Interview with Grace Arrington
Interviewed by Andy Streasick
Interviewed on April 18, 1995,
at the Urban League Center, Minneapolis

AS: My first question is about the Urban League and Circle of Love. What are the basic goals of the organizations?

GA: The Minneapolis Urban League is a community service organization which has existed in this community for sixty-nine years. It provides services in education advocacy and employment issues. Plus, the mission of the Urban League is to help African Americans and other disadvantaged citizens to get on a par with all other Americans. Our thrust is employment advocacy and education. We currently have programs that deal with community advocacy, comprehensive research, and police involvement. We have an alternative school that deals with high school students who can not make it in traditional high schools, a juvenile advocacy program, a group home, an early childhood education program, an employment division that deals with trying to make sure individuals are trained and they are employable for vocational and professional jobs, and a health education department that deals with community health issues, trying to improve the health status of the citizens of the metropolitan Twin Cities area.

As for Circle of Love, in 1989 a group of us got together, and we had identified through individuals coming to us that there was nothing geared towards African Americans around support. So a group of us got together to discuss providing a support group, and out came the Circle of Love. It's been existing since September of 1989, and its main thrust is to provide emotional and spiritual support to African Americans who have been infected or affected by HIV and AIDS. Our focus is on teaching individuals to cope with all aspects of the disease. We talk about living with the disease more so than dying with the disease, although death is something that does come up and we do deal with that. It's a very Afro-centric group. It's homogeneous, meaning that we have people who are gay/bisexual, we have care givers who have children [with AIDS and HIV], we have sisters, women, IV drug users. So, oftentimes people question how this group can function with so many different populations or so many people who have certain interests and

1 Intraavenous drug user.
who have been affected certain ways by this disease. I think what makes it work is the spiritual base that's very significant in the African American culture. I think that is what bonds us together is that it is a spiritual, emotional support group.

**AS:** My next question is more targeted at you. How do you think other people would describe you?

**GA:** Why don't you ask my staff? [Laughter] I often wonder, because sometimes I—and this is the pessimistic part of me—because I am a person who is quote "never satisfied." I'm not a perfectionist, but I'm always striving to be better. I'm very critical of myself, so sometimes I might come off as kind of serious, stern, direct. But once an individual gets to know me, they know that that persona of being very stern, direct, serious is just my mechanism to survive, to get to the level that I want to get to in life, that actually I'm a very generous, kind, loving self, a very understanding person, I do believe. I'm committed to what I do, because if I weren't—there are other things I can do. The money does not keep me here because it's not that good. [Laughs] People would say that I'm no-nonsense. I like to cut through the chase, and I'm a realist.

**AS:** When did you first become aware of AIDS, and what did it mean to you at that time?

**GA:** I first became aware of AIDS back in 1984, I believe, and that was during a time when it was popular among the white, gay/bisexual male, when it first came out. You know the whole Rock Hudson story, and him being on Dynasty—where they made a joke about him being on Dynasty, and he had kissed Crystal and Crystal fainted after she found out that he had AIDS, and stuff like that, you know, that whole sigma attached to AIDS. Anyway, I really became involved in being an activist in this area when I first came to Minneapolis. My first training that I had was at the Minnesota AIDS Project under Earl Pike, who was the AIDS trainer, and that's where I gained my basic knowledge of how you get it, how you prevent it, you know, those educational things. I later came to the Urban League, worked as a health coordinator, and became really involved in

---

2A television show. Rock Hudson was an actor who disclosed his AIDS diagnosis shortly before death, bringing initial widespread attention to AIDS in the national media.

3The state's first organization focused on AIDS.
talking about the prevention, awareness, and AIDS education. So that's how it grew out of a basic concern.

**AS:** I imagine, as you became more educated, what AIDS meant to you changed significantly.

**GA:** Oh, definitely, because, as I stated before, it was something that was geared primarily toward gay/bisexual white males, and as things evolved we found out that African Americans were affected by it. It was first primarily male, and still is, but is growing among the women population in our culture. There is the issue of IV drug users; there is the women and children issue. Now it is the heterosexual population of our race who is affected most. So first we were targeting, like, people who were on crack and prostitutes and stuff like that, in addition to doing our generalized prevention seminars, but now it has mobilized to a concern that everybody needs to get this information, because AIDS just does not discriminate. It's affecting all of us. I've seen so many people come and go with this disease, and they all come from various backgrounds and experiences. I know that this thing is affecting everybody. It's a world disease, it's everybody's disease.

**AS:** Was there a specific defining moment in your life when you became aware that AIDS has a real impact on your life?

**GA:** Yes, I'll tell you what was really significant to me was when we started the Circle of Love support group. I am an individual who suffers from a chronic illness, and at that time I was just getting a grip—you know, trying to deal with my own chronic illness thing. I'm so people-oriented, that's just a part of my family, we love people. My girlfriend calls us the social service family because we just reach out to people and have all the kids in the neighborhood over and everything.

So, when I start working with people I get really dedicated. For that reason, when Circle of Love first started, I didn't come to three or four of the initial meetings. I did not want to get involved in it because I said that would just be another burden on me and I was just trying to deal with my own self. When I came to my initial meeting I saw the faces of AIDS, and how AIDS was affecting the African American community, because I saw gay men there, I saw women there, I saw children there, I saw teenagers there, I saw IV drug users there, I saw people who have migrated across this country to utilize the services that are offered here in Minnesota. It had a very significant impact, and it became very real to me.
Then I got involved in working with Joanne Lucid at the AIDS Ministry out of Fairview Hospital. I went through all of that training, becoming a buddy, you know, becoming a care giver and all that stuff. I can remember Joanne calling me up and wanting me to be a "buddy" to this young African American man. He was in a nursing home—he was in a nursing home and he was twenty-four years old—and Lord, when I went up and I saw that twenty-four-year-old man and he was just barely walking and he was almost just skin and bones, it really had an impact on me. I left the area and I drove fast to my mom's house and I just broke down in tears. I started crying and I said "Momma, we got young people out here dying of this disease." It really had an emotional impact on me at that time that this thing was really, you know, coming to home, it's coming home.

I had another "buddy" who was very ill and also died, a male, African American male, and I can remember I thought that since Joanne Lucid kind of linked me in to this thing, that she was kind of responsible for my emotional well-being around dealing with these people, because I was not really dealing so well. I can remember—I had grown so close to this gentleman and he was not the most pleasant person to get along with, but I loved him, I really loved him. [Laughs] I remember seeing Joanne at a conference or something that we were attending together, and I just busted out and started crying. I was like, "What can you do for me? You know, because this is really affecting me just as well as it is affecting the people who are living with this disease." I think that was my initial bang with the awareness of AIDS in this community, and really in this world, because it's not only African Americans, I'm not just trying to talk about my race, but I've grown close to white people who have died with this disease. It has really had an impact on me.

AS: You mentioned that you weren't dealing with it well at all at first.

GA: I didn't want to be involved with it, you know, because I was dealing with my own agenda, and when you become educated you begin to really internalize. If you're smart, you don't deny, you kind of like internalize the information that you have gained, the knowledge that you have gained, and then you

---

4Sister Joanne Lucid of the Archdiocesan AIDS Ministry, whose narration is included in this oral history project.

5A volunteer companion to persons with AIDS.
kind of oversee your whole lifestyle, then you kind of wonder—could this be me?—because through the grace of God so, so go I. So it was all those things that were kind of circulating in my head at that time that I pieced all in and got on with what I was supposed to do as it relates to being in this arena. I began dealing with it healthily.

AS: How does your work in AIDS fit into your larger commitments, and then how would you describe you larger commitments?

GA: As I said before, I am very people-oriented, and I think that's just an innate part that comes throughout my family. You know, just has much as I've put into providing or rendering services to individuals surrounded by AIDS, wherever it may be, I get so much back, and that fulfills my life. My bigger commitment is all about people, as far as I'm concerned. It's not about me, it's about the people that I serve. I believe that I don't deal with the work that I do very selfishly. I don't get into status quo. I don't get into turfism, I'm not about that business. I'm about serving the people who need the service, and that's my biggest commitment, whether it's in AIDS or in anything. Any little way that I can help this society, this larger society, as long as God gives me a portion of my strength I'm going to do it, and that's just my commitment.

AS: Again you mentioned God right away, so I guess I'm wondering how you define your faith, and then what role does that play in your life?

GA: Oh, definitely my faith—as you already noticed, I do mention God. I do believe in Jesus Christ. My higher power, I call on it because it's my ultimate strength, and when nothing else works that always seems to come through for me. So each day I ask God to just give me the strength, give me the wisdom to walk the walk and talk the talk that needs to be there for me to be on this journey that I'm on. I take it day by day. Every time I do a presentation I ask God to give me the words. A lot of times I don't prepare for presentations, because I've learned that when I prepare it doesn't go right, so I just ask him to feed me the words and the delivery, whatever it may be. So my spirituality is my ultimate force that keeps me going.

AS: I would imagine that many churches have a tendency, to some extent, to look down on some of the people who are involved in Circle of Love, be they IV drug users, homosexuals...
GA: I think initially. I think people are coming full circle with this thing, around AIDS in the 1990s. There still is a stigma attached to it. People, you know, do the value judgment about peoples' lifestyles and stuff around AIDS. In this community we are trying to educate the spiritual leaders about AIDS, and it's not--like I said, through the grace of God so go I, you know. I'm not here to value you for what you've done and I hope you're not here to value me for what I've done, what I've said, or whatever, then we can get on. Because the ultimate thing that we do know is that this disease exists, and it's up to each and every one of us, that we have to play a part in trying to prevent it and trying to rally around the people who have it, and that's simply said.

AS: Does anger play a large role in your response to AIDS?

GA: I was angry at one time. As a matter of fact, I can say about a year ago I was really angry because I was getting so damn tired of going to funerals and seeing black men and women die from this disease, and I was thinking "there's got to--we've got to put a stop to it. We've got to stop it." You know, though, anger is somewhat a part of my force that keeps me going, because I want to see this disease snuffed out of this world. When you've seen so many young, productive, beautiful people killed by a disease that can be prevented it does make you angry. It makes you angry sometimes.

AS: How do you keep that negative energy in check?

GA: I've learned. At one time this work was very taxing on me. I had to come to terms with how I was going to deal with it. Not that I'm emotionless or anything, but I needed to know how I was going to be the most effective person that I could be in terms of providing the services or doing what I can do in this arena. One of the things that I--initially I tried to be it all. I tried to provide the grants. I tried to be the support to the people. I tried to be at all the support groups. I tried to provide the food. I tried to be the cure all, the elixir, and I had to really step back and really determine what my role is, because everybody has a role to play. I've had to come to terms with what my role is at this time and place in my life surrounded by AIDS. I am a service provider, and I am the one, at this particular time and point, who gets the monies for the people who hire individuals to provide a service.

I can't do it all, so I kind of step back and do what my role is, somewhat, even though I do the other things too. I know what my role is, and I know what I have to do to protect
myself, and if I feel like I can't take any more I just step back off of it. That's the way I deal with it. People say "how do you survive dealing with it all these years?" Well, you have to build in your own coping and defense mechanisms to deal with it. I exercise, I do a lot of thinking, sometimes I just get into myself and don't feel bad about it, because there was another time when I felt I had to render myself to other people twenty-four [hours a day] and seven [days a week] and I don't have to do that. So, we all get our own mechanisms for coping, being in this field if you want to be long lasting. There are a lot of people who have worked in it and they just said "I can't deal with it."

AS: How do you describe your personal community, and what does that community mean to you?

GA: My personal community? Every community is my personal community. I feel what affects one community affects all communities, and until we stop thinking in segments and status quo, classism and stuff--because we're all in this thing together. So, every community is my community. I am concerned about health issues, I am concerned about ills in every community, although I know that I am African American and I live in the United States of America and I know that in the African American community we are affected at a disproportionate rate in the circle when it comes to violence, disease and disabilities, poverty, lack of education, and that's just something that fits into the larger community. You know, the African American community fits into the bigger community. If I had any hope or wish it would be that we could just be homogenous and everybody could just live as one and we'd have a concern for all mankind. That's the only way we're going to make it.

I'll give you an example: Yesterday the ice cream truck came by, and my mom is a foster parent, she's got like five foster kids, and they were all in the window, "Ice cream! Ice cream! Ice cream!" So, I went and took them out to choose what they wanted off the truck, and the guy that was driving the truck, he was white, and he told me, after the kids had gotten their little treats and run across the street, "You know what," he said. "I almost just lost my life over on 27th and Colfax," he said. "Five black men just tried to pull me out of this, this car, and tried to beat me to death over what I'm trying to earn here."

I was genuinely concerned about that guy, he was really upset, you know, he was really shook up. How can I not be concerned about him because he's white? How can I say, "They should
have kicked your butt" or something like that? He's a human being and my advice was "Honey, it's survival of the fittest, and it's ironic that we even have to put ourselves in that mind set." I said, "But it's survival of the fittest. It's better them than you." He thought he ran over a couple of the guys. I said, "If they were trying to do you some harm, and you were trying to get away, don't feel bad about it." I said, "Protect yourself, because you've got a family and you want to live. If someone is going to try to take you out, it's better you take them out than them take you out." I was really concerned about that guy, and because they were black people doing this to this white person I did not condone it, you know what I'm saying. I have concern for people.

AS: In some ways, I would think, defining your community in such large terms would make it more difficult for you to draw support from that community.

GA: Well, like I said, my community is the larger community, but I come from the African American community. My community also revolves around my family members, my friends, people that are my mentors, and children in my community. I have so many communities, I could say that I have so many support mechanisms. I have professional friends, I have peers that I deal with certain issues with. So it's a community, but it's a piecemeal community that I'm defining for myself. Right now is the first time that I've really, since I moved to Minnesota, lived in the what they call the "black community," and that's on the North Side. When we moved over there in December my daughter was like "Yes! There's still a black community!" [Laughter] Because we were always by the University, Southeast, where there's like a mix and very few of us. So, right now, my community is Near North Minneapolis and it's predominantly black, it's African American, and I feel very comfortable there.

AS: You talked a lot about burnout, and about how some people can't stay in this line of work very long. How long do you think you'll be able to?

GA: I'd say this is the longest that I've ever stayed in a position, because I always usually change jobs yearly. This is what I've been telling people; I say I'll probably be here for the rest of my life. I don't know what moves me. Even though sometimes I do get kind of--I'm the type of person who does require a lot of stimuli, and sometimes I try to rely on other people to give me those stimuli, but I've learned that it's up to me to get that for myself. There was a time when I was really getting kind of complacent, like "this is not
exciting anymore," but I got my charge by trying to create other things to address in the community.

So I'm really feeling good about my job again. I'll probably be in this line of work forever. I'm not saying how long I'll be in this particular job, but I'm committed to what I do. I went to school to be involved in community health education. My first choice when I was in college was becoming a nurse. By the first year I clearly identified that being a nurse was something that I was concerned with, but it was too distant. I like to be around people. I like to—it excites me to be amongst people. I appreciate what I do because it's not very routine. You're working and you're around people, and although I'm the director at this job, I try to get along and try to be on the front line of things because to me when you interact with people you get a feel for what the trends are in the community, what people's concerns are, and that's how I come back to my office and create programs or services that relate to what's going on in the community. So it's a very exciting job to me, very diverse.

AS: How long have you been at this job?

GA: Going on six years now.

AS: How do you see yourself sustaining your commitment not just now, but in the future?

GA: I think that things have to evolve. One of my primary goals, and this kind of goes away—well, no it doesn't, because—one of the things that I have long-range for myself is to provide a group home for children, because I think in the future there are going to be more children whose parents are infected with this disease. My plan is to provide a group home for children whose parents go to the hospital, because I can identify to that. I had a girlfriend who was infected with the disease and she would go in the hospital sporadically and had no one to keep her children. So that's one of my plans to keep going in this field. If I'm not doing this, I'm going to be doing something that relates to providing some kind of service in this area. So, if I'm not dealing with it as close as I am now, I'll be dealing with it in some aspect.

AS: How do you define felicity, or a real feeling of fulfillment, and where do you find that most of all?

GA: Fulfillment is when you can see some kind of fulfillment; when you can see some kind of start to, not finish, quite. I've worked with individuals that were at a certain level when
I was first introduced to them, and they have come so far. They have gained so much, and it's not just what I've done, but what they've done for themselves. That's my fulfillment, when I can see people come from one point to the next point and be empowered or take control of their lives. Another fulfilling thing for me is that I have a person who works in this department who started off as a peer counselor back in 1989; now she's a coordinator with our program. To me that shows some impact of the work that we do, that it has on some individuals. Fulfillment—when I can talk to an individual and he or she has a mind set at one stage and then through education and training and building skills he or she kind of adapts something that deals with his or her own lifestyle, that's healthy for him or her. That's my fulfillment, when I can see a positive outcome.

AS: What's your vision of America, both where it's at right now and where you'd like it to be ultimately?

GA: America, I think, is a double standard at this point. I think the purity of what this country stood for and what it stands for now is no longer there. Not that it ever was pure, because we've always had glitches in this country, but I think in some ways we're moving forward and in some ways we're moving backward. We're moving forward as it relates to technology and those other things, but when it comes to dealing with people, I think we're moving backwards.

The value system that was once kind of common in this country has been corroded, and I think we need to regain our value system. I think individuals depict what their value systems are, but when I was growing up there was a kind of general value system. We said the Pledge of Allegiance—now it seems like everything goes. The media was kind of clean-cut and now with, like, oatmeal—you used to have the woman in the apron advertising the oatmeal and now there's somebody in a bikini trying to advertise oatmeal. Everything is based around sex.

There's a clear definition in this country between the haves and the have-nots, and I think that's not important—although I think economics are important because people need to have a certain amount of money to sustain life. I can remember—just to show you about values and empowerment and your mind set—when I was growing up. We were not rich, but it was never like we were poor, because we had a sense of being, we had a sense of togetherness. I believe that poverty is a state of mind, because I believe that if you can believe in yourself, and if you're willing to put forth some hard work, you can overcome anything.
I think people have lost that. I think children don't even think of that, you know, the key to success is hard work. When I was growing up in the school, there were always mottoes in the school, "Be the best that you can be," stuff that reinforced you to want to keep going, even though things may not have been the greatest at that time. Now it's everything goes. Kids have no value about life today, and I think we need to regain that, kind of take control of what our communities will and will not be, and I think people--there's no connections now. Everybody is out for themselves and we can't live like that.

AS: I imagine that the political climate in this country right now would be very, very frustrating, especially for somebody in this line of work.

GA: Oh definitely, when they are trying to take monies out of where it benefits people the most--we provide services to people. It's very disturbing to me, but you know what? I don't even try to deal with what they're doing in the White House. I'm just about my business and I adjust my rate to what's going on around me. My belief is that I'm going to do what I've got to do regardless, so I don't even try to focus on that. I lot of people are in hysterics about the grants and all of that, and I'm not even worried about it.

AS: How do you see your activism or you hard work affecting your community or America, even, as a whole?

GA: Well, one thing people that know me, that see me, know is that I'm about the health and well-being of people. I believe that good things that I've put together, you know, programs, services that I've provided through this agency, have an impact on people. Eventually, if you have an impact on one person, it's going to carry on to the next person. It's like a disease, it spreads. It might spread in bits and pieces, but it spreads. As long as it gets there, that's just my major concern. You know, like when people see me, they know that if they need some condoms they can come to me, I have them. It's not my business what you're going to do with them. If you've got enough nerve to ask me, I'm going to give them to you. If you come to me and you have a question about some kind of disease and I have any information, I am going to give you that information, or whatever it may be.

AS: Is there one thing that you can point to as something you fear more than anything?
GA: [Pause] One thing that I fear is around youth because I'm a foster parent too, and I see so many young lives not being destroyed, but being impacted by negative things at such an early age. I believe that, in this country, if we don't start early on not only providing education to our children about certain things that go on in society, but also giving them those skills that help them apply that education to their everyday lives, we're going to be in real big trouble; we're going to have a real big disappointment.

One of my feared things is that I'm part to blame for that, because my mother's friends and my mother reached out to us, and we're not reaching out to the children that are coming along the way that they did to us. Everybody is into their own little thing. If we don't get a handle on things and get youth back on the track of learning to think for themselves, to make clear decisions for themselves, to be empowered, and to know that they can make a difference in a positive way, like I said, we're going to be in big trouble—as a matter of fact, we see it now.

AS: How about the other side of the spectrum? Is there one thing that you hope for most?

GA: One thing that I hope for is that diseases that are preventable, and I know that this is something that is probably just a phrase, but that AIDS could be stomped out of our community, that sexually transmitted diseases could be stomped out of our community, the people who are living with chronic diseases, that they could have some influence—that they take an active role in their lives to prevent things. Not that we could have a safeguard, disease-free society. I know that's not possible, but people taking an active role in what happens in their lives. I believe that a lot of people, and a lot of people in my community, don't believe that being proactive is better than being reactive, and people need to start being about the business, and being more action-oriented around issues and business that are important in their lives, and that comes with empowerment.

AS: How do you think this particular time in our history will be remembered once reflected upon?

GA: It won't be the Roaring Twenties era, I can tell you that. It won't be anything looked upon that there is a lot of elation or joy behind, because we have a lot of things in our life right now that are not very positive. We have a lot of things that are positive. The evolution of technology and all that stuff will be something to remember because life has been
easy, because we can link things and retrieve information without the hands-on type level or the traditional ways that we had to retrieve information. On the other point I think it will be something like a Vietnam war type of memory, to me.

AS: How about you as an individual, how would you like to be remembered?

GA: I would like to be remembered as a person that has always been committed, a person that has been down to earth, for real about what she has done, spoken her voice, a person that has been reachable. I pray every day that, no matter what gains that I get in this world, that I will always be who I am, and that is be committed to the people in the community. I don't want to ever get so big that I'm untouchable. I want to always be the person that—"Hey, she was down to earth, she worked with people, you know, she was committed," and I want it to be remembered that I did my best and was very frank, because I am very frank, and a lot of people can't accept that, but that's just who I am.

AS: Is there anything else that you'd like covered that hasn't been touched on?

GA: This relates to support around living and dealing with HIV and AIDS in the community. A group of us African American women formed a group to provide support to one another. What we would do is that one Saturday out of the month, we would meet at someone's house, and that person would be the host and would prepare stuff. We'd just vent our frustrations about how we were feeling working in this field and what impact it was not only having on us but our community, and we rallied around each other to provide support as it related to HIV and AIDS. We even came up with a name called Zippora, and I forgot what Zippora means, but it's an African name. That was a form of support that we organized for ourselves. Yes, it was a long, hard struggle. We are still connected to each other, but, as I mentioned before, things evolve, and people kind of go into our own little channels in life, but we're still there for one another. We still touch bases on how AIDS is affecting our community quite often; of course Stella [Whitney-West] and I still do because she's my boss, so we have regular contact with one another. [Laughs]

AS: OK, thank you very much.

GA: You're welcome.