oh boy! [clears throat]

**LS:** [laughs] How have health issues impacted your life?

**PP:** You don't even want to know about my health issues. So, let me tell you. So I told you a little bit that I was a substance use—I had a substance use disorder which resulted in hepatitis C, so I contracted hepatitis C. So in years going back and forth to the doctors and putting me on the toxic hep C medications that didn't work, getting sick from that, and it was back and forth, but I think I was on four different meds, you know, way back—hm, '90s, I don't know if you were born yet.

**LS:** Not quite. Close. [laughs]

**PP:** Wow! [**NS:** laughs] Okay, so let me break it down. [laughs] In the late '90s—yeah, it was the late '90s, because in '96 I went to Hawaii, so it was after that. They develop this drug to cure hepatitis C. It didn't work. [**LS** laughs] It did not work. It just made you sick, like, oh my God, it was—one of them was so sick, my doctor called me up and said “Stop taking it, throw it away.” That's how bad this stuff was. It's toxic. So I just kept going back and forth, and then my—my, uh, hepatitis C turned into—I always say this wrong, cirrhosis? Cirrhosis. Not sclerosis. So I had cirrhosis of the liver, and then my cirrhosis turned into liver cancer. And so they did the—d—the biopsy, had cancer, and then I got on the transplant list. And then I had radiation treatment, which, the radiation treatment broke my rib—which I felt it, when it happened, and it was funny because they said, “Well, you can get cracked ribs, blah blah, side effect of the radiation.” I said “Okay!” and I remember when, laying on the table receiving treatment, and I felt my body go, like a jump like—and I was like, “Oh!” You see, the thing was, it didn't hurt, so I was like, “Woah, what was that? I never felt that before!” and didn't know that my rib had cracked, at that point I didn't know that. And so I have the radiation treatment, and it got rid of those two spots, and then, I think a year later, I got another spot. Now there are two spots on my liver, and I moved up on the transplant list, and then a month or two after that, I had another CAT scan, MRI, whatever, and they didn't see any spots on my liver, there were just like, they disappeared or whatever. And then I got my phone call, it was October 21st, 2016 at 7:00 AM. And I was getting ready to come to work, and I was very excited because we were gonna go shopping because two of our employees had 10 year ten—tenures here, [**LS:** Mhm] so we was gonna go shopping for them. I was very excited, my phone rang, and I looked and I said “Why is UMass calling me, I don't have an appointment today?” Cause I'm—constant appointments back then, and so when I answered they were like “Yeah come over here, he has a liver for you.” I'm like [gasp] I couldn't breathe. I couldn't talk. I—I couldn't say anything, I just was like, I couldn't believe, and they were like, “Are you okay? Are you okay?” I'm like, [whispers] “Yeah.” So I'm waking my husband up, “Get up!” [laughing] “Get up!” So they told me “Get dropped off at the hospital,” and, you know, I forget. They gave me instructions. So my husband's like “I'm coming

in with you.” I’m like, “No, they told me to get dropped off.” So of course, now I’m sitting there filling out my disability papers, cause I’m getting ahead of the game, right? They call me in, I have to change and put in all the IV’s, doing all of this ( \_\_?), so the surgeon comes in, he says “Who’s here with you?” I said “Nobody, the lady on the phone said get dropped off.” He said “She didn’t mean literally.” [LS laughs] Now all that time I was there, I could have been sitting there talking to my husband [LS laughs] while waiting for them to call me in, but I was not. So anyway, October 21st, 2016 I had my liver transplant and then I was in hospital for 10 days. I get out on Halloween. So I got home, I spent four months at home on disability. And then I came back to work thinking, “Okay, I’m going back to work!” It didn’t work out like that. So I had to come back a little bit at a time, 10 hours, then increased gradually, 15 hours, until I got back to 40 hours. I think it took me probably a year to get back to 40 hours, and so that was eight years ago. So I’ve had my new liver for eight years. I’m doing good. I–

**LS:** When was that that you were first diagnosed—they did the first biopsy.

**PP:** Oh my God. [clears throat] It probably was ‘90s—five, ‘96, cause my husband died in ‘97, [LS: Mhm.] so it was probably around there. So I took that long, you know, to full circle.

**LS:** And I assume you weren’t expecting that call about the transplant?

**PP:** Well...

**LS:** At that time?

**PP:** I—not really, because it was only a year later and some people are on the list for years, so I didn’t expect it to happen that soon, and I didn’t feel that I was sick.

**LS:** Right.

**PP:** So evidently I was sicker than I thought, because my name went up on the list. But a lot of times people are already bedridden in the hospital when they’re about to get a transplant, like jaundice, all kind of stuff, I didn’t have none of that, I was working every day, going to work and not pain, no pain. And I—I thought I was fine, but obviously, I wasn’t because if I was they wouldn’t have called me as quick as they did, so that was another thing, that—it’s like, “Wow, I must have been sicker than I thought.”

**LS:** Right.

**PP:** But thank God. Yep, they called my number and my body didn’t reject, but it was—it was something. To have to go through that eight hours of surgery. I remember waking up seeing the

clock was 8:30, thinking it was the same day. I thought it was that evening, cause I went in 7:30 in the morning, it was a Friday, and when I woke up, it was 8:30. I thought it was 8:30 PM Friday, but it was 8:30 AM Saturday. It was the following day. I didn't know—well I learned later, that no, that wasn't the same day, they didn't take you out of your sedation that same night, they kept you sedated until the next day, [LS: Mhm] and I spend four days in ICU. And then I remember going to a room now, they—suppose they had a room ready for me, so I went to the sixth floor and they put me in the hallway cause the room wasn't ready, it wasn't sanitized. And so I had wait in the hallway, and I didn't understand that, cause I was sleeping, first of all. [LS: laughs] Why are you gonna wake me up and move me in the middle of the night? It was like midnight, I didn't know, whatever. And so then the next day, when I finally got in the room my surgeon came to visit I said “They're gonna kill me! They don't know anything about me, they left me in the hallway!” [laughing] “My room wasn't ready!” [laughs] And all he did was stand and smile. [laughs]

**LS:** [laughs]

**PP:** Oh my God, it was so funny, and he had medical students with him and I'm like “They're gonna kill me!” [LS laughs] Because they didn't have my information in the computer so we're talking, I needed meds, I needed this, I needed—they didn't have my information so they were kind of panicking, and so—but they shouldn't ever have let me know that they didn't have me in the computer, don't say that front of me cause I'm gonna be [LS: laughs] freaking out, and that's what I did, I freaked out, and when he came in I was like “They're gonna kill me!” [laughs] He just smiled. It was so funny.

**LS:** How have you seen health issues impact your community? In Worcester or through AIDS Project Worcester?

**PP:** Well, I think that the health issues are really, really terrible right now. Even for myself, and I feel like I'm a very good advocate of myself, so what happens to those folks who are not good advocates for themselves, what happens to those folks who have a language barrier, what happens to them? It's crazy. So because of my transplant, if I get COVID, I have to get infused. I can't take the paxlovid because it interacts with one of my meds that I have to take. So at one point, they had a COVID clinic over at Hahnemann [UMass Memorial] hospital on Lincoln street. You caught COVID, you'd go there, you get infused. This is a three day process. You'd go home, no biggie. They don't have that anymore, so I was told that I had to go to [UMass] Memorial Hospital Emergency Room to get infused. Do you know how many people are in that emergency room? Who knows what's wrong with them, what the—It was completely full. I sat there for four hours and left. I asked them, you know, “What's a better time to come,” they said in the morning, so I made sure I was there at 7:00 AM the following morning, I only waited a little while. Then they took me in the back and I got my infusion—and this was for three days I

had to keep doing this, and they charged me \$488, whereas before I wasn't charged anything. So that to me is like—and then me and the billing lady going back and forth, and she's saying things that she shouldn't say to me [LS laughs] and I responding, so it was it was like... And then just last night she sends me an apology, and I'm like, yeah, cause you know, you know you said the wrong thing. Do you know what she said to me?

**LS:** [muffled] What?

**PP:** I said that the doctor told me that I had to go there for the infusion— “You could have chosen not to go.” Oh!

**LS, NS:** [laugh]

**PP:** Are you kidding me? So I thought that they charged me for an emergency room visit, which it wasn't the emergency room visit. It was where I had to go for the infusion.

**NS:** Right.

**LS:** So then finally she says, “oh, well, it wasn't for the emergency room, it was for your medications.” I said “Why didn't you say that in first place? Instead of telling me I didn't have to go?” I said “That was disturbing that you told me I didn't have to listen to, you know, the advice of the doctor. That was very disturbing.” Oh now she wants to apologize, [LS laughs] oh, so I got a nice apology. I said “Apology accepted,” but you know, one of the other nurses here said “You need to get the breakdown of that bill to see exactly what you're paying for.” But I mean, an—like I said, I can advocate for myself, what about those who can't. And the people who work in that emergency room? They don't want to be there! I mean, clearly, they don't want to be that, they don't care, clearly. So I think our healthcare system right now is very bad. It's terrible. It's terrible, I love all my doctors and I have plenty of them, but just the system itself is—is broken, that's what I w—call it, broken. The system is broken, especially the emergency room system is broken. Sometimes you have a—I had pain in my wrist, my God, it was so bad one day, and I called for an appointment and they gave me the appointment like four months down the line, and I was like, “Wow, okay, put me on the cancellation list,” —and I always have them do that, and somebody canceled and I was able to go, but it still was like two months later. That's crazy, if you're in pain right now, you still gotta wait four months for—to be seen, whereas other people go straight to the emergency room. I'm not going to do that. I stay far away from that place. That place is crazy. Mm-mm. So our system is broken. I don't know how to fix it, I don't have any idea how to fix it, but somebody needs to try to fix it.

**LS:** You mentioned this a little bit, but how did COVID impact AIDS Project Worcester's operations?

**PP:** Wow. So most people worked remote. Not me, I went in, I came in every day—we didn't see clients. We only...we could see them by zoom or by phone, but face-to-face we didn't see clients, our food bank, what we did was we put the food outside—so, our food bank is one of choice, so they come in, they pick what they want off the shelf and then from the freezers and refrigerator, just like the supermarket. We didn't do that because we didn't allow people in, and so we had tables outside and bring the food from the food bank outside and let them come and get their food like that. So that's one way that it impacted our performance, people—and people were not coming out anyway, they were afraid, especially our clients that HIV positive, they felt like if they caught COVID it would be a big problem. Some of them still don't come out. Like, people who used to go to food bank all the time. They don't come anymore. Yeah.

**LS:** You never got all those people back [**PP:** No.] that left from COVID.

**PP:** Nope.

**LS:** How did you—I mean, this is kind of what you're talking about, how did you see COVID affect the community in a broader sense?

**PP:** So I think that resources dwindled down, or people were afraid to access certain resources because they didn't want to go around others.

**LS:** Mhm.

**PP:** I know I didn't. I would—I would go to the supermarket at 6:00 AM. You know how they had—they, so I don't know if you know, but because you guys are youngsters, [**NS, LS** laugh] so they had, senior citizens could go to the supermarkets at 6:00 AM. So that we didn't have to be around like a whole bunch of people. I took advantage of that, [**LS** laughs] but I really did. I would go to supermarket at 6:00 AM. There'd be maybe two or three other people in there, do my shopping, go home and then once it's still opened up, then you know, other people would go, but I was not. Well, I was not trying to—I mean cause for me, if I catch COVID, I have to get infused. I've caught COVID three times already, and I have a suppressed immune system, because you have to take immuno-suppressant medication when you have a transplant, or your body's gonna reject, right, so I don't have a choice, so I have to keep my immune system suppressed. Which means I'm more susceptible to catch cold and catch COVID and catch this and catch that. Three times already I've had COVID three times. And I should be masked up like you two. And I say it all the time, “Put your mask on Tricia, put your mask on.” and I don't.

**LS:** Was—you mentioned [**PP:** clears throat] when you came back from the cruise? You had COVID, was that the first time-



**PP:** It was—wait second, that was the second time, cause I just had COVID in September.

**LS:** Oh, okay.

**PP:** When they tried to charge me all that money [**LS** laughs] at the emergency room. Yeah, that was my second COVID experience.

**LS:** You've, uh, you've spoken to this a fair amount, so—but if you have anything else to say about this, what are your experiences in accessing quality affordable healthcare?

**PP:** Well, my healthcare is really good, like I said, I love all my doctors. I'm on Medicare now so my healthcare is cheaper than it was before. I was on my husband's plan when he was working, he's no longer working. [pause] I—I, I like a lot of different things about my insurance now but there are some other things that like are costing me, but overall, I like my insurance. And I love my doctors. All of them.

**LS:** Moving towards politics, do you consider yourself [**PP:** Oh my god!] active politically?

**PP:** Absolutely not.

**LS:** [laughing] Okay.

**PP:** I don't ever get into politics with anyone, because... [sighs] I tell you, politics, it's... I don't know, I—I, I had nothing nice to say about politics. My mother, always told me “if you don't have something nice to say, don't [**LS** laughs] say anything at all,” so I'm trying to, you know, [**LS:** Do—] politics is a sham—

**LS:** Have you seen politics—or, how have had politics impacted your work here, you think, at AIDS Project Worcester?

**PP:** I think that politics has impacted our work depending on what's happening and who's running and who's making the decisions, the—they've been cutting funding, so that's real impactful when we need money to do what we do and they keep taking it away, and so we had to lay off an employee because they t—removed funding from that specific job that he did, and you couldn't pay him, so he had to he had to leave. That's not good, not good at all, so when they start cutting funding, then we're unable to provide that specific service, so that affects and impacts everybody else who's receiving that service. It—it's just bad, it's broken too. That's broken. Politics is definitely broken.

**LS:** Do you remember which—what the funding or specific service was that they cut?

**PP:** It was... I think it was the drug checking program, I think.

**LS:** Outside of your work at AIDS Project Worcester, have you been involved in any volunteer or community work?

**PP:** Absolutely! And I always say that I need to volunteer because I oversee the volunteer program.

**LS:** Right

**PP:** So if I'm asking others to volunteer, I need to do some volunteering myself. So I've, I've done the cancer walk at UMass Cancer Walk, and I have done Day of Play a couple of years. You've heard of day of play? Oh good! I've done that a couple of years, and I...I volunteered at Ace once, they had the Haitian, I don't know what you call it, but the people from Haiti came and they had legal clinic to do the paperwork and it—I volunteered there, and then I volunteered another time on Chestnut Street, they had some other kind of legal clinic for immigrants as well. So yeah, I did a couple of volunteer bouts, I think it's just fair, if I'm recruiting volunteers I need to recruit myself and go help somebody else sometimes. So yeah make sure I do that.

**LS:** What are—what personal achievements are you most proud of? Whether...

**PP:** Personal achievements...

**LS:** Through work or not?

**PP:** [laughs] Personal achievements... I don't know if I have any.

**LS:** [laughs] Well, what—what—are there any programs or initiatives or anything you've done here specifically that you are more proud of, or...

**PP:** I'm very proud of our food bank.

**LS:** Mhm.

Very proud of our food bank. Our food bank is so great that all these new people are showing up and when I say, "How do you know about us?" "Oh my friend told me!" So it's like word-of-mouth. They're like coming, in like, coming, coming. It used to be so bad that it would be like 20, 30 people outside before the food bank even opened. Now the food bank opens at 9:00, I get

here about 7:30, there would be maybe five, six people out there waiting for the doors to open. It's 7:30, we don't open to 9:00, they would be out there waiting. Now, when you take a look at that you say "These people aren't doing that because they want to do it, they're doing it because they're in need." So we have the like—the best food bank. Our food bank is just so fantastic.

**LS:** Where do you see yourself in the future, what—what comes next?

**PP:** Here. [laughs] I ain't going nowhere! [**LS:** laughs] I tell people and they think I'm kidding, and I'm gonna die here. [laughs] They think I'm kidding, I'm not kidding. Where else am I gonna go! No. I've been here for 28 years, [laughing] I mean, really? Retire? For what? And do what? Stay home and do what? No, I'm not gonna do that. Long as I can keep doing what I'm doing I'm gonna keep doing it.

**LS:** Finally, just some wrap-up questions, how do you get through tough times, and what kind of thoughts—or what do you do to keep yourself good?

**PP:** I'm very spiritual and I always say, "God is gonna take care of it." I don't get worked up. God is gonna take care of it. Everything.

**LS:** How do you define success in your life? And would you say that definition has changed over time?

**PP:** Well, it depends, some people feel a success is—uh, is rated by money. Some people feel success is rated by your accomplishments, and I think for me success is raising my daughter. She's a good girl, she's a kind person. She's a thoughtful person. Success is being able to be committed to AIDS project Worcester for 28 years, for me, that's successful because when I was actively using drugs, I was working for a year here, a year there, you know, nothing steady, nothing—no commitment, no, you know, concrete responsibility. So for me, being here this long and just sticking it out and doing... doing good work. You know, the DA, he refers to us as doing God's work, and he has said that to me [**LS:** Mhm] on more than one occasion. And I think that's what we're doing, because we're supposed to help one another. We really are. Some people don't believe that, but we are supposed to help one another. And that's what we do. So it's important.

**LS:** I meant to ask earlier-

**PP:** That's okay.

**LS:** How do you, or do you think that your experiences with substance use have informed or helped shape the work that you do here in any way?

**PP:** Not really, because I don't have client contact like that, [**LS:** Mhm.] I'm not like a case manager, I'm more admin. But... I think it has shaped me, you know, in a way where, I know—I know that—that, see, that's not the kind of life I want to live, and I think that you know, if somebody else is struggling I would be able to, you know, just talk to them. If they wanted to hear what I had to say, so that—that's important too. Let's see if we are not supposed to push our feelings and our thoughts on anybody else, because... when they're ready to stop, that's their time, so we can't, you know, we don't do that. We—once they say “I want to go to detox,” I'm like, [clapping] But you know, you can't, “you need to go to detox!” You can't do that, even though they do need to go to detox, but you can't tell him that.

**LS:** Finally, did—do you have any regrets or about anything you've done in the past, any decisions you made—

**PP:** Oh God yes!

**LS:** That stand out especially, obviously we all have regrets.

**PP:** Yeah, well, I regret, I do regret living that that many years using drugs. Because I think that it—it took away so many years of my life, where I'm here, but I could have been here. But because of that behavior for all those years, I'm not where I could have been in life, I feel. And have a bigger bank account. [laughs]

**LS:** [laughs]

**PP:** Yeah, so I do regret living my life like that, but... Yeah, I do.

**LS:** Before we finish, is there anything else you'd like to share about your personal life or your work here or anything?

**PP:** I think I s—talked too much already. [all laugh] I love my job, I love my life. I—I think that I'm a very fortunate person having been able to have a transplant, because a lot of people die on that list waiting, and I didn't—I didn't have to do that. And I—I think that I did a good job raising my daughter. And... I don't regret my life right now, I regret how I behaved in the past. But right now, my life is good right now and I'm pretty healthy. You know, don't have any complaints, really.

**LS:** Well, great, thank you so much for talking with us.

**PP:** Oh my goodness, you're welcome.

**NS:** Thank you.

**PP:** You're welcome.