

RodaleMaria_20200629_transcript

LIZ BRADBURY: [00:00:00] -- computer, yes?

MARIA RODALE: Yeah, I see it.

LB: Let's go. Now, I have to read you these things that are important. My phone is off, okay. With this project, the Bradbury-Sullivan LGBT Community Center and Trexler Library at Muhlenberg College will collaborate on 40 years of public health experiences in the Lehigh Valley LGBT community collecting and curating local LGBT health experiences from HIV/AIDS to COVID-19. My name is Liz Bradbury, and I'm here with Maria Rodale to talk about her experiences in the Lehigh Valley LGBT community during this time of COVID-19 epidemic as part of the Lehigh Valley LGBT Community Archive. So, at the beginning of this, I have to say -- oh, wait, here I'll do that -- thank you for much -- so much for your willingness to speak with us today. To start, can you please state your full name and spell [00:01:00] it for me?

MR: Maria Rodale. M-A-R-I-A R-O-D-A-L-E.

LB: Thank you. Will you please share your birthdate?

MR: January twenty-fourth, nineteen sixty-two.

LB: Okay. Do you consent to this interview today?

MR: Yes.

LB: Do you consent to having this interview being transcribed, digitalized or digitized and made publicly available online in searchable formats?

MR: Yes.

LB: Do you consent to the LGBT Archive using your interview for educational purposes in other formats including films, articles, websites, presentations, and other formats?

MR: Yes.

LB: Do you understand that you will have thirty days after the electronic delivery of the transcript -- so we will deliver the transcript that will be [00:02:00] transcribed after this interview to you -- to review your interview and review any parts you'd like to delete or withdraw from your interview for this project?

MR: Yes.

LB: Okay. So I am actually going to turn my air off because it's making too much noise.

MR: And I can't hear it.

LB: I'm having to yell. Yeah, but I'm having to yell, (laughs) and it's weird. Okay. Okay. So the first part of this, and, you know, you can say whatever you want about the --

however you want it to go. We have three props on here, one of them is that, what was the first time -- to start it off -- that you remember the first time that you became aware of the disease?

MR: I first became aware of the disease in probably nineteen eighty-three or eighty-four when I was actually a student at Muhlenberg College, and my brother David gave me an unpublished [00:03:00] manuscript to read. I don't remember the book, but it was definitely talking about the possibility that there was an epidemic that was about to happen. My first response was like, "Well, why are you giving this to me?" and then as I read it, I realized he was kind of giving me a heads-up. So my brother David was gay, as everybody knew, and was very open about it, and we all loved him dearly. And so that was my first awareness of -- that something was happening.

LB: Yeah. I just want to interpose in this that this -- one of the reasons I think we're doing this archive is that lots of people don't know stuff. And in fact, this is going to go [00:04:00] into the archives for thirty years into the -- 20, 30 years into the future, and there will be a lot of things that people don't know. In fact, it's shocking when -- how much people don't know. Lots of times that most of

the people who work at our community center are about half my age, they don't have a -- they don't understand a lot of this. I was going to say they don't have a clue, but that's not true.

MR: Yeah.

LB: But they don't understand a lot of stuff. So talk about how that proceeded. What happened for you as far as that stuff went?

MR: Well, first of all, my brother came out as gay when he was maybe in his late teens, early twenties, and it didn't surprise me. I wasn't upset. My parents, obviously at that time, were quite upset, but they really came around. They came around quickly, and he was just such a delightful and wonderful person and [00:05:00] kind of the life of the family, so... So nineteen eighty-four, he gave me that book, but I was just like -- you know, at that point, I was very young and a single mom going to college, so it wasn't really my problem. I personally was not gay or doing drugs or anything -- any of the risk factors. But I don't even think back then we knew what the risk factors were other than it was related to being gay, so... Then, I would say -- well, his birthday December twelfth nineteen eighty-five. I remember he had a birthday party. I

remember I wore black [00:06:00] leather pants. (laughs)
But he was coughing a lot and -- coughing and sweating, but
he was like, "Oh, it's nothing," and he had actually been
to the local doctor who had diagnosed him as having
bronchitis. And so we're like, "Oh, it's just bronchitis,"
and he was like, "Oh, it's just bronchitis." And then
December twentieth, he and his partner Mark were about to
go on -- away for Christmas together. He was at the
airport, and he was coughing so badly that Mark was like,
"You have to go to the hospital. There's something wrong
here." [00:07:00] At that point, I knew it might be AIDS
because of what he had told me about, and I remember
calling a couple of my friends. I was like, "You know, I
think my brother has AIDS," and they were like, "Oh, no,
he's just stressed out. It's winter; it's just
bronchitis." But when he went into the hospital, and they
did the test, and he did have AIDS, it was -- well, first
of all, it was a death sentence back then. So this is
nineteen eighty-five, it's a complete death sentence, and
none of the nurses or doctors wanted to go near him because
we didn't know. Nobody really knew at that point exactly
how it was spread. And I remember my mother like -- well,
first of all, she was deeply upset and crying and -- but

she was trying to find private [00:08:00] nurses to take care of him in the hospital. I'm like, "Mom, we'll do it. Let's -- let's... Let's take shifts." So all of us had shifts, and we were with him. And I remember on December twenty-third, I had my -- so this was like three days in the hospital -- I had my last exam for Muhlenberg College. So I was like technically graduated at that point, and I got my stuff together to go in for my shift, which was a late-night shift. It was like nine to three in the morning and so I remember I had a little tray of a McDonald's milkshake, McDonald's coffee, my journal. And I went to the room, and I said to the [00:09:00] nurse outside. I was like, "Do I need to mask up?" and she's like, "Well not anymore," and I'm like, "What do you mean?" She's like, "He expired." (sobs) And I went into the room, and my whole family was there. I don't know why -- oh, it's before cell phones, so I don't know why that's how I found out, but that's how I found out. So my parents were there. The woman was who his friend, Sarah who was with him when he died was there. Some of his other best friends were there, his partner Mark, and it was just... He was dead.

LB: Wow.

MR: Three days and... I mean and --

LB: He was there three days in the hospital?

MR: Yes. And so he had died of, well, pneumocystic -- the pneumonia [00:10:00] that is common with the AIDS patients and... So, needless to say, we were all devastated and stunned.

LB: How old was he?

MR: He was only thirty. That was his thirtieth birthday party.

LB: Oh, God.

MR: And I was twenty-three -- I was twenty-two, so...

LB: So when you were taking care of him and others were taking care of him, was that you were really doing nursing care for him?

MR: You know, it --

LB: Days, gosh.

MR: -- not really. They would do the technical things, but we would be sitting with him and communicating with the nurses and things like that. So the nurses did get over their fear and [00:11:00] put on all their equipment and do what nurses are supposed to do, but it was not something that everyone was willing to do. I think certain nurses took it on. And I remember he must have been on a lot of painkillers because the conversations were really interesting. (laughs)

LB: What do you mean?

MR: Well, he'd be like, "Oh, gosh, I -- I'm seeing the most incredible gardens, I wish you could see them." (laughs)
In retrospect, I think he knew for a while he had AIDS. I remember the Christmas beforehand, I had made some offhanded [00:12:00] stupid remark like, "Oh well, we know David will always be here for Christmas because he's gay and --" you know. And he gave me a look that was like don't count on that, and so... I mean, he didn't even make it to the next Christmas.

LB: Yeah. Did he tell other people in your family before you found out? Was it because you -- or did you-all know at the same time about...?

MR: That he had AIDS?

LB: Yeah.

MR: We all found out at the same time when he was tested in the hospital, so... Yeah.

LB: I mean there's so much stuff, you know, because so many things were happening then in the world, and people didn't know about it. [00:13:00] People didn't know where it came from. Was that something that you were aware of earlier or any time?

MR: Well, I think I was peripherally aware of it and scared for him. What happened for me is I had already planned to move to Washington, DC, with my daughter. I had a job lined up, an apartment. And then our family situation, of course, there was the family business that was a factor in it and my brother had been considered the heir of the family business. And my father kind of alluded that he needed me to stay, and I was like, "But I've got this stuff lined up, and I need to... I made commitments to people." When I moved to Washington, DC, my apartment [00:14:00] was in the Dupont Circle area, which was a hotbed of the AIDS crisis in Washington. And so every day, walking my daughter to school and to work, I would see people who were dying just... It was horrible because I felt that they were looking at me as a white, straight woman, and being like, Fuck you, you know? And I wanted to say to each and every one of them, it's like, "Well, I lost my brother, I feel for you," but I was just trying to get by at that point and... I think the hardest thing too is that I wasn't with the rest of my family grieving. [00:15:00] I was doing all that grieving on my own, and they were doing their grieving without me, so there was a weird disconnect.

LB: Were you aware of like...? Could you just fill people in because I kind of know about this, but what David was doing before he died? He was involved with the theater, wasn't he?

MR: Well, that was earlier. By the time he died, he had been actively involved in the company business, working specifically on social media back then and computers and working for different magazines as -- in an editorial aspect. I often think like if he would have lived, we would have been way ahead of the curve on social media and the internet. [00:16:00] He was one of the first people involved with like online communities. I remember he would take his laptop and go to phone booths and plug it in and upload his (laughs) stories and his -- before it was called blogs -- they were kind of blog posts. He was definitely involved in the business and had committed to it. But he and I had also talked, because he lived in Provincetown for a while and I would go visit him there, and that he -- his heart wasn't in the business, so... There's a lot of complicated theories, but the truth is he was in a very high-risk group at a very early time. [00:17:00]

LB: It was the time.

MR: Mm-hmm.

LB: Yeah. So let me just ask you, and I know this is hard, but after he died, was it something that...? I mean I know how involved your mother was in all sorts of stuff after he died, and maybe you weren't. I don't know where you were at that time. It sounds like you were in DC. When did you come back --

MR: Well, my father made me promise that I would only stay there for a year and then I would come back after a year. So when I came back, I started working for my father at the company, which again in retrospect I was glad I did because he died five years later. So I had that time with him, which was really precious. But by the time I came back, my mother, well I will say, she never [00:18:00] got over my brother's death, ever, and I think a lot of her recurrence with breast cancer that she had was her grieving, her feeling of loss and sorrow. It impacted her and my father's relationship too because they were both grieving, but they were also products of their upbringing where it was hard for them. They didn't go to therapy together or -- you know? So he was a very traditional father in that respect where he kept it to himself. And I often think his increased travel at that time of his life was like a way of dealing and maybe escaping his pain and sorrow. [00:19:00]

But there's no question it left a giant, giant hole in our whole family that never was filled again.

LB: I think people may not realize that the numbers -- number of deaths -- and I think people need to understand that about things that are happening today. But the number of deaths that had happened particularly with young men, young, creative men in the nineteen-eighties had an enormous impact on everything that happened.

MR: Right.

LB: And here is an illustration of that because you're talking about how differently that could've had an impact on -- you're talking about the publishing company, is that correct?

MR: Right, the publishing company. But the publishing company, the family, it was a devastating blow to us. My mother channeled her grieving into her activism, which was really brave and courageous. [00:20:00] Because in the later -- from nineteen eighty-five to the nineties, early nineties, there were still not a lot of people especially parents who were speaking in support of the gay community, and her whole message was about loving and accepting our children for who they are. It was kind of stunning how many people didn't think that at the time and maybe still don't.

LB: So at that time after he died, was there an acknowledgement of what he died from? Because people were so afraid of that kind of stuff. I mean soon after because really, we -- I've had people that were close to me that died that nobody knew what was wrong with them. Nobody said anything. They just -- you know?

MR: I think in the newspaper it said pneumonia, but we were very transparent and up front, [00:21:00] you know?

LB: Yeah.

MR: I mean, from the day he died, it was -- my mother, myself, my siblings, my father is like he died of AIDS, he died of AIDS and -- you know? I don't think we felt the stigma of that, or if we did, we felt it was important to work through the stigma. Yeah.

LB: Well, I know your mother really rallied her friends to support causes. And I think some of their sons that had died as well, [probably?] rallied then that it really was the source of a lot of the funding that came through FACT, the Gay Men's Chorus, and stuff. Do you remember that kind of stuff, or what do you think about that?

MR: Yeah, no, I mean I definitely [00:22:00] remember her being a major activist. I think that she got a lot of her loneliness from my brother leaving -- was fulfilled through

that community. She was involved with the AIDS Quilts. She was a member of the Harvard AIDS Institute International Advisory Committee. So she made the most out of her tragedy to try to help others. For me, it was not a matter of public activism because that was her terrain and she was doing a great job in that world. I think for me, it became more a form [00:23:00] of like personal activism in terms of how I interact with people and a lot of the writing that I do. It wasn't the time for me to be a public activist because that was her role and --

LB: Well, talk about that writing that you do or you did then about it.

MR: Well, I've been a blogger since two-thousand six. And I've written a few books where I've never shied away from the fact that he had AIDS, but I've never also addressed it specifically. It's like, oh, I had a brother who died of AIDS. The book that I'm working on now and that -- that's [00:24:00] (laughs) the "Why Sex Matters" book is there is I'm working on a book about love and how we can learn to love each other and -- through not just relationship but through work, through the environment, through politics, and through connecting with all sorts of diversity not just the LGBTG, whatever, but racial diversity, sexual

diversity, all of it. I'm one of those people who -- like I've been just quietly observing and watching and studying and researching, and this next book that I'm working on will be my contribution to the conversation.

LB: Hmm. I think that's like a theme or...? You've sort of described [00:25:00] what the theme was, but thinking about the point that you're trying to make, I don't mean to be obvious but that's sort of -- or is it just presenting a lot of information? Are you trying to really communicate some specific thing that you want people to understand?

MR: Well, I mean it started as me trying to understand for myself and understand. And just curious -- curiosity like, well, why are people like this, and why do we -- why are people so anti-gay, and why are people racist and -- you know, so... My approach that I'm taking is that it all starts with each of us individually and how we learn to accept ourselves and love ourselves and then share that in everything we do and connect to others in that way.

[00:26:00] So there's a lot of research and science and -- but it's -- ultimately, it's a personal journey that we each have to take to become loving people and to be aware that just because we say we're not racist doesn't mean we aren't racist. Or just because we say we are okay with

people being gay doesn't mean we're actually okay with that. We have to show it and walk the talk and be that in our lives. Ultimately, that's all that really matters. Because when you die -- we're all going to die, and for or better or worse, I've seen a lot of death in my family, and what lasts? What lasts? It's that loving relationship that lasts and the [00:27:00] ripples that we make in people's lives, positive or negative.

LB: Mm-hmm. Is this a different kind of book than other things that you've written, or what were some of the other things you've written?

MR: I've written a gardening book. I've written a book on women and pleasure. I've written a book called *Organic Manifesto*, which is about why we use chemicals and how that all happened. I've often gone through phases like, well, all my books are so different, what's the thread that connects them? And it's really all about learning how to make ourselves and the world better and showing all the connections between things of which when you can see the connections then you can see [00:28:00] oh, oh, that's why it's important, and that's why it matters, so --

LB: Exactly --

MR: -- it's something.

LB: -- it's that -- oh. It sounds like your earlier experiences, it has -- they have contributed to this trajectory in terms of how you've been working with this. You think that's true?

MR: Totally, totally. Yeah.

LB: Let's see. Let me see what these other questions are. Sometimes I hurry. So you were living here. Were you seeing with David's friends -- because other people were dying too. It's interesting that the other people that I've interviewed, they seem to be just a little bit after that really devastating early time. And that's not going to be true for everybody because this is, I think, the fifth interview [00:29:00] I've done. But were people seeing in the Lehigh Valley this kind of rapid realization of the disease? Were other people that happening to, his friends or David's friends who were in the Lehigh Valley or other people that were around always (overlapping dialogue; inaudible). Like David's death is such a shock to everybody because they didn't really expect this when it happened? What do you think about that?

MR: Yeah. David had a lot of friends all over the place. Most of them are dead, most of them are dead. In the Lehigh Valley, I think there was... The big shock for my

brother's death was as much the family business -- the heir, David Rodale of Rodale Press [00:30:00] as it was the AIDS thing. Probably because I've been a single parent since I was twenty, I mean I don't hang out too much.

(laughs) I don't have a social life, so I was really just kind of watching other people, and it's classic. There is the traditional Lehigh Valley people who do not have a lot of compassion, and they're more traditionalists I would say. And then there's a lot of wonderful people who were very warm and supportive and [00:31:00] welcoming. I will say I didn't experience and I didn't see my mother experiencing, although she might have, a lot of hate or trolling. But this was before the internet, so I'm sure people kept that to themselves or kept it within their smaller groups. I don't remember seeing or hearing any of that, but I do remember feeling my parents' shame. Although they worked to overcome it.

LB: Because of the whole thing? Because of (overlapping dialogue; inaudible) or because he had AIDS?

MR: Because he was gay, because AIDS was a sexually transmitted disease, [00:32:00] because they failed keeping him safe -- all those things that parents feel. One of the most important things though for me personally is that his

partner Mark is still alive and healthy and has been an incredibly important part of our whole family all these years. He worked for my mother, he worked for me, he continues to stay involved and we're -- we've been very connected with him.

LB: Is he still in Lehigh Valley?

MR: Yeah, he is. Mark Kintzel, he's a wedding planner, he does incredible weddings.

LB: (laughter) So let's see. We talked about a lot of different things. Let's see. [00:33:00] So you were saying this -- and I can really understand this -- that your mother was finding solace in the activism. And then I could see why you might not have wanted to step into that because she was doing that. Were you aware of pretty much all this stuff? I guess I asked you this already, but were you aware of what she was doing? Because she even -- I don't know if you were part of this, but she narrated a big concert for the Gay Men's Chorus at the church on Center Street. And it was a musical performance about a young man who killed himself actually, and she was the narrator for that. Were you aware --

MR: I wasn't aware that she did that, but I'm not surprised at all because that's the kind of thing she really loved to do. [00:34:00] Yeah. Yeah.

LB: I got the impression that she was really whipping up an enormous amount of financial support for FACT because there was -- they got an enormous amount of money coming in. And I know Billy Leh who were -- and he and other people that were part of the community where people could afford to make significant donations. And then I would guess that other people that she knew were losing sons as well. I've often said that you can get LGBT people to stick up for your rights, but when you get to the parents of LGBT people, that's a whole different thing.

MR: Yeah.

LB: Yeah. They're like lions with their kids and they can be -- yeah, they can be rejecting, but they can also be extraordinarily -- and families in general too. I think that these families [00:35:00] speak out.

MR: For the record, I have to express that one of the challenges with that is that the memory of David became more important to her than the living. And I think that's a wound that my siblings and I still carry is that we weren't enough to fill that hole. And that's our own

personal work we had to do. Our own personal activism was how do we become whole, healthy, happy human beings knowing that [00:36:00] that trauma happened to all of us, not just to her but to all of us. And we were kind of on our own to figure that out.

LB: Mm-hmm. Yeah. What other siblings do you have?

MR: I have my oldest sister Heather, then Heidi, and then David was next, and then between David and me, there were seven years, and then my younger brother Anthony, so three years younger than me. So there are four people left.

LB: Yeah, sure, yeah.

MR: Yeah, and none of us were as funny and charming and delightful as he was. (laughs)

LB: Well... (laughter) [00:37:00]

MR: It's true. It's the truth.

LB: Okay, but...

MR: I miss him terribly.

LB: Yeah, I can understand that but... I mean there's a lot of factors that make one say that, and it's not just because he wasn't that way but also because you were younger. You were influenced by losing him, and that is an influence of things too, so...

MR: Mm-hmm.

LB: And so many people who were lost in those circumstances left people behind that were in that -- in the same circumstance. It was such a shock. It's such a shock to you to lose someone who was young and seemingly so vital and healthy. That's the thing that is so, I think, devastating for people. [00:38:00]

MR: Yeah, I mean any death in a family is devastating. But that was like the beginning of just a whole societal death -- you know, the death of creativity, the death of fun. (laughs)

LB: [What happened to that?] Say, explain what you mean by that because I don't think people always get what that means.

MR: Well, in my research on my own history and social history, the sexual revolution happened in the sixties and the seventies. There were great things about it, and there were bad things about it for men and women, for gays [00:39:00] and straight people. But the truth was it was kind of free for all, and you could make of it what you wanted, and a lot of people did. And then when AIDS came, it kind of [claps] put a clamp down on that. And, you know, there were the religious people who were saying that's God's punishment. There were all sorts of things

happening. I'm not a person who judges, so I don't have a view on... To me, it's just all evolution. The AIDS moment was an evolution of how we think about sexuality, and probably a cycle [00:40:00] from excess to conservatism. And I remember when I was working in Washington, I was working for a progressive political -- socially progressive PR company, so I was doing activism in my job actually. And it was the moral majority, Phyllis Schlafly, all those ministers who have now since been exposed as being (laughs) gay pedophiles themselves. (laughs) But I was also working on the Anti-Apartheid Movement and the anti-Contra thing, so I've always been a socially progressive, active person, but I think that was just a real shift. [00:41:00] I was reading some of my writings from that time period, and I'd see a lot of parallels in what's happening today, you know. The whole evangelical backlash is extremely similar to what was happening in the nineteen-eighties and early nineties and... But if you think about what we've accomplished since then, it's enormous. One of my big philosophies that I'm writing about is like we -- and if you look at things in the moment, they seem like awful and terrible and the world is ending. But if you look at them in the context of

the full history of the world, we've come so far, and we'll survive it. We might not all survive this, but people will survive this and will keep [00:42:00] moving forward.

LB: Yeah, I really agree with that. I think that people will often say -- it can be very privileged to say this is the worst moment. I mean, really? (laughter) (inaudible) McCarthyism, (inaudible), flu epidemic of 1918, come on, it's... I think that's true. How do you see this? I mean, you've been -- you lived through that epidemic, you're looking at this epidemic that's happening now. What do you think about the relationships of how people are dealing with it and stuff like that, and how you're dealing with it? What do you think about that?

MR: Well, I think this one is both similar and incredibly different. So similar is the sense of like anxiety and [00:43:00] dread. I mean just the shutting down of the whole global economy is very different. AIDS didn't do that. AIDS shut down a lot of things but not for everyone. I mean, of course again, applying that historical viewpoint, we'll get through this and we'll learn from it and we'll evolve, and it's kind of exposing. Just like AIDS, AIDS exposed a lot of things that were hidden. If you think about like a lot of the artists who [00:44:00]

nobody knew were gay, Freddie Mercury who like a lot of redneck kids, wow, that's awesome. Well, you know what, he was gay, so... I think that that's what's being exposed now in terms of racial discrimination, financial discrimination. You've got all the big companies that are siphoning off all this money and not paying people a living wage. So I do think there's connections, but this is probably more far reaching in its impact perhaps, I don't know, so...

LB: Yes.

MR: Who knows? I think it's going to get worse before it gets better also. I don't think we know the final outcome of this. [00:45:00] And then you layer on climate change, environmental degradation, yeah. A lot of the work that I'm doing is around de-shaming sexuality. I've said in some of my talks that I've given, how we treat nature is how we treat women and how we treat women is how we treat nature and -- and that's what I want to get to the bottom of through all of this is having more openness about the whole discussion, less shame, more openness, but also reconnecting [00:46:00] sexuality and pleasure with love.

LB: Mm-hmm, mm-hmm, mm-hmm. I think you saying how we treat nature is how we treat women, I need to hear more about

that because I think that's so true that I want to scream it from the rooftop. So talk a little bit more about that. That's a brilliant thing to say.

MR: It goes very deeply into our history, our religious history, but it's not just religion. It's just social history of male domination, patriarchy, which is not just the man thing, the patriarchy. In all my research, it's like women are just as complicit in patriarchy as men are. But it's the idea that nature and [00:47:00] people are here for our -- to be used as opposed to being in a reciprocal relationship. I mean who doesn't want to be in an actual reciprocal relationship sexually, emotionally? That's where the pleasure is, right? That's where the love is when you feel seen and heard and understood and cared for, and everybody wants that no matter what your sexuality is or your gender. So what I'm trying to kind of untangle is how do we build a world based on that? And obviously, it starts in childhood, early, early in childhood, and it's a long-term plan. It's not [00:48:00] an overnight thing. But I think all these, whether it's AIDS or COVID are all kind of messages from the universe saying, "Wake up, wake up, wake up." Let's see the world in a more full and rich way. And just dominating things are not going to solve our

problem and control. Domination is the same as control,
so...

LB: So what is your relationship with the farm?

MR: The Rodale Institute?

LB: Yeah.

MR: So when my father was alive, I was on the board of
directors of the Rodale Institute [00:49:00] with my
father. When my father died, I shifted my focus over to
the company, and my mother became more involved with the
institute and my brother Anthony. And then in -- like
around two-thousand eight, two-thousand nine, I came back
on the board. I became the cochair of the board with our
longtime legal counselor Paul McGinley. And as of today,
I'm still on the board, but my daughter Maya is now the
cochair of the board, so... So my activism has always been
more on the quiet, unseen side of things. My job when I
was cochair was like, okay, how do I untangle this
organization, nonprofit from the company, [00:50:00] how do
I help it to become independent and stable and accountable,
and I was able to accomplish that, so... And now, with the
sale of the company, we sold the family business two years
ago, and all the land now belongs to the Rodale Institute.
They're in decent shape and we sold just in the nick of

time because nobody should want to be in publishing right now in the world, (laughs) so...

LB: That's for sure. (laughs) I just want to say, I'm just going to -- this doesn't belong in this, but I want to say I love the institute, and we got all our plants there for our garden. [00:51:00] We have a big garden on the roof of our garages in our -- the city. We live in the city, so --

MR: Nice.

LB: -- we get an enormous amount of food from our -- and we love getting the plants from Rodale, so, and nothing made us happier. I hadn't been out of the house for about thirty days, and when I went -- I was nervous when I went to pick up the plants. I had my mask on, and everybody was so great, and it was so safe, and everybody had their mask on, and I said, "Okay, these are my people."

MR: Yeah, yeah. Well, I mean it is connected because a lot of my work with the Rodale Institute is what taught me about understanding nature and how people treat nature. And writing *Organic Manifesto*, I saw, oh, oh, well, we want to control nature by spraying it, killing things. It's the same as like wanting to eradicate races or sexualities, but nature is diverse. [00:52:00] Nature is sexually diverse, (laughs) nature is racially species diverse, and the

healthier and more productive the land is, the more diverse it is. So to me, there's lessons from nature that we can apply to all these issues that we're dealing with. It's all connected.

LB: Yeah, it is. So are you familiar with PrEP? What do you think about PrEP?

MR: What?

LB: PrEP is the pill that people can take so that they won't contract HIV if they come in contact with it. And PrEP is --

MR: I think I've seen some commercials for it, which I've not done any research on. But if I [00:53:00] would apply my gut knowledge of what I know about advertising and health, I think it's probably not the best thing. I mean probably the best thing is to just be cautious and careful, right? But I don't know. What do you think of it?

LB: I think it is the answer to ending the spread of HIV/AIDS in Africa.

MR: In Africa?

LB: Because people cannot always control what happens to their bodies, and that's an unfortunate reality. So that if people take PEP or PrEP, they won't get it, and that maybe the circumstance of women. I mean --

MR: Yeah, I mean --

LB: -- the idea of relying on one drug [00:54:00] and hoping that that's going to solve all the problems. But on the other hand, I don't think there is any way to solve this problem without some kind of (inaudible) intervention.

MR: Yeah. I would trust your view on that. I mean, I'm not anti-drug and I'm not anti-vaccine at all, all my kids are vaccinated, I hope we have a COVID vaccine. I think what's happening in Africa is as much a social, cultural... Again, it gets back to patriarchy and how women are treated, so... And if there's a pill to help them, great. But that's not --

LB: And that's --

MR: -- the long-term answer.

LB: Yeah. Well, I guess that's true. I think that the long-- and certainly, there are people in the United States, and I [00:55:00] don't disagree with them either, that say, well, it being careful includes... There's a lot of requirements to be careful when taking this drug because you have to be tested and you have to be aware and you have to acknowledge that you're at risk and stuff like that. So that actually puts people at a higher level of safety too. It's kind of the idea of getting a vaccination or the idea of wearing a

mask and getting a vaccination, you can't just hope it's going to be okay. Especially because -- and I think you are talking about this too -- we don't know that much about COVID at all. COVID-19, we don't know what its -- where it's going to go. I agree that we will get through this, but we don't know what's going to happen. And that's the thing about -- we have the ability to figure it out but not really fast. [00:56:00]

MR: Well, and I'm grateful that there are drugs now that AIDS is not the death sentence that it was when my brother had it. I just remember that feeling like, this is it, there's no -- zero chance of survival. But now, it seems that a lot of people are surviving and doing well. So that's great.

LB: There's also a drug called PEP that's -- it's also an emergency drug so that if people have a circumstance where they're highly at risk if they take it within seventy-two hours of that exposure, they won't. The chances are so high if they do it correctly that they won't get HIV. (inaudible) was saying, well, there's still chance if you do it right quickly so that, again, if people are at risk in a circumstance where they [00:57:00] took a chance that was dangerous or also they were in a circumstance where

they couldn't make the decision as to whether or not they were going to do something that was a high risk thing, they can protect themselves. That's another thing. This is something we know that can protect you, so it gives you the ability to take back the control of your own life. It's an important thing for people who might be under pressure to do something that they can't control. We're seeing in COVID-19 now that people who are poor are at much higher risk of dying. And part of that is something that we have to take -- we all have to take responsibility for, so...

MR: Yeah. The corollary with AIDS is like you're -- you have risk factors that make you [00:58:00] afraid that you're going to get AIDS. It's a much narrower risk factor than COVID. You know COVID is like everybody, anybody, but especially the poor people and people of color, which... But that seems to be changing too, so -- you know?

LB: Well, it has to do with the level of contagiousness or the level of contagion, and (inaudible) HIV is hard to get. You have to do certain things to cause it to be at risk, compared to COVID, which we don't even know really --

MR: I know.

LB: -- where it's coming from exactly. It's similar to other diseases that have happened in the past where people have

no idea really where it was coming from. And there's lots of diseases that we live with every day that we really don't understand where they're coming from with them. At the [00:59:00] time of HIV and AIDS and when David died particularly, there was a lot of government action that was very poor in response to -- I mean really no response. And that's something that you think you personally were aware of for -- or other people in your family were aware of as something that was very frustrating. So I've talked to other people who said that it was -- that was the most frustrating thing and there's --

MR: Oh yeah, I mean, it was Reagan, and Reagan and Trump were like cut from the same cloth in a lot of respects. (laughs) That's why it's -- it feels like this cyclical thing. I had the chance recently to meet Norman Lear. One of my theories is that, [01:00:00] okay, what changed -- and he's not involved with this TV show. But meeting him and learning about him made me realize like, okay, televisions probably has more to do with changing outlooks than politics. So *Will & Grace* for example, [he wasn't?] involved with *Will & Grace*, but you watch *Will & Grace*, and all of a sudden, it's like it's normal for there to be gay people and to like them the way he did with *All in the*

Family or the -- I think it was *The Jeffersons* or one of those shows. I watched a documentary about him that was really great. So I think that government is always the last to change because they're trying to follow [01:01:00] their constituents who are made up of a diverse group -- some who want change, some who don't want change. So I do think the media can play -- has played a major role in change. And then once it gets normalized socially, then politicians feel more comfortable supporting things, which is great because it's -- television is -- movies are like a creative outlet, which --

LB: Yeah. I think that we certainly are in a situation where -- in the flu epidemic of nineteen-eighteen, which I talk about all the time, I talk about it with regard to art history and also because my grandmother died in this flu epidemic of nineteen-eighteen. She was young, she was thirty-two when she died, and mostly young people died in the flu [01:02:00] because of a variety of factors that were really specific. There was no understanding of exactly what was happening there. And when it ended, it really ended for several reasons but one -- not the least of which was one of every three people in the world had it, herd immunity. And a hundred million people died but then,

also, it just mutated and stopped and disappeared. And it was a shocking thing but -- and it had an enormous effect on the economy, and yet, nobody ever talks about that, talking about the economy. So it's interesting that when the economy bounces back, which it clearly did into the nineteen-twenties, people had no -- people don't talk about it. And that seems to be a big thing about what some people are talking about now.

MR: Although in the nineteen-eighteens, nineteens, [01:03:00] the global economy was not as developed.

LB: True.

MR: I think that's really, to me, the big differentiator. It's spread around the world and showed just how like dependent we've all become on each other. And now, everybody's shutting down, and it's going to be interesting to see what happens next .

LB: That's a very good point. When you were talking about it -- I wrote a little note. When you were talking about David, was he -- what hospital was he at?

MR: He was at Lehigh Valley Hospital.

LB: Mm-hmm. And in general, I mean, were there doctors that understood what was happening, or what was that feeling like?

MR: Well, like I said, his general practitioner was like, "Oh, you've got bronchitis." Again, I don't think he [01:04:00] even thought to check him for AIDS. I don't remember. I wasn't... I don't remember any doctors or even any nurses, their faces because everybody's covered. I do remember that we got the test back and that he had it, so... And I can't really speak to the doctors.

LB: Did he know that he had it?

MR: Pardon?

LB: He didn't know that he had it?

MR: Oh, no, he knew. Once the results came back, he knew that he had it.

LB: But I mean that was when he was in the hospital, wasn't it?

MR: Yeah.

LB: So he didn't know he had it until he was in the hospital.

MR: I think he suspected that he had it. But like anybody, you don't want to think the worst. [01:05:00]

LB: Yeah, sure, of course.

MR: So if the doctors tell you have bronchitis, it's like sure, I'd rather have that than AIDS, you know? (laughs)

LB: Yeah, yeah, and at that time, if the doctor had told him differently, it probably wouldn't have made that much difference because there wasn't was -- there was very

little that anybody had any sense. I don't think anybody that was a -- that was HIV positive and had AIDS in the early part of the eighties made it. There were unique circumstances, but it was pretty unlikely that people are going to be able to figure it out. And then some of the drugs actually killed people.

MR: Right.

LB: Some of the things that people... Even in the next two or three years or four years, the drug circumstances [01:06:00] that kind of did stuff for people didn't really save their lives. So I guess the... It's interesting because there -- really I think of your family as being extraordinary leaders in making people -- and cutting edge on everything. I mean you're the leading edge on every single progressive thing that's happened in the Lehigh Valley. It's pretty impressive, like yay team.

MR: Thank you. Thank you.

LB: But also that you really introduced I mean in a very public way -- I'd like to think that your mother is -- was very much -- and your brother in ways of indicating that AIDS had come to town and people need to pay attention to it. Because it's not going to go away just because you don't want it to be here. And I thought that was a very

outspoken, clear way [01:07:00], and you're talking about those kinds of things too.

MR: Yeah. But definitely my mother that was her -- in many ways, the crowning glory of her life was the AIDS work that she did. And there was an organization she was involved in too, I think, called The Compassionate Friends where it wasn't just AIDS, any parent who lost their child and dealing with that, so that was her gift.

LB: Yeah. But I guess it sounds like you -- if you would think about it if this hadn't happened, that your entire life or her entire life would have been vastly different.

MR: Everybody's life would have been vastly different. I'm not saying it would be better or worse. It would have been more fun. [01:08:00] (laughs)

LB: Although, I don't know, who knows? Because sometimes, you read those kind of science fiction books where the person goes back in time. And when they come back, things have changed, and it turns out that they have led an incredibly dull life because they didn't have the adversity that they had to deal with.

MR: Between my brother dying, my father dying, my mother having all her health issues, it's made me do a lot of spiritual work and searching. And if I think back to... I had lots

of conversations with my brother where he was pretty sure he was going to die young. He's like, "Yeah, I can't just see myself being older," and I think a psychic had told him he would [01:09:00] die a violent death. I've done a lot of research on that as well and talking with all different psychics, and my view is that we're all here to learn and grow, and death isn't the ending of the soul. We just have to keep on learning and growing and loving. Ultimately, what can you take with you? Your love and what you've learned, that's it. And if you don't take that with you, then it doesn't matter because you're dead. (laughter)

LB: That's a good point.

MR: It felt like hedging your bets.

LB: Yeah. I think that's true. Hmm, I think that's an interesting point of view, [01:10:00] and I think you're right. I do think you're right about that. Yeah, we've got a little bit more time left and so -- but thinking like when you talk about this and you want future -- when you're talking to future generations, because we are. I mean truthfully, there's no information from the flu epidemic of nineteen-eighteen, there's nobody who you could really... Because we're right in the middle of COVID so we have -- I

mean somebody's going to read this twenty years from now and go, "This is what's going to happen!"

MR: Yeah, yeah.

LB: It's like watching World War II movies where they made the movie after World War II when we know we won or the movie during World War II where people have no idea whether we're really going to win or not or what's going to happen. And I think that we don't know what's going to happen with regard to COVID. We do kind of know what happens with regard to the AIDS epidemic, which was so frightening to people when people didn't know it was happening, [01:11:00] and yet, it's not over. I mean there are people still -- literally millions of people who get AIDS and have to die from it, and people who are living with it have to still take enormous amounts of drugs, and it affects their health every day. So what do you want to say about that epidemic to people who are going to read -- watching this maybe thirty years from now when -- you'll be probably around, I probably won't (laughs) and (overlapping dialogue; inaudible) --

MR: No guarantees to anything.

LB: You never know. I think that's really what we all are learning from all of this. But as something to talk to people about saying you need to know this about that time.

MR: About AIDS or COVID?

LB: You can talk about AIDS, and when we talk about HIV/AIDS [01:12:00] and the epidemic itself, which was nineteen-- the dangerous time of the epidemic was from nineteen eighty-five to nineteen ninety-three. And after ninety-three, people were able to get pretty effective drugs, but before that it was a death sentence for almost everybody particularly in the late eighties. So we can look back at that, and we can talk about what that was like so that people -- because we lived through it so that people thirty years from now can hear what that was like. We can also talk about COVID, and they know what's going to happen and we don't. Interesting to talk about either of those things. So go ahead and say whatever you want. I mean --

MR: Okay. So when it comes to the AIDS epidemic, I think what I would want people to understand was that it was both [01:13:00] social and personal for so many people. And that it wasn't just a statistic but there were all loved, unique individuals. And in way that it was like a -- this

might sound controversial, but it was like all those people made a sacrifice to our understanding of love, sexuality, gender, humanity. And it was a beautiful, terrible time and gift that they gave to us. I don't know if that's applicable now to what's happening in Africa because that's -- [01:14:00] feels kind of different. But similarly what I've read in Africa, there's not a lot of freedom to love whether you're a woman or a man or whether you're straight or gay. A lot of what my daughter and I have done research on is the idea that love is dangerous to society. Gay love is dangerous but also like in Africa, a woman -- girls don't always have a choice of who they marry, men don't have a choice necessarily. It's economic choice. So I do think that it's like -- all of this part of like a revolution in love and how we need [01:15:00] to learn as a species, as humanity how to value and respect the importance and power of love. And with COVID, I'd say it's similar. I mean, with COVID you have the health concern, you have the economic concern, and then you have the political concern, which is like what the hell is going to happen? Are we heading into a fascist dictatorship? And then the environmental thing, are we going to all die in environmental plots? I don't know. So what can you know?

What you can know is that everything you do everyday matters. And all you can do is do what you can do every day to make [01:16:00] the world a more loving, healthy, safer, kind, and compassionate place. And with social media, I think the other big difference between then and now is social media. And I know there's a lot of people who are like, "Oh, social media has ruined things." No, social media is like -- it's like Pandora's box that's opened up, you know. So we can now see what's really going on inside of so many people. It's ugly, and it's horrible but you know what, it's like that's the first step of healing is being to see what the issue is, and it's very educational. So I'm a big believer in using social media and learning from social media about what's happening but also not contributing to the negativity. [01:17:00] To me, it's not a liberal or conservative. I see liberals being just as awful as conservatives. That kind of meanness, and it's not me it's you, it's you're the problem, I'm not the problem. I mean all that is like -- yeah. It's like how can we come together? And unfortunately, we don't have a leader who knows how to bring people together. But even Obama who knew how to bring people together for a lot of liberals didn't know how to bring them together for

conservatives. So I think that's the challenge going forward is how do we create leadership and find people to lead [01:18:00] who know how to unite and how to respect the differences that people feel. And there are strong differences. And they may not be legitimate differences. We might not like them or believe in them or even respect them, but they're real to those people, and they happen for a reason. That's why I think for me personally, and I do -- I wrote children's books on the side, and I launched a Children's Imprint at Rodale before we sold. I think if we can get to kids and teach them, it's going to be a lot easier than fixing grown-ups because you can't fix other people.

LB: Yeah. It's an education issue. [01:19:00] It's an information, education issue I think.

MR: Yeah. And a lot of what conservatives have done really well is infiltrating the educational system and planting their seeds into textbooks. I mean that's a real thing. I had a friend whose son was going to Christian school, not Catholic school, Christian school in Florida, and I asked if I could see his textbook, which was all online. It was an iPad textbook. And what I was stunned to see is that the final paragraph in the religion course was the most

[01:20:00] important thing you can do to honor God and to be a follower of God is to resist abortion, to be against abortion. I was like, really? I didn't see that in the Bible. I've read the Bible; that's not in there. (laughs) So there's all sorts of people putting their agendas into things, and can we create a better agenda? I mean we're creative people, we can, we must.

LB: Yeah, amazing.

MR: It's shocking.

LB: Yeah. I mean when you read that kind of stuff and you think. I was watching a show out of the UK, and it was a -- this was a comedian. It was on a -- sort of a game show. It's called *QI*, and I really love it. And

[01:21:00] this young woman said that when she was -- she's a comedian, and she said when she was a kid, one of the questions they were asked, in a perfect world, what would you want to have your job be? And she said the boy -- little boy next to her had written down, in a perfect world, I would want my child to be a war correspondent.

(laughter) Wait, a perfect world? (laughter) Yeah. You know so, I mean that's kind of the thing about pointing out the obvious to people and...

MR: Well for men, I mean because men have been -- I've done a lot of research on men too because men have been repressed emotionally. War is one of the few places where they are safe to express their emotion. And the bonding, the male bonding that happens there is a great romance for a lot of men. Until we find an alternative for that, [01:22:00] they're going to keep seeking that excitement and passion.

LB: Yeah, yeah.

MR: Weird.

LB: It is weird.

MR: People are weird.

LB: It is, it's pretty weird, yeah, but we're still dealing with it anyway, you know?

MR: Yeah. (laughs) We're here today.

LB: Hmm?

MR: We're here today.

LB: We are, and I do think that we can get through these things, and tough, horrible things happen. I mean people got through plagues, and people got through all sorts of horrible war, and there is a human spirit that comes together and takes a step back and says, "Okay, now, we've got to do this thing."

MR: Yeah.

LB: But in the meanwhile -- I think that's one of the reasons that we're doing this project is to remind people about what's going on. Because you can say, Well everybody in those days fought this thing. That's true. [01:23:00] There are people who had all sorts of different experiences. And I can also say that one of the things that's come out of the interviews that I've done that I've shared with a couple of people, there's one person who said, it was David Moyer, and he said he was a nurse with the Health Bureau and so he came in contact with literally dozens of people who died. And one of the things he said was that psychologically, people will tell you -- great counselors will tell you that if you -- if somebody close to you dies, it takes a couple of years, you get over that. And you don't really get over it, but the terrible quality that affects every moment of your life begins to dissipate after a few -- after several years. But during the AIDS epidemic, people were, and even in the Lehigh Valley, going to funerals every week with people. And then the devastation [01:24:00] that caused that had such a profound effect on people that it's impossible to even understand what that could be like. And it happens in war too. We're seeing people die, it changes your entire ability to be

able to cope with things and stuff like that. And so when we have a big epidemic, it's really scary because really psychologically, people can't really cope with that kind of devastation, so...

MR: Yeah. And what's interesting about -- I remember with my brother's funeral, I think there was -- like a thousand people showed up. It was both awful and wonderful at the same time. Mostly awful, but it felt good to see all those people and to not feel quite so alone. But now with COVID, it's like [01:25:00] you can't even have a funeral for people. I mean that's going to, I think, have lasting impacts.

LB: It certainly has a lasting effect, and people don't understand that it's affecting love, drastically affecting love.

MR: Right, yeah.

LB: You can't hug people.

MR: I mean even people who aren't dying of COVID. I just read in the paper that Dorothy Baker just died last week, and she was a longtime family friend and I --

LB: I didn't know that. I missed that because I --

MR: Yeah. I still read the *Morning Call* in print, so...

(laughs) But, yeah, I mean, I would have definitely --

LB: For edification of people watching this, Dorothy Baker was the county executive of Lehigh County at one point, so right. That's who you're talking about, right?

MR: She was the wife of Dexter Baker who's CEO of Air Products and Chemicals. But she was my parent's neighbor, [01:26:00] a longtime family friend. Yeah, I mean she just died of old age, but --

LB: Well, we knew somebody who died, and he was one of the guys who's the president of Reading Pride, and we watched his funeral online. They had an online funeral thing, and it was hard. It wasn't really livestreaming. We didn't get to see it. It was sort of on, and it was hard. And Tricia, "You know this is very hard," and I said, "Well, yeah, but if it weren't for COVID, we would be there. We really know this guy and this -- we would have been there, so not only is it frustrating, but think about if we were there and whether that would have been better for us or --" you know? It's very hard to imagine. In a way, we're just kind of in limbo right now. I was [01:27:00] feeling that we're just waiting for something to -- and we know what's happening because of social media. And that's what I was going to say about the flu of nineteen-eighteen, that in nineteen-eighteen, nobody really knew what was happening.

That's why they called it the Spanish flu because the Spanish -- Spain was the only country that even was reporting on it because they weren't one of the countries in World War I. Everybody else wasn't allowed to talk about it, really. It was (inaudible) to talk about it, and you could have gone to prison for mentioning that people were dying in your town of it now.

MR: Really?

LB: Yeah.

MR: Why?

LB: Because during World War I, they had passed the sedition act where you weren't supposed to say negative things about your country. You're saying like, "Yeah, my brother was in German-- you know he was fighting in the Sorbonne" or whatever they say. "He was fighting in Belgium, and he died [01:28:00] of the flu epidemic with a whole bunch of other guys in the big makeshift hospital," that would -- you could go to jail for saying that. And if you said that in Allentown, for example, thousands of people died, and if you said thousands of people are dying, that was saying negative stuff about the United States. You weren't supposed to do that. So it wasn't in the newspaper, it wasn't -- you'd think they'd say people died, but they

wouldn't -- weren't talking about this, the flu epidemic, we're not handling this well. They couldn't say that. So that's why they called it Spanish flu because Spain was the only country that was in Europe or a western country that wasn't in the war. So they were talking about it in the newspaper, so it seemed like it was the only place where it was happening. And in reality, I don't like to call it the Spanish flu because it wasn't the only place it was happening. It was happening everywhere, and literally millions of people, everybody that was alive then had it. Pretty much, one out of three people had it, so everybody knew somebody that had it. And the contagion of that [01:29:00] was enormous, plus it specifically struck young people, so, which had to do with the combination of other flus that had happened before and stuff, and the fact that there was no flu vaccine and stuff like that. But it literally at the end of fifteen months just disappeared and people stopped getting it. Obviously, it had mutated to something else, but --

MR: Well, that's a perfect example --

LB: -- you know

MR: -- that's a perfect example of how we've evolved, but we don't really think about it because now anybody can say

anything negative about the country. I mean you hear the remnants of that kind of anti-sedition thing with the way Trump is, and a lot of conservatives are like, "Don't say -- don't disrespect the flag," blah, blah, blah, but they'll disrespect Obama or Biden. (laughs) [01:30:00]
We've gotten --

LB: But we can also say one of the great things that's happening right now is -- I mean and this is great, and people are seeing how people are dealing with protestors unfairly, and you would see instances of inappropriate actions by the police. And then when it happens, it can be out to everybody, and you really can't deny it.

MR: No, you can't deny it.

LB: If Trump says something that doesn't make any sense or if anybody says something that doesn't make any sense. If the CDC says something that turns out not to be true, everybody knows about it pretty fast, and you do have to check to be sure.

MR: Well, yeah. Everybody who's paying attention [and thinks?] about it. There's a lot of people who still don't want to pay attention or are still just looking at very narrow news sources.

LB: And that's certainly an important thing to --

MR: But I'm a big [01:31:00] fan of Twitter for example because you can follow so many different news sources. It's funny it's like you read five different versions or ten different versions from ten different countries and piece together a more realistic picture. But not everybody is doing that.

LB: As opposed to not being able to have any information. So that we know very specifically what happened with the Supreme Court this morning, which was, yeah, this thing, and we knew about it the minute the stuff came out. And so while we can't get really active print media in the same way that we used to be able to, we had investigative reporters, those things were tainted too. So the best thing that we can do now is that if we want to know, we (inaudible) information, and we will find out about it. And I think that is a big plus because --

MR: It's huge.

LB: -- years ago [01:32:00] we did not have that opportunity to do that.

MR: Yeah.

LB: Positive, very positive thing. Well, I think we're at the end of this now. Oh, I'm supposed to say this, wait a minute, I've got some stuff. I have to say don't forget that -- so at the end of this time, what we do is we send

this. The people that are doing this archiving take this from -- coming through Muhlenberg College and they send it to some interns that will transcribe it quite rapidly -- it's quite remarkable -- and then they will send that. We should get that within thirty days, and we'll send that to you and then you can look at it. You can think, oh, this is the wrong name of this person or something, or I shouldn't have said this or something, or you could say, yeah, this is fine, [I'm with that?]. Or you can say, no, I hate the whole thing. I hope you don't. But that does give everybody an opportunity to look. Trisha actually looked back at the one that she did. She did a different interview, and she said, "It wasn't as bad as I thought." (laughter) [01:33:00] She saw the video, and she hated it, but when she read it, she thought, no, this is -- it's not that bad. So I think people --

MR: Well --

LB: Yeah?

MR: -- I definitely enjoyed talking with you about all of this.

LB: (overlapping dialogue; inaudible) talking with you, and I'm going to turn off the video right now. But I just want to thank you again and then I'm going to turn it off because we're using up the [videos available?].

END OF AUDIO FILE