

Laura: Activists for a long time, and that's the piece that we're really hoping you could fill. I'm going to turn on my recorder, for backup.

Patricia: You should. Backups are always necessary.

Laura: Yeah, they are. Okay, so just, you recording?

Patricia: I turned it on, yeah.

Laura: Okay. Good. There we go.

Patricia: Excellent!

Laura: Diversity Thrift. Ravi, we'd love to start by you just telling us a little bit about how, and where you grew up, what your family was like, your childhood, your youth.

Ravi: Yeah, so I grew up in Toledo, Ohio. Toledo is in Northwest Ohio. It's about an hour south of Detroit, Michigan, and I grew up in an academic family. Both my parents were educators. My mom was a high school English teacher for about 40 years, before she got her PhD late in life, in late 50s, in '98, and she then went and taught at a university, teaching Africana Studies as a visiting assistant professor for a few years, before she developed Alzheimer's, which is where she is now.

Ravi: My dad was a sociologist by training. The first black person to get a PhD in sociology at Wayne State in Detroit. He founded the Ethnic Studies Department at Bowling Green State University in 1970 as a program, which he was appointed the director, and then it became a department in '78, and so that academic educational background for me, and my brother, and my sister, I'm the baby of the family, I think really undergirded our own activism and engagement in community aspects, particularly as young people growing up in Toledo.

Ravi: We grew up in a rather middle class integrated neighborhood, in the center of the city, that really models its homes off of the Richmond and DMV area. It's called Westmoreland, for example. It's a neighborhood. The street I grew up on is called Potomac, named after the Potomac River, so that's the town I grew up in. What else about Toledo?

Ravi: As the baby of the family, I was born premature. I weighed one pound 15 ounces, and so there was a lot of, of course, turmoil, from what I've heard, from my birth in general, and what lease on life I might have, and so my upbringing was generally very much loving, and education inspired, and my parents were very active in race, and ethnic community issues, and music, as well. Politics got interesting to me in high school, in Toledo, as I was just learning about the things that we take for granted. Like why trash is picked up on a certain day in Ohio, why when there are snowstorms, why certain streets are plowed before others.

Ravi: Those kinds of questions really got me interested in politics, and so I then left Toledo. I went to University of Michigan for college, and life, I guess, started after that.

Patricia: You did a lot of organizing during your youth, even before college.

Ravi: I did. I did do a lot of organizing. Yeah, I did. In high school, I actually just watched this on the Facebook, for throwback Thursday, two days ago. I saw an old video of a ... Actually, a Youth Excited for Christ event that I did in high school. I went to a Catholic high school. It was a coed one. The only coeducational Catholic high school in the State of Ohio at the time, and it was Youth Excited for Christ weekend celebration, people who are doing their own private music groups, or solo acts, or churches, or community centers. What have you, and that was a weekend long event, that organized all these musical acts together, so that was one project I did as a 17 year old. I just saw that video the other day. Totally forgot about that.

Ravi: In high school, I was very active, so I ran for student council president, vice president, and I was class president for two years. I won each of those. I was captain of the track and cross country team. I won a lot of speech contests. Named after Dr. King in Ohio, the Ohio Martin Luther King Junior Commission does annual statewide high school and lower oratorical contests every year, so I won those a lot.

Ravi: In the community of Toledo, I was also a board representative on the Board of Community Relations, which is comparable to the newly formed Human Rights Commission here, in the City of Richmond. As a youth representative, I created an award there, where the youth reps would be able to identify adults who lived in Toledo, who volunteered their time to work on behalf of young people, and they would get a youth empowerment award, and they still annually bestow that, and so that started a good 20-something years ago. Lo and behold, it's still in effect, and so I did some work in high school. It was fun.

Ravi: I did a lot of activism in my actual high school itself. One story I always like to tell is that boys did not have stalls in our bathrooms, and the story in the '90s was basically screw it. You don't need privacy. Women do, guys don't, and so, of course, I found that to be highly objectionable, and so one of the things I lobbied for was new doors on the bathroom stalls. They never had, in 100 year history, and we finally got them. I lobbied for a longer lunch period as well. We had to eat lunch in seven minutes. It was crazy. I don't understand how that could be in any way considered healthy, particularly for young people.

Ravi: None of that made any sense to me, and so I think my parents' engagement in community and education really inspired all of us to take that upbringing, and attach it to the things that we're most interested in, and, for me, that was politics.

Laura: How'd you first hear about HIV and AIDS?

Ravi: Well, it was not at home. I did not first hear about it at church. I'll say where I did not hear about it first. I did not hear about it at school. I did not hear about it from my

doctor, until after the fact, of course. I think the information I got, I got most likely at clubs and bars, that were few and far between in Northwest Ohio, in the late '90s and early 2000s, but yeah, there's no ... I don't recall ever having any explicit conversations about HIV and AIDS as a young person. Not with peers, not in capacity with an adult, or a social worker, and again, I think the key intuitions where arguably that should be happening did not, and I went to very elite private schools.

Ravi: I went to public, private, and parochial school throughout all my education, which I think has given me a nice breadth of how American education looks today. My private school's Montessori school from second to eighth grade, so again, the idea that you might not get it, because you're at a certain type of a school, what have you, no. That has nothing to do with it. It's just not part of the curriculum. If it's not in the curriculum, then you don't learn about it, and, of course, I went to a Catholic high school, so you can figure out the rest of that.

Patricia: It's certainly not in Richmond's health education. It's not necessarily a part of it either.

Ravi: No, it's not, and that is something that, again, in politics, it got me really interested, over the course of my career, in this stuff, because the solution in that is a political one. The governor appoints the members of the State Board of Education. They set curriculum standards for the state. If they wanted to add HIV education, they could do so tomorrow.

Laura: We were talking to Kendra Weindling recently, at the City Health District, and she talked about working in the Rowan Oak high schools, and how there were kids there who were HIV positive, in high school, and had gotten absolutely no information up to that point about it.

Ravi: Yeah. That's really sad, so I think about this in the context of Richmond in particular. Richmond has a public school district that 75% of the students are living below the poverty line. Not at, not above it, not low income. Below the poverty line, and 99%, I'm estimating here, but definitely upwards of 90% or higher, are students of color. Of course, most of them are black, or African American, and what we know from LGBTQ data is that you're actually more likely to be LGBTQ if you're a person of color than if you're white, and so if we believe this data, then I think it's incumbent upon us in the public education setting, to ensure that students are getting access to information that you know they aren't getting in other social institutions. Unless you come from a familial background of health education, I would argue specifically you probably aren't having that discussion happening at home either.

Laura: How has HIV affected you personally?

Ravi: Well, that's a dissertation. I'll try to respond, so I was diagnosed on September 4th, 2003. I was 21 years old. It changed my life, at 21, so at 21, in 2003, the stigma associated with HIV and AIDS was quite high. The medicines available were not, of course, nearly as bad as in the '80s and what have you, but certainly far worse than

what they are now, and also, just multiple ones, and bigger ones, and pills you had to refrigerate, and just things that you don't do anymore.

Ravi: The general story is I was obviously active sexually in college, and I was being tested regularly. Every three months was my habit, and so this was just a regular test. I knew I was positive, because I'd spent that summer, of 2003, as an undergraduate, fellowship at UCLA. Their Summer Humanities Institute in the Department of African American Studies, where they trained undergraduates to prep them for graduate school, and so I spent my summer in LA.

Ravi: I was not exactly on my best behavior in LA, in terms of my sexual health, and what I realized, that come early August, as the summer program was ending, we had a week left or so, I got a sore throat that wouldn't go away, and it never went away for a month, and so I had a regular appointment scheduled anyway, in September. When I got back in August, when I got back in August on campus, second week of August, I went and scheduled a test. Then, of course, on September 4th is when I received the results, and I think it affected probably my relationship with my families and friends, more than anything.

Ravi: I told my friends at the University of Michigan, where I was diagnosed, relatively immediately. I had close friendships, and I never even thought about not telling them, but it did, of course, change how people see you. They start looking at you like you're going to die tomorrow. They are certainly that much more concerned about every day activities, that they weren't before, which was all, of course, an expression of their love and concern for you, but also, their ignorance of HIV, so that went pretty well actually. University of Michigan, that was fine.

Ravi: My mother, I went to school at Michigan, so it was about an hour away from my hometown, and so I drove home. I remember I was bawling the entire way there, and I pulled up in the driveway, and had a conversation with my mom, sitting on a garden bench, and her initial response was she thought I was celibate. I said oh ... Well, that clearly has not been the case. Sorry, and that was obviously a difficult conversation. I did not tell anyone else in my family, until that December.

Ravi: Every December, between Christmas and New Years, I guess it would be during Kwanzaa, we would have a family meeting, in which we would discuss the pitfalls and joys of the year that's ending, and what our hopes were for the year ahead, and it was at one of those meetings in 2003 where I disclosed my status to my family. I do think for them, for some of them, it was also confirmation of my sexuality, and I think that was in some ways a concern of mine, because there's the ignorance, the conflation of one's sexual orientation with HIV statuses, of course, abounds, and I didn't want to certainly have my family contribute to that statistic. Ultimately, I do think I was ...

Ravi: I always argue I was never not gay, never not in the closet. I had a girlfriend in high school, but everyone knew that was pretty much for the sake of appearances, even though she was a great person. Of course, I believed that my parents always knew, and

so that wasn't something that I was in any way afraid to tell them. I just wanted to figure out how to do so, so I waited for a few months after I was diagnosed, and told them.

Ravi: Ever since then, interestingly enough, hindsight being 20/20, no one in my family ever, except my father, would actually voluntarily ask how I'm doing, in terms of your health. I think, if we're honest, in families, we don't normally have those conversations, unless someone's been diagnosed with something, and then we suddenly are asking very explicit direct questions about their health, and how they feel, and we don't do that with people who we presume to be normal, or healthy, and so that happened a little bit more, where I noticed that my dad would ask occasionally. No one else really would.

Ravi: I think it created, in some ways, perhaps, some level of distance that's hard, in the sense that I'm gregarious person, and so it's not really far away distance, but still, on that subject matter, there seemed to be a rather relative silence in my family circle about that. I don't think they knew exactly what to do, or what to say.

Laura: I'm still amazed your mom managed to keep quiet about it, not share with anyone else in the family, until that last week in December.

Ravi: Yeah. I think some of that actually might be motivated by her own religious upbringing, so she was raised in a middle class family at the time. Lower middle class family in Little Rock, Arkansas, so she grew up in segregated South, in a very religiously active home, of my maternal grandparents, and I do think she adopted some homophobic norms. They weren't beliefs though. It was just weird, but at least I don't believe they were. Case in point, talking about my dad and ethnic studies earlier, so James Baldwin lived in our house for a couple of years, and my parents always taught several clearly gay, LGBTQ students, et cetera.

Ravi: I think the challenge for my mother was that her son, and I genuinely believe it was more about not wanting her child to experience more oppression, and pain, and suffering that they already do as a black man, et cetera, and so I think that was largely some of it, but it was certainly, I think, made more present by her religious upbringing. That, I think, contributed to her not wanting to tell, or share, and I've learned this moving to the South, in that Southern kind of culture and tradition, you keep your familial business to yourself, even sometimes in the context of family.

Laura: Ravi, every time you embark on a paragraph, there are so many things in there that I want to ask you.

Ravi: Sorry, I'm a professor.

Laura: No, it's good. We can relate.

Ravi: Yes. Exactly.

Laura: Was James Baldwin a friend of your parents, or had he lived in the house before they moved in, or was he there?

Ravi: The story's an interesting one, so my middle name is Kumar, which is also an Indian name, and like my first name. The guy who gave me my middle name is a guy named Dr. Ernest Champion, who was a Sri Lankan in the Ethnic Studies Department, along with my dad, and he and my dad invited James Baldwin to come, in 1978, to be a distinguished visiting professor, and, lo and behold, he accepted it, and so it's really interesting. It was his first American appointment post Civil Rights stuff, exile, Paris suburbs, and he could have gone anywhere. He could have gone to Harvard, Harlem, Yale, anywhere.

Ravi: He came to Bowling Green State University in rural Northwest Ohio, and dad tells the story, he went there, because he was very much motivated by the clear activist orientation of the Ethnic Studies Department at the time, under my dad's leadership, in which they applied the studies of ethnicity to the real lived experiences of folks, ethnics peoples, the communities in which they lived. Sadly, they do somewhat less of that now, and so he accepted, so he came, originally I think for a semester. Taught some classes, went away, and then came back for a second stint, year and a half or so later, but yeah, it was his first teaching assignment ever. It was his first-

Patricia: That's amazing.

Ravi: Right. It was his first time teaching to what he considered to be rural whites, which, for him, was of interest to him. He wanted to see if his theories and ideas, and this is a point, of course, somewhat later in his life. This is late '70s. He died a decade later, and I think he wanted to see if his theories and his ideas worked outside the urban context, and, lo and behold, I think he found out that it did. He, and my mom and dad became close friends, so Ernest Champion became the academic companion who'd got the classes and courses all together. My dad was his social companion, so that's why he lived in the house. He introduced him to various community members, host a bunch of parties, those kinds of things. I was not alive at the time, but I always joke that I was conceived likely as James Baldwin was leaving.

Patricia: I understand that you're working on a manuscript about him too.

Ravi: I'm trying to, yeah. The last photo, I think, that we have of him in the house, was in November of 1981, which would have been around the time I was conceived.

Patricia: That's quite romantic.

Ravi: Yeah, who knows?

Patricia: That's where you get the activism spirit probably.

Ravi: Yeah, I think probably, but James Baldwin was interesting. Me and my dad are trying to draft a story about that experience. No one really knows about what James Baldwin did basically, between 1978 and 1981, and my dad, at this point, is the only one alive, other than maybe two or three other people, who can tell the story.

Laura: You're diagnosed, you're 21. You tell your family, you tell your friends. What happens next, and how, or if, does this begin to inflect your activism?

Patricia: Can you just add years to this too? 21, how old, what year is it when you're 21?

Laura: 2003.

Ravi: Yeah, so it was 2003. I was 21 years old. I lived in Ann Arbor, Michigan. I was a junior, political science major. They had a student health center, and so you go there, and this is an interesting story. I forgot this story, so back then they would call you with your results, and they would call you, and if you were negative, then they would tell you over the phone. If you weren't negative, or if it were a complication, or unconfirmed result, or something, then they would tell you to come in, so, of course, when you get the phone call, and you've been doing these tests for years, and you're used to it. You're just expecting to be told you're good. You're fine.

Ravi: Come back in three months, and you're told this time no. You need to come in, and I'm pretty perceptive. I could hear the tone of voice. It wasn't a tone of voice [inaudible 00:24:19] it was a sad tone of voice, and so I pretty much knew, technically, I would say the day before, but I didn't, of course, have the appointment, till that day in September, which I've never forgotten, interestingly enough.

Ravi: What happened next is that I immediately went on a drug cocktail, to regulate my viral load, and my doctor at the time put me on, I believe it was Norvir, which was a big white cream pill that had to be refrigerated. Reyataz, which were two blue pills, and Combivir. Gosh! Can't believe I remember these, and one other. I forgot, but it was a cocktail of four, five pills, and I did that for about a year, and then, interestingly enough, the doctor took me off of that, because there was a time where the idea that you need to keep taking medicine was actually not yet medical reality. It wasn't necessarily confirmed. It wasn't the consensus, rather, among the medical community, that taking antiretroviral meds on a consistent basis was yet necessary, so she took me off of it for a year or so, and it was fine.

Ravi: My viral load and stuff did not get worse, and then they had Atripla came out, so Atripla was, of course, the first one a day pill, and, for the sake of convenience, basically everyone who was eligible, and could handle the resistance, and the side effects, would try to tackle that, but that was major news, to get to one pill a day, so I went on the meds. I basically continued my ... Nothing stopped, in terms of my extra curriculars, or my activities. I, luckily, never really felt very ill.

Ravi: I did have a few instances where I was hospitalized, for high fevers, or colonoscopy, multiple times, I think during ... As my body was adjusting to taking these meds every day, and so that was not, of course, fun, but, nonetheless, to be honest, despite having HIV, I think I've been relatively one of the lucky ones.

Laura: Tell us about your activism around HIV.

Ravi: I think, in general, I'll be honest, if I didn't have HIV I don't know if I would have done as much. I think I'm like most people, in that you find yourself being active in community work, in which you have a personal stake, and so what I've attempted to do, as I've gotten older, as relates to my HIV status, is, one; simply being open about my status, given where I often find myself. What I've learned is that if you're willing and able to talk about your status openly, you never know who's listening, and never know whose lives changed as a result.

Ravi: What I have learned is that every time I have disclosed my status in a public setting, every single time someone has come up to in the room, who's in the room at the time, who disclosed that they were also positive, and that they never imagined that they'd be able to share that type of a detail, because I'm usually sharing that information in strategic places, where I know HIV is not being talked about. For example, in church, in schools, and so, because of my own career, I am able to move in spaces that I try take advantage of those mainstream audiences, to talk about a disease that we don't want to be mainstream.

Laura: How soon after you got diagnosed did your activism turn to HIV, and how soon did you become comfortable doing what you're describing now? Talking in church, or talking in schools, or those mainstream spaces. What was that journey like for you?

Ravi: To be honest, it's relatively recent, so I would talk about my HIV status in terms of, I guess I'd say my inner professional and personal circles, so small networks of people, but never in a public setting, until I think 2014. I think the reason for that is that as I was reflecting on my 10th commemoration of my diagnosis, which was in 2013, I spent some time thinking about what does that mean for me, having made it 10 years with that disease, and should I be doing a little bit more to discuss it openly?

Ravi: I began to think about that. I began to talk about it with some friends, because, at that point, I also had a still relatively public face, in terms of my professional career, and so the question was always is there a benefit to doing this? I spent several months talking about it with some friends, because I knew that if I were to send a tweet, or a Facebook post saying that I was positive, it would become a news story, because people would not have known that, and they wouldn't be interested, but I didn't want to necessarily do that, frankly, unless I knew it would be beneficial to others.

Ravi: To do so, solely for the sake of nosy Americans, who want to learn about the private regions of one's own life, to me, was not the motivation, but I was absolutely willing to share, beginning 2013 and '14, if I knew that it had a direct likelihood that it's going to impact someone else's life productively, and the second reason why I got involved I think is because I got really frustrated. Just an observer of political news, and stuff, and that, two things.

Ravi: One; we always conflated HIV and AIDS, and when they're two medically distinct diseases. They're two different diagnoses, and there's different treatments for them. We don't talk about it that way. The CDC doesn't talk about it that way, nonprofit organizations don't talk about it that way, medical forms don't, and so for many years of

me getting labs, I would see the forms the doctor fills out. You leave the doctor's office. You have to go down to the lab room, or whatever, and so you're looking at these forms, and the forms always had these codes in the back, for what this patient was, whatever, and the code was always AIDS.

Ravi: It always bothered me, because I always argued with my doctor, to say isn't the point to not get AIDS? Then why would you be suggesting that it's a possibility, even by having this coding, that reminds people that it could develop into that? When I just thought that it was, also, just inaccurate. I don't have AIDS. I have HIV, and so you shouldn't be checking a box that says I have a disease that I don't, so I always found that was one thing that got me.

Ravi: I wanted to talk a little bit from my experience, from that point of view, and the idea that HIV and AIDS are separate. Not that, obviously, having HIV is better, but the idea that stigma is serious, and that what we know is that people who are living with HIV, particularly in the early to mid 2000s, there's increasing acceptance of those living with HIV, and you could look at some polling data, to see that people were far more accepting or embracing of people with HIV, than they were of people with AIDS.

Ravi: The association with AIDS was still death, or at least a shortened life, whereas the framework of living with HIV was at the time becoming slowly what it's considered today frankly, which is someone with chronic illness, if you have access to Western medicine, and that you take it, and so all of that led to my interest in thinking about can I, should I play a more public role in my HIV activism?

Ravi: I got a speech opportunity in South Carolina, I 2014, with AID Upstate, which is a HIV/AIDS prevention organization in rural central South Carolina. It services mainly African Americans, and I found it to be rude, frankly, to come speak to an HIV/AIDS organization, not talk about me having HIV, and so I thought about it a lot, and I decided to draft my speech around my own diagnosis and status, and how it was obviously related to what that event was about. It seemingly went over well, and so I increasingly got more and more comfortable.

Ravi: I have been doing, in the spiritual context, I've been delivering sermons since I was 17, and so even though I'm not ordained in the Methodist Church, and I began to use those spaces as well, in the last couple of years, to talk openly about my HIV status, which has led to here, my church here. We're starting an HIV and AIDS ministry actually, as we speak. I was just sitting down with [Rodney 00:35:57] yesterday, talking about the needs assessment in Jackson Ward, but yeah, to answer question, long way to answer your question. It definitely took about a decade, or so, I think, for me to segue my political interests into HIV activism, and it started with me sharing my own story in public settings, and then it led to, of course, increased engagement in community HIV and AIDS programming.

Laura: You've talked some, about the goal of stopping the conflation of HIV and AIDS. Are there other things that you would really like to change, in terms of HIV in our society?

Ravi: Well, I'd like to get rid of it.

Laura: Wouldn't we all?

Ravi: Start with that.

Laura: What's the thrust of your activism? Is another way-

Ravi: For me, I really do, and again, I admit that I'm somewhat self interested here. I don't think we spend enough time on what I call intervention, and so we spend a lot of our resources globally and locally on preventive, which is important, absolutely. We surely don't want one other person to contract HIV, and so that's extremely important, but I'm [inaudible 00:37:19] type of a guy, and I think that we need to be spending as much resources on improving the lives of those who are living with HIV at the moment, and we aren't doing that, and we know that there are a lot of people here, in Richmond, in particular.

Ravi: Particularly black, gay men who have sex with men, who are HIV positive, who are not in care. I know several of them personally, and they don't go for a variety of reasons. Several of them are service workers, and in most of the accesses for care in Central Richmond you need pay stubs, in order to prove that you need care. To prove that you are eligible for care, but if you're a waiter you don't get pay stubs, so what do you do then? There really aren't a lot of clear resources, and then there are other challenges.

Ravi: People don't want to go to the Department of Public Health, because you're going to see any and everybody there. You don't want to go to Minority Health Consortium, because this is a black city. You're going to see anyone and everyone there likely, and so you don't want to go to those spaces, where you're likely to see someone, and so we don't spend enough time I think, on genuinely matching people who are positive to care.

Ravi: I think we have a relatively large number of people who are positive and not in care, living in the [inaudible 00:38:52] and so we need to figure out better ways to get them to care, and to get them to understand that it is important to the longevity of their lives, and I think in general, for those who are perhaps even in care, there are other aspects of one's life that really contributes to leading a healthy one, and so our ability, for example, to support mental health needs of those that are positive.

Ravi: I go to therapy once a week. I can assure you, I never began therapy, until I was positive. Began with my social worker [Laura Zeitlin 00:39:32] in 2003, and I've been in therapy ever since, but I was introduced to it through my HIV diagnosis, and I guess I would say that's one good thing of having being diagnosed. Therapy is great, but I also understand that I have the privilege of a job that gives me insurance, that allows me to go to therapy, let alone go weekly, and most people say, "We don't have those resources," and when we are usually talking about HIV we usually are talking about it in a very, again, narrow context of care. Related to the disease itself, as opposed to the overall wellbeing of people who are living with HIV, and the various kinds of access to care that

you need that goes beyond the physical needs, in terms of taking care of the disease, but the mental ones, the emotional ones.

Ravi: I do research on LGBTQ politics, and one of the things that we know is that people who identify as persons of color are that much more likely, and who are also LGBTQ, are that much more likely to be exposed to those with HIV, and I think we've done a great job, in some ways, with awareness. Again, I don't think we've done a very good job of genuinely making this direct connection, and so, for example, this HIV and AIDS ministry I'm thinking about now, my church, which is Third Street Bethel A.M.E., on Third and Jackson.

Ravi: I'm, frankly, not interested in doing it, if it's only going to generate awareness. To me, I think that's important, but I also think there are plenty other units already doing that, and maybe it'd be more start to invest in those organizations already doing that, to help them do awareness better.

Ravi: I'm actually interested in being able to measure the actual reduction in HIV infections in Jackson Ward, or the improved livable outcomes of those who have a disease now, and you can't measure those specific outcomes, unless you have a program that goes beyond literature and condom distribution, which is important, but I think we often do that, and then check off a box. Say we've done all we need to do, and we move on to the next important social justice issue, and sadly, there are far too many, and so it's easy to do that.

Patricia: What programs do you have in mind, that differentiates this particular project from other ones?

Ravi: Well, one, I think it has to be tailored to black youth, because that is the population that needs to be learning about this now. Not, and again, from personal experience, it would have been very helpful to have had conversations, and perhaps out of family, in school, in Sunday school, at church, or at a community center, camp on the weekend, or something. I went to a lot of those minority kind of youth engagement activities as a kid, and no one talked about sex education, let alone HIV and AIDS, and so by the time I learned about it I was already sexually active.

Laura: Here's another thing there's been a lot of research on. You've talked about the research, about the higher incidence of HIV in minority communities. How about all of the research that's been done, and what you can see by looking around you, on the homophobia in the black community, and how do you grapple with that as an HIV activist, especially among youth?

Ravi: I actually push back on that. I argue that there actually is not any more homophobia in the black community, than there is anywhere else, and the reason why I can make that argument is because we have the data to show it, so if you look at, for example, the General Social Survey, which anyone can look at online. It's free to the public. They do surveys annually. It's one of the largest national representative surveys, and they ask everything, to what your favorite color is, to typical socioeconomic questions, and so

there's always questions on sexual health, and so couple years ago I did an article, two articles on the relationship between the black church and homophobia, middle class status, and so on, and so forth.

Ravi: What we find out basically, is that as early as 2004, in national surveys, there were a plurality of African Americans who described homosexuality as a civil right, and then we reached a majority during the Bush years, later half of the Bush years, before Obama, so we had ...

Ravi: Well before, for example, President Obama's May 2012 announcement of support of marriage equality, black community members in national surveys had already had national survey data, that said when framed as a civil right they support actual homosexuality. They may disagree with it on moral terms, but it's about how you frame the question, and so if you frame the question in the context of a moral, religious, spiritual kind of situation, then you're going to get homophobia. If you frame it as a civil right, then what you get is what you might imagine. That it's a lot of support in the black community, and so ...

Ravi: However, so case in point, Proposition 8 in California, in 2008. The same day that President Obama was elected is the same day that white lesbians blamed black community members for the passage of Proposition 8, and that actually made a huge dent in, I think, the falsehood of homophobia in the black community. That got a lot of national news. Again, it was associated with the election of the first black president, so it got a lot of press, and people believed, because it seemed natural to believe, that the black community might be conservative on homosexuality issues, because of the black church, so on, and so forth.

Ravi: The point is even though they are not, there is a perception that they are, and in the church setting there's a perception that the church, in and of itself, is homophobic. In another article that came out in Journal of Homosexuality a couple months ago, I made the argument that it's actually not the church that's homophobic. It's the male church leadership that might be homophobic, and it's important to make the distinction.

Ravi: Just because the pastor could get up, and say whatever, does not mean that he polled the congregants. Just because you get a bunch of amens, and caught a response, doesn't mean agreement, and because we know that most black churches, as in most churches, are filled with women, and we know women tend to have, despite the vast number of white women who voted for Donald Trump, women tend to have more liberal views as relates to social issues, and so we have all the evidence to suggest at the very least it's more complicated, to talk about how the black community views homosexuality.

Ravi: It's not as black and white, as, perhaps, we have made it out to be, but, nonetheless, the fact that the perception exists is important, and so one of the things I've done, I often talk a lot about encouraging people to go see the New Black, which is on Netflix now, which is about the black marriage equality movement in Maryland. How the black community played a role, and Maryland was the first state to actually vote in favor of

marriage equality, although the decisions were judicial decisions, and so that was an actual ballot box decision, and black people had a huge role to play in that.

Ravi: Particularly in places like Prince George's County, and so I try to use those, that as an example, to talk about the diversity of homosexual, I would say, attitudes in the black community, and then there's also this class idea, and so what we know is that for SES, so for social mobility, if you say you're low income, you have limited education. That the more access you get to more education, there's a direct correlation to, frankly, the more liberal your political values and attitudes are, which is why republicans, for example, tend to not fund higher education, because there's literally a political disadvantage for them.

Ravi: What we find, oddly, as relates to homosexuality, there's what I call black middle class bump, whereas if you're lower income, and if you're middle upper income, and you're upper income, you follow the same trend, meaning that as you move up the socioeconomic, social mobility ladder, your attitudes on homosexuality become more and more liberal, but for some reason, for the black middle class, that's not the case. I don't know the answer to that yet, but trying to figure out why it is that the black middle class, according to this General Social Survey data from about 2004 to 2012, why they seem not to adjust their attitudes at the same rate and pace, while they're going up the socioeconomic ladder, as do other groups.

Ravi: I don't know the answer to that, but I suspect it has something to do with in the way in which sexuality has been taboo in black communities, in black education settings, in black church setting as well, and that absolutely is conflated with class, and so particularly, I would say in the north, and particularly in denominations that are black, that aren't Baptist [inaudible 00:50:52] where you tend to have a lot of low income blacks, but black Catholics, Methodists, and others tend to be far more middle class, and so that's where you see, I think, a distinction.

Ravi: Also, in attitudes, because the Baptist church pastors are selected by their congregations, whereas in other places, like the United Church of Christ, or A.M.E. Church, they're selected by bishops that are appointed on an annual basis, and so it's a different structure, which also means that in some churches you have to have a degree to become pastor. In others you could be anybody, and I think that has a lot to do, as well, which is why it becomes a problem when we talk about the black church, as if it's this monolith, and it's not, because it varies in so many ways.

Ravi: I will say one of my biggest moments of activism, as relates to LGBTQ issues, and not necessarily HIV and AIDS, although, this clearly was on people's minds. When I lived in Starkville, Mississippi, before I moved here, they had a diversity ordinance that the City Council wanted to pass, that they pass every year. Symbolic ordinance, but this year, in 2012, '13, they sought to change their healthcare provision, so that anyone who lived in the home of a city employee wouldn't be eligible for health insurance, and no one thought anything of it. It passed, and it's great.

Ravi: When the rural baptist black pastors learned about this, they raised a huge fit, based on their interpretation of religion, that introduced hearings in City Council, et cetera, and eventually got that clause temporarily removed. The reasoning for that was that person in your household, it could be grandma, it could be your dad, it could be your ailing aunt, it could also be your same sex partner, and because it could also be your same sex partner, that was enough to say screw your grandma, your aunt, whomever is living in the house, and the healthcare they may need, but because it could be your same sex spouse.

Ravi: Then we don't support this, and so I became very active in that effort, and, eventually, it got overturned, and it got inputted back in. We helped lay the groundwork for the first ever LGBT Pride in Starkville, and all that was very difficult, obviously, because it's rural Mississippi.

Laura: What brought you to Starkville?

Ravi: Honestly, so I left Worcester, Massachusetts. I lived in Worcester, Massachusetts, where I was a professor at Clark University from 2009 to 2012, and where I was the president of the Worcester NAACP Chapter. I was the first openly gay black president of a branch unit of the NAACP in the country, and I was in Worcester, Massachusetts for two years, and so I got tired of living in New England. I went to school at Brown.

Laura: Me too.

Ravi: Yeah, so I was used to that. I went to, had a pre doctoral fellowship at University of Rochester, and I'm from Ohio. I was over the cold, the dreariness, and it's also very, very cloudy throughout the year in New England. It was just depressing, so I happened to go to a conference, and met some colleagues, who said they had this job opening in Mississippi. Of course, I thought nothing of it. I'll apply. Why not? I applied. They invited me to an interview, and I actually found out I really liked it.

Ravi: I liked that it was black. Massachusetts was 7% black, so that was also a thing. It was awfully far more blacker than Mississippi. It was beautiful weather, like this, every day, and which is important. I play tennis, et cetera, so that was nice, but also, the department there had a graduate program, where the school where I was at the time did not, and it had a chair who was black. It's very rare to have a black person who's chair of the political science department. I happen to be one now. I'm one of three in the country, and so it's rare. I wanted to go there, in part, so I knew that the research that I was doing, at the very least, it'd be questions in a lot of other things.

Ravi: Methods, and theory, but not on the content itself, and so that was important for me, and it was a research one university, and so classified by Carnegie classification system as very high research activity, and so I wanted to continue in that type of institution, and then I went from there, came to VCU.

Patricia: Was there anything else that brought you to Richmond, besides VCU?

Ravi: No. VCU brought me to Richmond. I applied, they brought me in for an interview. I really liked it, and, lo and behold, I ended up, so I applied I remember in January 2015, and I moved here in July.

Patricia: Can you talk a little bit about your activity with Diversity as a board there? I know that you've recently done a couple of-

Ravi: Yeah, so I'm on the board, Diversity Richmond. I've been on the board, I don't know, I think since 2016, '17. I was interested in joining when I moved to Richmond, frankly, because Diversity Richmond and nearly every other LGBT organization in the City of Richmond was far too white. I don't know how else to put it, and I wanted to ensure, I'm someone who believes in helping, as opposed to just criticizing. I'll criticize too, but helping is you should at least help, if you're going to criticize, and so I decided I wanted to help.

Ravi: I ended up meeting Rodney Lofton, and we clicked quickly, and we began talking about ideas, or how to amplify the black experience, and we were able to come up with some options. It was very last minute, but the first year we host Black LGBTQ Gala, and we renamed it the Black and Bold the second year. The first year it was just Black LGBTQ Gala, and it was the first time that Richmond had 200, 300, 400 black people in a room, celebrating themselves, where the draw wasn't alcohol, to be frank, and so that was, I think, really important for the community.

Ravi: Diversity Richmond said, at the time, it was the largest event. I do think now it is our most successful event, and at the time it was states only, and it is there are a few hallmarks. It's the states only recognition of black LGBTQ people. It's the country's only recognition of black LGBTQ people, as a collaboration between a LGBT organization and black history [inaudible 00:58:35] and I think we did a decent job of pulling it together. Black lesbian photographer, we've got, we have, and so we picked, I think the representation, that makes it important.

Ravi: For the awards, the criteria is not limited to people who have access to privilege and power, and so it's simply about you being out, you identifying as black, and you doing something productive with those two statuses as a part of your life, and if so, then you're worthy of recognition.

Patricia: Clearly, Ravi, your activism is a central part of your life. Can you talk about some of your greatest obstacles, and some of your greatest successes as an HIV activist, or if you prefer, and/or, you can talk about your turning points?

Ravi: I guess I'll start with the biggest challenge, has been HIV is still a disease that people associate a stigma with, because it's behavioral, and so, for the most part, for most people, and people then place stigma on your behaviors, because they don't like your behaviors, and therefore, you get a disease, because your behavior's screw it, and so be it.

Ravi: What's been difficult has been the relative consistency of having to fight back those narratives, and those conversations, in the spaces I've chosen to share my status. Where there's always, where there is the person who is excited to be incorporated, there's also the person who is flabbergasted at the suggestion of the topic even being mentioned over the microphone, and so it's always very difficult for me to work particularly with people who are in some way motivated by spirituality.

Ravi: It's hard for me sometimes, to work with some of those individuals of all races, and backgrounds, and religions, because for many of them there's nothing you can really say or do, because their belief is what their belief is, and yet, to try to help them understand that the cornerstone of any faith is genuine agape love, and that how their perhaps interpretations of their faith are really rubbing up against that, when you choose to not fully embrace people for who they are.

Ravi: That's been a challenge for me, because it's emotionally draining, to have to remind people of the cornerstones of their own professed faiths, but again, the privilege I think I have of being someone with a PhD, et cetera, is that for whatever reason people listen, and I think that actually, even though those conversations, for me, are constantly ongoing, and they're difficult to have, I know that people have benefited from the difficulty of me spending the emotional energy to have those conversations.

Ravi: It's very hard to talk with someone who doesn't believe in your legitimacy, and so to convince them in a short moment that you have, not only are you valid, but you're valid even with your diseases, is hard to do. It's also frustrating, because I feel like you shouldn't have to do it, and so, as a result, it's emotionally draining.

Ravi: What I think some of my biggest, I don't know, I guess outcomes or successes, has been, is I think that ... I did, actually, a podcast about a year ago, for Richmond [inaudible 01:03:58] a podcast called Hella Single, and it was my first ever personal interview. I do a lot of professional ones, and so it was a long interview, and, of course, I ended up talking about my relationships, my personal life, and my HIV status, and, lo and behold, that interview was video recorded, and was put on YouTube, and I can't tell you how many messages I received via social media, what have you, from people who said something along the lines of, "I can't believe someone like you," whatever that means, "Has this disease. Thank you for sharing," and then, of course, some testimony from their own life.

Ravi: What I've been grateful for is that I think, because I finally, after a decade or so, lived with a disease, decided to live more openly with it, and share my story. That has been gratifying to be the recipient of other people's stories, that they say they've shared, because, for some reason, after hearing or reading mine they were encouraged to do so, and that, I think, is really, really important.

Ravi: The other side that I would say is I think my activism in my age group has been relatively important, so I'm 36. I'll be 37 in a couple weeks, and the fact that I was diagnosed at 21, and that was really in my late 20s, early 30s beginning to talk openly about my status. That still is not usually the case. A lot of people wait until their 40s, 50s to start

doing that, and so I think for some people, again, my relative youth, and being willing to talk openly about it, and having had it for so long, I think for a lot of people is also something that's inspiring. That I've lived now almost 16 years with HIV, and I'm still here.

Patricia: Just talking about the intersections between faith, spirituality, and HIV/AIDS advocacy, I'm reminded that you're also a wedding officiant.

Ravi: Yes.

Patricia: Can you talk a little bit about that, and do you see any of that role as part of your activism?

Ravi: Yes, and no. My openness about my HIV status now is largely motivated by approach to life and humanity, and my spiritual compass, so to speak. I think it's very difficult, if you genuinely believe in humanity, to then also say you don't want refugees, you want to kick out people who are positive, so on, and so forth. It just seems very hypocritical, and so one of the greatest manifestations, of course, of love, is a wedding, and because I ...

Ravi: What people forget about weddings is that weddings are ceremonial. You're not actually married at the wedding. You're married when you sign the contract between you, that person, and the state. It's all ceremonial, and so because I have been I think somewhat open about my sexuality, and my status, that I've gotten opportunities, or invitations to marry some pretty cool couples, like the first black lesbian couple of Mississippi was fun. Had a wedding in Naches. I married my brother and his wife in Florida. I've married some other same sex couples in New York, black men who have sex with men, and the ...

Ravi: I think the richness of those ceremonies, as I've been told by a few people, and the idea that someone who's black, and gay, and positive can jumpstart, essentially, your new love life together, and that be viewed as a strength, and not a weakness, is, I think, I feel good about that. It's a relatively, I think, somewhat new phenomenon, but ultimately, particularly same gender loving folks, they prefer, I think, often to have an officiant who understands their experiences, and because we know a lot of men who have sex with men, are getting married, and because we know the statistics, which likely means someone in that couple is HIV positive.

Ravi: I think that I've been fortunate to be able to share my story in a cool setting, such as a wedding sermon, or what have you. That's uplifting, and meant to encourage people in their new life together, and I think the diagnosis of HIV has certainly, I would say jump-started or heightened my association, understanding of communal life, and again, because of the upbringing I have, I certainly think I would still be politically active, whether or not I was positive, but I don't know if I would be politically active in the ways, or in the communities that I am, if it weren't for my HIV status.

Laura: Given that we are in 2019, and a lot of things have changed, and a lot of things have not changed, what do you think are the biggest misconceptions the general public has today about HIV still?

Ravi: That you can get it by sitting on a toilet, by those kinds of things.

Laura: You're still running across a lot of that.

Ravi: Yeah, I think that, and I think even for those who are a little bit more advanced in their understanding of HIV. I think for some of them, even, relatively new idea, that PrEP essentially is 99% effective. That if you have been on meds like me, undetectable for 14, 15 years, you literally can't transmit the virus. People don't know that either, and then there are ...

Ravi: Another misconception is simply that, it's still this sad misconception, as it relates to those who are men who have sex with men, but who do not identify as gay, and I think there's a huge misconception that all these women who are getting positive, are getting positive, because of these men who are out having sex with other men, and not telling them, and there's really not a correlation there. Believe it or not, you can get HIV through heterosexual contact. In fact, most people in the world do.

Ravi: United States, we seem to not be as aware of that, as well. That it's not a gay disease. It actually far more affects heterosexuals than it does homosexuals, globally speaking. Blacks are not the majority globally, with this disease, or even in the Western hemisphere, but yes, in the United States, so those misconceptions I think are sadly still relatively rampant.

Ravi: Then, again, as we were saying earlier, I don't think a lot of people know the difference between HIV and AIDS, and so I think that contributes, obviously, to a lot of stigma as well. Those misconceptions are so exhausting, that they're still out there, but, ultimately, I think that they're out there, because we have not decided as a country to actually tackle this disease, as we've done with cancer. We've decided as a country cancer matters.

Ravi: Case in point, we think about [inaudible 01:13:17] all these races. Race for the cure, race for that. The pink ribbon, the yellow ribbon, the blue ribbon. All these ribbons for all these other diseases, and people are happy, and they're smiling. You see them at these races, and these meets, and stuff.

Ravi: People are less excited about HIV and AIDS, and so when people are holding red ribbons you don't tend to see smiles, and laughter, even though they're also there for a chronic illness. I go to the Alzheimer's walk here, obviously, in honor of my mom. Again, there's all these cancer related walks, et cetera, benefits, going to them. Case in point, we don't even have an AIDS walk in Richmond, or a run. Doesn't exist. It used to, but it hasn't in recent memory, at all, and I think that tells you something, right? That there's not an appetite for the community to come together, to work to tackle this disease. Not as much as there is, I guess, for cancer.

- Laura: That's a lead in to one of our final questions, which is why do you think Richmond has such a high rate of HIV infection, new infections? We're among the highest in the nation, as I'm sure you know.
- Ravi: Yes. Well, as an educator, I have to begin with ignorance. I think ignorance ultimately is the number one reason why we all get these diseases, myself included, 14, 15 years ago.
- Laura: There's ignorant people all over the country, right?
- Ravi: Yes.
- Laura: Why Richmond?
- Ravi: Well, there are a few things. One; the Virginia Board of Education has decided not to mandate certain kinds of health education in K through 12 setting, and definitely, at least, 9 through 12 setting, so that's one reason why it exists in Richmond, because Richmond is in the Commonwealth of Virginia. The Richmond Public School District is majority minority, has been historically underfunded, and while they have some gay straight alliances, they don't in most, and most of the content does not include sexual health.
- Ravi: GLSEN Richmond mainly focuses on suburban schools, and arguably, rightly so, because, frankly, most of that group is Caucasian, and it wouldn't really work for them to go into Richmond public schools anyway. You need people who are more descriptively representative, and so the fact that education in Richmond has not taken the opportunity to add HIV education to the curriculum, I think is one reason, major reason why there's a high infection rate.
- Ravi: I would say a second reason, is because it's the South, and in the South there's a stigma associated with, again, private affairs, and you just don't talk about them, which also then means if you realize you're positive, that means you don't talk about to your mom. You don't tell your brother, you don't tell your best friend, so in that type of a culture you are less likely, if you think you're positive, or exposed, particularly if you're a young person of color, you're much less likely to share that information with anyone, which, of course, conflates a little bit with the high suicide rate of black youth.
- Ravi: Particularly black LGBTQ youth, because you know that most black youth who are homeless are LGBTQ. Most of them were kicked out of their homes for being LGBTQ, which, again, goes back to ignorance, because their familial upbringings, or backgrounds, are probably informed by a dangerous, and oppressive, and abusive form of Christianity most likely, that many communities have utilized, including the Klan, to defend their values.
- Ravi: Richmond is ultimately a city that was once 67% black, is now about 48% black, and so if you know you have a lot of black people, you know a lot of them are low income, and you know a lot of them have limited education. That also means they have limited knowledge about HIV. Sadly, there is a correlation there, and that also means the social

and political institutions here, particularly the social ones, are not having discussion about HIV, and so not in these mainstream organizations.

Ravi: I think, for example, Saint Paul's Baptist Church now is the only black church I know of in the City of Richmond that actually has an HIV/AIDS ministry. We actually have no idea how effective, for example, any of these ministries are, and which is why I would hope that we'd actually be able to figure out a needs assessment with Minority Health Consortium, et cetera, for the Jackson Ward zip code, to actually create some results, because the numbers are very high.

Ravi: They're very high in Central Richmond. Not necessarily in Richmond suburbs. They're relatively high there as well, because there's a decent black population that lives in the suburbs in Richmond, but it's really urban Central Richmond, and so the lack of education, social institutions, and the educational institutions, and in the cultural space of the black Southern community, I think contributes to high rates of infection, for sure. I would venture to say, people will probably kill me for this one, but I think that social media apps have not helped.

Patricia: Say more.

Ravi: We live in a social media, app world, society. I met my first husband, my ex husband on social media. I know plenty of people who have. Social media inherently encourages you to only tell part of your story, and so there's never really a lot of transparency, and genuine openness, and forthrightness in social media, even among those who tell you about every book they've read, and what have you.

Ravi: Then there's another culture of just, I will say abuse and misinformation, so there's this DDF language, which means that you are disease free. There's this idea that you are clean, which suggests that if you have HIV you're dirty. All of these things, and I can assure you that most people on these apps, at least particularly some of the majority black and minority used apps, are HIV positive. They don't say so on their profiles, and so, because the culture of the apps don't encourage it, while it gives you the option.

Ravi: Again, if you aren't out about your status at home, at church, at school, at work, why would you do it on social media, where anyone in the world could see it? Even obscured by maybe no photo, or blurred photo, or what have you, but still, people, if the culture doesn't really encourage it, then it simply doesn't happen. When you have social media behavior, that, again, is taking about are you DDF? Are you clean? These kinds of references, when you look at that, what that encourages you to do, it doesn't encourage you to get off the app. It just encourages you not to share your status, and so you stay on the app. You don't share your status, and you hook up with people, and that, I think, contributes to a proliferation of infections as well.

Laura: Do you have any further questions, Patricia?

Patricia: In my mind, I'm thinking do you have anybody in mind that would be interested in being in the project, that you think would be great in sharing their stories?

Ravi: Yeah, I'll ask them.

Laura: Okay.

Ravi: I'll ask some people, who I think might be willing to do that.

Laura: Good. If you could say one thing to the general public about HIV, what would it be?

Ravi: One thing to the general public, that's a hard one. I guess I'll say people with HIV are people too, and, like everyone else, simply is trying to figure out how to make it to the next day, and could definitely use less stigma in doing so.

Laura: Last, last question. What policies on the federal, state, or local level, would you most like to see change, regarding HIV? If you're exhausted, you do not have to answer-

Ravi: No. I'm never exhausted about politics. There are just way too many things. Simply, more needs to be done. I don't know what else to say. If you live in a city that has such a high HIV infection rate, someone has to ask why is there not an HIV/AIDS, I don't know, czar, or budget in the city, City Council, what have you, to deal with this epidemic? My suspicion would be that if Richmond had as much of a high opioid crisis, as it does HIV/AIDS crisis, we would have funding, we'd have resources, we'd have mobile shops everywhere, whatever.

Ravi: We don't, in Richmond, and I would certainly encourage city leaders to develop it, and this is the state capital, because it's state capital, then state should be doing the same thing. You could use the state capital as an incubator, given that we have the largest infection rates in any other city or region in the state, and they could be devoting resources as well, through Department of Health, Public Health, to reach targeted populations.

Ravi: Again, I think one of the biggest challenge is genuinely creating access to care, and access to care is not care. It's only access to care. Those are two different things, and so we aren't even 100% right on the access to care. We definitely aren't where we need to be, in terms of matching people with actual care, and being able to test those outcomes.

Ravi: The state can be devoting more resources. Ultimately, it will cost money, and I think they should be devoting resources to that, and I think ways that they could help is by having people share their stories like this, and creating state, and local government responsiveness, and support. That this is a public health issue. That it does cost money. My meds, on average, I think cost about \$1,500 a month. 30 pills, and if I didn't have insurance I'd be either dead, or broke, so those are the two options, and in a country where ...

Ravi: This gets to the national part. In a country where we only really give people insurance if they have a job. In a country where most people don't have jobs, despite the unemployment rate, jobs that give them health insurance, which means they don't have

livable wage jobs. Then people are not, federal government is not doing all that they can to help either.

Ravi: Case in point, this current president. Just completely fired, and closed the White House Commission on HIV and AIDS. A lot of my friends were on that commission during the Obama administration. They met regularly, they actually did stuff. There's been an AIDS czar in the White House since the '90s. I don't believe we've got one now, and there's an Office of HIV and AIDS in the executive branch, under the Obama administration at least, and so none of that stuff exists.

Ravi: Now, you can argue that maybe those are just committees, and things, but no. They held hearings, they shared data, they write, so they, at the very least, were playing an important role in the awareness campaign at a federal level, and again, this is Richmond. We're an hour and a half from DC. We should be easily, it should be easy for us to tap into local state and federal resources, to eradicate this disease, and definitely to decrease the number of infections here in Richmond.

Ravi: It just seems as though there isn't a will to do so, which I think is unfortunate. I would argue that one of the things that, perhaps, Governor Northam can do in his listening and apology tour, can be to invest in some resources in HIV and AIDS, knowing that black community members are the ones largely supportive of him.

Ravi: Another thing that state could do is fund HBCU's, like they fund predominantly white institutions. Again, if you know that HIV largely occurs in minority communities, in the Commonwealth of Virginia, you know it happens among young people, that means you know it's happening in colleges, and universities, and so you need to equip these colleges and universities, I'll say certainly the black ones, to be able to tackle this disease.

Ravi: When I lived in Mississippi, I lived in Starkville a town of 20,000 or so, and the nearest Target was two and a half hours away. Just to give people an idea of how remote it was, and I had HIV, obviously, in Mississippi. I had to drive an hour and a half, to Birmingham, to go see my doctor, because there's not one infectious disease doctor in the entire Oktibbeha County.

Ravi: Oktibbeha County in Mississippi is home to Mississippi State University. It's the largest university, PWI land-grant university in the country, that has the largest number of black students. About 25% black, even though it's a PWI. My point being, is that, but if you're positive there, if you're with the school you might be able to get some resources. If you aren't, how are you going to get to Jackson, to Memphis, to Birmingham, to go get a doctor?

Ravi: You don't have a car. There's no bus routes, so if you don't have a car you don't go. You don't go, you don't get care. You don't get care, you die, so that essentially, I think, are all problems that can be solved through the policy. At the local state level, and as much as we pay attention to urban Richmond, we need to pay attention to rural Virginia as well.

Laura: Is there anything we didn't ask you, that you would like to address? Any last words?

Ravi: I guess a positive spin, I think, because of having HIV, I've made a community of friends I don't think I would have otherwise. There are a lot of amazing people who are doing HIV/AIDS work. A lot of them are people of color, in their 20s and 30s, working for all these nonprofits or government agencies. Also, I think in part impacted by some personal experience, or friend, or what have you, and my life has been really benefited, ironically, by some of those really cool, close friendships. That I probably wouldn't have if I never became positive, and so if there's a silver lining at all, I've got some really great friends. That I've had since I was positive, and that I've met, in many cases, because I was at events that were of interest to me due to my diagnosis, and those relationships have been wonderful, and it's been great to see.

Ravi: I think of a friend of mine who's positive, who runs TruEvolution in Riverside, California. Young people who create from the ground up million dollar granting agencies, to help HIV and AIDS in their communities. The level of camaraderie amongst the activist in HIV and AIDS, of color, I think, communities in particular, I think is so strong. Everyone knows each other, we're at the same conferences, and those friendships have been deepened, because of our association with HIV and AIDS. If none of us were introduced to it, or had close friends who have it, or what have you, we probably would have never met.

Laura: Well, that's a perfect ending. Thank you so much for helping.

Patricia: Thank you.

Ravi: This has been fun.

Patricia: Yeah. Thank you, really.

Ravi: Thank you, so how does this work? Who does all the editing? That sucks. Transcribing ...

Laura: No. We do the editing. It's actually really an exciting process. I think I'll turn off this one. What we do is we get the interviews transcribed, and then we sit down, and we take an interview that in this case is probably 15,000 to 20,000 words, and we shrink it down to 350.

Patricia: We're creating a catalog for this exhibition, so there is going to be a smaller text panel for the museum exhibition, and then we'll have-

Laura: 350 words. Then we'll have about a 750 word excerpt for the catalog, but what we really try to do is, first of all, think dialogically. We'll have say 20 people in the exhibition, and, obviously, a lot of people will talk about a lot of the same things, so we try to take different excerpts, and often excerpts that have conflictual or dialogic positions. We try to make sure that each person's excerpt illustrates their arc, right?

Ravi: Mm-hmm (affirmative).

Laura: Their journey.

Patricia: Also, spotlight different themes, so that we can get an overall perspective, and so, for instance, a lot of people talk about stigma, so you want to make sure that you have a variety of themes in it.

Ravi: With themes, right, yeah. That's interesting.

Patricia: [Michael Simon 01:34:36] will be getting in contact with you, to set up a time, to take a photo for you, so I think he's setting up in diversity, but he's also open.

Laura: He's flexible, so if you'd rather he come to you in another setting, he can probably do that as well. The black and white portraits, they're beautiful.

Ravi: Interesting. Black and white. Okay. That's cool. That helps me figure out, think of some places. Be interesting. Contrast.

Laura: Yeah, but you'll talk to him, and figure out how you're going to do this. You've got, I think you're the 14th person we've interviewed, and we've got-

Ravi: How many are you looking for?

Laura: Not that many more, because we've got a couple lined up next weekend, another person at the end of the month, and we're going to be-

Ravi: Are you looking for any other people from certain descriptive categories?

Laura: Yes. Latinx.

Ravi: Which ones? Okay.

Patricia: Latinx, right now, because it's very black and white.

Laura: It's the huge gaping hole, as is so often the case in Richmond, so that's-

Patricia: If anyone comes to mind, let us know. We've been asking questions. We asked Rodney.

Laura: No one seems to know, but we are doing a big group interview next week with-

Ravi: I know people.

Laura: Okay. Talk to them.

Ravi: I would have to convince them.

Laura: Convince them. We've got a whole group of HIV positive black women, who we'll be talking to as a group. We often do group interviews, where we ask very few questions, but let people talk among themselves, record this. We did that first, for our show, Made in Church Hill, which was at the Valentine a few years ago. We did it for-

Patricia: Latinos in Richmond too.

Laura: Latinos in Richmond, so-

Ravi: What's your age range, so far?

Patricia: That's a good question.

Laura: Old.

Patricia: We have older. We do need more younger people, and so you're probably one of the youngest.

Laura: Yeah, you really might be.

Patricia: [Zakiyyah 01:36:44] may be ...

Laura: You know Zakiyyah.

Ravi: Yeah, I know Zakiyyah.

Laura: Obviously, for legal reasons, it's tough for us to interview people who are under 18.

Ravi: Yeah, you can't do under 18.

Laura: Right, but we would love to, if we can interview an 18 year old who was diagnosed as a younger teenager, or anyone who was diagnosed as a younger teenager, but who has now aged out, so we don't have those legal issues. That would be fantastic, so I'd say our top categories are latinx-

Patricia: Younger.

Laura: People who are, just in general, neither black, nor white, and younger.

Ravi: Okay. Id; encourage y'all to try to see if you could also link with, maybe the Wolf Creek Cherokee Tribe.

Laura: Interesting. Interesting idea.

Ravi: They're based in Henrico County, so they aren't Richmond proper, but it's an obscure community there, and there are some queer Native Americans around, and I don't know

if any of them are positive, but I think, at the very least, even just reaching out, might produce something. There's a-

Laura: You never know.

Ravi: You never know. There is, we forget about that community. What about Asian-Pacific Islander?

Patricia: Yeah, we don't have any of that.

Laura: We would be super happy to get anyone who's neither black nor white.

Ravi: Okay. I have an ex student, who I can probably get for that.

Laura: That would be great. We are looking to do our interviews mainly in May, but we'll be wrapping up in June, for sure, so sooner, rather than later, would be great.

Ravi: Yeah, I'm going to put ... This is why I have to put it on my phone. Otherwise, it won't happen.

Patricia: We understand.