

LGBTQ Oral History Project  
Detroit, MI

**Dr. Paul Benson**

Interviewed by  
Nicholas D. Eisengruber  
2017/12/08  
Berkley, 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

Dr. Paul Benson is an HIV Specialist practicing out of Berkley, Michigan. Having been a practitioner since 1980, he has been at the forefront of HIV treatment since the virus began ravaging the United States. Dr. Benson was one of the few doctors in the area how openly treated homosexual HIV patients when the stigma was to turn them away. He still treats a large number of the same patients he still did originally, a testament to the progress in HIV treatment since 1980.

Interviewer

Nicholas D. Eisengruber

Abstract

The Oral History interview with Dr. Paul Benson is a fascinating insight as to the early days of HIV treatment. Operating in an era where HIV patients often found themselves untreatable, Dr. Benson found his practice a hotspot where patients flocked to for help. The interview shifts from discussing Dr. Benson's early days in practice to the current landscape through the use of patients that have filled both timelines. Thanks to marketable improvement in HIV medicine, many early patients of Dr. Benson have been able to live long, fulfilling lives. The interview concludes with a message of hope for the future of HIV medicine and a message of hope for future listeners of this particular interview, hoping that future researchers can deem value from its contents.

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Transcribed by Nicholas D. Eisengruber

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Transcript of interview conducted 2017/12/08 with:  
Dr. Paul Benson, Berkley, Michigan  
By: Nicholas D. Eisengruber

*\*Note: The interview takes place in Dr. Benson's office at his private practice on a normal workday. As such the sound of people talking in the background is present in the audio recording\**

Eisengruber: This is Nicholas Eisengruber on behalf of Wayne State University and the Walter P. Reuther Library interviewing Dr. Paul Benson on his time and work with HIV and its place within the larger LGBTQ community.

Dr. Benson is a recognized individual within the HIV medical community. Besides owning his own private practice in Berkley, Michigan Dr. Benson is also an Assistant Clinical Professor at Michigan State University in the College of Osteopathic Medicine. He has been on numerous committees and research groups over the last thirty-seven years all designed to help find a cure for HIV and create better lives for those afflicted with the virus. Dr. Benson continues to research in hopes of ultimately finding a cure for HIV in his lifetime. Now at the tail-end of his illustrious career, the many people Dr. Benson has treated throughout the years are a testament to his kindness and generosity especially in the face of HIV which has ravaged the LGBTQ community for decades. Dr. Benson has had many trials and tribulations throughout his time as a medical professional; talking with him has been a fascinating insight into not only the early days of HIV prevention and treatment, but how that compares to the treatment HIV positive people receive today.

So, my first question just for you as a doctor, why did you decide to pursue medicine in the first place?

Benson: I always wanted to be a people helping professional since junior high school on up. So, I was pretty well focused; I was a hard-working student through undergraduate, high school, et cetera to reach my goal of being a physician which I am. I never planned on being an HIV specialist.

*\*Note: Dr. Benson's dog is in the office at the time of the interview; you can hear it occasionally in the recording getting a drink of water out of its dish\**

I never planned on being a gay physician specializing in the gay and transgender community. It kind of fell upon me. I always wanted to be the Marcus Welby type family doctor. (*Marcus Welby M.D. was an American television program that ran from 1969-76*). I knew I always wanted primary care family medicine and I was looking forward to taking care of families and

kids and watching them grow old, that kind of stuff. In 1980, when I finished my residency, a new syndrome of HIV, it was called GRID (*Gay-Related Immune Deficiency*) at that time, came out and I found patients starting to come to me, some friends, and I heard lots of horror stories of people going to certain doctors who would come in wearing gloves and gowns and refusing to see them and hospitals refusing to see an HIV patient, including my own at the beginning. It kind of found me; all of a sudden, lots of people were coming to me with HIV, a lot of my friends. It was a very, very different time back in the 1980s and it clearly changed my life and made me a much better physician and much more passionate and much more appreciative of life in general. In the old days, people would hide the fact that they were HIV positive. There were times that I'd have somebody in the hospital that passed away and I'd have to call the family and they weren't even aware that their kid was in the hospital. There was just a whole lot of fears and a whole lot of prejudices back then. It was a disease, when I came around, there was no medicines to treat it. We didn't even know it was a virus! I felt a lot of times like a Dr. Kevorkian without the publicity (*Dr. Kevorkian was a euthanasia proponent and doctor of pathology; he claimed to have helped over 100 patients in physician-assisted suicide*); that many times it was really just helping people die with dignity, keep them out of pain. Then it was living from one Christmas to the next or one birthday to the next. Where now it's great, it's a chronic, manageable easy disease; as easy as one pill, once a day. The focus for HIV now-a-days is prevention and getting people tested to know their status and if they're positive get them treated. I look forward to seeing the eradication or the end of AIDS in my lifetime. It's kinda neat that I came around at the beginning of the disease and I still plan on being here when it's eradicated as well.

Eisengruber: Hope so. Umm. So, you've been practicing since?

Benson: 1980. I opened myself a private practice on the Monday after Thanksgiving in 1980.  
04:41

Eisengruber: Oh, well there you go!

You became first aware of the HIV epidemic then?

Benson: In 1980, certainly in training I didn't hear much about it.

Eisengruber: So right when you started basically?

Benson: Right when I started. Actually, there was a gay newspaper called Crews magazine at the time. The editor of Crews, editor and owner, Tony Rome, came to me and said, "Would you write a story on this GRID?" Being a young, new physician, I said "Yeah, I'd be happy to write a story and be published on something." But I really didn't know what GRID was!

Eisengruber: Sure

Benson: So, I did my research on it and I wrote the article. I wish I still had it, I don't have it in my files anymore. But that was probably my first learning of GRID. It was something silent people didn't really talk about. Then before I knew it, I was the community's expert on HIV.

Eisengruber: Do you remember your initial thoughts about HIV at all? Like umm, you said you weren't aware that it was a virus right away. Or the medical profession in general.

Benson: I think, I always felt it was a virus, because it behaved like a virus, but the virus wasn't identified at that time.

Eisengruber: Sure

Benson: You know, I think my focus back in the 1980s and probably early in the 1990s was probably more on helping people deal with their sexuality and coming out and living with HIV. It's much different, we're not a perfect society now there's still a lot of stigma. But it's nowhere near compared to where it was in the 1980s. I never really considered myself an AIDS activist. I worked in the trenches, and had relationships with people and helped them. But I wasn't really a big fighter for governmental change; I wasn't part of ACT UP or anything like that. Back in those days, I don't want to say I disliked them, but I thought that it was not the way to go about and get changes. Now that I'm older, I really realize and appreciate that you need the activists and the pacifists, and everybody works together in the circle of life to get it done.

Eisengruber: Right!

So, with so many at the beginning within your profession not treating the patients, or you said they had the gloves... Why did you decide you would be treating them?

Benson: Because it started out that a number of these individuals were my friends.

Eisengruber: Right!

Benson: So, I did not have the stigma against gay people. I am gay.

Eisengruber: Right

Benson: Or HIV. So, it was just like a natural fit. I wasn't going to turn my friends away and say, "I can't help you." Then it started out being more than just friends, friends were telling other friends. There were very few people, maybe a couple doctors at Henry Ford and myself. Really that was it at that period of time. May I also say at that period of time, I was a young man back then, I had just finished residency, opened up my own private practice and I wanted to be involved with the hospital and their teaching program. Back in those days, the students and the residents wanted nothing to do with me. They thought of me and my practice as dirty, a place to stay away. Over the years, there has certainly been a metamorphosis and change, because now I have waiting lines of students and residents wanting to come in here. That's really nice to see.

Eisengruber: That is good!

So, I guess you did just mention it, you experienced backlash from other professionals?

Benson: Absolutely, absolutely! Even to a fact that at the time a number of physicians in the hospitals were forming what we call a super group. A bunch of practices joining under one umbrella to get better buying power and a whole bunch of other things. I was not invited to join into that group. I only found out many years later, because I'm in that group now.

Eisengruber: Right

Benson: They didn't want me, because of the patients that I was taking care of. They thought it was too much of a financial risk for them to deal with that group of people.

09:13

Eisengruber: So, your professional reputation has certainly improved since those days.

Benson: Now, I'm like a local, leading expert and all the physicians in my hospital hold me in very high regard. When they have HIV patients or problems or questions or they get a needle poke, I'm one of the first ones they call.

Eisengruber: Do you think you would change any of the ways...err...the way you did things back in the 80s knowing the things you know now?

Benson: What a loaded question is that. Umm, I think that I went to bed every night then and now knowing that I did the best that could be done and I'm very, I don't want to sound arrogant, but I'm very proud of myself for that.

Eisengruber: Sure.

Benson: Back at that time. *\*Note: A patient enters the office at this time\** Esther I don't, can you come back in a little bit? Thank you.

Back at those times, there was a lot of infighting in the gay community and it's still partially to this day. It still exists that a lot of community groups are in competition with each other and we don't really work in harmony as I see other communities in the United States and other places in the world as well do. We're not as bad now as we were back in the 80s and 90s, but that infighting that we had really served no good purpose.

10:56

Eisengruber: Are there a lot of competing gay activist groups or is there just one and there is a lot of infighting within that one group?

Benson: There's probably a few now. The patients back then to now are much different. Most of the patients back then were very, very angry. They were fighters, they were vocal. Now, because AIDS is a chronic, manageable well-known disease, patients are usually not that vocal or angry. As a matter of fact, there is probably complacency about HIV now. Yesterday, I had a young man come in, a twenty-one year old, that came in. I was talking to him about his sexuality and its like, he is on prep which is a good thing, but does not use condoms at all, has multiple partners, and it's like 'this is my lifestyle' and I'm not going to wear condoms, because it ruins intimacy. I attempted to have a conversation about what I felt intimacy was, where intimacy is not necessarily the act of sex, it's having a close bond with a person. He wanted nothing to hear of it. He's a twenty-one year old, I'm a sixty-four year old, so I figured you know what, I'm not going to be parental, start lecturing him, because I'll probably never see him back again.

Eisengruber: Right.

Benson: So, I just let it drop. But, the complacency now compared to twenty, thirty years ago it's not productive. I don't think we really see those activists for the HIV cause of the young people. We still have a lot of the old-timers that are you know very, very passionate, going around doing HIV education and prevention. However, I'm concerned, because as these old-timers, these dinosaurs, such as myself are retiring, hopefully retiring not dying, but choose whichever you want. As we leave practice, we really, I don't see the new physicians and the new community

want. As we leave practice, we really, I don't see the new physicians and the new community activists with the passion that we had through those old days. That's concerning to me, from a physician's point of view, being an HIV specialist, is really high on the profitable scale. In medicine unless it changes, we get paid for doing procedures and we really don't get paid much for using our mind and thinking. When it comes to taking care of HIV patients, it's more mind-type things. So, a lot of young doctors coming out are not necessarily attracted to HIV care or primary care for that matter. They'd rather be specialists, which is more of a lucrative thing for them. Those things concern me, I don't know, ten years from now, if regular family doctors will be taking care of HIV. I'm not sure how it's going to be, but certainly it's a specialty that's not flourishing, it's going away.

Eisengruber: Do you think that's because there is daily, you said there is preventative treatments now. Do you think that's because it's not such an epidemic?

Benson: No, because there's still plenty to go around.

Eisengruber: Sure, sure!

Benson: It's not a perfect world. In the United States, we have about fifty-thousand new cases every year. So, it's not going away. Patients now that are HIV-positive are living a normal lifespan. So, it used to be in the old days, people would not live long, and you would get new turnover. We're getting new people entering the HIV system, because they're positive, and people that are already positive are living longer. So, HIV specialists are really as busy, if not busier now, than we've ever been.

15:10

Eisengruber: Oh, okay.

Back in the 80s, did HIV patients know to seek you out? Like how far was the reach that people would come to you? Out of state or anything like that?

Benson: I have a few out of state. I still have some of my original patients. I have one gentleman that...

Am I being too verbose?

Eisengruber: No, this is good, this is good!

Benson: Okay, super. I had one gentleman that I had been taking care of since around 1990. His name is Marty and he comes to me from Jackson, Michigan so it's a couple hour drive.

Eisengruber: Sure

Benson: I just saw him last summer and he says, "Doc, do you remember when I came to you and when I was first diagnosed?"

I said, "Jeez, Marty it was a long time ago. I really don't."

He says, "Do you remember who was with me at the time you diagnosed me?"

I said, "It must have been the boss."

So that's kind of a little joke. His wife comes to a lot of his visits and she's very concerned and loving of him so I always call her the boss.

He goes, "Yeah, the boss was with me, but there was somebody else too."

I said, "I'm sorry Marty, I don't know who it is."

He said, "I had my new baby girl in the bassinet with me."

I said, "Well, I believe you, but I really don't remember it."

He says, "Do you remember what I asked you on that first visit?"

"I don't Marty."

He said, "I asked you Doc, what's our goal living with HIV?"

I said to him, "Our goal is that you live long enough that you can walk your daughter down the aisle."

At that point tears came in his eyes and he brought out the photo book, because his daughter just got married. He gave me a picture of him walking his daughter down the aisle which I still have in my folder over here.

Eisengruber: Oh wow!

Benson: Whenever I lecture on HIV, not all my lectures but a lot of them, I start out with that photograph and tell that story.

Eisengruber: That's a great story!

Benson: It's very, very touching.

17:20

Eisengruber: Do you think that the people that were opposed to your practice back in the day, do you think they were afraid of the disease, homosexuality, a mix?

you think they were afraid of the disease, homophobic, a mix?

Benson: Mix.

Eisengruber: Mix?

Benson: Mix. There were a number of homophobic individuals. In the beginning, I had a lot of bisexual, married men with HIV. You could only imagine the entanglement that was; of being HIV-positive and having a wife and kids. I've seen every scenario to the wife being very, very supportive and staying with him to where they've thrown the guy out of the house and sued. One case in particular, the father lost custody of his kids. So, I've seen every degree and in-between on that. But the social stigma of dealing with HIV positivity and living a life with HIV was certainly much more difficult then than it is now.

Eisengruber: Did you touch any of the patients during that time? I know people thought back then that it could be transferred by touch or by...

Benson: Absolutely, absolutely. I have been and always will be, although now with today's environment with touching, you never know what's going to happen.

Eisengruber: Right, yeah, sure.

Benson: But I've always been a very touching doctor. I've just learned that in my training. I like to put my hand on people's shoulder. If there's something going on very depressing and they're crying, I don't mind hugging my patients. I think that's part of the therapeutic healing power. I've always been that way and I always will be, but sometimes people caution me on that. But I'm not doing it in a provocative way; I kinda know my patients, if I feel I need to distance from them, then I don't do that. But many of my patients, I've been taking care of for twenty, thirty plus years, it's a non-issue.

Eisengruber: Sure

Do you remember if your friends or family were concerned for your health specifically during this time?

Benson: Great question. My mom and dad were. When I first started practice, I was closeted; I was in the closet. My family did not know about my sexuality at all. When they first started seeing that I was taking care of AIDS patients, my mom and dad had a lot of concerns about it. Not enough that it swayed me, not enough that they threatened me with anything or whatever, just loving concern. Because back then it was a different world, you don't know how it was transmitted, et cetera.

Eisengruber: Right, uh-huh.

Benson: They were definitely concerned about my well-being and health. Eventually, I won't get into too much of the detail, but that's how my sexuality came out to my family and how I opened up and everything on that. My family was all loving and I have a partner of twenty-nine years, they love him dearly. There was no, very little problem with stigma. The problem with coming out to my family was more my problem, not theirs.

Eisengruber: Okay

Benson: Just because I didn't want to tell them.

Eisengruber: Sure.

Benson: If anything, they were upset that I didn't tell them sooner, because it came as a total surprise. But their concern was strictly for my health and wellbeing.

20:47

Eisengruber: Okay.

It was known as the gay disease back in the 1980s as far as I know.

Benson: Absolutely!

Eisengruber: Did you take steps to correct perceptions of that?

Benson: Absolutely, yes! I still do to this day. Educate them on how it's spread and especially the demographics clearly show now that IVDUs (*Intravenous Drug User*), heterosexuals, it's universal and you don't have to be a bad person, you don't have to be a dirty person to get HIV. I always have wanted to write a book, but never had time and probably forgot most of the good stories, but I... one young kid, a nineteen year old, three years ago. As a matter of fact, he played tennis on a University of Detroit tennis team back then; only had one sexual encounter in his life and I didn't know that he was gay yet. I was his family doctor taking care of his diabetes. We called him to come in once, only because I needed a wellness exam on him. For his insurance, we have to get a number, a percentage of our patients need to get annual physicals.

Eisengruber: Oh right.

Benson: So, we called him in to come in and I talked to him and I said, "You know I want to get an HIV test on you. It's a part of this wellness exam."

He goes, "No, I'm not sexually active. I haven't been, don't really need it."

And denied being gay. Lo and behold, he was HIV-positive. So, I brought him back in and talked with him and then he said he only had one sexual experience in his whole life and he became HIV-positive. I've heard and seen all different stories over the years.

Eisengruber: You don't have to go too deeply into this if you don't want to. How do you safely interact with victims then compared to now? Obviously, there's different prevention methods, but in the early days how did you safely interact with people?

Benson: Me, personally?

Eisengruber: Yeah, uh-huh.

Benson: I could tell you very clearly that I do the exact same thing in 2017 as I did in 1980.

Eisengruber: Okay.

Benson: It's called universal precautions. I never gloved up, I never gowned up, I never wore masks unless I was doing a surgical procedure and I would do it on anybody. When I've lectured and when I've talked to other doctors I always tell them, it's easier and safer for me, because I know I'm dealing with an HIV patient and I'm always practicing universal precautions. It's those people that you're seeing somebody you don't know that they might be HIV-positive if you let your guard down and you don't think about it and something happens. So, I'm doing things the exact same way now as I was then.

23:32

Eisengruber: Alright, interesting.

Do you feel that the overarching Detroit community is helping you today with HIV prevention?

Like is there outreach or anything like that?

Benson: Outreach for HIV prevention?

Eisengruber: Yeah, is there activism more, like umm I don't know how to phrase the question.

Do you feel that the Detroit community did all they could do to help HIV victims?

Benson: Well let me preface by saying that there's never enough.

Eisengruber: Sure, uh-huh.

Benson: Okay, but with that said I would say that over the last five years, especially over the last twelve months there has been a very, very accelerated rate of assistance in HIV prevention. The model has changed to what we like to call 'Test and Treat.' That anybody that is HIV-positive gets treated right away. Two years ago we would wait until there's a sickness called a CD4 count went low, below a certain level, either 350 or 500 depending on what year we're talking about before we treat them. Now, we treat everybody irrespective of what their CD4 count is. The reason we do that is because it's very difficult if not impossible to spread HIV if you're on therapy successfully and have an undetected *\*unintelligible\**. So, we really, really work hard at testing people and getting them on treatment assuming they're wanting to go on treatment. We try to convince them and educate them as to why they should be on treatment right away. That's one big step. I know that the Detroit Health Department is getting lots of grant money from the federal government. I just heard last week that Michigan received a million dollars from the federal government just for HIV prevention. We're seeing billboards now and the health department has hired more people to be HIV prevention educators. We have, for those people that are HIV-positive, we have something called EIS services, which stand for Early Intervention Services. Basically, any new patient that's diagnosed can get a consular for the first six months to help them navigate through the system and maybe housing and maybe getting medical insurance. Also making sure they're taking their medication every day, perhaps substance abuse training. Anybody that's newly diagnosed can get this service for free, for this EIS services. We also, probably for the last ten years, maybe more, we have a case manager in this office through Matrix Human Services. They're here every day as a case manager. If we have social issues that we're not equipped with either with time or manpower to deal with these social issues with the patients, we've got somebody here on staff that can go meet with them on that. We have come a long way.

Eisengruber: So, obviously there's a lot more resources today. Did they have a lot back in the 1980s when you were doing this initially?

Benson: They had nothing.

Eisengruber: Nothing. Nothing at all except for you and your practice?

Benson: Correct, correct.

Eisengruber: Okay.

Benson: It's much easier now.

Eisengruber: Yeah. You said you've been treating some of these patients for twenty years, so you've kept in touch...

Benson: Oh I've been treating some of these, I've probably got about fifteen, twenty patients that I've been treating since 1980. They're my cherished ones. Without a doubt.

Eisengruber: Right.

Obviously, since you're an HIV specialist, you still treat a number of patients. How do the numbers compare do you think?

Benson: We're probably treating more HIV patients now than we ever have. We're probably right around one-thousand patients. I also do a lot of clinical research on HIV. We're running about fourteen different trials right now with new medications. We're also doing one, very large HIV prevention trial for those people that are high-risk but negative; putting them on chemoprophylaxis (*Using drugs to prevent disease*) and then monitoring them to see how many of them are getting HIV over a course of three years, that study is. I have a very interesting practice, it's very, very eclectic.

Eisengruber: Uh-huh.

Benson: I still have part of my dream of having a regular, family medicine practice in the Berkley community and take care of community members. I have a lot of gay and transgender individuals that come here. They know it's a safe zone that they can come to. Somehow, everything really meshes with each other; the practice is flourishing and doing well. I've had some patients that I've known for yours that have come to me and say, "I don't want to come here anymore, because you're taking care of HIV patients." It hurts a little bit, but I appreciate the fact that they're honest to tell me that.

Eisengruber: Sure.

Benson: Rather than just not come back. I have some patients very surprising that I wouldn't expect to hear it from that come to me and say,

'Here, I have an extra wheelchair or I have some extra supplies. I know you take care of a lot of HIV patients here and I had a nephew or somebody that was HIV-positive. God bless you for doing it and here's a wheelchair. Any of your patients' needs it, give it to them.'

So, both sides of the spectrum as far as that as well.

Eisengruber: This is just ignorance on my part. What is the difference then between this practice and your goal of a family practice?

Benson: I'm exactly where I want to be.

Eisengruber: Okay!

Benson: I changed my goal.

Eisengruber: Okay!

Benson: I'm very exciting, because being an HIV specialist and doing it as long as I have I'm at the cutting edge of medicine.

Eisengruber: Sure.

Benson: I'm doing research, I'm getting drugs for people that have helped them, more so in the past than now, but still even now that I've been able to get them drugs that aren't even approved yet and get them on it and saved their lives doing it. I love being on the cutting edge of medicine with HIV. There's very, I don't want to sound arrogant in any way, shape or form, but there's very few providers that have the experience or HIV knowledge that I have. I'm been doing this close to forty years. I go to all major conferences. I could talk HIV to anybody, I don't care how smart they are, and know my stuff. Yet, I still have the regular general practice of people coming in to me for their blood pressure, their diabetes, their colon cancer screens or whatever. So, I have the best of both worlds. Primary care and taking care of families and I don't get bored that all I'm doing is just taking care of HIV.

Eisengruber: Okay.

Benson: So, I love it!

Eisengruber: Yeah.

Benson: I'm right where I want to be.

30:27

Eisengruber: I saw on your CV that you still do a lot of research, like you said go to a lot of the



Eisengruber: I saw on your CV that you seem to do a lot of research, like you said go to a lot of the conferences and stuff.

Benson: Yes.

Eisengruber: How do you balance that and practicing?

Benson: Umm, a number of years I was solo. I hired a couple of physicians here and there and they didn't work out for various reasons; or they learned from me and then thanked me and went off on their own.

Eisengruber: Sure, uh-huh.

Benson: Okay and that happens. I have a very good team that works for me right now that I'm really blessed for. I have a particularly physician assistant that's been with me for six years. I took him right out of his training. He's become my right arm, which helps a great deal. I've got a nurse practitioner that's very good. I have got another P.A. I'm working to look for another doctor. My plan now is, I'm sixty-four years old, I work very, very, very hard with very, very long hours and my plan is really, I'd like to bring another physician or probably physicians because I think it would be hard for one doc to do everything that I do. Gradually, start slowing down and phasing out. I'm actively in that process now. It doesn't seem to be working well for me.

*\*Both laugh\**

It just doesn't seem to be working well. But that's really what I envision for the future of the practice.

Eisengruber: Okay.

I don't have any more questions on my sheet, but...

Benson: You were easy!

Eisengruber: Yeah.

Benson: Did I cover? This was the kind of stuff you wanted to hear?

Eisengruber: Yes, yes!

Benson: Okay.

Eisengruber: Basically, what your thoughts were when HIV was becoming a mainstream thing that people were talking about and then compared to now and what your thoughts were, you know, in those thirty, forty years. I think we've covered a lot of those.

Benson: Yeah, I think we hit your focus points pretty well. I'm trying to think if there's anything else I can add. I don't really think so. Except again, the metamorphosis that I started out as being a not respected, dirty clandestine doctor.

Eisengruber: Sure, uh-huh.

Benson: To now, I'm very well-accepted with a good reputation. I'm talking amongst the medical community.

Eisengruber: Right, right.

Benson: We still have a ways to go. I gave a lecture about three weeks ago at the Michigan State Medical Society and it was to general practitioners and I was talking about HIV prevention and somebody left me a note on the table that says, 'If you want to get rid of HIV, just get rid of the gays.' I didn't like seeing that.

Eisengruber: No.

Benson: And I have that piece of paper too. Sometimes when I lecture I always like to throw the hook out there first for my audience before I get into the didactical part of it. I've used that slip of paper as well. As much as so much stigma is gone and we're doing so much better, we still got work to do.

Eisengruber: Right.

Do you think the stigma is still there...well of course it's still there...for HIV positive people? I know people would kind of hide that they had HIV.

Benson: They still do.

Eisengruber: They still do?

Benson: They still do.

Eisengruber: Okay.

Benson: Not with the same numbers, but they still do.

Eisengruber: Is that just because people are still unaware of...

Benson: I think they're aware of the stigma, even though it's less. They just don't want people to know. I've noticed that the gay community has gotten very, very far for itself in the last thirty

years without question. I see that now starting to happen to the transgender community. Transgender community used to be swept under the rugs, physicians wouldn't deal with it. They were very, very closeted. Whether now, because there is tv programs with transgender in it; I'm not sure what all the reasons are, but they're now opening up and there's much less stigma with transgender and our practice is flourishing with new, transgender individuals coming in to help with their transitioning. I see that much more now than I ever have in the past. I equate it to how it was with the gay movement, back in the 1970s and the 1980s.

Eisengruber: Okay.

Well, I think that's probably a good spot to end then.

Benson: Wonderful.

Eisengruber: I want to thank you very much for your time.

Benson: My pleasure. If something else pressing comes out, you can always feel free to call me.

Eisengruber: Okay.

Benson: So, what is going to happen with this interview that we just did?

Eisengruber: This interview that we're doing right now, I will transcribe it for the Walter P. Reuther Library, which is the university archives at Wayne State. They will make it available as an oral history interview and researchers can come in and either listen to the audio or the transcript and hopefully learn a little bit about the LGBTQ community and HIV during the 1980s compared to now.

Benson: Wonderful. Is it possible I could get a copy of the transcript?

Eisengruber: Yep. It's due for my class specifically on the eighteenth, but I can get it to you before then if there's anything you want omitted or anything like that.

Benson: Okay. I don't think there is, but I'll sure look it over. So, is your job in doing this really just doing this and doing the transcript or do you take this information and compile it in some way with other information and come out with some logical deductions or something?

Eisengruber: My job specifically is just to gather the information and do the transcript. Future researchers could perhaps do what you just described.

Benson: Got it.

Eisengruber: Because there is other people in this class who are interviewing people in the Detroit LGBTQ community. Not necessarily to do with HIV, some are doing activists, some are doing other aspects of the community.

Benson: Sure.

Eisengruber: We're going to be gathering those and presenting them under the head of the LGBTQ Detroit collection for the Reuther Library, but it's up to the researchers to decide what to do with that information.

Benson: Sure, and the Reuther Library is that one that anyone can go into or do you need to be a Wayne State student?

Eisengruber: Nope, anyone can come in. I actually work at the library. We have people from all over; we actually had a gentleman over the summer who came from the United Kingdom to research in our archives.

Benson: Wow.

Eisengruber: The Reuther is home to the largest labor archives in the United States, so that's mostly what people come for, but we also have archives for Detroit and the surrounding area.

Benson: Wow, maybe one time I'll go down there and browse it. It sounds very, very interesting.

Eisengruber: The School of Medicine I know has their archives, they're being perused through right now because a gentleman is writing a book on the School of Medicine.

Benson: Very nice. Well good luck, thank you very much, it was a lot of fun. Took me down my own little road of history lane. I haven't thought about these things in ages.

Eisengruber: Thank you.

37:58

