Interview with Robert E. "Bob" Tracy

Interviewed by Fraser Nelson

Interviewed August 4, 1994, at Tracy's home in St. Paul

FN: Can you tell first me a little about yourself? Where were you born, and how long have you lived in Minnesota?

BT: I was born in Omaha, Nebraska, and I lived there until I went away to college in 1974. I bounced around to a couple of different colleges, and some work in the Nebraska Legislature, and ultimately ended up in St. Paul in 1979, ostensibly to finish my B.A. at Macalester College. I have been here ever since.

FN: Bob, how would people describe you?

BT: How would people describe me? We should have rehearsed the questions. [Laughs]. I don't know. I think people might physically describe me as being short. In my old life working for the Saint Paul Foundation, and trying to at least look professional and respectable, they'd say I was a person who was always wearing a bow tie, and I don't do that anymore.

I hope to think that people consider me to be a bright, conscientious thinker, and pretty fair and open in my dealings with people. At least I hope that is how they view my professional work. I strive to be sincere in my personal relationships. I guess if there is anything that sort of defines what my life's mission is about--I may be very transparent in this, but I am really trying to figure out ways to deal with intimacy and to make sure that is a real part of my personal relationships, as well as how I deal with people in my community in sort of forthright and honest and intimate ways. How do you think they describe me?

FN: Short. In a bow tie, though. [Both laugh]. We have

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1A community foundation which groups and manages smaller trusts with a focus on the East Metro and St. Paul area.
talked some about this interview being about a transitional period and trying to look at where we are as a movement. If you can, think back to when you first found out about AIDS, the very first things you heard about it, and what it meant to you at that point.

BT: Okay. I have really vivid images about the first information that I got about HIV. It was in 1981. I was living in a sort of garret apartment with my partner Kork, Cornell Jesser. We had been together two years at that point, at 655 Goodrich in St. Paul. This was a third floor apartment with these great dormers and the sun sort of pouring in from the south during the winter. I was sitting in the window one Sunday morning going through the Sunday paper and with both of the gay newspapers available to me, ET and the Voice, and feeling really frustrated by the sort of paranoid accounts of what was going on with HIV. Of course we didn't know what it was, it was the gay plague or the gay disease or whatever. Of course the newspapers would have these little news blurbs that they would draw from the queer press around the country. But all of this is to say that I felt really confused, and I just didn't feel like I had information I needed. Living in the Midwest, with the sort of information that we were getting, you sort of went away from it with the sense that this is too weird and it doesn't seem to affect me.

The next time I encountered HIV would have been in 1982, I believe. I got a call from Bruce Brockway. At that time I was working for the City of St. Paul Department of Planning and Economic Development. Bruce knew that I had done some fundraising in the arts and wanted some advice about how he might be able to raise some money for a piece of equipment that I believe he was trying to get into the Red Door Clinic that might provide a blood-cleaning sort of treatment. So I called a friend of mine who was the head of a local foundation and asked him about this. This was a person who

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GLC Voice and Equal Time, gay community newspapers published in the Twin Cities.

An early Minnesota AIDS patient.

A clinic in Minneapolis run by the Hennepin County Health Department to deal with sexually transmitted diseases.
seemed very comfortable around gay people and certainly was comfortable around me as a gay friend and in our professional work. He gave me this sort of stock foundation response of, "Well, we don't do medical work, and this is really something that your community needs to deal with." So shortly after that I met with Bruce at his home to tell him what I had found out, and that I didn't think he was going to find resources within organized philanthropy, certainly not in 1982, to deal with this. I would say I was pretty much removed from HIV until I tested, though, in 1986.

**FN:** So with as little as you knew about it, what was it like when you tested positive? What was the community like that you entered as an HIV positive person?

**BT:** I need to talk about it on a personal level first. It was a surprise to me that I tested positive, because I had been in a committed relationship for a number of years. We did separate for a period of time in 1983, which is probably the time when I was most likely to be at risk for being infected. The way I tested was I was getting life insurance. It was the first week that Minnesota Mutual Life was requiring people who were applying for insurance to also screen for HIV. And I did that without any concerns. Yet when I got the certified letter back from the insurance company saying that there was an abnormality in my blood test, my immediate suspicion was that it was HIV. As we are pretty complex creatures as human beings, I was both surprised and not surprised.

What was the community that I entered into at that time? This was right on the tail end of Rock Hudson,  
[5]Movie star Rock Hudson was among the first public figures to die of AIDS. so there was a great deal of awareness about AIDS, and the fear and hysteria of AIDS as the mysterious and quick killer. My response to testing was immediately to absorb all sorts of information that I could, so it was a real crash course in terms of just understanding the epidemiology and also the illness itself.

So it took at lot of personal work to fight off the very dominate image in the community, which was that this was certain death. I mean, we were just starting to get
comfortable with terminology like ARC. We were just starting to understand that maybe there's a phasing to this illness.

**FN:** Can you talk to me some about the process of coming out as a gay man and the process of coming out as a person with HIV? How those were the same or different for you? Were there some similar or different feelings?

**BT:** Not so much the difference, but how similar they are, and how having gone through the experience of coming out as a gay man, I think shortened and made it easier for me to come out as a person living with HIV, though you still go through the same steps.

I think that I will first talk about my process of coming out with HIV. As I indicated, my very first response was to understand what it was to be living with HIV, and to get comfortable with that within myself. And that did mean immediately sharing with close friends, because as you are trying to work something out yourself, you really do need the support of people with whom you feel intimate, and that support sometimes is even guidance. You can't do it all yourself. So I spent, I would say, the very first six months struggling with it--it took about six months before I got to the point where I realized I was no longer thinking about dying, but making choices that were really affecting my future. But that was time learning about the epidemic, and learning that it wasn't a matter that I was going to die soon, and realizing that my friends were there for me.

After that, I found that I started becoming involved with HIV issues and people in the HIV community. Not as a person out with HIV, but I was certainly received as someone who understood what was going on, and I was in a position to have an impact on things. It all came to a head for me about eighteen months after my diagnosis. At that point I was starting to take AZT, which was a very physical and external manifestation of living with HIV. But also I just felt like such a fraud being in all these different meetings around HIV, but not being totally honest about why I was there.

In fact there was one time at a meeting at the Minneapolis Foundation\(^6\) regarding the Minnesota AIDS Funding Consortium.\(^7\)

\(^6\)A community foundation in Minneapolis.
Perry Tilleraas\textsuperscript{8} was there; he was the only person there with HIV and explaining to this group some of the needs of people with HIV, and I think I was quite articulate in supporting his observations. Afterwards he pulled me aside to let me know how much he appreciated my support and my level of understanding. I just wanted to stick my finger down my throat. Because I was like, "Yeah, right, I am such a wonderful person."

So it was enough of those sorts of incidents where I realized I couldn't live with myself with a great sense of integrity without making sure that living with HIV was not only part of my personal life, but also part of my professional life and my community life as well.

All of that said, it was easy to tell people this because I knew what it was to--what the coming out process was about. The moment you tell a person that you're gay, you assume all the power. It becomes their problem if they can't accept that. Because the moment you come out, there are still many ways to contribute to society. You still have your family, you still have your friends, and those family and friends and parts of society that chose to reject you. It says more about them than it does about you.

Now my coming out process as a gay man was much slower. I was younger. But again, it was the same process of first understanding what this was about, feeling comfortable with it within myself, within my circle of intimate friends, but ultimately realizing that I was not projecting a real person if I did not also make being gay part of my professional and community life as well.

\textbf{FN:} Was there a defining moment in your consciousness in both of those things? Where you kind of just took a breath and said, "This is something that I am dealing with in my life"? It sounds like when you tested positive, but it

\textsuperscript{7}A joint AIDS funding program of the Minneapolis Foundation and the Saint Paul Foundation supported with funds from the Ford Foundation.

\textsuperscript{8}Perry Tilleraas was one of the early Minnesota AIDS activists. He wrote The Circle of Love and The Color of Light, two books on AIDS and recovery. He died of AIDS in 1990.
sounds like there was even a second step when you felt kind of fraudulent about being HIV-infected and not being out about it. Can you come up with an image or something that defines that in your consciousness?

**BT:** I don't know if I can come up with an image that defines it, but certainly the situation. One was the Perry Tilleraas situation. The other was the summer of 1988 when we were starting to form Arts Over AIDS. Catherine Jordan was facilitating that process. It involved about a dozen and a half individuals working in the arts community who had an interest in sexuality, were gay, [or] had lost friends to HIV and AIDS. We were going through a process where we were trying to envision what this group might be. What would the future look like for us with HIV? And again, I just could not be there and be a real member of that group and not have them know that I was there as a person with HIV. So that was another really important process.

The other was at the Saint Paul Foundation. That organization was going through a long process of reviewing personnel policies, [and] they were also starting to get the national funding that ultimately became the Minnesota AIDS Funding Consortium (MAFC). I was trying to quietly advocate for greater involvement with HIV at the foundation. So with all of that going on in my work place, I also thought it was important that they understood where my level of expertise came from on the issue. That it was personal as well as something that I thought was important from the perspective of what my community--the gay community and our larger community--needed to deal with.

So that summer of 1988, there were just a number of things that kept happening where I just didn't feel I was being fully honest with people in my work and my community.

**FN:** You talk about the sense you had of being fraudulent initially, and then the power that comes in making that statement. What was that feeling like? Can you think about what it was like when you told somebody, and how that feeling manifested itself for you?

**BT:** Well. [Pause]. I think I will talk about it in terms of my workplace first. As a first step I went to my immediate supervisor, Jean Hart. I sat her down and told her that I had HIV. By that point the workplace had at least
done a 101 training\(^9\) and had adopted workplace policies. She was just beginning to understand what this issue was all about. She knew enough about the illness to understand that HIV did not equal death, but she certainly feared that. I understood enough that I had to tell her this so that all of my rights in terms of protection under state law were going to apply to my workplace. I told her that I wanted to tell the president of the foundation, Paul Verret, and the staff, also in fairly quick order. So the next day I sat Paul down and told him, and his response was very compassionate. I think his understanding of the issue had deepened a great deal during the previous year, largely due to the Springhill Conference,\(^10\) which was well organized to help civic leaders like Paul not only understand this from a medical and social perspective, but to start to feel it.

And I told him that I wanted to tell the staff myself, and wanted to do that as soon as possible. But it was really empowering, especially with someone like Paul, who looms as a very powerful figure in that organization and in the community, to be able to say, "These are the facts about my life, and it is my life, and I am going to share these facts with you and my community, professional and otherwise, on my terms. And it would sure be great if you were there to support me." And they were.

And I remember telling my co-workers the next day at our staff meeting. That was quite emotional. In all of these encounters I had to become the AIDS educator. In each one of those presentations, with the group and also with the individuals, it was explaining what the disease was about. I recall in the presentation to the staff that I became most emotional when I talked about who I blamed. It kind of surprises me, because it is still there. But the level of anger—and it is very personally directed at Ronald Reagan. This goes back to talking about that very unhelpful and sketchy information that we got only out of the queer press in the early eighties. The fact that that president and the hatred he brought into our society was there ensured that I did not have the information I needed to make healthy choices. So it was sort of interesting to sit here in a

\(^9\)A basic AIDS training.

\(^10\)A 1987 conference that introduced HIV information to community leaders in Minnesota.
community foundation, this bastion of liberal Republicanism, and to talk about this health issue, and everyone is all emotional, and to end it just getting into the politics of "the only hate I feel in this is toward this individual." No one seemed to object, but... [Laughs].

That followed with a good month of getting two to four phone calls a day from friends and colleagues extending their support. And of course each of those ended up being the five- to ten-minute HIV 101, because those become teachable moments. So. I don't quite remember the question that got us off on this.

**FN:** You've touched on some of the other commitments you have. Working in the arts community, for one. Can you describe for me your other commitments and how AIDS plays a part in those? What are they like?

**BT:** I'll get to that one. But I did consciously recognize that I had also had an opportunity and a responsibility in my position at the foundation, because it is an institution in the community that had broad influence, and mine was a highly visible position. I knew enough by that time about the social ramifications of the epidemic that it was very important that people with HIV were coming out and showing that--just like queers--we're all over the place.

So at the foundation I had a lot of relationships in the arts community, because I had been working in the arts in the Twin Cities since 1979. I also had relationships in the neighborhood and community development sector, because that was another area of grant-making responsibility that I had there. And then just the visibility I had with the, quote, "St. Paul Power Elite." I had worked under George Latimer, and he was still mayor [of St. Paul] at that time. A lot of civic and corporate leaders sit on the boards of the foundation. So I was aware--I wouldn't say that this drove me into coming out at that time--but I was certainly aware of it when I realized that there was something I needed to do personally, but there was also an opportunity to be visible in that position as a person living with HIV. So is that enough about my other community relationships?

**FN:** Talk to me some about how do you define your community? What is it?
BT: Professionally, the arts were an important part of that community, starting with the work I did at the Minneapolis Arts Commission. That initially tied me into the sort of community arts and independent artist community. Then I went to the City of St. Paul and worked there for about four and a half years, still focusing primarily on what I characterized as the independent art sector—small and mid-sized groups, independent artists. A lot of the work that I did when I was at the city was to develop artists' housing, and to really champion the role of artists—not just arts organizations in the arts, but artists as members of community.

Then when I moved to the foundation, this circle of involvement in the arts community expanded to involve the major institutions as well. It took some time for me to become comfortable with that. So one important part of my community professionally and at a personal and social level really was the arts. A lot of my personal friendships involve people who work primarily as administrators in the arts. A lot of my social time is spent going to arts events, primarily small, mid-sized arts groups, experimental stuff. I have been on the board of the Southern Theater off and on since 1979. I think the work of that organization speaks to the part of the arts community that I feel most connected to.

FN: How would you describe that?

BT: Experimental. A mixed-media approach to using the theatrical space or the environment of a theater. I know from many years on the board we gagged whenever we would say "cutting edge" or "avant garde." But increasingly it became clear that we were working with artists that had a real strong connection to a community of values and ideas and who were committed to change and challenging and providing the sort of challenge it took for communities to embrace new ideas and values and to make that change happen. I just left the Southern Theater board finally after fifteen years, and it was a real hard thing to do because I feel so close to what they're about. That is one of the things that I think is at the core of what I am about.

FN: What about other commitments that you have beyond the arts?

BT: Increasingly over the last seven or eight years I have become more engaged in the HIV community. As I indicated,
there were segments of the arts community that I connected to, and no community is monolithic. There are segments to the HIV community that I have worked in more comfortably. My professional experiences led me to connecting with the HIV community through activities like serving on the board of the Minnesota AIDS Project.\footnote{The state's first and largest AIDS service organization. Tracy served on the board of directors from 1988 to 1991.} At that time I had the right profile for what that board of directors was trying to become. I worked for a foundation, and God, I was HIV positive, too—if only I were a person of color! They would have really loved me then! [Laughs].

But I was on that board for three years, and you sort of learn the administrative level of what HIV is about. Certainly the opportunities I had to serve on the MDH Task Forces.\footnote{Tracy served as member of the Commissioner of Health’s Task Force for HIV Services in 1991 and 1993. This body set funding priorities for use of federal Ryan White CARE Act direct service funds.} Again, those were really my opportunity to learn about how the public resources were marshalled to respond to the epidemic. Then working through the Minnesota AIDS Funding Consortium I learned about the infrastructure of providers' groups since I was responsible for making grants.

\textbf{FN:} How do you balance your role as a person who may be a consumer of services and a person who has power in terms of allocating funds or making policy?

\textbf{BT:} I don't think of myself as a consumer. For most of these providers' groups I have yet to use a lot of their services; at least those services that are designed for people who have particular health needs or need social services support. I am very informed about the epidemic and the disease, and I have a deep affective understanding of it; but for me it still is a big question mark, the sort of affective deep level understanding of what all of these services really do for a person with HIV. I haven't had to deliver them to an individual with HIV, and I haven't had to consume them. So that's pretty honest about that.

In terms of connecting with the HIV community, though, there...
are the personal relationships, the people who are your friends who have HIV and you connect with simply because you are friends. And then there are the people who you only meet because of HIV. Those are people like Carlton Hogan, Perry Tilleraas, Mick Flannigan,13 a lot of people who were at the vanguard of this movement, or at the beginning of the epidemic. I would not have met them probably if it were not for the fact that we shared a concern primarily around the social treatment of people with HIV. I learned a lot from them about medical care and medical options. Those people were really important to me. I think I didn't acknowledge that earlier in the interview about how it helped to have those role models. It made it a whole lot easier to be, not only public about living with HIV, but to be an activist.

FN: Do you see yourself as an activist?

BT: Yes, I do. But I have always been best playing in a bridge role. As I suggested earlier, I really identify with the work of the Southern Theater. It is work that really challenges us to change at a core level. But you don't see me on the stage, you see me on the board of directors. And likewise I think that in the HIV community you don't see me trying to organize an ACT UP14 in Minnesota, though you could have seen me at some ACT UP events—when they were worth going to. But you do see me bridging those who are really challenging us to move, bridging their interest with the structures that have the resources to change. Or the resources to make a change happen that is real and affects lives in a real way.

FN: So would you say that you were doing that before in the

13Well-known Minnesota AIDS activists. Carlton Hogan works at the University of Minnesota's Coordinating Centers for Biometric Research and is editor of PWA Alive, a magazine by, for and about people with AIDS. Tilleraas is described earlier in this interview. Mick Flannigan appeared in the film An Interruption in the Journey.

14AIDS Coalition To Unleash Power (ACT UP) is a protest politics organization led by persons with HIV disease. The Minnesota chapter of this national organization is considerably less active and militant than many across the nation and has only a marginal following in the state.
arts, and now you are doing that in AIDS too?

**BT:** Yes, and if you were my therapist, you would probably have another way to describe what I am doing. But yes, if you look at what I did working for the city, and especially the job at the Saint Paul Foundation, my job there was to try to find a way to make it safe and comfortable for a fairly conservative element of the community to support artists who were about changing the fundamental values of the community. That sort of translator role and being a bridge. And I think that those are the relationships that I have created for myself within the HIV community as well, serving on the Commissioner's Task Force and the funding panels. I know how to play those processes, and yet I can bring some values to the table that other people who live those processes probably couldn't begin to understand. That's true, isn't it? [Laughs].

**FN:** No comment. [Laughs]. Does faith play any role in your response to HIV or your role in the community?

**BT:** Not really. I don't think that I am wholly developed person when it comes to spirituality, at least in any way that might be understood as a conventional sort of spirituality. But that is where the arts have been really important for me, because that's what has given me a context for exploring how it is that I connect to the community and the world around me.

**FN:** How would you describe that?

**BT:** How do I connect? [Pause]. Well, I have used a lot of Eastern and complementary medicines for my health care. Part of what drew me to those was the sense of wholeness about trying to create a balance in your life between your physical and your intellectual and your spiritual being, the part of you that is capable of being present in the moment and to be honest and to feel things. And that has been a part of me that I spent many years getting good training in blocking that out. So it has really been through the experience of trying to understand how HIV fits into my life that I have started exploring that part of me. But that's the spiritual part, the part that is capable of being intimate, that is capable of being present, that's honest and that values the moment. That is the part I have to work hardest at nurturing. It's been through exploring different ways to
care for myself in living with HIV but also to understand how HIV fits into my life that I've started to become aware of that.

**FN:** So do you think that trying to find, as you said, "Being in the present," is one of the things that helps sustain you? Can you talk some about how you stay in this work, how you stay as an activist?

**BT:** It definitely does. I made two big changes in my life as a result of what I was learning about what it meant to be living with HIV and to connect with this spiritual part of myself that was really more present with the human beings that I was coming in contact with. One was I realized that I was in a relationship that did not have that kind of intimacy, and I couldn't see any way for that to happen in that relationship. At the same time I also realized that I was in a job in which my creative capacities were not going to be supported, and I was in an environment where authenticity was not valued.

So in the years after coming out with HIV— that was August of '88, and by the end of that year, I had ended that nine-year relationship that was clear to me was not going to be a relationship with real intimacy. Then it took me another three years or so to get myself out of that work situation. So does AIDS drive you to live what I guess I would call, at least from my perspective, a spiritual life where I am dealing with people in the moment and honestly and opening myself up to intimacy? It was HIV that finally moved me down that path and to get some things out of my life that really were killing me, that were killing my spirit. Shortening my life, or at least that part of it that might have been valuable. I mean, after I left the Saint Paul Foundation my T cells\(^\text{15}\) doubled, and they have stayed at that level since.

So there is good stress and bad stress.

But what does that do to drive me as an activist? I can't say that I have thought that through very deeply.

**FN:** It sounds like throughout your life, in the work that you have done in the Nebraska Legislature, and then in the

\(^{15}\text{T cells or CD4 cells are a marker for HIV disease progression.}\)
arts, you have been always working the system, or trying to get the system to work for people who don't necessarily have access to the system or power within it. What sustains you in keeping in that kind of work?

BT: I think a part of it has to do with where you came from. I came from a family in Nebraska, first generation off the farm. Poverty was the way of life, alcoholism. None of my family members had much history in terms of education, and so we tried to improve our lots. To improve our lives, to move beyond where we were. And for me, that's what this work has translated into. I see people who are disadvantaged, and I am driven, as I am in terms of meeting my own need for change and development, to bring them along. To change their lives in a way that improves it. And there is--I just have this real fundamental belief that individuals make a difference in their community and in society, and that my experiences are shared by others. So I tend to act upon a blending of broader knowledge and personal experience. So you are going to find that much of what I do in my life is this blending of doing something that serves what I need and want to change in my own life, but also resonates and connects me to a broader community.

So I had a long interest in the arts, and particularly in art that was connected to the present, either because it was connected to an immediate issue and trying to advocate for social change, or because it connected to a community or a culture. That resonated with me because it captured my own desire to be connected personally to the arts and to create change through the arts.

With HIV, it is clearly a personal issue with me. I have a lot of self-interest in it. But my concerns are also shared by a lot of others, and I think we are in a situation where we are underdogs, and I think I can do some things to help win some resources to change that.

FN: Does anger play any role in your activism?

BT: As I said, I still surprise myself [by] the level of anger I feel that is epitomized by Ronald Reagan. But yes, I am really driven by an angry response to the hatred. The ignorance I can deal with, but the hatred and the values that really want to obliterate who I am--that really does eat at my core. But the anger comes out as a determination to dig
my teeth into the system and shake it around—but not lose my grip—until I start to feel that something is starting to change. So the anger probably sustains a persistence and willingness to go long haul, even in the context that I have some immediate needs and should have some immediate fears and concerns. But I guess that anger is at a core level, and I don't want to just win the short-term battle, I really do want to contribute to a systemic change.

**FN:** What would that change look like?

**BT:** Well, first of all we would no longer have this sort of dual tracking of service delivery. Because people are so fearful, or hateful, or misinformed about HIV, we need to create our own systems for serving people to make sure they are responsive and appropriate and non-discriminatory. I am not sure that we can get to that point, but we want to at least maximize that opportunity.

I am not sure also that the end result is a vaccine, but I do think there are many end results in terms of better cures. So from a scientific point of view, I am hopeful that someday we will start putting more and more resources into treating people who are not well. And doing some real prevention. Research and the investment in prevention is something I think that is much more valuable than resources into a vaccine.

In terms of what you do to counter the hatred and the misinformation, I don't know that you'll ever get rid of it, but you have to develop the capacity to stand up in the face of it and not to let it incapacitate you. So part of what drives me is realizing how much more can be lost if we are not visible and persistently countering that sort of misinformation and the hatred.

**FN:** When you talk about hatred and misinformation, and given your role now as the public policy director at the Minnesota AIDS Project, when you think of America, and you think about this country, what is your vision of America? What do you think it is?

**BT:** I am not so sure. I have a great question as to why we even exist as a country right now. For the last two generations what has defined us and held us together as a country has been the Cold War. And I have to say that I am
really dispirited by the fact that we can't find as a cause for coming together providing health care for each other. That human compassion is not something that binds us together as a country.

So it is hard for me right now to formulate a national vision. What's important in my life is my friends, my neighbors. I like my block. I like my neighborhood. I like my town. I like being part of rural communities; I identify with that in Omaha and in the Midwest. I like my communities of interest. I like being part of the arts community; part of the community that's working particularly to counter the discrimination around HIV or the discrimination and hatred towards queers. Those are all communities defined by very limited geography or narrow interest. But I don't see what connects all of those together or what connects them to a sense of a nation or a country. And I haven't put the resources or my own thoughts together to try and figure out what would connect them.

**FN:** You talk about some things in very personal and local terms--how do you find felicity in your life? You've talked some about how you find it? Can you talk a little more about it?

**BT:** Give me the question again.

**FN:** How do you define felicity personally for yourself, and where do you find it?

**BT:** [Pause]. Why don't we come back to it. I can't say that I have even-- let's move on and come back to it.

**FN:** Well, if you don't have a sense of yourself as an American, or how you intersect with this country, do you have a sense of how your activism impacts the United States? You said one person makes a difference. What kind of a difference do you make?

**BT:** I do think that the work that I and many, many others have been involved with around queer issues, and by extension the work around HIV, sort of underscore what divides us and also reveal the hollowness of what we claim are the things that unite us. Most of my academic work was in American studies, educational philosophy, a lot of work around the concepts and principals of democracy and the values that
embraces in terms of fairness, equal opportunity. When you are working in queer issues and HIV you really have to question the integrity of the definition of those values. So I don't know.

The sad thing is that it shows that one of the things that's intended to really tie us together is really false or really fragile at the best. I can't help but do this work because I feel it personally. The pain of being devalued. At the personal level it is so insulting because I know that I really do a lot for my community. That I have really strived to be that model citizen. To care about my neighbors, to vote, to care for those who are disadvantaged and to accept my responsibilities as a citizen.

Still tumbling around in my head is your question about the anger driving me. All right, it's fine, so I don't express my anger quite as I should! [Laughs]. But it really does drive me. I am just not going to stand for being shut out.

FN: What do you fear most right now?

BT: Right now I fear a complacency about HIV. Personal complacency about HIV as a health issue for me. I have been living with this for about ten years. My health has been very stable. And I fear that through that complacency I won't be as vigilant about taking care of myself, which is, I think, the reason why I have been able to maintain good health. There are days I wake up and it is like, "What is all of this? What does this mean?" Talk about ambiguity! I am going to work every day, and working hard on HIV, and people perceive me as a person living with HIV, and it is like--I'm not ill. I don't notice this is my life. And I am at a point right now where I am doing just health maintenance things, things that support your immune system—not all that well, but... So I don't feel sick or ill.

FN: Is that something you fear?

BT: Again my fear is that I am becoming complacent about my health and staying well and doing the work that it takes to accomplish that.

FN: So Bob, what makes you happy?

BT: Oh, what really makes me happy is that I have a
wonderful relationship with Bill [Peters]. That I have found the intimacy that I have been personally craving for. When I started to understand what it meant to be living with HIV, that it was time to get on with things that were really important to me. One of them was developing a personal intimate relationship. And that's great. It really is there, it is pretty amazing. That gives me the strength to get through really bad days at work or the horrible things that can come out of our Congress and our president.

FN: What do you hope for?

BT: In what? What are my hopes?

FN: What do you hope for yourself, for this country, for the things that you have been working on?

BT: At this stage I am really hopeful about continuing to be able to make enough time in my life to enjoy my family and those relationships. That has been a big change for me, to no longer be quite as manic about my work, professionally or in the community. I am hopeful, at least from the perspective of my work, about being able to build a real network of people in this state who will take action, especially within a political context, to address the issues around HIV, particularly those that are growing out of discrimination. And then the questions of making sure that there are resources available to ensure that people are getting services.

And I think that I can bring a personal network together that can really create a powerful voice and an articulate voice. I value the work of groups like ACT UP, but we needed a diverse image of what people concerned about HIV have to say and how they want to say it. So I am really excited and hopeful about that. I think that a lot of the relationships that I have built through the past fifteen years in this community I can translate into a political voice. And I am more than willing to cash in on those personal and professional relationships to get people to cross over and to start to see that this is an issue affecting them personally and also affecting their community, and that they have a responsibility to do something about it. So that has really got me kind of jazzed up. It's intriguing for me to approach this also because it is long-term work. We are talking about something that is going to evolve over the next three to five
years. I think that's uncharacteristic for me, to start to look at the task that I put before me with that sort of longer time frame. I guess I am a little less impetuous than I used to be.

**FN:** How do you think this time will be remembered then?

**BT:** Well, the time we are in right now, I think, is going to be remembered as a time when we weren't doing a lot, but I think that's because the visible and really angry images of HIV that sort of came with the first wave of the epidemic in the community are not present anymore. The reason I think that is so is that when the Mick Flannigans and Perry Tilleraases and Bruce Brockways were dealing with this epidemic there were no services. There was no response except to yell in rage and to demand.

Now we are living with a generation of people living with HIV who have services. They are also people who have many more complex issues in their lives, and HIV is just one more. Finding that level of anger to make something happen is hard when there are just so many complex issues in your life that you just don't have a sense of control that you can make something happen. [It is] that [reason], combined with the fact that services are there. I don't think that we have people as forcefully or as articulately underscoring what is not right, and there is still a lot that is not right. I think a way to make that heard is really now organizing a political voice, and taking perhaps another route at trying to underscore these issues and to broaden the sense of awareness.

I think it's also going to be remembered as a time when the epidemic does change. Or when we are changing how we are defining what has to be done to respond to it. It is still largely a disease that is affecting gay men in this state, but one thing I don't think we recognize is that most of those gay men were not the white middle class guys who had wonderful educations and totally balanced lives. As the epidemic is diversifying we are understanding that we are dealing with people who have a complex layering of problems that we need to respond to. So I think of an agency like MAP. What that agency is really about is how you deliver HIV services and make sure that you are also dealing with the issue of poverty, and chemical abuse, and family needs, and employment needs, and all the other variety of problems that
come in the door and that get in the way of responding to HIV.

So how to remember this time? I think people again will remember it as a time when we weren't paying as much attention to HIV only because the anger wasn't as visible. But I think we are also going to look back at it as a time when we started to understand how really complex this was to deal with. That it is not just HIV. Hopefully we will view it as the turning point for figuring how we might quote, "mainstream" services for persons with HIV. But I kind of think we are at a real low point right now in terms of just being taken aback at realizing how big the problem is. We don't have the media glamour, and we don't have the activist outrage drawing attention to this.

FN: So how are we going to make it?

BT: How are we going to make it? Taking it back to the personal. Part of what excites me about the work ahead for me and MAP is that I think that engaging people in the political process is another way to do that education and awareness building, and it is giving people another viable option for how to act. Five years, eight years ago, at least for me, one very viable option for acting was to go to the demonstration in Mora. To show up at a concert at Northrop\(^{16}\) and to participate in those protests. But we have been protesting for ten going on fifteen years; we need more avenues. We have worked at creating awareness by trying to get media attention. Not to say that is unimportant, but we have got to start to find other channels for creating awareness. That is why I am so intrigued by the workplace efforts. It is another way to get people's attention and to present this issue to them in a fresh way. So that sort of stuff is hopeful for me.

FN: What about us personally, as people working or living in the epidemic?

BT: [Pause]. Individually, I feel my biggest challenge is, again, getting through this fear of complacency; of finding a

\(^{16}\)ACT UP protests following discriminatory statements from a church in Mora, Minnesota, and at a concert by homophobic comedian Sam Kinnerson.
new level of comfort with the ambiguity.

**FN:** Tell me what the ambiguity is?

**BT:** That dual existence—at the same moment that I am living, I am dying. That's true of all of us, but HIV introduces the prospect of the shortened time line. I say this quite cynically, but it's like, "Okay, damn it, when am I going to get some sort of illness here? Is this thing going to move ahead or not?" I am at roughly the ten-year mark. It is about time for something to break down here. Or, you know, can I just forget that this is part of my life? Do I be anxious about becoming ill, or do I just sort of ignore it all together? For me up to this point, the choice has been saying, "I am just going to stay focused on staying well, to build my immune system to do things that are healthy for me emotionally, physically, spiritually, and trust that that's going to keep me alive and well."

**FN:** Are you bored with that? Is it just too much of an effort?

**BT:** It's not a matter of being bored with it, but it is also accepting and being real about the other information you are getting. Statistically, after ten years or so people start to realize some greater problems. I think the epitome is in preparation for our commitment ceremony next month. At the same time you are doing your will, and preparing yourself to die, you are doing your living will and defining how it is that you are living together, and that's the ambiguity that comes with HIV. I think I have developed a pretty comfortable acceptance of that for a long period of time, but I have reached a point when I am impatient. There are days when this doesn't exist, it is not real, I don't want to have to deal with this anymore. And there are other days when you are really kind of terrified. Maybe this cold is going to become really problematic. It is not my greatest concern, but I realize I need to work it through. That the equilibrium I once had, or thought I had, seems to be slipping.

**FN:** This may be kind of beside the point, but what do you think is causing this rash of gay marriages? It seems like everyone I know who is gay is getting married.

**BT:** Well, I was talking with Catherine Jordan the other
night, and she and her partner Steve Lick thought it was ironic. All of the straight people they know that are trying to avoid marriage and all that institution implies—this is something that they can have and so they are rejecting it. In contrast, the queers, because they can't have it, they seem to be embracing it. I know that we are doing it for some really practical reasons. [Laughs]. Part of it is it creates a good focus for us to get some of the legal stuff done and the recognition that for everything we have put together in terms of wills and durable power of attorney and all of that, the fact that we have had a public gathering to sort of reinforce that will make the courts pay more attention to that. That's at the real nasty practical level.

I know for me and Bill on an emotional level, we have been together for five years and the relationship just keeps getting better and better and better. And it is the first time where both of us, without any reservation, can say I want to be with you, I want to support you and care for you for the rest of my life. Two years into the relationship, three years it was like, "I don't know, I don't know..." and that's really kind of neat. It is kind of fun to celebrate that. And we have had friends for about the last year who have been whining about wanting a good party. I think that is the biggest part of it. [Laughs]

**FN:** How do you think you'll be remembered?

**BT:** How do I think I'll be remembered? I think that people will remember that I worked passionately and persistently on things that were really personally important to me, in terms of committing myself to the arts and committing myself to work on HIV and queer issues. But that the measure of passion is not necessarily going to be one that views my work as fiery, but as sustained and a level of persistence, a drive. That I stuck with it over the long haul, and that I would do the work. You can either be working in the trenches, and that has one set of connotations, but there's another set of ugly trenches that you can work in as well, and that is trying to create those bridges with the bureaucracies and the hard-to-change social structures that really have the resources that we need.

And I think that people will remember me as an affable person and a person who had some integrity, who was driven by principals and by some sense of reason, but who was also not
immune from feeling the passion and compassion.

FN: Well, those are all my questions. Thanks.