

- Lindsey: ... speakers at the graduation from Randolph. The topic was the importance of a high school education. I can remember my mother helping me to write that.
- Lindsey: I went to Maggie Walker. Wonderful experience. Then out of Maggie Walker for 50 years, we had our class reunion for the last year and a half. We started celebrating a year and a half ago, and we had our reunion meet and greet on this August 3rd, and our formal dance on August 4th. We did a worship service. One of our classmates is a minister of his church, and we went there to worship.
- Lindsey: At our event on Saturday, the 4th, we invited teachers from Armstrong. Dr. Laverne Spurlock was there. I know they're close to 90, because I'm 67. But she came. Miss Friend came. Mr. William Carr, Mr. Howard Hopkins, they all showed up for our class reunion this year. That meant so much, so much. That was so nice.
- Lindsey: I went to Cheyney University of Pennsylvania. A lot of my classmates from Maggie Walker were going to Virginia Union, Virginia State, VCU. Let me tell you, I don't think it was VCU at that time. I think it was ... Don't tell me. RPI. Richmond Professional Institute, which we would joke with each other [inaudible 00:01:43] attend to anywhere, we'd say, "Oh, you're going to RPI." Like it's a bad thing. I mean it's just us being 15, 16 years old. But I went to ... My mother had a friend in Pennsylvania, and I ended up being up at Cheyney University of Pennsylvania.
- Lindsey: Went back there last month for a homecoming, I'm an Alpha Kappa Alpha sorority member, for our reunion there. I got to hang out for the weekend with my sorors and people that I go into school with and just had, wow, a lot of fun, a lot of good times.
- Speaker 2: How did you get involved with the advocacy of HIV and AIDS? What's your connection to public health? How did you first hear of HIV and AIDS?
- Lindsey: My cousin was diagnosed with HIV.
- Speaker 2: What year was that?
- Lindsey: I meant to call him and ask him today, but I didn't. But I think it was round about when I was in college. So I was in college in 1970, 1971. Somewhere around in that time.
- Lindsey: I grew up with him. He and I did everything together. When it snowed and schools were closed, we'd go to a bird park and take cardboard and ride down the hills. He was so close to me, and is still close to me, because he's still alive. He's right now living with HIV. I believe that's when I first heard about it.
- Lindsey: But even after finishing college, and my career ... I'm retired from Verizon, which was C&P Telephone Company of Virginia, and Bell Atlantic, and I retired from Verizon. I attend St. Paul's Baptist Church. I guess it found me because seeing a lot of my friends

This transcript was exported on Jul 02, 2019 - view latest version [here](#).

were involved in that type of ministry, caring ministry. We had a nurses' ministry that really started the HIV ministry. I just was drawn to them, to what was happening, and wanted to do something about it.

Speaker 2: How many years ago was that now?

Lindsey: That was 1990-something.

Speaker 3: How about 1995.

Lindsey: Maybe that.

Speaker 3: 1995. It's on there. I was reading.

Lindsey: Yeah. Yeah. Eric King knows. He's another one. Have you all spoken to him?

Speaker 2: No. We haven't.

Lindsey: Oh, my gosh. You've got to get Eric in here. Eric King. You all can make that email connection.

Speaker 2: That would be wonderful.

Speaker 3: That would be amazing.

Lindsey: Yes. He keeps our history.

Speaker 2: That's fantastic.

Lindsey: Yes.

Speaker 3: Is he connected to Nia-

Lindsey: Yes.

Speaker 3: Okay.

Speaker 2: That'd be wonderful.

Lindsey: Yes.

Speaker 2: I've got two questions.

Lindsey: What's that?

- Speaker 2: First of all, in the early 1970s, right?
- Lindsey: Mm-hmm (affirmative).
- Speaker 2: There wouldn't be what HIV was.
- Lindsey: I know.
- Speaker 2: Tell us more about your cousin's diagnosis. Right?
- Lindsey: I don't know if he called it HIV. I just knew that he had contracted something. That he was sick, but our family still embraced him, which his grandmother was my great-grandmother. We just loved him. I was getting ready to call his name out, but I'm not going to do that. But just because of who he was as a person, and we wanted to embrace and show him we loved him all along, of how important he is to our family. He's still alive with it. I'm 67 and he's younger than me. I know he's in his late 50s. I don't know. I'll find out.
- Lindsey: At St. Paul's, a lot of my friends were in that ministry. We'd just we'd get together at my house or anybody else's house. We'd sit around the table and World AIDS Day would be coming up. One of the people would say, "Well, Lindsey, I've got \$25.00." I said, "Me too." We'd put our money up and buy the red ribbons. This was one of the changes in everything for me and for our church and for what we do know, was we had a list of things that we wanted to do. We said that we wanted to do the prayer that Sunday, recognizing World AIDS Day. We wanted somebody from our ministry to read the scripture. We wanted our pastor, Dr. Lance Watson, to preach a sermon on compassion and mercy and healing and giving.
- Lindsey: We had some people that were artistic, and we wanted them to do a skit, a dance, a routine all up on the pulpit at St. Paul's Baptist Church. We typed that up in an email to Pastor Watson. We said, "We want to give out condoms at church."
- Speaker 2: This is back in 1995?
- Lindsey: This is back there. Yeah.
- Speaker 3: Wow.
- Lindsey: He said, ... I wish I had saved that email and tell people that he said, "Yes. To everything. Everything we asked for." Just on a straight back return, not, "Well, let me go check with the Executive Committee. Let me see, we might have to vote."
- Lindsey: So we started giving out condoms in our church, at St. Paul's Baptist Church.

Speaker 2: You must've been one of the first churches.

Lindsey: One of them, could've been.

Speaker 3: How did the community respond to that?

Lindsey: Let me say this, nobody ever said anything negatively to me. They might have thought it or went to Pastor. Let me bring you all up to what happened maybe last year.

Lindsey: I'm wearing a red T-shirt saying, ... Oh, gosh. I can't even think what the shirt said. Something about condoms. Condoms are good, or something like that. That's not really it. One of the Associate Ministers saw me. He's saying, "Lindsey, if you had worn that shirt in some of the churches I've been to, they'd had a meeting. You'd of been out. You wouldn't be a deacon. You'd be gone." I said, "Well, that church ain't Dr. Lance Watson's church."

Lindsey: You know what? It's like no fear. It's no fear. It's like at home, when you grow up in a community or family of no fear, then I don't fear going to a big, old ... I'm in the National Baptist Deacons' Convention. To go to there to do a class on HIV and AIDS prevention, to talk about, do a condom demonstration, I'll be one of three women. Because you know deacons, they're mostly ... The whole thing, the speaker, the leader, facilitator know the work that I do and asked me to do that one day. That jumped a whole bunch of spots. You know what? Up, as far as eliminating stigma, helping to erase stigma and making it so you can actually say those words in a forum like that.

Lindsey: Even up until this last July, I'm sitting in this same facilitator's class. Ain't but a few women in there. He just pointed at me and said, "Well, Lindsey, what is it that you do? What is the type of work that you do?" Or something to that effect. I said, "Oh, well, I like hospitality and welcoming people." He said, "That's not what I'm talking about." I was going ... Finally, I said, "Well, ..." The people are listening, the class start. "What are you talking about?" He said, "The work you do in HIV."

Lindsey: He allowed me that next day to take his time. I called. I was in Columbia, South Carolina. I call the South Carolina Health Department. They brought a guy from there, brought condoms over to me at the hotel, because I wasn't driving. I'd have had them in the trunk of my car if I had driven to there, but I took the bus with other people. That allowed me to connect the people that live in south Columbia to be connected to the Health Department for that kind of thing. Do you all see that?

Speaker 3: Mm-hmm (affirmative).

Speaker 2: Mm-hmm (affirmative).

- Lindsey: That's how it just works. Now I'm here with you talking about this. But it's taken all that time. But I still keep asking people. All they can say is yes and no.
- Lindsey: The people I work with most of the time said, "Nobody tells Lindsey, no." But somebody did tell me no one time. They just couldn't believe it that we couldn't do a class we wanted to do for a group of guys. But that's okay about that, because we still continue on. Go ahead.
- Speaker 2: I was just going to ask, when did you come to VCU? When did Nia? When did you found-
- Lindsey: Oh, let me tell you. I came to VCU because The Well. Linda, you know the one I'm talking about, that was the Director of The Well before the lady is there now. Hancock. Linda Hancock. Linda Hancock. Connect up with her. Whenever they did HIV testing at The Well, I would come over there. I would bring condoms, bring pizza for people sitting around, and just engage the students. I would stand on the outside. If I go in, not that many people out there, they'd put me at a table or something on the outside of The Well. Right there in Cathedral Place. I would talk to students about ... I would just ask them a straight up question like, "Are you sexually active?" I mean that'd be my intro statement. You know they're over the age, so I'm okay with that. That would stop some. I would give them condoms. I would invite them to come into The Well to get tested. That's how I started with her. We did that for years. We did that for years.
- Lindsey: We had a grant that allowed us to provide food at events, and World AIDS Day, that's what they'd be leading up to, or any other kind of event that they would have. From there, I met Deb Butler, because we would be meeting at the Richmond ... We had a group, a coalition. It's called, Doing It RVA, now. But then we were invited to those meetings with Pamela Price. That's another person, Pamela Price. She's now with [Baumann Guillieu 12:46:00]. Got some people from Baumann Guillieu here. We'd be there.
- Lindsey: Back to Nia. Pastor answered yes to just about everything. I can just see us and two of the members of our group that we just got together and we're sitting around a table just like this. They agreed to one to read the scripture and the other one to do the prayer. I can just see them sitting there, and Pastor Watson getting up. He wrote us a letter. I still have that letter. To all of the pastors everywhere. I'll bring you a copy of that letter. That letter is everything.
- Lindsey: We started going to other churches and asking them, "Could we come? Could we speak? Could we pass out information?" I would straight up always ask. I still ask now at churches, "Do you mind if we distribute condoms?" If they don't want us to, we don't. We do everything that they ask. I don't cross that line and be dishonest, because that doesn't help. Because we're trying to make everything approachable, and fair, and equitable for everybody. Because if you don't get it this time, you will at some point. Because you know what we did? We planted a seed. "This is nothing to be scared of.

This is something to learn about just like any other kind of disease. You know? You want to learn as much as you can so you can share it. So everybody can live healthier lives."

Lindsey: With that, then one of our members worked at the health department. She started telling us about funding and all, there. She helped us to write a grant to the health department. We didn't get that first grant. We were standing outside of St. Paul's. We all started crying. You'd have thought somebody had died. We didn't get that first one. But that's been years ago, and from that, we've been funded every year since then. We've been asked to be on grants that other people have written, to be a community partner. I mean it's just amazing, just how God works in through it all.

Lindsey: Once we started with the funding on the grants, that's where Nia ... Nia is Swahili for purpose. N-i-a. It was Nia Incorporated of Greater Richmond. Now I just looked at the new name and I can't remember it right now. Nia Community Development something. Something like that, but you all know.

Lindsey: Ever since then, at one point I had added up how much money we'd gotten from the health department and it was a lot. It was a lot. One of our members, Eric King, wrote a class called, The Landscape of Our Spiritual Warfare, Ministering in the Face of HIV and AIDS. That's for ministers and lay leaders, youth ministers of churches. We offer that class at no charge for that particular group for their church. He and I are getting ready to present that this, in December. I've got the date here. For 17 newly licensed ministers that just came to St. Paul's because we want the new ministers to get that, as well as we go to churches that are already established and all. We've been to a lot of churches in Richmond to do that training.

Speaker 2: How has Nia grown and changed over the years since 1995? Because you've been around now 23 years.

Lindsey: Is that right? I feel so young. But anyhow, it's one thing that leads to another that leads to another, and we have a fun developer, Yvonda Riley should probably interview here, because she was one of the ones that worked at the health department. When you work there, you know the ins and outs. She now works at St. Paul's as the fund developer.

Lindsey: By becoming a non-profit with the 501C, then we're able to apply for more grants in all different areas. I can't even name ... But if you look on our website, you'll see them all. We have the one for women, for youth. On this later grant, we're with the Virginia Department of Health Emerging Communities for Life, we have a holistic service navigator that works is certain communities to provide transportation, connections, to resources, to food, to job interviews. We offer a whole ... Not just looking at the one thing, but the whole person and the whole community, so it's expanded from that to where it is now. We have a Board, and just a lot that goes on with it.

Speaker 2: One of the reasons we were so interested in talking to you, besides the fact that everyone told us that we should, is it seems like you are incredibly effective at reaching black youth, which is the group that is getting infected at the highest rates.

Lindsey: Right.

Speaker 2: Can you talk about that some? Talk about how you've seen the epidemic change over the years that you've been doing this in Richmond?

Lindsey: Yes. As far as the epidemic changing, I see an opportunity. Even with advanced medicines, with PrEP, pre-exposure prophylaxis, treatment as prevention, so now we have a variety of ways that people can protect themselves, their partners and their communities. It's not just the one thing, "Wear a condom. Use a condom. Don't have sex." You have a plethora of opportunities. I like that. Everybody likes having choices, and making the best choice for you. I've seen it change by the medical part changing with those types of treatments and all now. That's been a big change.

Lindsey: The young people, I see that group as the one that will and want to take it to the next level. I work with a lot of them, and I use any and everything that they say, and like to word our fliers that to have them create the fliers, have them to recruit for different interventions that we offer. I'm there to support and back up, but I would like their faces out there. It doesn't take much. We work with graduate students at Virginia Union and at VCU. I could text somebody now, "Can you do a class now?" "Yes, Miss Lindsey." We couldn't do it without them. We don't want to do it without them because they can get places that I can't. Once they get there, of course, I'm there to support and to get and to help them to the next step. I'm so happy about the relationship that we have with-

Speaker 3: So you train them to-

Lindsey: Yes. Yes. We have ... mm-hmm (affirmative). We do. We have an online training for one of our classes, and then they do a face-to-face class on mental health substance abuse with us. We do an HIV 101. We're always looking.

Lindsey: We just interviewed some young people two weeks ago. We're going to bring them onto Nia's payroll to help. They will actually help recruit students for this Voices training I was telling you about, and actually conduct the sessions. In those sessions, when we have a group of African-American in this class, Voices, is for African-American male and female who are between 18-24, a video led session that you talk about condoms. Using condoms. Healthy relationships. We even recruit within those classes of people who feel they might want to either be recruiters or facilitators, and ask them to get a group of eight people for us to do the classes with them.

- Speaker 2: Lindsey, where are some of the places these young people can go and teach that you can't? Where are all the Nia classes offered, in places where maybe only these VUU or VCU students can go?
- Lindsey: Right. We go anywhere. We have, of course our church, we have locations in our church in Richmond and Petersburg, in the south side of Richmond. Nia has offices there that we can do our classes there. We do our classes on the Virginia Union campus. We're getting ready to do like, It's your Sex Life, in conjunction with World AIDS Day, November 30th, at Virginia Union. We're connected with the Deltas Sorority there. We get connected with a group there. It could be a fraternity, a sorority, another type of group. We're going to do all of that at Henderson Center there, just by the connection with them. We'll use Virginia Union to recruit students for that class that I told you all about. We'll just do it there.
- Lindsey: We're also connected with Challenge Discovery projects with Curtis Lee. He's connected to ... That's right there on Jefferson Avenue in Church Hill. It used to be the clinic there. It used to be, but it's not anymore. But he's another good connection. But through his connection, and him inviting us to come to a back to school night at Fairfield School, we met 18-24 year olds there that attended one of our classes, and now have them as recruiters to be in the Fairfield Creighton neighborhood, because they know everybody. I go walking over there. I have been over, but people, they don't know me, but they know them. How are you more likely to do something that your friend says, "Oh, come on, that is nice. You're going to give money afterwards and blah, blah, blah." That's how we do that. We go anywhere people want us to go. We go to Petersburg, anywhere. We can present our information at any location, so wherever people ask us about, that's what we'll do.
- Speaker 2: Another thing I'm super interested in is so many people have talked to us about how reluctant many of the churches were to acknowledge AIDS and to confront HIV in the communities. I would love to hear how you've seen that change over time. I mean Dr. Watson sounds like an amazing, amazing pastor.
- Lindsey: Yeah, he is.
- Speaker 2: But I understand that a lot of pastors at that time, were more resistant.
- Lindsey: Exactly. Exactly. It's one of the ways that you contract HIV is what I think. Through sexual contact, through anal, oral or vaginal sex. So I think it's the thing about talking about sex so openly in a congregation where you may have people that ... You do have people that are in their 90s, 80s, 70s, and they ... The pastor listens to them. I do too. Because if it weren't for them, I wouldn't be here.
- Lindsey: So now our pastor always says, you always have to have somebody older than you pouring into you and then you pouring into the next generation. But I totally get how



they don't want to hear about that, and really don't want to feel that's anything that our community should be concerned about. That's why I go to senior citizen events. We have a Bible Study at our church every Thursday. Dr. Faye Belgrave has spoken to the group. The ministers that lead those bible studies have been in my classes. They speak about it.

Lindsey: The only way that you get rid of a silence, is that you open your mouth and you say something about it. It's not like putting it in your face, but it's a way to do any and everything that you do, by just having them sit around the table and just share experiences. Because just think the power that to get some 70, 80, 90 year olds on the board, and I do have some onboard. They know what I do, and they support me. I was going to bring one with me this morning. I really was going to bring my 90 year old deacon who goes with us to Hampton, to anywhere we go, and she wants to get a ride. I said, "Come on." [crosstalk 00:26:10]

Speaker 2: We want to meet her.

Speaker 3: We do.

Lindsey: Deacon Helen Greene. She'll speak from a 90 year old perspective. How important this is to our community, and the livelihood of our community, because we want people to live to be 90 and 80. It, and well. If you can do something at 20 and 30 to make sure that happens for you, then it's to your advantage to do that. So I'll go anywhere. I'll talk to anybody.

Speaker 3: That's incredible that, that 90 year old person would be supporting this.

Lindsey: Yes.

Speaker 3: Do you find that there's more people like her?

Lindsey: Yeah. Yup. They are. They are. I feel like it's because of what our pastor says at our church, of how we don't stigmatize that dress differently, that may even be of a different sexual orientation. You don't feel like sitting there, oh, getting ready for somebody to say something that will make me feel bad inside, because I'm a gender loving person or I'm a transgender. That's not why we're there. We're there to show the love of God to everybody. That same love was shown to me and to everybody. So everybody's living with something, and everybody's got to die from something. So you might not be living with HIV, but you could be living with congestive heart failure, diabetes, all kinds of stuff. How would you feel? Turn it on you for something like that. You know? I try to show that same empathy to everybody. That same compassion, and to not separate people out. We're not going to make it, separating and dividing. The only way we're going to make it is by coming together.

Speaker 2: What do you think are some of your biggest challenges you've faced in your HIV work?

Lindsey: You know what? I'm going to tell you about a situation. We had spoken to a leader of a group that had a group of African-American men. That's a group I'd really like to get. I've heard this said, that if you get the men, the women will follow. So I've always wanted to have an event where it's standing room only with African-American men.

Lindsey: We had an opportunity to work with a group like that. This person gave us a date, when to come, and a room to have our Voices training. I had my facilitators there and my evaluator, to do an evaluation, do an evaluation after the class. We were ready. When it was our turn, they told me to talk with somebody. I spoke with this person. They said that, "Well, I didn't know anything about that. I don't think you all are going to be able to do it." I just went outside with them. I said, "We've got everything here right now. Snacks, the incentive. It's only going to take about an hour and a half." They didn't want us to do it.

Lindsey: But you know what? We sat there and still supported what they were doing anyway. When it was time to leave, a gentleman came out after me and gave me his card. He said, "What you were talking about? I want you to come to our group and do it." God works stuff out. It wasn't that time and all. Then I had another offer, because somebody that I know, knows a person in the group. She says, "Well, Lindsey. I can get so and so to have the group at his house." But I didn't want to do it either of those ways because that wouldn't be good. That's not a good name for me, not a good name for Nia, not a good name for God, that they go behind your back and do stuff you said they didn't want you to do for that group.

Speaker 2: Was this a church related group?

Lindsey: No. That wasn't a church. It was like a community group. But for the churches, I mean we can go to just about any church, and we do.

Speaker 2: What do you see as some of your most successful moments?

Lindsey: I used to feel a certain way when we'd have HIV testing, and only a couple of people would come. I said that to one of the people that's in our group. He reminded me, "Lindsey, only if one person comes, that's one person that now knows their status that didn't know it before." I used to look at numbers. We still have to report numbers for our grants and stuff, but I feel better about it. But I do all I possibly can, wherever I am. If we're at VCU, they're having an event, we support them. I walk in. I see a certain number of people, I'll immediately go out in the hall. Everybody's so nice.

Lindsey: Let me tell you all, I've been out here on this campus. Yes, because Health Brigade used to test here. Do they still test here?

Speaker 3: Nope. I never [crosstalk 00:31:30].

Lindsey: They had a few number ... Might need to get them back. I come over to support wherever they're testing. I came over with ... I can't think of her name right now. But they only had a few number of people in there. I said, "Are these all the people coming?" She said, "Yeah." I said, "Okay." So I had brought snacks. I always bring chips and drinks. I stood out here on one of these little pathways as students were coming and going. My voice was the only voice to be heard, because it's so quiet on the campus. I'm going, "We're doing HIV testing. You all want some chips and a drink?" You know, apparently who going to turn down some chips and drink? Young people. I told them, "Go right on in here, you all, and get tested, get your results."

Lindsey: So it may be small numbers like that, but still you're planting a seed even if they don't come at that moment. They can think about it and Google it. They've got access to everything now, and find somewhere to go get tested. Go see what else I can do. Go get me some free condoms. Talk to somebody. I feel a certain way about this.

Speaker 3: Do you recall when Health Brigade was here? Around what time?

Lindsey: The year you mean?

Speaker 3: Yeah.

Lindsey: I can't. I'll ask Christina.

Speaker 3: Yeah?

Lindsey: Mm-hmm (affirmative).

Speaker 3: Because we're working with the Health Brigade, and so [crosstalk 00:32:44].

Lindsey: Don't they want to come? I mean they don't test here anymore? As far as you all know?

Speaker 2: They did not mention it.

Lindsey: He said no. Okay. Definitely. So even me doing this, look at that. [crosstalk 00:32:59]. Look at that. Connections.

Speaker 2: When do you remember the ... It sounds as though your cousin was diagnosed very, very early on.

Lindsey: Yes. Yes.

Speaker 2: But after that, when do you first recall experiencing HIV around you in the community in Richmond?

Lindsey: Not only that cousin had HIV, but his brother, who was my other cousin, had HIV also. I sat beside his bed at the hospital talking to him. I remember his nurse came in. He made a hitting on comment to the nurse. Lying there, now. He laughed. I laughed, and the nurse laughed. I say, "Are you hitting on nurses still, while you laying on here in the bed like that?" But he passed also.

Lindsey: But I just remember being in that family at St. Paul's, and sitting with those people that had it already going, and not taking much for me to be a part of it also. Ever since then, I've been to ... I'm a Fellow, from the University of California, Los Angeles, David Geffen School of Medicine with the Black Eights Institute, they had a year long Fellow program, that Juon Pierce, ... You all got his name? That Juon Pierce, I was at a meeting at his office. He's Director of Minority Health Consortium. We were doing something for another meeting. I don't even know what it was, but he put an application in front of me. He said, "Look at that, Lindsey." I read it. It was an application to that program. I read it. It said that it was in Los Angeles, and they were going to pay for you to go. I said, "Oh, yeah. I'm going." I did.

Lindsey: The first time I went there, we lived in the graduate dorms on UCLA campus. You stayed for a month, a whole month. The bootcamp was a month in August. August 2013. I was in classes with the regular students there. It wasn't like they had us ... I was taking classes from the professors and scientists at UCLA. The medical school was right there. They even let us go in where they take your sample to see if you're HIV positive, and show us in the lab where they test that. I mean, I just got access to all of that. We had access to all of that.

Lindsey: We would take classes from 8:30 am until 4:30 pm, Monday through Friday. Once we stayed there for a month, then we would come back every two months for another whole, new set of information. A whole new exposure to other professors. We got to go to a clinic in Los Angeles and meet with the doctors there, and talked to them. Just everything firsthand. That's where I learned.

Lindsey: At first, I felt intimidated about this work, because I didn't know as much as my other people that were at the table. But then I started taking the online classes that the Virginia Health Department offers, the face-to-face. I still take those classes now. By going to UCLA and getting that Fellow, so I'm a member of the Black Treatment Advocate Network that's out of Los Angeles, California. Phil Wilson was the director there. Now they have a new director. He's been out to events that we've had at Virginia Union to speak three day training classes. I've been to all of the yearly ... What is it that they have? They just had it in September. I can't think of the name of it right now. But that's where everybody comes. I can't think of the name.

Speaker 2: How did participating in that fellowship program change your outlook or your approach?

Lindsey: Oh, man. I knew what I was talking about now. Then we incorporated what I learned out there, into that landscape of spiritual warfare, because I knew how all of the stages of HIV, I knew about all of the medicines, and just all of that. They would teach us that at almost every class we went to, from a different professor's perspective. But that repeating, made you ... and I meant I was going to learn that and say that to people that they would understand, exactly how it works, exactly how you become infected with HIV. All of the stages. We added that into the class that Eric and I do for ministers and pastors.

Lindsey: Anything you add and you make somebody knowledgeable about, that's helping eliminate stigma. At first, I didn't know. I thought just having sex would do it. I'm not going to stop having sex. People was talking like this. "So, I'm just ... I'll probably catch it." They say it's most high now in African-American communities. "I have no way of not getting it." But then if I had seen somebody explain exactly how you get it, what you can do to stop it, and then even if you do have it how you can still be safe with it, how you can still live a productive life, how you can still have things that will keep you and your partner safe, and that keeps our community safe. It's not just you.

Speaker 3: You mentioned trying to reach the demographic of women as part of your work.

Lindsey: Yes.

Speaker 3: That, that seems to be a hard community to reach. Can you talk a little bit about that?

Lindsey: Well, I think the men are harder than the women, and we had an intervention that we used to do with the ... Not just the health department. But the Center for Disease Control. Some of the classes they take out and take in. The one we used to do, we used to do one specifically for women, one specifically for men. We don't have those classes anymore. They're not recognized by them anymore.

Lindsey: But the women will come out to classes. The women will. But even like I just said, we don't have that one particular class, so we now gear it ... That makes me think about why we don't do that. That is just by your asking me that. Even that it's not ... We still have the material. I've been training other people. We can still do the class anyway, knowing it's not a part of our grant. But, just still do it.

Speaker 2: Over the years, what kinds of changes have you seen in the way general public views HIV and AIDS?

Lindsey: I think the general public is more tolerable of it. You can't help but see the big signs PrEP, a daily pill to prevent you, all over, everywhere. I'm so happy to see that up. The

commercials that are on TV now with the stars and people that they recognize, speaking about what people need to do to know their status and to get tested and to get knowledgeable. I think it really has changed. 10 years ago, you wouldn't have seen a big, old, fat sign about PrEP up, and no other kind of thing about HIV up. Up on almost everywhere you go. Everywhere I've been riding around, I see PrEP signs, which is excellent.

Speaker 2: Given that, what do you think some of the biggest misconceptions people still have outside of the community of HIV treatment and activism and education, what do you think people still misunderstand in general?

Lindsey: I think it still relates to the way that people feel like. The way that they don't want to talk about as sex as being a way to contract HIV. I think they just want to keep that private. Because even when you have children, you hold off on that.

Lindsey: One time, we had a table out, and this was in our church. On that table, of course, I had some condoms and candy. A little kid came by and picked up the condoms. I wasn't at the table, but then we got that word back on Monday. A little kid picked up condoms. It's even ... That could've been a learning. But we're not ready for that, though, especially for our ... When you're talking about elementary school, junior high school. We want to be in the schools. I want to be in the schools.

Lindsey: We're working right now with a person that's the lead person for Community and Schools at Armstrong, to do our Voices training there. Marvin made that connection, and had me to go over there and meet the lady. It doesn't help us not to talk about it. It keeps us stagnant. In some cases, it pushes us further behind.

Lindsey: But you know, like I just gave you all an example, we were prepared to do that thing. I walked outside. Somebody ran outside, catch up with me. If one person won't, another will. At least we were there. We did all we could. We prepared. We were there to do it. The word's going to get out. I mean, look at this, is what you're ... When I felt a change is when people would call me and ask me to come to their church, their group, or call Nia, or call the VDH person and they'd refer them to me.

Lindsey: We're getting ready to go to a big, old thing for these group of churches that they wanted a speaker. I got one of my young facilitators is going to speak there. I'm going to ask them all my questions. Can we give out condoms at that? Can we sign up for our classes? Every, any opportunity, you've got to do it. You've got to ask, because it could be a yes. I'll show them that letter from Pastor Watson. I'm encouraged by all that. I'm not going to spend too much more of my time talking about that one that didn't, because I have so many that will. Did you understand? Because at some point, the ones that's doing it, is going to be more than the ones that is not.

- Speaker 2: How do you think your AIDS activism has changed your relationship with your community?
- Lindsey: Oh, yeah. It's been a long time, right, that I've been doing it.
- Speaker 2: Mm-hmm (affirmative).
- Speaker 3: Mm-hmm (affirmative).
- Lindsey: I had somebody come up to me and say, "Lindsey, why are you so involved with the HIV and stuff like that?" I can't remember what I said, but when I said that to somebody later, she said, "They might think that you're HIV positive." I'm still doing it. I'm still going to do, because this is work that makes my heart sing, and I get paid to do it, which I didn't. But that's not ... you know what I'm saying? I did it before then. But it's just work. Even to get here to come and talk to you is exciting for me and it's feeling something.
- Speaker 3: What would be your biggest dream in this, doing this type of work?
- Lindsey: Is that everybody ... I know it's hard to get 100% of people, but that everybody would have no fear in sharing and talking about HIV, sexually transmitted diseases, condoms, healthy relationships, just all things that can make a difference to so many people. If we just would all be so open about that ... Do you all know of any countries or any place where it's totally open?
- Speaker 2: Maybe some of the European countries.
- Lindsey: Like Switzerland?
- Speaker 2: But certainly not ... Or Sweden, or Denmark, or-
- Lindsey: But not for the United States.
- Speaker 2: Not here.
- Lindsey: We've got a lot to go. We're going to keep on. That's all I know.
- Speaker 2: What policies, whether they're federal, state or local, would you like to see most change regarding HIV?
- Lindsey: I would like to see for the community that's infected to have open access to all treatment, all medication, all advances. Not only in the medical part, but to be treated the way they want to be treated, which is in their workplace and housing, just everything, not let it be a hindrance that I'm infected with HIV. Because if you're not

infected, you're affected. We all are affected. It's just you don't just want one population to feel that this burden is all on me. We want to share that burden with everybody. When you do that, that makes people want to do things to protect themselves and their partners and their community. But when you try to point fingers and say, "Oh, that's you. You shouldn't have done that." You can look at your own life and see. I can look at my life and see stuff I shouldn't have done, but I'm still here. So that pointing and pulling people out and separating, is going to do just that, separate people. This is something we all need to come around because there's hope. There are more things you can do to protect yourself.

Speaker 2: Why do you think that Richmond has such an incredibly high rate of HIV infection?

Lindsey: Well, Richmond is a very small town. Somebody know everybody. If you think about that, you either were in school, because people will say, "I know you." I say, "Well, was it at Maggie Walker? Is it at St. Paul's?" "Oh, yeah. That's right. That's right. You go to St. Paul's." It's just that small.

Lindsey: So even with it being that small, so then we're talking about people who are having sexual relationships with each other. So it's just the same group. If somebody does not ... If you all don't start using protection, then the same thing with the disease. It'll go within that same group, within the next group. We're just close and tight. Look at the universities we're surrounded by. If you think of Richmond, Virginia Union, VCU, Virginia State, University of Richmond. College campuses within themselves is that age that we're trying to help. They're not just going to stay on the campus. They're coming in the city. For VCU, the city is the college campus. That's where everybody is, that melding pot.

Speaker 2: I guess I'm going to push you a little bit on this-

Lindsey: Go ahead. What else?

Speaker 2: Because I mean, yes, it's a small town. Yes, everyone's connected. Yes, they're college campuses. But that's true of so many other cities in the U.S. that don't have such a high rate. I mean you know this better than we do, but the last statistics that came out said that Richmond was number 17 among 2,300 plus, localities. What makes us different from all of those other tight knit communities with college students around?

Lindsey: I think another reason might be is that we don't use the resources that we have. That goes back to stigma. That goes back to sometimes when you're at that 18 age, remember I said parents are not talking to you in junior high school, or now they call it middle school. Middle school. Now you're out in the world and you've not had any conversations about it. You don't know anything about having sex, protecting yourself, and you just go with whatever people are doing. From what we know, and we know most of that 17% is due to sexual intercourse and not ... Some of it could be drugs,



intravenous drug users with the blood. But we know it's not from breastfeeding and stuff like that.

Lindsey: Those two things, sex, oral, anal, vaginal and the drugs, I think that is another reason why the numbers are what they are, and with the community being at risk for those things.

Speaker 3: When you say, people don't use their resources, what do you mean specifically?

Lindsey: I mean specifically. This goes back to something earlier. We need to have this sex education in the junior high, in the middle schools. Even, I'm going to say, in elementary. You need to start that as soon as possible. That's a missing resource that the school says you can't even, you can't do it. That's missing out a whole bunch of years of somebody's life, 12 years.

Lindsey: Even so now that you're out, you haven't heard that much about it. When we have events, sometimes we get like I just shared. We have events, I had to go out and get people, have them looking at my face, since they, "No, I'm not coming Miss Lindsey." But most of the time they'll say, "Yeah." They'll come in. People just don't want to be the stigma. Again, "Why you in that HIV training? Why you went to that World AIDS Day?" You've got to hear that conversation. It's layers, and it adds on, but those are what I think. What are your all thoughts on it? I mean what do you think? What are you all thinking? From talking to people and everything.

Speaker 2: I've heard a lot of different theories from people because I ask everyone I interview that question. Right?

Lindsey: Yeah.

Speaker 2: The answers range from, "We're so close to Baltimore and Washington. It's on 95 and people are going up and down."

Lindsey: Corridor, mm-hmm (affirmative).

Speaker 2: Another thing I hear a lot of is the concentration of poverty. That we have a such a high concentration of poverty that, that goes along with all the other things.

Lindsey: And so with poverty, don't have money to get condoms?

Speaker 3: Access to resources.

Speaker 2: Access to resources.

- Lindsey: But condoms are free. We're going to need to get that word out more then. Condoms are free. We give them. Condoms are free. If that needs to be a billboard, then I'm going to tell them people at the health department meeting coming up, December, I think it's December 5th. We need to ... That's it. We'll do that. I just want to check off everything that we might think. So then if you can think of something else while you're not doing, we'll check that off too. You know?
- Speaker 2: Yeah.
- Speaker 3: Mm-hmm (affirmative).
- Speaker 2: I mean we do hear a lot about no sex ed in the schools.
- Speaker 3: Right. That's the big thing.
- Speaker 2: That's a big thing.
- Speaker 3: The other thing we've heard is the way in which PrEP has changed how you, your relationship to sex. "Oh, we have PrEP. We don't have to use a condom, because I'm not gonna be getting HIV." Right?
- Lindsey: Right. Well, the PrEP instructions don't say that.
- Speaker 3: Right.
- Speaker 2: Right.
- Lindsey: Yeah. You've got to read you've got to read it.
- Speaker 3: There's other type of STDs that can be contracted-
- Lindsey: Exactly. Exactly. So yes.
- Speaker 2: Some people just say, including Sarah Munroe, who was in AIDS medicine for 35 years. She says, "That's the \$64,000.00 question. No one really knows why Richmond is so high?"
- Lindsey: We need to ask.
- Speaker 2: It's a question, I think, that bedevils a lot of people.
- Speaker 3: When we were looking, as a class, at AIDS View, and we tried to pinpoint which area of Richmond was the highest concentration, it ended up that it was by the detention center as well.

Lindsey: Which one?

Speaker 2: Well, Church Hill, the Justice Center.

Lindsey: Oh, oh. That neighborhood. Yeah. That's why we're over at Challenge Discovery with that group. Gave us access to Fairfield, Creighton, Gilman.

Speaker 2: Getting into the courts is a big thing.

Lindsey: Big one. Yeah. The young ladies that I had in the first class, and I don't sit in the class, because I allow the facilitator that's in their age group, so they're more open and all. But I drove them there, and I drove them back. I got to hear. I love that they talked. I just was quiet, and I listened to them. Know what I heard one of them say? One of them said that she spent ... Was staying with her dad. She had to get dressed when she came to school. Because her bedroom, there wasn't any curtains. I think also was a situation where the electricity wasn't working one time. So if you think about you've got to worry about you don't feel safe, then me thinking about getting some condoms, they're down on the list. They were 18. They've got priorities, but it's a different set than what we have.

Lindsey: I'm still working with them, because I have to take her to the Family Dollar and buy some curtains. Because to her, and to me by hearing her say that, is a priority then. "Miss Lindsey, we're gonna start recruiting in here." You can buy a pair of curtains.

Speaker 2: That's a lot of obstacles.

Speaker 3: Yeah, it is. Can you talk? Because that was a vivid story, and because the population that really you want to reach of our youth, can you think of stories that really resonate with you in doing this type of work? I'm also interested in the demographics of youth who are a part of that. Is it more women? More men? Is it evenly proportioned?

Lindsey: Are you talking about that last group I was just talking about?

Speaker 3: Yeah. Or just the youth involved that you [crosstalk 00:57:09].

Speaker 2: The youth that you trained to facilitate.

Lindsey: Oh, yeah. Yeah. Now, a lot of them, they may be a little older than the 24, but the ones that are in the class are 18-24. The ones that we train ... Like I said, we could hire people. This group that I'm talking about right now, if someone in that group, once they take the training, they say, "Miss Lindsey, I want to be a facilitator." Then we'll train them for that. I speak to them about, "Well, can you get together eight males, eight females?" We like a class of at least eight. They say, "Yeah, I've got that many friends," or whatever, so they'll bring them.

Lindsey: I hope I'm answering the question. But basically, we train them. They take an online training. We do it all in a one time sitting somewhere. We'll bring them to our office and have computers for them to do the online training, and then the follow-up training, which deals with substance abuse and mental health, we'll help them to do that. We'll get them to take HIV 101 class also. We'll have them observe a facilitator, and then a facilitator will observe them training. We'll just work with them like that.

Speaker 2: It sounds like you like to keep a gender balance in a class.

Lindsey: Yes. Yes. That's the way this particular intervention is gender-based. I feel like women, young women will speak more openly when it's just women. The young men do the same thing. They ask more questions or be more open.

Speaker 2: Now if there's one thing you could say to people in Richmond, thinking about HIV, what would it be? What would your message be?

Lindsey: Let's see. My message is the time is now. We cannot wait for anything or anybody. We're at base. We're up. It's our turn. We've had a lot of strike outs. But it's our turn to hit a home run with this. Everybody can do this. You don't have to be a graduate of anything. We already know how to do this because of the different community groups, ministry groups that you're in, you already know how to listen to someone who may be ill with diabetes, at a critical point with that. It's the same kind of care and compassion to speak with someone who may be HIV positive, and to speak with someone who is HIV negative to get them to keep a negative status. Not a finger-pointing, and more of a listening to what's going on. Just like I'd listen to those young people. If getting her a set of curtains is going to take something off her list, then that's what we do.

Lindsey: You have to address, ask them, "What would you like to work on?" That's what we've got to do. "What would you like to work on?" Because once you do that, that's building a relationship. Once you build a relationship, people will listen to you. People will open up to you. People will trust you. When you get the trust in that, you can move to other things. Just like you can move to other things with them. We've got to build relationships with our young people. We have to. It's not a them or an us, it's all of us.

Speaker 2: Do you work with a lot of young people who are HIV positive?

Lindsey: I can't say I do work with a lot who are HIV positive. In fact, we're right now wanting some HIV young person to be on a panel that we're having, coming up at Virginia Union for World AIDS Day. I've reached out to some of my resources to see if somebody wants to do that. It's not easy, but we're going to try.

Speaker 2: Because so far, the only HIV positive person we've interviewed has been Rodney [Moften 01:01:25]. We would love, love to have an HIV positive youth be part of the exhibition.

This transcript was exported on Jul 02, 2019 - view latest version [here](#).

Lindsey: That's something.

Speaker 2: Have that story be heard.

Lindsey: I'll keep a look out for that.

Speaker 2: Thank you. That would be wonderful.

Lindsey: Because I've asked for my group to tell me someone so they can speak at Virginia Union. Once I find out, I'll speak with them about speaking here also.

Speaker 3: What time is your panel on World Aids Day?

Lindsey: Well, we're doing it for Virginia Union, Friday, November 30th.

Speaker 2: On the 30th. That's good. That's great.

Lindsey: Yeah. We're doing HIV testing from 11:00-3:00, and then we're taking a break, and then we're doing a panel. We're trying to get a Guillieau rep to come and speak on our panel. We're looking for resources to provide a box dinner kind of thing for the students that come back for the panel that starts at 4:00.

Speaker 2: Because our play will be 4:00 on December 1st.

Lindsey: Okay. Let me look at that.

Speaker 2: That would be ...

Speaker 3: I think it would interesting if we can get out there to check that-

Speaker 2: It would be great.

Lindsey: Oh, to come by Union on the 30th?

Speaker 2: Yeah.

Speaker 3: Yeah.

Lindsey: Oh, yeah. December 1st, is good. What time is that?

Speaker 2: 4:00.

Lindsey: That's going to be at the-

This transcript was exported on Jul 02, 2019 - view latest version [here](#).

Speaker 2: At Richmond Triangle Players, at their theater.

Lindsey: Okay.

Speaker 2: Which is a really nice space.

Lindsey: Mm-hmm (affirmative). What's the address? Or I can look it up.

Speaker 2: [crosstalk 01:02:52]. I'm trying to think what it was.

Speaker 3: I can quickly-

Lindsey: Okay. Does that cost to get in?

Speaker 2: Nope. It's free.

Lindsey: So could you all email me something, so then I can put it out on my-

Speaker 2: That would fantastic.

Speaker 3: That would be great. That would be really great.

Lindsey: So then out to the community.

Speaker 2: The play will be really based on all of the interviews that we've done, including yours.

Lindsey: Oh, okay.

Speaker 2: The students have been doing research in the Fan Pre-clinic Archives at VCU-

Lindsey: Yes.

Speaker 2: About the early epidemic.

Speaker 3: There's the address.

Lindsey: Is that 1300 Almont?

Speaker 3: Altamont. Altamont.

Lindsey: Okay. Thank you.

Speaker 3: Mm-hmm (affirmative).

Lindsey: Okay.

Speaker 2: Lindsey, is there anything that we have not touched on that you would like to talk about?

Lindsey: Let's see. Did we do the list good? [crosstalk 01:03:47]. Is there anything missing from there? I looked back at this morning. We can not stop. It doesn't matter who says no. It doesn't matter. We cannot stop. We must. We have no other choice. We must continue with this. We must improve relationships with all people, especially those infected and affected by HIV.

Lindsey: Any platform or anywhere that I can speak or help, then I'm available. I'm encouraged by the work that we do. I'm encouraged by the science breakthroughs, the medical breakthroughs, and how people are coming out of their shells and wanting to have more conversations, and wanting to learn more about HIV and AIDS, and what they can do to help stop the epidemic because it's too long, too long.

Lindsey: When it first broke out, that's almost 35 years ago, the community mainly affected was the white, gay male community over on the west coast. Of all the things that they did, lay out in the streets in San Francisco, spoke to the officials at the Senate, and everywhere they could, gathered, with no money. We have money. We could always use more money. But with no money, that just goes to show you right there, you can do this with no money. Because they did it with themselves, and by speaking to people, and by bringing people along with you and being kind to people and showing compassion. It's not like you say, "Oh, we need this amount of money to do that and do that." I see where you need the money for research and science and medicine, but to get the people, this is a thing that's about people. You just need yourself.

Lindsey: There was something else that we learned about. I can't remember that either. But it's not the Golden Rule, it's the Platinum Rule, treat others the way they want to be treated. The way they want to be treated. You can have a conversation with anybody, about anything. Not to let opportunities go by, where you think somebody might not agree. That's fine, but at least you said something. You know?

Speaker 2: Mm-hmm (affirmative).

Lindsey: That's fine. Everybody has their boundaries in what they want to do, but at least speak up. This is our ... We have to do it. We can't keep passing this on to the next generation. Let them be able to work on something else. Let's take care of this right now. That you all don't have to interview people. You know what I'm saying?

Speaker 2: Mm-hmm (affirmative).

Lindsey: Let this be the last interview. The last play. Because we're not 17th anymore, we don't even want ... It just gone.

Speaker 3: Eradicate it.

Lindsey: Yes. Yes. Eradicate it. That could happen. Because I've always heard, "It's your behavior." A lot of times, that's a hard thing to change. I know, trying to lose weight, is a hard thing. You fight it every day, but it's still, bottom line, on me. So what do I do? Do I do something different or keep doing the same thing? We can do it. I really feel encouraged by it.

Speaker 2: It sounds like you just had a moment in your life where you felt a calling? Listening to you, that's what I hear. Is that right?

Lindsey: That's right. That's right.

Speaker 2: Can you say just a little bit more about feeling a calling?

Lindsey: Well, it's something, that for me, I can't say no to. That means if somebody asks me to come and speak, like right here, right now, or "Could you come to our church and do this," or, "Can you help us with this group?" I do it because it's work that makes my heart sing. It's no amount of money that gives me that peace and that satisfaction. Even if you get from that, whatever, that group or whatever, if you get one person. That's like my colleague told me years ago, "Lindsey, if one person comes, that's still good. Because that one person is like throwing a rock in water, of how the ripple effect comes from it. So one person." That's how everything is. From one person, it's created, and then we can help others. It's good stuff. I could talk about it forever.

Speaker 2: Thank you so much.

Lindsey: You're welcome.

Speaker 3: Quick question. Do you think one of your youth facilitators would be interested in talking about their work?

Lindsey: Yeah. Yes. Who you all want? Male or female?

Speaker 3: Whoever you suggest.

Speaker 2: Female is better, because we're a little light on the female end of things.

Lindsey: Okay. So you have more male right now.

Speaker 2: Yeah, we have more.



This transcript was exported on Jul 02, 2019 - view latest version [here](#).

Lindsey: Okay. Female.

Speaker 2: Again, it's lots of white, gay men. Actually, it's balancing out.

Speaker 3: Now it's balancing out.

Speaker 2: It's balancing out.

Lindsey: Okay. I'll connect you all via email with one of our facilitators.

Speaker 2: Wonderful. Thank you.

Lindsey: Some of them have gone onto Doctorate degrees, and have their own non-profits.

Speaker 2: It would be very interesting to hear from someone whose life has been changed by the work she did with you and Nia.

Lindsey: I know. I'll write somebody's name. I'll reach out and see. Okay. I know I had a page that said 11-2. I'll put it right here.

Speaker 3: I have to write everything down, put it all in the same-

Lindsey: Oh, yeah.

Speaker 3: Write it down or you can't remember anything.

Lindsey: Okay. All righty.

Speaker 2: Thank you.

Lindsey: Thank you so much, ladies.

Speaker 3: Thank you.

Speaker 2: All right.

Lindsey: Wow.

Speaker 3: Well, I'm sure. Well, so from here I think we're just going to share the interview with our students because they're in the midst of writing. This I think, would be very useful since I know the community congregation is something that they want to ... They're thinking through how congregation was supportive and how that happened, so I think your story would be such a great contribution, thinking through it.

This transcript was exported on Jul 02, 2019 - view latest version [here](#).

- Speaker 3: I don't know. I think Laura and I are probably thinking the same thing. But we are teaching this class again next year-
- Speaker 2: Fall.
- Speaker 3: Next fall or next spring? The spring, because it's going to open in the spring.
- Speaker 2: No. We'll teach it in the fall and it will open in January.
- Speaker 3: FYS and then again so our students will be-
- Speaker 2: Oh, yes.
- Speaker 3: We'll be teaching it again next year. One of the things that I know our students were really wanting is this notion of training. I'm wondering how Nia could be part of that [crosstalk 01:12:36], to train students. We personally don't have funds, but we would be able to-
- Speaker 2: Apply for funds through the university.
- Speaker 3: Exactly. But the idea of getting trained from a community activist who's running an organization, I think, would be ... Help them. A lot of our conversations have been in the classroom, like how they feel uncomfortable. That's good sometimes if you're uncomfortable with an issue, right?
- Lindsey: Yeah.
- Speaker 3: Talking about it. But I think getting, being a part of a training-
- Speaker 2: Would help.
- Speaker 3: Might help a lot.
- Speaker 2: Because your discomfort is not with the subject of AIDS, it's with their relationship and feeling like they are not really ... Allowed is not the right word.
- Lindsey: We're not the right people to be talking about it.
- Speaker 2: We're not the right people to be talking about it.
- Lindsey: Why do you feel that way?
- Speaker 3: We have a very predominantly white women class. It's like we're doing this play about, not our demographic.

Speaker 2: Right.

Speaker 3: It's the kind of like, are we the right people to be talking about this? How can we be as respectful as possible in talking about this? How can we make sure that we're doing all of these stories as much justice as possible while still trying to get a message across?

Lindsey: I think you've done that. I think you can check that off the list. That's done.

Speaker 3: Thank you.

Lindsey: The connection there, too, is women. So women have connection within itself. If you're speaking from that point, and all women feel the same thing when we talk about a sickness or family. All of these things are related with that. We all feel the same way about being protective over our family and our friends, and wanting the best health possible. That's what it's about. That's what it's about. By you even learning what you're learning, that's making you more knowledgeable that you could speak to somebody. Even by you speaking to somebody that, that's what you're trying to do, that means a lot. That you're not just sitting back watching how the numbers for one group of people go up, up, up. "Well, that's not me." Because really, I know the demographics are like zero, less than 1%. But that you are doing something about it, which you acknowledge that. Even by just wishing people, hoping that people are doing better is good.

Speaker 3: Thank you.

Lindsey: I thank you for being here, for doing that. Your group and your class.

Speaker 3: Yup. Thank you.

Speaker 2: Thank you.

Lindsey: Now, the stuff I said we could do in those names and stuff, you all are going to email me?

Speaker 3: Sure.

Speaker 2: Mm-hmm (affirmative).

Lindsey: Soon, we'll reach out to those people.

Speaker 2: Yes.

Speaker 3: Yeah, we have it. Eric King. I have Pamela Price.

Speaker 2: Price.

This transcript was exported on Jul 02, 2019 - view latest version [here](#).

Speaker 3: Deb Butler.

Speaker 2: Deb Butler.

Speaker 3: I heard Curtis Lee?

Lindsey: Yup.

Speaker 3: Yvonne. I met-

Speaker 2: Is Curtis L-E-E or Leigh?

Lindsey: L-E-E.

Speaker 3: L-E-E?

Lindsey: That's right.

Speaker 3: Yvonne Davon?

Lindsey: Yvonda Riley.

Speaker 3: Yvonda Riley. R-I-L-E-Y.

Speaker 2: I have Pierce. Juon Pierce.

Lindsey: Juon Pierce. He's with minority health. You all are going to send me an email with this.

Speaker 3: We can do that.

Lindsey: I'll forward. All of their will be on an email. I'll forward out to them.

Speaker 3: [inaudible 01:16:11]. Right?

Speaker 2: Yes.

Lindsey: Yes.

Speaker 3: Great. Thank you.

Lindsey: Oh, you're welcome.

Speaker 2: Thank you.

This transcript was exported on Jul 02, 2019 - view latest version [here](#).