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Lorraine: Okay. Camera is rolling, audio is rolling. So anytime you're ready Laura.

Laura Browder: Okay.

Lorraine: We're good.

LB: I'm ready. Let's start with you just telling me your full name and the date today.

Jim Beckner: James G. Beckner, Jim, please. And today's date is November 17th, 2017.

LB: Tell me something about your childhood, where you grew up, how you grew up, your family.

JB: Grew up in the western part of Virginia in a very small town called Rockbridge Baths, a very rural area. I grew up on a farm. Rockbridge Baths is a great little town. It's where the road gets wide and there happened to be enough space to put the post office.

LB: So you grew up there and then what happened next.

JB: Went away to school. I was a school teacher in Bath County, Virginia, further west, for about three years and felt a need to do something different. At that time Elisabeth Kubler-Ross was trying to start her hospice for children with HIV in Highland County which was the next county up from Bath. And resistance is a mild word. Her animals were shot. Her home was shot into. The resistance was pretty significant and severe. And that's what planted the seeds in my head that I needed to go and do something different. Moved to Richmond to attend the Presbyterian School of Christian Education.

LB: And what year is this approximately?

JB: That would've been 1987. And knew that I wanted to do something in social advocacy and that that was my calling. Very quickly when I came to Richmond, got hooked up with Richmond AIDS Ministry and RAIN as it was called then, the AIDS and HIV program of Fan Free Clinic, Richmond AIDS Information Network. Received my first training from RAM in about 1987 and began volunteering with Fan Free, or RAIN, that year. Finished my work. Came on staff at Fan Free Clinic, again RAIN, in 1989 as... I don't even remember what my first title was because it changed a couple of times between the time I was hired and when I actually came into the building. I do remember my first... that was one of the first things I was told is, "You cannot miss this specific meeting. You have to be there for this meeting." It was our United Way allocations panel and the money folks, they came to the agencies then and had your agency funding meeting with you. And I was told, "That's a very important meeting. You cannot miss it." And I didn't. I was there. The meeting had started and we were about ten minutes into the meeting and there was a knock at the door. And got called into the hall and I was trying to tell the folks that, "No... no..." And was told that my wife was in the throes of having our first child. So I had to leave the meeting and did. Linley was born the next day. The fun thing was is that that cemented our relationship with our United Way allocations panel because of course the next time we met there were pictures and there were always questions. Our key volunteer at that

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time was Grace Mercer Ginn. And that was the first time that I had met Grace. Grace went on to have a very significant involvement over the years with Fan Free Clinic. Came on the board, was board president, was chair of the board during the time that we purchased the facility here on Thompson Street, helped us with the capital campaign to renovate this building, and saw the agency grow through some really tough times. It's why the auditorium next door is the Grace Ginn auditorium.

LB: So tell me more about AIDS in Richmond at that point, when you first got connected to the epidemic. How did you first learn about HIV? And what was your experience with it when you came here to Richmond?

JB: My first experience was when, as I mentioned earlier, when I was a teacher in Bath County. Elisabeth Kubler-Ross was trying to open a hospice, if you will, for children with AIDS. I didn't know a lot about it, but I knew that the treatment that she was receiving and the fear that was surrounding her wasn't right, and something needed to be done. So which is why when I got an opportunity to go to a training, I jumped on the opportunity and joined Fan Free, or Richmond AIDS Information Network as a volunteer.

LB: Now, what kind of training was that that you received? What was it like then? Can you paint me a picture of what the epidemic was like in Richmond when you arrived and began your training?

JB: We didn't know a lot. It was right at the time when we had just discovered the name of the virus itself. 'Cause prior to that it was HTLV3 and I don't know what that stands for. But they had just renamed it to HIV. The word AIDS had just come out a year or so earlier. Before that it was GRID or "gay cancer." We didn't know a whole lot. We knew how it was and was not transmitted...pretty much? But we weren't exactly sure. We knew definitely some ways that it was transmitted. And we knew some ways that definitely it was not. But there was also a lot unknown. As far as treatment—we had very, very little. When I started we had one medication—AZT—and that was it.

LB: And tell me, I remember AZT, but can you tell me something about what that treatment was like because if I am recalling correctly, there were a lot of side effects.

JB: There were. Keep in mind, like I said, it was all we had.

LB: Yeah.

JB: But the side effects were horrendous for some. The cost was exorbitant. We then added DDC and DDI shortly, in the next two to three years, so that would've been in the early 90s. Those medications also had side effects. As we began to develop more and more medications, we encountered problems with adherence. Because there were *so* many pills and on so many different schedules that it became almost impossible for someone to keep up and take all their medications correctly. So that was a challenge. At the time, of course, there were tons of experiments going on. At MCV or VCU, now VCU Health, a lot of very important medication trials looking at old medications in new ways, trying new medications, which meant a lot of our

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clients were in those trials. Some of them went well. Some of them were horrendous. One person, I remember, who was a strong advocate with RAIN and volunteer, a person living with AIDS at the time, a great speaker, public speaker for us, in his final days was taking an experimental medication. One of the side effects was that he, I think, the medical term is...began to denude. His skin began to fall off his muscles, a horrendously ungodly painful result. And he told his nurse practitioner...he refused morphine because someone told him that it would mess up the test results, or the results from the trial. So he saw it through. And he died refusing morphine so that somebody else, so that those after him, would benefit from clean data.

LB: It's almost unimaginable.

JB: There were amazing and beautiful unsung heroes during those early days. People who made literally the ultimate sacrifice so that those who came after them might not have to go through everything they went through. Amazingly wonderful people.

LB: Tell me about some of them.

JB: The early day of the AIDS crisis was... AIDS became a catalyst, an amplifier, it brought out the best in people and it brought out the worst in people. Whatever a person was at their core being, is what AIDS and HIV amplified. We were a primarily volunteer-run organization and we had amazing people who gave up their time, who jumped in at a time of uncertainty, even though when the medical community was saying, "This is safe. This is how it's transmitted. This is how it's not"—there was still a lot of uncertainty. And these volunteers stepped up and stepped in and did everything from answering the phones to painting the walls to serving as advocates for persons with AIDS. And that was a job that meant going to social services and having to navigate paper work, serving as an advocate within a health system. Literally advocating for whatever they needed. Lots of times it was just providing companionship and company on an afternoon. There were amazing staff. And the persons whom we were fortunate enough to serve—many were amazing people.

A woman, whom I will call "Essie," came to us in the medical clinic because she was... I've forgotten what the initial complaint was... oh... she thought she might be pregnant. We noticed that she had some severe physical issues. Walking was very difficult for her. We found out indeed she was pregnant. Well then we found out the rest of her story, that she had been raped and her assailant had run her over and left her for dead. She was found, taken to the hospital, cared for, did not address the violence part of her care, until she came to us. And indeed she was pregnant as a result of the rape. We lost track with her, of her, for a while. And she came back a couple years later because in the process of a surgery to correct some of the broken bones in her leg, the surgeon had nicked himself, or herself, I don't remember, and had gotten an HIV test. It was then that Essie found out that the man who had raped her and run her over, had given her much more, but had also given her HIV.

Essie became an amazing volunteer, and a very resilient, beautiful personality, a great speaker. She answered the phone, the hotline, in those early days. She was a public speaker. She served as an advocate for other persons living with HIV or AIDS... a great woman. There was one particular day, an August day, typical Richmond August day, hotter than blue blazes, and a

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humidity of about 120% it felt like. I heard her coming down the hall. She had a very distinct walk because of her leg, and it was a slide—thump, slide—thump, slide—thump. And she came in the office, my office, which was the food pantry, in the tiny little room, it was the kitchen pantry in the house that we were in at the time, and she put a Pepsi down on my desk and she said, “You looked hot, so I went and bought you a drink.” Now she had to go two blocks away to the market, in that heat, to buy a drink, with money she didn’t have and make the difficult walk all the way back to give me a Pepsi. That is the kind of person that we were so honored to serve. Amazing, beautiful people. Who had their lives taken away from them way too early. And in very harsh and ugly ways.

In those early days, when a person came to us, it was going to be ten to eighteen months and we knew that that was all we had with that person. So we had a lot to accomplish in that period of time as far as social services, getting benefits if they were eligible, understanding everchanging, rapidly changing, medical treatments, trying to find housing. And it didn’t stop when the person died. Because at that time, funeral homes, funeral directors, wouldn’t touch the bodies of persons with AIDS and HIV. Funerals themselves often times were horrible because when a person died is oftentimes when the family found out that the person had AIDS, and it’s when they also found out other things about the person. Perhaps it was their sexuality, or a history of drug use, or rape, or sexual activity. So those were difficult times, but around that were amazing staff, even more amazing volunteers from the community, and clients themselves who volunteered to help others to make it work. And it did. We pieced it together.

LB: And just give me an idea of the scope. How many clients were you serving then? How big was Fan Free Clinic in those days?

JB: You know... in the early days it was between one and two hundred and it grew from there. As medications got better and treatments got better and life expectancy got longer, needs intensified and diversified. All of a sudden housing issues became much more complex. It’s when we opened the food pantry. Our case management program changed. We brought on housing programs like HOPWA, the early financial assistance case management, to help people longer term with housing issues. It was a very rapidly changing and very dynamic time for everybody involved.

LB: And was AIDS, by that point, almost the focus of Fan Free Clinic’s work? I mean I know you did everything for everyone, but how much of a role did AIDS treatment, in all of its complexity, HIV treatment, have during those years?

JB: Interestingly enough, the one thing that Fan Free did not do—we did not treat HIV or AIDS medically.

LB: Interesting.

JB: We had a great resource in the community, one of the strongest in the nation, of the ID clinic at the Medical College of Virginia, and at VCU Health. We had a few community physicians who were on the leading edge of AIDS and HIV treatment. So Fan Free did not get into the medical treatment but concentrated through a program, the Richmond AIDS Information

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Network, or RAIN, on the social services side—on case management, on financial assistance, on food assistance, and advocacy, those kinds of things.

LB: Now can you tell me the names of some of the physicians that you were working with then who were so central to dealing with HIV and AIDS from a medical viewpoint during those years?

JB: The one person that... there were several... and I'm trying to think... I can see one but I cannot remember his name. One physician who really stood out was Dr. Larry Jurnen. Lawrence Jurnen [00:20:41 unc. name spelling], who was a volunteer with Fan Free, was an infectious disease and tropical disease, I think, specialist, a community-based physician, had a large AIDS case load, brilliant man. Also served as the medical director on the clinic side for Fan Free Clinic for a number of years. To tell you the kind of person he was—I went to visit a friend in the hospital on a Sunday afternoon who had just had a Hickman catheter put in, which was one of the no-so-great milestones in the disease progression; it meant that things were getting worse. And you had mile posts. And this was not a good one. So I went to see him on a Sunday afternoon and I walk in and there is Larry Jurnen [00:21:44 again unc. name spelling] with the book called *The Giving Tree*. My friend was in the bed. Larry is sitting on the edge of the bed reading *The Giving Tree* to him. That's the kind of human being that Larry Jurnen was. That's the kind of person who came to the forefront and who made what RAIN and Fan Free did and were possible. Beautiful, amazing, dedicated people in the community.

LB: It sounds like some incredible years.

JB: Yes, they really were. They were exhausting. They were horrendously trying, because people came and people died. There was a lot of death. That was hard to deal with. But at the same time there was an energy in the community of care providers, the community that was Fan Free Clinic, the community that was RAIN, that held up and supported one another and made sure that... we all made sure that the rest of us kept going.

LB: I was talking to Sarah Monroe yesterday and she said that she had a huge drawer full of letters that AIDS patients had written her during the course of their illnesses. And did you have a similar kind of experience that people would communicate these very complicated experiences that they were having with you?

JB: People shared the most intimate parts of who they were, you know, their story, their soul, with us on a daily basis. And you realize that in your hands you hold the most precious gift that that person has to give. And that is at the very core of who they are. And they share that freely. Fan Free and RAIN were a safe space. We, as an organization, stepped out into a place where no one else stepped at least for a while. When it was unknown, when we didn't know if it was safe, Fan Free and RAIN and the volunteers, stepped into that space anyway.

LB: Tell me about some of the challenges that persons living with AIDS or even having died from AIDS faced in the less safe space around Fan Free Clinic.

00:24:46 **JB:** If it became known that you had AIDS or a person who had AIDS—they could literally lose everything. There were no protections. This was before the protections of the ADA. They could lose their house. They could literally have everything put out on the street in a moment. They lost their family. They lost their friends. They lost their loved one. They lost their jobs. If your employer even thought that you could possibly have AIDS and HIV—you could be fired. We had folks who were fired simply because they were gay. And the fear was that they had AIDS and HIV. So there was always the threat of violence against persons with AIDS and HIV. Finding a physician who would treat was very difficult. Even in the best of circumstances and in the best of facilities, there were difficulties.

I remember going to see a woman who was an amazing volunteer and client of the agency in a local hospital. And her door had the giant, big, red sticker on it that everybody knew was AIDS. “Don’t go in this room.” You had to glove-up, and put masks on, and gowns, just to enter the room. And her food for the day was sitting on the floor beside her door. The dietary staff had not taken it in. But worse than that, the medical staff had not bothered to pick it up and take her food in to her. She sat for an entire day. ‘Cause I got there early evening. And the day’s food was sitting on the floor by her door.

00:27:01 Even once a person died, funeral homes wouldn’t touch the body. They wouldn’t embalm. They wouldn’t transport. Some would cremate, and that’s the most that they would do. Funerals were oftentimes horrible things besides the obvious reasons, but because AIDS and HIV amplified and brought out all kinds of various issues, and because this was sometimes the first time that a family knew about any of these issues, a funeral was a horrible meeting place for all of those things and for all of those people to come together. If there was a partner, that partner was blamed by the family, and hated by the family because, “You did this to my child.” You know, that was the presumption. Or perhaps a family didn’t know that their son was gay—all of that came out...at a funeral. If a person had issues with substance addiction—that came out. Even after death, it was still bad. Fan Free had great, and still does, has great policies, about confidentiality—to the point where as volunteers and as staff, we couldn’t acknowledge that we knew someone in public. As Fan Free became known as an AIDS service organization, or ASO, there became a public assumption that, “Oh, well if he or she knows that person, *they* must have...” So we couldn’t even acknowledge that we knew someone in public. They were very difficult times. But they were amazing times as well.

LB: You were telling me a story earlier about one client who died and whose family wanted his body sent home so they could do a funeral.

JB: Right. Slight... like I said, I came on as a volunteer in ’87 and on staff in ’89. I think it was around ’87 there was a gentleman who died, and his family wanted his body to come home. No funeral home would touch the body. No embalming, no hearse, no transportation. So the clinic paid for someone else, I don’t remember who, to rent a refrigerator truck and transport the body home across state lines so he could be buried with his family.

LB: I remember Karen talking about how Fan Free Clinic at one point had land that was donated as a cemetery because cemeteries were not taking people who died of AIDS.

00:31:01 **JB:** We had absolutely... we had a number of cemetery plots donated to us that we could use for folks who weren't allowed in their home church or back in their home community. We would then give that plot to that client, so absolutely. We had cemetery plots.

LB: Tell me about some of the relationships Fan Free Clinic had with other service providers in the city. Because it sounds as though an atmosphere in the early days was one of extreme fear, extreme hatred of people with AIDS. We were grappling with an epidemic. And this was not New York, right?

JB: Right.

LB: It wasn't San Francisco.

JB: Right.

LB: So tell me more about the context of all of these different organizations struggling with a hostile public, sometimes a hostile medical establishment, and I am imagining, although please correct me if I am wrong—very few of the kinds of supports that existed in cities like New York or San Francisco.

JB: There was a significant response in our community, a positive response. Groups became volunteers and fundraised. Our fundraisers at that time were not big grand and glorious fundraisers. They were small events that happened on a Friday night at somebody's bar or somebody's house or somebody had a dinner party and asked everybody to bring \$15. Those were our fundraisers. There were a few small organizations. As I said, when I started, my training, my initial training, was with a group called Richmond AIDS Ministry, which was formed... Fan Free was asked to take on more of a religious focus and perspective. And as I understand it, declined, because the tenet of the organization was to be nonjudgmental and welcoming any and all faith, and welcome people regardless of faith or belief, if they had any at all. So in the community there grew an organization called Richmond AIDS Ministry which obviously was very faith-based, that did a great job with putting together teams of volunteers to wrap around the client, called "Care Teams." They did a lot of education in various communities of faith. They had resource people in various congregations and synagogues and communities. They became sort of the... not sort of... they became *the* premiere housing organization for persons living with HIV. They had an initial house called a "guest house," for people to go towards the end of life. Now it would probably be called a "hospice house." Out of that they grew and got federal funds to build two beautiful homes, which they called "guest houses," which housed persons with AIDS. By that time it wasn't only focused on the end of life but was focused on living life. So folks stayed in those houses for longer periods of time. Brought in HOPWA funds which were federal funds set aside for persons with AIDS. It's Housing Opportunities for Persons With AIDS, was what HOPWA stood for.

There were tensions as well. Because there were limited resources, because the work that we were all doing was exhausting, and gut-wrenching—sometimes that came out in not-so-nice ways. But we got through that. I can't remember the time, but at a later time, Richmond AIDS Ministry was approached... excuse me... Fan Free was approached by Richmond AIDS Ministry

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to talk of merger. So we put a group together with representatives from each organization, and at the end of that process, a very difficult but good process, came up with a plan that the services of Richmond AIDS Ministry would be taken over by various groups in the community, and Fan Free would maintain Richmond AIDS Ministry as an entity until it went out of business. So we actually housed the executive director here in Fan Free space for a while, took over the housing, or their HOPWA program. The guest houses went to an organization called SRO Housing, which is now Virginia Supportive Housing, because they were the housing experts. They knew how to do housing and do it, did it, really well. So they took over those programs. Other organizations would come and go as folks would attempt to provide some sort of service. Maybe they had a house that they wanted to do their own adult living, congregate living, home. Different programs. The times... as I mentioned earlier... because AIDS had a way of bringing out the best and the worst, times were not always fun, intentions were not always good. Folks tried to take advantage. Once federal money started to come, folks would step up and create an organization in an attempt to get federal funds. Racial tensions became difficult.

I remember someone, a staff person from a hospital, standing up at a meeting and saying, about RAIN, that, “The wealthy and educated gay white men did not want to be, and nor were they going to participate, in a support group where they had to sit beside a black IV-drug-using lesbian.” And we, after we picked our jaw up off the floor, we explained that, for us, the unifying factor was that that the person had AIDS and HIV, that we all had things to learn from one another, and supporting one another was what this was about. Fast forward a few years—that very same person stood up in another meeting and criticized Fan Free as only serving gay white men and having no presence in the African American community which, of course, was false. Fan Free started Richmond Street Outreach Project, which grew and became its own organization with its own... got to the point where it became its own organization with its own independent board of directors, and did fabulous things in the city, particularly in the area of getting to the public sex industry, getting to the IV drug using community, getting into nip joints and shooting galleries. That program eventually came back to Fan Free Clinic, and Fan Free Clinic housed, actually took on street outreach for a number of years. It was actually a program funded by United Way for probably close to a decade.

LB: So tell me something about how Fan Free, in those days, and through these different organizations and subdivisions, reached people who were very very hard to reach traditionally, who were at high risk for HIV.

JB: First of all, in the late 60s and early 70s, Fan Free established itself as a safe place. The place where people could come and receive confidential and nonjudgmental treatment for a whole host of things. That reputation served us well during those early days. When it literally meant a person’s very safety to disclose that they had HIV or AIDS—Fan Free was a safe place for folks to come. Tell me again your question?

LB: How did you reach people at risk for HIV or already infected, who were traditionally very hard to reach?

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JB: Because of its history, as a safe space, and as a nonjudgmental space, Fan Free’s educational efforts started with folks from our client base who wanted to work with folks in their own

situation so that others didn't have to go through what they were going through. Fan Free proactively hired folks who were in recovery, who had had history in the sex worker industry, or who had significant addiction issues, folks who were known in the community to go back into and be in the community where they needed to be to reach folks at highest risk. The street outreach workers, I remember, the relationship was so strong with the community that the community members, when they would see them in their lime green t-shirts with Fan Free on them, would sometimes come and say, "You need to not be here today." Something was going to happen or there were rumors or it just wasn't safe. The community would protect the outreach workers. They would say... they would tell them where to go because the staff and the volunteers were a part of that community. Fan Free has always been very diverse in its staff and volunteer base as far as race and gender and sexuality and personal history. It's been... It's a very unique and supportive and nonjudgmental community that people in need recognize that. Fan Free, and now Health Brigade, has spent literally decades not only talking the talk, but walking the walk so that folks know, in their core, the soul of what Fan Free is, that it is a safe place. It is an accessible place. It is a place that will do its very best to do right by a client, whatever that is.

LB: So here's a question that I think you'll have many responses to: during the years at the height of the epidemic and the height of the fear, can you give me an example, or more than one, of leadership that you saw in the community, however you define community, as really strong and an example of leadership that was not so good?

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JB: The topic of leadership is always an interesting one. You have those leaders who are out front and they tend to be charismatic and wonderful and they carry the flag and they lead. Then you have those leaders who are around the periphery and who are quiet but are the fact and opinion leaders for their community. You have the informal leaders who may not have the title, but who are in charge of everything. I think all of those were true in the early days of AIDS and HIV. Fan Free and RAIN were definitely community leaders. You had the executive director at the time, by the name of Norma Chaunce [00:45:39 unc. name spelling], who was the director of Fan Free for years, but who started RAIN. Truly a visionary woman. Who pulled that off and planted the seeds and made that happen. Like all of us, Norma had strengths, and she had areas that were not as strengths.

I came after Norma in 1989 and there are a host of folks who will tell you that Jim had strengths and Jim had things that drove us nuts. There were folks all throughout the community, folks in the faith community, folks in the medical community, Dr. Lisa Kaplowitz was the director of the ID clinic and a health education center called Maytec [00:46:40 unc. name spelling]. I don't remember what Maytec stood for, but it took on the early efforts to educate providers. They were the ones who started education funeral directors and other physicians and nurses and social workers to make those differences and begin to break down those walls. You had leaders who were clients, who led other clients, who led in the community by not being afraid to speak publicly, and saying, "This is who I am. I have AIDS. This is how I got it." I remember a moment when one gentleman in particular... I brought him to my church to speak to the adult Sunday school class and somebody said, "Are you afraid of dying?" And he said, "Do you know another way out?" You know? So... amazing people.

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JB: One of the things that Fan Free taught me, as a leader, or reinforced for me, was to help me to serve, not shine. Fan Free is created on a long timeline and a long list of amazing servant leaders who put their needs second to the needs of those whom the organization serves. John Bowman came after me, after my tenure here, after John, Karen Lagado [00:48:34 unc. name spelling]. Some amazing, amazing people, and wonderful leaders that I am very humbled to be just a little part of.

LB: Can you tell me about an example of leadership that you saw in the community, and you can define community any way you want going up to the nation or world, however you want to take the question, but leadership that was not so good, around AIDS?

JB: Yes. As I mentioned when federal funds began to become available, all of a sudden people who had not been previously interested, or perhaps only peripherally interested in AIDS and HIV, started to come to the forefront, and while the money was very helpful in developing new services, it was also... it also created a lot of tension. It created competition. Folks whose primary motivations were not the clients...got into the field. We had the Ryan White Care Act establish care consortia across the nation—Title II was the group of local funds. And Central Virginia formed, because it was the only way we could get the money, formed a Title II care consortium, a Ryan White care consortium, that accomplished great things. And we learned a lot from one another. It became very political. It became fraught with conflicts of interest where people... where power and control became more important than those being served. To the point where.... and there were financial mismanagement and embezzlement issues eventually. I think in the early, or mid 2000s where the state health department had to close the consortium and take the funds and the role over itself because of the mismanagement and, what I would call, the failure to put the client first. When as a group it lost sight of that...is when it got into trouble.

LB: So tell me about some watershed moments for you during the time that you were at Fan Free Clinic.

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JB: Every time a new medication would come out that would mean that life extended for a little bit longer—was a milepost. The story of the woman whom I call “Essie,” and her Pepsi, was a milestone. When AIDS and HIV really moved into the national arena, not only as a crisis, but as... when we began to talk about solutions and address needs... the National AIDS Network, and national conferences where folks came together literally from one end of the nation to the other to talk about what we were doing and how we were addressing this and how we were solving that... There was a level of collaboration that was astounding because folks were united in fixing and making a difference and helping. The needs of the client in the community were in the forefront.

LB: And when was that? What year was that approximately?

JB: I wanna say the early 90s perhaps. I think another event was when both Richmond Street Outreach Project, when RSOP, or Richmond Street Outreach Project, came back home to Fan Free. When Richmond AIDS Ministry had served...what...a very important community need...and then needed to take a different path—which was a very difficult decision for its member—to disassemble what they had worked so hard to build and put together, but what was

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best for the community at that point was then to take the piece and let this piece grow here, and let this piece grow here. When we had funds, for instance, at the Community Foundation, which were designated funds for AIDS and HIV work, when we had public individuals like Rock Hudson and Magic Johnson, and when it came out, publicly and there were these big public announcement watershed events—that began to force the public at large to look at the issue in other ways, or at least if someone was going to dismiss AIDS and HIV or be ugly about it, they had to go through a couple of extra mental steps to do that.

LB: Were there moments... I mean you're pointing to some really big public moments, milestones, were there moments in your daily life where you had an interaction or something happened and you could see that change taking place, see that something had changed.

JB: Absolutely. If I can go back...

LB: Please do.

JB: One event—the huge event—was when Ronald Reagan, President Ronald Reagan, mentioned, in public, AIDS for the first time, and said that C... that he was directing his surgeon general, C. Everett Koop, to put together a report to every household in the nation on AIDS. Talk about a watershed moment. And it was also for C. Everett Koop, 'cause it was the first that he knew about it. Or not AIDS and HIV, but knew that he was gonna be asked to put this report together. When we had... I can't remember her name... but another surgeon general, an amazing woman who dared to talk about sexual activity and alternative sexual activity, or alternatives to sexual intercourse, or high-risk activities, things that needed to be said that ultimately got her fired, immediately, Joycelyn Elders, that immediately got her fired. But she got it out there. So there were some very amazing big scale events.

Small scale events, or personal events... The first was probably in 1989 or 1990 when I was on staff at Fan Free by then and serving as executive director. I had some folks over to the house, some client volunteers, and we're sitting in the back patio of this little townhouse on Northside... and Linley, my daughter, was awake and crying and it was dinner time. And so I was just trying to get dinner ready and my wife was trying...you know...there was a lot happening. So instinctively I just said, "Here," and handed Linley off with the bottle. I didn't think anything of it until I saw the client's reaction. His eyes got big, and there was this sort of like [gasp]. And I was like, "It's okay." So he took Linley in his arms and gave her the bottle, and to watch the physical change happen in his... in everything about him... his body language, and how he just melted... For me it was an instinctual thing of, you know, "I'm trying to get dinner ready for these people. Here, take the baby and feed her, give her her bottle." For him it was much more than that. It was that... in talkin' to him later... that the first time in his recent history that he didn't feel like he had the plague. That some.... that that act was giving him his humanity back.

LB: I can't imagine what it did to people to be treated as though they were toxic and dangerous.

JB: Toxic, poisonous, you could kill simply by being. Do we share a drinking glass? When folks would talk about going home or going to someone's house that all of a sudden there were paper plates, plastic utensils, and everybody was drinking out of a plastic cup so they could all be

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thrown away. Or, worse yet, if everybody else was eating off of a glass plate and drinking out of glass-glass—and you were given a paper plate and a plastic cup. The difficult times that people went through... A person with AIDS and HIV we hired to clean our building, the old building on Hanover Avenue, and he wore a t-shirt that I just loved. It had a world, but what was white was the peace sign, and it was celebrating our diversity, or something, and on the back it had the quote about changing the world and how small steps are indeed the only thing that has changed the world, those small steps... Margaret Mead? I think is the quote? He gave me that t-shirt in his will, and I have that t-shirt.

I have a little bracelet made of those square letter beads that the daughter, much later down the spectrum, that the daughter of a person living with AIDS and HIV made for me as “Jim Beckner.” I have that. I have a photograph of us at a camp that Fan Free had for children living with AIDS and HIV, of the beautiful child, and I don’t know where we were going. Somebody caught a candid photograph. She’s on my hip and we’re headed off to whatever the next activity is. I still have that. It’s those kinds of things. It’s not the...

The advancements have been massive. And Fan Free and the staff and the volunteers and the client literally moved mountains. But for me it’s that bracelet, it’s that photograph, it’s the Pepsi can, which got lost in the move from Hanover Avenue to here. I don’t know what happened to it. But I had that can, dang it, and it disappeared. Those are the things that meant the most.

LB: Now, when we last left Essie, it was in that hospital room with the big red sticker and its sign. What eventually happened with her? And did her family come to peace or to grips with what had happened?

01:02:32

JB: No. No. Essie got well, continued to volunteer. She was a public speaker. She advocated as much as she could, but because physical movement, literally getting from one space to another, was difficult and slow for her—she wasn’t able to do a lot as a volunteer advocate per se. But she opened herself up. She told her story. Here was someone who could say, as horrible as it sounds, in those days the public wanted so hard to make a distinction between “innocent victims,” two words that just to this day make my skin crawl, versus “others” who had AIDS or HIV. Essie could do that. And she drove... She was somebody who had unquestionable authority to say, “I didn’t do a thing. But here I am,” and drive the point home to groups that, first of all, “I’m not a victim,” and second of all, “There is no such thing, when it comes to a disease, of innocence versus guilt.”

LB: You’ve talked a lot about public speaking. Where did the persons living with AIDS, and others, give their talks? ‘Cause it sounds like that was a huge element of the work you did at Fan Free.

JB: Anywhere and everywhere we could. Communities of faith, community groups, colleges and universities, we had a play. The book is *For Whom the Bell Tolls*. The play was *For Whom Bells Toll*, that was written by a person, a volunteer, at Fan Free, or RAIN, that produced and put on performances of that play all over the community, actually all over the state, that were followed by a panel of experts who could answer questions. We always made sure that there was at least one person with AIDS on every panel. We tried to get in to speak to every single group we

could, however we could. So literally, in answer to your question, anywhere and everywhere we could.

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LB: I remember during those years some very prominent evangelical ministers were coming out and talking about AIDS as God's punishment. How did you work with the faith community in order to change some of those beliefs? What sort of resistance did you run into?

JB: Richmond AIDS Ministry did beautiful work on that. We did some. But again because that was their...that was who they were and that was their level, their area of expertise. They did most of it. They did phenomenal work in that.

Lorraine: Can we pause for just a second? Are they gonna continue doing that? And just a reminder, chair movements I pick up. But that was really loud...the chair movements...I think we can mask... Okay. I am so sorry.

JB: 'Cause I have the memory of a mouse. Can we start over?

Lorraine: Yes, please.

JB: What was the question again?

LB: It was about some of the resistance within the faith community.

JB: Within communities of faith. And during the time as a volunteer, I volunteered and chaired a task force within the Presbytery, which is the collection of Presbyterian churches in the area, on AIDS and HIV. And we had a number of us who were motivated who kept putting together resources and kits and listings of places where people could get additional information. We could never get it through the approval process to be actually handed out to Presbyterian churches in the Presbytery, and so eventually we stopped. Because there was such a great need for the information that we had and for what we were trying to do that if it wasn't time and someone didn't want it—that was okay. We moved on. Because there were others who did. And people were dying, literally, for our information. For folks who we still have today, folks who are certain evangelical leaders who were screaming about hatred and judgment against one group or another and AIDS and HIV and "gay people should be put on an island"—we have all of those. Those things are still with us. If someone is in a position where those beliefs are so strong for them, there's nothing that we can do that's gonna change that. They have to...their minds have to be changed by something that's much greater than us. So let that happen. Other folks need what we got.

LB: So what would you say were your biggest challenges when you started off? And how did those challenges change over time?

JB: Very soon after I joined Fan Free and RAIN, my predecessor was late on the grand proposal to the Virginia Department of Health, which was almost our entire HIV funding money. We didn't have... Diversified funding was not a thing. Because it was seven minutes late, it was not accepted. Three fourths, at least, of our AIDS and HIV budget ceased to exist.

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JB: I became executive director shortly thereafter and had the immediate challenge of “Okay, now what?” The staff, and the community, and the board, we scaled back. We didn’t do as much as far as educational activities that we had wanted to do that were grant-funded. But we made it work and we kept going. The services that we were providing...there was no dip in services, if you will. All the services continued. The community—we made that happen. That was the first big thing. We got that grant back, eventually, the next time it came up for competitive renewal.

LB: How did you continue with services with only one quarter of your budget? How did you manage that?

JB: We did. I think one or two people, staff members, left. And we did not rehire. We didn’t produce glossy pretty brochures. In the early days our brochures were literally handwritten on...we used to call ‘em “purple monsters,” that you ran off on the mimeograph machine where the paper smelled so amazing. Those were our educational materials. Our first safer sex brochure, which was the first in the state, was a handwritten brochure with drawings and funny stick figure people; we used that for years. But as hokey as it was, people loved it. And it was very practical and down to earth. It had a ton of information in it. I looked for it and I cannot...I thought I had saved a copy, but I can’t find it. But it was an amazing brochure. That was a milestone.

I think one group that I have not given credit to, that deserves a massive amount of credit, are the members of what used to be Hanover Avenue Christian Church. Fan Free Clinic was, for years, in their Sunday school building, and the medical clinic was upstairs. It was a townhouse with two front doors, two apartments. The medical clinic was upstairs, and our administrative offices, which were a little room in the pantry, were downstairs. It was a greying congregation. For years they used the downstairs as their Sunday school building as well. So on Friday night we had to pack up all of our AIDS and HIV materials and posters and books and put them away and set the room up for Sunday school so the Sunday school class could meet on Sunday. And then we’d come in on Monday and unpack it all and put it all out. We’d do that every week. There was a week when, I don’t know how, somehow we left out all of...we had a safer sex and risk reduction class on Friday and all of those materials got left out, so that when the ladies came for their Sunday school on Sunday morning there they were in all their glory. I came in Monday morning and was horrified that we had accidentally done this, called the pastor to apologize, and he laughed and he had heard about it and said not to worry about it. They just turned the posters around and went on with their Sunday school. AIDS brought out the best in people and the worst in people. Here were a group of folks, older folks, who never batted an eye about sitting in a room where they knew persons with AIDS had sat. Meanwhile, elsewhere in the nation, folks were pouring acid in the pool because a person with AIDS was in the pool. Or people were throwing away dishes because a person...someone with AIDS who they thought had eaten off one of their dishes... In that kind of fear and hysteria, here are these ladies, and I think maybe a couple gentlemen, in that Sunday school class, every Sunday, didn’t bat an eye. Those are the silent leaders. Those are the leaders around the edge, the folks who made things happen. Sometimes the leader is actually the first or the second follower. The leader is the person who’s out front waving the flag and you know it’s that person on the hillside who’s dancing the crazy dance. I don’t know if you’ve seen that video. It’s the person on the hillside who’s dancing the crazy dance. Without the first follower that leader goes nowhere. It’s that first follower who runs

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out to dance the crazy dance with the leader. And then the second follower. And then all of a sudden everybody is dancing the crazy dance. Leadership only happens in a group and in a team. Where's the first follower? Folks like the members of Hanover Avenue Christian Church who gave that space to Fan Free for decades. What a statement they made.

LB: Who were some of the other, unexpected, leaders or voices who emerged to help you? Who surprised you during those years? Negatively or positively?

JB: There were so many folks who stepped forward positively to lead where they were. If it was the one person in an adult Sunday school class who wanted us to come and speak. If it was the one person from the Ruritan Club who perhaps we knew that his brother had died of AIDS and HIV, no one else did, but he wanted us to come speak to his Ruritan Club. It was the one teacher at the school who would dare step out and advocate to the principal for us bringing the play to the school. It was the students who volunteered in groups to bring educational materials to the college campus, to their own campus. It was who showed up at the AIDS walk and dared to walk behind a banner that said "AIDS walk." It was the folks who quietly brought their talents to bare making educational materials. I noticed some on these walls. Their design services were provided free of charge or photographers would take photographs that would later be put into educational efforts. It was designers, the Martin agency was one, who constantly stepped forward and provided services free of charge and produced some beautiful materials. Some of Fan Free's posters are in the Library of Congress, and they were produced by the Martin Agency and by other volunteers. The movie *Philadelphia*, with Tom Hanks, some of our posters are in that movie. Those were all designed by volunteers at Fan Free. There were many, many, many heroes along the way.

LB: You've mentioned the play which is really interesting to me. Were there other creative tactics that you used as an organization both to reach persons with AIDS and to change public awareness about the epidemic?

JB: Absolutely. There were some wonderfully creative people. Our street outreach program were folks from the community who went into their community to make a difference. There were folks who came from the public sex worker community and worked within that community with other folks. We did all kinds of catchy educational things. Anything that we could think of. If we could give it an acronym or a name—we did. We had an effort educating gay and bisexual men called SHADES, which was Safe Hot and Damn Erotic Sex. And SHADES was a curriculum that we put together and created from other pieces that Fan Free did as an educational tool to gay and bisexual men to eroticize safer sex as a way of risk reduction. That program actually ended up being funded by the state. We got to go to the regional AIDS training for the state and teach it to other people so that other people could institute the same program across the state. We gave street outreach kits which had a variety of items that folks who perhaps were shooting up could use to add a bit more safety. You know, to make their activity safer. I'm trying to think and I'm not coming up with more things. Again amazing people with creative ideas. We tried everything.

LB: Did you encounter a lot of political resistance from the state legislature or other political bodies in Richmond or in the state to some of these innovative tactics that you were using?

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JB: Yes. What we were... What we were able to do...at times when we had perhaps more liberal leadership, the Department of Health had more freedom to produce materials or to sponsor curricula that were perhaps a little more cutting edge. At times when state leadership was more conservative, the state had less freedom and what they could do were certainly more greatly restricted. The good news is then what we would do is we would move it. If it was a state-funded activity and we could get funds for it—great. When state leadership changed, we moved it over here and paid for it with private funds. So we were able to continue activities, for the most part, as we grew and diversified our funding base.

LB: Sounds like you needed to be on your toes all the time.

JB: There was never a dull moment. There was never a dull moment. Right before I left I was involved in writing a grant for and did the budget for the first publicly funded transgender clinic outreach program. That eventually...we wrote the proposal and I left and we got the funding after I'd already gone, for the transgender clinic that Health Brigade and Fan Free has. So there were some amazing things. The state had... The state health department had some very passionate and dedicated both leaders and informal leaders who did their best to make sure that funds were provided and that we were advised what we could do and what we couldn't do, and, "Here's how you do this," and, "Okay, this is probably not going to get through under this administration or..."

Amazing people that remembered that at the end of this lengthy grant process that started with federal funds and CDC funds and granted locally...that at the end of that whole process the point was the person on the street who needed the education, or the person living with HIV who needed the services. Virginia was, and I imagine still is, blessed with a great number of folks who never lost sight of that.

LB: I know that now Richmond has an extraordinarily high HIV infection rate among the states. Was it also a leader in that category back then when the epidemic started?

JB: We had high numbers. 1. Because we...part of the reason was we were really good at collecting data—so we had high numbers. We also...there was the practical side that we had high numbers because we were an urban center where a number of things happened that didn't necessarily happen or weren't as prevalent in say, as compared to a rural area of the state. We were on the 95 corridor, which was a corridor for all kinds of things. That increased our numbers. We knew... Before we had HIV numbers we could look at things like STD numbers. We knew that our STD numbers were high. We knew that for instance one of the localities within central Virginia had the highest gonorrhea rate in the entire nation. So we knew we had our work cut out for us. We worked hard. We worked creatively. We didn't shy away from trying new and different things because we had to. We had no choice. The good news is, is while we were perhaps motivated by numbers and our sense of urgency was pushed by numbers—the community of Fan Free and RAIN never lost sight of the person at the end of that process and the "why" we were doing it, the focus on the person.

LB: Now you've talked a lot about misconceptions that people had early on in the AIDS epidemic, about AIDS. What misconceptions do you think people have today?

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JB: As AIDS and HIV have moved to becoming to the point of being a chronic and manageable condition, my fear is... and with PREP and other amazing advancements... my fear is that we will become complacent. There's still work to be done. My fear is that because HIV is a virus and a living thing and we know it changes every time it replicates...that there's constant gnawing in the back of my brain of the moment when it becomes something else. Or it becomes resistant to the medications that we have now. When it develops into a drug-resistant strain. I don't know. Those are the things that gnaw at the back of my brain.

LB: You've had an incredible career in dealing with the epidemic, starting from the very early days. If you could point to the biggest success that you've had in your career. And I don't mean that as an ego-driven question, you understand, but what would it be?

JB: Success is hard. Because so many people gave their lives along the way. And we weren't successful in saving their life. But we were successful in making those days a little easier, a little brighter, in making a difference. But for me...the biggest indicators of success are when Essie brought me my Coke, or my Pepsi; when the young woman made that little bracelet key fob thing; when I would see somebody on the street, and still do, from those days, and they run up and give me a huge hug. That's success.

LB: If you could say one thing to people in Richmond today about HIV what would it be?

JB: Learn. Learn about it if you don't know. But most importantly learn from it. Learn the history of what this community did. Learn how people responded or how they didn't respond. Learn that HIV brought out the best and the worst. And then self-examine. If you were around then—what did it bring out? What did it bring out in me? Make that examination. If you weren't here—spend some time examining oneself about what would my response be to whatever the next thing is. AIDS was a tragic and amazing part of our history, an equally large part of our present. But learn from it. What did it teach? What did it teach us then? What does it teach us now collectively? And what does it teach us individually?

LB: How did it change you as a person?

JB: It taught me how to live. It taught me what's important in life and sometimes what's not. It taught me how to be a better parent. It taught me how to be a better friend. It taught me to work on when things are brought out that are things that I don't like. It taught me self-examination. It gave me hope that even in light of something that was that horrendous—the community rose, the community shown, and good things happened. It makes me hopeful for current and future times.

LB: Thank you. Is there anything that I didn't ask you that you'd like to say or talk about ?

JB: I am an extremely fortunate person to have been able to be a part of Fan Free and RAIN and now Health Brigade, to be part of a community of folks who stepped up and did, who rolled up their sleeves, and worked, who made things happen, who tried. Sometimes we failed, but we learned. I wish everyone could have the experience that I've had, could share the joy and the trials and the tears. This is Fan Free and RAIN and Health Brigade. It's an amazing place. But

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it's so much more than walls. It's so much more than furniture or programs. It's people, it's a philosophy, it's a community, it's service, that are more important now than perhaps they've ever been. Our community needs Fan Free and Health Brigade. We need folks talking about nonjudgment and acceptance and safety for all of us. We need a community that says, "Welcome," regardless of who or what or why or when, that just says, "Come on in." As a nation we would do well to learn from RAIN, Fan Free, Health Brigade.

LB: Thank you Jim, that was an amazing interview.

JB: Thank you, thank you. I love this place.

LB: I can tell. It shows.

JB: It's... Thank you. Thank you very much. Thank you for this opportunity. Wow.

LB: There is so much history that you embody.

JB: I can't remember why I went into the next room, but... But you know Fan Free writes on your soul. It changes who you are.

LB: I mean that shines through in everything you say.

JB: Thank you, thank you. I hope so. That's the legacy that I owe this place for the gift that it has given me. If I can be a better person, if I can carry that message into other work places and other communities—then the legacy of Fan Free is alive and well.

LB: Well I think it's just amazing that an organization that started in the late 60s when there was much more of an open, accepting climate for that kind of work...has continued to thrive in our current very challenging days.

JB: Right. And these times will change. They will change. I remember, real quickly, the very first free clinic conference for the state, for all the free clinics. We didn't even talk about Fan Free and its role in the clinic movement in the Commonwealth of Virginia and how it was, if not he first, one of the first. I was at the table for the founding of the Free Clinic Association. I served as the first president of the Association of Free Clinics, and on the founding board of the National Association of Free Clinics, and as president of the National Association of Free Clinics.

LB: Wow.

JB: That started at Fan Free.

LB: That's amazing. Tell me a little bit about that.

JB: I remember at the...if I can go back first...

LB: Of course.

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JB: ...about the things... This too shall pass. Things change. I remember putting together an address for the very first gathering of free clinics as a statewide group in 1992 or '93. And I found...because my predecessor never threw anything away...I found something that she had written back in the early 70s that free clinics were formed as a temporary response to the health care needs and some of the crisis of addiction and the sexual freedom revolution that was happening in the nation...that free clinics were a temporary solution and would address those concerns and then would go away because the needs had been met and the transformation had happened. So I read that in 1993. And I think about that today, that we're still...things are still changing, and we're still here. You know. But free clinics have been around and are an amazing force in the Commonwealth of Virginia. The patients that we care for, the safety net that we provide, communities from coast to the mountains, the fact that this was the first association of free clinics in the nation, that out of this association grew the national association of free charitable clinics.

LB: That is really astonishing, because again I don't mean to sound as though I'm trashing the state of Virginia, but I think in the public imagination when you think about being in the forefront of caring for people who are difficult to reach, Virginia, as a somewhat conservative Southern state, doesn't come immediately to mind.

JB: Politically, free clinics addressed the needs of our elected officials' constituents. We learned early on that the way to influence outcomes at the state legislature was to educate our local legislatures on who we were and whom we served, and to give them the opportunity to meet those. So all over the Commonwealth we had free clinics invite legislators to their meetings, to their events, to meet volunteers, to meet the board, to meet clients. "Come and have your picture taken with..." And what happened is free clinics created this niche in the mind of the general assembly and state leaders that is very bipartisan, that is very apple pie and mom and dad and baseball. It's that health care, believe it or not, used to be, was not a partisan issue. Now obviously that has changed more in the recent past. Free clinics will keep... Free clinics will provide the solution and free clinics will prevail when we move past this ugly partisanship about healthcare and who people are rather than what they need. Free clinics will help do that. We were there before and we're carrying that banner. We're singing that song. We're telling that story. Even now when it's more difficult. And we will prevail and we'll get through this.

LB: Did Obamacare change the mission or anything else about the free clinics in the US?

JB: It changed it slightly. For one...many people thought, "Okay, everybody has access. There's not gonna be a need for free clinics." If we looked at the state of Massachusetts, which was the precursory to the Affordable Care Act and Obamacare, we saw that even today there's still a significant need in the state for free clinics and community health centers. The biggest misperception though, that free clinics know all too well, is that access to insurance does not equal access to care, that just because you're insured does not mean that you have health care. It doesn't. That's what we as a country have yet to learn. We still think, "Oh, if we can get everybody insurance, everything will be fine." Nope.

01:42:42

LB: Well, it's going to be really interesting to see what happens with Health Brigade over the decades to come.

JB: I can't wait. I am so excited. Karen has... She is amazing. The transformation the organization has made, the addition of mental health services, the expansion of the medical clinic...wow. What a transformational leader she has been and is. I'm excited. I can't wait to see what's next.

LB: Well thank you so much Jim.

JB: Thank you.

LB: Julie did you have questions that you would like me to add?

Julie: The only question I had was the difference in RAIN and RAM care teams.

JB: Can I make a phone call real quick?

LB: Yes. And I'm gonna zip to the rest room.

[recording skips forward]

Julie: The difference between the care teams with RAIN and RAM?

Lorraine: Can you look at Laura when you respond, just in case we use that?

JB: Okay.

Lorraine: Sorry.

Julie: Because it seemed like both did both.

LB: Yeah.

JB: Yes.

Julie: That RAIN started doing it and then RAM came into being. And then...

JB: And RAM took the care teams. Fan Free had started into an advocate role which was a one person. And then the care team came in, ideally, when we played well together and worked the way we were supposed to with one another. The advocate was there until the needs became more than one person could do and then the care team would step in.

Julie: Gotcha.

JB: It didn't always happen that way. But then care teams came back to Fan Free, but they didn't last.

Julie: Okay.

JB: I think they just didn't after RAM began its scale back and began to phase out of business, the care teams just didn't...

Julie: ...didn't last. Okay.

01:44:49

LB: I'm curious about that a little bit. Just because... Can I?... I'm curious because it sounds like the care team would be a really effective approach, right?

JB: Mhm.

LB: You know, similar to what is used today in different situations where a client has multiple needs.

JB: Yeah and it was. It was a team of volunteers. Part of the difficulty was how, as with the advocates, you worked with a person. You became so close to that person. You got to know the most intimate details of that person—and they died. And you can go through that but so many times. So the burn out rate for volunteers who served as advocates and who served as care team members with Richmond AIDS Ministry...the turnover was high. Sometimes there...we hoped there would be sabbaticals, folks would come back, and many times they did. And there were some amazing people who just continued and continued and continued. But the toll on the volunteers was very high.

LB: What did you do to prevent burn out?

JB: We didn't.

LB: Or try to address it in any way?

JB: We couldn't.

LB: Yeah.

JB: We didn't... We knew it was happening. We didn't have time to think about it. Things were happening too quickly. We tried to be supportive. What we were successful in doing is if somebody was an advocate, "You know what, why don't you come work on the hotline for a while? Or why don't you work in the food pantry? Or would you consider being an educator?" So we changed roles as much as we could. But we did a horrible job at addressing, and being proactive at addressing. We did talk about self-care. We had a number of therapists and social workers who worked with us and worked with volunteers around self-care. But the pace was fast and furious and clients kept coming and kept, you know... Death was prominent. So we tried but we didn't address it well. We couldn't address it well. We were in a battle.

LB: It sounds overwhelming.

01:47:45

JB: We were in a war. And when you're in the thick of that—you can't do a lot. It's just...you're right. It's overwhelming.

LB: And profound.

JB: Yes.

LB: Thank you.

JB: Thank you. Thank you.

LB: Michael Simon, our photographer, will be in touch with you about taking a portrait.

JB: Oh god.

LB: No! It's good. It's not bad, it's good.

JB: Vaseline for the lens and the skinny lens, I want the really skinny lens and the ones that makes...wrinkles get blurred.

Lorraine: I have a funny story that I'll tell you. I used to work for the Richmond Times Dispatch for ten years as a writer before I went back to film school. And so we had this wonderful Asian photographer, Mack Okada, so I was doing a column one day and Mack was taking my picture so I said, "Mack, can you make me look ten years younger and twenty pounds thinner?" He goes, "Ms. Blackwell, this is not glamour shot." I was like, "Okay!"

JB: I heard somebody say that: "Jim, it's a camera, not a miracle worker."

Lorraine: So funny. Such an awesome guy. I miss him.

LB: So what we're gonna be doing with all this is, we will have...it's called HIV 17, Voices of Richmond's Hidden Epidemic. And that title comes from Richmond's rank, given by the CDC in rates of infection, because it's our feeling that almost no one in Richmond is aware of the extent of the epidemic here.

JB: Right.

LB: And the large-scale portraits will be inside and outside sites that are related to the epidemic, like Health Brigade, like the ID Clinic, like Cabell Library that houses the archives of Fan Free Clinic from that time. The Valentine is doing this exhibition about pandemics, and so we will also have a big image there, and it will be up all fall. We're gonna open it in the late summer, and keep it up through probably we'll close around December, and we'll do some joint programming with the Valentine, and with VCU, and with University of Richmond. You know, I

teach at University of Richmond, so we'll have a number of classes focused on the AIDS epidemic in Richmond.

JB: Oh fun, okay.

01:50:32

LB: Yeah! It's from a geographical perspective, right? A protest perspective, a medical perspective, right? So we'll try to come at this in a number of different ways. I do a lot of documentary drama work.

JB: Okay.

LB: So my close collaborate, Patricia Herrera, and I, we're working at Armstrong High School right now to do a play about their history. But we will do a documentary drama with our students about the history of AIDS in Richmond.

JB: Cool.

LB: Yeah.

JB: There was...it was a U of R student, early on, went to speak to a class there about AIDS and HIV...who asked me a question and pressed me on an issue that I swear to you I think about today...particularly in light of some of the history around some of our racial tension and statues and all this sort of stuff...about the role of humor in an epidemic.

LB: Which I imagine must've been huge!

JB: It was huge. But it was the distinction between why someone living with AIDS or HIV can tell a joke, but the same person on the outside cannot tell that joke. And the distinction, and why. And I remember my brother telling an AIDS joke at the Christmas dinner table. It was the last time we had Christmas dinner together. And thinking about that and going, "Okay. I know why he told it. His motives were not...he was not just being humorous. He was being..." And office humor. When I left Fan Free and went to a new workplace.... my mouth. I had to clean up things. Because by nature of what we did, and the conversations we had, and what we taught, and what we talked about...that conversation was not acceptable in other places. I had to walk it back a little bit.

LB: I could imagine, completely.

JB: Yes, yes. Let me...

LB: Oh yeah, yeah. Sorry.

JB: No, no, no. She sent me this number so let me... if I can just call her real quick. It's not taking. I don't know what's happening.

LB: I think it's being in the basement.

01:53:29 **JB:** Could be. 9943025... I'm so sorry.

[Recording skips forward.]

JB: And I know I'm gonna get back as I drive away like, "Oh you didn't say..."

LB: I mean that's why I asked the same question in so many different forms. I hope it didn't make you impatient.

JB: No, no, no, no. 'Cause there's a ton of history.

LB: Yeah.

JB: That's intermingled with gay and lesbian history. You know, I didn't talk about that the entire... you know, the role that Fan Free and the HIV/AIDS program played in local LGBTQ history. How some of the... How the role of a number of lesbian groups and what they played and the role they played as educators and volunteers, taking care of the men of the LGBTQ community as they died, the role survivor guilt that men in the LGBT community had to deal with... the... the hell that AIDS and HIV racked on our community for years, and to a certain extent still does. But the role that specific populations paid [sic]. Having the first... I can remember we used to do Memorial Day AIDS vigils, candlelight vigils, and the first time we held it at St. Paul's Baptist Church on 26th Street in Church Hill and the candlelight march went through the areas of Church Hill and the community, and what a statement that was for an African... a prominent African American church to stand up and say, "This is our issue. This is an issue we need to pay attention to. This is our community..." was remarkable.

LB: Absolutely, because one of our interests in creating this exhibition is to educate the public that AIDS is not just a disease of white gay men. And it's not a thing of the past.

JB: Right.

LB: But yes. That intersection of Fan Free history and the history of not LGBT communities in Richmond must be very intricate.

JB: Mhm. Very much so. Very much so. And it was tenuous. Because the line we had to walk was we needed to clearly say, "AIDS and HIV is *not* a gay-only issue. It's not only about gay men." But the vast majority of who we were in our client population were from the gay and bisexual community in those early days. So how do we be present to and acknowledge and serve the needs of while carrying this other message that, "Hey, it's not just." That was an interesting tension. I remember in the early days talking as therapy when more therapies came out. The discussions around, "What are we doing," the drug companies would come up with these great posters of, "Try this and such medication. It'll do this and it'll do this," and here's a picture of an athlete in all his or her glistening glory. And what the impression that was being created was is, "This medication is going to do this." When at that point in time—no. That mediation was gonna buy you six more months. And so...the balance of where is... are we giving hope? Which is

vital. Are we creating false expectations? You know, and that two-edged sword about drug company advertising. All of these issues, from huge issues down to very minor issues. The broken heart on the wall was a poster that was designed by a gentleman by the name of, I think it was, Richard Kidd, a local artist. And we struggled with...is it “every person who dies with AIDS,” or is it, “every person who lives with AIDS”? ‘Cause they’re very different. You know. What is...? And we struggled with that on what to put in the final design. And of course there are some would say we made the right decision and there were some who complained about it but we did the best we could.

LB: That’s all you can do.

01:59:23 **JB:** Right.

LB: So tell me more about those tensions. And about the role of Fan Free in the gay history of Richmond.

JB: Fan Free, again, was a safe space, was a nonjudgmental space, had always had a place both for and in the LGBTQ community. I was MC for Pride Festival, as ED of Fan Free, a couple of times. The gay community fundraised like none other for the services that Fan Free provides, or provided. The organization could not have been what it was, or could not have become what it has become, without the LGBT community. I can’t say enough. I can’t say enough. Again, selfless individuals who came and gave of their all to create something bigger than them was the story which happened over and over and over again.

LB: Yeah, I know. When I interviewed Bill Harrison it was a really emotional interview. And I got the sense that his experience here had been transformative as well for him.

JB: Yes. Bill... I worked under Bill as a volunteer. He was the person to whom I reported when I was a volunteer. And he...took a job with, I think, with the state health department, which was the opening that I came in. That was my first employment with Fan Free. And like I said my title changed twice before I ever got there. I’m not even sure what it was when I got there. But yeah. Bill... Bill is an amazing man.

LB: Well, you know, I feel like every time I do an interview for this project I meet another amazing person.

JB: You know, ‘cause that’s Fan Free. That’s Health Brigade. It’s a series. It’s a chain. It’s a brigade of amazing people, absolutely amazing people who put themselves second and the cause first. They came together because there was something bigger and better that they could create. And they did. They did.

LB: They really did. Well if you do think of things that you didn’t say that you want to say, send me an email.

JB: Alright.

02:02:55 **LB:** We can always do a follow-up interview if you want.

JB: Okay. No, I won't make you go through that twice.

LB: It's not going through anything. It's a privilege. It really is.

JB: I can imagine being in your position. The people that I hope you have met and I'm sure you have met are fascinating. And their stories and their sacrifices and the... I remember one of the exercises I used to lead as long as I was here I led this part of volunteer training and that was the part of nonjudgment. The scenario that we used to have is we would divide people into groups and we would say, "You were in a club/restaurant/bar and you see a person whom you know to be a client of Fan Free about to go home with your best friend. What do you do?" And you can imagine the myriad of things that we got. And ultimately it was one of the few times where we told people what they could and could not do. And we said, "You can't do anything. Your role here is to protect the confidentiality and the privacy of the clients. The reason we give you this extremely difficult scenario now is because if it happens—you can't do anything." And then we would talk about responsibility, that okay, "My responsibility comes from or comes to...I have to have this talk with my best friend now. If I haven't had a risk reduction conversation, if I haven't told my best friend what they need to be doing or not need to be doing or the resources in the community that could help them and how they could keep themselves safe...I need to have that now." But most importantly, in true Fan Free style, we would talk about, "Okay, what judgements did we make in this scenario? What conclusions did we jump to in this scenario?" And there were a lot of them. But most importantly that when that side of us would say, "I have to go tell my friend. I have to intervene. I have to something. I have to protect." that if you unpack that all the way down to its core, what we're saying is that that person is worth more than the client. That we have placed a higher value on the person who in this scenario is our best friend. And then we have the client. And we can't do that. You look at every horrible human tragedy that's ever happened in the history of the world—that's been the root. That somebody somewhere, individually or collectively, have said, "This person or this group is more valuable or more important or worth more than this person or this group or this community." And that's why our policy of nonjudgment and why protecting the confidentiality of clients at any cost are policies here. And one of the few times when we would say, "No. There's no gray area." And would say to folks, "We also do this early in the training to give you an opportunity to reflect. If this is something that you can't agree to, we wanna honor that and perhaps we can work with you to find another organization. But these are values that we hold dear here." That was a very tough but great exercise that folks went through. And every single person left that night thinking long and hard about, "What would I do? Ooh. I am valuing one person more than another. Ouch." It happened to me the first time I was doing that exercise. I did the same thing and spent a lot of time going, "Ow. Ooh. [02:08:07 unc.] Jim. You got some judgments to work on."

LB: Oh I think you'd have very many opportunities in this work...

JB: Yes, yes.

LB: ...to find yourself caught between wanting to be nonjudgmental and having judgmental instincts.

02:08:29

JB: I was standing in Hardee's with my family and my daughter, who...she was probably 8 or 9 at the time. And a hand on my shoulder spins me around, practically bends me over, gives me a giant kiss on the mouth, and says, "Hi Jim!" It was someone, it was a client of the agency, who had some challenges, but was one of the kindest, dearest, sweetest, souls you will ever meet. And there in the middle of Hardees I'm getting planted with a giant kiss in front of three lines of everybody. That was Fan Free. You know. What a fantastic place. We did have to have a conversation later on about appropriate displays of greeting outside the clinic's walls. But that was the joy of Fan Free.

LB: It's a great joy.

JB: It really is. It really is. I need to shut up.

LB: No, no. No you've been great. Thank you.

JB: Thank you all. I apologize that I have taken as much of your time as I have.

LB: No. We're thrilled that you did, actually.

JB: And if you think of other questions or something that's not clear, please let me know. And we'll do some clarification stuff. I wish my memory were better. I wish I could remember some of the specific things but it's just...it's been...

LB: It's been a long time.

JB: Mhm.

LB: But if things do come back to you, 'cause very often people find that after they've been interviewed it opens the flood gates.

JB: I used to know much more about the early days of Fan Free. I've tried my best to remember. I knew the players, and I just...

LB: That's okay.

JB: I cannot. I don't remember them. I have struggled to remember the names and some of the folks.

LB: But you remember so much about what it was like to be here in 1987 and on. And that's what you can testify to.

JB: Oh yeah. And you know the amazing times, rough times, wonderful times, sad times... There was not a human emotion that wasn't experienced. There is not a human emotion that wasn't experienced in front of other people. Wow. We survived. And hopefully we're better people because of it.

02:11:41 **LB:** Well I mean I'm sure you've seen this a million times. Struggle and trauma does sometimes really strengthen people and then sometimes it destroys them.

JB: Right. Yeah.

LB: And you don't always know who's going to be on which side of the fence.

JB: No. You don't.

LB: But being willing to put yourself in that position, that's huge.

JB: Yeah. And the community... you were a part of... even as an introvert, you didn't get to hide. Try as you may. You were part of a community and the community took care of its own. Even when you, even when I, or others, were being extremely difficult, or having a day when the darkness crept in and everything was just, "Eew"—the community took care. So thank you.

LB: Well thank you. Alright you can take a deep breath and be rid of us.

JB: No, no, not at all, not at all. Thank you all very much again for this opportunity. What fun, what fun.

LB: Well we will probably reach out to you in the future if that's okay with you, when we start thinking about programming.

JB: Mhm.

LB: You know whether it's a panel discussion or coming to talk to a class or anything that you would be willing to do we would love to have you do.

JB: All of it.

LB: Wonderful.

JB: Love it.

LB: Music to my ears.

JB: I love it. I love it. 'Cause we need it now. God knows we need it today.

LB: I know.

JB: We desperately need it.

LB: Well it is so important to be fighting the good fight right?

JB: Mhm. Yep. We've got to. We have got to. I would say that the soul of our nation is at stake.

LB: Yeah. I don't think that's an exaggeration one bit.

02:14:15 **JB:** No, it's... and I don't know how we got here. But it is what it is. All the way back to I think one of the first things we talked about, Elisabeth Kubler-Ross, her book. AIDS is the Ultimate Challenge. When it comes down to it, the challenge is, "How will you respond? What will you, we, do?"

LB: It's a crucible.

JB: And here we are. How will we respond? What will we do? Where will our name or our community be, in the books of history, about this? You know, so... On that note, light and airy that it is... let's solve the problems of the world. Fan Free is equipped.

LB: Clearly.

JB: Let me tell you.

LB: Well that's great. We'll certainly be back in touch and we'll talk about...if you have ideas for programming around the exhibition, please, please, please share them.

JB: Okay. I keep seeing all this...I'm awful. I keep saying to Karen, "I have stuff."

LB: Well that's great, because one of the things that we've been thinking about doing is creating a companion exhibition at UR downtown, in that space, that would include a lot of the stuff. Right?

JB: Yep. I think that's the first jersey. I have stuff. I have bar party bandanas. I have a child's t-shirt from the 1970s when the clinic symbol was similar to what it is on the arm band up there. The armbands in the late 60s and 70s. But I have a child's t-shirt, that's about this tiny little thing.

LB: Wow.

JB: All kinds of stuff that I need to just. I need to get over here. And t-shirts. There's t-shirts that we had made for the ride, for the first ride, with our logo and everything on the front. On the back turned upside down it says, "If you can read this, please put me back on my bike." Or something like that.

LB: No, that is fun.

JB: Let's see here. I don't wanna walk out with your stuff.

Lorraine: Yeah. I think George Mason would be a little bit unhappy. They're loaning me their very expensive microphone. Thank you.

JB: Thank you, thank you. Thank you very much. I really appreciate this.

02:17:24

LB: I totally appreciate your willingness to share so freely.

JB: Thank you. Thank you for giving an old man an opportunity.

LB: Not an old man.

JB: Oh yes. You all have a great one.

LB: You too.

JB: Thank you so much.

LB: Thank you.

Lorraine: Have a great day. Nice meeting you.

JB: It was really nice to have met you.

Lorraine: Thank you. You too. Have a wonderful day.

LB: Buh-bye.

JB: Should I... I guess I can go out this way can't I?

Lorraine: Or the elevator.

JB: I'm parked out back.

Lorraine: Yeah, that way.

JB: Thank you. Oh this is cool how spaces change down here. This is really neat. This artwork. I don't know how much is known or publicly said. Boyd Clopton is the artist, local, went to VCU School of Art, went to Los Angeles, made a name for himself and was starting to make a career and a following, died of AIDS. His family sold much of his estate there, brought it back here and there wasn't a market because no one knew him.

Lorraine: Wow.

JB: So they gave all of his artwork to the clinic. There were huge...of his portfolios, of his sketches, I mean everything. They just gave it all. Amazing beautiful work.

Lorraine: Hopefully this will resurrect his name.

JB: Beautiful, beautiful work.

Lorraine: Pleasure talking to you.

JB: Thank you so much. [02:19:21 unc.]

Woman 1: Bye Jim, thank you so much.

JB: Thank you, thank you for this opportunity.

Woman 1: We really appreciate it. It was wonderful to hear those stories.

JB: Oh good.

Woman 1: Taught me a lot.

JB: Oh good, good! Hope you have a good one.

Woman 1: And I'll email you with my other questions.

JB: Please do.

Woman 1: Take care.

Lorraine: So Laura I wanna take one moment of [02:19:41 unc. ring tone?] which is something that I keep forgetting to do. Just in case I need some...

LB: Yeah.

Lorraine: So if we could all step out for one minute, I just want to let the camera roll for one minute.

LB: Mhm.

Woman 1: Okay do you want the lights back off?

Lorraine: No, they're fine.

END TIME: 02:21:20