

# Julie Lewis - Episode 839

Mon, Oct 30, 2023 3:21PM 2:07:27

## SUMMARY KEYWORDS

people, hiv, years, kids, died, blood, aids, stigma, book, infected, live, children, world, project, gave, women, interesting, life, health, started

## SPEAKERS

James Geering, Julie Lewis


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James Geering 00:00


This episode is brought to you by Thorne, the industry leader in nutritional solutions. Now Thorne is actually trusted by eight US national teams and championship teams in the NFL, NBA and Major League, as well as recently becoming the official sports performance nutrition partner of the UFC. So when it comes to supplements, these tactical athletes space in the athletic space need two things. We need efficacy, meaning the products do what they say they're going to do on the label. And then we need to trust the fact that we are not going to fail either athletic drug tests, or work related drug tests. Now, Thorne has actually been around since the 1980s, where they were used by physicians and hospitals for nutritional supplements for the patients. They were so successful that athletic teams and even special operations teams reached out to them and they started supplying them as well. Very recently, they actually opened their doors to the general public. Now what sets Thorne apart is they manufacture their own products in a state of the art NSF certified facility in South Carolina. They use only the purest possible ingredients formulated with no steroids or arbitrary fillers in the cleanest manufacturing process. Most of you listening come from profession where it can take its toll physically and mentally and many of us are not able to bolster our nutrition purely with the food that we eat, and that's where supplementation comes in. So if you're ready to maximize your health and performance visit [thorne.com](http://thorne.com) or [thorne.com](http://thorne.com). Take a short product quiz to be paired up with a perfect health and fitness supplements. And for you the audience if you use the code BTS one zero behind the shield 10 BTS one zero, you will get 10% off your first order. And if you want to learn even more about Thorne go to Episode 323 of behind the shield podcast, and you will hear my interview with Wes Barnett and Joel Totoro from Thorne. This episode is sponsored by NuCalm and as many of you know I only bring sponsors onto the show whose products I truly swear by. Now we are an overworked and under slept population, especially those of us that wear uniform for a living and trying to reclaim some of the lost rest and recovery is imperative. Now the application of this product is as simple as putting on headphones and asleep mask. As you listen to music on each of the programs there is neuro acoustic software Beneath that is tapping into the actual frequencies of your brain, whether to up regulate your nervous system, or down regulate. Now for most of us that come off shift we are a exhausted and B do not want to bring what we've had to see and do back home to our loved ones. So one powerful application is using the program power nap, a 20 minute session that will not only feel like you've had two hours of sleep, but also down regulate from a hyper

vigilant state back into the role of mother or father, husband or wife. Now there are so many other applications and benefits from the software. So I urge you to go and listen to episode 806 with CEO Jim Paul. Then download NuCalm and you see a LM from your app store and sign up for the seven day free trial. Not only will you have an understanding of the origin story and the four decades this science has spanned, but also see for yourself the incredible health impact of this life changing software. And you can find even more information on [nucalm.com](http://nucalm.com) Welcome to the behind the shield podcast. As always, my name is James Geering. And this week, it is my absolute honor to welcome on the show, public health educator and author of still positive Julie Lewis. Now for those of you who are around my age or older, you will remember when HIV and or AIDS first became apparent to us. Now it was absolutely terrifying for many of us, the information initially indicated it was amongst the gay community. And as many of you remember expanded far beyond that to injectable drugs and even blood transfusions. And it was a blood transfusion after Julie's first birth that unbeknownst her gave her HIV which she discovered six years later. So as you will hear in this incredible conversation, we discuss a host of topics from her own journey into education, the symptoms that led her to HIV blood test, the impact of that diagnosis on her own emotional and mental health as well as her family. The incredible drugs out there now successfully treating HIV, her nonprofit 3030 project and so much more. Now, before we get to this incredibly powerful and important conversation, as I say every week, please just take a moment. Go to whichever app you listen to this on, subscribe to the show you leave feedback and leave a rating. Every single five star rating truly does elevate this podcast therefore making it easier for others to find. And this is a free library of fast approaching 850 episodes now. So all I ask in return is that you help share these incredible men and women's stories, so I can get them to every single person on planet Earth and nice to hear them. So with that being said, I introduce to you, Julie Lewis enjoy. Julie, I want to start by saying Firstly, thank you to Karina who connected us and secondly, to welcome you on to the behind the shield podcast today.

 Julie Lewis 06:00  
Well, thank you. It's great to be here.

 James Geering 06:02  
So we're on planet Earth. We finally you this afternoon.

 Julie Lewis 06:06  
I live in Seattle. So I'm in my home office in Seattle this morning, and well, I guess it's noon here. So on an unusually sunny day, we've had a lot of rain lately.

 James Geering 06:21  
Yeah, boy, thanks. Yeah. Well, in the UK, where I'm from originally are obviously similar in their weather patterns from what I understand.



06:28

Very true, very true.



James Geering 06:30

So I would love to start at the very beginning, you've written a book, obviously, there's arguably a pivotal moment in your life that certainly changed things a little bit, but I want to learn, you know, from the very beginning, so tell me where you were born. And tell me a little bit about your family dynamic what your parents did, and how many siblings?



06:48

Wow, that is the beginning. It is. Well, I was born



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in eastern Washington state in the US. And I am the youngest of four, I think my parents were pretty much done having children. And then my dad used to say I was the best mistake you ever made. So they were not planning on me. And so my siblings are a year apart and several years older than me, a year apart from each other. So we, my dad was a high school principal than a superintendent to none of schools. So I grew up, I pretty much grew up being dragged into a high school to watch my siblings play sports, and my dad worked there. So that was that was my my upbringing in a nutshell. We did live overseas for four years in the Marshall Islands in the 1960s, which was sort of unusual. I mean, a lot of people do that now. But we lived on a military base in and quad chillin. And that's where the Patriot missile was, developed the missile that she's done other missiles. So you know, five times a day, we'd have to take cover while missiles got, you know, shot off just not to go anywhere, but there were developing them.



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So that was unusual. And



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in that time, so that that island was five miles long and one mile wide. So it was small, and most of it was a runway and a school. And so when we weren't in school, which was they had a very short break, they would fly families out who weren't, you know, military. So we went all around the world on, you know, just because nobody wanted children running around a missile test site. So when I was a kid, we went all over Asia. We had to go to Hawaii on our propeller plane just to get out of there. So I've been, you know, when I was a child, we went to Hawaii during that time, like 10 times just to fly somewhere else. So I mean, it was a pretty interesting childhood. Yeah. And then I became a high school teacher and I went to Utah University of Washington, became a high school teacher. I taught science and health for a few years, and


then and then I went into public health, and that's part of the story in the book, you know? Yeah. So that's kind of me in a nutshell. I got married pretty young and had three kids of my own pretty close together. And my husband was in full time Christian ministry for quite a long time. And then he started doing nonprofit development work around the world also. So that's kind of the the short elevator version of

 James Geering 09:48

my wife. Brilliant. Well, I'm going to expand that elevator a lot. So let's go back. The first thing you have an interesting lens of having a father who was a teacher and not just a teacher in America, but obviously took you internationally, and then you became a teacher yourself? Did you ever have conversations on the evolution or devolution of education through, you know, at any point in your time with your dad.

 10:14

Um, I mean, we've always lived in kind of small towns where the whole entire town centered around the high school and high school sports. And, you know, there were only there was only one high school in the district that he was in for 17 years. So he went to every music concert in the whole district, every, you know, every event, it wasn't just sports, my dad went to everything. So there was this great, I think more than education, what I learned and debated about with, with my dad was more about community and the value of community and what you give to your community, that has been a very strong piece, for me, from my, from especially my father was that, you know, when you're, when you get something good, you need to share it with your community, you need to give back you need to contribute, you know, I mean, he, he just did that in every way, including, like, I mean, he was type O blood type. So we felt like because he was a universal donor, he needed to have a regular schedule to donate the blood, you know, that's, and even in retirement, he would take these walks, and you'd have a bag with a, with a pointy stick, and you pick up garbage the whole entire way. You know, it's just he was one of those people who just got raised in the, you know, really, in a very poor time, through the, the depression. And so he just, he gave us a lot of life lesson lessons by just watching him and how he lived. So

 James Geering 11:59

this theme has come up over and over again, especially when people grew up in a small town, there was that sense of community. And obviously, understandably, you know, if you live in New York City or LA, it's harder to have that but it seems like nationally or internationally, we've kind of lost that tribal element in a positive way, not not the negative way. And the answer seems to be refunding that ancient kind of community element that worked for so many years. What is your perspective, adding in your father's wisdom that he imparted on how we heal some of these divides that have been made more recently?

 12:34

Oh, that's a really good question.



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And I don't, I don't propose that I have the whole answers to this. But But I do think I have been in a large city most of my life since growing up. And I do think that we're all in our micro communities in this bigger microcosm of the city. And I think when we surround ourselves with people who we agree with, or, or who look like us, all the time, we become really blind to, to other people's reality. And I think part of it comes with just listening and not thinking that we know everything in our one space. I mean, just in a broader perspective, there's 8 billion people in the world now. I mean, if we can't start to embrace differences, I just don't think as you know, a global community, we're going to get very far. So I have found that



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the one thing



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you know, we haven't said this yet, but I'm HIV positive and have been for 39 years, the one thing that that did for me in my family, is it kicked us way out of our comfort zone of our you know, we were put in many communities that weren't like us, and and learned how to make our our greater family look very diverse. So yeah, I think it's experiential. And it's also just being open minded. And even if you don't agree with someone to respect them, and to be kind, you know, I feel like with our particular political season, in the last, you know, eight to 10 years, people have just been given the permission to be nasty to each other, you know, at with no regrets. And I just feel like, where did that come from? That certainly wasn't what our I feel like. What was the original way that people were in the US? I mean, I think we've always had patriarchy and racism and all that, that people actually used to sort of be nice, even if they didn't agree with you, you know, they would at least say hey, on the street, but now it's just a very people are just making fences around themselves. And if you're not in that, you know, realm or thought you don't have the same thoughts, then something's wrong with you, you know. So it's, and I mean, just right now, our, our House of Representatives can't get along, and I'm just like, people, like, just try harder, you know, try harder to find common ground, because we're not going to get anywhere with everyone on their island, you know, we're not,



James Geering 15:31

to me, it's like two restaurants, because there's only two, you know, real players at the moment because of our system being rather crap. But, and going into each one trying to find out what they serve, and all they tell you is the other restaurants shit. Yeah, this is the problem is that no one's actually saying, Well, look, I'm tired of the homelessness, or I'm tired of the mental health crisis or obesity or you know, HIV, or whatever the thing is someone's passionate about, and that's what I stand for this is this is one of the things I'm going to do in for eight years, we're going to fix education, we're going to put p back in schools, whatever it is, but we don't hear that all we hear is nastiness. And then we expect this next generation of children that are already being groomed with devices, and were told to stay in their house for two years, to suddenly come out as kind of compassionate young men and women.



16:21

Right, right. It's



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crazy. And you know, the average, I feel like, there's so many people who just are tired of all the extremism, and it's just kind of like, just come to the middle, just think of the bigger, the bigger cause, like, try to come together somewhere in the middle. Because most of your country is somewhere in the middle. You know, they're not on these edges. But it's it's crazy. It's really crazy, actually. And you're right, the kids are struggling. Our our mental health crisis with kids is so bad, our homelessness is so bad, like Seattle, we took a real hit during COVID. And we have not come close to recovering our drug problem, or homeless problem. Our our mental health problem with children and young adults. I mean, COVID was really hard for a lot of communities and, and our inner city really took a toll. So



James Geering 17:22

yeah, it's horrendous, because I think there was a real middle ground with COVID. And I said this from day one all the way through, because it was the only truth the same way as the only truth at the moment with this conflict in Gaza is war is killing numerous innocent men, winch women, children and animals. You know, the truth in the COVID was, the healthier we make the population, the less chance there is of people dying. That was a conversation, I think that was in the middle. And so we addressed the obesity epidemic and all the other things that we could actually control. And yet I feel that conversation was completely disregarded, again, with the extremism, either wrap yourself in cellophane and don't move or it's all a conspiracy, you know, by the Chinese. And we had such a great opportunity to move the mental and physical health needle immensely on this country, but I feel like it went the other way.



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Yeah, I, I don't have a good perspective of COVID because I was, you know, on a really high risk group. And I did have to isolate a lot. And my brother in law died of COVID. So



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So I have a hard time



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having any real perspective of the greater population, other than I did homeschool with my grandkids, and it was shit. I'm sorry. No, please. It was so hard, a first grader online for for that long a day. And it was it was so hard. Just watch him struggle. Through that, that year, the


whole year was online. Yeah, so the the kids, you know, they, they really, they really got the bad end of that stick? Yeah,

**J** James Geering 19:09


yeah. Well, that you said 8 billion people within that immense mass of humans. There are people that are immunocompromised, there are people that are very old and frail, there are people who are very young. And so, you know, that was kind of the more progressive conversation to me is that alright, well, let's really take care of the people that are at risk. And the people that aren't, you know, don't go and hug the people that are but also, you know, let's keep as many people as work as we can, let's figure out the way of these children having community and still seeing family and still be able to go to the park and the beach in places that aren't, you know, going to gonna be too detrimental. But again, it was just that tar everyone with the same brush and I think that that lack of layers in the health conversation was hugely detrimental.

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Yeah, and I guess for me, after we've had vaccines, I guess I you know, Being a public health care I just the whole vaccine thing and how it became political and politicized that was really frustrating. And, and also just, instead of like just politicizing, and it's like, okay, we know there are people who are not comfortable with vaccines, what is a harm reduction plan for those people? You know, like it, you know, like we would do with any disease, right. But now it just was like, yeah, and crazy land, you know? And, yeah, that was.

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Yeah, and the poor,

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you know, health care workers, man, I can see why. So many of them for their own mental health, quit their jobs and are doing something else. Because it was a lot. It was just a lot.

**J** James Geering 20:53

Now, what about when you were school age? What were you playing sports wise and exercise?

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Oh, good question.

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Um, I was in ballet for 10 years. And, and also, you know, when I first started dance, when I was a kid, I did tap and jazz too, but it was really ballet that I that I did most of it. And then that, that kind of also put me into when I was in seventh grade in grade seven. That gymnastics in high school from then until I graduated. So for six years, I did gymnastics and competitor competitively for my school. So and then, you know, I tell my kids now I'm like, why don't you get a sport that you can do when you grow up, because no one's going out and doing ballet and gymnastics. Try tennis or basketball or soccer. So when I went to college, and I decided not to continue any of that, I became a runner, because I was like, I have no sports. Like, I don't do any sports. So I became a runner, and I ran a lot. And when I was a teacher is cross country coach. And I run around a lot of races, and now I have hip problems. But if

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that was my thing

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I did. I was a runner.

 James Geering 22:16

Well, this is what's interesting. I've spoken to numerous high level athletes and coaches, and it's the same interesting perspective when you're in education is we in some areas have children that perform at such a high level, I mean, the the performance that we squeeze out of some of these, you know, 18 19 20 year olds is phenomenal. But I think that there's a very dangerous line between performance and wellness of the individual. And coming from the UK where we don't perform at that high level in high school. We've got you know, football players and rugby players that end up being, you know, international standard, but most of us we play and then you graduate and you just keep playing because they are as you said, sports that you can continue to do what I see here is a lot of you know, for lack of a better word uncle Rico's you know, that I could have with a guys who were, you know, who knows what pitchers football players when they were in there, 18 to 19 20. And now they're obese and don't do anything, because there was a sharp drop off. So just kind of underlining what you said, I think it's, it's an important conversation for an educator or parent to to really evaluate a right is, where is that line where my child's still enjoying it? And it's not detrimental to them after they graduate?

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Yeah, for sure. And, you know, I grew up in a small town, of course, and in small towns, kids can be in multiple sports in the schools because they need teams, and there's only so many kids, right. So but in the city, kids are forced to specialize in athletics at a very young age, they have to, you know, be part of a club or intramural sport, and some of the schools now don't can't afford to even have sports in their school. So so what happens is like, I have two sons, two grandkids who are boys who are 10. And, you know, they're already like, you know, being chosen for these soccer clubs and different things. And it's a year round deal. It's hard to do



two different things, which I think it's a real bummer. at such an early age, just sort of how have to pick a sport and if you don't pick one, then the the level of competition bypasses you, you know, so anyway, it's it's too bad that kids just don't have more time to like, play around with different sports and also, you know, having using your body in different ways, in different sports, it's actually healthier and healthier. Like I have hip problems because I just ran you know, I should have ran and played soccer and tennis. You know what I mean? But you, you're just using the same joints and muscles. So so that football player is probably pretty broken. You know, it's probably why they're sitting on their couch, because they've been like hitting, you know, doing the same thing over and over and over again. So,

 James Geering 25:19

absolutely. So Well, you mentioned about going into education when you were in high school was teaching the profession you were dreaming of, or is there something else before?

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I didn't stay with teaching.

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I got married and moved to a different city. And so I was teaching chemistry and biology. And it No, it wasn't what I dreamed of doing. I loved being with kids. Like I love that age of kids. And so I had fun. I loved coaching. I also coached gymnastics, but it was like, the actual getting ready and figuring out a chemistry lesson that was not feeding my soul, no. And so I quit teaching after I got married. And I actually did a few different jobs, mainly just things that paid higher than I mean teaching just not high paying job here, the first years especially. So I went back to school I did, and I got more, more of a public health degree. And I also just went to work for this dentist that paid me a lot. And I only work four days a week, which was and gave me really good maternity leave

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so so I kind of took detours,


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according to what my agent might kits were a lot. But what I ended up what I loved and wanted to doing was working at the health department. When we lived in eastern Washington when my kids were growing up, and I I worked a lot in the juvenile detention, you know, and in the the County Juvenile Detention and the drug treatment centers for kids doing like blood borne pathogen testing, so testing for HIV, Hep C, that kind of thing. And also just teaching cloth health classes. I really enjoyed that a lot. And yeah, so I did that. And then when we moved to Seattle, 20 years ago, I stopped doing that. And I and I did, again, various different things, but all with nonprofit. And then I ended up working for a nonprofit Construction Company, which is


so random. But it is what kind of launched me into doing the 3030 project, which is where we raise money to build three health care facilities around the world. So it kind of all tied together in the end, right? You do these random things, and then all of a sudden, you're doing something that like is a little piece of all of them. So that was it's kind of funny how that works out. Yeah,


 James Geering 28:07

absolutely. Well, I want to dive into the 3030 project when we get there. But speaking of public health, I remember being I don't know if I was 810 my timeline in my mind has been a little bit muddled. But I remember when the AIDS crisis hit and in England it's kind of unique because there's a show called John Cravens news round which is almost like kids BBC and it's very narrow fact it's it's an excellent excellent it of childhood when it came to education, and it was very compassionate as well as another another show called Blue Peter and you'd always be like fundraising for the famine in Ethiopia and you know, all these other things that you were learning about. But the AIDS thing terrified me. And I remember coming back from the library with a book on on AIDS and learning about it, because you know, as an eight year old kid, I thought I was gonna die of AIDS the way that it seemed to be on the television. So before we get to even, you know, the the transfusion that led you down that path, walk me through just that crisis through your eyes.


 29:07  
Um,


 29:08  
well, we even so I was diagnosed, let's just put it in a timeline. I was infected in 1984. So that was right at the beginning of the HIV card. So I think it became actually labeled human immunodeficiency virus, like in 1982. So this is just two years later, and so I was infected, but I didn't actually know for six and a half years, so I was diagnosed in 1990. So I'm just going to talk about the 80s because I was a teacher I was working in lots of healthcare settings. But I also have a que brother, who was literally watching his friends die of AIDS. So I had that personal piece to it. Plus, I had a lot of good information because I'm helping educator so that


 30:01  
those two


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things probably make my perspective of it a little different. Because I was very worried. I know a lot of his friends who died and I was, you know, worried about him. I was never ever thought anything about my blood transfusion or that this could be happening to me at all. But I asked my brother many times during the 1980s Are you HIV positive? And he would just say, Oh, don't


worry about me, I'm fine. But he never said no. So I kind of in my mind thought, I bet he might be positive, but he just doesn't want to say so that's, you know, that's his right. So it wasn't until I was diagnosed, that I said, you know, this blood transfusion, this turns out, I'm HIV positive. And he goes, Well, that tell you the truth. I'm in the same boat, and he had been diagnosed four years earlier. And so we were probably infected about the same time. Because, you know, it takes a while to even know you should go get a test.


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So

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yeah, so that was kind of unusual siblings with AIDS, totally different stories. But it did, I didn't get diagnosed with no information whatsoever. And I knew immediately that people with HIV in 1990 died. So it's like, you know, because literally, I've been watching people die. So. So yeah, so I had a little bit of a different perspective than you might think. Being a suburban, you know, mom with a minister husband, in a rural town, but you know, I did have this other experience of watching my my brother and his friends.

 James Geering 31:57  
What I remembered, obviously, I was very, very young. So I was getting a kind of very filtered version. But I do remember as time went on that there was and we talked about, you know, the the vision with COVID. And the nonsense that came with COVID. In some areas, I'm not saying COVID was nonsense, but some of the people's perspectives and extremist views. But it was very much it's a gay disease to the point where people were saying, It's God punishing the homosexuals of the world. So again, you have a darling brother, that's gay, you know, what was that stigma? What was that environment? Like, maybe not so much for you at that point, but more so for your brother kind of talked to me about his lens of being being gay in the early 80s, during the AIDS epidemic?

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You would have to know my brother, he is like everybody's best friend. Like,

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he's a very popular person. And also,

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he chose to tell no one, probably because of of that, and he had a really good job with a TNT. So um, yeah. When I when I told him and he was protecting all of us from that stigma. And I

didn't realize that until when I told him, the next thing I said was, What did mom and dad say? And he's like, they don't know. And I'm like, oh, and then I said, the only person here told was my sister. And so I said, Well, why she goes, I'm not going to tell them. I don't want them to deal with this. And I said, Well, what are you going to do if you get sick? And he goes, Well, I mean, you don't die of AIDS, you get pneumonia, or you get cancer or something. I'm just gonna tell him I have that. Right. And so it took and then I was like, I get this for you. But I have three, I have a two year old, a four year old and a six year old and I actually need mom and dad to to function, you know, so and I don't want to tell them about me without telling that you. So it took about six to eight months for me to like, talk my brother into like, we need to tell them. And I you know about both of us. So, yeah, there was definite stigma. I mean, I mean, it's he lived in the Castro district and San Francisco for a while where Harvey Milk got murdered, like,

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you know, there was, there was

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not just a stigma, there was just gay stigma. I mean, in general, you know, I mean, Ellen DeGeneres got kicked off of her show. I mean, now, you know what I mean, in the early 90s. When she came out gate like this, this was just it was a very homophobic time. Yeah. So it was all kind of a lot. But I so grateful, so so grateful for mostly gay men who stood up the whole act. Death, you know, the the people who went against Ronald Reagan and fought for medications and thought to be taken care of. I mean, it was a fight, you know, for the whole gay world in the US that had HIV, HIV or not to just not be sticking out ties and also just not to be forgotten and for people to care, like you're there to fight for people to care. So and, and to get medications approved and all that and I was the beneficiary of all that, because I didn't get diagnosed till the 90s. And it's like, there were so much that they had done for all of us with HIV is first getting, getting medications approved, demanding respect, getting discrimination laws passed all of that, you know, I've benefited from and so did everyone else with HIV.

 James Geering 35:58

I remember that we had a comedian Kenny Everett, who I think he died first. And he I mean, when you look back, you know, George Michael Kenny Everett, Freddie Mercury, the Oh, okay. Yeah, I see it now. You know what I mean, but at the time, I think we were all kind of under this blanket of heterosexuality. But um, so he passes away from AIDS, and then we lose Freddie Mercury from it. So in the UK, this is kind of a reoccurring theme. And then there was some other people as well. But it did kind of put it out into into the limelight. And as you said, the same way that tragically, a lot of our military have come home with amputations and paraplegia, and all these things that's actually filtered into the adaptive world and people that were in car crashes, or congenital amputees are now benefiting from the wounds of our warriors. So it's interesting, how such a tragic thing, you know, actually bloomed so much good. You know, fast forward 1020 30 years.

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That's, that's really true. Yeah. I mean, I think a lot of I mean, war in general.

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What was a band aids,

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I was researching that I'm aware of researcher, I am a science. I was researching band aids the other day. And of course, band aids were developed because of world like, World War One like they plaster you know, like someone with a genius idea as adhesive to something and, you know, it just kind of progressed to band aids, right? Because I'm like, who thought a bad

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and I just think that's a

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small thing. But think about many uses band aids, you know, but that came out of war, you know, and then necessity to not just keep having rags, you know, that fall off? So? Yeah, kind of interesting.

 James Geering 37:50

Absolutely. Well, you mentioned the transfusion. So let's go back to 1984, you are giving birth to Teresa, you're your first child. So walk me through that birth, why the transfusion was needed. And then we'll we'll kind of go back forward to the actual phone call that you received.

 38:09

Well, Teresa was my first child and I, I had a pretty, pretty normal pregnancy. And my water broke, and tons of blood in it, which was like, weird. And then I got to the hospital. I wasn't progressing at all, as far as a contraction. So they gave me the drug Pitocin, which increases that and she was born 12 hours later. Pretty, pretty typical first birth. And then my understanding I'm not a medical professional, in the sense of this way. I'm more of a, you know, medical counselor. Invite me to your emergency of anytime, actually, type. But um, so my understanding is that when after the baby was born, the Pitocin stopped working in because you have to keep contracting. So you don't bleed, you know. And so that stopped happening. And all of a sudden, I was just passing jobs. This is kind of gross, but I was passing giant blood clots like humongous ones. And that went on for hours, like almost 10 to 12 hours. I was bleeding. And so that's when and they were trying other drugs. They were massaging my stomach, like all the things that they do. And then the next morning, I woke up and I and I just

tried to raise my hospital bed, like just, you know, just sit to drink a cup of coffee, and I almost passed out that and so they were like you need blood. You don't have enough blood to even set up right now. So Um, they gave me three units of blood that day. And I felt better. I mean, I had IVs for like three days after that, after that delivery. And then I went home with my baby and life went, went on, right? I didn't really think about it at all. And, and then I started feeling sick, in in about 1988 89 a lot weird symptoms, and went to many, many physicians of all kinds trying to figure out what was wrong with me. And I had two other kids after Theresa just kind of went, boom, boom, boom with the kids. And so I would go to the doctor and 1989 and go, I'm really exhausted. I'm night sweats. I have all these things. And they go, oh, you know, you're just so tired. You have those three little kids, because I did. I had like three babies at the same time. So it was like, but I, I kind of knew in my mind, because I've always been a high energy person. That That wasn't it. So yeah, so when you get, you know, when I got the phone call that I needed to get an HIV test, I knew it was gonna be positive. It was just like the answer to all my questions that I'd had for a couple of years.

 James Geering 41:21

So first, I want to talk about how that idea even got into your head. But before that, talk to me about the screening of blood and the time that you had your transfusion?

 41:31

Oh, wow. Yeah.

 41:34

Well, I

 41:35

had my transfusion May, I mean, march 14 1984. They started mandatorily, testing blood for HIV, a year and three months later, in like, June or July of 1985.

 41:54

So

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they that's the timeline. Now, they knew HIV was in the blood supply. Long before that, it's just that most blood banks, you know, the thing is, blood banks are businesses, let's just put it out there first. And they knew that there was a possibility of infecting people through the blood.

And they knew hemophiliacs, that factory that hemophiliacs that had to inject at that time, there were several cases where they knew they had infected people. There were already losses from people who had get infected.



42:35

But the reason



42:37

a lot of blood banks didn't test the blood earlier, was, well, the test was still being developed. But they could even have just tested for hepatitis B, and screened 90% of the HIV out of the blood, because they're so you know, related to each other. But the directive from the National Institute of Health and the CDC, was on the side of the blood banks to be to not have to test until they changed that in 1985. What I was surprised at though, when I looked back at it, every doctor in the country knew. I mean, they had to note that HIV was in the blood supply. But not one person when I got that blood transfusion said there is a small risk. I mean, no one said anything. Right? Which I thought was weird. Now that I'm looking back at it. And for me, I should have known. I mean, I had a real like, I don't know, I just I didn't imagine that ever happening to me. But, you know, it was known that HIV was up there in 1984. It, you know, wasn't a secret in the health community. So I don't know. It's interesting, looking back, you know, the whole water could have shut up. But I don't know what my decision would have been. If they had said, here's an alternative to getting these blood transfusions, because there is a chance that you could get, you know, these, I'm sure HIV wasn't the only thing and the blood supply, but you know what I mean? So, or, I don't think at that time, there was an option for someone you're related to to give blood for you, which became an option later for people. So anyway, it's an inter, you know, I have a cold chapter in the book about HIV and the blood supply. And yeah, and I have a few friends who are hemophiliacs, who worked for years trying to get a settlement because it was a class action for many people. And you know, they didn't get a great deal. The problem with the hemophiliac situation is, three different companies made the factor eight at the time. So you could not prove where it came from. And because of that, there were no individual lawsuits hardly at all, because there was no way to prove anything that had to be the government really helping say that this was an injustice in, in a big way. So, anyway, it's kind of interesting history during the 80s.



James Geering 45:31

Yeah, well, I mean, it's still going on today. And this is a problem. You know, I think there's, there's many layers to this whole conversation. Firstly, I think now people are having an awakening that just because someone's wearing a white coat with a stethoscope around the neck doesn't mean they know what they're talking about, you know, they may be good in one area. But you know, perfect example, if paramedic you've ever had someone claps on a plane and the quote unquote, doctors show up as I witnessed doesn't mean they're good at emergency medicine. But then also the responsibility as a health care professional, you know, that we have on everything that we do our professionalism, our education, our understanding of all the tools in our toolbox. But you know, we do live in a world at the moment, certainly in a

country where we have a for profit healthcare system. So if the drive is to make money, rather than make people healthier, sadly, I think these are some of the, you know, the symptoms or the sad stories attributed to, you know, the abandonment of first do no harm.



46:37

Yeah, for sure. For sure, yeah. Don't get me going on my system. Everybody thinks it's great that they get sick, and then it's like, oh, gosh, yeah, it's a lot. And it's a lot for a sick person to manage on, you know, it's, it's crazy, really, what a sick person has to go through to get care, I mean, my daughter has severe rheumatoid arthritis. And just to get the medications she needs, it's like a part time job to get approved for these, you have to fail every single thing to finally get the one you need. And then, you know, it's it's crazy system, but there's a lot of burden on the sick person to engage in that system. So you know, if your life isn't in a place, or you're not privileged enough to have tools to do that, you know, it's and then we have this other layer that's happening in our country where we're really wealthy people, wealthy people are starting to just get boutique, kind of health systems on their own, that they don't use insurance, they just pay for it. And so, you know, it's eventually going to, you know, that's just making it worse, where, you know, the very wealthy are getting, like usual, the best care and the people who have the biggest needs are getting the worst options, you know, what I mean? And that's just, I just don't believe that's, that's right. You know, my, our whole model for the 3030 project was healthcare is a human right. And I just believe that very deeply.



James Geering 48:19

Yeah, well, this is a thing coming from the UK, and then moving here. And then hearing terms like socialized medicine, like it was something made up in the Kremlin. No, it's altruistic medicine. It's, it doesn't matter if you're rich or poor, any gender, race, whatever it is, we all chip in, and we all take care of everyone that needs it at that moment. And one of the most beautiful things, if you will, a person into an emergency room is an American paramedic, like myself, literally, the first person they're going to see apart from the initial triage nurse is the admin person asking for billing information. Whereas in the UK, you just go in and they start working on your health, and you're not thinking Oh, my God, I've got cancer, I'm gonna lose my house. I think that's a beautiful system myself, you know,



49:04

they have politicized this, it's like, you know, if you believe in universal health care, you're a Democrat, like, and it's just kind of like, No, you're a human being like, can we just look at what's best for the least of these in our country and stop like, Yeah, but it's everything is, you know, it becomes political, because the companies that are profiting from it, make it political, because it's to their best interest, you know?



James Geering 49:36

Yeah, that's it, but this is what's so great about this conversation go on and on, but you know, yeah, but these are, these are important conversations that when when I talk to someone who's in health care or who's a soldier or you know whatever it is it's a boots on the ground



who's in health care, or who's a soldier or you know, whatever it is, it's a boots on the ground conversation. You're not talking about what you heard on Fox or CNN, which is the same exact machine which is people with different color ties on it. You know, these are actually the men and women that are out there doing the job. So I think it's important that we hear voices like yours, just so that you know, you get enough layers and like, hold on a second. Everyone's talking about this middle ground here. And maybe maybe we should come away from the extremes or go back to the middle, because it seems we're all the normal people are.

 50:19

Wait for sure. For sure.

 James Geering 50:21

So we're just touching on the blood thing, before we move forward, something that occurred to me when they were not testing. I don't know if they were still paying for blood back then. But when you think about the kind of person who's probably going to show it to a blood bank is probably someone who's more likely to need the money. So then I would think about, you know, people that maybe are engaging in addiction in sex work in some of these other things. So therefore, increasing the likelihood of something being in the blood before it's being tested.

 50:55

Yeah, I mean, that's, that's possible. I mean,

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to be fair, I went to University of Washington and was, you know, upper middle class, I gave pledge for money in college because I was, you know, college student. So I don't I think I think the money was a motivator, I was motivator for me. When I, you know, was between jobs or whatever. So, yeah, I think that probably is somewhat

 51:30

true.

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But then there's people like my dad who just gave regularly, you know what I mean? So I don't know, I like to, you know, I

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never really thought

never really thought



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a lot about the blood donor. Because if I had given blood between 1984 and 1990, especially in that period of time, when they weren't required to test for HIV, I could have infected for someone, I didn't know I have it. And I, I'm pretty sure probably the person who gave blood for my blood transfusion, no matter what their life was, didn't know they had it. And so yeah, I think that blood banks, just to be fair, do do us a significant job nowadays of screening blood. I do think they took a risk in the 80s. Knowingly, that I don't think they thought they were infecting as many people as they, they were. I also think that they're, they have an insurance company that probably has a skyscraper in New York City, and they have actuaries that do the math for companies on risk. And I just think they really miscalculated. But um, yeah, I don't know, it's, I have mixed feelings about these blood banks. But I also know that I have actually, given speeches for the same blood bank. In the last few years, because they're doing these great blood programs abroad, they've developed this tool for postpartum hemorrhage. They developed this little sort of a balloon that they put inside the uterus and expand it to put pressure from the inside. So it's really cheap. And it really does help postpartum hemorrhage and in buildings that we built.



53:35

So I don't know, it's just



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we did you know, in the book I talked about, we did have a lawsuit with the blood bank. And that was mostly because I knew I wouldn't be able to work. It was a very expensive disease. And I didn't want my kids not to be able to take ballet because we had no money because of my disease. You know, and, and I was gonna die soon. I was given three to five years to live, so but I didn't sue. You know, like when someone hits your car, you expect them fix it, but you're not asking them to buy you a Ferrari. And that's how I felt about this blood loss to this blood bank lawsuit. I was like, we settled at a court and we could have gotten so much more money, but I was just like, I just want enough and I want to move on. I don't want to be in the paper. I don't want this to be, you know, something that has the blood bank, you know, going out of business, but I do feel like I'm old enough to just continue our life as it is. Right. So yeah, so I have a lot of I have a lot of ideas about the blood bank, but I also feel like I've reconciled all that long ago, and I do think that the blood banks are doing their best to keep the blood supply safe for people.



James Geering 54:56

Yeah, yeah. Well, that's the thing. I'm thinking they're doing a good job to the point where I I'm English, and I got really good veins. And every time I pass one of them, they're like, you want to come donate blood, I'm like, I'm from England, they're like, oh, never mind. Because the Mad Cow thing to this day they can't ask for. So they are doing a good job now. But when you think about just sheer probability, of course, lots of other people were giving blood. But when you

think we do have a lot of people that are desperate that are from much higher risk areas giving blood, then yeah, I think that, you know, it's probably should have been taken a lot more seriously than it was, if you you know, we're only allowing, you know, high school athletes that were being tested, you know, for whatever to give blood, then it would be a different kind of demographic, but when it, you know, could also be not only the student, but you know, the person who, sadly is injecting heroin or you know, is having to make their living cell in their body or whatever, then clearly those groups are at higher risk for transmitting in the first place.

 55:52

For sure, for sure.

 James Geering 55:54

So, you, you have this transfusion, you you start getting ill you mentioned about, you know, asking for the HIV test, what was that aha moment? When did you put two and two together yourself? Well,

 56:07

I mean, the book I just wrote about this whole story, it's the first, the first chapter is called the phone call.

 56:15

The phone call was the aha

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moment. We were literally moving to a new city, we were in our house, near Seattle, moving a five hour drive away to a town by the Idaho border. And we were literally boxing up our stuff and putting it in a giant truck that was in our driveway when I got the phone call. And it was my doctor who delivered Theresa. And we in a different town, we moved a bit. And he was a personal friend. So when he started the conversation, he said, You'd better sit down. So I just kind of assumed one of our friends died because he's a friend of ours. Right. And then he launches into this, you know, you remember you had a blood transfusion when Theresa was born? And I was like, Yeah, you said, well, the blood bank got a hold of me, and one of the units of blood was that person has AIDS now. And so they're suggesting, and I am suggesting that you go get an HIV test. And then he was like, but I mean, that was six and a half years ago, you know, this person could have gotten it after that, you know, trying to, like ease it in. And I just was like, my brain was like, Oh, this is it. This is what's wrong with me. Yeah, so that was kind of how I got the news. And my real aha moment, because you know, I have three, I have a two year old and a four year old and a six year old, I'm 32 years old right now, at this phone call time. And, and we are like already just kind of overheads moving and dealing with all this stuff.



57:59

So the the hard part, the worst



58:02

part was after I got my initial test, I had to we had to get everyone in our whole family tested. Theresa was born before the blood transfusion, but I'd breastfed her. So she had a small chance of being infected. And then my other two kids were born to an HIV positive mom, and they had about a 25% chance of being affected. And then you know, we were pregnant this whole time. And then it's got out of vasectomy, so we never use protection. And so six and a half years long time to try. You know, so I just assumed God would be infected too. And we had to wait like four days. For those test results. I won't live a worse four days in my life, just wondering, like, which of my kids was infected when Scott and I die? Who's gonna raise these kids? You know, like, it was just a lot. So when I got that call, that they were all fine. It was just me that was infected. I mean, the mom and me just kicked in. I'm like, okay, I can do this. Let's move. You know, I mean, I didn't really it was just kind of like, I'll figure this out. So my aha moment, am after we moved when I went in for my first doctor appointment, and he says, his first two questions were, do you have a living will? And are your things in order? And when I was like, Oh, this is not good. And I mean, I left in that he was the one that I said, Well, how long do you think I have to live? And he said, Well, if you're really lucky, you might live three to five years. And I had a two year old. I'm like, Oh my gosh, I'm not gonna see Ryan go to kindergarten, like, you know, on the three year plan, and so that was my that was the day it really, really hit me. Hard And yeah.



James Geering 1:00:02

Now what was he said three to five from that diagnosis at that point, when I think back to when I was reading his books as a as a little boy, it seemed like the incubation period could be up to 10 years. And then the actual, you know, AIDS would would manifest whatever speed it will manifest that, what was the the medical research showing by the time you had your diagnosis? Well, there was



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a lot of, there was no research on women, let me just say, or kids, it was, you know, it was all men, because and part of that is, you know, there was one drug AZT, and it had gone through trials, but they didn't know if women of childbearing age should even be in the, in the study. And there were no old people with AIDS at that point. So it was like, you know, we were getting trickled down science at that point, just to even take AC T. But I had already been HIV positive for six and a half years, you have to remember this. So I was a long term survivor from the beginning of knowing, you know, and so I think his perspective was the 10 years, and then, you know, because what he said after he said, you know, you have three to five years, he said, and the last two years are going to be terrible. So do whatever you want to do now. So I think he

was really going off of that tenure timeline, and that the last years are going to be horrible. So and that's, I think that's all doctors kind of had to go on. Because there wasn't tons of research at that point. You know,

 James Geering 1:01:37

so we talked about stigma amongst the gay population, early 80s. Now this happens, what element of stigma factors into your diagnosis as a married woman with children?

 1:01:51

Um, well,

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if I had stayed in the Seattle area, this could have been different, I don't know. But we lived, we moved, and I was a new person, in a large but very conservative, rural town. And there was a lot of misinformation from the get go about and fear. That was for everyone, not just gaming. So when I moved, I didn't have really any friends, right? Like one college friend that lived there, who was like the angel of my whole entire life, those first few years, she did so much for me, but it's like, I decided, I had watched my brother and his friends. And I decided immediately, we should tell nobody this because we were new in there. You know, we're in the evangelical world. And everyone, you know, there was so many people who thought this was God's judgment on gay people. And I was like, Oh, my gosh, and, and I just felt like, it was a lot to tell it to for you. And six year old. I just didn't, I wanted the mom and me just wanted to protect these kids and isolate them from this as much as possible.

 1:03:20

So I did,

 1:03:23

you know, I didn't say let's do this for four years, you know, at first I was like, I just need to learn more about the disease myself. I need to know who I can trust. But right early on my daughter's grade school. There was a state mandate that kids had to have HIV AIDS education from fifth grade to 12th grade in Washington State. And they actually started it in our school district in fourth grade, and my daughter was a first grader, but this was new. And so the district had these meetings at the schools where they would talk about the whole entire curriculum, fifth grade through 12th grade or fourth grade through 12th grade. And so they I had just gotten there, I I got this, notice that they were having this meeting about HIV AIDS education, which of course I'm interested in, because I have it but also, I'm a health teacher, so I'm still interested in it anyway. So I was really, really sick. But I pulled myself together and I went down there to listen, I was as interested in what the high school curriculum was, as the grade school. And it all seemed great. Like there was a nurse from the district and an

administrator, and they just kind of went through it like it was the new history, education, you know, curriculum, and I've felt pretty good about it. And then they got to questions and this guy raised his hand and he stood up and he's like, I'm a medical doctor. And I think there's many ways that HIV is passed. I don't believe what the CDC and the National Institute of Health are saying it. I mean, every eye in there, every, from the minute, he said he was a medical doctor, every parent was taking in every word, this guy said, and I was dying in the back, and I'm thinking, I am not telling any of these people, this is not safe for my kids. People will not let their kids come to our house and play. And I know, in my mind, I am not a health risk to any of these people's kids, or any of them. So that strongly put me in the closet, that experience of like, I just need to protect these kids. And so I lied a lot those first four years. I lied a lot. And it was interesting. Especially after Magic Johnson, like a year later, you know, Magic Johnson was diagnosed and all of a sudden, it was like I heterosexual. Like, that was a big, big moment in the US as far as peep the aha moment. Oh, you know, right. You know, not just gay people get this disease, right. But what was interesting is we'd be in dinner parties, and all of a sudden AIDS is like, a topic that people are talking about because of Magic Johnson. So I just got an earful from everyone about their opinions, their prejudices, like no one knew I had HIV, I would just sit there and take it all in and like, Don't elaborate.

 1:06:32

So it was, it was interesting.

 1:06:35

I think most of the stigma I got was at the doctor's office. Even after i i went public and became part of a speaker's bureau for 10 years. You know, there's just attitude, you know, you go in the emergency room, they see you're HIV positive, they immediately think you're drug seeking, they immediately think you're on public. Well, like assistance, they immediately think you're not married. Like they there's this whole like, thing of like this lane, they put you in immediately. And, and I just thought this, it gave me a lot of compassion. Because remember, my brother has HIV. And then I'm also meeting other people who don't have squeaky clean lives, who don't deserve to be treated this way. It's just a freakin disease, just take care of them. Right? So, um, yeah, from that, for years, strongly solidified in my mind as a teacher that when we came out of this period of not telling people, I was going to be an educator, like I had this commission in my life from God, I felt like to go out and make, you know, like, don't let people blame me.

 1:07:56

You know, and are just like, like, I'm just,

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I just want to educate people. And, and also, I want to be in a group of diverse people, because I know the power of stories to change people's attitudes. So, so that's kind of how I, I ended up in public health in a big way.

 James Geering 1:08:19

Well, firstly, I mean, the parallels between the AIDS epidemic and COVID, even though very different disease processes scary

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flashback for all of us,

 James Geering 1:08:28

I'm sure. Yeah, yeah. I mean, you have,

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actually, there's a little PTSD that that happened during COVID have like, it was like, the AIDS epidemic on steroids, because it was the whole entire world, you know, and it was happening so quickly. But yeah, there were so many parallels it was it still is kind of, kind of crazy. Actually. That's why my my book that I just wrote, is really current in so many ways, because we just experienced this whole healthcare thing that had got politicized and had attitude. Again, you know, so a lot of these things I talk about, they're actually scarily like, current. And the book does end in COVID. Like it ends in the middle of all that. So

 James Geering 1:09:23

well, even if you think about the mental health crisis, you know, whether it's suicide and the stigma there, whether it's addiction and overdose and the stigma there, it's the same thing, you know, no, more often than not, it's someone either standing in a holy building, or in a white coat and a stethoscope. That's giving the worst information and casting shame, as you said, on human beings that are simply suffering, it might be mentally it might be with a disease, it might be with their their weight gain, whatever it is, but the answer to so many things is compassion. And that's what leads a lot of people listening to this into service but a lot of If we're not careful, we'll find ourselves fatigued in that area doctors, nurses, paramedics, because of you know, obviously, some legitimate reasons sleep deprivation and abuse of the healthcare system. But, you know, the moment that we lose that we really have to look in the mirror mirror and go either a do I transition out of this profession, or B, do I take a couple of weeks off and re reset? Because we have such a responsibility not only medically, but emotionally with some of these men and women?

 1:10:29

Yeah, you know, I've thought about this for a really long time. I mean, decades. And I think part of the root of that is people uncomfortable most with death. And I think that, you know, we just experienced a very close friend, almost family member, actually, because we're related by

marriage, one to a 38 year old in our extended family died of an overdose. And so I see, you know, the stigma out there. But I also think that people experience you know, they hear stories, and if there's sad stories, or hard stories, they immediately go to, well, I'm not like that. So that isn't going to happen to me. And I think part of that is just people's uncomfortableness with death and hurt things. And I do think that's where a lot of the judgment and the stigma originates from.

**J** James Geering 1:11:35

We have such a paradox, though. It's interesting, because I talked about this more on the SEC side, you know, we on our normal cable television, will watch Rambo where he'll mow down 100 Vietnamese and no one even bats an eye but God forbid, the female lead shows a nipple and they have to blur out. And it's kind of the same thing, like you said, the real stories people shy away from and it's almost like that two dimensional cartoon esque version of death. That's what they distract themselves with. But the reality of death, ie these horrible images that are coming out the the the Israeli Palestinian conflict at the moment, you know, it's no one will actually truly look at those and acknowledge those, but they'll turn on a Halloween movie and be fine with a cabin full of kids.

 1:12:23

That Halloween is right now. We were my husband, I were just talking about that the other day, because I met with a woman for lunch. And she said, My husband can't even dark decorate for Halloween. And I was like, No, you know, they're somewhat religious. So I was like, Oh, does he need to do the harvest festival because you know, from evil, she ends up she goes now, there's just such a parallel between watching the news and seeing real life people, you know, really being tortured and mistreated and dying to like these images of Halloween costumes. And like, he just, it's just really hard for him right now. And I was like, wow, that is real. Um, you know, we we compartmentalize these things. But but it is just weird that we look at these tragic things that people you know, they're describing some of it because you just can't even show it. And then some of these Halloween decorations, and then outfits are just like, oh, gosh, this is a weird disconnect, really, between what we think of death and how we portray it and how this is supposed to be a fun holiday, you know, give kids candy, but it is weird. Yeah.

**J** James Geering 1:13:45

I was a big fan of horror movies in my, I guess, mid to late teens, and then became a firefighter paramedic. And now like, I hate that kind of animal. If we watch scary movies, there'll be a scary movie, it'll be a ghost or, you know, even something like it is not grotesque. You know, there's a lot of kind of, really, I think when I look back now, it's delving into the psychology of when I was little when there were occasionally a serial killer, or someone's snatching kids. I think it's kind of you know, tickling that. I think tickling is the wrong word. But digging into that fear that we all have when we were little that you know, some stranger is going to show up and grab us. But when you take a step back and you think, okay, you've got an accountant, who has been working 12 hours in tax season, and they're like, You know what, I'm really tired. I just want to unwind and watch a cabin full of kids get tortured and murdered. It's really, it's really wrong when you actually articulate that,





1:14:44

oh, I've never been able to handle horror movies. I don't know why. I just can't do it. I couldn't watch Game of Thrones. I was just like, how is this entertaining? And how do you go to sleep after this? Like I just I mean, it was like the blockbuster stir, and I've just like, I can't do this. This is way too much. You know, and and I do think part of it is like for you, I think if you work in those settings of death or healthcare or you know, crises or emergency, it's it's not calming, it's actually triggering. So, yeah,



James Geering 1:15:21

yeah, well, it's certainly not entertaining. Yeah, the horror especially, I mean, I've always said this, it's not even so much the grotesque that you see, it's the human emotion that people left behind the cries and the screams that really I think, you know, most of us carry it with. And so when it's turned into an entertainment, it's like, No, there's nothing. Nothing good comes out of anything like this. Going back to your timeline. That was an interesting tangent there. Yeah, no, no.



1:15:48

I'm good at side roads. And what I'm having



James Geering 1:15:51

dub I love this is exactly why why I love these conversations. Go down



1:15:55

them. But yeah, you're you're touching all my hot buttons are about to talk




James Geering 1:16:02


well, good, good, perfect. I'm doing my job properly, properly, then. So you didn't tell anyone for four years, what made you finally decide to tell everyone and then also talk to me about when you decided that the kids were ready to hear that news as well.





1:16:20

I never thought that kids are ready to hear the news. And I probably would have never told them if it was up to me.

 1:16:30  
But

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when my daughter was in fourth grade, in May, I mean, I taught high school sex education. And you always save these things till the end of the year when the kids are as old as they could be. And that was that's what they do with the HIV education. They like, save it for the very end of the year. So it was May. And it was her first year they had HIV education. And I was getting ready for work one morning in my room, and my daughter was sitting on my bed and she says, How did your friend Mary die of AIDS? Because I had one friend who she had met at a Christian camp who had had a blood transfusion and she was really sick. And she had kids that were truces age. So I told her, you know, Mary has AIDS and then she died. And I said to her, she was like, oh, no,

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I'm literally putting my earrings on going,

 1:17:27  
Oh, no, I don't want to have this conversation. And I said, Well married, had an blood transfusion. When her her son was born, and it was infected with HIV. Entry sick got this god awful look on her face. And she went, ma and I went watch because you had a blood transfusion. You know, the oldest child always sits around and listens to all the adult conversation. So I didn't really even know she knew that. And I said, Yeah, I did. And she said, Could you have AIDS? And I said, Well, I could. And then she said, Do you? And I said no, I don't. Because I was not ready to tell her. And to be fair, I only had an HIV diagnosis at that point not and it's that. But I totally lied to her. Because I just was like, I'm not doing this right now. And then, you know, that night I said to Scott Teresa's asking, like, we have to tell her, and I would hate for her to hear it somewhere else. So we waited till the kids got out of school in June. We thought about just telling Teresa because she was they were six, eight and 10. So she was a 10 year old. But I, you know, there's a lot. It's a lot to keep a secret of family secret for four years. It's exhausting, actually. And I didn't want to put that on my kids. And I didn't want them to think it was something bad. So when they got out of school Scott actually told them I'm also a crier, and I thought this is not gonna be good if I tell my kids and break down. So he My husband told the kids one at a time, kind of age appropriately. And then and then the next day we actually went to camp for a month and a half. Or my husband was the camp manager up in Canada. And we really wanted them to get away from their friends groups just to process like, what this man you know, and all this. So, um, yeah, the big joke is that that night we want to do some fun so we took them to the Lion King because it was an opening night for the Lion King. Such a stupid move. I mean, like we take them to this Disney Movie. We're one of the parents dies in the first five minutes of the film like all Disney movies, right? I'm just looking at Sky going, oh my gosh, why didn't we think about this? Right? So my adult children still tease us about how we told them I was gonna die then took us to a movie where the parent dies. Anyway, so that was kind of funny. But anyway, the summer went pretty good. They seem to be doing fine. But you know, if you want your personal and private information broadcasted the

whole entire world, you just tell a six year old, that'll do it. So I told Ryan, this is personal information. It's not a secret. But you you know, you can tell people, but it's your private information. And a six year old just doesn't get that at all. So, you know, we're in, we're in the grocery store in August, a couple months later, and he looks at the checker and goes, does she know you have AIDS? And I'm like, well, she does. And it kind of went like that he was kind of comic relief. It was like, Okay, it's out there might as well go, you know, find those education opportunities and join that speaker's bureau, because, you know, the six year old is gonna announce it to whoever anyway, so

 James Geering 1:21:14

Well, at least he's not become a famous music producer and let the whole world

 1:21:21

Yeah, yeah, yes. Anyway,

 James Geering 1:21:24

well, speaking of that, I'm 49 about to turn 50. So optimistically speaking, I'm probably cresting the halfway point of a lifespan. I'm very lucky, I've got grandparents who live past 100. So I'm being very glass half full. But that being said, you know, mortality is something that you can really dig your head in the sand when you're younger, because they are, you know, having to think about it now, money 18 I'm only 20. Obviously, the reality isn't I know, this is a paramedic that, you know, a blood vessel could burst a car could crash through your house, you never know. But the thing the older you get, and I really, I really really feel this is the kind of elephant in the room and the midlife crisis conversation. Your mortality is harder and harder to ignore the closer you get to an impending quote, unquote, natural death. Now you add in some sort of disease that might expedite that, you know, whether it's cancer or AIDS, or HIV, excuse me. You know, now you're having to think about that a lot more acutely. So what about the the mortality element? What was your grieving or emotional roller coaster ride from getting the original diagnosis to, you know, the following years and or decades?

 1:22:41

Um, well, I

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mean, I was 32, when I got the diagnosis, and I hadn't really pondered dying that much. But giving my diagnosis and my prognosis, it was like, Yeah, you can't really avoid that, right. And, at first, I just thought about it all the time. You know, what I was gonna miss, you know, I wasn't afraid of dying. I've never been really afraid of dying. Mostly because I'm, you know, have a strong faith life. And I just, I always thought, you know, I'm going to be okay. What I was really depressed about was what I was gonna miss. With my kids, and what they were dead, that, you

know, my kids might not even remember me. And that like, when they become adults, like, their kids are going to be come calling some other woman Grandma's not me. I mean, I didn't. I my husband's really good looking and really nice guy. So I didn't have any expectation that he wouldn't get remarried. Right, and that their lives would go on without me. And that it was just pretty overwhelming. I went through a lot of grief, a lot of depression. And, and then, I don't know when it was, it was like, maybe eight months in. I just woke up one day, and I was like, I don't feel any more dead today than I did yesterday. And I think at that point, I just dove right into denial. It was like, you know, in those stages of grief, I'm like, I'm just gonna like breasts right here into that.



1:24:21

And I'm gonna start thinking about the future because



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waiting around to die is a terrible way to live. So I just I just started talking about the future, like, what's going to happen and I even tease, you know, my kids, like, I'm gonna be a really good grandma to your kids, you know, and I just felt like, even if it never happened, talking about it was more than you know, it was better than nothing at all kind of and, and I didn't want to be remembered by them as a sad mom. Or, you know, I just I wanted to be as present with them and as positive with them as possible. While ironically, at the same time, I am literally writing letters to their adult self, because I knew that they would only remember me as a little kid remembers their mom. So it was this weird was this weird existence of sort of denying, and then you have to accept some part of it, you know that this could happen. So I wanted to prepare something. At the five year point, when I was still alive, I did go in to my doctor, and I was like, Hey, I made it. He's like, What are you talking about? I'm like, Well, you said three to five. It's been five, you know? And he laughed, he goes, Oh, my God, did I really say that to you? And I'm like, Yes. And he goes, Well, we didn't know anything back then. And I feel like with how you're doing, you're gonna live longer. You know, like, I'm not gonna preach how long but you're doing well. But at the same time, at this point, I've been infected more than 10 years. And I am a long term survivor. And my friends are still dying, right and left, not everyone is responding to these drugs. And sometimes they would get, you know, their teeth cleaned, and all of a sudden, they'd get an infection that went to their brain. And a week later, they're dying, right? So I was cautiously optimistic. And I definitely just kept trying to live the best life. Because I asked your friend start dying, you're kind of feel responsible. It's like, okay, I'm still here, I better do something good. Because, you know, like, you have this survivor's guilt, for sure. And I have that big time, since I've just lost so many people. I mean, I'm, I'm willing to say that the 3030 project came out of that survivor guilt of wanting to leave something in honor of my friends who died, right. At the end of the day, we finished the project, and none of them came back, you know.



1:27:02

But it was good to, like, try to make the most out



1:27:06

of my life. And I do feel like I always have had that like for my dad, but also, this disease definitely has put me on the track of, I feel like, I was really lucky. And I don't want to waste that. Or take, take it for granted. But you know, really, I didn't stop thinking about death. Until I remember kind of the moment when I did just, I just let it all go. And that's when my when Theresa my daughter, told me she was pregnant with my first grandchild. And I was like, okay, everything from now on is just icing on the cake. I'm just not gonna just think about this anymore, right? And I'm just gonna, you know, go be a grandma now.



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So anyway, it was a long, long process. It wasn't like it was a gradual,



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you know, thinking about survival, aid, you know, COVID Man, I mean, that epicenter of COVID was Seattle. And we had the first cases we had the first like, nursing home, like people were dying. And it did bring back that, oh, I might not survive this. And it was like, a revisiting of all of that. All of those, those thoughts and feelings happen during that, especially that first year before vaccines came out. When you reflect



James Geering 1:28:39

what impacted that mental shift have that that belief that, you know, I'm gonna keep going not not telling yourself in a very two dimensional way, but a true belief. And the reason I'm asking that, actually, my wife lost her best friend to cancer not too long ago. And ironically, it was the surgery for the cancer that killed her she bled out. But I see there's this like, slew now of head shaving videos on Instagram, you know, the mother shaves and the daughter or the barber or whoever, and going back to the medicine, I can't help but feel that more people die from chemotherapy than they do cancer. That's just my personal thing. And I think now we're getting the immunotherapy is starting to come through that's very exciting. That makes a lot more sense and Agent Orange in the entire body and then Fingers crossed. But I think the mindset plays into that as well. If you believe that you're dying, there's a higher chance that you're gonna die. So you know, like you mentioned, you've got other people that that were on the path that didn't make it. Do you reflect now was there an element of that belief that kind of, you know, mind over body element of your longevity?



1:29:56

Um, I don't know Actually,



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I, you know, I can't pick out one thing I did right or wrong because other people were doing similar things. Or, I mean, just my brother and I, for example, who are both, we're both still

alive. I think we were born with stronger immune systems than some people, because there's no reason. I, you know, when I was diagnosed, everything in me was like, I'm going to do the healthiest things I'm going to try to eat right, I'm going to, you know, try to do exercise, I'm going to do this, I'm going to do that. My brother one,



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he's a fairly stress free, and



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the jewel, he just doesn't take on stress. I am like a stress case, I'm a control freak, I have all kinds of like controlling issues. He just loves people loves his life does his job. He doesn't really talk about HIV much at all. He also, you know, during all that time, was eating doughnuts for breakfast, having cigarette every now and then. And he's still alive. Like, I just don't. I can't go person by person and there isn't a theme. And yeah, there isn't. I do believe going back to this bigger question. And what you're talking about, about your friends, your your wife's friend, I do think I've thought a lot about quantity, life and quantity, quality of life. And HIV drugs in the early days. I do believe that, that some for some of us, they worked really well, for others, they did it.



1:31:46

But



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coming just back to a cancer scenario, I think if I got cancer, I would do a serious recollection of what the cost would be on me, and what the quality of my life would be with either doing different treatments, or not doing them. And I think that's, that's different for different people at different ages with different responsibilities. But I I, I lived in this sick world for long enough that I would do a lot of research and question a lot of doctors before, I would just take one doctor's advice and go with, you know, the most popular plan. So




James Geering 1:32:33

beautiful. Well, thank you for that perspective. And this is why I ask these questions doesn't have to be, you know, affirmative, but I think it's the mindset piece. There's a lot of doom and gloom out there, you know, a lot of cancer diagnosis and a lot of even projections, you're gonna live this this amount of time that now people are going well, I didn't really know I stage doesn't actually mean anything, you know, so that they were reflecting now. So, you know, why not be optimistic? Why not, you know, allow some positive thoughts to permeate rather than this kind of whatever the term would be, but but the the glass half empty approach, you know, you're

going to have the days whether you like it or not, so why not infuse some some hope into people. And, you know, maybe just maybe that will be the straw that broke the camel's back on the healing side. Yeah. And in many cases,

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we just don't get to choose like, like, my dad died of a stroke, like he had a stroke. And that afternoon, he died at my house, like he had a stroke at my house at the emergency room, and he died at four o'clock in the afternoon. And pardon me, it was like, that's the way to go. Like, I mean, I've seen so many people, you know, and I've been waiting for all this terrible stuff. And I'm like, I don't know, it's horrible for everyone else to go out that way. But for me, I might sign up for that. And then my father in law, on the other hand, died of Parkinson's disease. And so for 10 years, it was just piece by piece by piece, and it was horrible. And, but you know, you don't get to pick that's the thing. I mean, you know, if you live in Oregon, and you still are mentally capable, you can choose, you know, assisted suicide, but most places you can't so, you know, it's just this I think

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people

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we can do all the things we want, but at the end of the day, we might not be able to choose how it happens to us, right. But you know what, I was listening to your podcast yesterday, and someone said, this sentence, they said, One day we're going to be you're going to be someone who lived a long time ago. Like, yeah, that's true for all of us, you know. So, you just I keep coming back to You can't really control things. So might as well just get the most out of today, you know? Yeah,

 James Geering 1:35:07

absolutely. Well, I want to just kind of explore the medicine side for a moment, you touched on AZT before I went to EMT school and began my first responder journey in 2002. And I remember that time in the ER in Orlando, there was several men dying of AIDS, so n stage aids with the with the, the scabs and just gone to and it was, it was absolutely heartbreaking. And then I was reflecting because I'm actually writing a book at the moment trying to pull memories out my tiny little brain that most of my career I didn't really see. And if someone was HIV, it was just them letting us know, because we're going to, you know, get an IV just to be careful for the stick and everything. But I didn't see a lot of end stage aids in most of my career, the last, you know, 1520 years. So that's a good thing, obviously, talk to me kind of walk me through the the metamorphosis from a single drug back in the 80s, to where we are now in 2023

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of the medicines are remarkable. And even the medicines that are in the pipeline. As far as being able to be adhered to your medicine, they're getting easier and easier. They're looking at, you know, shots and patches that lasts not just days, but Weeks, months. And, you know, for many, many people HIV is not on their top 10 worst problems, you know, they might or not have shelter, you know, there's just all kinds of things people deal with, and, and being adherent to taking several pills a day is not easy, in a lot of scenarios. So and not only are the pills, easier to take, but they're just, they're less, they have less side effects, they're combining them. So there's very, you know, where I used to take five to 10 pills a day, I'm like taking one right now, for HIV, or the most to so. So all the medicines these days, if you're newly diagnosed with HIV, today, you should have a normal lifespan, if you can take any of these medications, with very few side effects, actually. And if you're on the medications, and you have an undetectable viral load, which doesn't mean the virus is gone, it just means that just can't detect it. So there's a small amount, you can't even transmit the virus in any way. So it's like, so this is all very exciting. And in for a young person, it's like, you know, you can have a pretty normal life. What has not changed is the stigma around this disease. And it's actually gotten worse, I think, in the last, you know, five to six years. So, that's really unfortunate. And, and sometimes that stigma comes from the medical community, or from an emergency room, which, you know, if that's the person's first encounter as an HIV positive person, then they tend to not be at here, you know, then they want to hide, they might not continue their medication is really a bummer to have a negative medical situation when you have a chronic disease that actually needs medical care. So yeah, so that's the good and the bad.

J

James Geering 1:38:34

Yeah, but that's brilliant. That's good for everyone listening to know, as well. I mean, you know, a lot of us were raised on that stigma again, you know, not not correctly, but it was kind of ingrained in us as we were growing up and understanding like you said, not only the the incredible treatment options, which is, you know, obviously why I'm not seeing end stage AIDS patient very much in in hospitals, which is a beautiful thing. But also Yeah, I mean, of course, we have to be careful with needles and things that we're, you know, we're not sticking ourselves for not just HIV kinds of things. But, you know, anyone who's entered the profession, when I did we know that it was, you know, blood borne, we know that it was, you know, either sexually or through blood. So, as long as we're being careful with IVs, then, you know, it's okay to touch an AIDS patient, it's okay to, you know, put your arm on someone and comfort them and be compassionate. But I think again, like you said, a lot of that stigma, which applies again, to the mental health. I mean, even I'll give you a perfect example, my son in middle school, was going through some, some pretty rough mental health stuff because of, you know, what was going on his mother's house, we were divorced, and she was dating someone that was very, you know, toxic in that household. And he was upset at school, didn't threaten to hurt someone else didn't threaten her himself, and they ended up sending him on a 72 hour psychiatric hold, because they just want to go home didn't even notify me. Now since then, the law has been changed and those are the principal and that is sorrow, that piece of shit officer will be in prison now. So they will be there, the other side of freedom. But imagine what that did to stand when he was there like multiple other middle school kids went through. So imagine what that does to a child who's struggling emotionally, and they're like, Well, I'm not telling anyone, because I'm going to end up in that that Psych Center. And it's the same thing with this. So I am glad that you told that story. Because we need to dispel that. I mean, there's so many myths, but especially something that's evolved to a completely different, you know, form now we are HIV



in 2023, that's a optimistic and be well informed of, you know, where it is dangerous and where it's not. So we need to, you know, put our big boy and big girl pants on in the medical community and treat these people like human beings.



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Well, totally.



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I mean, even things like a needle stick, which, you know, you hope that you don't get for so many reasons. But HIV is not the most, like your risk, isn't it? Nothing close to what like a Hep C would be like, You know what I mean? And I think people just, it doesn't help. I just think that it just feels like the very worst thing because of this, you know, you don't want your life to be stigmatized.



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You know, and, and it is like,




1:41:21


yeah, it's bad. But, you know, your chance of getting infected with hep C is like, I think, one in five. And with HIV, it's like one and 20. I mean, it's like, but it's just got such a bad rap sheet with it that just feels like everybody's worst nightmare. You know what I mean? And it would be bad to get any disease, but it's kind of like, let's put it in perspective, you know, you have a way higher chance as a dentist, or anything of getting Hep C, which is horrible. I mean, the medications are way better. There's a semi cure for some types, but it's like still, it does just carry this extra thing that that we haven't shaken. You know, for almost 30 years, well, 30 years, 30 years. So yeah.





James Geering 1:42:14


Beautiful Well, you know, telling this story in the book that we'll get to in a little bit, obviously, it's going to be part of shaking that stigma. I want to get to one more area and then go to the 3030 project. One of the things that are, it's very apparent in the literally hundreds of interviews I've done now, is the impact of multi generational trauma on a host of, you know, issues with the person today. When you were on a podcast, I wish I could remember the name, but the host was Patricia, he just said a couple of weeks ago, you talked about the impact of telling your children that you have a at that point terminal disease, and then going through their childhood and then and then you know, early adulthood, kind of bracing themselves for losing their mother. So talk to me about the emotional slash mental health impact of the children through this?


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Oh, well, um,


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well,

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let's just say my adult children have all have some level of anxiety, and they wouldn't care if I shared that, um, and, you know, went before we told our kids, I said, Let's go to a child psychiatrist just to see or psychologist just to see if they have suggestions, you know, of how we should do this. And all I remember from that whole entire session, was her first sentence, which was, oh, a child worst fear is to lose their mother that actually started and I was like, Oh, I'm gonna ruin my kid's life. I mean, like, that was I couldn't even get past that. I couldn't even listen after that. Right.

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But,

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you know, they all responded very differently as kids do. My oldest daughter took on way too many parenting roles. I was very sick. I think when she heard I had HIV, her mind went to I can take care of everyone. I can take care of my brother and sister. And you know, that is not healthy for a child to think they have that burden. And I wasn't wise enough to respond to that very quickly. But, yeah, it that that also requires a little therapy.

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My middle daughter went directly into

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I mean, literally the second day after. I've just got told her I said, Laura, do you have any questions? And she goes, No, this isn't going to happen. I'm not going to think about this again. And that's where she lived her life in like, I'm not going to think about this. And, and so if someone brought a casserole over or whatever, when I was sick, she would just meet up at the door was like, we don't need that. My mom's fine, you know, poor woman. I mean, it was like, yeah, there, there was just a lot of denial. And that worked for her. But also, like, she was also like, the one who got teased in sixth grade PE kits called her the eights girl. You know, she just had a lot of stuff that she never told me because she was like, not sharing, right? And then

Ryan probably had the healthiest response, but still also had the least amount of way to process. But he was just trying to figure out that's part of why he shared it all the time. He was trying to figure out like, what does this mean, right? And then we did one of my friends who died her. Okay, so her husband had died. And she died. And her. Her daughter, who was Ryan's age, like one week different in age, died when she was seven. And my kids were friends with she also had two boys who my my other kids age, but my, you know, Ryan watched someone his age diabetes, like a good friend. And that he would say that was just a real turning time turning moment for him trying to figure out HIV, like he definitely just was like, people die, like people die when they get this right. So and then, after the mom died, we we became foster parents to her oldest son, who was Teresa's age. And so that was like his brother, right? For four years. So there's a lot, there's layers and layers of layers. Because as kids grow, they process this at every stage of their development. And I think even now that they're having kids, they're revisiting it to like, you know, like, what happened to me when I was five, you know, like, that kind of thing is going on. So it's a lot, and my kids are very close to each other. And I think it's because they kind of lived through this trauma together. And it's kind of hard to explain to people who weren't there. So Did that answer your question? It did.

J

James Geering 1:47:49

This is the thing, like, I'm writing a book at the moment, my second book, and it's fiction, but it's addressing multi generational trauma, you know, and each of the children have a different perspective at a different age and a different coping mechanism. I'm one of five, and we went through some stuff when we were younger, from a house fire, to my parents divorced to all kinds of stuff, and every single one of my siblings processes it differently. But, you know, it's, it's having this conversation and not comparing trauma, but understanding that these are traumatic events. And the same way, as you go cross country running, it's the same thing that you need to do for your mind and emotionally, you know, and it goes back all the way to the beginning of our conversation with that tribal element that it takes a village, you know, we need that community, to storytel and share traumas and, you know, receive kind of immerse ourselves into the gamut of healing opportunities to find what works for us, whether it's running or music, or whatever it is. But I think one of the good things that's happening now and in literally, that this year, as we're talking is that finally people are opening up. And even if they're not struggling now starting to unpack, you know, their childhood, or maybe even their parents childhood, because it's at the root of so many, so many things from these wars that we're seeing to the opioid and suicide crisis and obesity and cancer. I mean, it's all stress. It's all trauma, and it manifests in 1000 ways.

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Yeah, you know, one thing I can say, and there's a whole chapter in the book about this, is when you grow up in a traumatic or some kind of crisis situation, we're really you're just coping and managing it as you can. I mean, I've beat myself up a lot as a parent for what I didn't do for my kids during those years. But we were just barely keeping our head above water most of the time. And and when we finally got to where my kids were young adults and in their 20s and you know, Scott, and I actually had kind of a rough time in our marriage and I think it's because We had just been stuffing anything that we couldn't handle in order to survive, you know, We're surviving. And then when we finally stepped back from that, and so all the, you know, shit we didn't deal with all those years, it was a lot. And so every person in our family has been through

counseling multiple times, because you have to kind of own up to the gaps and what you didn't actually deal with, you know what I mean, and it's different for each person, or what kind of strategies and practices that worked for you during that crisis that are not working for you in regular anymore, you know, they're not serving you. So these are all things that professionals can actually really help you unravel. And I highly recommend that for, for someone who has just gone through something where they're, they're in survival mode for a very long time and just coping to try and get to the next day. So

 James Geering 1:51:06

absolutely. Well, one area that seems to be universally healing is that element of giving back the element of service. So you talked about your early life traveling all over the place, you touched on again, with Patricia's Patricia's podcast about the gratitude that you had having the means to get these treatments for HIV. So talk to me about the 3030 your project and what you're trying to do to give back to the community in a way of service having again that the gratitude for your own journey up to that point.

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Well, I'm so in 2014,

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it was my 30 year anniversary of surviving HIV. And, and my kids wanted to do something to quote celebrate that, and I this whole word celebrate just felt really odd to me, because so many of my friends had died. So I said, you know, if we could think of a pay it forward kind of project that did something good for someone else. In honor of the Sprint's who died, I would be up for that. And so I had been working for this nonprofit construction company that builds community buildings, like schools and hospitals and community centers and things like that for communities around the world well, for organizations around the world who need infrastructure to increase their capacity, their outreach, or their care. So it's called construction for change. And, and the 3030 project wouldn't happen without them. But anyway, I've been vetting their projects. So I went into this slideshow presentation at the Microsoft campus, about this hospital that construction for change had built that I set up the whole entire thing as far as just the logistics of working with the organization. And so I'm watching this slideshow, and it's all of women, these women are building this hospital. And as much as I had checked in and got emails, I didn't realize women were building the hospital. So I was mesmerized, and, and I jumped her that job with my co author, Jenny Konak. So we're sitting together and I was like, What is this, and the project manager who was doing the, the slideshow said, you know, these were these moms were actually employed by CFC. But they weren't motivated by money. They were actually building this hospital because they were tired or their own kids dying in transport to the nearest medical facility that was hours and hours away. And most of the time, if they even made it to the door of the medical facility, they wouldn't let them in because they were poor and couldn't pay their bill. And I just in that moment, I was like, Oh my gosh, this whole sad story I have it is a total story of privilege. I mean, it's a true story of doctors and hospitals and medicine and health insurance, you know, and that most poor women around the world were just died of the blood loss, they wouldn't have gotten to have get to have a blood

transfusion and get AIDS, right? So in that moment, I was like this, this is good. This is a good thing we could do. And so I came back to the kids and Scott and I said, You know what, if we build one healthcare, raise money, I don't build anything. You don't want me to build anything. I said, Why don't we raise money for construction for change to build one health care facility, somewhere around the world that lacks health care access? Like like that place in India? And, and then Ryan in 2014, you know, he just won four Grammys. And he and Macklemore were, you know, at the top of their game, and they were you know, he was 25 very optimistic. it. And I mean, he still is. But if he goes mom and I was like what, and he goes, You can't just build one you've lived 30 years, you need to build 30. And I just look at him like, I'm like Ryan 30 is so many more than you want. But somehow he talked me into this. And so with the help of Macklemore, and Ryan Lewis, backing us and without, we didn't start a nonprofit, we were umbrella and under construction for Chang, who was going to manage and build these projects that we raise money for. We launched in 2014, we launched this Indiegogo campaign, Ryan made this compelling video. And we ended up on all these national talk shows Anderson Cooper where and People Magazine like it was crazy for me, because I'm just a mom, you know, sitting Oh, he was used to this kind of thing, but not me. And then. Yeah, and so we funded about three clinics through that Indiegogo, and then a couple of corporations T mobile vendor to clinic funded clinics. So but then, you know, a couple months later, everyone went back to their day jobs right back to touring and making music. And I would I woke up and I was just like, What the heck did I just tell all of America I was gonna do I mean, it was this huge, huge goal. And luckily, I'm a public speaker, I had 10 years on that speaker's bureau, and I had this great video. So I just started going anywhere and everywhere with this idea that healthcare spaces could create health care access. But it was an idea. We hadn't built anything yet, right. And gradually, we started building these buildings, and then this, and we heard it you women and to be our staff, it was a woman led initiative. And, yeah,



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the smartest thing we did



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was that we hired someone to do measurement and evaluation of the buildings we build. So that it wasn't just oh, we're in this catchment area. It was actually this many people walked in the door, this many people had HIV test this many people had babies, this mean, many people got prenatal care. And once we had hard data that actually proved that helped these healthcare Spaces, we're creating health care access in these areas that we were building in the last few years of fundraising, we've quickly and we got a lot of corporate support. So we finished the funding in 2019. And then COVID hit. So some of our buildings were delayed in being built, but we're in the process of finishing our last building right now. So so the 3030 projects almost completed.



James Geering 1:57:43

Amazing. Well, we've listened to so many stories from your your life, but you have got a brand new book still positive. And what I love about this is you've made it into a lot of kind of small chapters rather than a full kind of fiction or nonfiction, or excuse me full novels style, right? And

we're talking about the stigma, obviously, you've spoken for 10 years, what made you write this book, and then let's talk about where people can find it?

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Well, I mean, I've wanted to write the story down, just because it will, if you read the book, there's a lot to the story. And actually, it's been cut twice by a third, there's way more to the story than than this in that book. But I wanted it to be an you know, the real story is a lot, you know, there's a lot to you know, I didn't want to write about, like 20 people dying, but I did write about a few.

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I wanted the story to get

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written. And as COVID hit, I really wanted to get it written because, again, kind of my mortality just kind of hit me in the face. And I was like, I really want the story down. Because there's a lot of stories about men, especially gay man with AIDS in the 80s and 90s. And, but there isn't a lot of stories about families and women and moms. So so there's that I also am a healthcare advocate and a public speaker and it's really nice to have a book if you're you know, getting out there and talking about the inequity of health care around the world, especially for women and children. So I wanted that as a tool. But as COVID Hit it kind of changed where I just really wanted you know, the whole that my my book is short chapter essay, and there's three completely different sections which are three sort of unique parts of my life. I actually pattern the book after Eat, Pray Love, but it's nothing like it but it's got the same flow and the same structure. And being a science person I need structure like like I have to like see it before. I'm not a free flowing person. Luckily, my co author is so we were good like match

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Yeah, so

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part of it is, as I started writing, especially the middle section about my friends who had died, some really good friends, I would Google them, I would try to get a hold of people who knew them. And what I realized, there's no record, there's no record of half these people, because their families did not want people to know that there was eight. So there were no upper bitchu Aries, there were no like, luckily the person who co manage the speaker's bureau with me and work with me at the health department had saved a lot of clippings, we were in the newspaper a lot as a speaker's bureau and that kind of thing. But what she did, this was my big gift is she recorded with an old fashioned tape recorder, this is back in the days, you know, people speeches, and then she had, she took that recording and typed up, word for word, these

speeches from people on our speaker's bureau. So the crazy thing is, the middle part of that book is actually, I didn't make up the dialogue. It's actual people's words, that died like 25 years ago. So that was just crazy to get. I didn't know she had that. And when after I got it, I just felt this deep feeling that I didn't want these wonderful people who've literally risked all that stick magical public and educate. I didn't want their lives to be forgotten. So that was a real motivator for me. And in writing this book when I did, plus, I was I was isolating pretty seriously during COVID. So gave me something to do, actually, too. So it was kind of a timing thing. And then just a real compulsion to not lose history. Yeah.

 James Geering 2:02:02

Did you find an element of catharsis when you actually finally put it on paper?

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Yeah, I mean, I, gosh, the first, my first version of this book was so long, I mean, I just, I don't I'm a real good fact keeper. And I just didn't want to leave anything out. And then I was like, I could die. Well, at least every someone who's a writer can take this and actually write a good book, right? And, and then, when Jenny Connor came in, to help me and we known each other and done jobs together for 20 years, but she's 40. And well, 39, she's my daughter's age. She was so helpful. She was like, this is way too much information. Nobody needs to know this about you. So she was really good at like just cutting stuff. And it felt good for me to have someone with a you know, different perspective. And then she was also, you know, really good at bringing in culture and humor and breathing spaces for people like this book needed breathing spaces, you know, it was too much. So we worked and worked and worked on that. And then after we got a publisher, our editor there also cut it again, because mostly because in our culture right now, you can't go above about 75,000 words unless you're Prince Harry. I mean, like, one paper is really expensive. And we have a really short attention span, which is why I wrote short chapter essay. Yeah, people and we have an audiobook. So like, I tried to cover the bases of like, really busy people in the world who are overstimulated, you know. So we cut it again. And I think we got it down to 81,000 words. And then they said that was good enough.

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But it was a real, I kind

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of enjoyed cutting it at, you know, after three years of kind of writing it. I'm just like, Yeah, got it. It'll be a better book, you know. But what's great is, you know, I have every version of that on my computer. So you're not really giving up anything, you still have all these copies. It's not like, in the movie Little Women were, they throw the manuscript into the fire, and it's lost forever. Like, it's not that so it was a lot of letting go of things and trying to decide what was

the what was the part that was, was gonna hold together with the bigger perspective of the book. So I've actually had a couple of the cut chapters published as just essays. So you know, there's more out there.

 James Geering 2:04:39

Brilliant. Now for people listening, listening that want to buy the book, where are the best places to find it?

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Oh, well, I mean, you know, Amazon has the book game and so of course it's there. It's in a lot of it's it's through just you know, a publisher so you can really get it anywhere if they order book bucks because it's from the biggest book supplier in the country. But we're also at Barnes and Noble. We're at several Seattle area local bookstores, you can ask for your library to order them, because it's really easy to do. Yeah, so it's kind of just everywhere in the world. But if you go to our website still positive.com, it'll show you like 10 options that you can just click on and the book will appear. So yeah,

 James Geering 2:05:29

brilliant. And then what about the 3030? Project? Are you still receiving donations for them?

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Well, what we did with the book is we opened up a fund called the 3030 project Legacy Fund, as all of the proceeds, all of my speaking about the book, go into the fund, and we donate Jenny and I donate that money to organizations that continue this idea that people deserve health care, and we donate it to organizations working towards health care, access and equity.

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So

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yeah, so indirectly, the 33 project is closing out. And as construction for change, continues, eyes continue to support them, and they continue to build health care centers, around the world. And and in the US. So there's, there's that but as far as the 3030 project goes, there's actually a banner at the top where you can click on it and give to the 3030 project Legacy Fund, which just goes into our health care fund that we donate out.

 James Geering 2:06:30





James Geering 2:06:38

Excellent. Well, Julie, I want to be mindful of your time and now you've got to go off and get back into the cross country world. So I want to thank you so so much for being so generous. This is such a needed topic to revisit because a lot of people it's you know, it's gone in the ether for a lot of people in their minds. But the journey that you've led us through obviously, that the book that you've left us with is incredible. So I want to thank you so so much for being so generous with your time and coming on the behind the shield podcast today. Thank you, Jameson. Thanks for having me on. It's been great