

VersaggiCharles_20200702_transcript

LIZ BRADBURY: There. So now we're recording. I have to read you these things. So, with this project, Bradbury-Sullivan LGBT Community Center and Trexler Library at Muhlenberg College will collaborate on 40 years of public health experiences in the Lehigh Valley's LGBT community, collecting and curating local LGBT health experiences from HIV/AIDS to COVID-19. My name is Liz Bradbury, and I am here with Charles Versaggi to talk about his experiences in the Lehigh Valley -- oops, wait a minute. Hold on. Why did that happen? Oh well. There's a little background noise that's happening. I don't want that to work. But anyway.

CHARLES VERSAGGI: I don't hear it on my side.

LB: Yeah, but I think it's - well, okay. (laughter) It's weird, because I turned it off. Where was I? Let's see. [00:01:00] To talk about his experiences during this time of the COVID-19 pandemic, as part of the Lehigh Valley LGBT community archive. Today's date is July first, twenty-twenty, and we are meeting on Zoom. Now, you are in Allentown, Pennsylvania. Is that correct?

CV: Correct. And it's July second.

LB: Oh, it's July second. Uh oh. I said first in the last one. Oh well. So yes, it's July second -- let me correct that. And I have pinned you, I've turned off my phone, I said the date, I've said the place. We're good with that. Now thank you so much for your willingness to speak with us today. To start, can you please state your full name, and spell it for me?

CV: Charles J. Versaggi, Junior -- Charles -- that's C-H-A-R-L-E-S. Last name is Versaggi [00:02:00] -- V, as in Victor, E-R-S-A-G-G-I.

LB: Great. Do you con - So this is the con- Oh no wait. Will you please share your birth date?

CV: Can I just share my birth year?

LB: Just your year?

CV: Yeah.

LB: Okay.

CV: Nineteen fifty-one.

LB: Okay.

CV: That's just for security purposes.

LB: That's fine. Do you consent to this interview today? This is the consent part.

CV: Yes.

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

CV: 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?

CV: Yes.

LB: Do you understand that you will have thirty days after the electronic delivery of the transcript to review your interview and identify parts you would like to delete [00:03:00] and/or withdraw? You can withdraw the entire interview if you want to -- although that would make me sad. In fact, we could redo the whole thing if you wanted to, but --

CV: That would make me sad. (laughter)

LB: That would. I don't think we'll have to do that. So, in the midst of the current public health crisis we're experiencing, we want to take this opportunity to look back and reflect and to capture the stories of those who lived through the worst of the HIV/AIDS epidemic in the nineteen-eighties and the nineteen-nineties. And let's start out with just one question I've been asking

everybody, and that is, when were you first aware of AIDS, of HIV/AIDS? Do you remember that moment?

CV: The trigger moment for me was I moved into this house -- I had been living in the Valley since nineteen seventy-six, but I moved into my house here in Old Allentown in the summer of eighty-five. And shortly thereafter, I joined a community center -- now defunct, unfortunately -- called the Lambda Center, which was right up the street on Eighth and Hamilton [00:04:00]

LB: Yes.

CV: And among the things I volunteered for there was the very early beginnings of the AIDS hotline. So that, I mean - So I can pin the date that I got knowledgeable about AIDS to about nineteen eighty-five.

LB: Yeah.

CV: And the trigger was, you know, becoming involved in the Lambda Center, and becoming involved with the hotline as a result of it.

LB: Yeah. What did the hotline do?

CV: Well, I mean I'm not even sure how we advertised, now that I think about it, because we didn't have, you know, the venues we have now, in terms of social media. So we probably had posters out in the bars, which would have been the main way to communicate.

LB: Yeah.

CV: But - And I would go there one or two nights a week and answer phone calls. People would call in -- some with AIDS-related questions, and others with everything [00:05:00] from a prank call to, you know, "What do you know about birth control?" You know, "I have a heroin addiction. What can I do about that?" You know -- there was a phone number you could call. So I mean it got everything, and some of it was actually AIDS-related.

LB: Yeah. Did you get a lot of calls per night?

CV: I think it varied. Some nights I just sat there and read my magazines, and other nights, you know, it was one call after another. It varied. Again, this would have been in the mid-eighties -- mid-eighty-five to eighty-six, eighty-seven -- time frame. And I may be a little off on this, but I believe that hotline is what morphed into the AIDS Services Center --

LB: Oh.

CV: -- and all of those services. Now, there may be some debate about that -- but in this tired old memory of mine, there seemed --

LB: (overlapping dialogue; inaudible)

CV: -- the Lambda Center has faded out over time, and the AIDS Services Center got engaged. So there certainly was that transition --

LB: Yeah.

CV: -- and whether it was deliberate or just evolution, I don't know. But it --

LB: Yeah.

CV: -- it was a precursor. [00:06:00]

LB: You know, I'm doing ten interviews -- we have a grant to do ten of these interviews, and you're the last one.

CV: Yeah.

LB: And so I've had a lot of people talking about the center, and I just talked to Rose Craig --

CV: Yeah.

LB: -- and a lot of people are talking about the center and how -- but you're the first person who mentioned the hotline, which I think is very --

CV: Oh, yeah?

LB: -- important. Now, some of these people were a little bit later than eighty-five.

CV: Yeah.

LB: But who else was working on the hotline with you?

CV: I believe Brian Marks --

LB: Okay.

CV: -- was involved then. I don't know if Carl Mancino was or not.

LB: Yeah.

CV: I know he was involved in the center, but I can't remember if he was actually a volunteer.

LB: Sure.

CV: And we probably had a handful of others. But --

LB: Yeah.

CV: -- names have escaped me over the years. And I do remember -- although I can't tell you who did it -- but I do remember going to one or two training sessions --

LB: Yeah.

CV: -- that were by no means what we would currently think of today -- I mean today you would [00:07:00] go through about a week's worth of material --

LB: Yeah.

CV: -- to get ready for this. I mean we spent probably a couple hours -- because back in those days, I don't know if there was much more than a couple hour's worth of information for people to know. I mean it wasn't a medical discussion. This was really a discussion around, okay, "I don't know if my boyfriend has AIDS or not. How should I protect myself?" Or "I have AIDS. How should I protect my

boyfriend?" And "What is defined by safe sex?" And those were the kinds of conversations.

LB: Yeah.

CV: So, you know, you didn't need a week's worth of material to answer those questions. But it started to be instilled -- at least in me -- which becomes important a little later on in this discussion -- you know, what safe sex was all about --

LB: Yeah.

CV: -- and how important, and how deadly, this disease was.

LB: Right. That must have been really tough, because there weren't a lot of answers to some of those questions.

CV: Absolutely not. In fact, the right questions hadn't even been formulated yet. So, I mean, it was early days. Very early days. [00:08:00]

LB: What was happening in terms of - I mean, I've noticed that for some people, it is very hard for them to talk about people who are dying.

CV: Yeah.

LB: They have a very, very hard time mentioning it. I talked to Maria Rodale, and so she talked about her brother and other people.

CV: Yeah.

LB: I talked to Bill Aull at Rainbow House --

CV: Yeah.

LB: -- and he spoke very specifically about people dying -- he was a nurse there. But were you - but for some people they were saying, "Well there were people dying, but they weren't really people I knew very well. And yet, we were aware of it," or, "I'd see them and then they just" -- like Nan Kozul was saying, "There would be people, and then they'd just disappear, you know. We'd never see them again."

CV: Yeah.

LB: So talk about a little bit about that -- like in terms of --

CV: Well my experience -- it runs the whole gamut. There will be a personal part -- which I'll get to in a little bit -- [00:09:00] but in the beginning, I mean, it was almost sinful in that, you know, you would see somebody on the street and, "Oh, John lost some weight" --

LB: Yeah.

CV: -- "uh oh. John must be sick."

LB: Yeah.

CV: And whether he lost weight for a diet or not, it didn't make any difference. If you looked like you were losing weight -- and, quite frankly, ninety-five percent of people, if they were losing weight, they were sick.

LB: Yeah.

CV: I mean that's just the way it was. And it was just like, you know, you were looking at death to be. And it was just you just knew, because back then, you know, there were no cocktail drugs. I mean, you know, you weren't going to slow it down. It was going to take its course. And, you know, it was a one-way ticket --

LB: Yeah.

CV: -- and it was a very short runway. And then you would see them the next week, and then they could barely walk. I remember one dear friend of mine who passed away -- probably no older than age twenty-seven maybe at the oldest -- you know, walking his mother across Ninth Street to go to bingo one night. And this was a party boy. This was a boy who was out every night -- [00:10:00] party, party, party, party.

LB: Yeah.

CV: And now his skinny little legs were walking with his mother, taking her to a bingo game. You know, what a one-eighty that was.

LB: Yeah.

CV: And, sure enough, you know, I was by his bedside, and helping him eat, and --

LB: Yeah.

CV: -- you know, those sorts of things. So it's, you know - And it's interesting you brought up Nan, because, I mean, she's dealt with some of the death quite personally. And it actually was a dark era, quite honestly. I mean, death was a regular part of the conversation.

LB: Yeah.

CV: I mean, you know, you would look in the obits, and, "Oh, John died. Mark died. Fred's dead" -- you know. I mean it was a litany of saints.

LB: Yeah.

CV: And the killer every year -- and this was also, as a side note, the beginning of two organizations -- one is FACT --

LB: Yeah.

CV: -- Fighting AIDS Continuously Together.

LB: Yeah.

CV: And, through that, became the folks at the bars got involved with the summer games. [00:11:00]

LB: Right.

CV: And that also was an AIDS-related fundraising community activity.

LB: Yeah.

CV: But as a part of the summer games, they would read the litany of the dead. Oh.

LB: Yeah.

CV: I'm choked up just thinking about it, you know. It was just terrible. I mean it was good, but it was rough. It was rough.

LB: Yeah.

CV: And there was probably - you know, as the years gone - in the early years of that, everybody in that audience -- everybody who attended that -- knew the people who died.

LB: Right.

CV: And then, over time, newer, younger people came into the play, and fewer people knew all the names -- although they would have recognized some. But that's just the way life goes on. The other interesting thing about it in those days was that, comparing it to now, you know, people didn't debate whether putting the condom on for sex was, you know, their personal liberty or anything.

LB: Yeah.

CV: You know, and now today masks [00:12:00] are like, you know -- there's a big political statement. Well, back then, either you or your partner, or both of you, wore condoms, or somebody was very likely to die.

LB: Yeah.

CV: I mean it wasn't like a debate about politics or anything. This was life and death. It was real simple. The equation was very, very straightforward. And I tell people, you

know, half with a smirk on my face, "Consider that mask your face condom now."

LB: Yeah.

CV: "Just think of it that way. Now you want to go into having a sexual relationship with somebody without a condom? So are you going to go into public spaces where you're going to be around a lot of people without wearing your face condom? You know, get with it."

LB: Yeah.

CV: You know, I understand the politics and all that -- I understand. Got it. But this is health. This is a little different.

LB: Right, right.

CV: And again, as we all know, the mask isn't protecting you -- it's protecting other people.

LB: Right.

CV: So let's get with it. Anyway. My commercial on masks.

LB: And I love asking everybody [00:13:00] about the COVID response --

CV: Yes.

LB: -- but go on and talk about this, because I think you know what you want to say. So go ahead.

CV: Okay. So over time, you know, the disease took its own course. And I shouldn't just say this, but I'm speaking as a gay man --

LB: Yeah.

CV: -- from the gay man's perspective. Parallel to the gay male experience -- I mean, there is the whole IV drug user population. So, I mean, they were going through the same crises that we were going through as gay men, but, you know, it was a parallel crisis. But I wasn't an IV drug user, so I can't bring you that perspective. I'm sure that was a whole different perspective.

LB: Yeah.

CV: So anyhow, I mean, it became an era that was, you know, death and obits, and people we knew were dying off. And you would go to the bar and you would see people one week, and -- just like Nan said -- you know, next week they wouldn't be there. And you know, "What happened?" And, you know, and then you read the paper two weeks later -- they're dead. [00:14:00] And that sort of brings me to my personal story -- is that shortly after -- let me see -- I bought the house in eighty-five, and got involved with the Lambda Center in eighty-five -- eighty-six is when I met my partner, Jim. And he was a specialty nurse -- a high-end nurse -- in the hospital. And we had a wonderful life

together. And then he was working a lot of overtime, a lot of twelve-hour shifts, a lot of back-on-back shifts over weekends. And then he was losing his appetite -- and he was thin to begin with -- but he was losing some weight. And I said, "Hey, Jim, you know, it's time. You have a conversation with your boss. You know, you're working too hard. Blah blah. You gotta - We don't need the money, okay. I mean it's not like we're starving here. Okay? So we've got to ease up a little bit." And then he got a rash, and he couldn't get rid of this rash. And he went to the dermatologist. And along the road, [00:15:00] he gets an HIV test.

LB: Yeah.

CV: Through Dr. Rhodes, actually. He's still with us, and doing a fabulous job in the COVID arena -- Dr. Rhodes. And I can clearly remember -- it was just before Thanksgiving in nineteen-ninety, I came back, and the test was positive. Based on his T cell count, which was very, very low, they surmised that he got infected before he and I met, somewhere in his prior journeys. And Jim was very young. I mean at the time he was probably twenty-seven, maybe twenty-eight. So that was around Thanksgiving and Christmas time -- in fact, there's pictures right above my head behind us here. And by July -- July ninth, actually

-- coming up in a few days -- he passed away. It was obviously [00:16:00] a very tragic point in my life. And people keep saying, "Well how come you're still alive?"

LB: Yeah.

CV: Because we lived together for -- if he was infected before he got to meet me -- we were together almost six years --

LB: Right.

CV: -- you know, in the same bed, in the same room. So it wasn't like, you know, we were living across the street. And it goes back to this HIV training I had for that hotline. I mean I knew the consequences, and I knew what safe sex was about. And I just said, "Hey, you know, I'm talking to people once or twice a week on this hotline, Jim, you know. We're going to follow this process." Little did I know --

LB: Yeah.

CV: -- that five and a half years later, I would be burying the guy. So, you know, it was tough for everybody. And many more probably than you realize have personal stories that go along with them. [00:17:00]

LB: Yeah.

CV: Again, just like in COVID, you know. There's all these stories -- now one of the differences is that now your

loved ones are in a nursing home or something -- you can't go see them.

LB: Right.

CV: Then, I was at his bedside when he died, I was at other people's bedsides, you know, up until the day before.

LB: Yeah.

CV: So, you know, there was a physical ability to get close, which kind of lent to the closure. You could have a proper funeral, and a viewing, and so forth. But there were similarities. I mean, the beginning, everybody said, "Eh, no big deal. A couple of dead monkeys," or whatever. You know, "No big deal." Next thing you know, people you knew were dropping like flies.

LB: Yeah.

CV: And same thing with COVID -- "Oh, it's going to go away." "Oh, it will fade away in the summer." Not so much. Not so much. So it's one of those things -- you have to learn to pay attention to these things. And science counts. And the medical profession, you know, knows more than a newspaper report, you know. (laughs) [00:18:00] And they certainly know more than a blogger that, you know, is sitting there just inventing their strategy and perspective on science, you know. I'm a believer in credentials, you know. If you don't have the credentials and the

experience, you know. And that goes back to our Dr. Rhodes, you know. I mean the guy has been in this business -- deep into this business -- since my meeting him in the AIDS timeframe, back in eighty-five, eighty-six. So when Dr. Rhodes says something, I believe him.

LB: Yeah. And he's at Lehigh Valley Hospital? Or --

CV: Right, yeah. And he was one of I think the two experts, that the congress woman from Bethlehem --

LB: Lisa Boscola? No, congresswoman --

CV: Yeah. Yeah. I'm sorry, yeah. Boscola.

LB: She's a state senator.

CV: Yeah. She had referenced Luther Rhodes [00:19:00] and some other gentleman in conversations that she was trying to get the Wolf Administration to adjust the openings and closings of businesses and so forth.

LB: Yeah.

CV: So they played a pretty important role in kind of defining what the disease looked like, and --

LB: Yeah.

CV: -- what's safe and what's not safe.

LB: Yeah. So you were talking about care -- you took care of other people too?

CV: I can't say I took care of other people --

LB: Were you there at the time?

CV: Yeah. But we would, you know, visit hospitals, you know. It was, you know, what you would do. You know, you'd get to go and visit a hospital. Usually you couldn't gang up in there, because, you know, the patients -- typically by ten, they were bedridden in the hospital -- they would get tired very easily.

LB: Yeah.

CV: And they were all skin and bones. And, you know, they were being poked left and right, and fed this and fed that, and this test and that test. But you could get, you know, maybe a half an hour or so -- bring something to read, listen to some music, or just sit there and read to them, you know, or bring them some snacks. [00:20:00] Because their bodies were wasting away, they didn't really - they could eat a lot of junk food (laughs), because --

LB: Yeah.

CV: -- you know, that's not what was going to kill them, you know. If anything, it might put some weight on them.

LB: Yeah.

CV: But yeah. So, you know, we would share junk food, and, you know, tell some stories and read a book maybe together.

LB: Yeah. I think one of the people I spoke to said that he felt that the loss of appetite was particularly near the end of the -- you know, I talk about the disease time going

from nineteen eighty-five to nineteen ninety-three, and after ninety-three there was actual medication that people -- it didn't save everybody, but it could save people. There was a hope. There was hope.

CV: Yeah.

LB: And he was saying that if people were able to make it to nineteen ninety-three (laughs) --

CV: Yeah.

LB: -- in some of the instances where it's just that they wasted away. So there was that, you know -- to take marijuana, or -- I knew somebody like who was a friend of mine who scored marijuana for her friend, [00:21:00] because he had to - he was just not eating -- he was a young kid, and he was --

CV: Yeah.

LB: -- just wasting away. And it was the only --

CV: Well part of the disease -- similar to COVID, in that, you know, it affects people in different ways. But one of the more common effects was digestive inflammation -- that, essentially, you just had diarrhea all the time.

LB: Oh.

CV: So even though you were eating, it didn't do much good, because it was coming out of you as fast as it was going in. And that also lead to severe dehydration. I mean, and

then that taxes the organs. So when they get to that point, that's when they need to be on some kind of IV and hospitalized -- because, you know, the loss of appetite is one thing, but the inability to keep food in and process it and get the nourishment out of it is a whole other extension to that. So yeah. Using, you know, marijuana for beefing up the appetite -- that would work. [00:22:00] But if your body had gotten to the point where it was no longer keeping food, then --

LB: Right.

CV: -- you could have all the appetite you want, but you're not going to be able to outrun it.

LB: Right. Yeah. So I know that a lot of people - You have a different perspective, it sounds like, than a lot of other people. For one thing, you were really here in nineteen eighty-five. Several of the people I've spoken to were talking about a little bit later -- or several years later -- because they seemed to be a little less aware. But you were really aware, right at the beginning of stuff. And so --

CV: I --

LB: Go ahead.

CV: Well, yeah. And, again, I bring it back to the Lambda Center -- that AIDS hotline. And I was around people like

the Brian Markses, the Carl Mancinos, the Larry Kleppingers, all the, you know, all the Chuck Woodberrys -- all the people who were -- Candida -- people who were active and engaged and doing something about it.

LB: Yes. Yeah.

CV: You know, and people weren't going to just sit [00:23:00] in a corner crying about it, and, you know, lamenting. There was plenty of that to do.

LB: Sure.

CV: But, while there was that to do, there was other work to be done. And nobody else was doing it. I mean, even the medical profession -- you know, I have Dr. Rhodes, who was probably the dean of the infectious disease community at the time. And he'd probably tell you, you know, "Back then, I was learning," which, you know, everybody was. So, you know, the medical community -- I mean I would have to lecture doctors.

LB: Yeah.

CV: I mean I'm not a med guy, okay? (laughs) I have some common sense, I can understand it, but I'm not a medical professional. But I would go into my personal physician -- my GP -- and, you know, he would say, "Well, doesn't safe sex cure it?" I said, "No," you know. And we look at it now, and you say, "Oh, well that was a stupid question."

But, again, back then, we didn't even know the questions.

We didn't even know --

LB: Right.

CV: -- the questions to ask, much less have the answers.

[00:24:00] But, you know, the medical profession was really at a loss. And, again, they don't have the technologies that we have today --

LB: Yeah.

CV: -- to keep us up to date, you know.

LB: Right.

CV: And all the newsletter and email, newsletters I get, and all the websites you can visit, and all the instantaneously updated statistics and trends and analyses -- I mean, we're data rich.

LB: Yeah.

CV: And disease management requires data to do it.

LB: That's a really good point, because back then -- and certainly in the eighties -- at the dawn of computers, the internet really hadn't happened. So if you wanted to read something, you'd have to read it in a published thing -- in a brochure. You'd have to go to a conference, you'd have to call somebody up and say, "What's new?" And --

CV: Yeah.

LB: -- so that's a vast difference, with regard to that epidemic --

CV: Yeah. [00:25:00]

LB: -- and the epidemic we're dealing now. I mean, everybody, if they want to, can get up-to-date information. Some of it's wrong, but that always happens.

CV: Yeah. Yeah.

LB: Well that's an extraordinarily important point.

CV: And let me just add something to that. We also have the - and the blessing is that we have all that.

LB: Yeah.

CV: But there's a bit of a curse that goes with it, and that is those same venues can be also an outlet for all the wrong stuff -- either intentionally or otherwise. So you've got a lot of people who are preaching things about -- today, for example -- wearing masks.

LB: Yeah.

CV: They're not making medical statements. I mean they're making some perspective -- or, God forbid, off of some fake website some place that they never bothered to proof check and everything else, you know. So it taxes us, as consumers of information. Because not only do you have to be able to understand what's right -- you have [00:26:00] to be smart enough to be able to filter out the nonsense.

LB: Right.

CV: So it doesn't make it easier that we have all this stuff. Now, at this juncture in time, it makes it a bit challenging, because you have to be smart enough to be able to sift through all this and use the right materials for the right purposes.

LB: Yeah.

CV: I interrupted you I think.

LB: No, I don't want to interrupt you at all. I just want you to keep talking. So (laughter) (overlapping dialogue; inaudible) --

CV: Well, quick scan my notes, and see if -- yeah, we talked about that, and we talked about that. COVID, and medical profession -- oh. The fact that -- and I shouldn't smirk at this -- but the fact that, you know, going for your blood test back then was the equivalent of waiting for your death sentence.

LB: Yeah.

CV: Because, again, it was pre-cure.

LB: Yeah.

CV: I mean there was barely any remedies. I mean, you know, they tried to make you comfortable and keep your fluid and nutrition until you die, really.

LB: Yeah. Yeah. [00:27:00]

CV: I mean and I remember, as soon as Jimmy said, you know, "I'm positive," you know, and he said, "You have to go get a test." And I'm thinking, "Oh my God," you know. And I mean I was still working, you know, and I'm like sitting by the phone at the office, like just not knowing, you know. And you just hold your breath. And then, again, similar to today, you could have a negative test, and then six months later have a positive test.

LB: Yeah.

CV: You know, so you had to go through that test death sentence expectation --

LB: Yeah.

CV: -- every six months for years, until you finally figured out -- assuming you hadn't misbehaved -- that, you know, you were okay. And at least now when you get the death sentence -- I mean I know guys who have been living with HIV/AIDS for twenty, twenty-five years now. Twenty years. Yeah. So, I mean, it seems like their quality of life is pretty decent -- I mean they're still working, [00:28:00] and, you know, to look at them, you wouldn't know --

LB: Yeah.

CV: -- as opposed to twenty-five years ago -- if you looked them, you would definitely know.

LB: So I've had people tell me that one of the things that people did -- there were so many funerals --

CV: Yeah.

LB: -- and there were just funerals all the time. And could you talk a little bit about that whole aspect of it, and going to funerals, and who would do the funerals? And also, people have told me that people planted trees to celebrate peoples' lives. Do you remember that?

CV: Yeah. Yeah. Well, actually (laughs) -- there's several things that kind of come into play here. But yes, there were a lot of funerals. They were actually no different, really, than the funerals today, with one major exception. If you died of AIDS then, you were most likely a gay man.

LB: Yeah.

CV: And whether you were out to your family or not, [00:29:00] you were now.

LB: Yeah.

CV: Whether they wanted to believe it or not, you were in a box, because you died of, at the time, a gay man's disease -- even though we know it's not. But at the time, that's what it was. So the pall over the whole funeral of a family who didn't know about their gay son's life is now -- we can't even talk about it --

LB: Yeah.

CV: -- because they're in a box.

LB: Yeah.

CV: And now all these strange guys have showed up --

LB: Oh, yeah.

CV: -- to pay their respects, all crying their eyes out. And, you know, the dynamic at that funeral is just one that I'd never experienced before in my life. And, again, it wasn't just one or two. I mean, and there were guys who were out to their families, and they had a healthy relationship and so forth. But I know other guys who one or two of the parents wouldn't come [00:30:00] to the funeral, you know -- and/or siblings. It was a mixed - It was truly mixed. So it just made the funerals -- they're complicated enough, emotionally -- but it wasn't even a layer. It was an exponential degree of complexity added to a funeral, from an emotional standpoint. It was just emotionally charged from head to toe. I mean I would go to those funerals and come back and fall asleep for the rest of the day. I was exhausted. I was exhausted. And, in my case, it was a very beautiful event -- I mean we managed to talk through a lot of stuff with the family ahead of time --

LB: Yeah.

CV: -- a very religious family -- very religious. So, you know, "How could this be happening?" Et cetera, et cetera.

But very loving. And, again, our friends did show up at the funeral, and everybody was welcomed, [00:31:00] and there was no hassles, and --

LB: Yeah.

CV: -- it went well. But I've seen others where it was an emotional disaster area.

LB: Yeah.

CV: Yeah.

LB: I just talked to Scott Allen, and I talked to Bill Aull about this, and both of them were saying that, you know, some of the ministers and some of the priests were really supportive, and some of them really just wouldn't show up and do anything at all. And I know you have a relationship to that.

CV: Yeah. It's sort of wild that the Catholic priest up in Jim's area did the funeral. I mean it's not like they - I don't think there's anything in the Catholic dogma that says a Catholic priest can't give a funeral to a dead gay person.

LB: Right.

CV: You know, they may have their personal perspective on it, but that's too bad. I mean that's not what canon law says. (laughs) Canon law says, you know, family's gathering, you know, blah, blah, blah. You're doing the funeral. Now you

would get - and part of this is conjecture, I'll admit. But the Catholic church -- there's the diocesan component of the Catholic church, which is the one that most people are familiar with -- the big churches and so forth. And then there's the various orders -- like the Franciscan orders, or the Carmelite orders. And they will often have their own churches --

LB: Yeah.

CV: -- and can do their own thing there, all under the diocesan umbrella. So they can't break any rules under that umbrella --

LB: Yeah.

CV: -- but their liturgies can tend to be a little more dynamic.

LB: Yeah.

CV: So I never thought of it back then, but, you know, had I chosen to do a funeral or a passage of life ceremony at [00:33:00] one of the orders -- like the Franciscan over in Easton -- I would have probably had a lot more say in how it would have been done, and what would have gone -- I couldn't break any rules, but it would have been --

LB: Sure.

CV: -- different. So yeah. I'm not too - and obviously the metropolitan community church, assuming it was alive and

active back in those days, would have done a much different service than the more traditional churches would have.

(coughs) And I'm not too familiar with the funeral services in some of the other churches. Most of the ones I went to were more secular. In the funeral parlor, and the minister comes and says a prayer, and is done with it. (coughs)

LB: Yeah. And, so - But anyway, when you're talking about that, and you're saying that -- I know that that was very devastating to go -- I mean, funerals [00:34:00] are devastating at the very (inaudible), and people are going to a funeral every month or every week.

CV: Yeah.

LB: It's for people you know, or people you're really close to. It's the kind of thing that, you know, you have one instance like that in your young life --

CV: Yeah.

LB: -- and it bothers you for years. You have twenty instances like that -- it's like war.

CV: Oh, yeah. Yeah. Well that's a good analogy. I mean it's like I got to live through not having to go to Vietnam -- because I was still in college -- but buried a whole lot of friends as a result of that.

LB: Yeah.

CV: You know, I hadn't thought of it this way, but it was almost like a trial run for, you know, ten years, twenty years later, fifteen years later to go through this, you know, and get to bury a whole bunch of other friends.

LB: It's thirty-five years ago.

CV: You're right. (laughter) Eighty-five was thirty five years ago? Thirty-five years? Wow.

LB: I'm sorry, honey. [00:35:00] (laughter)

CV: Well at least I knew what day it was. (laughter) But, I mean, the good news is I knew what day it was. The bad news -- thirty-five years.

LB: Yeah.

CV: No wonder I don't have any hair. (laughter) No wonder.

LB: No, I'm sorry. (laughter)

CV: Well, whenever it was. (laughs)

LB: You're not the only one who has said that.

CV: Okay. (laughs)

LB: Other people -- Scott said that today. He said, "Oh, you know, twenty years ago." I said, "Well, Scott, that's" (laughs) --

CV: Is this the Scott I know -- the organist?

LB: T. Scott Allen. He's an Episcopal minister.

CV: Oh, okay. No. All right.

LB: (overlapping dialogue; inaudible). And the other guys were saying that too. You know, we were kids then. We were in our twenties and thirties when this was all happening.

CV: Yeah. Yeah.

LB: So, you know.

CV: Yeah.

LB: It's a whole different situation. Do you remember that thing about the trees? Because I remember that, and --

CV: Oh, yes. And I didn't know of others, but a good friend of mine -- Larry Miley, who used [00:36:00] to live across the street -- he and his wife were very active with the Lenni Lenape Museum --

LB: Oh, yeah.

CV: -- on the parkway. And Larry was a good friend of Jim and I, so -- they live right across the street. So he said, you know, "We would like to organize having an Indian - Native American ceremony" --

LB: Yeah.

CV: -- here. You know, a separate ceremony." So we brought the family back down. And the ceremony was very touching. Everybody wrote little paper notes, and you tied them up with a little ribbon. And then some of them were placed on the branches --

LB: Yeah.

CV: -- and some of them were buried with the roots.

LB: Yeah.

CV: And the ritual is that, you know, the roots will decompose the messages and send the messages up to the sky. And then the ones that are hanging in the tree, the winds will carry the messages into the heavens, and so forth. Yeah. And the chief did dances and so forth, and the tribe folks, you know, sang some songs. [00:37:00] And we all participated in the songs, and, you know, the raising of the arms, and all that sort of thing. But it was sort of interesting -- I'm sitting back there, looking at this beautiful Polish, catholic family doing all these rituals, and I'm thinking to myself, "Oh, Lord, if their priest ever saw them now." (laughter) But, you know - So that's the one I know of, personally. And we also did it for when Larry's wife -- Miley's wife -- passed away from cancer. But I didn't know that there were others. But I guess there are, because, I mean, we have trees in our parkway, and trees in the parks here in Allentown that are there for different peoples' memory. And I wouldn't be surprised if, you know, there were fundraisers to put trees in for people.

LB: There were a few places along the Little Lehigh, down off of Martin Luther King Boulevard.

CV: Okay.

LB: And apparently several of those -- and one of the things about that was that people who were -- and I don't like to use [00:38:00] the word "closeted" in this, but they were concerned about the stigma, and they really didn't want to make a public statement about it. So they just planted the tree. They didn't put a sign, they didn't put a memorial --

CV: Oh.

LB: -- plaque, they didn't have a headstone any place. It was that thing.

CV: Yeah.

LB: I thought that was an interesting thing. But I haven't - But not too many people are familiar with it, so I guess that was -- other people in my mind have --

CV: Yeah.

LB: -- you were working at Air Products then. Was there an Air Product response?

CV: A very personal one. My boss at the time, you know, was very supportive. I said, you know, "The best time for visitors for Jim in the hospital was after three o'clock. So every day at three, I'm leaving at three o'clock. So, you know, we're just going to have to figure this out." No questions were asked, you know, "Go right ahead." Obviously there was time off for grieving, and the funeral,

and so forth. [00:39:00] So the company was very, very supportive. This would have been right around the same time as GLEE's starting at Air Products.

LB: Oh.

CV: Jimmy died in ninety-one, and I think GLEE was starting in ninety-one, right? I mean, it was right in that same time window.

LB: But tell us what GLEE is, because I know, but people seeing this might not. So go ahead.

CV: Oh, GLEE was the Air Products' Gay and Lesbian Employee - Empowered Employees. G-L-E-E. I think it has a new name now. I've a bit lost track.

LB: Spectrum, or something.

CV: Oh that - Okay. Right. Probably to include all the alphabet soup that we've --

LB: Yeah.

CV: -- acquired over time. But that's a good thing. So yeah.

So GLEE was our gay and lesbian employee organization.

[00:40:00] And I was one of the founding members. So it,

again, was supportive too. But the company directly I

think -- I mean I was out in the company anyway, and my

boss, you know -- I mean people had been to my house for

parties -- my staff and my bosses had been to the house

here for parties, and Jim was here, and, you know, people

who walked around would have discovered on their own, and made whatever conclusions -- that there's only one bedroom and one bed. So you can draw your own conclusions, and, you know.

LB: Yeah.

CV: I think that was certainly pre-rainbow flag in front of the house days. I'm sure of that. Although not by much. Not by much, (laughs) actually. Yeah. Those flags have been out there quite a bit. But yeah. So how did we get onto that? (laughs) Oh, it was work supportive. So yes. And people, my coworkers, my secretary at the time, you know, were all, you know [00:41:00] -- half of them in tears -- because they all met the guy. So they knew who he was, you know. And they knew they saw us together and in action. So, I mean, it wasn't "Some other guy" --

LB: Yeah.

CV: -- which is, if you remember -- every time I get a stage to talk on, you know, I always -- especially back in the earlier days -- you know, give the preaching about being out.

LB: Right.

CV: Because the more out people are, and the more people -- non-gay and lesbian and transgender people -- get to see who they are -- and, "Oh, they're my neighbor, my friends,

my daughters, father, my whatever, my dentist, my lawyer," you know. And once they begin to make that personal connection, it's not just "Some horrible gay guy who pissed off God and now he's dead. See, you deserve it" --

LB: Yeah.

CV: -- you know. I mean that conversation stops, because they know the guy, and they know that wasn't the case.

LB: Yeah.

CV: And people always ask me [00:42:00], "How come you're still yelling about being out?" I said, "Because not enough of them are yet."

LB: Yeah.

CV: But we're a lot better off now than we were for sure. I mean back in eighty-five, we were only about, what, ten years off of the first Stonewall riot.

LB: Yeah.

CV: Was it seventy-six?

LB: It was sixty-nine.

CV: Sixty-nine. Okay. So a little bit longer than that.

Yeah, I'm not doing too good on years.

LB: That's okay. It's not your job. (laughter)

CV: Yeah, you're the editor in chief. (laughs) So yeah. I mean it was still early days, and being out was not, you know, a common thing at all, much less to have to be forced

out at your funeral. That's just deadly (inaudible).

[00:42:43] I don't know if some families have recovered yet.

LB: Yeah.

CV: Now, I know some are still strained over that. Oh, how are we doing?

LB: Great. You mean - Now there was a little bit of interference there, but you mean they're still strained over the death? Or finding [00:43:00] out that their son was gay?

CV: I think finding out. Because it's the lack of closure.

LB: Oh, okay.

CV: When you're given the opportunity to, you know, well, go through the conversation -- "Well, was it something we did? Did somebody make you gay?" You know. To solve those questions, and to get those out of your head -- you just don't know.

LB: Yeah.

CV: "Were you ever happy? Was there anything we did to hurt you, you know, in your childhood?" You know. All of this stuff that a loving family, hopefully, would want to have --

LB: Yeah.

CV: -- just never had the chance to have --

LB: Yeah.

CV: -- because it was too late.

LB: Yeah.

CV: And ditto with the siblings.

LB: So yeah, I mean. And one of the things that Maria Rodale said, which I thought was a brilliant statement -- she said one of the reasons that her parents were so upset -- her brother was totally out to the family. But the parents felt guilty because they couldn't protect their son.

[00:44:00] I mean they had a younger son, you're younger than them, you've got a kid, you've got a healthy, young person, and you can't keep them from dying. And I think that that's quite an interesting thing. I mean, it was an interesting way of describing it.

CV: I knew David pretty well. In fact, he lived right down the street. And David wouldn't have been an easy guy to control (laughter) in my sense, you know. You know, I loved him dearly. Loved him dearly. And we had a casual banter, back and forth kind of friendship. But, you know, you'd tell him, "Don't go through red lights." (laughter) "All right. What red light?" You know. He'd go through it, so. And I can tell you some stories, but they wouldn't be appropriate (laughs) for this setting. But he was just a tough one to corral. So, while I certainly respect his

family's [00:45:00] being disappointed that they couldn't, you know, help him and save him, David was into his twenties, you know -- well into his twenties And, in fact, I think he was running the theater at the time.

LB: He was thirty when he died.

CV: Yeah. And I think he was running the theater. The --

LB: He'll be on that, but yeah. According to her. But he was very young, and it was very fast, too.

CV: Yeah.

LB: And it was early in the epidemic, so there wasn't any -- I mean, he wasn't at a time when people were telling you what to do to keep from getting it.

CV: Yeah. Yeah.

LB: You know, because it was --

CV: Well, that's --

LB: -- that time.

CV: Yeah. That's it, you know. Kind of like what we're learning about COVID now, you know -- now we're learning, "Oh, you could be asymptomatic and spreading it around all over the place." Well, there, back in those days, you didn't even know the disease existed.

LB: Right.

CV: Therefore, having unprotected sex -- what was [00:46:00] different today than yesterday.

LB: Yeah.

CV: "Oh, by the way, you know, maybe one of you two or both of you are positive. And now you both are going to be positive at the end of this." So, you know, you can't really say, you know, "Well, it was you, because, you know, you got sick." And, "Oh, you spread the disease, because you didn't know."

LB: Yeah.

CV: They really didn't know. You weren't doing anything differently than you were doing a year before --

LB: Yeah.

CV: -- except the world had changed in a time. And now anybody who -- after it became obvious what the disease was, and how to prevent it --

LB: Yeah.

CV: -- you know, condoms and safe sex -- if you were men practicing on safe sex, then, you know, then that was totally irrational behavior, and, you know, people being mad at you for doing that was absolutely appropriate.

LB: Did you think there was a lot of anger at people who were not taking protections to protect their partners?

[00:47:00]

CV: Yeah. I mean there were times I would have to correct people, you know, having this conversation in the bedroom

about, "What do you mean you don't want to have condoms? I mean, what do you mean?"

LB: Yeah.

CV: And now, you know, (laughs) you're not -- you know, I've gone through this, okay. (laughs) This is the wrong house to have this conversation in --

LB: Yeah.

CV: -- you know. So yeah. There were people who still, "Oh, well, it's not that important." What?

LB: Yeah.

CV: I said, "No." Just because I tested negative, you know, two weeks ago, doesn't mean I'm negative today.

LB: Yeah.

CV: Because, I mean, I think that disease -- HIV has the ability to hang out under the covers for quite a while before it would surface. So it didn't always surface in an immediate time frame.

LB: Yeah. Yeah.

CV: You know, I mean we may have better tests now. I don't know. But --

LB: Well we have PrEP now.

CV: Yeah.

LB: That's the thing that we have. And we do have some - the T load, you know, they understand about if you have a zero load and stuff. [00:48:00]

CV: Yeah.

LB: But, still, you'd have to rely on the person's information --

CV: Yeah.

LB: -- and where they got it, and how they understand it, and stuff like that.

CV: And the last thing I saw about the PrEP stuff -- I mean that was pretty pricey.

LB: Yeah.

CV: I mean, don't quote me, but I think it's like a five figure -- you know, ten or twelve-thousand dollars a year for --

LB: Yeah.

CV: Does that sound about right? Are you familiar with it?

LB: Yeah. It's ridiculous. I mean, in some countries, it's 25 dollars. In our country, it's five-thousand dollars. So, you know, that's it. But the truth --

CV: Yeah.

LB: -- is that PrEP -- particularly for people -- and I've said this on other (laughs) videos -- but for people who cannot control what happens to their body.

CV: Yeah.

LB: And that's true for many people in the world.

CV: Yeah.

LB: They can't stop getting HIV, because they can't always tell the person that's having sex with them, "No, you can't do that."

CV: Yeah.

LB: But they can take PrEP, which will keep [00:49:00] them from getting it --

CV: Yeah.

LB: -- which is a great thing.

CV: Yeah.

LB: And then, you know, people now, who -- if you take PrEP, you have to be tested.

CV: Yeah.

LB: You have to be regularly tested. You have to know what your - whether or not you're positive.

CV: Yeah.

LB: And, actually, people who take PrEP -- they're not cavalier about what they're doing.

CV: Yeah.

LB: They're being really, really careful.

CV: Sure.

LB: So it's kind of a good thing.

CV: Yeah. Yeah.

LB: Well, so at the time that Jim was sick, and at the time that other people that you knew were sick from AIDS, what about healthcare? I mean did you see positive and negative things were happening in the hospital? Because we had somebody in our extended family who -- at the beginning of the epidemic -- who couldn't -- like they wouldn't even bring the tray into the room when he was in the hospital. So --

CV: Yeah.

LB: -- this was a little bit later, when Jim was sick. But --

CV: Yeah. [00:50:00]

LB: But --

CV: Yeah.

LB: -- [maybe it was a bit?] earlier.

CV: Yeah. He would have been in the hospital during the winter of nineteen-ninety. We took him in in February -- just a few days after my birthday, actually. And he was pretty much in there through April of ninety. And I don't remember there being -- now, I was in there every day from three to whenever they kicked me out -- three to seven. And I don't remember there being any issue.

LB: That's good, yeah.

CV: The bigger issue was that, you know, the extended family with, you know, all the little nieces and nephews and crying babies, you know, were around too.

LB: Yeah.

CV: So, you know, there's like crowd control going on.

LB: Yeah.

CV: And, again, Jim was a member of the medical community, so I'm guessing that, you know, he might have had people taking care of him that knew him from his professional [00:51:00] experience in --

LB: Yeah.

CV: -- and, you know, just said, "Hey, you know, this is a brother of ours, so we're taking care of our brother."

LB: Yeah.

CV: But yeah. From what I could gather though -- and he had -- and Jim had three RN's in the family --

LB: Wow.

CV: -- with master's degrees, psychologist, and, (laughs) you know. So there were some heavy-duty materials on the family side --

LB: Yeah.

CV: -- at his side too.

LB: So they understood the medical circumstances much more than people who were abstract about it --

CV: Yeah. Yeah.

LB: -- who didn't have that, or --

CV: Yeah.

LB: had it, but --

CV: But of the, you know, three or four, five people that I would visit in the hospital, they never struck me -- again, and these would have been in the late-eighties -- no, it would have been in the nineties, because I think Jim died pretty early in the cycle.

LB: Yeah.

CV: But, yeah. They were in the nineties. And, you know, people would come in and do their thing and bring food [00:52:00] and go back. And some of them were cheery, and, you know, "I'm going to stick you again," you know.

LB: Yeah.

CV: "It's time for another stick," you know.

LB: Yeah. Did you know that David Rodale had HIV/AIDS when he got sick and died? Apparently it went very fast for him.

CV: I knew - I noticed him losing some weight, but he was always into wearing, you know, practically spray-on clothing anyways. So he always looked thin. But, you know, one brief period, I said, "Jeez, you know, he was thin to begin with, you know. What's going on here?" And then I do the usual, "Well, oh, maybe." And then yeah.

And then he kind of went out of the public eye for a while.
And the next thing I knew, I was reading that he had passed
away.

LB: Yeah. Did he live on Eighth Street?

CV: Yes.

LB: Oh, wow.

CV: Now, he may have lived other places too, but --

LB: Yeah.

CV: -- he lived, you know, near Eighth and Chew. [00:53:00]

LB: Yeah. Oh. Right there. Right up the street.

CV: Yeah.

LB: So I didn't know that. I wasn't here -- I think when he
died, I hadn't moved here yet, quite yet. It was a couple
years later. So let's see. I talked about that. (laughs)

CV: Yeah, I'm doing the same thing. (laughter) I've got to put
my glasses back on to check. I think I got --

LB: I can't ever take mine off. When FACT really was formed
and it started to do some very, very significant work in
fundraising, were you involved with it?

CV: Yeah. Yeah. I was on their board -- I've lost track of
how many years -- and probably went off the board and came
back on the board, and was involved with doing my bit at
the summer games too. And I think we were also - I was
also on the committee that dispersed [00:54:00] the -- I

don't know if they still do -- but we used to call them "contingency funds" --

LB: Okay.

CV: -- because we would raise money for a whole lot of purposes, but we would keep a separate stash of money for if somebody needed a pair of glasses, and whatever insurance, or whatever thing they had wouldn't cover the pair of glasses -- could we pay for their glasses.

LB: Yeah.

CV: Somebody needed another prescription, or if somebody was back in their rent and they couldn't get anybody to pay their rent -- could we pay their rent for them.

LB: Yeah.

CV: So where costs fell through the system, and nobody had money to fix the front tire on the car -- all those little things that, if you were working, you'd have some income, but if you're not working, you don't have any income, and you're relying on, you know, gifts, and/or some grants to help you along. If there's a gap in there, then it could be the smallest thing, but it could mean maybe you can't go out to get food. [00:55:00] So we had this contingency pot that we would use for that.

LB: And was that most of the money from FACT? Or did other money go to AIDS Services Center? Because, you know, there

was a time when FACT was doing fundraisers that were bringing in a hundred-thousand dollars, at a time when a hundred-thousand dollars was really lots of money.

(laughs)

CV: Yeah. Yeah, yeah, yeah. Yeah.

LB: Could hold you for the rest of your life.

CV: Yeah, well, especially since it was all volunteer. So there was no payroll.

LB: Right. Right, right.

CV: And I think for a while we had free or reduced rent from Candida and one of her places. So, you know, the operating costs weren't sky-high.

LB: Yeah.

CV: But the demand for funds, you know -- and we were probably - I remember the direct service money that we were handing out. We may have also gave -- Services Center pretty early on got absorbed by the hospital system. And either it got absorbed, or it was started there, and merged with our little hotline -- how all that worked, I don't really remember. [00:56:00] But if they needed money, you know, they would - or if they had a client who couldn't get their dental fees paid for, they would come to us and ask us to do that for them and other agencies who had AIDS patients. And, you know, over time, you know, it went from -- just

like a progression of any disease -- it went from most of those requests being gay male-oriented to HIV, drug user-oriented. And it just switched, you know -- so the gay men figured this out, got the condoms in place, and safe sex, and they started behaving themselves, and the meds started to help them, so it could stabilize the needs in the gay male population. But then the other populations weren't controlling it. So where that was going crazy [00:57:00], then we would have to come in and help, even though FACT was basically a gay organization. And now it's much more diverse at this point. But back in the early days, a few women and a bunch of gay guys around a table --

LB: Yeah.

CV: -- making stuff happen.

LB: Yeah. Did you used to - I know that a variety of people were involved in education. Did you used to be involved with that to talk to people about the stuff? Or have the opportunity to speak out about what's going on? How to --

CV: I think I did, but it wasn't a major part of what I did.

LB: Okay.

CV: And I'm not sure -- because by then we had engaged the medical community to help us. So there may have been, you know, somebody from FACT to introduce a medical professional or two and have them dispense the information.

That part's a bit foggy for me. I was always involved with the money part, you know -- raise it and spend it.

[00:58:00] That's what they (laughs) used me for.

LB: Yeah. (laughter) Well, that's what it was about, really.

CV: Yeah. (laughs) Raise it and spend it.

LB: (overlapping dialogue) You did a good job with that too.

CV: Yeah.

LB: Yeah. I mean extraordinary job, with regard to that. I mean there was a time, I think, when medications became -- because, at the beginning -- particularly in 1985, and between eighty-five and ninety there was just -- there was no hope. And it was so dangerous, and there wasn't anything that people could do. So they went to the doctor, and they didn't say, "Well, here. We have these protocols." But then there was medications.

CV: Yeah.

LB: And some of the medications were very, very successful. Some of them had horrible side effects. Some actually -- and I've talked to a couple people who said that they thought that the medications actually killed the people that they were working with. And then in other circumstances -- but one of the things [00:59:00] that Bill Aull said was even though some of the medications had terrible side effects, at least it was hope.

CV: Yeah.

LB: They were actually doing something. So what was your awareness of the medications that kind of --

CV: And, again, my time to be most intimate with those was Jim's case. And they were just basic, really, you know -- the basic things you would put in place to reduce fevers, and that sort of thing. So the medical -- in the early days, there was hardly any consequence.

LB: Yeah.

CV: And so I'm not really familiar -- I mean I've heard the stories about some meds being worse than others --

LB: Yeah.

CV: -- but we also know that everybody's body handles meds differently.

LB: Yeah.

CV: So, you know, it could be that this med worked miracles if you had certain conditions in place. And if you didn't, or if your T cells were too far low, or not low enough, they may not trigger, you know -- just like [01:00:00] with some of the people getting that overreaction of their immune system to COVID. I mean, it could be the same thing. I mean if you were at a certain point along the HIV spectrum, some of the meds might have been more contradictory than others, depending on your gene make-up and your disease

progression. So, you know, a lot was learned over the decades about meds. And the good news is we have, you know, PrEP. Whether people would consider that a vaccine, per say, probably not, you know, which also makes you nervous about COVID. Well, if we'd been pouring money into the research around HIV for decades --

LB: Yes.

CV: Now, granted, we're using all kinds of fast track, sped up processes and collaborat-- I mean, all great. But, you know, people are just assuming there's going to be some vaccine. [01:01:00] Like you're going to take a little piece of tab off a packet and pour it in water, and away, you know --

LB: Yeah.

CV: -- COVID's going away. Not going to happen that way.

LB: Yeah.

CV: Well, I won't get on my soap box. And, I mean, you go down and you go -- I went to a beach and I walked onto the beach, and I looked down one side, and there were - people were packed on top of each other -- no masks, running around. I said, "I've just got to turn around." I said, "This is my favorite beach. I'm leaving."

LB: Yeah. Yeah. No, that's true. We went out to - we had to go to a doctor's appointment that Trish had -- and it was

pretty important, and so we had to go -- it turned out to be everything was fine, but we had to go to the doctor. And we really haven't been out.

CV: Oh, right. Right.

LB: She's a very high-risk, and, you know, I'm over sixty. I'm at risk too. But she's a very high-risk. And so, I mean, I'm just scared --

CV: Yeah.

LB: -- because I can't count on people to do the right thing.

CV: Yeah. [01:02:00]

LB: We had to go over to the (laughs) community center, where my car - one of our cars is parked in the garage there, and it has to be inspected -- the battery's run down, because we haven't used it in so long.

CV: Of course.

LB: So we had to go get the mileage for the inspection.

CV: Yeah.

LB: So I had to go into the parking lot. And to get into the parking lot, I had to walk by about twelve people. And maybe three of them had masks. And I was mad. I actually climbed over the wall so I wouldn't have to walk by these people. And I get to the car and look at the odometer, and I can't see it, because the battery (laughs) is --

CV: Oh, right. Right. Right.

LB: So then I'm like (laughs) okay, well that's not an option.

But I was --

CV: Yeah.

LB: -- really [pretty?], "Well, you know, you didn't have to climb over the wall." I said, "I did. There were all these people there. I couldn't get through. There was no way I could have gotten --"

CV: Yeah.

LB: You know, the alternative was to walk all the way around the garage. [01:03:00] And then I would have passed a whole bunch of people that way too.

CV: Yeah.

LB: So it's very frightening, I think, and it's as frightening as finding out that people then during the AIDS epidemic were not testing and were not using condoms.

CV: Yeah.

LB: And I knew that there were people that --

CV: Yeah.

LB: -- Steve Black died of AIDS.

CV: Yeah.

LB: And it was really late. I remember, it was just a little while ago --

CV: Yeah.

LB: -- like (inaudible). And I don't think - I knew Steve well enough to say that I don't think he knew he had it.

CV: Or, it's very likely, because he was young enough, that he would have been in an age category that wasn't around for the first wave. And so it came in after it was - after all your friends had died. So he got it in I think after --

LB: Yeah.

CV: -- the tail end of all that.

LB: Yeah.

CV: So it wasn't as in your face as much. You know, when you're walking to the club and you see six people that are ready to fall over [01:04:00] dead, you know, your awareness of AIDS is pretty high.

LB: Sure.

CV: If you don't see anybody who's carrying AIDS, and if it's not in the press, and it's not in your face all the time, eh, you know. And that was a worry, and still is. I mean, a lot of the people I lecture to -- "lecture to" in quotes -- about safe sex, you know, are the ones that are in their 30s --

LB: Yeah. Yeah.

CV: -- you know. Thirties and forties, because, you know, they were in that section of time where it wasn't a big deal.

LB: Yeah.

CV: And they're watching porn sites where there's all unprotected sex on these porn sites. So they say, "Okay. Everything must be good."

LB: Yeah.

CV: And, "No, it's not," you know. "It's not eradicated."

LB: And there's also the reality that if you get the disease and you never get tested and you're not treated, [01:05:00] then you're going to die.

CV: And you're going to infect a whole lot of other people.

LB: Right. Right. Did you come in contact with people who were -- I mean, testing became more of an issue and more available -- and certainly more available now, with the rapid test. It's so easy now, in comparison to the way it was. But, you know, how were people advocating testing at that time?

CV: Well, I mean, it was the basics. Well, you know, your partner, or if you've had unprotected sex with somebody who you don't know, you know, you need to go get tested.

LB: Yeah.

CV: And there was the usual reluctance, because - for two reasons -- number one, "Oh, they're going to tell me I'm going to die. So why should I be in a hurry to go hear this news?" Number one, because there is no cure.

LB: Right.

CV: Number two, "Oh, now my parents are going to find out."

LB: Yeah.

CV: So, "Oh, my work is going to find out." [01:06:00] Or, you know, "Somebody else is going to find out." So it had at least two stigmas to it that would have kept people not running out the door to go get tested.

LB: I think --

CV: You know, they didn't know what it -- you know, "Do I have to like be signed up? Is my name going to be on some board some--" you know. In early days, there was just no information about, you know, how confidential was this really going to be, can I trust these people, I don't even know who they are, it's not my family doctor -- our family doctor doesn't even know I'm gay. Now he's going to know I'm gay, or she's going to know I'm gay.

LB: Yeah.

CV: I mean ugh. It's just a whole mess.

LB: Yeah.

CV: Yeah.

LB: Yeah. And Dave Moyer was talking about disease tracking, you know -- once they had a positive person, they really had to say to them, "Okay, you have to tell us everybody that we have to notify."

CV: Yeah.

LB: And they were like, "Well you're going to tell them it came from me." So they're not going to tell them, but they [01:07:00] might (laughs) be able to figure it out --

CV: Yeah.

LB: -- you know. But we have to do this.

CV: Yeah.

LB: There's this, "Oh, you're putting this person at colossal risk."

CV: Yeah.

LB: But it's interesting -- what you just said about testing, and one of the reasons that people didn't get tested was that if they were positive, their family was going to find out, or their boss was going to find out, or their neighbors, or something like that. And that talks a lot to the fact that most people in those days were closeted to at least a segment of the population.

CV: Yeah.

LB: I mean there's you and me and Trish, who every single person in the world knows, you know -- you ran for office as an openly gay man. (laughter) But we're not - not everybody's like us. And --

CV: True. True. And, in some cases, thank God (laughs), you know. But, you know - and to be honest, you know, when I first came to the Valley, I wasn't out, [01:08:00] oddly --

I mean, believe it or not. And you have some personal experience with this, too, in that I used two names -- the Charlie, and the Chuck.

LB: Yeah.

CV: And, growing up as a kid, I was always Chuck, because my father was Charlie. And then somewhere along the way, in high school, the same kids that used to call me Chuck started calling me Charlie. I don't know how that happened. It just happened.

LB: Yeah.

CV: So I became a Charlie, and I was a Charlie all through college and grad school. And then when I moved here, I was a Charlie. But then when I started going to the Stonewall, I said, "Hmm. Maybe I'll be a Chuck here."

LB: (laughs) Oh, that's interesting.

CV: So when I hear someone call my name --

LB: Yeah.

CV: -- I know where they're coming from. (laughs)

LB: I get it.

CV: How I know this person.

LB: Yeah.

CV: So that was the beginning of all that. And that, of course, all collapsed once, you know, Jimmy moved in, and, you know, people started coming here, and they would hear

him call me Chuck. [01:09:00] And they would go, "Who's that?" And, as more gay people came out at Air Products, the ones who knew me from the Stonewall as Chuck then all of a sudden went, "Wait a minute. Who's this Charlie guy? Is it the same guy we know, you know? How come he's got two names?"

LB: Yeah.

CV: And, as it turns out, there were lots of people that I met -- mostly guys -- who had two names. But it was more of a childhood thing, you know -- their real name was Harold, but --

LB: Yeah.

CV: -- all their friends called them Butch. And their real name was Paul, but his family called him Skip, you know. And it was all these --

LB: Yeah.

CV: -- there are versions to that all over the place, but mine had just a slightly different twist to it. And then I finally said, "That's enough," you know. (laughs) I can't (inaudible), and there's no reason for this to be. So it didn't have to be this complicated.

LB: But the circumstances Jim, of you living with Jim -- and then really Jim dying, too -- really must have put you into the light, in terms of that you were gay. And did you find

that there was problems with that? [01:10:00] I mean did that happen?

CV: Well, no. I mean I think people knew way before he died --

LB: Can you move the microphone?

CV: Oh, I'm sorry. Am I muting it?

LB: Yeah.

CV: Okay.

LB: Something's rubbing ag-- there you go. That's good.

CV: Okay. What was that? What was bothering the sound before?

LB: (laughs) It's okay now. It's good.

CV: Okay. It was just my notes, and I didn't want to have to --

LB: Oh, yeah. No --

CV: -- (overlapping dialogue; inaudible).

LB: -- that's what was happening. So you've got to --

CV: Yeah. So I had them up on the keyboard -- who knew that I had it on top of the microphone? I didn't know -- in fact, I never even knew where the microphone was on this bloody thing. Anyway. So people knew. I mean, again, when he was not sick, we would have parties here at the house, and there would be company parties, and I would bring Jim. So, you know, again, it was before rainbow flags out in front of the house things, but people drew their own conclusions.

They said, "Okay, that's his date. And that's his date then, and again it was his date next time" --

LB: Yeah.

CV: -- "and five years later, he's still the date. [01:11:00] Maybe this is something going on, okay." (laughs) So, I mean, people just drew their own conclusions. And I never, again, I used to make people uncomfortable, because whenever they asked me about my experience being discriminated against, I'd say, "Well, you know, I'm discriminated against more because I'm five foot two than I am" -- (laughter) because I just never felt discriminated against being gay --

LB: Yeah.

CV: -- you know. But seriously. At least in those days, and in the Air Products mentality -- I mean there was the physical, "This is what you look like," if you were going to be a senior manager -- "this is what you look like." And if you don't look like that, it doesn't make any difference what you are. If you don't look like that, you've got to perform your way into the circle.

LB: Yeah. That's a good point.

CV: So I just performed my way into the circle --

LB: Yeah.

CV: -- and got there. And then they said, "Well, how did he get here?" you know.

LB: Yeah.

CV: And then - oh by the way - and then they wiped [01:12:00] the sweat off their brow, and said, "Well, thank God. Because we needed a gay senior manager. (laughter) So aren't we lucky. We didn't have to go" --

LB: You totally balance it out --

CV: -- "look for one."

LB: -- though by not having a high, squeaky voice. So that's the --

CV: Oh, yeah.

LB: -- you get away with being your height if your voice is like yours.

CV: Well there's a funny story about that, too. And a lot of the vendors I would deal with in the IT community would just know me from the voice on the phone.

LB: Sure.

CV: And then they would come to the office to come meet me, and then they would always be, "Well where's the guy on the phone?" Like looking over my head like there was somebody else in the room.

LB: Oh, that's funny.

CV: I said, "No, this is the guy on the phone." (laughs)

LB: Yeah.

CV: "Oh, wow."

LB: But, you know, in terms of discrimination -- and I've talked to a lot of people about this -- I mean there are some very significant instances of discrimination that are not unique circumstances, with regard to somebody, you know, throwing a brick through your window with "fag" --

CV: Yeah.

LB: -- written on it or something. But let's face it -- you couldn't marry him. [01:13:00]

CV: Right. Right. At least not then.

LB: And that would have been a very different thing. And when, you know, Steven Olofson died -- did you know Robert Rousch and Steve Olofson?

CV: Yeah.

LB: And Steve died of prostate cancer, and it was a long time, and at the end he was in hospice care. And Robert did a program for me -- Robert said -- this is relatively recently -- he said, "If I hadn't been married to him, I don't know how I could possibly have gone through this."

CV: Yeah.

LB: Because every single day, somebody would come in and say, "Well, who are you?" In hospice, you know --

CV: Yeah.

LB: -- go in his room, or making decisions for him -- because he was really not able to make decisions for himself anymore. And he would say, "I'm his husband." And then they'd just be done with it.

CV: Yeah.

LB: Because he could make legal decisions himself.

CV: Was that pre or post-HIPPA?

LB: Oh that was just, this just happened.

CV: Okay. [01:14:00]

LB: I mean this happened -- I don't know -- three years ago, maybe four years ago. I think --

CV: You see, I don't --

LB: -- it's been (inaudible) since Steve died.

CV: Yeah. Because I think again, back in the --

LB: Well, that's a good point -- the HIPPA --

CV: -- nineties.

LB: Yeah.

CV: I mean, if you want to know who was in the hospital, you can just ask the lady at the front desk (laughs), you know --

LB: Yeah, that's true.

CV: -- "What room is it? Okay, thank you." Off you went, you know. But you did remind me that I was in the room when they had an attorney -- the hospital arranged to have an

attorney to come, and a notary, and we took care of the advance directives and the will and everything, out of his hospital bed.

LB: Yeah.

CV: I remember, you know, pre-making up the disbursement checks -- he wanted handed out --

LB: Yeah.

CV: -- and having him sign them before -- he authorized me as his power of attorney. So we did all that at his hospital bed. And there was no, I mean, yeah, we weren't able to be married -- but, again, in those days, the regulations [01:15:00] about who could come to the room and who could be providing help or providing care was not so rigid as they are now.

LB: Except for that they could have said, "You can't be in here."

CV: Yeah, they could have.

LB: You could have had somebody -- because that actually almost happened to me. Trish was in an accident, and I rushed to the hospital. She was in the hospital, and she was knocked out -- she was injured. And I tried to, you know, I was in the hospital room with her. I wanted to stay there all night. They said she had a major concussion -- she could die in the night or something. I'm not leaving.

CV: Yeah.

LB: And then I was helping to fill out the form, and they said, "Well, do you have a power of attorney?" And I said, "Yeah. I have it in my pocket."

CV: Yeah.

LB: Because I never went anywhere without it.

CV: Yeah.

LB: And I had it in my pocket and they said - Because they were going to throw me out of the room.

CV: Yeah.

LB: And that was a long time ago -- I mean it was about 20 years ago. But I think that the significance of that was that [01:16:00] if it had been somebody who was the decision maker at that moment. Had they been somebody who was extraordinarily anti-gay --

CV: Yeah.

LB: -- or really fearful of HIV/AIDS, they could have just said, "You have to leave."

CV: Yeah.

LB: So, you know, you can be in a circumstance where -- one of the things that -- this has become really apparent to me -- is that the Lehigh Valley really had an excellent response to AIDS --

CV: Oh, absolutely.

LB: -- compared to other communities --

CV: Yeah.

LB: -- that were terrible about it, and just let everybody die, and, you know, discriminated against them, and wouldn't--

CV: Yeah.

LB: -- bury them, and that kind of stuff. They just turned it's back on the entire gay population -- gay, male population --

CV: Yeah.

LB: (overlapping dialogue; inaudible). But the Lehigh Valley --

CV: Yeah.

LB: -- and part of it was because that community center existed already, I think.

CV: Yeah.

LB: So there was --

CV: There was a community organization, and then quickly [01:17:00] following it was FACT, and then the bar organizations as a fundraising machine --

LB: Yeah.

CV: -- for the summer games and other things. And then you had the beginnings of the AIDS Services Center --

LB: Yeah.

CV: -- and they had social services wrapping around. And the AIDS Services Center really being driven by the hospital system.

LB: Right, right.

CV: So you had the medical community engaged with the gay and lesbian community organizations. And it did kind of come together probably as a model way of dealing with an AIDS epidemic in that era, and probably on the -- you know, outside of San Francisco and New York -- may have been -- may well have been in the forefront.

LB: I think so. I think so. And part of that was there was a large part of the community that was out --

CV: Yeah.

LB: -- and would be activists --

CV: Yeah.

LB: -- who would stand up to be activists. And HIV -- I mean, when you'd have a common enemy like that -- because this was the problem -- you are in a situation where people are [01:18:00] banding together to help each other. And, you know, before that, I think there had been a sort of division between the gay, male population and the lesbian population. And this kind of brought this together, in terms of a force of people who were there to help each other.

CV: Yeah.

LB: And after that - I mean even the fact that we had three gay bars --

CV: Yeah.

LB: -- or we had two gay bars in nineteen eighty-five -- just meant that people had a place to go every week --

CV: Yeah.

LB: -- every day, if they want to -- to be around other gay people. And --

CV: Yeah.

LB: -- that's what it was. And it wasn't - and these weren't like little back rooms where like nobody knew they were there.

CV: Yeah.

LB: And I've been to bars -- I went to bars like that.

CV: Yeah, yeah.

LB: But, no, these were very - there was a very strong community and leadership within the community that was significant, I think.

CV: Yeah.

LB: And not just one leader, too. [01:19:00]

CV: Right.

LB: It was not just one person that was doing stuff.

CV: Yeah.

LB: And, in many cases, there were communities where the one person had AIDS and died, and that was the end of the whole circumstance of activism.

CV: Yeah. Yeah. And in organizations where there's not a lot of death, and they're dependent on one charismatic leader, and, you know, it's all defined by the one person, and then the one person goes --

LB: Yeah.

CV: -- and everything else goes too.

LB: Yeah.

CV: Yeah.

LB: Well, we're coming to the end. We've got about ten minutes left.

CV: Yeah.

LB: So, you know, I've talked to a lot of people about how this archive -- so this is all going to be archived at Muhlenberg.

CV: Yeah.

LB: And we've given all the papers -- Dixie White's papers -- fourteen boxes of Dixie White's papers went over there --

CV: Yeah.

LB: -- in just the last -- and I had a whole bunch of stuff from her -- and our papers and everything have all gone to Muhlenberg to be digitalized and stuff -- and we've been

working on that for four years. [01:20:00] It's in
conjunction with the community center. We actually own it
--

CV: Yeah.

LB: -- but they're doing the work on it.

CV: Right.

LB: We generate the grants and stuff. And so this particular
project is coming out of Muhlenberg - or is coming through
Muhlenberg as well -- it's going to be digitalized. And so
there's a really good chance that, you know, thirty or
forty or fifty years from now, somebody's going to see
this.

CV: Okay.

LB: So what do you want to say to them about that time, and
maybe about this time too? I mean you've said a lot, so if
you can't think of anything, that's fine. (laughter)

CV: Well, you know, the question you're asking is "What would I
tell my thirty year old friend thirty years from now?"

LB: Yeah.

CV: Hmm. Well part of it is that, you know, there's a whole
bunch of messages now that are flooding through my mind.

LB: (overlapping dialogue; inaudible).

CV: (laughs) And some of it is tainted by our current
situation. But at number one -- [01:21:00] I mean, I'll

quote some of Tom Friedman, from yesterday's *New York Times* -- you know, science. There's this thing about science. So when you're dealing with disease, diseases are a function of science. So if you want to understand the disease, you've got to understand the science behind it. And that doesn't come from whatever the thirty year version of Facebook looks like, it doesn't come from the thirty year version of Twitter, it doesn't come from the thirty year any of those things. It's going to come from the science organizations and the researchers who are leading this charge --

LB: Yeah.

CV: -- and they're not going to know everything on day one --

LB: Yeah.

CV: -- they're not going to know much more than anybody else on day one --

LB: Right.

CV: -- and it's really the caliber and the quality and the robustness of the intellectual science community, globally, coming together to go solve the diseases of the future. I mean that's how this one -- this COVID thing -- is going to get addressed, hopefully, and solved. [01:22:00] And that's what was lacking thirty years ago in the AIDS world is that, you know, the community, the research and science

communities were scattered. They had no way of collaborating other than a phone call, or mailing -- God forbid -- mailing a research paper from one place to -- maybe fax. You could probably fax it, you know. But that was the extent of the network back in those days. And so now we'll have a whole more robust communications world -- and that will be even much more easy to use and abuse -- that we have today. So one message is to leverage science, and make sure they have the tools and the technologies to help them work together on a global basis to solve, you know, whatever the disease problem is of the future.

LB: Yeah.

CV: Secondly is when there's a disease, you've got to learn what it means to you. You've got to figure that out. And you're not going to read it by, again, by listening to a Facebook post about what it means to somebody else. No. [01:23:00] You've got to unplug the things out of your damn ears and sit down and do some pondering, do some reading, and figure out what this disease means to you, to your family, to your friends, what are the risks to you, personally, and to the ones you love --

LB: Yeah.

CV: -- you've got to understand those risks, understand the science, and then you take your responsibility --

LB: Yeah.

CV: -- just like you did, jumping around the parking lot to get away from people.

LB: Yeah.

CV: You can take responsibility to manage your exposure to that disease and your reaction to it. And, yeah, the government may come by at some point and, you know, hand out masks and whatever. But if people don't take the personal responsibility to put the damn mask on --

LB: Yeah.

CV: -- you know, it's macht nichts. It doesn't make any sense. So those are my nuggets -- my nuggets for the thirty years in the future.

LB: Okay. I'll give you one more opportunity to comment on this, because when we talk about the difference between AIDS and COVID, [01:24:00]the stigma- one of the problems with the stigma of AIDS in the nineteen-eighties is that, governmentally, even the science world was not as desperate to deal with the disease and the cure for it, because it was affecting a minority group that they didn't like very much. And that can happen in other circumstances as well. You can have - this is only affecting poor people in Africa.

CV: Yeah.

LB: Or it's only affecting poor people in the United States --
in the slums of the United States.

CV: Yeah.

LB: So should we rush to figure this out? Or is it not as
important? Now, right now, COVID is kicking everybody in
the head.

CV: Yeah.

LB: Well everybody in the science world is trying to figure it
out, which is pretty significant. So we may accelerate the
understanding of this disease, simply because every
scientist is working on it, as opposed to HIV/AIDS, where
nobody even mentioned it for two years, you know, in a lot
of those. [01:25:00]

CV: And this is more complex.

LB: Yeah.

CV: And one of the key differentiators -- and may be the key
differentiator -- and this is going to sound terrible --

LB: Yeah.

CV: -- is that HIV/AIDS did not pose an economic impact --

LB: Yeah.

CV: -- regardless of who -- regardless of who it was.

LB: Yeah.

CV: If it was only attacking senior people in the senior
center, you know, period, and no one else -- even if there

were ten times the number of AIDS cases, there was not an economic impact.

LB: That's a good point. Yeah.

CV: The accelerator, for now, why this global thing is -- is the globe shut down.

LB: Yeah.

CV: Well, you can't do that.

LB: Yeah.

CV: Now, it made the environmentalists happy. I mean, from a guy who spends his time four months in Jamaica, it made me happy for Jamaica, because the environment there gets a chance to breathe.

LB: Yeah. [01:26:00]

CV: But, you know - and here. I mean the air cleaned up here, you know, the noise. But the economic impact is the killer -- that's the deal. And I might be biased, but my vision is- my perspective is that it's the economics that drove this free-for-all, go after the virus.

LB: I think that's very --

CV: Yeah.

LB: -- very reasonable.

CV: I mean I think --

LB: But, economically to figure out that the way to slow this down is by wearing masks is ultimately going to make

everybody have to wear masks. Yeah. It is often always about money.

CV: Yeah.

LB: It's about the economy, it's about greed, it's about -- but also, you know, I mean you said, "Well this is better for people." But you could say, "Well, look, you know, we're talking about fifty-thousand cases a day now." So if we've got fifty-thousand cases a day -- and that's an exponential thing. It's not fifty-thousand cases every day for the rest -- it's going to be fifty-thousand(inaudible). Pretty soon, it's going to be a hundred-thousand cases a week.

[01:27:00] And if that happens, somebody in a governmental situation is going to say, "Okay, now everybody has to wear a mask, we have to shut down. Otherwise, we're never going to stop this. So we have to -- I don't know -- evoke martial law." And people could say, "Well I don't want to do that." Well too bad --

CV: Yeah.

LB: -- because there's money involved. And sometimes that really makes the difference. I think that is the case.

CV: Unfortunately, it's sad --

LB: Yeah.

CV: -- because, you know, the forty-thousand who died because of COVID, you know, are no more or less important than the forty-thousand who have died in AIDS.

LB: Sure.

CV: Those lives are the same lives, you know.

LB: Yeah.

CV: And the forty-thousand, plus, that died from car accidents, and all the other things that people die from. But none of those things shut down the globe.

LB: Yeah. Yeah. That's true. [01:28:00]

CV: Okay.

LB: That's very true. Well you've been brilliant, as usual.
(laughter)

CV: That's just because my shiny head is in the light above me.

LB: Not at all. Not at all. (laughter) [Actually?] it's a terrific picture, really good -- your house looks great.

CV: Oh, thank you.

LB: I think I could practically see it if I just look like this -- because I'm on my third floor, looking out the --

CV: Oh, yeah. Okay. Okay.

LB: But I really appreciate this, and I do want to say, for posterity, that Charlie Versaggi, or Chuck Versaggi -- either one -- has been an enormous, significant beacon, with regard to not only the work that codified the fight

against AIDS in the Lehigh Valley, but working for the civil rights of people in the Lehigh Valley. Because you did some really important things right at the beginning, including -- I remember in nineteen ninety-eight when we were fighting for a passage of the ordinance that you got I think the vice president [01:29:00] from Air Products to come and speak. Do you remember that? And you said, "Yeah, I could do it. But here's this guy" --

CV: Yeah.

LB: -- "really high up in the" --

CV: Yeah.

LB: -- "corporation." And that was very significant that that happened -- and that's just one of dozens of things that you've done I think that really mattered. I really appreciate that very much, Charlie.

CV: Oh.

LB: Thank you for all the work you've done. So, you know, that --

CV: I spend my time on things that are important.

LB: Well I really appreciate that, and I hope that we can -- I'm going to turn off the thing now, but I really appreciate all the work you've done. Let me turn this recor--

END OF AUDIO FILE