

DaveMoyer\_20200618\_video

LIZ BRADBURY: So, I am going to read through this stuff and start out with this and then we'll go along with this. With this project, the Bradbury Sullivan LGBT Community Center and Trexler Library at Muhlenberg College, we'll 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 David Moyer to talk about his experiences in the Lehigh Valley LGBT community during the time, during now, the time of the COVID pandemic, as a part of the Lehigh Valley LGBT Community Archive. We're meeting on Zoom and today is June 18<sup>th</sup>, 2020. [00:01:00] Thank you very much, David, for your willingness to speak with us today. Can I first have your full name and for you to spell it for me?

DAVID MOYER: Sure, and thank you for having me involved in this. It's very important. David Kenneth Moyer. D-A-V-I-D K-E-N-N-E-T-H M-O-Y-E-R.

LB: Good. And can you please share your birth date?

DM: Well now -- Of course. (laughs) April 23<sup>rd</sup>, 1943.

LB: Okay. And now this --

DM: I'm very old.

LB: Now, now, you are not. (laughter) This is the consent part

of the interview. So, I have to ask you these questions. So,  
[00:02:00] do you consent to this interview today?

DM: Yes.

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

DM: 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?

DM: Yes.

LB: Do you understand that you will have 30 days after the  
electronic delivery of the transcript to review your interview  
and identify any parts you'd like to delete and/or withdraw in  
your interview from the project?

DM: Yes.

LB: Great, okay! So, let's talk! Oh, let me say that, let me  
just start it off by this first question. But I know that you  
have -- you can say [00:03:00] anything you want, we can go on  
as long as you want. In the midst of the current health, public  
health crisis we're experiencing, we want to take this  
opportunity to look back and through the worst and capture the  
stories of those who lived through the worst of the HIV/AIDS  
epidemic in the 1980s and the '90s. So, we start out with

asking people when you remember the first time that you sort of became aware of the disease. But, you know, start telling me about it and go ahead and do that. If you need [to pause?] or something, we'll stop.

DM: Yeah, I would say articles, on television, and I think -- well, articles on television's news reports on television and a few things that I had read. But I think my first inclination of it was when I was still in [00:04:00] the naval reserve in the military. I am a retired senior chief hospital corpsman. I have 30 years in with the Navy. And being medical, we would get reports about what was going on, especially from the CDC.

LB: Right.

DM: We weren't doing any testing at that point but they weren't sure what was going on. And then, again, the reports that were coming out initially were, you know, it was this was in gay men, it was in intravenous drug users. They weren't exactly sure how it was being transmitted, things like that, you know? The old school stuff. So, I really wasn't involved in with the gay community [00:05:00] at the time. I knew that things were going on but I wasn't part of any organization. I had met my late husband, William, in 1981, and of course, that's when the first cases were put out, was in, I think it was June 5<sup>th</sup>, 1981. But it, you know, I guess we really didn't think of it or, you know, I guess I can say I wasn't concerned, at the time, you know?

I'm in a relationship now and, you know, this really isn't going to affect me. That was the mindset back then. Of course, then, over the years, once the cases were increasing and now there was testing, the military started testing. [00:06:00] And that was one of the things that I had to do. And I guess fortunately at that time, we would test everybody in my unit and in my battalion and we had nobody that had tested positive. But there were reports of people, you know, testing positive that were in the military, active duty military. And back then, if you were in the military and you tested positive, you were discharged right away. And then, they kind of changed the policy a little bit. It said that, okay, if you test positive, you'd go to -- there were several hospitals, military hospitals in the United States where you could go for treatment if you wanted to. And then, they changed the policy again that says you can stay in the military, you can finish [00:07:00] your term in the military, but when it was over you were not able to reenlist. You had to get out. And then they changed it again, that said if you were in the military and you tested positive while you were in, you could stay in but you could not deploy outside of the United States. You had to stay in country. So, that's how the military handled it at that time. I don't know how it is now [because?] I --

LB: That was in the '80s? That was --

DM: What was that?

LB: -- in the 1980s?

DM: Yeah, that was, yeah, I would say the late '80s, around 1888 [sic], '89, when they started testing. And, like I said, you know, we -- there was nobody in my unit that had tested positive. And, you know, even though, you know, I'm a gay man, I [00:08:00] wasn't, I wasn't out-out with my battalion. There were people in my unit that knew I was gay and were cool with it. And, in fact, I think my commanding officer knew that I was gay, but as long as I did my job, he didn't care, you know? My sexual orientation was my own, because you still could be discharged, you know, for being gay. Course and that all changed when President Clinton came in and did that "Don't Ask, Don't Tell" thing. And, you know, we would get reports about how many cases were in each of the branches of the service and, you know, I think the Army was number one with number of cases. Navy was number two. Marine Corps was [00:09:00] three, and Air Force was fourth with number of cases. And Coast Guard was there but they were very low. So, that really was my first exposure, you know, to all this. And I was working at Olin Corporation at the time because I am a nurse by trade. But I was working for Olin Corporation at that time and because there was nothing going on there, so -- and, again, I wasn't involved with any organizations, any LGBT organizations back then. And

we had the bars going on and nothing happened until, I'm going to say, '86 is when FACT was [00:10:00] formed.

LB: Right.

DM: And that's Fighting AIDS Continuously Together and they've been in existence since then.

LB: Yeah.

DM: And my first encounter with somebody who was HIV positive was a gentleman by the name of Chuck [Shook?], who has passed on. And I knew him from the old Le-Hi Kai days, when Le-Hi Kai was going, and that was a bar on Hamilton Street between 9<sup>th</sup> and 10<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup>, somewhere in that area. And we ran into him in Atlantic City and there was a bar in Atlantic City on New York Avenue called the Rendezvous. And he was coming out [00:11:00] of the bar and we were going in, my late husband, Will, and I. And he looked really -- he had all these black and blue marks all over him, which was Kaposi sarcoma and I didn't know that at the time. I didn't know what that was. And he said, "Oh, you know, he's [doing okay?]" . The doctor says that he really needs to be in the sun because the doctor thinks that the exposure to the sunlight would be good for his -- this condition that he had. And that was the last that I'd seen of him. And then, he -- there was a bar called the Lark Inn, which was right on New York Avenue. It was the first bar if you were coming off the boardwalk on New York Avenue. And I would say maybe six months

later, they were doing a fundraiser for him to help with the medical bills for [00:12:00] him. So, we went down to that. So, he really was the first person that I knew that had AIDS and had succumbed to the disease.

LB: Can I just ask you, when [they?] said that -- his doctor thought that sunlight -- did he really think that sunlight was good or was Chuck just saying that because he didn't know what else to say?

DM: I -- I really have no idea. I would think he didn't know what to say because maybe he was embarrassed. Yeah, you don't know.. But Chuck was a wild child when I met him. And I had seen him several times over, you know, over the years. I mean, I knew him before I had met Will. So, we had gone out several times and were, you know, we were intimate. But that was then the last time that I had seen him, was down in Atlantic City. And then, [00:13:00] I think after, I think it was a year afterwards is when he had passed. And then, I had lost -- not just me but everybody had lost their job at Olin Corporation. And that was in 1988. So, I lost my full-time job and my part-time job the same day. Same day, (laughs) you know? How does that happen? And the part-time job that I had was I was an aerobic instructor. And one of my students at The Body Factory, which, again, is no longer, that was in Whitehall, was -- I don't know if you know her, Rosa Salter. [00:14:00]

LB: I remember that name, yeah.

DM: Yeah, she's a member of the community.

LB: Yeah.

DM: But she was a reporter. She was the reporter for the Health Department before [Ann Boleyzwak?] had taken over.

LB: Right.

DM: And Rose knew that I was looking for a job and she knew my background, you know, as a nurse. And said there was a job that was open at the Allentown Health Bureau that she thought I would be good at. So, she gave me the information and I went in and, you know, to make a long story short, I had about a three hour interview with [Anne Taylor?], who was the director of the department at that time. I don't know if you remember Anne or not. Wonderful, wonderful woman. And the job started at, like, nine dollars an hour. And when I'd left Olin, I was making \$17 an hour, so it was kind of a, [01:15:00] yeah --

LB: Yeah.

DM: -- pay cut. But, I needed a job because, also at the time, I was married to a woman, and we had a baby, okay? So, I needed, you know, I needed a job. So, and that was in, I believe, late October of 1987, '88, '88. And in January of 1989, I was hired, I was offered the position. So, it went from nine dollars an hour to, like, \$12 an hour for it because it was a grant-funded [00:16:00] position. And I really didn't know a



whole lot about HIV/AIDS. I mean, I knew medical things. I could draw blood. That was one of the major things that -- why they hired me, because I could draw blood. The only downfall I had was that I was not bilingual. And there were two of us that were up for the position. One person was a Hispanic man who was bilingual but didn't know how to draw blood and they needed somebody to draw blood. And then, we had another woman who was bilingual but didn't draw blood. So, I would do (inaudible) and if I needed her to translate, she would translate for me but with counseling -- so then I had the training. I had some basic training there. I had some training from Jose Cruz, who is the medical person for Bethlehem [00:17:00] Health Bureau.

LB: Yeah, yeah.

DM: And then, Linda, was Linda [Kenna?], who was my office mate and she was from Panama. So, again, she was fluent in Spanish. But the two of us actually went to the CDC in Atlanta, Georgia for counseling and training how to, you know, how to actually test for somebody, you know, sit down and counsel somebody, which was a great experience. And then, from there, it just blossomed out into, you know, what I did for 21 years at the Health Department.

LB: Yeah, yeah.

DM: Counseling to testing.

LB: Was that the only place they were doing testing?

DM: Yes. At the time, it was the Allentown Health Bureau, the Bethlehem Health Bureau. We were the two major ones. And then, [00:18:00] we kind of branched out. I can't speak for the Bethlehem Health Department, but at least for the Allentown Health Department, we got -- it took us almost five years to be able to do testing and counseling in Lehigh County Prison. And we tested there for, well, for the whole time that I was there then, and I think for a year or a year and a half after I left, then the testing went by the wayside because they lost the funding for that. We did all of the testing for the in-house drug and alcohol agencies, Treatment Trends, Halfway House, Blue Mountain House of Hope. There were several others. Livengrin, all of those. So, we would do all of the [00:19:00] education and testing for those agencies. We would do in-home testing. Like, if you didn't want to come into the Health Bureau, if you were going into the Health -- the premise back then was if you're going into the Health Bureau, A, you're either poor or you've got something wrong with you. So, we were kind of looked at as the health police back then, and especially with the gay community. So, if, you know, if you did not -- you wanted to be tested but if you didn't want to be tested in the Health bureau, you could call us and I would come to your home or apartment --

LB: Really?

DM: -- and do that, yes. And I think there are still -- they

still do that. Not as much as we did back then, but I think you can still have that done.

LB: Wow.

DM: So, [00:20:00] they were branching out. Like, you know, I know they do testing at your center, but most of the agencies that we had been doing testing in, they no longer do testing. I know there's still testing at Treatment Trends. And Treatment Trends and Halfway House really were owned by the same corporation. But they really incorporated everything into one building now, so everything is down at Treatment Trends there on -- right behind you, right next to you, actually.

LB: [That's?] right, right.

DM: Right next to you. And I guess that they no longer do the testing in the prison, but the prison will do testing. And also, back then, too, you know, if somebody did test positive, the prison didn't know what to do. So, they had had a contract with the AIDS Activities Office from Lehigh Valley Hospital.

LB: Right.

DM: And think it was Dr. Hoffman-Terry would come in, I think, once a month or [00:21:00] twice a month and, you know, sit down with inmates who were positive and order blood work and then medication if that was needed. And this was all free because -- nothing's free at the prison, (laughs) but because it's a state-run program that's really funded by the feds, I think part

of that was the Ryan White monies, the inmates could get the testing and treatment for free.

LB: Yeah.

DM: And then, somewhere along the line, something happened and Lehigh Valley Hospital could no longer go into the prison.

Again, because Lehigh County Prison is supposedly a short-term facility -- you're not supposed to be there more than two years.

LB: Right.

DM: But, we know that that's not true with some people. So, if they knew that they could do [00:22:00] some treatment there, and if they knew that the inmate was getting out and going home, then they would hook them up with Lehigh Valley Hospital, the AIDS Activities Office. If they were going to another facility, then we have no idea what happened to them at another facility, if it was another state facility or federal facility. So, we don't know.

LB: Yeah. When you were seeing those people and testing them, were you seeing a lot of people that were testing positive?

DM: Yes, yeah. I have, in the 20 years that I worked in the health department, I would say, wow, I've tested thousands of individuals. I know that I have delivered more than 400 positive tests over that timeframe. And [00:23:00] I have lost more than 400 friends to this disease.

LB: My gosh.

DM: So, it was very, very important for me, because one of the things that I, you know, I had vowed to myself is that, you know, I will never forget this important work and I will continue to do whatever I can. And that's why I'm still on the board of FACT, even though I'm retired. I will still go out and do programs if I need to.

LB: Yeah.

DM: I do keep up somewhat with some of the things from the CDC, but not as much now as, you know, as I was doing when I was doing it then. In fact, one of the, I guess, I don't know if you called it a funny story or just a, you know, a whatever story, but we used to do a lot of street outreach. And that's where I got a lot of my starts, was with some [00:24:00] of the people who had graduated from Hogar CREA, who got into the business. And, again, the majority of people that we were seeing positive back then were in the Hispanic, you know, population. But, like I said, we would do a lot of street outreach and one of the ones that I wanted to do was to do a street outreach with the kids at Central Catholic. And we were going to stand across the street with information and condoms if they wanted it. And the director back then was Barbara [Stader?], and Barbara was a staunch Catholic and her neck veins came out --

LB: (laughter)

DM: -- when she heard that we were going to -- she said, "You are not going down there!" So, we couldn't, we couldn't do that outreach. But, you know, they knew, the kids knew where they could come to for testing if they wanted to. So, you know, we would test a lot of the kids from the high schools --

LB: Yeah.

DM: -- [00:25:00] back then. And, I mean, fortunately, if my memory is still somewhat intact, I don't think I had any teenagers from Central Catholic that tested positive or even at the high schools, William Allen or Dieruff]. We did have -- we were testing, also, at Cedar Crest College and Muhlenberg College. And we did have several people from Muhlenberg College that had tested positive, who were students, so it was a wide variety.

LB: And what was the procedure? If somebody tested positive, you know, what was just, anecdotally, what was the procedure of that?

DM: Yeah, well, first, you come in for the test. And what we do was, what I did, I mean, all of the counselors and the nurses that [00:26:00] were able to do testing had their own way of doing things. But for me, I was preparing everyone for a positive test. I prepared them all for, yeah, because one of the things I'd say to them is that, you know, "if this test comes back positive, you know, how were you going to handle

that? And if you do, these are some of the things that we need to discuss. And one of those, one of the things is contact tracing."

LB: Right.

DM: You know, who have you been with? How did you put yourself at risk? And, you know, we need to talk about people or individuals. And I really emphasized the fact that your name will not be used. Your name does not come up. They may know who it is, you know, if I do contact that person. And I say, "Your name was given to me by the state." [00:27:00] So, it was a little white lie but I'm keeping that confidentiality (inaudible) because that was my big, big thing, is confidentiality. I mean, there are names of people that are going to go to my grave with me, that you may even know, you know? But that was a very big thing for me, was confidentiality. And so, you know, I would prepare, you know, the individual so that when they didn't come back and if it was positive, one of the luxuries that we had -- in fact, then there was only two of us that were able to do positive test results. It was me and Linda at the time when -- that she was with us. So, one of the luxuries that I had was that I can spend as much time with that person that I needed to, if I needed to. And they always came back in the clinic setting. So, you know, the clinic ran from [00:28:00] one to four. So, if somebody came in

at one o'clock and was positive, I could still be there at five o'clock, because the staff knew what I was up against.

LB: Yeah.

DM: Yeah. That didn't happen a lot but it did. So, I had the luxury of spending as much time with that individual -- you know, we talked, we would cry -- I would cry with them, you know, just, each one for me was personal. And I still have friends who I know are positive. And I know what it's going to be like when they pass. I mean, they're doing good but, still, you know, [they've been?] friends of mine for years, you know? So, I was thankful for that, that I was able to have as much time with that individual. And, you know, people would come back for testing and would want to [00:29:00] see me, because they knew how I was, you know? You've been negative all these years and now you're positive, okay? Well, you know, you know the routine, that this is what we're going to do. And they were -- they were grateful. I know that I had, that there was -- two brothers. There were twin brothers, Hispanic. And both of them were kind of bad seeds. Did not want to use condoms, you know? They're Hispanic and they're Catholic, so, you know, that's a no-no. But the one brother -- and they would come back, regular. Both of them were negative and, to my knowledge, still are negative. I haven't seen [them, though?], in years. But I would always talk, more so with the guys, [00:30:00] about using



condoms, you know? You know, and this is how you use a condom, this is when you should use the condom. You know, if you don't know how to use a condom, the best thing for you as a male is to masturbate with it.

LB: Yeah.

DM: I mean, it's one of the things, you know? That way, you can get used to using it when you have to use it if you want to use it. And the one brother I don't think I ever got through to. I mean, I may have, but the other one started using condoms and he really thanked me. And he liked the work that I did and he went into nursing himself. So, yeah. So, a success story, you know?

LB: Yeah.

DM: I mean, I've had a lot of success stories but that's one that will always stick with me.

LB: Yeah.

DM: [You know, with that?].

LB: In the 1980s, [00:31:00] when you were doing this -- and you start to do this at the end of the '80s? So --

DM: Nineteen eighty-nine, officially.

LB: And that was still at a time when, you know, the prognosis wasn't very good for somebody if they were positive. What was it like in terms of the medical resources through the hospitals and stuff? I mean, were there doctors that were doing a really

great job with dealing with that stuff? Or were there people who were just, like, "I went to this doctor and he wouldn't even let me in the office" or something? What was that --

DM: Yeah, well, when I started at -- I don't know anything prior to me starting at the Health Department. And at that time, the AIDS Activities Office had -- really was just up and running for, like, maybe -- I want to say they formed in either '87 or [00:32:00] '88, I'm not exactly sure. Andrea Goshen, who I gave you the name, really is a great resource because her and Dr. Rhodes are the ones that really started that for people. So, as far as resources back then, I have no idea until I came in. But I do know that there was a time -- it wasn't so much finding a doctor because now we had that going on, we had the AIDS Service Center, where people were going to St. Luke's at that point. And that was with, you know, with Dixie White and Rose Craig starting that. And then, we had Linda Gallagher with the AIDS Outreach for the Buddy Program to do things. But one of the things that sticks in my mind is [00:33:00] one of the things that was really hard to find was a dentist who would take care of HIV/AIDS patients. So, there were several doctors, dentists in the area that would do that. They would see patients. But there was one dentist who absolutely refused to see patients. And I had reported that individual to the ADA. And I don't think they pulled that person's, you know --

LB: License.

DM: -- license.

LB: Yeah.

DM: But the practice wasn't that great after that because the word got out that, you know, they were not willing to see -- and I think for me, personally, when I [00:34:00] see a doctor -- and still, to this day, if I'm seeing a new doctor or if I have to see a specialist, that's one of the questions that I will ask is do you see patients who are HIV-positive or have AIDS? If they say yes, then, good.

LB: Yeah.

DM: Good. But if you say no, then I'm not going to come back to you, because that's just not right. That's downright discrimination, so --

LB: When you had that kind of situation -- and, I mean, you knew a lot of people in the community through the LGBT community in general. You just knew folks and -- were people sharing information about, you know, where to get tested or who to -- what doctors to see? Were they sharing it with each other on a sort of social way? You know, like, did you ever [notice?] --

DM: You know, that's hard to answer [00:35:00] because, again, I didn't -- you know, up until the time when I was, you know, when I was hired there, like I had mentioned earlier, you know, at least in the LGBT community, we were perceived as the health

police. You know, if you're going to go to the Health Bureau and you test positive, look out, they're going to do this stuff, they're going to do this stuff. But we don't do that stuff, you know? We're not -- that's not what we're about. And I think one thing that helped in the LGBT community was that I'm a gay man and I'm doing this work.

LB: Yeah, yeah.

DM: And that's why I think a lot of -- you know, the word got out that way. "Hey, we have an advocate in the health department. If you want testing, you can go see him." These are the times. That's how it got out. Or if you don't want to go in, call and he'll come to your house or apartment.

LB: Yeah. [00:36:00]

DM: And I would do that. So, I think, to answer your question, that's really how it got -- and then, you know, people were coming in for testing and I didn't see every LGBT person that came in. I can't do that.

LB: Yeah.

DM: So, I said, okay, "See Linda" or "see Sherry now" or whoever. And you know some of these people. They're good people. They're honest people and they're there for a reason, you know. We need to put a halt to this disease. We need to bring these numbers down. And I think we've done, at least the Allentown Health Bureau has done a good job, as has the

Bethlehem Health Bureau. You know, I can't say anything bad about the Bethlehem Health Bureau. I can't say anything bad about any of the organizations. We, [00:37:00] we here in the Lehigh Valley, have been blessed to have what we have, and how well all these organizations work together. You know, you see St. Luke's Hospital and you see Lehigh Valley Hospital are always at odds with each other. We have to have a bigger hospital, we have to have -- it's all that power struggle. You don't see that in the HIV/AIDS community of workers, that we work together. And that's one of the things that I've always said in my speeches, that I have been proud to work with these individuals and I will continue to say that because it's true. It's true.

LB: That's interesting.

DM: Yeah.

LB: Talk a little bit about how FACT started up and what [00:38:00] that was like for you in the beginning.

DM: Yeah, well, I had heard about FACT. Occasionally, Will and I would to, would go out to the bars. Not often, but we would go to Candida's, and there was talk about an event, money -- you know, a fundraising event that was going to be held up at this gay resort in Stroudsburg, Rainbow Mountain and should we go? And first, we thought -- and, again, this is before I came to the Health Department. So, well, I don't know that many

people yet that have this disease or have died from it.

[00:39:00] And it was up in the Poconos and, oh, do I want to drive there?

LB: Yeah.

DM: So, we didn't. We didn't go. We would donate money but we just didn't go to the event. And it wasn't until, well, and nineteen-eighty-five is when FACT was started. And, again, it was started by a group of bar owners and local merchants and people who were -- wanted to do something because their friends were dying. And nothing was being done, really, at that initial point, [then?], because I don't think the AIDS Activities Office had started yet, any things -- and doctors, again, didn't know, really, still didn't know what was going on. But so, they held an event up at Rainbow Mountain called the FACT [00:40:00] Summer Games that was in -- I think it was always held the Sunday after Labor Day in September. So, we didn't go. My first inclination -- my first exposure to that was, again, when I was at the Health Bureau. And we were invited to go up to do education, the first year. First year. And that would have been in nineteen I want to say nineteen-ninety. Was either ninety or ninety-one when we were invited to have a table up there. Education, that stuff. So, I went up the first year by myself and it was [00:41:00] overwhelming. I mean, we had -- there must have been a thousand people there, if not more, back

then, in those days. And then, I was invited to join the board of FACT, which I did. And I had taken over for a gentleman by the name of Tom Martin. He was a black man who worked for [The?] *Morning Call* who has succumbed to AIDS, and he was the education chair. So, because that's what I do, I educate about this, I was asked to take over for Tom, which is what I did. And then, I said, "you know, maybe we should offer testing up there." So, I think it was nineteen-ninety-two is the first year I went out and offered testing and I was overwhelmed. I mean, I had to turn people away. I was busy from the [00:42:00] time we had set up to -- and then, when I came back and I said "this is something that we really need to be involved with, with testing," -- so, then we were in touch with the previous owners. And I can't remember who they were at that time. It wasn't Walter and [Georgeann?] because they had sold the place by then. But they gave us rooms in the inn to set up for testing and blood drawing and that stuff. And it was non-stop from the time the games started until the games ended, we were testing people. And we had gotten a lot of positives from up there. And, of course, back then -- well, and still, to this day, you still have to come back for your test results, to the Health Bureau. So, and I would say, out of all the years [00:43:00] that we were testing, we had one person that was positive that did not come back. And they were from New Jersey and, of course, when

you, if you have an out of state person that tests, you have to go to the state, our state health department, and they have to send that information to the state health department in Jersey for contact tracing. And whether they found that person [or not?], I don't know, to this day. And then, it just got to the point where, really, we were not supposed to be doing testing up there because we are a city health department and it really has to be a county that does it. And when [Rowe?] County was not doing any HIV testing at that point -- I think they are now -- [00:44:00] and that's when Lehigh Valley Hospital took over AIDS Activities Office. They decided they [would come up?] and they would do the testing. So, they were still testing until we - the twenty-fifth anniversary, which is our last time up there.

LB: Yeah.

DM: And then, we went to The Woods for five years and Lehigh Valley Hospital was doing testing there. The Health Bureau was doing testing but not for HIV. We were doing other STD testing there. So, they were there for five years doing that. And then, of course, we left there after five years. And then, just [held games?], different areas, but we no longer did testing [at any of these sites?], so, yeah.

LB: Is that because more places were doing testing? Okay.

DM: Yeah.

LB: Yeah.



DM: Yeah. [00:45:00]

LB: Testing's faster and easier and --

DM: Yeah, results come back faster now.

LB: -- [it's really the?] immediate testing, yeah, you know,  
(inaudible)

DM: Yeah, 20 minutes, you know, your results, you know?

LB: How long was it before? When you first started, how long  
would it take?

DM: It was two weeks.

LB: My gosh.

DM: You had to wait two weeks. And let me tell you, that was a  
killer, even for us, because you know, for me, as a healthcare  
provider and knowing that I'm safe, I still would get tested on  
a regular basis. And I'll tell you, it was hell waiting those  
two weeks. You know, I knew I was okay but you didn't know.

LB: Right.

DM: But now it's, like I said, now, twenty minutes. Bingo, you  
know.

LB: Yeah.

DM: Of course, with the twenty minute test, that's really part  
of the antibody test. So, if you test positive [there, then  
you?] really need to have the full blood work done, and that  
could [00:46:00] take up to two weeks, because you really need  
that -- it's called a PCR, a polymers chain reaction test, to

confirm that that first part is positive. So, I still think it's two weeks, but I don't know, I would have to check because I don't test anymore.

LB: Yeah, yeah.

DM: Yeah.

LB: Did people used to talk [to you?] about stigma in terms of if they tested positive and what they -- the kinds of potential discrimination they would face or that people had had to face?

DM: Yeah. A lot of different things there. So, if they were in a relationship, if you test positive, you have to tell your partner. "Well, I can't do that. I can't do that." I would say, "Bring your partner in" or, "I -- [00:47:00] again, come to, you know, where you live. We can sit and talk about this, if you want to." There was all kinds of reactions. I mean, that was, that's one. Some people, you know, contemplated suicide. And that's another whole set of issues, you know, if you have somebody suicidal. So now, I need to refer this person to the suicide, you know, prevention group. And one person I know actually did commit suicide. They jumped off the Americus Hotel building.

LB: Gosh, really?

DM: Yeah, yeah. Yeah, they were living there at the time.

And, you know, you can't get to everyone.

LB: Right.

DM: But, yeah, "Let's talk about this. We need, [00:48:00] you know, to put an end to this." And there were people who were in a relationship where their partner was positive and they actually looked forward to being positive, because now they have a bond with that individual. And I remember, with a heterosexual group, there was a woman who was a teacher and she was having an affair with a man who was married. He was positive, the wife was positive, and now she's positive. And she felt, we now have something in common. And then, there were people who said, "I know who did this to me and I'm going to go home and I'm going to kill the bastard." [00:49:00]

LB: Yeah.

DM: It runs the gamut with -- it just runs the gamut, you know? And again, I think I attribute my patience to the training that I've had over the years, the people that I've met over the years, on how to handle or defuse situations, so --

LB: Well, one of the things that is terrific about these archives is that it's really possible that somebody will be reading the transcript or watching you speak about this 30 years from now. And they may not understand why somebody's reaction to having HIV would cause them to kill themselves, because, I mean, even today, there's strong, strong issues. But certainly, in the eighties and early nineties -- could [00:50:00] you just explain that for future generations as to why that was such a

big deal?

DM: Yeah, well, I think early on in the epidemic, it really was a death sentence. You know, from time of diagnosis, you could be dead in six months. And then, with the advent of AZT, which was the first HIV/AIDS med that was out there, people were living longer, not a great length of time, but they were living longer. And then, of course, the side effect from that medication was horrendous. So you know, like, do I want to go through this or just let me die? But people back then, it was - [a?] death sentence. No way of putting it in any other words. It was [00:51:00][a?] death sentence. And I think we've done a pretty good job of educating people. I mean, numbers are down but there are people still getting infected.

LB: Sure.

DM: And we know that. And I think the mindset for some people is that, it still is a death sentence, even though there are people who are, you know, 15, 20 years into this disease [with them?] and they're still alive. And I have two friends of mine that live out of state who have been positive for, since, I'm going to say, the mid-nineties? Doing fine.

LB: Yeah, yeah.

DM: You know? There are people that are still -- and I think it's really the education factor [00:52:00] and that, you know, we have all these medication-- we have more medications for this

disease than we have for any other disease. And, yeah, and I think part of that is because when you look at this disease and how it affects the immune system, everybody's immune system is different. So, you know, what's going to work for me, isn't -- may not work for you, or it may work for somebody else, and it may not work for me. So, we have all these combinations, and now we have PrEP. You can take something that hopefully will prevent you from getting infected if something happens, that, you know, you weren't using protection or the protection you may have used may have failed. And, you know, like I said, there are so many medications but I think the [00:53:00] downfall is, and I think we still need to do a better job at educating, is, especially with the younger generation, they say, "Yeah, okay, we have all these meds out here, so I can just take a pill and I'll be fine," you know? Well, and that may be true. But what if you do get infected and what if you get infected with a super strain? Nothing's going to work on you, and you will be dead in six months.

LB: Yeah, yeah.

DM: So, we still need to do the -- the education needs to continue. We need to keep educating. And that's why it's important [when?] we go to different folks. You know, what I, I've done a presentation for your Silk Group with the kids, and those kids are just phenomenal. They are phenomenal, phenomenal

kids. And they get it. [00:54:00]

LB: Yeah.

DM: You know, they get it.

LB: Could you just say a little bit more about AZT? Because I don't think people -- I mean, the whole thing about AZT and how significant it was with regard to making people feel better for a while but really -- what do you think about that?

DM: Yeah, well, AZT came about because of ACT UP, the AIDS Coalition to Unleash Power, kind of like what's going on now with things but not with the medication. And normally, it takes about 10 years for a medication to be approved by the FDA. And people were dying. People were dying at large, large rates. And they said "something needs to be done," so they got this medication, they push and I think it took, like, 18 months for it to [00:55:00] be approved. I think that was the timeframe. So, people were taking it and it was, it was working, but it had some horrible side effects, you know, nausea, diarrhea. You had to take the medication, like, every two hours. But it was the start of something. That's really, that was the pebble in the snow that got the snowball rolling where we are now. But I think it gave people some sense of hopefulness that, well, you know, okay, I may feel good today because I'm on the medication, but, again, I have this -- whatever the condition is that's going to be associated with HIV. Because HIV is the infection,

and AIDS is a disease [00:56:00] process and that could be one of 32 different case definitions. So, you know, the AZT may work for some of the conditions but it may not work for all of them.

LB: Yeah, yeah.

DM: And then, you know, slowly but surely, we got more medications out there. So many that aren't even used anymore, some that are still being used, and some that are being used in combination.

LB: Right.

DM: And we had a friend, and you know Bobby Burton, who passed away.

LB: Yeah.

DM: He was, this guy, you wanted to take with you when you were doing your presentation, because he would come with a suitcase and he would open up that suitcase and it was full of medications that he was taking on a daily basis. And that was a real eye-opener [00:57:00] for people because -- and some of the medications you had to take every two hours. Some medications you had to take only in the morning. Some you only had to take at night. Some you had to take with food. Some you had to take on an empty stomach. Some you had to take with -- you couldn't take together. Maddening! It was absolutely maddening to see that, so -- and now we've come a long way. No

longer are people going around with suitcases full of medications.

LB: And some of those medications had extraordinary side effects, like would make --

DM: Yeah, you --

LB: (inaudible)

DM: -- wanted to die.

LB: -- big or --

DM: Yeah.

LB: -- the shoulders be a strange shape or something like that.

DM: Yeah, you get the humpback in the back --

LB: Right.

DM: -- yeah. You would get ulcers, stomach ulcers. Some people had to be put on ostomy bags, because you couldn't have a bottle because of what it was doing to the intestines. Yeah,

[00:58:00] it was just absolutely -- you really were better off dying back then. Yeah, I mean, I hate saying it that way but --

LB: Well --

DM: -- but, you know, it is what it is, you know. It was what it was.

LB: -- yeah.

DM: But, again, we're fortunate now that the side effects on the newer medications are much, much less than they were back then, because you didn't have, you didn't have the clinical



trials like you have now. So, we know what's going to work. And there still is, in the pipeline, new medications coming down, you know. We have injectable medications, we have sublingual medications, we have things you can drink.

LB: Yeah, yeah. Some people have told me about -- and I moved here in 1987, but I didn't know as many people [00:59:00] in the community until I started to be involved with the Pride Festival, which wasn't until nineteen nintey-three and four. Then I was, Trish and I, were beginning to be involved. But in the eighties, there were a lot of funerals, and I think FACT [supported?] people with regard to those funerals. Were you -- Is that something that you were involved with or was it later?

DM: Yeah, well, I came onto the board in, I want to say, nineteen ninety-two . And I guess I was the education chair, that person. I can't think who the person was that was the contingency person, chairperson. And what the contingencies are, are applications that case managers in the hospitals who had HIV/AIDS clinics would apply to FACT [01:00:00] for some kind of assistance. And we had different categories and we still have different categories, rental assistance, auto repair or help with their insurance, medications back then, dental, certain types of med-surg procedures, utilities, heating, air conditioning, things like that. We had a, like, a miscellaneous category, like if a person was moving into, (coughs) excuse me,

if a person was moving into an apartment and they needed a bed or they needed an air conditioner or they needed a stove, we would help with that. And then, of course, [01:01:00] the funerals. And funerals were very -- it was one of the larger categories back then. And I can honestly say they have not really decreased. This year so far, up until March, before we got hit with this quarantine and this pandemic, we had supported six funerals.

LB: Really?

DM: Yeah, six funerals. So, that still is our big --

LB: Yeah.

DM: -- yeah, so they were -- you know, like I said, I've lost, at least locally -- that I know more than 400 friends -- to this disease. And some of them you know, because they were on the board of FACT or were heavily involved with FACT. [01:02:00] You know, it's still there. There still is a need. And, unfortunately, with the way that things are going, FACT has not been able to hold any fundraisers --

LB: Right.

DM: -- because that's how we raise our monies, is through fundraisers. And we just had, we actually, we had a meeting on -- this past Monday, our first actual meeting in the office. I mean, we had masks and we were social distancing. But we're talking about, you know, possible events that we want to hold

somewhere down the line. But again, this is all, all dependent on where we are six months from now and you know, are we going to be back in the second phase of this epidemic, this pandemic? You know, we don't know. We don't know because --

LB: How do you, how do you, because you guys at the FACT meeting may have been talking about this, how do you see this [01:03:00] in contrast or in similarity to the COVID-19?

Because there's some very significant similarities. There's some very significant differences. So, how do you see that?

DM: Well, a person can have both. We have, we have suspended all contingency requests at this point. And part of it is because the agencies, AIDS Activities Office, AIDS Service Center, is not seeing clients on a regular basis.

LB: Yeah.

DM: So, this is giving us the time to sit back and kind of look at things differently. We, you know, we know that there are, you know -- I mean, anybody can get this, [01:04:00] whether it's the COVID-19 or HIV. Well, with HIV, there are specific ways that you're going to get it. But with this COVID, there can be a myriad of ways because we just can talk to each other and one of you can have it and not know it. And, you know, when you're looking at signs and symptoms, it's pretty much the same with HIV. You get infected with HIV and it can take up to six months before you can test positive for it, could be as little

as -- it can show up as early, HIV can show up as early as two weeks after exposure but it usually takes three to six months. With COVID, you know, it can be a couple weeks to a couple months, again, with symptoms, from what I understand. So, they are similar and I think education is important. It [01:05:00] infuriates me, it really infuriated me yesterday when I hear that the Pennsylvania State Republican Group wants to impeach Governor Wolf. Ah! What are you thinking? And how, and all the derogatory stuff they say about Dr. Levine. What are you people thinking?

LB: Yeah, yeah.

DM: You know? Don't even get me started on that, Liz.

LB: (laughter) Yeah.

DM: No.

LB: Well --

DM: No.

LB: -- you're preaching to the choir, Dave. (laughter)

DM: (laughter)

LB: Definitely the case.

DM: Yeah.

LB: Well, talk about some of the organizations in the Lehigh Valley that FACT has worked with and that you've worked with. I mean, [01:06:00] you mentioned doing presentations for the youth group that we have through our community center. But you've

been doing that all along for the last 30, 35 years, 40 years.

DM: Yeah, yeah, we've done, we did a program with the NAACP a few years ago. Hollis Perry was instrumental in getting us to do that. And, you know, we're looking at doing something again when we can. I'd done a program for -- I can't think of her last name. She's the high school teacher, chemistry teacher, Rachel --

LB: Zane.

DM: Yeah, done programs for her. I have worked -- I did training, I did the HIV training for [01:07:00] AIDS Outreach when that organization was still viable, for Linda Gallagher. We have done, we worked in, again, in coordination with the Bethlehem Health Bureau. We would do intercity health fairs, like, in the projects in Bethlehem and in Easton -- and in Allentown.

LB: How were those things received, when you're going into sort of - it sounded like, it's almost like a cold call. So, you're going into -- talking to people. What do you think, [of?] the response?

DM: We have, we have always been received very well. Like I said, you know, we have bilingual people on our staff and they have [that?] on their staff, so -- and we offer testing in all these, these things that we used to go into. So, [01:08:00] they were received very well. And then, of course, a lot of

these, a lot of these events were grant funded. And then, money started to dry up, so we were no longer able to do that but we, you know, still be able to get the word out. We did, well, we were, you know, we were involved with Pride. FACT is involved with Pride, because we do the bingo, up until last year, (laughs) you know. We can't do bingo this year. I think -- and I've done, well, not just me, people on the board of FACT, we are involved with Pete Schweyer and Mike Schlossberg, when they do their senior fest. [01:09:00]

LB: State representatives, yeah.

DM: The state representatives, yeah. Very well received. And some of the older people, one says, "Well" -- and we have condoms out -- you know, "Well, I don't need these but can I take some for my grandson or my granddaughter?" I said, (laughter) "Take all you want," yeah. We had been -- I think that FACT has been received very well within the community. I know when I go out to, I usually go to Palm Springs in the fall, (clears throat) excuse me, and I'll be going out, hopefully, again in November. But the organization out there is Desert AIDS Project. I don't know if you ever heard of them. I think I'd given Adrian some information on them. That is an unbelievable organization. It's like a city in itself. They took over, [was?] [01:10:00] quite a few years ago, they took over the old VA hospital. And this place is like a compound.

They have their own medical department in there, they can do testing there, they can do educational things. They have their own pharmacy. They have an area that's behind the major building that are apartment houses, [and?] complexes, just for HIV people, HIV/AIDS people. And they can live there, stay there until they pass. And it's just-- and I go out and I take information out about FACT and things and then they give me stuff. So, every year I go out, I try to pay a visit and say, "Hey, you know, how's it going?"

LB: Great.

DM: But, yeah, and like I said, you know, earlier on in the conversation, [01:11:00] we're fortunate that we have what we have in the Lehigh Valley for people with HIV and AIDS. We're very fortunate -- There are areas that have nothing.

LB: Right, right.

DM: I mean, you go, you know, you go [up?] to Carbon County, you go to Monroe County, they don't have that stuff there like we have here.

LB: Yeah, imagine what that would have been like in the '80s and '90s, too. I mean, it wasn't just -- it was adversarial in --

DM: Yeah.

LB: -- (inaudible) so, I think we have been lucky here. And a lot of that has to do with the kind of organization that you

were doing and FACT was doing and the information shared (inaudible) [that you were all?] doing. Did you used to go to the Pride Festival and set up and do testing there or through the Health Department? Or how did that --

DM: No, no, we were not -- initially, we were not, [01:12:00] we were not welcomed, initially. For some reason, we were not welcome. Again, the "health police". And I think it was when -- I don't know who the original organizers were. That I don't know. But I think it was when Sean and Rob Hopkins were part of that board, when they took over, and that's when we were invited to come and do testing. And that's when we were on the other side of Cedar Beach Lake there, on Linden Street.

LB: Yeah, that was, that was [in?] two-thousand, when that began to change. I mean, it was sort of the whole organization changed over to a different model, --

DM: Yeah, but --

LB: -- [started?] --

DM: -- we did quite well, [01:13:00] you know, lot of testing, lot of information, lot of condoms, you know?

LB: Yeah, yeah, yeah.

DM: But, yeah.

LB: Yeah.

DM: And then, so we've been involved ever since. But, and then, of course, the health bureau will still do some testing.



They don't do the HIV testing, they don't do the STD testing. And then Lehigh Valley will do the HIV testing and that, so we've got the bases covered. It would be nice to get the Bethlehem Health Bureau involved somehow. You know?

LB: Yeah, yeah. What do you think about PrEP and PEP?

DM: I think it's needed. I'm okay with it. I think it needs to be pushed a little more. And as long as they're getting the information out about both of them, I think that's what's [01:14:00] important. And then, to be, you know -- the people who really want it, you know, to be taking it, yeah.

LB: Yeah, yeah. I just read a thing that said that in other countries, a year's course of PEP costs -- or PrEP costs about twenty-two dollars and in the United States, costs two-thousand dollars.

DM: That's insane. But, yeah, [it does?] --

LB: And then, about a million people really need a prescription in the United States. And if that happened, it would be a significant end to the spreading of -- I mean, it could stop AIDS. It could really stop HIV --

DM: Yeah.

LB: -- for people with, if it was, you know -- and I think that's a historical thing. I hope that thirty years from now, people are, like, "well, what do you mean? You can get over the counter," you know, [kind of stuff?]?

DM: Oh, yeah. Yeah, one of the things that ticks me off is this statement [01:15:00] that Trump is saying that, "Oh, now we have a vaccine, you know, we're going to clear this," yeah.

LB: And mention that for history.

DM: Yeah.

LB: Please just talk about that for one minute, to say what the current president said about that and what that meant.

DM: Yeah, but, you know, what I've read is that -- well, he had made a statement months ago that he was going to have a cure for AIDS during his presidency. And then, just the other day, he made the statement that there are these -- there's a vast amount of scientists who are extremely knowledgeable and that they have developed a vaccine that will cure AIDS and that there will be more information [01:16:00] about this to follow. And I have heard nothing, I have seen nothing, it's a pipe dream from him. I mean, I wish it was true. I mean --

LB: Sure.

DM: -- I really do wish it was true but -- and we know, you know, we know about Donald Trump, you know? Enough said about him. (laughs)

LB: (inaudible) I think -- I want people in the future to know our concerns today about that and it certainly has an impact on COVID-19 --

DM: Yeah.

LB: -- [and how through all?] -- I mean, everybody that I'm interviewing right now who is talking about their experiences with HIV in the nineteen-eighties and nineties is my age or older. You know, we're not too -- well, maybe Nan's a little bit younger. But, I mean, it's all people in their sixties or older and (inaudible) yeah, [you know?], we were in our twenties and thirties when this stuff was first happening.

DM: Yeah, yeah, we were, yeah.

LB: Well, you know.

DM: And I'm in my seventies. [01:17:00] (laughs)

LB: [Sure?], and Trish is too. So, all of our circumstances now, based on COVID, is we're really at risk. Just because we're over 60, we're really at risk. So, it's interesting that the folks that we know, I think, are -- have been so careful about it because, as we #NotOurFirstVirus --

DM: Yeah.

LB: -- we're just not really interested in taking the kinds of chances that people who haven't seen a devastating virus --

DM: Yeah.

LB: -- would take. We know what it could do and [I interviewed?] somebody recently who said, "My biggest fear is that I would get this and give it to someone else."

DM: Yeah, same here.

LB: And they had the same fear about HIV, that they would give

it to someone else, that they would give it to a group of people. And so, they -- that was the thing that they thought they could live with the least, yeah.

DM: Yeah.

LB: I'm sure you [01:18:00] came across people that, the way that you were describing, telling people's partners and stuff like that, it's that kind of a (inaudible)

DM: Yeah.

LB: Yeah.

DM: Yeah.

LB: Let's see, I think we've got about ten minutes left, so, in our ninety-minute interview. So, is there anything you really want to be sure that, you know, people understand about this time, that time, and how, the impact that it had on you? In some ways, it kind of shaped your life.

DM: Yeah, I think, excuse me, (clears throat) one thing that I remember and one of the -- and I took as much training as I was, you know, able to when I was working for the Health Department. And I think the major thing for me was all of the death and dying. [01:19:00] And I was in a training in Philadelphia and one of the instructors was a doctor in psychology. And he had said back then that, with the grieving process and the death processes that, at that time, and it may have changed -- is that it takes approximately two years for the average person to get

over a death. And we were losing people on a daily basis that -- and especially people that we knew.

LB: Yeah.

DM: So, you know, I'm still grieving for some people.

LB: Right.

DM: And I think that was when -- and then, he died and that was really, you know, little difficult for me, too.

LB: Will. [01:20:00] You mean Will?

DM: No, no, no, no, the teacher --

LB: Oh, I see.

DM: -- who said that, yeah, the professor. Yeah, and I'm just dealing with HIV --

LB: (inaudible)

DM: -- [with death?], with that, yeah.

LB: Sorry, I misunderstood. But what you're talking about is that the teacher was saying everybody was seeing deaths every day and --

DM: Yeah.

LB: -- [the?] grieving process takes two years. I see, I understand, yeah.

DM: Yeah, yeah. So, you may get over one person but now there's somebody else in that, in that, you know, in line. And then, and again, and it's just with that. And then, you know, you have people that didn't have HIV and AIDS, you know, family

members or friends that died from something else, whether it was a car accident or cancer or whatever. You add that to the mix.

LB: Right.

DM: You know? And then, for me, it still is, it still is difficult, you know, today and it'll be six years in September that Will [01:21:00] has passed.

LB: Six years.

DM: It's still difficult for me.

LB: [Of?] course.

DM: You know? And I think with what we're looking at now, and I think it's really significantly, significantly different with death now, with this, is that people could not say goodbye to -- there could not be a proper service or burial. And that's what is just so horrendous about this disease.

LB: Yeah.

DM: You know? How do you get over that? You don't.

LB: Right.

DM: I mean, personally, I don't know anybody that has died from COVID-19. But you're seeing it. I mean, those initial pictures of them putting bodies in refrigerated trucks you know, it was, like, "Oh, [01:22:00] my God! Those poor people!" You know. And then, hearing stories from people that couldn't say goodbye to their loved ones. And they still can't do anything, for the most part, that that's just -- I think the death of it all is

really what's the important part. And then, I think the knowledge and the training that still needs to continue to happen, you know? AIDS hasn't gone away like this COVID-19 hasn't gone away. People are still getting infected, people are still dying, with both. And we just need to be vigil-- we need to be aware. We need to keep practicing safe whatever it is, safe sex, safe businessing, safe whatever, and [01:23:00] educating one another.

LB: Right.

DM: And trying to educate those individuals who are defiant. "Well, why the hell do I need to wear a mask, when I'm going in?" Or "why do I need to wash my hands?" But, well, you know, I've been in healthcare since I'm fifteen years old. Like I said, I'm seventy-seven years old now. I still wash my hands, you know? Yeah, I'm not crazy about wearing a mask, but I do.

LB: Right.

DM: You know. I'm following the protocols, you know. At least I'm trying to. So, I think just the educational component is still, is still the major goal, is, you know, we need to keep educating, we need to keep educating, we need to bring people to the realization that this is real.

LB: Right.

DM: This isn't a fairy tale that we're going to wake up tomorrow morning and it's all going to be peaches and cream,

because it's not. [01:24:00] And I said earlier that I made a vow to my friends that I will never give up. And I won't. I end my presentations, I've always ended my presentations or talks with the last line from the movie *Longtime Companion*, where Will is walking on the beach in Fire Island and he says, "All I want is a cure and my friends back."

LB: Yeah.

DM: (clap) I can't end any better than that.

LB: Yeah. Yeah, that was -- that's significant.

DM: Yeah.

LB: I think we're just about to the end and I just wanted to say one thing in case it wasn't clear when you were talking about it but Rachel Zane is the facilitator and advisor for the Gay-Straight Alliance at the [01:25:00] high school, at --

DM: [Cool?].

LB: -- Allen, just so that that's on --

DM: Okay.

LB: -- [information?], so that people can understand that you've been going into public schools to do some really significant programs. And she's a great resource to hook people up. I think the work that you've been doing, you know, you've had a lifetime of work helping people in this community. It's really been a significant thing --

DM: Yeah.



LB: (inaudible) [lives?]. It's a big deal.

DM: I, yeah --

LB: Yeah.

DM: -- I really enjoyed, I enjoyed my, you know, my twenty, twenty-one, twenty-plus years at the Allentown Health Bureau because I've met some wonderful people. I loved working with the incarcerated population. I loved working with the people in recovery and treatment. I loved working with the LGBT community. I loved working with high school, middle school, [01:26:00] and grade school kids, especially the grade school kids, because you have to be careful what you're, you know, what you're saying.

LB: Yeah.

DM: So, I learned in one of my trainings, for me, when I'm dealing with HIV and AIDS -- is to -- I would go into the classroom and I would put a big circle on the chalkboard and then a smaller circle in the middle of that, almost like a bullseye. And in the middle of that smaller circle, I would write the word AIDS. So, what I do then is I look at the class, to the kids, and I say, "When you look at the word AIDS, what does that mean to you?" So, they would throw back things to me and I would put it in the bigger part of the circle. And that's what I could talk about, because they're the ones --

LB: [They were asking, right?].

DM: -- that were asking me.

LB: Yeah.

DM: It isn't, [01:27:00] it isn't a program that I need to take and say, "okay, this is what we're going to do, this is what we're going to --" I mean, the teacher was aware of what I was going to do, so I was able to do that.

LB: Yeah, yeah.

DM: Yeah, and that was significant for the kids and they loved it. The kids loved it. You know?

LB: Yeah, yeah. Well, before we are done with this, we've got a couple minutes, [I?] want you to show your little FACT pin really good to the lens. There we go. I love that. I have one of those, too.

DM: Yeah, that's the original one.

LB: Yeah, yeah. And your t-shirt [is a?] -- there you go, there you go. I think that FACT logo is great. It'll live on through history --

DM: Yeah.

LB: -- and through this video, among other things.

DM: Yeah. (laughs)

LB: Thanks so much. I'm going to turn the -- thank you so much for doing this, Dave, you've been terrific.

DM: Thank you for asking me.

LB: I'm going to turn off the recorder and just want to tell

you a couple of things after we're done. [01:28:00] But I just want to remind you again that when you get the transcript of this, you'll be able to change things. If you think, "oh, that's not that person's name," you know, you can change or delete it or whatever you want to do. This has been terrific. I really, really appreciate it and the whole community does. So, I'm going to turn off the recording now.

END OF AUDIO FILE