

**Queer Newark Oral History Project**

**Interviewee: Gwen Davis**

**Interviewer: Lorna Ebner**

**Date: September 27, 2017**

**Location: Conklin Hall, Rutgers- Newark, NJ**

*Lorna Ebner:* Today is September 27<sup>th</sup>. My name is Lorna Ebner and I am interviewing Gwen Davis at Conklin Hall for the Queer Newark Oral History Project. Thank you so much for being here. Just to begin, could you tell me about the gossip that's circulated around Irvine Turner?

*Gwen Davis:* Okay. The gossip being ...?

*Lorna Ebner:* The gossip being about his preferences in a partner.

*Gwen Davis:* Oh, I see. Well, as I had said earlier I'm not—I don't know that kind of gossip. I know that he hung out with my parents or a group of young people that used to hang out on Friday and Saturday, drink, have a good time. They would come to my parents' house because my father had brothers, so there was three brothers besides my dad, two sisters. My father came from a big family. My mother came from a small family, but they all seemed to gather in Newark on—excuse me—an address at 26 Hillside Place. They just hung out each other. Had a good time laughing and talking.

I remember when Irvine Turner decided—he was really I guess politically minded and he got an opportunity to run for office and he kind of backed off from my parents. They didn't have the same relationship. They were still friends, but it wasn't that he was hanging out any more and trying to hang out with the Tates because he had other things in mind. I believe shortly after that that he did get married. As far as anything else, I wouldn't know anything about the background because I was maybe five or six and I didn't spend that much time. I just knew that he was there, that he would stay a while and they do whatever it is that they did, drinking, laughing.

I was an only child so I just kind of peeked around every now and then but—or see what happened after everybody fell asleep or everybody went home. I would come up into the living room and look around and see what was going on, maybe see what was in the glasses (*laughter*) and take a swig or two of what was left over. They discussed everything, a lot of politics, a lot of arguments about employment and that was their life. That's what they did on Friday—movies. We saw a lot of movies. We went to the movies a lot. There was a lot of discussion about movies but nothing that I know of that was really serious or that they said anything about him. That's why I'm sorry if I gave him that impression, but I was just saying that I did know him and he knew my family. I can't tell anything about his personal life because I really didn't know because as I said I was just a kid.

*Lorna Ebner:* Well, then my only follow-up question is were there other local figures who had that kind of gossip circulating around them that you knew of?

*Gwen Davis:* No. I'll be 78 in two weeks. They wouldn't put that kind of gossip out in front of kids. They really wouldn't. I don't even think you would even overhear it because somebody was always watching you and making sure you behave and that you where you belong. I'm sorry if that's what he thought I had information about that I really didn't. I'm trying to remember as I became an adult and he was still here whether I heard anything like that. I don't remember hearing any gossip about that.

*Lorna Ebner:* Okay. Well, thank you so much for that. Today is September 27<sup>th</sup>. My name is Lorna Ebner and I am interviewing Gwen Davis at Rutgers Newark for the Queer Newark Oral History Project. When and where were you born?

*Gwen Davis:* I was born in Washington, Pennsylvania in 1939 October 14<sup>th</sup>.

*Lorna Ebner:* I'm October 15<sup>th</sup>.

*Gwen Davis:* Are you?

*Lorna Ebner:* Yes, ma'am.

*Gwen Davis:* That's why we get along so well. We're Libras. We know exactly how to behave.

*Lorna Ebner:* Yes, ma'am, we do. What was your neighborhood like growing up?

*Gwen Davis:* Well, I've spent up until—I guess maybe I was nine—I stayed with my grandmother in Washington, Pennsylvania, but we lived in a little suburb called Lincoln Hill that was kind of outside. Washington was like the city and Lincoln Hill's like the suburb. So it was just a community of people with their own little houses, their own little thing. My grandfather was a coal miner and everybody in that entire village were coal miners and they were mixed. We were black families, white families, they all lived together, they all knew each other. I stayed there—like I said, every summer I would come see my parents. That's how it was probably—I knew Irvine Turner because that's where my parents' house was but I went to school in Pennsylvania until my grandmother died. When my grandmother passed then my mother came, got me and—

*Lorna Ebner:* What age was that if you don't mind my asking?

*Gwen Davis:* I was eight years old when my grandmother died.

*Lorna Ebner:* I'm so sorry.

*Gwen Davis:* Yeah. I had an aunt—my mother has a sister and my mother's sister which I call my auntie, she also lived in Lincoln Hill. After my grandmother died she kind of stayed to look after my grandfather. Then of course she got married. She had her own house in Lincoln Hill —then it turned around I went to school here in Newark and spent my summers in Lincoln Hill.

*Lorna Ebner:* It was quite the switch.

*Gwen Davis:* Right, quite the switch. I continued that until I got—I guess till teenager, until I was I guess eighteen, nineteen and I would still go. It was like my vacation time after that. My parents lived here in Newark.

*Lorna Ebner:* What are some of the challenges you faced in high school—or in childhood? Sorry.

*Gwen Davis:* Other than that traveling back and forth (*laughter*). I don't recall any serious challenges. I was always overweight when I was younger. I'm still a little overweight now, a little bit (*laughter*), but a lot overweight when I was younger. Being an only child there weren't no real challenges because there was nobody for me to argue with, nobody for me to really play with. I was kind of quiet and laid back. Both my parents worked. I had a lot of babysitters when I was here and working during the summertime or when I came back and went to school on a regular basis. My father's uncles and—they would babysit me because my mother worked evenings and my father worked days. I saw a lot of movies. There was a small theater not too far from the house. Maybe about two blocks. It's now Masonic Hall and years ago—

*Lorna Ebner:* Sorry, do you just mind repeating that address?

*Gwen Davis:* Where we lived?

*Lorna Ebner:* Yes.

*Gwen Davis:* 26 Hillside Place.

*Lorna Ebner:* Thank you very much. There was a theater right down the road?

*Gwen Davis:* Yeah. It was a theater on what's known now as Irvine Turner Boulevard. It was Belmont Avenue then and it was called the National Theater. Sometimes since my mother worked evenings, the theater was open in the daytime so I'd go to the movies with her in a day and I would also go to the movies in the evening with maybe my uncles or my aunt (*laughter*) who was available. I spent a lot of time in the movies. I loved movies. That was my entertainment basically. There weren't a lot of kids around and the house that we lived in, there were some older kids. I was friends with one of the kids, a young girl, but she was older than me. We were friendly but that was about it.

That was when I was much younger. When I came to live here on a permanent basis my parents had moved to 145 Ridgewood Avenue and I went to Miller Street School. Then my family got together, aunts and uncles and my father's brothers and sisters and my mother who lives by herself. It was me and my mom really. They decided to buy an apartment house, three-family house.

*Lorna Ebner:* Oh, wow.

*Gwen Davis:* Then we all lived in the same house. In fact I live there now at 182 Hawthorne Avenue in Newark. I lost my train of thought. Anyway, they bought the house and then I went to Peshine Avenue School and from Peshine Avenue School I went to Weequahic High School. I heard you say something about nursing?

*Lorna Ebner:* Yes. That's gonna come a little bit later, but if you'd like to go into any part of that now—

*Gwen Davis:* I don't have a nursing degree.

*Lorna Ebner:* Really?

*Gwen Davis:* Right. I don't have a nursing degree but when we start talking about HIV and AIDS and STDs, you'll understand what's going on—but when I came along when you went to high school you really were being prepared for college. If you didn't have an opportunity, you still got a pretty good idea as to what the world was about and what things that you need to know. Of course they always said women were gonna get married still in my era, so they taught you how to sew and taught you how to cook (*laughter*). Either you got married when you got out of high school—very few of us went to college. A lot of them got married when they got out of high school. Of course I didn't because I wasn't interested in getting married at that time, but that's how life was. They always prepared you to be a wife and a housewife and to be at home with your children. It wasn't like—you weren't demanded to go to college. You didn't have to—

*Lorna Ebner:* You said you always wanted to go to college?

*Gwen Davis:* Yeah. I took a lot of courses in—I kind of miss not going but—and I was gonna be this great singer so maybe I really didn't need to go to college (*laughter*). It turned out so that I'm not the great singer, but I still belong to different organizations. I belong to the *Newark Chore Society* and I did some independent singing and then of course you sing in church. My church was right up the street from me.

*Lorna Ebner:* Well, that is a perfect segue to my next question which is what role if any has religion played in your life?

*Gwen Davis:* Okay. I was baptized at twelve years old, went to Sunday school every Sunday, went to church every Sunday until I got older. That had something to do with my job and also something to do with church at the time. Sometimes Christians don't always act right. They're sometimes very mouthy and argumentative and have a lot of things to say. As you get older you sort of have your own opinion about how you're gonna do things. I worked every other Sunday I believe and so the Sundays I had off I would go to church but at that time we were involved in trying to get a building. There was something called a Building Fund and every Sunday there was a big discussion about it, sometimes have argument about it and I would leave church very angry. I said this is ridiculous.

When I try to go to church on Sunday feeling good about myself, all dressed up, go to church, and then I come back home I'm really upset with how they behave or things that they said. Sometimes our minister didn't know how to keep whatever you told him to himself so he would blurt out into the audience, not give the person's name but describe the person so you know who he's talking about (*laughter*). Why? Why would you do that? I just couldn't take it anymore.

Then I would visit other churches. When you work with people you visit their home church and I sang in their choirs a couple of times or as a guest singer. Now I'm in church every Sunday, read my Bible every day. Not because I'm old but I'm feeling like a kindergartner because I feel like I've missed so much by not going to church. I belong to a church and have a dynamic minister so he's peaked my interest in knowing more about the Bible and more about Jesus and how to stay in communication with him. I know that I've always prayed. I just didn't go to church because I don't think that I've come this far without some help and I'm not talking about human help. It has to be spiritual help or divine help. I haven't had any real tragedies in my life other than parents are dying and families that are dying, but nothing real serious. I've been sick but it was a illness that I got over and I wasn't in a whole lot of pain. I think the most painful I had was having children (*laughter*) and then you don't remember that so it doesn't happen—you just know it was pain because it's not pain you can describe. I've had a good life. I can't complain, not really. Not at all.

*Lorna Ebner:* That's wonderful to hear. Onto the Newark portion of the interview, what is your earliest memory of Newark?

*Gwen Davis:* Living on Hillside Place. That was my earliest memory and there was kindergarten. I went to kindergarten here. I just remembered that.

*Lorna Ebner:* Really? (*Laughter*)

*Gwen Davis:* There was a kindergarten right on the street, Charlton Street Kindergarten. I went to kindergarten there and that was after kindergarten I had to go back to—I really don't know why my mother sent me back to my grandmother's but when I got back to my grandmother's I was in first grade. I know I went to kindergarten here and I remember the tables and the chairs and the kids and I loved to eat chewing gum. I went to sleep with this chewing gum in my mouth. I woke up, this chewing gum was in my hair.

*Lorna Ebner:* Oh no. (*Laughter*)

*Gwen Davis:* I went to school anyway with this chewing gum. Well, the kids then teased me and I was so embarrassed because my mother had actually cut this gum out of my hair. That was my most embarrassing moment in kindergarten. (*Laughter*)

*Lorna Ebner:* I love that.

*Gwen Davis:* I never did that again.

*Lorna Ebner:* Oh my gosh.

*Gwen Davis:* My parents, they were friendly warm people. I can't say that my father was annoying and didn't annoy my mother, that they didn't have their arguments and whatever, but they were open minded and they were kind people. We had good times at that time. My father wanted to be an actor but in the circumstances of him being black it just didn't work out the way he wanted it to. He and my uncles, they had great voices. They had formed a quartet. They would sing a little bit in church every now and then, but I guess my dad some disappointments, but he worked real hard and he took care of us. We can't complain. I don't ever remember my mother not working. I think when she first came to Newark she probably did housework because her sister came with her and my aunt lived next door for a while. Moved to the 26 I think, that was either 24, 22, I'm not sure. My aunt had a room that she rented from this lady but we could talk to each other. It was like the window was here where that picture is? Bedroom was here and we could almost touch each other through the window. We could talk to each other.

*Lorna Ebner:* Oh my gosh. It's like maybe seven or eight feet apart.

*Gwen Davis:* Right, right.

*Lorna Ebner:* That is wonderful.

*Gwen Davis:* Uh-huh. Yeah, just that close.

*Lorna Ebner:* (*Laughter*) How has Newark changed since then?

*Gwen Davis:* Oh, tremendously. Tremendously. Newark has changed since I went back home to stay at the Hawthorne Avenue. Across the street from me when I was growing up there was a service station up the street, there was a bar in the middle of the block, there was a hardware store on the other side. There was a confectionary where they had candy and ice cream. I can't think of the name of the place, but all that was on Hawthorne Avenue itself. There was an Italian grocery store across the street. There was a Jewish grocery store around the corner. This is when we moved there and I was, what, twelve? Eleven? Maybe eleven. There was an Italian confectionary store too across the street. Next to that was a pizza parlor. Down the street there was nothing, but it was also an industrial area. There was still some factories that were still open, railroad tracks further down. Nice neighborhood. Everybody got along for years, for years. Oh, there was a bar in the middle of the block, there was a bar across the street, there was another deli up the street. The dentist was up the street, the doctor was down the street. It was just a really nice neighborhood and everything was at your convenience.

All of a sudden there's nothing there now, empty buildings. There's a trucking company across the street from us now. There is a grocery store around the corner of what's known as Bergen Street, but this whole block had something going on when we moved over there. It's changed a lot. It's not recognizable really. Now people come to the house or I

have somebody come to the house they can't find the house. I don't know why. It's the only two houses on the street (*laughter*) and it's next to a lot, but somehow or another people pass by the house. Used to be a bus stop right across the street. The Twenty-seven bus across the street from our house and forty-eight bus was up the street on Bergen Street and Hawthorne Avenue. Nine Clifton bus, all the buses. It was convenient. Peshine Avenue School was just behind us a couple of blocks. So it was like—you couldn't ask for a better neighborhood and all of a sudden it changed.

I guess perhaps while I was in high school you'd be getting into this change because actually, even though there was some Italians, the neighborhood was really a Jewish neighborhood right from the beginning. Further back across Bergen Street they had the one-family houses, not so many apartment buildings and whatnot. Really nice neighborhood. Movies on the street. There was the Park Theater and all the kids—well, the young white kids from high school hung out there on Friday nights and did their own thing. Just like you see in the movies they hung out—

*Lorna Ebner:* Really?

*Gwen Davis:* Yeah. (*Laughter*) They hung out in the movies like that and hung out on the street. Yeah. They did.

*Lorna Ebner:* Are there things about living in Newark now that you found difficult or frustrating?

*Gwen Davis:* I guess I'm part frustrated thinking about the—that stupid trucking company that's across the street doesn't have no respect. I guess maybe they don't realize—because there's only two houses on the street—*[sneeze]* excuse me—and once in a while behind the apartment building next door to us it's empty. Sometimes there's people there, sometimes it isn't. I'm annoyed at the fact that they don't seem to care how—well, I guess they're open twenty-four hours and they just make all kinds of noise. Even the people when they're on—they're talking, they're talking on their phones, you could really hear them through their front window. That's how loud they are.

Newark is shaping up to be—even Hawthorne Avenue a little bit is getting somewhat better. Below Hawthorne Avenue they've had some new apartment buildings and fixed up things pretty good. Next door to us now is the doctor's office and some store fronts. There's the back of what used to be a hardware store, the front of a hardware store, and he just left it. It was a cleaners originally where—the cleaners, and they also cleaned on the property as well. That was really nice. Now the building is just there because there's no one there, so the trees are growing up and of course the leaves are in the yard now. Further down there's an empty lot but it belongs to the church that's behind us. That's all that's there now, two houses, mine and the people next door and that's it, an empty lot and a fence and it used to be a busy, busy area. Even before the gas—but that gas station was there for years. It was an Exxon gas station right across the street and next to that Exxon was another store and below that was some homes.

My best girlfriend, she lived right on the corner of Hawthorne and Peshine Avenue. We went to school at Peshine Avenue and then of course we got to high school. Her parents moved out of town. I guess actually the neighborhood had begun to change a little bit so her parents were willing to move to the suburbs. I haven't seen her since she moved. That was a long time ago. Then they brought the highway through, cut off streets but it's coming back a little bit on this hill. I guess it will get better.

*Lorna Ebner:* It's an exciting time to be here it seems like.

*Gwen Davis:* Yeah, right. I've seen some changes. I've seen some differences. There's a lot of churches in our neighborhood. I don't know why. My original church that I used to get angry with, they were in the neighborhood about two blocks from where I live. But that's that church and there's another church on the corner. You would think that with so many churches in the neighborhood things would be a lot better but they're not. There's a church right in the middle of the block where the hardware store and the cleaners used to be (*laughter*). It's funny because that—and it's a small church—I haven't really been—you see inside of it when there's open—summertime is open—and then on the—during the summertime like in July they have some kind of conference where they—put a tent outside because there's a large lot next to them. They give food away which is a good thing, on Fridays. They have people come and there's food to eat.

*Lorna Ebner:* That is very nice.

*Gwen Davis:* That's a good thing. It's a small church and they're doing positive things but so many churches. We could do better in the neighborhood as far as helping people but they don't. Not really.

*Lorna Ebner:* Well, thank you so much for sharing. We're gonna move on to the next part of our interview. Now Miss Gwen is a unique interviewee because though she does not identify with the LGBTQ community, she worked with them intimately during the HIV/AIDS epidemic and so we're really curious to hear her take. We have some really exciting questions for you.

*Gwen Davis:* Okay. I'm ready (*laughter*).

*Lorna Ebner:* You mentioned earlier that you didn't actually get your nursing degree.

*Gwen Davis:* Right.

*Lorna Ebner:* How did you get involved with patients?

*Gwen Davis:* Okay. Hmm, good question. Back in, well, I guess 1983? First of all I kind of was an open person so I worked at University Hospital. Of course it wasn't University Hospital then. It was City Hospital and I worked in the emergency room where I did interviews, the intake part of the patients coming into the hospital. When you work in the emergency room you run—you get a lot of information and we get to know people and



you get to know people's behaviors. I always liked that job. I always liked being around people and helping people if I could.

I took an exam in order for you to work at the City Hospital or work for the city you had to take a civil service exam. When I got out of high school I didn't go to college so I decided that I would try to get a job, a civil service job, because that was then. Of course that's changed now. It was a very dependable job which means that you're gonna get this job you're gonna get a decent salary, you could get health insurance and that you would maybe even have a pension in the end. That was the drive for me, to get this job solid, have steady income. I took the exam and I passed the test, went for an interview and they gave me the job.

I was a—I can't even remember what the title was—but actually what we did was just did intake with patients who come in. We would do exactly what you're doing now, interviewer. We were interviewer, but we also—when we weren't interviewing patients in the emergency room, we were also responsible for trying to collect money at that time. It wasn't like totally free by the time I started. At first I believe that it was a hospital that you could go to for free for your healthcare, but as time went on I guess they needed funding. If you could pay, then they really wanted you to pay. Once you were admitted to the hospital there was follow up—if you didn't have a hospital insurance, then there was a follow-up as to—you know, if you own property, if you have a job and you're working then you could afford to pay something. Then they would bill you. That was part of my job.

*Lorna Ebner:* On these interviews that you're talking about were those recorded?

*Gwen Davis:* No, they weren't recorded. It was just charts. Actually they were charts. The medical chart and this interview chart they all went together and filed away. Then what would happen is that they would send—the information would come back to us that Mr. So-and-So, review his chart and see if he can afford to pay and then that's what we did. Then we would make phone calls and see if this person was—or if this person said they were employed, then we would go back to him and ask him how much they made and where they lived and just regular interview questions trying to get money. I stayed at that job for eight years. I really liked that job and got a chance to meet a lot of people.

At that time the hospital was set up where you had to work twenty-four hours and I had to work—there was somebody always on duty so I started working nights. I worked from eleven to seven at night (*laughter*). It was interesting. I was there during the riots—

*Lorna Ebner:* Were you?

*Gwen Davis:* Yes. Yes, I was there during the riots.

*Lorna Ebner:* Could you tell me a little bit about that?

*Gwen Davis:* Sure.

*Lorna Ebner:* I know that's a little bit off topic but that sounds unique.

*Gwen Davis:* Yeah. In 1967 I was pregnant with my son and I was working of course in the emergency room and the first—in fact, when it started I was already working because I—that was my week to work nights and to work the weekend. Friday night when the patients were coming in and the police were there and people had been shot, it was just—it was horrendous. We kept working. A couple times we had to get down because they thought they were firing into the hospital, but they weren't. I don't know what the noise was but you know how rumors get around and everybody's already upset and excited.

We admitted our patients in. We did what we had to do and all the patients were all lined up in the hallway. Then when it was time to go home we weren't sure whether or not we were gonna be able to go home because at that time they hadn't really gotten things settled up and they had called in the—what do you call them, the soldiers from the Army?—

*Lorna Ebner:* The National Guard?

*Gwen Davis:* The National Guard. They called the National Guard in. I remember getting a ride home with an ambulance driver. He drove me to my house. Then I didn't go back to work that Saturday night because I—actually I was kind of afraid and I was worried about my baby and I said I'm not going back. After they quieted down and then they started making noise like on Bergen Street which at that time I lived on Lehigh Avenue in Newark. They were breaking out windows over where my parents lived because there was the cleaners and there was still the bar and other places on Hawthorne Avenue that people, they were just breaking in. I was kind of worried about my parents but they were okay. Nobody did anything to them or anything to the housing but they were up and down the street and making a lot of noise and just carrying on something terrible. It was scary because you didn't know what was going to happen. I don't know why they were in that—our neighborhood breaking up things. Seemed like to me if you're mad at somebody else across town, that's where you need to be, over there, you know, breaking up their stuff way more than break up your stuff.

Then there was the National Guard they finally brought in water and they brought in some food because some people were stuck in places that they couldn't get out. I would never want to go through that again because you can hear gunshots. I mean they may not be near you but you could certainly hear. You don't know whether they're firing at—the officers firing at somebody or they're firing at the officers. It wasn't a good situation to be in. When it quieted down that Sunday night I did go back to work that Sunday and it was pretty quiet. Things had gotten kind of organized and the National Guard was still in town so things had quieted down quite a bit. I try not to even remember that time if I can help it because it wasn't pleasant at all because they kept saying maybe they're gonna come. Even though I didn't live in a neighborhood where there was a lot of stores—down on Bergen Street that's where all the stores were—and you could just hear the noise. I was there at the hospital and saw people that had been shot and some of them were

wounded. I still see this man laying on the cart and they had shot him I guess with buckshot because he had, I don't know how many bullets in his legs, small little round pellets like in his legs. It wasn't good at all.

That's where I guess I got my experience because I wasn't afraid to see people come in badly hurt. I saw a lady come in once with a knife stuck in her head. She and her boyfriend had a big argument and he stuck her in the head with a butcher knife. She came in the hospital. He was drunk. It was terrible. Terrible. You're seeing a lot and I had also seen people that have venereal disease. When the opportunity came and there was a test, a civil service exam, and they were looking for people to—as a VD investigator, I decided that I would go take that exam. I went and I took the test. I passed the test and I got hired at City Hospital. So that's how I got there.

*Lorna Ebner:* VD, just to clarify, is venereal disease?

*Gwen Davis:* Yeah, venereal disease and that was the fancy name. I think it's called STIs or something like that (*laughter*), sexually transmitted infections I think it's called now. It doesn't change the fact that it's still a disease.

*Lorna Ebner:* Thank you very much. When did you begin working with HIV patients?

*Gwen Davis:* Back in 1990, still in the same office, still an STD program but they had—I guess because of the way HIV was first presented, they wind up having two programs. They wanted to have this HIV/AIDS program. They also wanted to have the STD program. Well, the STD program has been around forever because of the disease and especially it becomes a syphilis because that's something that's cyclical and that it really never really goes away. There needs to be someone to check on that. It was an STD program, TB program and along comes HIV/AIDS.

It was back in, I guess 19—or maybe '83 our supervisors there at the STD clinic went to a conference and they were discussing what was going on with AIDS. Well, at that time they didn't know what was happening, but they was talking about this disease and how it was maybe taking over most people and people were dying. At that time, the STD clinic, we weren't concerned—involved. We had heard that something was going on and at that time they were talking about being in the Haitian population. Some people that were coming from Haiti they were being examined. I remember our doctor examining a small baby they thought that may have been infected but the baby was fine he said.

Actually, the STD clinic really didn't get involved. They still kind of kept us separated for a good while. They even had people that come in to interview our patients for AIDS—I mean for HIV and they were there for STD program, but they had a group of people coming from Saint Michael's Hospital that had been sent to CDC and had been trained to interview people and ask them if they wanted to take a blood test. Now they took the blood but they took the blood back to Saint Michael's at that time. That's how separated we were.

*Lorna Ebner:* Wow.

*Gwen Davis:* Yeah. Eventually that changed but that took a while before that happened. We're talking about blood tests coming out in 1985 where they were able to determine whether or not you did have the virus.

There was still this gap between STD clinic and I guess it has something to do with money because this new program, a lot of money was put into the program. Then they didn't want to talk about STDs that much and they didn't want to talk about drug addiction. It was not a good time. I don't think it was a good time for patients because they felt kind of isolated because I'm talking to you about your sexual habits and this person over here is talking to you about your drug habit or whatever else you're doing when we know basically if you're doing drugs there's a possibility that you definitely gonna be involved in sex or that you're already having sex and you started doing drugs after the fact. They didn't see it that way.

*Lorna Ebner:* When you say that it was presented differently...?

*Gwen Davis:* Yes, it was presented differently. In my view it was because they had—we had a different way of going about talking to a patient about their disease and it was sort of—how can I describe this? We wanted to know how you got the disease, when did you first discover your symptoms, if you had any symptoms at all, did someone tell you that you were in contact with someone that had a disease? Actually what brought you to the clinic? We were kind of like determined, if you walked into a clinic and you do have this disease, and let's say for instance you wind up and you have syphilis and you wind up and you have gonorrhea, we would like to know who your contacts are because if you have this disease, that means two more people are involved, right? These two people are not notified they have it. That means two more people or maybe three more people are involved.

This is how we kind of interviewed our patients because we really need to know, so if you can't notify this person then it's up to me to go out and say to this person, you've been in contact with someone that has this disease or you've been in contact with someone that has gonorrhea or someone who has syphilis or you've been in contact with someone that has chlamydia, you need to come in for a checkup. We were like persistent because we know what the ramifications are and the short-term ramifications, not long-term. Whereas the HIV interview was more like, we're sorry you have this disease, there's nothing really that we can help you with at this time but we'll try to make you comfortable as possible, give you some hints how to take care of yourself and how to take care of your body. They weren't interested in who you may have passed this onto. They would ask but not in the same—I guess in the same way that we did. We were much more demanding. They were more softhearted. I can imagine that too, being soft about the problem and really like—because that person that's got that disease, they really need to be taken care of. Actually you don't want to hear that maybe you involved someone else.

It was kind of tough for them and I can understand that. They had a different kind of training that we had. I think we were more aggressive than they were. I think that set us up with the different ideas. They had someone come in to do those interviews and asked them if they wanted to take the test and talk to them about the disease, whereas our clinic is still going on because they were in our clinic. They had a special room and special way of talking to their patients, but if that patient wind up having an STD then they talked to them in a little bit different manner. This is information that we need to know.

They wouldn't tell us if this person was affected. All their information, all their charts went back to Saint Michael's Hospital. We didn't know whether or not this person was infected or not. Eventually that changed. We just became one big office. Around 1990 I took the exam and I passed the interview so I became an HIV counselor as well as an STD interviewer. It's a combination of both and it was a lot easier then because what we would do is see the patients before they were examined and ask them if they would like to take the blood test because that's what we really wanted to know if you were interested in taking the blood test. Since you were here at an STD clinic, there's a possibility you've been in contact with someone that has the disease.

Then I was in this room and I did most of the interviews at that time and they pulled out some of their people from Saint Michael's. They went back to Saint Michael's. Our STD clinic kind of took over that spot. I guess after a year later our STD people were also trained to do the HIV interviews and also receive their certificate. Basically I don't know—well, like I said, I guess it had something to do with money and who wanted to be in charge. There's this person that wants to be in charge of this program and there was a person already in charge of this program and it seems to me that we were working with something that's overlapping each other, just push it to the same program. In the end before I retired they wind up being HIV/STD program but STDs are still kind of separate in a way, but we did eventually come together and work together like we should have in the beginning but it took a while.

*Lorna Ebner:* Was it known how the disease was transmitted from the implementation from the very beginning of the HIV program at Saint Michael's and at City Hospital or was that found out later?

*Gwen Davis:* No. I think that they—it was known that it was definitely true that you could get it through sexual contact and through of course using IV drugs. That was one of the basics of the program. They knew what was going on so that's why eventually they kind of came together because why would you separate something that you know that actually this person really can't get this through anything else other than perhaps through sexual contact which is the most easiest way to get it and through needles. Of course there's a drug program and there's a STD program and there's an HIV program and all that but that was ridiculous. Eventually they came together though and we all worked together but it took a while. I guess with this so-called people in charge there was probably a lot of arguing and whatnot going on because everybody wanted to have their little piece of the pie.

*Lorna Ebner:* When did the HIV epidemic become apparent in Newark?

*Gwen Davis:* Oh, good question. I wouldn't say apparent in Newark. I think we all knew this from—hmm, I don't know what the higher-ups knew about this program but it was just sent down to us back in—I guess 1985 when we really had the blood test. That's when it really came to fruition that we had to do something about it because up until that point they knew that there was this disease. In fact, we had a couple of—at least one gentleman that was working at our clinic—not working at our clinic but worked for the health department. He was a gentleman that worked in our copy room. He was very, very—all of a sudden he became very, very sick and when he would come and see us you could tell that he had lost a lot of weight and there was something going on with him. He was telling about the doctors and he was saying that they didn't know what was wrong. They had no idea what was going on. That was in there. That was in the '80s. I guess that was maybe '86, '87. You could see the changes in him but no one knew at that time and they weren't calling it at that time HIV and AIDS. He passed I guess from the disease or because of the disease and it was still hush-hush.

Even if Newark did know something about it, they were not talking about it that much and we hadn't seen that much of it in our clinic so there was no percentage to go on that a certain amount of these patients are infected and that we need funding. It was not until I guess the way they distributed money. It depend on how many people that were infected through measuring it by population at that time. With a hundred people and maybe only three were infected, then there was no cause to give you any funding for certain program. I think that's how it worked. At least that's the way I assumed it worked.

*Lorna Ebner:* How did the city react to it, either from a government perspective or from a healthcare perspective or even on the ground level?

*Gwen Davis:* Well, I think we all were aware of it and we discussed it in a lot of meetings but I think we were kind of slow reacting to it as far as—like I said, it had something to do with how many people that you knew that were positive and how many people in that particular population that made the—that would make the difference. If there's only three people sick and there's—and the population is 30 people then you're not—I don't want to say 30 people—or if the population was a hundred people then you're not that concerned at first about it, that this not's happening to you, it's happening in South Jersey or maybe it's happening to another area or maybe happening in New York and hasn't come across the river yet. You're not really that concerned in the beginning.

*Lorna Ebner:* Which groups of people were most affected by the disease?

*Gwen Davis:* You know, it was very difficult to tell that by way of the STD clinic. Eventually, I guess back in 1990 after I got my little certificate we start doing more blood tests—well, we did blood tests anyway for syphilis but we weren't doing—that was the responsibility of someone else that did the AIDS blood so we would send it to Trenton. That's difficult because we didn't see it—or people think STD clinics that you see a lot of

gay people. We didn't see a lot of gay people in our clinic which surprised me when I started working there and I—is that my phone? Nobody ever calls me. Sorry about that.

*Lorna Ebner:* Let me pause this really quick.

*[Pause in recording]*

*Gwen Davis:* Right. I have to go back because when I first started working at the clinic I had my ideas as to who would be coming to the clinic and who would not be coming to the clinic and I realized that that—my ideas were not quite right because I saw a lot of married people, a lot of housewives, not a lot of gay people because I guess we're so close to New York so they would prefer going to New York than coming to Newark if they could help it. A lot of young people, you know, teenagers. But no one—not that many people that identified themselves as being gay. It was hard to tell about that population who was gay, who was not, who had HIV and who didn't. Even when we started doing our own, that we did our own HIV interviews and tests we still couldn't determine how many gay because either they admitted to it or they didn't. For the most part they didn't admit to it.

I can remember a gay, I guess transgender couple coming in. Sometimes they would make a lot of noise and act up and act out, but you had—and the way we interviewed our people for STD you weren't allowed to ask that person, "Are you gay?" You would let them try to admit it to them how they would say it to you, "I'm gay, child." Then I made friends with many of them. They would come and see me and ask for me specifically but they didn't come to the clinic that often. They may have had their own private doctor or they, like I said, went elsewhere to the clinic.

*Lorna Ebner:* What would be the procedure when somebody was identified as HIV positive?

*Gwen Davis:* We would recommend—Let me go back, because what happens, that after 1990 they decided that we would have an HIV program in the health department and in our clinic. I was I guess involved with that. We had a secretary, myself and at that time two interviewers from Saint Michael's Hospital and myself we did the interviews. We were in a separate filing system and everything, no longer involved with the STD program, unless that person had an STD problem. Say that again, you wanted to know about—can you ask me the question again?

*Lorna Ebner:* Oh yes, of course. I was wondering what the procedure was once people were identified as HIV positive.

*Gwen Davis:* Okay. What we did was if they were identified as HIV-positive we would call them in and sit down with them and let them know that they—the blood test came back positive. What we could do is that we would recommend that they could take the test again if they like to, especially if they didn't believe it because sometimes they didn't. That would be fine, if you wish to take the test again it's okay. In the meantime

we would give them a referral and the referral was to Saint Michael's Hospital. Now if they had some other problem with STDs, then of course they were treated there at our clinic. If they needed some other advice, there was not much advice we could give them in the beginning because we weren't set up for trying to give them any information. Actually the referral went to Saint Michael's Hospital, unless they were on drugs. Sometimes they would say that "I'm on drugs and I would like to get off. This is a good time for me," then I would try to call the hospital where—what hospital or what agency that was able to allow a person to come in. Maybe they had room for him or her to be treated without saying that person's HIV-infected because we wasn't allowed to tell them that anyway.

*Lorna Ebner:* Really?

*Gwen Davis:* Oh no, we couldn't say that, no. You can only tell that person. No one else would know that they were infected. It looks like you had to keep word. I spent a lot of time, sometimes a lot of tears, having to tell somebody that they were infected. It's hard to tell somebody that you have something and you really can't do anything about it, so you have to be more positive about what you're telling them and how you're reacting to it too. You keep a straight face. You tell this person they're infected. You recommend that either they can see their own doctor, if they have a doctor. If not, then we will set an appointment for you to go to Saint Michael's Hospital. They have a clinic there. They'll probably redo the test again to see where you're at and what your symptoms are, give them all the information that you can, set up an appointment if you can for them and that would be it. A hug. You don't want to be too sorry. You wanted to be positive but it was tough, it was tough. Sometimes after they would leave I would have to take a walk outside, walk around on the grounds a little bit and kind of relieve that feeling because it was an emotional thing at that time. It wasn't like it is now. It's a lot better. We have more to offer.

Then I started joining the organizations and trying to get as much information as possible because I felt that was my responsibility. If I'm gonna interview patients and I'm gonna tell them that they're HIV positive, I need to find out what it is that I can tell them other than making an appointment at Saint Michael's because he may not want to go to Saint Michaels. He might want to go to someplace else or they might to have their own doctor. So I needed to say to them, we're gonna redo your test again in three months, we're going—this is a diet that you can follow, this is some information that I have gathered that will hopefully help you, are you able to tell me your parents, is there someone that you need to let you know that you have this problem, do you need me to go with you, what are you gonna do when you leave here? because I guess a lot of people are under the impression that sometimes you hear that news that you may be on the verge of committing suicide, especially if you know someone that's infected or they told you that you need to take this test and you find out that you're positive, you don't know what that person's gonna do when they get that information.

That was the question that you always had to ask, what are you plans when you leave here? "I'm going downtown, I got some shopping to do." Would you like for me to speak



with your parents if you live with your parents or do you want help to tell your friend because you know you really have to tell you friend that something's going on with you and that you have an infection. At this time unless you get further testing we can't tell how long you've had the disease at this time and if you decide no sexual contact for at least ten days until you find out what the other test results are. It was not good. If you have to have sex then you have to make sure you protect yourself and protect that person that you're involved with then we gotta now ask who is this, who do you want me to tell, can I help you tell, do you need me to come and see your parents and talk with them? No or yes, can you come? I've gone to some person's house in the evening and sat and talked with the parents to tell them that they're not infected, that you can't get this disease by touching though, you can't get this disease by eating behind them (*laughter*).

*Lorna Ebner:* You were of course always aware of this?

*Gwen Davis:* Right.

*Lorna Ebner:* Did you see stigma around that kind of thing in the city and in health professions?

*Gwen Davis:* Oh yes, yes, yes. Oh, yes. Some—

*Lorna Ebner:* Could you talk a little bit about that or any specific experiences you had?

*Gwen Davis:* Well, we had one doctor—this is not even a time for HIV—but he would use his sleeve on his jacket to open the doorknobs in our clinic. We have special doctors that would work in our clinic with no problem, but sometimes even that doctor was out or either he had something else he needed to do and this doctor had to come downstairs and work with us.

*Lorna Ebner:* Oh my God.

*Gwen Davis:* Or peep around the door, open the door and peep out and see yourself have a patient here that's got syphilis and he's having a blood test taken. It was terrible. I used to talk about him really bad, said we don't need them down here, what good are they? They're afraid. If you're afraid how are you gonna be able to help someone that you're afraid of? If you're in the STD clinic and you're afraid to open the door up and you're peeping out the door to see who's knocking, you've got a problem and you don't need to be here.

*Lorna Ebner:* Did you sense any of that stigma when you did have to go with these patients to tell people to tell their families and friends and things like that?

*Gwen Davis:* Did I?

*Lorna Ebner:* Did you sense any of the stigma or fear?

*Gwen Davis:* Oh yes, yes. Yeah, from the families. Yes, of course and they didn't want to talk about it. Sometimes they didn't want to discuss it at all. Yeah, I've gone to the family and told them that she doesn't—or he doesn't need to eat in a separate plate, he's fine sitting at your table. There's only certain ways that you can get this disease but even if you give that person a kiss, you can kiss that person on the cheek, you can hug this person because this person's not gonna give you anything, this person's not gonna infect you. People were afraid and they didn't know what to do and they were afraid to tell their parents and they're afraid to tell their friends. It was not a good time for anyone and it wasn't a good time for people that were also doing the interviews and trying to pass out the information, but we would give the information that we had to let them know or take home with them to read it over and if you need help explaining this to someone, I'm more than happy to help you explain it and tell them the do's and the don'ts. This person can use your toilet (*laughter*). This person can even wash with your facecloth if they choose to, that it's gonna be alright. I wouldn't suggest that this person use your toothbrush because this person may have bleeding gums and we know that the virus is found in blood. This person can use your deodorant. There's no cuts, no bruises, everything is okay. You don't have to be aware of them or keep them in a separate room or let them sleep in another bed or change the linen every time they move. No, that's not necessary.

*Lorna Ebner:* That is really amazing the work that you did. I'm sure it was appreciated by so many people. Just [*inaudible* 0:57:26].

*Gwen Davis:* You had to have some humanity and some love in your heart to deal with people that almost seem like it's helpless, hopeless thing because—you can talk to a person if there's a cure. You know, it's okay, it'll be alright. I don't think cancer was as devastating as this disease nor did you have to keep it secret because you didn't want to tell anyone that you had it. It was also like you're shameful that you had it when it's something that wasn't your fault. There was a lot for the patient to deal with.

*Lorna Ebner:* It wasn't just physical. It was also very emotional.

*Gwen Davis:* Right, very emotional as well. I can remember so much fear that some young lady came to me and she wanted test results and she didn't want her test results, she began to hyperventilate. She said you're gonna have a heart attack in here before you even find out what the results are, don't do that to yourself, you have to calm down, calm down and I could tell you—and of course she was negative, but she just worked herself up to the point where she really—I wanna hear it but I don't wanna hear it. She was kind of upsetting me too (*laughter*). Then there are people that took it real hard that—you know, what am I gonna do? Then I would interview people knowing that they were positive and watch his girlfriend come in and have to tell her that she was positive but I couldn't—and he's acting like everything is okay. I wanted to hurt him but I know I couldn't and I certainly couldn't tell her—

*Lorna Ebner:* Even in that situation you couldn't tell—

*Gwen Davis:* Oh no, I couldn't tell her that this is where she got it from because she was so upset. She was just hysterical and kind of worried about him and he's sitting there and I really want to just say he's the reason because we know that a year ago—six months ago—you were okay. Now you just met this man but you didn't follow the rules, the rules are to protect yourself, but you didn't do that because you're so in love. Now you're HIV and he can't admit to you that he's the person that passed it on to you.

*Lorna Ebner:* Wow.

*Gwen Davis:* Then you have anger because he's staring at me and I'm kind of looking at him but I don't want her to see that I know that he's not telling the truth. He's trying to be nice and pet her and say it's gonna be okay and everything and I'm saying to myself it would be okay, you're the cause of this problem because you know. I know you know because I'm the one that told you (*laughter*).

*Lorna Ebner:* This fear that you were talking about earlier, was that directed to a specific part of the population or a specific group of people?

*Gwen Davis:* No. Directed to the big part of the population. They're afraid.

*Lorna Ebner:* Just in general in the city?

*Gwen Davis:* Yes, in general. Uh-huh.

*Lorna Ebner:* How long did this last or this persist?

*Gwen Davis:* Oh. For me I think it lasted for years. I think there's still some fear out there. I think they treat it differently now than they did years ago because TV stories were going on. I mean they were making TV shows about the disease. They were documenting cases about the diseases. There was conferences going on about the disease. Everybody was aware and the fear was still there. Then there were organizations, community groups that were popping up and especially for women because women were left off the group because when they decided this was a gay disease, they kind of left women hanging out over here like we weren't important.

*Lorna Ebner:* That's very interesting.

*Gwen Davis:* Oh yeah. They didn't have much because they—somehow or another they imagined that women couldn't get this disease. I don't know why but I guess they were so focused on the fact that maybe it was a gay disease they weren't so concerned about the rest of the population then they begin—but this is what you learn. When you're in STD program you learn the habits of people and how they really react, especially when it comes to sexual contact. Because a man will have sex with a man that's gay, it doesn't mean that he's gay. It just means that this is the person that he can have sex with and it feels good to him and he can go home to his wife or to his girlfriend and it feels good to

him over here too. It was not that he may be out there looking for it. If this is available he'll just take it but he's not gay.

People don't tend to understand that. It has nothing to do with what's here mentally. It's how he feels physically. He can just deal with that person, have sex and go on about his business. Sex is not something that lingers or that you have to be in love with to do it. If this man decides that he's gonna have sex with another man, then he goes home to his wife or to his girlfriend, she's definitely or possibly gonna get the disease. But they weren't thinking of that in terms of that in the beginning. They were thinking gay people and then they were also thinking drugs. Of course if you're using a needle and you're passing the needle around, yes, then people can get infected and women were just left out there.

Back in 1990 I think they had the first female conference where women were talking about getting infected with this disease or saying that it can't be possible because I'm a woman. Women aren't supposed to get the disease—

*Lorna Ebner:* Five years after this had actually become a testable disease?

*Gwen Davis:* Right. Women didn't know that they could possibly get infected. One of the ladies I can remember at a conference when she said—she was feeling bad, she went to the doctor. They really couldn't tell her what was going on but there was something that she just didn't feel good at all. Never dawned on them to even test her for HIV.

*Lorna Ebner:* Even in the medical profession—

*Gwen Davis:* Right. They weren't there. Women were just—for some reason they didn't think that women could get it at that time. I don't know why they thought that and this is back—I guess, yeah, early '90s—or either if she was on drugs, then maybe—a possibility that she could've gotten it if she was passing a needle with someone that was infected but if she wasn't doing—they never thought about the fact that if she was out on the street and she was being a hooker, that she could get infected. Just kind of shut them out for a while. Then when women started coming, doctors started taking the HIV test, giving them the HIV test, then it was come to the light that women are getting infected too. In fact, it's even worse because they're not only getting infected but they're getting pregnant and you're getting pregnant and you're also passing the virus onto your baby. In Newark we had a wonderful doctor that took care of these babies and taking—

*Lorna Ebner:* Do you happen to remember the name and are you okay with sharing it?

*Gwen Davis:* I don't remember his name outright. It's been so many years and things have gotten so much better till those things kind of fade away but there should be some information I guess in the archives at University Hospital because that's where he was, at University. I can't think of his name. I see his face and can't think of his name.

*Lorna Ebner:* By the time you retired was there a comprehensive way to deal with this disease or was it still unknown and seen as a fairly terminal—

*Gwen Davis:* Oh no. It was a comprehensive way of dealing with it, by the time I retired, yeah. It's still out there and people are still not protecting themselves and from what I understand is that the disease is kind of back. Not in the sense that it was in the beginning because nobody really knew what was going on. Then we had these groups of people that started community organizations.

*Lorna Ebner:* Yes. What was the aim of these community organizations? Was it more about prevention or was it how to deal with people who already had the disease?

*Gwen Davis:* It was more about prevention—prevention and education. I think that's what we really needed.

*Lorna Ebner:* Did this extend in the community and what areas of the community? Was this ever taught in schools or was this at churches or what aspects of the community was targeted?

*Gwen Davis:* Well, I can give you my experience.

*Lorna Ebner:* I would love to hear it (*laughter*).

*Gwen Davis:* Actually it was taught in churches and schools and any place that anybody would listen. Oh yeah. Yes, we had to.

*Lorna Ebner:* That is amazing. It was no longer abstinence only? It was something more like—

*Gwen Davis:* Right. Oh no, that—

*Lorna Ebner:* - we know this is happening—

*Gwen Davis:* Right, right. Yeah. Let me put it this way. We were in the church. It doesn't mean that the church members were all there listening. When I got certified back in 1990 they had this organization that women—called New Jersey WAN I guess is—New Jersey Women and AIDS Network. I think that's what it was. That was the only female organization. I did join. I went to a couple of their meetings but not—I wasn't a frequent I guess member but it was good because then that's when they began to recognize that women were really in trouble and we were really trying to comfort each other. They were relaying their experiences and how things happened to them and what their husbands or boyfriends had done and how they believe they caught this disease. When I joined this organization I met a young woman there and she was infected but I don't know whether—I never got point as to whether or not she was infected, and maybe through sex as well, because she also was doing drugs as well. She of course was clean now and finding out that she had HIV, but actually she had AIDS by the time I met her.

She was speaking out and she decided to have women come together—I mean or have an organization called African American Women United Against AIDS. We would go into churches if we were invited and we would go to those public schools if they asked us to come. Not for the kids but for the high school we would go and speak with them and tell them all about the disease and what they can do to prevent the disease and how the disease reacts to your body and that you need a blood test to make the determination. She decided that she was gonna do the conference—and there were other community clinics that opened up that were healthcare clinics that were taking care of people that had HIV and AIDS—she decided that we'll do this conference. At that time I wasn't a member but I heard about the conference and I decided to just see what was going on.

*Lorna Ebner:* Where was this conference held?

*Gwen Davis:* At a church over on—I can't think of the name of the church. Oh boy—

*Lorna Ebner:* It was in Newark?

*Gwen Davis:* In Newark. We were in Newark.

*Lorna Ebner:* Do you remember what year this was?

*Gwen Davis:* I believe this was maybe in 1990.

*Lorna Ebner:* Was this just an educational conference or did they have people coming to speak or what was the layout?

*Gwen Davis:* We had people coming to speak. Yeah. The idea was this. We held a conference. I got there at—I guess I got there at 8:00. The conference we—it was in the basement of the church but that's where they did all their cooking and had their meetings and whatnot. We had only a few people were there at the time and the members of the church didn't even know that this conference was going on. This was what amazed me. I was really upset about that.

*Lorna Ebner:* How did it even come to be at that church?

*Gwen Davis:* Did they really? I guess the pastor or whoever was in charge said, okay, it could be there, or maybe it was a member that said you could be there, but it wasn't widely known. You know, you would stand up in church on Sunday and say there's gonna be a conference here of African American Women United Against AIDS, we would all like for you to come. You didn't have to pay anything to come to this conference and we were down in the basement and when I got there I asked someone where the conference was being held and the person I spoke with said they didn't know anything about it. As I was talking, the person that chose to have this conference there she walked up and she said we're down in the basement. Okay, so we were down in the basement and we held our little conference. We started in the church at first. They let us

go upstairs in the church and we had like a little prayer opening and a talk and then we went downstairs to the basement area.

We sat around the table. We had a pretty good conference. Everybody spoke their piece and told of their experiences and how they believe they got the disease and what was happening to them now and what their status was. Then when it came 12:00, this church also fed the homeless. They didn't want us to talk about anything as far as HIV and syphilis or gonorrhea was concerned. They fed their people and then we finished having our conference. Pastor never showed up, church secretary never showed up. Only people that were there were the people that cooked the meals for the homeless people that came in to eat and they didn't know what was going on.

*Lorna Ebner:* Wow.

*Gwen Davis:* We tried to talk to some of the men that were in there, but they really didn't want us to say anything to them at all. They were really annoyed with us and I could never get over that. We're talking about church, we're talking about people that need your help, that need your guidance. Even if you can't help them physically you're supposed to be able to try to help them spiritually. That was my worst experience and they're still not doing too much better as far as I can see. There have been some churches that have been acceptable, but a lot of their members weren't there. Other people showed up but the members act like, they didn't want to have anything to do with it. They were above all this.

*Lorna Ebner:* Was that the general feel in Newark, that those that were affected just weren't very supported by the city?

*Gwen Davis:* I can't really say an answer to that because I really don't know whether that was the general feeling or not. I think the city in the end, they did what they felt that they could. I think more or less the community organizations that gathered together, there were different community organizations in different places and that—I think that made the difference as to what was going on in the city. Like with the conference I'm sure the city was able to provide some funds, some funding, because then the city was able to get some funding from federal government too, you know, to start AIDS programs. We had several programs around that were I guess—say for instance the—oh boy, I'm losing my train of thought—the drug addiction programs could get enough—some funding to help with the AIDS program. They would maybe set up something within their own area.

Then there were a lot of different programs popped up and a lot of them came through the drug addiction clinics. We spent a lot of time educating people in these clinics. We went to the Salvation Army. We went to hospitals, even though—like the prenatal clinics and places like that. We spent a lot of time talking to people about prevention and we did our own conferences because the young woman that she started African American Women United Against AIDS she passed because she was already infected with the virus. She would tease us about it, says she only had eight—I forget now—eight t-cells left and then

she was thinking about naming them (*laughter*). She hung on for a long time. She was tough.

*Lorna Ebner:* She had a sense of humor about—

*Gwen Davis:* Uh-huh. Yeah. She still had her humor. When we started her organization, when she started the organization we had people come in from Philadelphia, trainers to come in to show us and tell us how we should get organized, what we could do. We had our by-laws, we had do's and don'ts. It was a large organization, but after she passed her sister took over the organization and we changed the name to African American Women United Confronting AIDS. We wanted to still keep her name. I brought a little program—I did a couple conferences too as well.

*Lorna Ebner:* Oh, you brought things to look at. This is exciting.

*Gwen Davis:* I brought you—some information.

*Lorna Ebner:* Thank you.

*Gwen Davis:* This is 1997. This'll give you some idea our paperwork.

*Lorna Ebner:* How did you keep your composure throughout this entire process and the epidemic and what was going on?

*Gwen Davis:* I did a lot of crying. (*Laughter*) I did.

*Lorna Ebner:* Very understandable.

*Gwen Davis:* Let's see, this one. It gave out a lot of information. I got an opportunity to go to a couple different conferences and every time you go to a conference you would pick up information that would be helpful. I would bring that information back to my patients—and this one's 1996—and I would give them a packet when they left our—when they would leave our clinic. After I interviewed them and let them know they were infected I would give them a packet of things that we could do to try to stay healthy, places you could go to talk, clinics.

*Lorna Ebner:* This is amazing and beautiful: Your fears our fears, your hope is our hope, your struggle is our struggle. That is beautiful. Thank you so much.

*Gwen Davis:* [*Inaudible 1:17:46*] kept that.

*Lorna Ebner:* Thank you for sharing.

*Gwen Davis:* So it was crying time. We went to schools. We went to different organizations, but they would call and ask us to come. It wasn't like we were doing it on our own. They would ask us to come in and speak to the kids.



*Lorna Ebner:* That's amazing. Do you remember what ages you spoke to and any specific schools?

*Gwen Davis:* Mostly teenagers, but thirteen and up. We went to—I think we went to Arts High School and we went to—was it Central Avenue school? I know we went to some of the lower grade schools, but the older kids were there. We went to schools on different organizations like—what do they call it? I can't even think of it now—in fact, I was looking at a show the other day that had the—it was like a little dancing show, a cotillion I guess you'd call it. They have a group of kids that come in and they talk to them about how they should behave and how to be young men and women. We went to there to talk to them too about HIV and AIDS.

I spent a lot of time in clinics, sometimes just a hospital clinic speaking to people about the disease. Especially pregnant women because I still have my STD job too. It wasn't like I could separate—because I could never separate both of them. I couldn't separate the STD from HIV. It was just impossible for me to do. If I went to speak with an agency it wasn't just I was just talking about HIV because I also had to talk about STDs as well. We went to a conference in Chicago and that was the first conference that they had that they held their HIV and STD program met together. It was amazing because like I said earlier that we had a different way of interviewing our patients so the HIV/AIDS people thought that we were cold and inconsiderate and that we were—

*Lorna Ebner:* There was that stark of a difference—

*Gwen Davis:* Yeah, yeah.

*Lorna Ebner:* - in how each one was treated?

*Gwen Davis:* Right, right. I remember standing up because they were—sometimes they were insulting to the state because in our office at that time there were federal people, state people and city people and we all worked together. They were kind of insulting to the federal people. I couldn't understand that but they were. They were doing their job. Now this is how we were trained because I said—and I stood up and I said to them, I said I know that there's a difference between how we react to a person. I said, because I know people that are dealing with HIV and AIDS, you're saying to this person I want to try to do the best for you and get you the help that you need and set you up an appointment and get you into a clinic if that's your desire or help you with—tell your family and help you fill out some paperwork. Are you still working? Do you have an income? That's all well and good.

I said the people that are in the STD program, our workers are saying this person's infected, he said that he had two partners. That two partners may have had three partners. We're thinking about the number of population that's going to get infected from this one person having this disease. We're not being heartless. We just know what the numbers are in our head. I'm thinking if I'm dealing with three people then that three people may

turn out to be nine people or that nine is gonna turn out to be 18. We don't know and that's what we're trying to get to these persons as fast as we can. We're putting a little pressure on this person to ask them. It's not that we don't care that he has a disease, but we also know there's somebody else out there with the disease or maybe developing a disease that we need to let know. That was the argument the whole time, you know, that we care. We really do. We also care about the person that's unknown. They don't know that they have it. If we can prevent that, that's what our job is all about, prevention.

*Lorna Ebner:* What year was this conference?

*Gwen Davis:* Was this the last conference I was—this was in Chicago. Hmm, wow. It had to be in the '96? '93? I really can't say.

*Lorna Ebner:* But it was in the '90s?

*Gwen Davis:* It was definitely in the '90s.

*Lorna Ebner:* You said that your clinic had already combined the STD and HIV portion in '90?

*Gwen Davis:* Right. We combined it in 19—

*Lorna Ebner:* That had already been done.

*Gwen Davis:* Excuse me. I was the only one from my—in our clinic at that time that was just doing HIV and dealing with patients but in 1991 everyone had to take the—went to take the training and take the test and get what they called at that time certified. Everyone in our clinic, all of our workers were able to interview HIV patients. That's when our clinic went to HIV and STD. We combined it together but we still kept separate files and I guess that was because still under strict rules about passing on HIV information. People were still afraid about getting a disease and not knowing if this person's infected or not. The state itself was still separate so they took information from our files but our STD files remained in a separate area. Our office still remained the same, but we had one office that was dedicated to HIV program and that's what they called it.

*Lorna Ebner:* I remember you saying earlier that the disease was very much associated with the LGBTQ community?

*Gwen Davis:* Yes.

*Lorna Ebner:* I was wondering how that community was treated in general in Newark and by the healthcare profession or if you noticed anything specifically in regards to them?

*Gwen Davis:* No. Not in our clinic anyway because there would've been—there would've been a problem with me if I had thought that someone was mistreating someone or talking badly or down to somebody. I would've been really upset and they didn't like for me to get upset (*laughter*). That was my years as being there I guess they got to know me. Just before I retired I had become manager so the nursing manager and myself we worked closely together. If anything came up and anything came up wrong, it was discussed and taken care of right away. We had people to come in from the gay community. James Credle came in and spoke with us during a meeting and gave us his history and talked to us about his program. Things began to change rapidly in our clinic because we weren't gonna tolerate any nonsense like that.

*Lorna Ebner:* That is wonderful.

*Gwen Davis:* Yeah, that wasn't gonna happen.

*Lorna Ebner:* That is amazing. Was there an effort in these organizations that you were involved with to reach out or educate the LGBTQ community?

*Gwen Davis:* Oh yeah, yeah.

*Lorna Ebner:* What spaces did you go to in order to do that?

*Gwen Davis:* To talk to the LGB people?

*Lorna Ebner:* Uh-huh.

*Gwen Davis:* Well, first of all they were—they had their own dynamite organization. We just joined in (*laughter*). As a straight person I just—well, as a straight person working in the STD clinic I had no problem joining in with them. I felt that I needed to be there because I needed people to explain that sex is sex. It didn't matter who or what and how you do it and what it is that you do. We're talking about men and women, no matter what the body shape, no matter what the body size, it has nothing to do with you being boy-girl, girl-boy, male-male. I would get upset with them when they start talking foolish, but the gay people, they had their thing going on. What we did as a group of African American women with this organization, we just attached ourselves to them and did whatever they asked us to do. Whatever was required we were there too.

*Lorna Ebner:* They already had a very well organized—

*Gwen Davis:* Oh yeah. They were well organized. They really didn't need us. We just pushed our way in (*laughter*).

*Lorna Ebner:* I'm sure they were very, very grateful. Oh my goodness.

*Gwen Davis:* Yeah. Right. Today we still push our way in.

*Lorna Ebner:* Did you ever visit any of the houses in the area?

*Gwen Davis:* No, I never got a chance to visit any of the houses.

*Lorna Ebner:* I've heard they're a lot of fun.

*Gwen Davis:* Yeah. Whatever they have going on, especially during that time when I wasn't—and I was still working—I tried to be there and bring that message back to our clinic.

*Lorna Ebner:* Do you remember what any of those messages might have been?

*Gwen Davis:* Good question. Well I guess—well, we would have—I can't really say what messages that might have been—I guess it's just speaking up and treating them as a way they should be treated as human beings, as people that have jobs and have responsibilities and know who they are and then want to be taken care of just like everybody else. No specific message. Just treat them with the respect that they deserve. If you're not gonna treat them right then there's a problem with you, not with them.

*Lorna Ebner:* Did these organizations that you worked with or you personally go out and try to educate people about how this disease is spread—

*Gwen Davis:* Right.

*Lorna Ebner:* - and telling people that you can touch people—

*Gwen Davis:* Right.

*Lorna Ebner:* - and you can hug people—

*Gwen Davis:* Exactly.

*Lorna Ebner:* - and they need hugs right now.

*Gwen Davis:* If they need a hug, yes. Definitely. When we gave a person information about being HIV positive you really need to hug that person because they need to maybe cry or they need to maybe just sigh or they—maybe they suspected it already. I visited sometimes when patient's in the hospital. I call them my patients. They weren't my patients but sometimes I would be so touched—

*Lorna Ebner:* I mean you're on that journey with them from the beginning.

*Gwen Davis:* Right. Right from the beginning, yeah. You know sometimes they would take advantage. I had one gentleman he was really taking advantage of me. I had given him his test results and he just disappeared, and I was wondering what had happened to him. He came back I guess maybe a year later but he had changed, and I really didn't

recognize him so he definitely had AIDS. He had eczema in the beginning. All this eczema had actually turned him black, his skin and everything. He was absolutely black and I said to him, I said, “Well, have you gotten any help or have you gone to the hospital or had you had a checkup?” He said no. I said, “Well, you have to do something about this and you can’t keep going like this because you’ve lost a lot of weight. I almost didn’t recognize you.” I said, “Well, let’s see if we can’t get you some help. We’ll go up to University Hospital and have you sign in. They have a special clinic up there for people that are infected and they’ll take care of you. I can’t determine when they’ll be able to give you an appointment,” because I know they were extremely busy.

I took him up there. I got in my car and drove him up to the hospital, stayed with him while he filled out the paperwork. They gave him an appointment. I brought him back home to his—to where he lived and everything was fine. The next thing I know he calls me on the phone and said, “My appointment is today. Are you gonna pick me up?” (*Laughter*) Fortunately I wasn’t that busy so I said, “Okay, I’ll give you a ride.” I took him up there and then I waited till they talked to him and got all this paperwork in order and see about financing and how things are gonna get paid and taken care of and I brought him back home. I didn’t say anything. It was fine. We talked about life and all that was happening and he staying at that time with his mom I think so it was fine.

I didn’t hear from him for maybe a week or two and then he called me again and said, “My appointment’s today, you take me to the doctor?” I said, “Look Honey, I have a job. I can’t just pick up and drop what I’m doing and take you. I did everything that I could possibly do for you. It’s not responsibility to pick you up and take you to the doctor. I can’t do that. I have a responsibility here and I just can’t leave because you need me to give you a ride. That is not gonna happen again.” (*Laughter*) He was very upset with me but I said, “I’m sorry but this you have to do on your own. I can’t babysit you through this whole process.” Finally, he got hisself together. He stopped calling me or he would just call and see how I was doing, but he didn’t ask me for any more rides. Sometimes they get attached—

*Lorna Ebner:* I’m sure you do too.

*Gwen Davis:* Yeah, yeah. Oh yeah, you do. I have my favorite person. I think he was bisexual and he was one of my favorite—favorite people. He would come to the clinic all the time and I would say the same thing to him, “You have to stop behaving this way.” This is before AIDS even came out so he had been coming to our clinic for a while. We weren’t talking about HIV and AIDS back in the late ‘70s. He said, “Well, I just can’t help it.” He described to me how he felt about certain people in certain categories. Now he was a chauffeur so he worked for a wealthy family but he said that he worked for this wealthy family. Sometimes he had to do things that he really didn’t want to do and he was such a good looking guy. I mean he had long beautiful silk hair. He had this olive complexion. He was just a beautiful man. Any woman that really saw him just I think wanted to be in his arms anyway. He was a real smooth talker but that didn’t help him any.

Sometimes he would have sex with I guess the wife of the man that he worked for but that wasn't his preference. His preference was men and he would go to New York, sometimes to the libraries or to the bath houses and get involved and he had a special type of person or male that he liked. He felt he could—was free enough to speak to me like this.

*Lorna Ebner:* You guys got very personal (*laughter*).

*Gwen Davis:* Yeah, yeah. He could talk to me like that. He told me exactly the kind of person that he liked and what was going on and he would call me every now and then and see how I was doing or let me know how he was doing. Then all of a sudden he did take the test and the test came back positive, but he never really came back for his test results. I knew the test was positive because I reviewed all the cases. African American Women Against AIDS had a fundraiser and we had a fashion show and at that fashion show he was there. I did not recognize him. My heart hurt so bad.

*Lorna Ebner:* Oh my God.

*Gwen Davis:* He had lost his hair. His hair was just stringing. His whole face was not—he was not the same person that I had seen. I have spent a lot of tears, I mean a lot of time, doing a lot of crying behind this disease. I didn't recognize him and he said, "Miss Gwen." I said, "Oh how are you? I haven't seen you in so long." You gotta put on this face because I don't want him to know that my heart is broken, that I don't really know you anymore because you're not the same person that I used to see. He had lost a lot of weight but he said that he was doing good and that he was staying at one of the houses that they had for the homeless. My heart was really broken. I hate that disease with a passion. It would just destroy a person's way of looking. It's not like he had TB and maybe you'd get thin, you know, and you start coughing, but to see a person's disfigured because of this disease, it was a hurtful thing.

Eventually I heard that he passed and that also happens too, that people you get close to, someone that you really care about and you just see them getting sick and you know they're not gonna be around you, you're really hurt by it because you can't do anything about it.

*Lorna Ebner:* That's amazing that you're still willing to get close to these people because I'm sure that there's so many in their lives that are pulling back for just that reason, right when they need someone.

*Gwen Davis:* Right. That's true. That's true. That's true. In fact, not too long ago I met a young lady that was HIV positive and she passed. I didn't know until maybe a month later. She had been sick off and on and sometimes that does happen. They get real, real, real sick and then everything is fine and they're good for a few months and then they get real, real sick again. It's like they're like to the edge of death and somehow or another they seem to come back and I guess she had too many episodes like that and she just passed. Just couldn't control it. Even with those medicines out there, that doesn't mean

that it's gonna be okay, especially when they came out with the—what is the name of the drug? AZT I think it is?

When they first came, this drug was not a good drug for African Americans but it is not so much it wasn't a good drug for them but it was the dosage. They didn't know how to monitor the dosage for each person. I guess they were getting maybe more than they should have or maybe less than they should have. I don't know what the fact is but a lot of them stopped taking it because it would make them even—make them feel even sicker. I can remember a couple of gentlemen because they also have this hospital across town on Broadway, 3<sup>rd</sup> Avenue. Can't think of the name of the place but they don't really need it now because people don't get sick as much as they used to. I went over there also to do some training, but you also see people that you know or people that you've given test results too so you know why they're there. He says he stopped taking it because it was making him feel sicker than what he was already. In that sense that drug wasn't helping him at all. Then I overheard some salespersons speaking at University Hospital. We used to give these training sessions that at that time they knew it was helpful but they didn't know the right dosage to give so that's something that they had to work on.

*Lorna Ebner:* When did that change?

*Gwen Davis:* I guess that changed maybe in the late '90s when they started testing and talking about different drugs and the AZT was not—it just wasn't good.

*Lorna Ebner:* Wow. Did these families and friends and people that you talked to or encountered in regards to other HIV-infected people, did they acknowledge this disease or did they try to hide it or ignore it?

*Gwen Davis:* The patients or the—

*Lorna Ebner:* The family members and friends.

*Gwen Davis:* Oh no. Family members try to hide it. In fact, I had a family member that died and I'm sure that this person died from an AIDS-related disease but they never, never acknowledged it. They wouldn't talk about it but I did. I put her name on the blanket when the blankets came to—when the—I'm saying blankets. Is that the right word that I wanna use? When they brought the—Gwen, brains are gone—I was just thinking about that this morning as well. Oh boy, it'll come back to me. My family, they wouldn't acknowledge that this is what she had died from and I have friends who I know that were infected whose families wouldn't talk about it, wouldn't acknowledge it, which to me was—why would put a blight on disease? When I think about it they also did this with cancer when we first started talking about having cancer. There was problems at your job, there were problems with people knowing and it's like you had done something wrong. I imagine that—and HIV was even worse because if you got it through sexual contact or got it through using drugs, then that was really most embarrassing.

That's how it was in the churches too. It was embarrassing. My person that I met that had this disease, she's one of the people that I really, really cared about. You meet some people that you just genuinely like right from the beginning that you don't have to know anything about them. There's just something about them that you know just seems to be true and real and she was one of those people and she passed and we went to her funeral and she had her funeral in church. She had found God and she was doing well, but she got sick. They never ever, not one moment during that whole time that they had her funeral acknowledged anything about her having the virus. They never, never said a word. Then I just thought that was just so sad because she was such a wonderful human being. I mean not that they had to say she had the virus out loud but they act like that she had died like suddenly and this woman had been seriously ill for a very long time before she passed and she was really struggling. It was like they just skated over that part of her life. They just didn't care and didn't want to talk about it and there was no shame in that—

*Lorna Ebner:* Do you remember any of the things that these kinds of families and friends would tell people or like you said your person you knew, did they just completely ignore it?

*Gwen Davis:* Yeah, they all just ignored it. They didn't talk about it at all. Never talked about it at all. I guess that maybe they thought they could just contribute it that maybe she had the drugs once in her life or maybe she died, she died of—she had pneumonia but it's not that she just had pneumonia. She got a specific type of pneumonia. I'm not saying families didn't care but families were afraid and I think embarrassed about it. Why? I don't know but they were and I don't understand. Sometimes you overhear people talking about sometimes they don't want the families to know that this person is gay or that—one of my co-workers years ago and a friend of my mother, her son was gay, she was fine with that. She was okay. I think he was kind of not okay with it. His mother had accepted it but he was not okay and then when he died I'm sure he died of AIDS because he was in the hospital for a very long time. His mom was also in the hospital at the same time and she had had a serious operation and I knew that he was in the hospital so I went to see him.

For some reason he was like embarrassed to see me and while he was there he had an attack of struggling with the—I guess with his lungs and he asked me to please leave. I didn't even tell him mother that I had been to see him because he really didn't want me to see him. He was upset himself about—I guess at himself about the disease and I [inaudible 1:43:35] why are you embarrassed in front of me because I know what's going on with you. I had spoken to him a couple of times in the clinic in reference to having gonorrhea and I was trying to talk to him. He was not accepting of who he was even though he couldn't hide, but he still deep down inside he didn't accept the fact that he was gay. You can kind of see it all over him but that was another story. It's not acceptable.

*Lorna Ebner:* What changed over time in the treatment or attitude towards these patients that were affected?



*Gwen Davis:* Well, I guess if some received some treatment that seemed to have been successful for some of them, even though I can also remember when the treatment first came out how devastating it was because you had to take them on time, you had to make sure that you drank this amount of water. There's so many things and so many rules so that if you stopped it, it was like the disease will come back to you immediately. That was kind of tough when you see people in that position. A young mom from Chicago, she came up to church in South Orange—I mean in West Orange or was it Bloomfield? I think it was Bloomfield. She was the guest speaker and she was talking about her infection and now they had this medication and she was one of the women that I guess we had seen back in the—I guess the early '90s talking about her disease because she said that she had gotten infected through a politician and she lived in Washington, D.C. It was like don't start talking about people that are so—you know, that you describe this person as a drug addict and a no-life and when I caught this disease from this particular person.

She was talking about trying to conquer this disease and she was doing fairly well. Then when she came to visit us this last time she said—this was back I guess in maybe '97, '96, '97—she had the medication but she had to carry this water to make sure she drank all this water behind this medication. She had to take this medication at a certain time, had to take a certain amount and it was just frightening and that was almost worse than having the disease because she really was like tied down to this medication bottle. Fortunately that things are much better.

I also overheard and I said I need to pay more attention that maybe they're coming up with a vaccine which would be fantastic. If they could do that, that would be wonderful. I personally have my doubts but I guess you should never doubt science because it's very hard to treat something that's within the cell and not affect the other cells, to not affect everything around it. That's been very difficult so I don't know how successful they'll be. It's better than it was, that's for sure, much, much better.

*Lorna Ebner:* What about that attitude?

*Gwen Davis:* I think attitudes have changed too. It's not like it used to be. People somewhat—they're not broadcasting it but if someone said, "Oh, that person's got HIV," I don't think it's as bad as it was, it wasn't—no gasping (*gasp*). (*Laughter*).

*Lorna Ebner:* That probably really happened, didn't it?

*Gwen Davis:* Oh yeah. I know it happened. Uh-huh. Yeah. You're kidding? You're not serious are you? People talk about it more freely when you're out in public. It'll tell you what, this disease also has a positive side.

*Lorna Ebner:* I'm very curious.

*Gwen Davis:* Yeah. The positive side is that this. When people found out that they had this disease, they started making changes mentally and physically. They stopped doing their drugs. Some of them that weren't working got jobs. Others that didn't have jobs went to school. There was a positive side. It brought a lot of people together, but it also brought them together doing a lot of positive things. They were in organizations and these organizations they offered them jobs. I mean you have the experience of having this disease so you could help someone else that comes into this clinic, so we're gonna give you a job. A lot of people got jobs. A lot of other people that did not have the disease, they also got jobs and did much better in their lives as well, but the people that were infected, they have done so much with their lives. I could give you countless numbers of people that have changed because of this disease and changed to the better. Not to worse. They don't let this disease overtake them and ruin their lives. They got much better.

*Lorna Ebner:* Just to understand how your part at the clinic worked, were you required to follow-up with any of these people after you told them this news or did you do that voluntarily?

*Gwen Davis:* No. I did that voluntarily. I didn't have to—I didn't have them follow up on anyone. All I had to do was tell them that they were infected, give them information that I thought that they could use and that would be it. I also said if you need me, call me or I'll come and speak to your parents or speak to your wife. I would have to follow up on the person they think they may have infected, but even then I would say to the person I'll volunteer to take you to the clinic, make sure you come and get your blood test taken. That was just me. I just think that I had to do that. I had to find information to be helpful so I made up my own personal packet that I would give people from information I gathered from other conferences or other meetings that I thought that would help them or try to get them into drug rehab facility if they said that they wanted to do this. That's just something that I had to do within myself.

In 1990 when I was—they were talking about this disease and I didn't hear Rose Marie Johnson speak, but I had heard about her. I said, well, the next conference they had I'm going to go and talk to her because I need to do something and I didn't know what it was. And it was that—I had to join the community of HIV people. We did a lot of things in our clinic though. We participated in everything that was going on, whatever kind of thing that was happening. When they would decide that they were going to do a blood drive and take HIV tests, I made sure that our clinic was there and that we were involved and that we were the ones that were doing the test and that we would bring the test back to our clinic, send it to Trenton to have it taken care of. It was a need. I was fortunate because my co-workers, they would follow me and help me (*laughter*) or if something go wrong they would call me. I was fortunate to have people that cared as much as I did about what was going on with HIV and AIDS.

*Lorna Ebner:* That's really inspiring to hear these stories and to hear about your efforts on your clinic's parts, it's interesting.

*Gwen Davis:* It's been an amazing experience, but like I said not everything bad. Something positive happened. It was purely truly positive and I see—sometime I see some of my friends on the street and they're on their way to work and talking about their families and how everything is doing—you're doing fine. It's good to hear.

*Lorna Ebner:* Just as a last question. Are there any specific stories that you would like to share?

*Gwen Davis:* I was still trying to think of the—I know when they did the—I cannot think. My brain has really gone someplace else.

*Lorna Ebner:* The names on the quilts?

*Gwen Davis:* Yeah. Thank you.

*Lorna Ebner:* The AIDS quilt I think?

*Gwen Davis:* The AIDS quilt. That's it, quilt-something. Blanking my mind keeps saying blanket. I'm old too so I'm very forgetful. (*Laughter*)

*Lorna Ebner:* You don't look it at all.

*Gwen Davis:* Well, but I am. When the quilts came to Newark—this is what I overheard and this was years later that they didn't think that the quilt would be successful coming to Newark, that no one would come and view it or see what was going on. That wasn't true. We've been here for a whole weekend. Started on a Friday night and ended on Sunday afternoon and I couldn't tell you the numbers how many people walked through. The fact it was the gym at Rutgers—I think it's Frederick's Gym here on the corner of University? Somewhere around that area or maybe on this end. People came and all day and they walked around these quilts and you could hear people, some of them happy to see the names, some of them crying, some of them upset, but it was a beautiful sight to see. Also at that time there was arrangement where you could get—if you wanted to do a test at that time they had a nurse that worked at Veterans Hospital that also worked part-time at our clinic. She would take blood tests if you wanted to have blood test. She's also there in case people were overwhelmed and fainted or just upset and needed someone to help calm them down. It was a beautiful sight for Newark to experience.

*Lorna Ebner:* Do you remember what year this was?

*Gwen Davis:* '95? No, no, couldn't have been. It had to be earlier than that. I think it had to be at least in '91. It's either '91 or '92. I'm not sure because I decided I had to be part of that too but I'm the person that works in the kitchen. I was downstairs with the coffee and the muffins and whatever else. Shop Rite stores helped sponsor that program.

*Lorna Ebner:* That's really nice.

*Gwen Davis:* Yeah, yeah, they did. They sponsored all the goodies that they had and coffee and everything. Then after the program was over, they said their prayers and we had a candlelight vigil at this church here in Newark on Broad Street. It's an old, old church that's—just prayed at the City Hall—

*Lorna Ebner:* Beautiful. I can't remember the name. It's beautiful.

*Gwen Davis:* Yeah. That was a beautiful sight to see and so many people.

*Lorna Ebner:* Were there any particular groups of people that you noticed?

*Gwen Davis:* No.

*Lorna Ebner:* Just everyone?

*Gwen Davis:* Just anybody and everybody just came in. No groups came that I know of. They may have come in that way but I wouldn't know that, but we were responsible for walking around the quilt with the people to make sure that they didn't step on the quilt, make sure that they walked through the seams that were together sewn. That was our responsibility. Then you know, some people were really upset and I said—that's when I wrote my cousin's name on it because they have one quilt where you could write a name and write a message to your loved one. I wrote one to my cousin. It was okay.

*Lorna Ebner:* Is there anything else that I didn't ask you that you would like to share?

*Gwen Davis:* Hmm, good question. Nothing I can think of. I'll probably think of something when I'm all calm and depressed, right? (*Laughter*)

*Lorna Ebner:* That how it always happens.

*Gwen Davis:* Yeah, right, oh I forgot to say that. Nothing I can think of at the time although African American Women United Against AIDS, you couldn't have a community organization and not have people that were positive. We had three wonderful ladies that were there that helped us carry on because they knew the ins and outs of the disease, but they were good about teaching us what it was all about and how they felt and how they had come through. These are some of the people that got jobs and expanded their life. They found out who they were. They recognize who they were and what they could do and that was—to me I thought that was amazing. As devastating as this disease was that they were able to turn their lives around and become active in their community.

*Lorna Ebner:* Would you like to share their names or would you prefer them private?

*Gwen Davis:* No, I would prefer to keep them—I don't want to share their names and I haven't spoken to them and I think one is already deceased. I don't want to share their names. I don't know whether they would like that or not, even though I don't think they would care but I'd prefer not to. It's not so much them. It may be their families still.

*Lorna Ebner:* Well, thank you so much for your time for helping us out.

*Gwen Davis:* Oh, you're welcome.