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**Interviewee: Marty Tornblom**

Interviewer: Corine Lehigh

Date: June 9, 2017

Place: New Cumberland, Pennsylvania

Transcriber: Liam Fuller

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**Abstract:**

Marty Tornblom was born in Utah and was raised in the greater Salt Lake City area, as a member of the Mormon Church. She decided to get a degree in education which lead her to teaching. Following her marriage, she converted to Presbyterianism and moved all over the country, including Utah, California, Alabama, and Pennsylvania. Family is integral to her story, as she is happily married and has four children. She moved with her family to Harrisburg in 1980 and that began her involvement in the local community and work around HIV/AIDS. She worked for SCAAN (South Central AIDS Assistance Network) as a buddy for people with AIDS and the Prevention Educator for the organization. Marty discusses her personal relationship with many of her buddies and other people associated with the organization, her efforts to involve the greater local community, her work providing STI testing services for local people, her involvement in AIDS activism, and her hope for the continued progress within the LGBTQ community, reflecting back on all she's seen in her life.

**CL:** Alright, so, we kind of got busy when we got here, but my name's Corine Lehigh and I'm doing the oral history video part here for the Oral History Project at the LGBT Center of Central PA. So, first thing I need to know, we have you sign that consent form. I just want to make sure that you consent to being videotaped and recorded.

**MT:** I do.

**CL:** At any time you can ask me to turn it off. You can choose to not answer a question that I ask you. This is whatever you'd like to do, I can do. Okay, so, again, my name is Corine Lehigh and today is June 9<sup>th</sup>, 2017 and I am interviewing Marty here at her home in New Cumberland [Pennsylvania] and if you could just state your name, first and last name.

**MT:** Marty Tornblom.

**CL:** Okay, and do you want to spell your last name?

**MT:** T-O-R-N, like Nancy,-B, like Bob,-L-O-M, like Mary [chuckles]

**CL:** Thank you so much. I know- my mom has a- an interesting last name and she has that too, she's like, "Okay, I know that you're not going to be able to spell it if I just say it." So, alright, so, we'll go ahead and start the interview then, like I said, we'll start with the easy questions and then work our stuff, over to the SCAAN questions that Bill and Barry are interested in. So, [pause] I apologize, I thought I had this all ready. Okay, so, where are you from?

**MT:** I was born and raised in Utah, taught school in California, lived for a while in Birmingham, Alabama, Pittsburgh [Pennsylvania] and landed here in Harrisburg [Pennsylvania] in 1980.

**CL:** Wow, so, you've been all over. So, tell me about your schooling that you went through. How much, where, and...

**MT:** Well, I went to—to elementary through high school in Davis County near Salt Lake City, Utah and I went to the University of Utah. Have a B.S. degree in Education and English and- and then I've just taken workshops and any kind of supplementary education that I could access.

**CL:** Wonderful, so, let's talk about your family background, if you can tell me about your parents and any siblings you might have?

**MT:** Okay, my- well, ancestors went West on the wagon trains and that's how they ended up in Utah. My father died when I was seven and mother raised me as a single- one child. I'm married, have five children and I lost a son just this last autumn. Cancer. The other four, well, we're- we're a close-knit bunch.

**CL:** That's always good. So, if I can ask about religion, you said that you guys lived out in Utah, are you Mormon or...?

**MT:** I—I was raised in the Mormon Church. When I was nine years old, I kind of decided that some of that was a little hokey. So, when I met my husband, I became a Presbyterian so that all of the family could be the same thing and I'm—that's what I am now. Though, I sort of practice my faith according to the religion of Marty.

**CL:** That's always good, find what works for you. Okay, and you said that you were a teacher, what grade did you teach?

**MT:** I taught high school.

**CL:** High school, English?

**MT:** I taught English, I taught Home Economics, I taught—I taught—I did a lot of subbing after I was married. So, I taught everything from Art to Chemistry.

**CL:** So, then you were home a lot with your kids, being a substitute.

**MT:** I was- yes, I was at home with my children, well, until the last one was in elementary school and then I went back to work and I went into life insurance.

**CL:** Oh, why- what made you go into life insurance?

**MT:** There weren't very many women doing that and I thought women had a value. A lot of people didn't think we were worth insuring and I just, I thought it was something that was important to my gender.

**CL:** That's really cool. How long did you work in life insurance?

**MT:** It was while I was in Birmingham, Alabama. So, I was doing that for four years and then when we moved here to Harrisburg, I reinvented myself several times until the—I—I began working for non-profit organizations and we'll get into some of that a little later.

**CL:** Yeah, alright, cool. Are you, I know you said that you were married, are you an ally then or..?

**MT:** I'm an ally.

**CL:** Okay, and, let's see here... adult, family formation, you've been married, children and grandchildren. How many grandchildren do you have?

**MT:** Four.

**CL:** Four!

**MT:** Two boys, two girls.

**CL:** How old are they?

**MT:** Oh, they're in their 20's and 30's now. [chuckles]

**CL:** That's amazing, do you have any great-grandchildren, then, yet?

**MT:** No, no. They're—my grandchildren are still pursuing their—in the beginning of their journeys, so, yeah. No- no babies yet.

**CL:** That's—not yet.

**MT:** Can't wait.

**CL:** Okay, so, then, let's jump right into Barry's and Bill's questions. How did you first get involved with SCAAN?

**MT:** I'm going to start a little bit with my interest in the subject of HIV and AIDS.

**CL:** Yeah, sure.

**MT:** Which didn't have a name at the time that I was involved, I was curious.

**CL:** Oh, and what year was that when you started to get interested?

**MT:** I was interested about 1989. And then, no, it was before that, I'm sorry. It was about 1979. When this very strange thing was happening in the gay community and no name to it, but, there were—I had serious questions about how this came about and what was causing it—it was just—it was my curiosity and in 1980, when we moved here to Harrisburg, I was working in an office where one of my coworkers talked about her brother who was coming to visit from New York City and she wanted me to meet him and we had some conversations about why he was in New York and just things like that and he went back home. A month later, he called his sister and said that he had these terrible growths on his skin and no one knew what was causing it and this was all appeared to be related to whatever was happening, still didn't have a name. And several months later he died. That was my first encounter with someone living with it and I learned what disruption to the family, what a tragedy it was. He was a young man and that loss was a great loss to his sister. That was my first encounter. I didn't—I didn't get involved with- with SCAAN early on. It was about the mid, oh, the end of the 80's, and by then it—it had a name and it was—

Harrisburg was being impacted not by its own population alone, but because the larger cities of the East were so heavily impacted that many people were coming to Harrisburg for services. And I was on several boards and I was on the board of SCAAN. I had been asked to serve on the board—it's a long story, but I had been on the board for a couple of years and I had evolved in my own life to really understand what prevention was about and that position opened up and I applied for it and I became the Prevention Educator for SCAAN and held that position for a few years.

**CL:** What year was that that you started working for SCAAN?

**MT:** I believe it was 1996, but I really can't remember for sure.

**CL:** And what did you do as a prevention educator there?

**MT:** I met with the public. I did—I oversaw outreach. I went to bars and I—I did a lot of volunteer training—training of volunteers, training of—for staffs of companies and corporations who needed to have staff training in prevention. I went into prisons, and jails, and schools, and coffee circles, and people's homes, and churches and talked about how HIV and AIDS really could be transmitted and how it could not be. And we'll get on to other questions there about community and...

**CL:** So, you said that you started as a volunteer there? And, what did you do as a volunteer?

**MT:** I was on the board and then I—I assisted some of the staff members and—in developing funds and one of the staff persons thought that she needed someone to help her out in prevention and I had already roped her into a board position of another organization. So, it was kind of turnabout, you know, payback time. So, I helped her and I had to learn a lot before I could really be effective.

**CL:** What were some—first of all, just for transcription purposes, can you explain what SCAAN stands for?

**MT:** South Central AIDS Assistance Network.

**CL:** Thank you. So, what were the organization's priorities?

**MT:** To serve those who are living with HIV and AIDS primarily. We had case management for that purpose, to help those who were living with this terrible disease to access services; medical services and social services. And sometimes we needed to be the advocates because the staff folks of some of the services available were afraid. So, that was my job in many ways to allay those fears and clear a path.

**CL:** And you did that here in Harrisburg, right?

**MT:** I did. I actually did it here in Harrisburg and a couple of other counties, too, Perry County, Juniata County.

**CL:** And Lancaster, with the Lancaster AIDS Project, or...?

**MT:** The Lancaster AIDS Project merged with SCAAN. When SCAAN closed we merged and became ACA, the AIDS Community Alliance, and I was still with them when that happened.

**CL:** Okay. At the start of the crisis, how did the gay and lesbian community react?

**MT:** With fear and compassion. There were so many young— particularly young men, but young adults were presenting with symptoms and were getting very sick. And many didn't have family support, didn't have neighbor support, didn't have colleague support, and the community—the friends came together to take care of and often provide services that were not available through any agency and it—the beginning was in the living room of someone who really cared and- and saw the dynamic of this moving forward and growing.

**CL:** Do you remember whose living room that was?

**MT:** You know, I can't remember his name and, yeah, that escapes me because I see his face and he isn't living now, but someone hearing this will remember and it will be in your ar— archives.

**CL:** Yeah.

**MT:** But I- I just don't remember, but I can remember the volunteers and the board members and-

**CL:** What kind of stuff did you guys talk about and do in those early meetings?

**MT:** I wasn't on the board in the early— very- very early beginning of this organization, but on the board we talked about how to raise money, what services were needed, how we were going to acquire staff. By the time I became a volunteer, the organization had hired its first executive director and that was Peg Derrickson and she's the one who hired me when I was ready to work and I— many of the people who were involved are still friends of mine.

**CL:** How did the heterosexual community react when AIDS came out? When it all— this all started?

**MT:** That can't be expressed in one word because there was fear. Among those who knew people living with HIV or AIDS, I think the compassion emerged, at least in understanding. For many, there was anger, fear breeds anger, it breeds meanness, cruelty, and there was a lot of that. And a lot of that came about also just because of those were infected, who were already experiencing discrimination. And the injustice of that was something that drew me to want to do something to help.

**CL:** Yeah. How many—do you know how many AIDS patients the organization dealt with?

**MT:** Hundreds, but I don't—I couldn't give you a number. It varied from time to time.

**CL:** When do you think they were the busiest when you were there? Was there a specific period that they were busier, you think, than others? Like when it first started, were you really busy with it or...?

**MT:** We were always busy with it.

**CL:** Always?

**MT:** Always, yes. And—and yet still, an issue, that creates a lot of need, but it's kind of—it isn't so visible now. People are living longer and living with HIV and having the infection under control and many people with zero viral count and so, it isn't considered the serious disease that it is by many people. They're in denial. And even the names of organizations change now to not even give it a face. I—I don't have an opinion about that because I'm not working in the field any longer, but the—the need for the services were dire and the need for medical service now is just as important and particularly for prevention.

**CL:** So, I know that we talked a little bit about the prevention education that you did, how else did the organization handle AIDS and HIV education and training in the community?

**MT:** Well, we did a lot of outreach and that would be making condoms available, talking a lot about physically how to use barriers. We did not actually participate in needle exchange, but we supported that possibility. We did—we created a lot of literature where we could. I did a lot of public speaking, as did my volunteers. I trained a lot of volunteers to be public speakers. We also had an AIDS factline that was supported, paid for, by the Department of Health and that was a hotline that could be- it was a factline not a hotline, where people could call and get information and be directed to services. It was both for those affected and not, affected or infected and we had volunteers staffing that. They were thoroughly trained and that was a- ours was the agency that operated that factline and handled the phones for it. That was a vital link to the community.

**CL:** You said that you did public speaking, what kind of events and things that—did you do the public speaking at or was it just in going to different places and like educating like you had said that you did at prisons and schools and that kind of stuff?

**MT:** And that would've been outreach. Prisons and schools and so forth, but, anywhere that we were invited. So, it might be civic clubs, it might be a PTA, sometimes clubs would ask us to come, organizations would just want more information. Corporate staff would ask us to do training, but the public speaking was any organization at all. There wasn't a place I wouldn't go. And sometimes people in the outlying communities and cou- counties other than Dauphin would wonder why I would be willing to come and I was thrilled to come. I loved to go out into the hinterlands, so to speak, because my—my mission was—for my personal mission—mission was number one, to talk about prevention, but number two, to try to bridge the gap between the outlying community and those infected, so that they would be less fearful and more accepting and more supportive of the kinds of legislation that would bring the protections that were needed for confidentiality and for preventing harassment and discrimination particularly, that was—that was the serious issue.

**CL:** How did the organization reach out to the gay community and what was their reaction?

**MT:** Well, it was founded by the gay community so, the support was there in the beginning. I think that sometimes trusting those who were not of the gay community—the gay community trusting some of us from the outside, wondering, “Why are they interested, what is it that they want to-do and to know.” There was a lot of suspicion about that I believe and I felt it sometimes. And I will tell you a story. When I was training to become the Prevention Educator, I felt that unless I personally knew folks who were living with this disease, I couldn't be effective.

And so I volunteered to become a buddy and I had to be interviewed. And when I went through the interview process to become a buddy, the question was put to me, “Well, Marty, how would you feel about being a buddy with a crossdresser or transgender?” And the only response, the only barrier that I could think of was, “I don’t have a very good—a very good idea about fashion and if that was part of the buddy relationship, I might need a partner in that” and she said, “You’re in.” [laughs]

**CL:** Can you explain a little bit more about the buddy program?

**MT:** The buddy program was started way before I became involved with the organization, but because there were so many individuals who didn’t have family support, there was a need just for—to have people who could do the simple tasks like driving back and forth to the doctor, or to other services, or laundry, or bringing food in, or helping with food. Maybe spending time at the bedside or just being a friend- just being a friend, because it was a lonely, lonely place to be. And that was mostly what it was about.

**CL:** Do you know how successful the program was? Do you know any numbers or anything like that?

**MT:** At that time it was very successful, I couldn’t give you numbers, but-

**CL:** Right.

**MT:** But anyone who volunteered to be a buddy had to go through pretty strenuous training, and more so if—if they hadn’t been associated or familiar with the community they were going to serve. So, it was a two day training. I conducted those trainings along with volunteers. And some folks did better than others, but I think most volunteered because they wanted to succeed and they wanted to serve.

**CL:** So, you’ve mentioned your training of volunteer people a couple times. What kind of volunteers did you find that you got for the programs? And what did they volunteer for, what did you have them do, that kind of stuff?

**MT:** Oh, volunteers of all ages, all genders and gender identity. Many wanted to be buddies, some wanted to be educators, some just wanted to come in to do office work, or receptionist work, or help with outreach. Some would come in just to set up the outreach kits, you know, the condoms and the—all of the things that we needed to have for distribution and literature and so forth. And- and they had to go through a rigorous training, too. We had—sometimes we had training parties, just to kind of make everybody—I—I had a lot of icebreakers, so kind of broke down a few barriers and- and got people loosened up a little bit and reduced the embarrassment of language and so forth. So, when I used to— people would ask me what I was- “oh, who—who was I?” When I would come before an organization and sometimes I would respond by just saying, “It’s a little bit like talking to your grandma about safer sex.” [chuckles] We could break it down and- and get comfortable, that was—that was the fun part, yeah.

**CL:** Yeah, alright. So, we talked about the gay community and how it was involved in that and we’ve talked about the outreach programs that you did within the heterosexual community, was there any other research that you guys did toward—to the heterosexual community and how did they react to it?



**MT:** I think we've pretty well covered how the—bringing the- the community in. We, as individual volunteers, the organization itself was non-profit and we could not do, as an organization, do a lot of lobbying, but as individuals, we could. And a lot of us did that, we kind of, sometimes, harassed our elected officials, but that was an important component. I- I felt it was important to me.

**CL:** So, for the lobbying, when was it that you were doing the lobbying, in the early or mid 90's or...?

**MT:** All along. All the time I was involved. From working on non-discriminatory—non-discrimination bills, lobbying for more money, for support of these organizations, lobbying for safety in the workplace, to protect anonymity. I can't even remember all of it now, it was a long time ago, but whenever an issue came up we were out there.

**CL:** Nice. Were—'scuse me—were services—sorry—I've lost the ability to read. [laughs] What services were available to people with HIV and AIDS and how did this compare to cities like Philadelphia and Pittsburgh area?

**MT:** The services that we provided were, first of all, the case management. And case managers had caseloads of those who were infected- were living with the disease. There was a broad spectrum of needs, because some would come in as clients of SCAAN because they had had a positive result from a test. Some had been diagnosed having presented with symptoms that declared they were in full—full-blown AIDS and probably in a hospital. So, we tried to access the appropriate services for them. We provided emotional support. We had support systems. I'm trying to think of the term—now I can't think of it. We had circles of clients who would come just to talk among themselves so that they could get to know each other and reach out and many of the- many of our clients who had been living for a while with the disease were great to support for others because they had developed techniques for getting around how to take a bowl full of pills every day, how to deal with nausea, how to deal with family, how to deal with partners. They needed to be able to—a lot of the clients needed to be able to access that fellowship and that was one of the things we did.

**CL:** What other things did the case managers do, what things were they in charge of then?

**MT:** They were just in charge of case management—but those—their services went everywhere. Many clients came in to visit a ca- case manager. Sometimes they had to go to homes. They visited clients in prison. They visited people on the street. Wherever they needed to go they did.

**CL:** What are some memorable stories that you can tell?

**MT:** One of them that was one of the most poignant that I- I talk about still. You know, many people were infected in a marital relationship and that was something that didn't occur to the general public sometimes. And a woman had presented symptoms, gone to the hospital with pneumonia, had received a diagnosis of AIDS because she had presented this symptom, was picked up at the hospital by a case manager and brought home, and I was asked to come with this woman because—and the case manager—because she thought, the case manager felt that there would need to be a buddy and maybe I could fit—find the right buddy for her. So, we were sitting in her living room and she was going through her medications, all the prescriptions she had received at the hospital and she picked up one of the bottles and held it in her hand and she

looked at her three children sitting in her living room. She ran to the bathroom and brang— brought a bottle out that matched hers and realized this is the medication her husband had been taking for three years, and she had no idea that he had HIV. And he was blaming her for infecting him.

**CL:** Wow.

**MT:** And because I experienced that, it came home to me. The secrets, how transmission happens in the most buried of ways, and the first thought that came to my mind was the little two year old walking around in the living room and if she had the symptoms, she had been infected some time ago, and there was probably no thought yet whether or not this little girl was carrying the virus as well.

**CL:** Wow, yeah.

**MT:** And that played out over a couple of years, but when I had those kinds of experiences, it— it really got me.

**CL:** Made it even more important, your mission.

**MT:** It made it more important and more, well, it was closer to me. It—it brought it home, as did many experiences, like I had—there were funny experiences. One of them was, one of the young men that—I was on a team of buddies for him—and [chuckles] he was a very, very artistic, very creative young man. .And he was a collector, and he really wanted to have me share tea with him one afternoon using his lovely set of Mason China. And so we set a date when I could come to the house, just for the sole purpose of having tea. By that time he had such a neuropathy in his hands that he couldn't hold the teacup—he couldn't hold the teapot but he wanted me to pour out. So, I came to the house the afternoon that we had selected, but I had come rather casually and I was wearing my corduroys and I was wearing a denim shirt and he looked at me and he said, "Marty, you're too butch to pour out today, we have to make another date." So, the next time I came, the next week, I was wearing my mother's hat with a veil and my long elbow gloves and I poured that out.

**CL:** Oh, you had to be properly dressed for tea.

**MT:** I had to, yes.

**CL:** Oh, that's a good story. Alright, so, I know you said you guys got some people from the surrounding counties, but what kind of cities and towns did the patients come from to Harrisburg?

**MT:** They came from- well Harrisburg was the central city, unless they came from one of the large Eastern cities to move to Harrisburg, but many came from the—the small, rural towns of Perry County, of Cumberland County, some came up from York County, and Juniata County,. They came a long distance for case management, for primarily that. And the difference between Harrisburg and many of the other cities- Harrisburg was similar to Lancaster [Pennsylvania] in the services that we provided, but we weren't as overwhelmed as the larger cities were and so there could be more—not only more services, but there could also be a little more camaraderie.

**CL:** That's really cool that people chose to come—come to Harrisburg for the services.

**MT:** And they came from farms, they came from wherever.

**CL:** Everybody from all walks of life.

**MT:** If—if they had—many came just because they had received a—a diagnosis or they had received a positive result and the fear of that, they needed support immediately.

**CL:** And how did you get the information out to the people in these rural communities that SCAAN was here in Harrisburg and available to help them when they got these kinds of diagnoses?

**MT:** Well, through our outreach, we did. Through the—the volunteer—the speaker—speaker's bureau. All of the medical community was aware, at least we did our best to make them aware. Because anyone in the medical community could encounter someone who is infected and- and should refer to a specialist, not just a- a family doctor, because it's a very complex treatment.

**CL:** Yeah, you mentioned that you did outreach in bars. What kind of—tell me a little bit about that—the what did you do, what kind of people did you run into, how did they accept you in there, any stories?

**MT:** Well, I don't have too many stories, it was—it was—I think seeing this white haired smurf walking into a bar kind of took people aback. Sometimes I was given a table that—where I could pull out and sit and make things available and that didn't go over very well. Sometimes I could just walk around. Sometimes, more often, I was training the volunteers to do that because if they were already in the community, going to the bars anyway, then, their presence would be a comfort. Mine wouldn't be. It'd be looked at with some suspicion and discomfort and, "Gee, who is this person and could I be a spy and could I be whatever." I—I anticipated that kind of thing, so it—I—I just wanted others to be comfortable, yeah.

**CL:** Yeah.

**MT:** And usually we tried to do that as schemes.

**CL:** And I know the friend, that was held, they got of their information out was—putting—doing—taking flyers to the bars and- and getting everyone because prior to that, you know, there really wasn't anything in the area for gay—the gay community, so, that's a...

**MT:** For quite some time, yes.

**CL:** So, I want to talk a little bit about how families reacted when a family member had HIV and AIDS. I know we've talked a little bit about your friend and how she reacted with her brother and then some other people that you had interacted with, but in general, how did you find that families when—during this time when it first came out, reacted to HIV and AIDS diagnoses—diagnoses.

**MT:** For many it was, particularly for men, it was particularly, it was awfully hard. Yet might be a situation where he had to disclose to his family not just that he was living with HIV or AIDS, but that he was gay and/or if infection had been transmitted in a way other than sexually, that

question would be asked, you know, “Well, I didn’t know you were gay” or “Are you really or what—how did you get infected?” The question was always asked, “How did you, or how did he, or how did she get infected?” And you know, that question, except from a prevention point of view, didn’t matter. Once the virus was in the body, what mattered was how are we going to help this person access service to be able to conquer it, if at possible?

**CL:** Yeah, so, I knew when I was processing the materials that you donated to the LGBT Center and Dickinson that you had quite a bunch of cut-out obituaries. So, the question they have here is how many died during the early years, compared to larger cities and did it impact service delivery or help from the state agencies, the amount of people that you were seeing pass from it?

**MT:** Well, people dying of HIV didn’t impact the services as much as those living with it, first of all. The obituaries that you found in the collection were just the ones that—people I knew and, you know, there were a lot.

**CL:** There were a lot, yeah.

**MT:** And they were male and female. They were young and they were old. And I don’t think—I don’t know what the difference was between here and larger cities. I—I really concentrated on the here and now, where I was. I was—I had the honor, and it was an honor to be with families, when the families were there. Sometimes they weren’t, sometimes they couldn’t. One case was a—one of our clients, he had been abused as a child by his step-father and his mother wasn’t permitted to come to his funeral. And his sister came from a long way away, and she was the only family who came and yet, the memorial service was filled to standing room because this person had so many friends. They didn’t come out of curiosity, they came out of caring and—and there were families that I knew. One of my buddies died on Christmas Day, and his family happened to be able to be present when he died because they had come to visit them, knowing he was living with this and he was very sick and they spent their last days together in the hospital and I left my Christmas dinner so I could be in the hospital to be with them. But in some cases their passing was not—not recognized or acknowledged by family.

**CL:** You got me crying. I mean, that—I—it—it’s just. I noticed with the obituaries that you had some more famous people like you had Arthur Ash’s obituary in there and I was just wondering why you had that in there with the rest of the obituaries of the people, you know?

**MT:** Because I had met him.

**CL:** You did!? I was wondering.

**MT:** Just very casually, but he was such a very fine person that I just had to put it in there, yeah, I did.

**CL:** Yeah, when—when you said that there was some people that you knew, I was like, “oh, Arthur Ash was in there, so...”

**MT:** Well, it’s—and—and there might have been—I don’t know there might have been other famous people—I don’t—because a lot of famous people did die of- of this. We lost—we have no idea, no concept of where medical science, the arts, mechanics, whatever, we have no idea what we have lost or where we might be today had they lived. And- and it was, so—in so many

cases it was fear, not of this virus, but it was fear of being gay. Fear of catching gay, fear of- of associating or being thought of as being gay that—that cut off or reduced services or prevented, for a long time, the services that could have been available. A lot has—has happened and a lot has improved, a great deal has improved. That isn't to say there still isn't—there—there's just denial and I'm thankful all the time. I—I know people living with this disease, I know them now. And I celebrate their lives and I celebrate the relationships that they have and the accomplishments that they've been able to experience and I personally celebrate that, but it isn't over, it won't be over until we can prevent it medically, scientifically, and until there is a way to cure those who are living with it. And that, I don't know when that's going to be because this is a particularly wily virus.

**CL:** From your pictures that you donated to us, you have pictures of the AIDS quilts that you guys took down to D.C. and the Harrisburg AIDS Walks here. Did you want to talk about your participation in those? You had lots of great pictures from them.

**MT:** And I didn't take those pictures, I'm not responsible for that, but I wanted them to be saved. I was so afraid those were going to be lost or forgotten and they mustn't be. Yeah, I went to—I was in Washington three times to see the quilt. The most poignant part of that was always the ceremony opening the quilt and it got larger and it got larger until the entire mall was filled and I had participated in making some of those patches to the quilt. We had—one of them was—was really a healing process. When some of us got together in the kitchen for—on several nights—making a few patches for people that—that we had lost, and then going to Washington to see those patches as part of the whole, and the bus trip down and the bus trip back and talking about it later. It—one of the success—some of the successes that we had was in getting schools to have a quilt displayed in their own buildings and there was one particular school that we had to have a parents meeting to convince the parents that their children would not be told things they didn't want them to hear, and there were parents who were very reluctant to have this subject brought into the school at all.

**CL:** Do you remember what years that was?

**MT:** Yeah, that was in the 90's. And—and I didn't—as a parent—I didn't understand it. And I didn't understand- and I still don't understand the reluctance to allow people's children- for parents to allow people's children, to be prepared with education about this virus and about prevention. When I was asked once about why I was advocating for education, I—the story I told was about my children growing up in a community where there were a lot of swimming pools and we didn't have one, and the children of the neighborhood weren't allowed to go into each other's swimming pools unless they were invited. But I wanted my children to be able to handle themselves in water if they fell in or there was an accident, and I—they were forbidden to go to a neighbor's pool if there wasn't an adult there, but you know, kids will be kids. Someone's going to climb a fence. What if—what if one of my children did that and didn't know how to swim? And that was my argument for education because I wouldn't advocate that my child go where they weren't supposed to be, but what if they did? And I feel that way about any transmissible disease. Why would you allow your child to remain ignorant about protecting himself or herself? So, that was my message.

**CL:** Very good point. Did you sway a lot of parents with that or...?

**MT:** I don't know. I really don't know. I got a lot of pushback, but—and I feel that they are the parents and they have the right. Unfortunately, in many cases, they have the right to withhold information or have it withheld from their children, but it's not a service.

**CL:** Yeah, yeah. So, then, let's talk about the Harrisburg AIDS Walk and your part in that or were you just a participant or...?

**MT:** I was a participant and I trained the volunteers who staffed the booths that we had at the walk and it all, every festival that was held, from Capona to Art Fest to any gathering on City Island or down Front Street, we always had a booth. And we always had information, and we always had freebies to give away, and the Gay Pride, we were there. We always had stuff to give away and—and we it—it was good and it was a good chance for a lot of volunteers to participate in something joyful and fun. At the AIDS Walks, of course, they were for the purpose of raising funds and I always walked in them and those who volunteered the booth while we were walking were those who didn't walk and the more children who could be involved and the more families who could be involved, the better and you have pictures of those walks, and I hope that- you know, a lot of the people who were in those pictures aren't living now.

**CL:** Yeah.

**MT:** And not just because they were living with the disease, either. Some just aged out and I'm still around. [chuckles]

**CL:** Okay, [speaking to herself] answered that one, alright, when AZT came on the scene, was it difficult getting the drug for people with AIDS?

**MT:** Yes, yes. Most of it was funding. You know, pharmaceutical companies were working on a lot of medications, but the early drugs, actually, people died of the treatments, as—as well as, the infection. And then there was a program, through the state, who—whereby there was a particular volunteer who was a—an employee of the state who ran the program for acquiring the drugs and that became very effective because it made drugs affordable to those who couldn't finance. They were so expensive. One of the concerns I have, and I will tell you two stories. One of them was, as a- an educator I felt that I needed to know as much about the virus and the medical aspects of things as the prevention. So, every time the medical community had any kind of seminar or any kind of workshop or any kind of whatever, I would find somebody who could get me in. And one day, you—they were having a—a, I forget what you called it then, now it would be a webinar, from Washington D.C. about this new prevalence of people living—having the virus and then being infected with a virus that is resistant to treatment from someone else. And before it even hit the print, that message just chilled me because resistance to medical— medication meant that—it rendered that medication ineffective for that person and- and this put a whole new picture to the thing. And then we started seeing that happening, over, and over, and over. I took a lot of volunteers with me into the high schools-people who were living with HIV, and had them tell them their stories. I had a few who were willing to do that and it was courageous for them to do it.

**CL:** Yeah.

**MT:** But it was so effective and the effect that it had on the students—that this is a living, thriving human being standing before you who is living with a virus that is going to take this

person's life. And that was at a time before we had the medications that could lengthen life. The person would be healthy looking, maybe an athlete. But students had—you could see a change in their faces and you could hear a pin drop. That was more effective than any words I could use. And that wasn't about fear. That raised compassion, and one of the young men, well, he wasn't a young man. He had been in prison and he had grown up in the Bronx [New York] and he had lost friends, not to guns, but to the virus, and it was through drugs. And he told his story, but he told it so effectively that they didn't see a prisoner- an ex-prisoner standing before them. They saw someone who was a human being. And he talked about his sons that he wouldn't see grow up, and he talked about his wife who has been standing by him, and was by his side when he died, by the way. The young man who was, actually, a physician and learned that he was HIV positive because he had the needle—got a needle stick, practicing his profession and that's how he learned he was HIV positive, not from the needle stick, that he was already infected. And he had to tell his father on Father's Day that he was gay and that he was going to die of AIDS. And that's a young man who talked to some students and talked to people who might otherwise have closed their ears. And they were my heroes.

**CL:** Yeah, so, you talked about IV drug users when AIDS started getting into that. How did that change attit—excuse me, attitude towards AIDS and HIV?

**MT:** I don't really remember how that changed. I don't think it did. I think there was a difference in attitude, sometimes.

**CL:** Right.

**MT:** And there was—larger than that, those who were infected through transfusion or through medical procedure to the public were considered the innocents and the rest were guilty of something. And that didn't sit well with me because-

**CL:** Yeah, no.

**MT:** It's the virus. It's a disease and the—the ultimate outcome is going to be the same. And generally transmission had to do with behavior, for the majority, and we needed to change behavior. We needed to change the thinking, particularly with young adults, we needed to change the thinking and that's very hard and- and thinking that nothing bad could ever happen and they are invincible.

**CL:** Yeah.

**MT:** Because they are the risk takers and that's why they make good soldiers. And that's what I often talked to parents about.

**CL:** Yeah.

**MT:** Yeah.

**CL:** Did you experience any prejudice from others because you chose to work with people who had AIDS and HIV?

**MT:** Mhmm, I did. Uh-huh.

**CL:** I know we talked a little bit about—in the schools, you would have to face the parents who didn't want their kids to be around it and you said that some of the gay community was a little wary of you. What kind of prejudice did you experience from the heto- excuse me, heterosexual community?

**MT:** Well, that either I was misguided- that was the, you know [laughs], that was the easiest to deal with, or that I was probably infected myself either because—and-and maybe that's why I was doing this job, or that I had become infected from associating with clients. And- and that sometimes was—hit me. I went to a church, actually, it had been my church at one point, and I had been invited to talk to a group of people, and when I got to the church, I was ushered back into a da- dark corner and four people joined me for this discussion. I really—it was because there were four people, out of a few hundred, who really wanted information. And it came back to me that they really didn't want to have someone talking to the congregation because it wouldn't be good for children to hear, for one thing, and they really wanted to be attracting young couples and families and that just—AIDS just was not a subject that would touch any of them. That appalled me. Mhm, still does, but I think the world is more enlightened than that now, for the most part it is.

**CL:** Yeah, we're getting there.

**MT:** We are, mhm, in my lifetime, mhm.

**CL:** Did you ever feel helpless or hopeless at any point in time during your work with the AIDS and HIV communities?

**MT:** No, I didn't, no. I just kind of plodded along and did what I was supposed to do at the time. Yeah, I didn't. I—when we—when I was with a family [clears throat] parents in the passing of a child- a child, an adult child. My heart was very heavy and very often one parent was more accepting of what was happening than the other and there were times when I could detect the possibility of some friction later and that hurt. That was—it didn't hurt me, it was painful to me because, that isn't what that child would have wanted.

**CL:** Yeah.

**MT:** And if I saw that this had been a loving family, it's a terrible loss. In some cases, some of those volunteers that I worked with, though, were those who had lost children and wanted to do something. We had AIDS—we had a dinner once a month, St. Stephen's Episcopal Church offered their basement and their kitchen for dinners that various churches sponsored and- and volunteers prepared. And some of those volunteers were parents who had lost children.

**CL:** I think we have some of those pictures in the collection as well, so-

**MT:** You do. You do, and that was an important component.

**CL:** Yeah, and, so, at those dinners, was it just being there for everyone or was there any structure to it or just kind of, you know?

**MT:** Somewhat, we had a dinner and then sometimes there was entertainment, sometimes we played games, sometimes people just sat around and talked or sang songs, or someone was—



stepped to the plate and provided something to do but, it was—that circle began to grow with other churches stepping up over time and that was such an important turn of events because some of the churches who came to support those dinners were those who might not have earlier on and—and—and in part, I think sometimes it was because members of their own congregation were touched in some way and that always made a difference.

**CL:** Yeah, reading through these as to which ones we've hit and which ones we haven't, because we've talked about a lot. What do you think the biggest contribution SCAAN made during the crisis was?

**MT:** Providing a center. It was kind of the axle of the wheel. There were a—as community agencies grew in number and support systems began to emerge, SCAAN and then ACA really was the force in the center and not necessarily kept things moving, but kept it all—kept everyone informed. And even after the merger and we grew in—in geographic area of coverage. Those who were volunteers and those who were staff members even when they left the agency, for a variety of reasons, we pretty much remained cohesive. We had—we still had a cause and some of those folks are no longer living now and they're younger than I am and they had their own cancer or whatever else took them, but, and I miss them. I miss them a lot, still see a few around town. It's cool.

**CL:** Let's see here. How did your friends and family feel about you working with AIDS patients?

**MT:** Mystified. We—well my friends were supportive of me because we all were kind of politically, spiritually, whatever. I choose my friends and my friends choose me. They—that was okay. There were a few members of my family who—who were not opposed to my engaging in the work I was doing. I think that sometimes they felt that they had to compete because I wasn't there—the Christmas Day that I left the table that I had prepared to go be with a family, and—and my—my children were less than generous at the moment—at the moment. I think they didn't understand what drew me to leave and it was the first time I had really ever done that, but I needed to be where—where I needed to be. And—but they weren't ever—another story, my daughter—my youngest daughter was needing the car and she wanted to drive some friends somewhere. So, I pulled into the driveway—my driveway and she was—they were all waiting to get into the car and she later related to me that the boy sitting in the backseat looked down at the bag at the floor and saw the condoms and all the literature and he wanted to know what that was for and with a little chuckle, she just said, “Oh, that's just the kind of work my mother does.” And left it at that. So, you know, who knows what people think. [laughs]

**CL:** Oh, wow, only knowing part of the story.

**MT:** Mhm.

**CL:** Okay, there was one more question I wanted to ask before we went back to the other list. Oh, you talked about some of the fundraisers you did, I know the Harrisburg AIDS Walk, what kind of other fundraisers did you do and how did you get funds besides from the—the state funded opportunities that you had?

**MT:** There was some federal money that came through. There—there was a council in Harrisburg that dispersed funding for not just the AIDS agency but family planning, Planned

Parenthood, and we had to apply for grants from there or we got a portion of the—their annual funding budget. That was the public money and—and then there were donations that came in sometimes- a bequest of some kind. We had raffles, we sometimes participated in fund drives in a coalition with some other organization and we—we took money that was offered, sometimes people would earmark, but we were—we never had enough. We need more case managers, we needed—the supplies for prevention education came from primarily public money and that was—we had sufficient for that. Another thing that we did, that I had failed to mention was that we participated with the Department of Public Health. As soon as oral testing was approved, then I was able to do testing and counseling. And at the end of my tenure with ACA, I was testing in five counties. So, I went to Carlisle [Pennsylvania]- each day of the week I was away, I was in Carlisle or I was in Lancaster or I was—I was, to start, in Lebanon [Pennsylvania], in Harrisburg, or sometimes traveling to- to somewhere else and I could—but at that time you had to wait two weeks for a result. So, I didn't—as I recall, I wasn't doing testing and counseling on Fridays. I didn't like giving results on Fridays. And when I gave—when I got a positive come back, I had to have a nurse from the Department of Health present to help deliver—she actually delivered the result and then, together we counselled and took information about any possible transmission and—and then where you go from here and what services- we linked that person then with a case manager immediately.

**CL:** What was that like, telling people that they were positive and what kind of reactions did you get and...?

**MT:** It was always shocking, it was always a shock. I think it was almost- well, it was hard. It was also difficult having someone wait two weeks and then come in for the result and the tension that you could feel and some just broke down sobbing because they were negative. Waiting two weeks and some knowing the risks that they took. It was—and then there were the frequent fliers who were taking big risks all the time, but coming back every couple of months for a test. And the counselling part was to help them change habits, change behavior, and knowing that that wasn't going to happen. More, when the person was in addiction, that was something that was much harder and- at least I thought so. So, yeah, it was rough.

**CL:** Would you say that was the hardest part of your job there at SCAAN or was there something else that being with families or...?

**MT:** Being with family was sometimes the hardest job.

**CL:** Yeah.

**MT:** I had—I can't say what was harder because everything was—every day was different...

**CL:** Yeah, yeah.

**MT:** But I felt that I was being effective doing the testing/counseling.

**CL:** Yeah.

**MT:** And I—I think that we did have the impact—not always the impact I hoped for, you know, when you—when you see someone coming back, but the thing that was, at least, fulfilling was—with me—was when I knew that—that a client coming in was being honest with me. That we

could talk reality—that we could use the words we needed to use, and by saying, “I don’t know all the street language, so I’m not going to try to fool you. I’ll use my words and you use your words and if I don’t understand what you’re saying I’m going to ask you.”

**CL:** Right.

**MT:** And- because there aren’t any pretenses here, because my interest is in your health and that’s—and when I’d have that trust, I—I could not betray that for anything at all. Same way with clients, I couldn’t betray a trust.

**CL:** Alright, we’re coming towards the end here. Was there anything that—else that we didn’t go over that you wanted to talk about?

**MT:** I think those were wonderful questions and I think I’m sorry I—my memory’s so short. [laughing]

**CL:** I’m sure they’ll be definitely pleased with this you—you’ve given some great stories-

**MT:** Thank you...

**CL:** And told us a lot about the work that you did there. Let’s see, my last question then, is if you can think of anyone else maybe that we should reach out to to contact, or anyone off the top of your head or anything like that?

**MT:** Oh, I can get in touch with you later about that, can’t I? If I find...?

**CL:** Oh, yeah.

**MT:** I can’t think of someone right off the top of my head but-

**CL:** Right, right, right, yeah, no pressure. [laughs]

**MT:** I don’t feel pressure-

**CL:** No, okay!

**MT:** But I—I—I can work on that.

**CT:** Yeah, yeah, just-

**MT:** Yeah.

**CL:** I think you can either email us at the center, Pat or Barry or give us a call. I know you have my phone number and the center’s number, so yeah, give us—give us a call on that.

**MT:** Mhm, I do.

**CL:** And then, anything else you want to state for the record, before I turn the recorder off?

**MT:** I can’t think of anything right now, I’m—I’m kind of brain-dead [laughs].

**CL:** Right, well you did a wonderful job, thank you so much for, answering our questions.

**MT:** Well, thank you—thank you for the opportunity. I think this needs to be done.

**CL:** I agree.

**MT:** We're not hearing enough anymore, you know.

**CL:** Yeah, I do know.