

UOH002731 Detroit LGBT Oral History Project

Detroit, MI

Cornelius Wilson

Interviewed by

John Class

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Detroit, Michigan

As part of the Oral History Class in the School of Library and Information Science

Kim Schroeder, Instructor

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Brief Biography

Cornelius Wilson has over 20 years' experience working in the field of human services. He was born in 1957 and raised in Detroit, MI. His career has focused on helping people with substance abuse issues, elder care, homelessness and LGBT rights. He has held the position as Founder and Executive Director for a local HIV/AIDS advocacy and service organization (Men of Color Motivational Group); served as Project Director with Travelers Aid Society of Detroit, a premier case management and supportive housing agency, as Senior Case Manager with Target Population Services (TaPS, Inc.) for persons in recovery seeking recovery support services, and as the Program Director for Guiding Light Sober Living, Inc., an agency established to provide for the special needs of housing and recovery management. He is currently the co-chair of the older adult summit and board treasurer for SAGE metro Detroit.

Interviewer

John Class is a Library of Information Science graduate student at Wayne State University with a concentration in Digital Content Management.

Abstract

This interview took place in 2016 and covers the personal and professional development of Cornelius Wilson. From his early days advocating for employee rights to his current work with gay elders Mr. Wilson has been stepping up to take leadership roles in and out of the office. He recounts his personal experience of coming out as gay and HIV positive in the late 1980's and the concerns he had at that time. He also talks about many organizations in Detroit, MI including; SAGE, Travellers Aid, Men of Color Motivational Group, the Bureau of Substance Abuse, and many others. He explores the intersection between homelessness and substance abuse. He mentions the issues of isolation and fear that many elderly LGBT are dealing with to this day.

Restrictions

Due to the personal nature of oral history, the Library prohibits use of the material in any way that infringes on individual right to privacy, or results in libelous statements or slander, in accordance with U.S. law. Permission to publish or quote from the materials must be obtained from the interviewee(s).

Original Format

The original recording was done on a digital audio recorder and stored as both WAV and mp3 files on the Reuther Library's network.

Transcription

0:0:0 J: Today is Sunday, December 4th. The time is 3pm. My name is John Class and I am interviewing the HIV activist Cornelius Wilson. We are currently in the Rehabilitation institute of Michigan in Detroit Michigan. Hello Mr. Wilson.

C: How you doing?

J: Good, thank you. Cornelius Wilson has over 20 years' experience working in the field of human services. His career has focused on helping people with substance abuse issues or health concerns who are at risk of slipping through the cracks of the system. He has held the position as Founder and Executive Director for a local HIV/AIDS advocacy and service organization (Men of Color Motivational Group); served as Project Director with Travelers Aid Society of Detroit, a premier case management and supportive housing agency, as Senior Case Manager with Target Population Services (TaPS, Inc.) for persons in recovery seeking recovery support services, and as the Program Director for Guiding Light Sober Living, Inc., an agency established to provide for the special needs of housing and recovery management. He is currently the co-chair of the older adult summit and board treasurer for SAGE metro Detroit (Wilson, 2016). Welcome!

J: I would like to ask about some biographical information.

C: Sure.

J: Can I ask where you were born?

00:01:25

C: I was born here in Detroit uhm, just east of here.

J: hmm

C: Umm grew up in this area um had relatives umm stayed in the Brewster projects. We lived just east of here just across the tracks, attended Campau elementary, Newton Jr high, Northeastern High School. Graduated in 1975.

J: Were those DPS?

C: Yes.

J: Oh. Nice, so ahh what year were you born did you say?

C: I was born in 1957

J: 1957.

C: Feburary 5th

J: February 5th great so right here in Detroit. So uh did you have any thoughts about public service when you were young?

C: No, not really um as a kid I always thought about having my own business.

J: Mhmm.

C: I wasn't quite sure what kind of business that would be but I know that I wanted to be my own boss if you will.

J: Mhmm.

C: Um, My dad worked in the factory for years. Um, my mom was a stay at home mom for a long time and then when she did go to work she was uh um homecare worker and a housekeeper type person.

J: Sure.

C: I didn't feel bad about that or anything I just you know it didn't appear to provide a lot. Dad's job afforded us a middle class family type lifestyle if you will. Um, but dad was also a heavy drinker.

J: Mmm.

C: Alcoholic, So that there were good times and there were bad times.

J: Yeah.

C: So, that's where I am on that. Um, mom was the backbone. My best friend um, supporting me in everything and anything I wanted to do. So without her I probably would not have done a lot of what I did. Um because she encouraged me to do anything whatever I thought I could.

J: That's great.

C: Yeah.

J: Did you have any other role models growing up or anyone who ran their own business that you looked at?

C: Um, my brothers in law. I have older sisters um and their husbands and their husbands seem to have even though they worked at the plant as well they seemed to have side businesses that worked real well for them. Um my oldest sister's husband's side business appeared to be selling insurance and that worked well for him. My, the other sisters husband his side business was um tearing down houses.

J: Mhmm.

C: Um, and that seemed to put extra money in their pocket. And, it appeared to afford them um a lifestyle that appeared to be one step beyond where we were. And I think, in large part because my dad was a heavy drinker, um whatever he didn't bring home he drank up.

J: Oh yeah yeah and he didn't have a side business?

C: No not at all.

00:05:26

J: What got you thinking about advocacy work?

C: Um, when I left college one of the first corporate jobs I got was in a hospital setting. I was working in the kitchen dietary as a supervisor over the purchasing and arranging of the kitchen storage areas that kind of thing. And being there for I think I was there for maybe a year if that long.

J: Mhmm.

C: The politics if you will um didn't sit very well with me. You know there were things that would happen where management would encourage us to speak up about changes that we wanted to see as staff and what have you. And I used to listen to my coworkers complain about a lot of different things and then when there was an opportunity for us to speak up they wouldn't say anything.

J: Mmm.

C: And I would be one of those few people that would speak up. So, because nobody would speak up to back me up it would appear to management that like I was the one that had issues.

J: Oh, right.

[interruption over intercom] Daysha please turn in your cisco phone.

C: It wasn't that I had any issues it was that some of the changes that folks wanted to hear about or wanted to see done were implemented they appeared to me to be scared to death of losing their job if they voiced that. But, management consistently said we encouraged to let us know we want to make things better daddadada. And, it wasn't so much management I got discouraged with I got discouraged with my coworkers.

J: What kind of issues did they bring up or did they want you to bring up for them I guess?

C: Um, there were issues that revolved around pay. There were issues that revolved around umm time off. There were issues that revolved around the operational areas because you know, working in the kitchen um you know its a whole a team of cooks..

[interruption over intercom] Transportation needs assistance to 3212,
Transportation needs assistance to 3212.

C: Um so, you know there were a lot of little things like that. And management encouraged us. Let us as work in these areas let us know what things you identify that you can do that we can implement to make you job easier. One of the things that I did I um rearranged the storage area and the purchasing area to make things flow a lot smoother

[interruption over intercom] Priority 1-347, Priority 1-347.

J: Ok.

C: Um it normally don't come that often I guess sometimes.

J: Just lucky I guess huh?

C: Right. Um, so you know um.

J: So you were telling me about one of the things you were changing

C: Yeah we changed the storage area.

J: Yeah.

C: To make things flow smooth when we got a new shipment. How to um, rotate the stock and so that we used the old stock.

J: Oh, yeah.

C: And bring the new stock in. It's how we store it in such a way that you're not using the new stock right away.

J: Mmhmm

C: that you're storing it in such a way as you bring the old stock to the front, the new stock to the back. That kind of thing. Um, throughout the refrigerators the dry storage area what-have-you they worked well for me I won a couple of awards for it the changes that we made.

J: Oh wow

C: And things of that nature. Um, so I felt kind of emboldened.

J: Mhmm.

C: To speak up on behalf of my coworkers and they started encouraged me. I think the other part of it was they felt like well, if he get fired he get fired.

J: Right.

C: You know. Um, but if he don't, and they make some changes to benefit, then we all benefit.

J: Yeah.

C: You know and there were some little things that they did do. But, it just seemed like after a while um I got real discouraged and real frustrated with the fact that folks in a staff meetings would bitch and complain vehemently.

J: Mhmm.

C: About different things but then we had a chance to sit down and talk with management nobody would say anything about anything. Except me.

J: Mhmm.

C: And then we went through a management change that appeared to the new management like I was the only one presenting these issues. Like I was encouraging other folks to go along with some of these changes.

J: Were there repercussions on you then?

C: No, I mean you know they, they, [pause] there were but there were not severe.

J: Mmm.

C: Like I said, you got to the point to where it appeared as though I was the one that had the issue.

J: Mhmm.

C: And, I was the one leading the pack. Because when we had an opportunity to meet with management most everybody else kept their mouths shut. You know.

J: Yeah.

C: So my speaking up, my speaking up...

[interruption over intercom] I have an IV beeping in 344 an IV is beeping in 344.

C: My way of speaking up forcefully but not viciously. Um, asking for things without demanding.

J: Mhmm.

C: Um, I was warned on a couple of occasions to watch my tone that kind of thing. And, like well, I'm speaking up on behalf of everybody whenever everyone in the room nobody speaks up but you. You, maybe one other. So, you know, if everybody's not on board everybody's not on board. So. And, a lot of those people ended up leaving, they end up quitting or getting fired for not doing an effective job. I got fed up to the point I don't remember exactly what happened. I quit. You know I said I thought this corporate arena type work was what I wanted and I quit. Um, when I quit um I asked to be put back in to the pool where they call me when they needed me. Of course they called me more often, more often than I wanted to be called because they knew the work that I had been doing.

J: Like temping?

C: Yes, and I lived right behind the facility so. Um...

J: Was it more the coworkers who failed to stand with you or was it the management that didn't listen?

C: The coworkers.

J: Yeah.

C: Because I believed the coworkers were with me. Management consistently said let us know what it is you need to make the job much more comfortable. And after one of them situations that um folks were afraid of how far their success could take them and I'm looking at the fact that this is a stepping stone for me.

J: Mhmm.

C: And, as I do better others will do better and we can all do better you know.

J: Well, it sounds like you had a negative reaction to advocacy there. Because basically it sounds like you are describing the other people were letting you take the risk to represent their issues.

C: Exactly.

J: And they would stand to benefit if you were successful and if you were unsuccessful then you take all the blame. So, what made you want to keep going with advocacy work if that was your first experience?

00:13:45

C: When I left there, when I quit that job, in the interim I took a part time job in the building where I live. And there were some people moving in and they were putting together the first African American aid service organization. And the job that I took in my building was working at the front desk making sure that guests that came in and out of the building sign in and sign out that kind of thing.

J: Mhmm.

C: Sort of security monitor position. Um, and after a little while I got to meet the people because they would see me sitting there. Um, and I would ask them about what they were doing and they started telling me. And they told me that they were opening up an organization to address the HIV and AIDS issue. Now I had heard about it at that time but I didn't know a lot about what that was all about

and I thought that was interesting. Um, because at that time it was still viewed as a gay white male disease. Um, so I hadn't heard about anybody in the black community actually dealing with it. And when they told me they were opening up this organization that kind of peaked my interest. So, one of the first things that they suggested that I could do, just to kind of initially get involved. They did a support group one night out of the week for the people that came from treatment centers, or wherever it was they were staying, to the facility. They did the support group and they would have experts come in and discuss certain topics. We, as community volunteers who were able to come down and help, served the food we provided the dinner. So I decided to go down and do that. And in doing so, I sat and listened to some of these experts begin to ask questions or what-have-you. And, slowly but surely, it peaked my interest just to get involved because I began to learn how much that disease was affecting the black community unbeknownst to or unacknowledged by us. And that just kind of piqued my interest. So I continued going. As the organization became more solidified um and they began to receive some funding from the state they offered me a position as a as a counselor two nights a week, Mondays and Wednesdays. And I would come in at like five o'clock in the evening and provide HIV one on one counseling to folks that chose to come in and get tested.

J: OK.

C: Between five and nine pm.

J: What was the name of this organization?

C: Community Health Awareness Group C.H.A.G. for short. Um, [I] started doing that. It went from that little piece time to part time which was like 15-20 hours a week to eventually full time. OK? While I was working there full time I began to meet more and more black men more and more black men like myself um and I even tested and found out about myself while I was there. Once I found out about myself, then I definitely knew I needed to learn more. Because, I figured that I was not sleeping around in the way it appeared that a lot of people acknowledged that they were when I sat in on the support groups and what-have-you. So, I needed to learn more about some of us encountering this thing in a more casual

way. And, if this thing is primarily transmitted through sexual contact and intravenous drug use I need to kind of determine what the hell did I do.

J: Yeah, so so just to be clear you're saying you tested positive for HIV?

C: Yes that was in 1987.

J: 1987?

C: Right. From there I dove head long into any and every workshop, seminar, conference. We had a program there at the agency where one or two days of the week we would come over to a medical center and work with Dr. Lawrence Crane. As he had identified folks who were positive we were there to do the one on one counseling with them so that they wouldn't feel so ostracized. And, so that they had folks that looked like them giving them some explanation, something to look forward to. And of course you know in those early days there was very little medication and people were dying shortly after diagnoses. Because folks that were diagnosed at the time they were being diagnosed probably had been living with it for some time.

J: Mhmm.

C: But like I say, I been there, I became full time. And I found that to be, in doing that kind of counseling work, I found it to be very, very satisfying. You know, and I found that there were a lot of men straight and or gay what-have-you, that opened up about their sexual lifestyles because they wanted to know more about how they could survive this issue you know.

J: Yeah.

C: There were a number of men that did not identify as gay or bisexual (but did admit to having relationships with men) that were coming in and testing with their girlfriends. They were testing positive and their girlfriends weren't. And that just literally freaked them out. And it um, I don't know if the girlfriends eventually knew or how things went.

J: Yeah I'm sure that caused some relationship issue too.

C: Yes, really. Um...

[interruption over intercom] I have an IV beeping in 338 an IV is beeping in 338.

C: One of the key situations was when Magic Johnson came out about his HIV.

J: Oh yeah, I remember yeah.

C: When he came out about his situation our place was slammed. Lot of people showed up. Mostly it was women bringing boyfriends, husbands, sons in to be tested. They were testing themselves but they were bringing the husbands and sons and what have-you-to in be tested as well. And that is where I learned that there was more male on male sex amongst men who did not identify as gay, bisexual, none of those categories.

J: Hmm.

C: They were either married in relationships with women but they had these side relationships.

J: Oh, they just kept quiet about it?

C: Kept quiet about it. And, in during counseling with a number of these individuals for whatever reason they felt comfortable enough with me to share that aspect of their lifestyle of course I kept it between me and them.

J: Mhmm.

C: But there were situational stories that folks shared that I'm like, I was totally taken aback. Like, well, how the heck have you made it so far and this is all you've done with it. You know um but obviously it was something that was out there. Um but like I say one of the most attractive things to me was the fact that I was providing counseling based on the information I was gaining from the conferences and workshops and the folks that I was dealing with on the professional expert level. I was sharing that with folks that I was meeting and dealing with through my counseling. And, they felt comfortable enough to share with me so I would share with them what I thought they could do to live a better quality of life. Um I became aware of resources in the community and how to direct folks toward

those resources in a very discreet manner by touching base from person to person. As opposed to giving them a list of things and having them go and you know, I need help with this I need help with that. And sometimes people when you go to agencies can be very probing to determine if you are eligible for resources. My thing was to make contact with someone in an agency because they knew what we did and they knew the population we dealt with. And make sure that the person I made contact with was the person the client was going to be dealing with that I sent to their agency. And they would have told me in our phone conversation if the person was eligible for what we were sending them for.

J: Oh, ok.

C: That way the client didn't feel they were getting the runaround. They didn't feel like they were going and giving their personal business to every other Tom, Dick, Harry and Sue.

J: Yeah.

C: And not getting anything out of it to help.

J: Yeah, they're trying to keep it quite right?

C: Exactly.

J: They don't want to go a talk to every hospital administrator along the way.

C: Exactly.

00:24:05 J: That's good.

C: That's where I learned that was my interest. I decided that was going to be my career path wherever it took me. While I was there um my director at the time felt that there was a need for a support group for African American men. He brought in a young man to work with us who had a bachelor's degree in social work um and he brought him in to develop this support group. Um...

J: Was this the Men of Color Motivational Group?

C: Exactly that's what it eventually became. Initially the support group um we didn't have, I don't remember what the name was.

[interruption over intercom] Reuben and crystal transportation needs assistance in 340. Reuben and crystal transportation needs assistance in 340. Mower Diane to the front desk.

J: Can we shut that speaker off?

C: I don't know if there's a way to shut it off.

J: [investigating the intercom panel] I'm not going to touch it. Oh well that's what editing is for. You were talking about those early years with...

C: So yeah, he came in his name was Howard. He came in to help develop this program. The initial thought was that we wanted to do it away from the agency. Um and we went around and handed out flyers. Went to areas you know, Palmer park, areas where the population we thought hung out that we thought would come. And for whatever reason they weren't responding. People were just not responding so, he got discouraged after a while and he moved on to do something else. I chose to stay and I started mentioning it by word of mouth to a number of friends and associates that I dealt with outside of that organization. And I let them know what I was doing and when I went out to the club because I was still partying.

J: mhmm.

C: I would mention to some degree what I was doing. Slowly but surely, some of my friends and or buddies would start coming bringing their buddies in to be tested and I told them we were doing this meeting for brothers like use just for us, it was confidential, and we did it on a Tuesday night. And...

J: Where did you meet?

C: At the agency at C.H.A.G. agency um and we met from 6-9. And we provided a light meal we started out by pot lucking. Because we didn't have money to do the meal and a lot of the guys that came they got in to it. And I would identify

speakers to come in to talk to us about not only living with HIV but about other things other resources in the community other um social services available in the community. And we came in to talk about dealing with our lifestyles that being different from the majority of our families. That seemed to catch on like wildfire and folks started showing up bringing friends bringing buddies um and as they brought friends and buddies while they were there we had the nurse stick around so that anybody who wanted to be tested could be tested.

J: Oh, wow, great.

[interruption over intercom] Ms. Green please put a light on Ms. Green put a light on.

C: And for those that came I let them know that if you are tested you can always come back and get your result from me. And I would maintain your test confidentially and I think that was kind of um comforting

J: Yeah.

C: to a lot of guys. Because they didn't feel like they had to come back and talk to a stranger or some female that they didn't know or hadn't seen before. And, once again that kind of opened up the floodgates. You know um so many guys started showing up that we literally couldn't eat there anymore and we had a relationship with the church St. Matthew St. Joseph [St. Matthew & St. Joseph Episcopal] and the director and myself we approached them about having our meetings there. Because they have a big meeting room like hotel basement and so we started meeting down in the hotel basement. There were a group of young men that were coming to the meetings that felt we needed to have our own organization.

[interruption over intercom] (indistinguishable) please pick up your sisco phone.

00:29:14

C: Aside from C.H.A.G. that we needed to have something that addressed our issues and what have you. But once again there was no one willing to step up and take the lead so I volunteered to take the lead.

J: And that's how you became the founder of Men of Color Motivational Group?

C: Exactly.

J: So, did you end up did you say you were in a church basement?

C: Yes, we were meeting in a church basement we were there for almost two maybe three years. In the church basement, the capacity of the church basement was 200 people sitting. There were Tuesdays when we were overcapacity to the point that every seat was full and there were folks lined up around the walls.

J: Did the church know um what your meetings were for? Was there any friction because I know with some churches there might have been.

C: No father Harmon, Pastor Harmon was the pastor of the church at the time and he was in 100 percent support of what we were doing. I think he eventually came out to us about his lifestyle of course we didn't know that but he was in 100 percent support of what we were doing. And when he saw the attendance you know, and even him, he agreed to participate in some of our discussions. Because we opened our discussions up to homosexuality in the church where we had a panel discussion where we brought in pastors from different churches that a lot of our community attended; Catholic Church, whatever, whatever and we did a panel discussion with them. We brought in Doctors we brought in social workers we did panel discussions with our family members.

J: Wow.

C: Um, how to deal with finding out your loved one happens to be gay. We brought in um veterans to talk about, because there were a number of guys who were veterans and had served in the armed forces who were also gay or bisexual. So, we did panel discussions where individuals who had been in the armed forces and had literally served their time in the armed forces unbeknownst to a few of their lifestyle. You know but now they're also dealing with the HIV. Also, we talked about the black and white man together, for lack of a better term, phenomenon. There were several other organizations out there that were

forming in the community to address some of these issues. Black and white man together, um...

J: What do you mean by that one specifically? Do you mean interracial dating?

C: Interracial dating exactly.

J: Was that controversial still in 1987?

C: 1987 now were talking early 90s there was some controversy it was more common in the African American community for gay men, gay black men to be with a gay white man than it to be known two black gay men together at that time.

J: really? Why was that?

C: I think there was some sense of safety in getting with a gay white male. Because in that way you sort of transferred from your community to a different community where things appeared to be, not always, but appeared to be more comfortable you could be yourself with your partner ok? Um, but as time went on and more organizations around the country begin to form like men of color more African American men came out, more African American men became comfortable in talking about their lifestyles and more African American men became more prominent in talking about their relationships amongst ourselves. Like myself I've never dating a white male. You know I've had friends in the community but that that was something, it wasn't, I don't want to say taboo that was frightening to me that was something that I never did. I didn't know how it would go. Never had any kind of intimate relationship with a white person like that. You know so it's like I don't even so how you all do that. But there were guys that did it and they appeared to have some sense of comfort in who they are being with them. But, like I said, as time went on and we became more out we became more comfortable in who we are as we are we began to assert ourselves in the community not in an overly aggressive way. After our Tuesday night meetings we would go to dinner somewhere in the community at a restaurant and we would take over the restaurant. And the restaurant of course, because they were making money for one thing, the restaurant would welcome us with

open arms. And we would go to a different restaurant every Tuesday and the restaurants we went to people were just taken aback...

J: Yeah.

[interruption over intercom] Taneesa, can you signal? Yeah.

C: [continuing] by all of these black men who were not stereotypically gay um hanging out together. You know so we began to exert our education, entrepreneurship, um love of other black men, love of family, love of community

J: mhmm

C: [continuing] and as we began to assert that people began to acknowledge that, Ok, well now, I've always known you've done this and I know you've always been in community doing that but I didn't know this aspect of you. And all it did was kind of reassure folks that there was no difference in the gay person and the person you knew before I came out. You know um with my family, with, my fear was how my family would treat me first of all my mom.

J: mhmm

00:36:32

C: Once I told my mom what I was dealing with first, the HIV, she was very comforting and her thing was I knew something was going on that's why you were working in this field. I was like well that aint why I was working in this field but working in this field is giving me a way to deal with this.

J: Yeah.

C: So she sort of understood that. And then when I told her about me being gay her thing was...

J: How old were you? I'm sorry, when you did that?

C: That would have been around 1989-1990.

J: Ok.

C: I can't tell you the age.

J: You were grown and out of the house it sounded like.

C: Yeah exactly living on my own.

J: Mhmm.

C: But me and my mom have always been like really really tight. But I was fearful because, you know, as a kid you hear things people say things my brothers, my younger brother my older brother they say stuff. I don't want no sissy in the family and dadadada. But that was because of their limited knowledge of what they thought gay people were all about.

J: Mhmm.

C: When my mother told me she was ok with it I could care less of a damn what anybody else thought. And that was my empowerment if you will. To be more of who I was. And like I told her, I've never been the kind of gay man that desired to be a woman. Never ever ever ever. That just, I know there's some people out there that are, feel they are one sex trapped in a different sex body.

J: Right.

C: Gender-wise um. That's not me. I just happened to be a man who is attracted to men. And I am never been attracted to sissies if you will, very effeminate gay men,

J: Ok.

C: I've never been attracted to Trans men you know.

J: Right.

C: I've met um Trans men, men who were born female and transitioned to men who happened to be very very attractive. But just in knowing that there was something that...(pause)

J: Not for you?

C: Not for me.

J: So, were some of these things concerns that your mother had or things that you thought your mother might be concerned about? That she would have a stereotype about you?

C: I think there was a stereotype that there is, was, is, still is a stereotype in the community. For those that choose to remain ignorant. That gayness represented a weakness gayness represented an (pause) alienation. You know it's like where did that come from? You know but as I came out and was more comfortable in who I was my mother opened up to me about other family members because she comes from a very large family in the south that was the same way. But it was never talked about.

J: Right.

C: Um, and I began to learn of other family members and other folks closely affiliated with the family that was gay lesbian maybe even bisexual that it just wasn't talked about. And that's why I was saying earlier that a lot of the work that I've done over the years was in part directly related to my growth and development as a person because I got involved. You know, Men of Color ended up being the organization to address issues for black gay men. That was not my sole mission. My mission for Men of Color was to address issues for the black man in the community because to me it did not appear that black men were utilizing health care resources, human services resources, child rearing resources things of that nature. Not to the exclusion of women but with the focus on black men and men of color. And not just black men. Because there were a number of Hispanic Latino men that got involved um there were a number of guys that were here from the Caribbean the Afro-Caribbean you could say and there were a number of white guys that were involved in the organization that didn't identify as gay but I believe they were bisexual. But they considered themselves as allies. You know um and they were very empathetic: to the cause.

J: Great. So it sounds like it got you thinking about health care concerns. Your next, the next job I wanted to ask you about was the DHWP-BSAPTR or in English

the Detroit Department of Health and Wellness Promotion and the Bureau of Substance Abuse Prevention and Treatment and Recovery. I had a fun time researching these. So that job you started in 2003. Your job was to help develop and coordinate recovery support services and housing for individuals and families recovering from alcohol and other substances (Wilson, 2016).

C: Right.

J: How did you move to this job and what were the connections from your previous position with Men of Color? What did you learn along the way?

00:43:18

C: When I left men of Color in 2000 I took some time off. The reason I left Men of Color was because there was some political stuff that was all new to me. The nonprofit world. We happened to be the largest organization of our type. We were getting support from a number of major entities and then there came these individuals who thought that their education and everything put them in a better position to run the organization than me. Even though I had got it going from the ground up, I had secured a number of the funding, I learned how to deal with a lot of this stuff and had things working well, I thought. But then um we had these very radical brothers that came along that they're like we got all these white agencies throwing all this money at us and we don't have this this this and this in place to handle it. And my thing is was, well as they were giving us the money lets identify what we need and put it in place. Rather than um be offensive to them and tell them to stop. Well that went on for some time. We went through the point of trying to get people on the board of directors that would be supportive and the board fractured.

J: Hmm.

C: There were those that were supporting me and what I'd been doing all along. And, there were those who like oh we need to be going in a different direction.

J: Right.

00:44:51

C: And I just got fed up with it. When I got fed up with it I decided to let it go I stepped away from it and I left there and took some time to reevaluate what I wanted to do. I knew I really enjoyed this work. So, in the interim I took about 2-3 months off work and I started working with Travellers Aid Society. One of the directors there was familiar with me and the work I had been doing with men of color. He approached me and asked me to work with travellers aid. He hired me in as a senior case manager which was a supervisory position um and we worked with, they provided case management with low income housing with individuals that were completing treatment and/or living with HIV. And because I had been dealing with that population they felt that I would be a good fit for a program they had just written a grant for and had secured um, Shelter Plus Care grant. And that Shelter Plus...

J: Shelter Plus?

C: Shelter Plus Care grant provided monies for us to do low income housing for individuals that qualify and to provide ongoing supportive services. I did that um for a couple of years and we had a partnership with Health Services Technical Assistance. Which was the um Substance Abuse Assessment arm of the Bureau of Substance Abuse.

J: Oh, ok.

C: The partnership we had with them was that any of the people that we dealt with at Travellers Aid that had a substance abuse or recovery issue we referred to them to be seen for outpatient NA/AA meeting to be assessed for supportive services around substance abuse. Eventually Travellers Aid ran out and I approached Mr. Richardson at HISTA Health Services Technical Assistants HES whatever that stood for. They were under the umbrella of the Bureau of Substance Abuse.

J: Ok.

C: They did the assessments and referrals for substance abuse treatment for the city of Detroit county of Wayne and I think Wayne and I think some out counties. But, anyway when I approached Mr. Richardson at first he didn't think there was

anything he had for me than he remembered that he had a residual grant left over from working with Travellers Aid that had not been used to provide some case management services. So I started working with him doing the same thing I had been doing when I was at C.H.A.G. providing some counseling. But, as individuals were going in to treatment we started doing supportive services, job referrals, housing referrals, that kind of thing for folks that were in treatment to help transition them from treatment into society on a continuum basis. So, hopefully, they didn't fall through the cracks.

J: Is that like half-way houses kind of?

C: Well some of them may have been in half way houses but the housing we were looking at they have went in half way houses temporarily but I eventually made a connection with the state and the Homeless Action Network of Detroit. They are the coordinating arm for the county of Wayne city of Detroit continuum of care which was providing help to end homelessness. And they also provide the monies to the various programs that do low income housing type programs. And doing that there came a time where section 8 waiting lists opened up. Through them and because I had established that relationship with them as I was processing folks that were completing treatment and/or had completed treatment and were in transitional housing and had some sort of income then I was able to do the application with them for section 8 housing that moved them into having their own place.

J: So, this was all um from 2003-2012?

C: Right.

J: That's what you were doing there. So then from 2006-2010 you were a program manager at guiding light.

C: That was the second job along with the bureau of substance abuse. It was under that umbrella.

J: Yeah, it looked like your work at the Guiding Light Sober Living Foundation overlapped with your job at the health department a little bit.

C: Exactly.

J: I see you've explained that pretty well.

00:49:53

C: At the health department I became the recovery management coordinator for the Bureau of Substance Abuse.

J: Oh ok.

C: And the director of the health department at that time wanted a transitional housing program focused on men that were at high risk for contracting or living with HIV. And it was a substance abuse based program where they would be able to live on site get the substance abuse treatment and hopefully transition from being in treatment, to doing outpatient, to being in their own home. And that's where Guiding Light came in.

J: Right.

C: I partnered with a gentleman that was doing it already to some degree for women. So I approached him because I didn't want to go back in to doing another organization by myself and do all that again. That ended up turning out just as bad because he was a very poor business venture.

J: Uh oh.

C: So, even though the health department was paying us as they promised to pay us for the program he wasn't paying our vendors and he wasn't paying the guy that was giving us the apartment building while we were doing the program. And I stuck with that for about two years until I got fed up with that. You know and I moved on from that but I was still with the Bureau of Substance Abuse.

J: Ok.

C: As the recovery management coordinator. So as the recovery management coordinator I went around to all of the substance abuse agencies that the bureau under the umbrella of the bureau to make sure that some of the things that were

recovery, we implemented what we called recovery oriented system of care vs. a acute care model. In other words for folks who are in treatment we want to assess what led to you being in treatment, what led to you using drugs.

J: Right.

C: What led to you being in this treatment facility and what is it that we can do to support you as you begin to move from this facility and what is it that you think will help keep you on that straight and narrow. Let's try and put those things in place. In other words, meeting the client where they are.

J: Yeah.

C: As opposed to imposing you need to do this; you need to do 10 NA meetings you need to do 50 pushups

J: Some kind of standard boiler plate.

C: Exactly you know in other words individualized treatment planning.

J: Yeah.

C: And basically finding out from each individual what do you think works for you. And let's make sure that we're doing what it is that you say will help you. Now we can make suggestions to modify or to help that or you can make suggestions as we go to implement things if it seems to be too much, if it seems to be too little.

J: Sure.

C: Whatever the case may be so I was in charge of that.

00:53:02

J: Yeah so now I'd like to ask you about just uh, there were a bunch of organizations I'm just going to kind of run through them all quickly cuz I don't, were running short on time here but I do want to get your comments. Let's see in 2009 you were co-chair of SEMHAC (Southeast Michigan HIV/Aids Council). In 2011 you were chairman for the annual gathering conference for LGBT issues that organized Hotter than July Detroit's LGBT Black pride, um and in 2011 was the

Older Adult Coalition. Here you were co-chair and then in 2015 it looks like this organization became a regional chapter for a national organization called SAGE (Services and Advocacy for GLBT Elders of Detroit). And then in 2012 you became treasurer and board member for Gay Elders of Detroit so we have one, two, three, four, five different organizations here (Wilson, 2016).

C: Gay Elders of Detroit is SAGE.

J: Ok.

C: We started out as Gay Elders of Southeast Michigan trying to form the SAGE.

J: Oh.

C: Um, but there were board members that drug the process out. Just drug it out.

J: Yeah.

C: We got a lot of good things in place but for whatever reason it got to the point where it got stuck. We were a part of the Older Adult Coalition. The Older Adult Coalition was an organization that brought straight, gay (but primarily a service organization that services the elderly) to the table to talk to them about how they are dealing with the issues of older folks who may be gay, lesbian, bisexual transgender and if they had policies in place to deal with elder abuse.

[interruption over intercom] Tess you have a call at the desk. Tess you have a call at the desk.

C: And um those type of issues.

J: Ok.

C: And, we eventually ended up identifying a couple of new board members that came on board and they were able to kind of take it that last step forward to become a sage chapter.

J: What's the value in that in becoming a SAGE chapter?

C: The value in that is that regional entity autonomously but we're connected to the national sage. SAGE is a national organization. Having that national umbrella it gives us the level of credibility to garner the resources and additional support that the organization needs to implement services in this general area for our senior group, senior peers. Because as it happens around the country we know the, even though a lot of the issues are similar around the country we know what the issues are in this particular area region.

J: What are the major issues would you say right now in Detroit?

C: (pause) As it is across the board with poor people period primarily transportation.

J: Mhmm.

00:56:59

C: Adequate housing adequate food. For a lot of LGBT older adults isolation. Because as they become older they're not sure who they can trust with regards to knowing about their alternative lifestyle. The fear of being mistreated as an older adult in that respect.

J: I was looking at some research from the CDC. It said there was an issue with this in for elderly people and the issue was stigma. They said that older people in the United States are more likely than younger people to be diagnosed with HIV infection late in the course of infection. They may have the same HIV risk factors as young people but there's an added complication in the form of stigma (HIV among people aged 50 and over, 2016).

C: Right.

J: Which is of particular concern among older people because they may already face isolation due to illness or loss of family and friends? So, they delay treatment.

C: Exactly and then the preliminary if you will symptoms associated with HIV may resemble something that they may already be dealing with. So they are not aware that they've encountered HIV. They are going to their primary doctor and their doctor isn't testing for it. Then it can easily be overlooked.

J: Right if they're just feeling some aches and pains.

C: Exactly they're going through mild cold or flu like symptoms and because they're older you know they may be going to the doctor and the doctor may you know someone at your age this is not quite out of the ordinary take a little bit of this do a little bit less of that and it should pass. Whereas, it could be definitively be attached to being HIV positive because there are a lot of older people that are still very sexually active and they're not using protection.

J: Yeah, so one I definitely wanted to have you talk more about was the abuse that can happen in elder care facilities. In June 2016 a Pride Source article quoted you as saying "a very real and common fear for LGBT older adults is the negative or hostile treatment they may receive in Michigan long term care facilities or when the medical profession is treating them. Many LGBT older adults go back in to the closet for fear of being harassed or even physically assaulted in spaces that they previously considered safe" (Trager, (2016). I mean this is horrific. How widespread is this problem? What do you do, what can we do to address it?

C: One of the things that were doing at SAGE. That's what we're doing in as far as getting with the elder care providers around the counties. As a matter of fact I think we just secured a very large grant to expand our training of the staff of senior care provider programs um state elder care provider programs. Just desensitization, awareness the LGBT people might be a part of your facility or what have you but it's pretty broad because there are so many older people that may be LGBT probably more LGB than T. They choose to go back into the closet because from their perspective and the era that they came up in that was a very negative thing. To be known as lesbian, gay or bisexual. So to be in a facility where you choose to be open about that and you're at the mercy of folks that are giving you your food, folks that are giving you medications, folks that are literally taking care of you, folks that you rely on to clean you depending on your medical

situation. It's a horrifying feeling to think that if I share with somebody that I may be LGBT and they start treating me differently. What the hell can I do?

J: yeah

C: I know a lot of people feel like that.

01:01:54

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00:05:26 First corporate job and advocating for workers issues.

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00:24:05 Involvement with precursor group to Men of Color Motivation Group

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