

“HIV in My Day” – Interview 35

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Interviewee: anonymous (P); Interviewer: Ben Klassen (BK)

Interview anonymized at participant's request

Ben Klassen: Thank you so much for being here with us and sharing your story. We are looking forward to hearing your perspective. Just to get started, could you tell me a little bit about how you first became part of the gay community or began engaging in gay life?

Participant: Oh my god, that was 1996 when I moved out of the house... I mean sorry, 1969. When I came out, I was fifteen years old, and this was in Toronto and it was a year before I decided to move out of the house. So, that's it, and I moved into a rooming house and I occupied a part time job to pay the rent. So, I'm very strong in a lot of ways you know.

BK: Yeah, that is pretty amazing.

P: 1969, yeah sorry. For some reason, the dates – sometimes I think of something and it comes out, the number.

BK: The dates become a little foggy when there is so much time between the dates.

P: It was the summer of '69 in Toronto.

BK: And what did the community seem like then?

P: It seemed fascinating. There were five or six disco clubs and a lot of them had drag shows on the weekend. I didn't go every night or everything because I was working a restaurant job, so I had to make sure.

BK: So, the community revolved around the bars and the clubs to some extent?

P: Well, yes, because I was a teenager so that is what I did. And I maintained my job at the restaurant.

BK: So, you were in Toronto then. What year did you get to Vancouver?

P: 1988 is when I moved to Vancouver, and prior to moving here one of my roommates became HIV and he was on that cocktail, that AZT, and that is where I saw... oh my god, like this guy was dead in three months. They had him taking three or four pills every four hours, so that is when... And I wasn't HIV then, but that is what made up my mind. If I ever become HIV, I am not touching that.

BK: When did you first hear about HIV then?

P: It was, oh, probably '85.

BK: Do you remember where you were hearing about it?

P: I was living in Toronto.

BK: And it was being talked about in the community?

P: It was sort of on the news type thing, people in San Francisco, something like that, you know?

BK: How did you respond to that earliest information learning about HIV? Was that having any impact on you?

P: It was a little scary because I was young myself.

BK: Did you change any of your activities or behaviours in response to that?

P: I had a partner at the time and we were about the same age, and both about twenty-one, twenty-two, and we were together for about six years so that – I didn't play around a lot, you know.

BK: When did the epidemic start – when you were first hearing about it as something that was happening in San Francisco...

P: It seemed to be splashed all over the news. Oh, that I can't forget, it was all about the airline steward that brought back some strange disease, that seemed to be what they were talking about.

BK: Like the Patient Zero story?

P: Well, I have no memory of that. All I remember is the airline steward that brought back, it was a bit scary.

BK: I bet. When did it start to feel like something that was happening in Toronto?

P: I would say '86, '87, it was really – I started witnessing people being sick and dying.

BK: How was the community starting to respond to that?

P: Back then it was pretty scary, you know it was the best way to describe it. Some strange new disease, nobody knew anything about it, right? And there was no cure back there, there were no meds, I don't think they came out until about '87 and that was that AZT business.

BK: So, before '87, you got a diagnosis, there is not very much available to you – terrifying. What was it like for you seeing it start to show up in your immediate surroundings?

P: Well, I made sure I was very cautious, and even after my lover and I split up I didn't play around. I was always very fussy about who I engaged with, you know what I mean.

BK: Were there messages getting out about safer sex at the time?

P: That was about the time in Toronto they started doing the steam bath raids, was about that time – ‘87, ‘88 – ‘87, ‘86. For some reason the police were raiding all the steam baths, you know, so that was quite scary because they were going on towards the end of our relationship, my lover and I would go to hang out and have some fun. And we are still friends to this day by the way, so that is very nice. He is in his sixties too, but he still lives in Toronto.

BK: That paints a picture of some of the hostility at the time towards the gay community in Toronto with the bathhouse raids.

P: Well, I don’t know if that was really connected so much, was it? Do you think it could have been? That I’m not sure, it could have been, I think it was just what the police decided to do to cause trouble in the gay community, but it was all happening during that time so it was quite... But again, I was safely with my boyfriend, so I wasn’t too worried, you know?

BK: Do you remember what some of the early responses to the epidemic were in the mainstream society?

P: A lot of the people I knew, they all worked for [company], a couple of them got quite sick and lost a lot of weight. It seemed to happen almost overnight for some reason, so they must have been HIV for a while – I’m assuming now that they must have been HIV for quite a while, these people that were dying off. So, look at me, I didn’t start meds – I was diagnosed in ‘91, I didn’t start till 2001, so that tells me that there has to be a block of time before the virus really starts to attack your body.

BK: Was there, like that mainstream reaction to the epidemic. was there any hostility, or was it more supportive? Do you remember what was going on in terms of mainstream society, newspapers?

P: There was a lot on television about it and it was mostly coming from the States. The gays were marching for a cure for this strange new disease – like I said, no one knew what was going on, right? There was a lot of that, you know, not so much in Toronto, I didn’t see any marches in Toronto. It was a bit of a – so yeah, I was always aware, even when I moved from Toronto, that Vancouver could probably have a lot of HIV. What happened, how I got – how I caught it is I went to a steam bath once and I fell asleep, not a good thing, with the door open you know and someone penetrated me, right. Normally I wasn’t into that type of sex. I was into more of the milder kinky, milder kinky type stuff, you know?

BK: Wow.

P: So, I think that is how I caught it, and that is why I didn’t – I made perfect sense of it, I should have shut the door, but I guess I will be just in my room, and all of a sudden, I fell asleep. Maybe I didn’t see anything I was attracted to and I fell asleep.

BK: Coming from Toronto to Vancouver, what was that like? What was Vancouver's community like at the time?

P: I sense that there wasn't the same kind of sophistication to the city as there was in Toronto.

BK: Just in the sense...

P: Remember, I was coming here and not employed yet and I was very anxious. I wanted to get employment, I didn't come to Vancouver to sit on social assistance, I wanted to work. I was used to working, so it took me about a year before I found a part time job in a restaurant in [neighbourhood] where I live now, and I made a mistake. I moved there four months ago, which I will be completing my lease and moving back 'cause I have never felt so invisible in my life. I made a big mistake there. Perhaps being a gay person, just being in the West End, but [neighbourhood] to me, I have never felt so isolated, and invisible, and don't forget I have a disability and that scares people away a little bit.

BK: I am sorry to hear that.

P: But that can be corrected. I am going to complete my lease, which is up in seven months and twenty-three days and I will be back in the West End. I have a portable subsidy – do you know what a portable subsidy is? It's a portable subsidy form Wings, so I am allowed to move but I have to complete my lease. I don't want to cause any problems or additional expense because if you break the lease after you have signed it there is an additional expense and I don't want to incur that, so I am willing to proceed with the next seven months in [neighbourhood], and that was a mistake. And I don't usually make a lot of mistakes, I should have stayed put. But what was bothering me was I was getting fed up with seeing all the homeless sleeping all over the streets, so I think that sort of pushed me to – but now I've realized you just gotta accept what you don't like in the West End and accept the things you really do enjoy. But when I moved here I thought it looked a little – not as sophisticated as I was used to, Toronto had more of a sophistication going on.

BK: Vancouver was a smaller city, I guess?

P: I guess maybe that is a good way to put it, yeah.

BK: And that was '88, a lot smaller than it is today as well.

P: I have never been a big bar goer, I mean I have worked in restaurants all my life, I know what it does. My father was an alcoholic and it ruined our family life, so that is how I have learned, you see. That is how I learned in life, I worked in restaurants and I saw what it did to customers. But you know, I was excited to be in a new city, and I thought I would give it a try. Actually, I moved here and six months later I thought maybe I should go back. I went back and I only stayed for a week, I didn't give it quite long enough so I came back.

BK: And the gay community in Vancouver, did anything stand out to you?

P: A little bit smaller than what I was used to in Toronto at the time. Toronto at the time had five or six gay clubs, I mean five or six steam baths, and I think when I moved here there were only three steam baths. Everything just seemed a little smaller to me.

BK: Any thoughts on how the medical field was responding to the epidemic in the early days, either in Toronto or Vancouver?

P: Well, I know, like we are talking about the early '90s, right? I know they were trying to come out with some sort of medication for people with HIV. I noticed at the time, and this was '89, '90, and I knew one person that was on the medication and he didn't seem to do that well, you know? So that was a sign to me. That was a sign to me, that if I ever become HIV, I have to be aware of what I am doing. But again, now I have never been overly promiscuous, you know what I mean. I don't mind, it didn't bother me, I mean some people hate going to steam baths, I thought it was great, I enjoyed them but half the time I never met anyone that I liked or that appealed to me.

BK: How were you connecting as a new guy in Vancouver?

P: Well, I tried to just engage in verbal friendships, you know, what's going on? I would ask what is going on, or where do people go, and I would ask a lot of questions.

BK: Any thoughts on what some of the early governmental responses looked like? Did you see anything in regards to how the government was responding to the epidemic?

P: Seemed to me that it was very slow at the time, back in those days, when I was here in Vancouver, and then gradually the medications – like I said '89, '90 the medications started coming out, and that was the AZT business, then of course I became HIV in the summer of '91, myself.

BK: We talked a little bit about that before we started recording. What was that like for you?

P: Like I said, I wasn't a cry baby. I was already thirty-six years old, I am not going to go into some doctor's office and start crying – what for? I was well aware at the time, I had at least seven, eight years of knowledge about what was going on, right? The airline steward from California and the AZT business in Toronto, and the ex-roommate in Toronto, I had that experience, I saw that first hand, so that wasn't pleasant, so why should I be a cry baby? I'm glad I wasn't a cry baby and the poor doctor shook his head in amazement. I heard this after because I spoke to someone that was connected to the office that I went and they confided in me and they said the doctor was quite amazed that I responded the way I did.

BK: And after leaving?

P: I had no intentions – I will say this right now, I had no intentions of starting any medication right away, right from the time I was diagnosed because of course we were still dealing with all that new medication, the AZT.

BK: Typically, when people were diagnosed at the time, were they just immediately putting people on to [treatment]?

P: Yes, that seemed to be the choice, there was only two or three choices you could go on.

BK: And it was right away, not waiting until you get sick, let's get you on treatment right away.

P: That is what they were doing at the time, but it wasn't my choice. I also believed it was a choice, right? It's always choice that we have, right?

BK: So, you took control over your healthcare.

P: I took control over my own, I thought to myself, no, I am going to wait this out, and it had nothing to do with what my viral load was at the time. I believe it was still, when I was diagnosed, remember I told you I used to go every six months, so I believe my viral load was quite high – it was like 7, 800 when I was diagnosed. But again it is such a scary disease and might make some people cry but no I thought to myself, no I have no intentions of taking any of these medications, I wanted nothing to do with it, and that is why I waited ten years. The new class of medications I found because I was always going to an HIV doctor, so I always saw the new classes of meds coming out. I was very observant, I would come in to the doctor's office and there would be big posters of all the latest. Do you remember that? Probably you were seeing that, posters of all the medications you know and that is when I decided to take it – it was the summer 2001, the same year I had this.

BK: How did you deal with the fear after diagnosis?

P: I wasn't really, takes a lot to, I don't think there was really – how did I deal with the fear? You know what, to be honest there wasn't much fear, I didn't feel a sense of being scared. I thought I am going to continue on with my life and wait this thing out until there is better medications because I knew down the road there would be.

BK: That is quite different than many of the others we have spoken to, so it is good to hear your perspective.

P: Well, I am sorry, I am not crying.

BK: No, I don't want you to.

P: I mean, don't forget I am someone that has had to endure a pretty tough life, being thrown around in foster care and orphanages because my mother couldn't support five children, my father was an alcoholic, and I was the oldest by the way so I have always been very strong that way, you know?

BK: Did you seek out support of any kind right away?

P: When I was diagnosed, you know what, there didn't seem to be too much, there was a little bit. Right away I jumped into volunteering, and to this day I am volunteering, just one day a week. I'm not interested in becoming a volunteer, you know one day a week was enough for me, but I jumped into AIDS Vancouver, I jumped into – cause back then they were telling us, regardless what decision we were going to make, we had five years to live, that was the biggie. I was diagnosed in '91, they were telling us we had five years to live, I remember my own doctor telling me that, and I thought, I don't care. Sorry, I am not interested in these medications, it was just that simple.

BK: You really took control over your own decisions there, wow. So, you got involved with AIDS Vancouver as a volunteer?

P: So, I got involved with AIDS Vancouver as a volunteer in the food bank back in '91, I probably started six months after that. It was 85 clients in the food bank list in Vancouver and the office was on Richards Street.

BK: I think it is back there now.

P: No, it is on Seymour, that is the main office.

BK: What other kinds of work was AIDS Vancouver doing at the time?

P: There was a little bit of support because those organizations, I felt that there was a sense of support from people.

BK: Even if it wasn't necessarily support that you yourself was seeking out.

P: That is right, I felt good about that, I felt that was a good thing. But I certainly didn't go into the offices crying – I like using that term.

BK: I am sure you saw lots of people who did.

P: Actually, back then it was pretty upsetting for people back then, it was an upsetting time. Like what is happening, where is this coming from? There was so much that was unknown.

BK: Most people probably don't respond very well to being told they only have five years to live.

P: I did not appreciate my personal doctor telling me that. That was the worst thing and to this day I still don't like that, he shouldn't have done that.

BK: It's shocking.

P: He was trying to scare me into making a decision, is what he was doing. I am no fool, I don't have grades, I left school early, but I am self-taught by observing the world around me, talking to

my close friends, associating with my close friends, keeping my close friends that I have. And not being a cry baby. So that is how, that is what I do, that is what I did.

BK: So then were you getting a lot of support from your close friends like you were saying – is that where you were drawing from mostly?

P: The support came from the fact that I knew, yes, AIDS Vancouver was coming up, they were there to help us out. And oh, that was the other thing, in order for us to help you out with this housing subsidy we are going to have to get you to go on disability, and I was not all that fussy about that to be honest. No, I was used to work, don't forget, I like money, I like a paycheck every two weeks, so that was a difficult decision, and I must say to this day that is the hardest part of this, I have done very well because the only thing that lifts me up is my housing subsidy. If I didn't have that I would be pressured to spend more of my disability money or my disability money would have to go into rent so that housing subsidy really kicks in, it kicks in about a thousand a month. So, if I didn't have that, I wouldn't do as well as I do and when I buy I try to buy quality because I know it lasts longer and I like to feel good about myself. I believe it is important to feel good about yourself, don't you?

BK: Absolutely.

P: Whether we have an illness or whether we have – and I have two disabilities, really, I have this I'm coping with.

BK: That subsidy has been extremely important.

P: For me, yes. At first, I refused it, then I thought, you know what, the bloody job market here in Vancouver isn't the greatest as it is in Toronto, and I am only working part time. I can barely make ends meet. I may as well, and at that time you couldn't work and collect. Now you can, they allow you to, they allow people on disability to work and make \$900 a month or something, but back then in the early days, in the '90s you weren't allowed that – it was either one or the other. So, I gave up all the part time job, the restaurant closed down in [neighbourhood] that I was working at. There was no business, and I wasn't making money. I was used to making piles of money, coming from the big city. I'm not being a cry baby.

BK: So, that was a challenging decision, to go onto disability?

P: Yes, it was, and to this day it is still difficult financially. I find I really have to – you are always juggling, you come ahead by a couple hundred and something else will come up. A new crown has to go in, another tooth has to be repaired, 'cause I don't want to lose my teeth as well, so it is always one struggle after another. You know what I am saying?

BK: I do. And I think it is something a lot of long-term survivors have to struggle with, having been on disability for a long time, that is something that has come up in a lot of the interviews.

P: Am I doing well?

BK: You are doing great!

P: No, you let me know if you would like me to start crying, okay, but I have to tell you, that it is pretty hard for me to cry.

BK: My intention is not to make you cry. We get enough interviews where people cry, which is also understandable of course.

P: You know, I might be making fun of that, but I realize that there are some people that do that, they are very emotional, they are very... My psychologist friend, he is a bit of a cry baby, whenever he is telling me about one of his problems, he starts crying, and this guy is a psychologist. So there you go, and he is one of my best friends – I won't mention any names.

BK: Well, full disclosure, I can be a bit of a cry baby too, but I will try not to. People just respond to these things in different ways

P: I know that, but what really...

BK: I know you do.

P: What really upset me was that I was looked down upon for not being a cry baby.

BK: Oh really? That is strange.

P: That is what I didn't appreciate. Like, please allow me to react the way I want to react when you give me a diagnosis, doctor. Allow me that because I am the one that is going through it, not you.

BK: Yes, yes.

P: Right?

BK: Absolutely.

P: He is the doctor, I am the patient. Again, I am pretty smart because I observe the world around me. And I am also into many operas and ballets, and the rest of it so I like a lot of classical stuff, anyway.

BK: We talked a little about AIDS Vancouver. Were there any other kinds of community responses going on in Vancouver?

P: Shortly after that, Friends for Life started up, so that was the best support I have had – hands down the best support as far as getting together once a week at the time for a meal and all of us were HIV at the time. Because when Friends for Life first opened up, it was strictly for people with HIV. And it was Lorne Mayencourt who started that organization, so that has always been my favourite organization.

BK: That was mostly social support?

P: Yes, social support, that's it, nothing else, no counselling. I didn't feel the need to go to counselling, I do my own counselling work, that was you see I am not prone to start crying.

BK: When did you get involved with Friends for Life?

P: Yes, I do remember, it was about 1994, '95 they started the operation on Beach Ave, they started off very small in an apartment on Beach Ave, and I would drop by for a meal and there would be a whole bunch of people. We just sat around, had a meal – that is the best way for people to relax, by the way.

BK: Food?

P: Yes, make a meal, invite your friends over, have a bottle of wine, that is the best way for people to relax and really let their hair, you know.

BK: Yeah, that kind of social support is really important, kind of informal, and just talk and share and feel supported within the community, a little community.

P: So yeah that, and I still go to this day. There is still an operation, but they have cut down, there used to be two brunches a week, and now there is just one every Wednesday, but they still have programs, they still have massage, which I have taken part in. I am not, you don't have to cry in order to get a massage, so I get a massage, or reflexology, because I walk a lot. So, they have got some good programs there, I highly recommend the place.

BK: It has changed quite a lot since the mid '90s.

P: Yes, there was a lot more support for it.

BK: My understanding is that the organization isn't just for HIV anymore, right?

P: They opened up in about 2000, I would say about 2001, 2002, they opened up to anyone that had a terminal illness as opposed to being just HIV and that is fine too. I mean that makes us, that is acceptable. Didn't make me cry.

BK: I suppose early in the early years it was just HIV and it was mostly men.

P: Mostly men, yeah. I would say mostly men, then later on, some of the women started showing up.

BK: How has your perspective on HIV changed over time, looking at what HIV means now versus what it maybe meant to you in 1991?

P: Well, what it is now for me is I believe it is more of a manageable, but there is still, you still, you can still have issues with some of the meds, but it is more manageable illness I would say. But if I was to stop my meds of course I probably wouldn't do as well, I am assuming. I probably would survive a couple more years and then I would have to start fading away, you know all those, loosing lots of weight and looking terrible and all the rest of it.

BK: It's sure a lot different than being told you have five years to live.

P: Yes, yes, but again, I jumped in on those meds with the new class of meds in the year 2001, I knew they were coming in, so I was encouraged, or felt more encouraged to say yes to them and by then I think my counts were going down to about 200, and that is sort of the...

BK: Did you actually ever get really sick?

P: No, no.

BK: That is great.

P: If I have had night sweats, I don't know what that is.

BK: Ten years is a long time.

P: And I can show you a picture of what I looked like.

BK: Sure, why not.

P: I have aged of course because people age, right?

BK: Of course, aging is a thing that is supposed to happen, I think.

P: That is me at the age of twenty-three, in [town], Texas on vacation with my boyfriend.

BK: Wow. Are you wearing anything?

P: Speedos, speedos were the "in" bathing suit back then.

BK: Of course, I think they are kind of "in" again.

P: Are they really? Probably. You have got a nice slim figure and you can get in, and this was a few years ago. So, I am aging, I get different haircuts, my hairs may be a little bit longer now but from time to time I will trim it up.

BK: Doesn't look like it was so long ago, right?

P: A couple of years ago.

BK: Did you experience a lot of stigma after your diagnosis?

P: Not personally, no I never felt that, but again, don't forget, I am not all that, I have never been all that promiscuous. I am not the type to go to parks and, you know, unsafe sex type thing, you know what I mean. If I was to have sex now, of course it would be with a condom, right? And I am older now and I have lost a little bit of interest in it.

BK: That also happens

P: But you know, if I see a nice looking male, I certainly, I don't stare, there is difference between staring and looking and when it comes to cruising, that word cruising that we use in the gay community, there is a difference between... I never stare, but if there is somebody that I find appealing, of course I look.

BK: So, stigma wasn't something that you particularly experienced.

P: No, not really, probably more so since I have had this. You know, people seem to look at me more 'cause they know something is a little different, since I have had my tracheotomy. I have had people stop in the middle of the sidewalk and stare right at me, and it is a good thing they didn't get a slap in the face, but again I don't want to get charged with assault.

BK: That is horrible.

P: It is horrible and a couple times I have confronted people and say, "Excuse me, what is your problem? I am a cancer survivor." And you know what? That really embarrasses them, and really makes them turn away, and I said this to people that were like twice as big as I am. I weigh 162 pounds, but you know.

BK: Thinking on a large scale here, how did the epidemic change the gay community as a whole?

P: You started seeing divisions, like the HIV people, and of course people that weren't HIV, started scared, started noticing there seemed to be less people going out to have sex or something, or didn't seem to be, from what I noticed.

BK: So, less sex. A little more divided, you said?

P: Yes, I would say that.

BK: And is that the way the community still is in some ways? Or has it recovered?

P: I would say it is still about like that, it is still a little bit like that.

BK: Does the West End feel a lot different than it did back then?

P: I have never – back then it seemed to be more friendly, now it is not, but again, perhaps that is because I am older, and I don't go to night clubs where twenty-year-olds go, you know what I mean? I don't experience that like I used to when I was twenty, right? There was a time when I was twenty-years-old, so I would associate with other, but when I was twenty, I always preferred someone maybe twenty-five, twenty-six, twenty-seven, and I didn't mind my own age but I never seemed to meet them. I was always meeting older, but the time that I came out at the age of sixteen, I always wanted to meet people my age, but they always seemed to be a little bit older – eighteen, nineteen.

BK: I guess at that time, there probably weren't a lot of sixteen-year-olds that had access to that community in a lot of ways.

P: You know what, 'cause most cry baby's like to stay at home with mommy. That is a good way to put it. Most cry baby's like to stay at home with Mommy. I was out working paying rent at a rooming house in Toronto, and in 1970. It was crazy, were you even born then?

BK: Not even close.

P: You weren't even born then. You are an '80s baby.

BK: '90s.

P: Oh my god.

BK: Barely, but as a long-term survivor, do you have any advice for younger generations of gay men or newly diagnosed?

P: I would say look around you, ask a lot of questions before you start doing what everybody is telling you to do. Look around you, look within yourself, and see if that is what you want to, if that is the answer for you.

BK: A healthy degree of skepticism.

P: Like, I am not the type to go into my doctor's office, and if he was to say "[Name], I would like you to take this pill," there is no way I would do that. I would say why, why? What is this for, what is it going to do? I would ask a lot of questions about it.

BK: And that really stands out in your story, how much control you take in your own health conditions.

P: Perhaps that comes from my childhood, or an inner strength that I have that I am tapping into, which I think that that is what it is, an inner strength.

BK: Any advice for health professionals today?

P: Well, I certainly hope they aren't running around and telling people they have – they shouldn't be telling people, oh you have three years left, that really upsets people quite a bit,

people don't want to hear that. They might want to just – what doctors might want to do is just do a soft approach with their clients, and perhaps say well why don't you think about it and we will talk about it in six months from now if you want to take medication or not, more of that type of approach as opposed to this fear thing, you know? Making you terrified, making you feel terrified, they seem to like to do that.

BK: I hope that has changed, but I don't know for sure. That is definitely good advice. I am out of my formal questions. Was there anything that you thought that we would talk about that we haven't had a chance to talk about or anything that you want to add?

P: That is probably covers everything I would, I think.

BK: Sure.

P: You know, but as far as the medications, if you became HIV, you would have – I mean I have been on the meds now seventeen years, right? So that, and I realize now that that saved my life, so making my decision when I did, helped to save my life because I was jumping in at a time when the medications were a lot better. So, I would say to anyone now that was HIV, I mean go on the medication, if you are ready to go on it, try the medications, because they are a lot better than they were twenty years ago.

BK: With the new medications, do you find you have any side effects?

P: Sometimes a little bit of neuropathy, that is a common one, but there is medication to help with that. Keep healthy and watch your diet and don't spend the whole day at McDonald's, which I don't do, I cook at home, because I know how to cook, so...

BK: Probably years in the restaurant industry have served you well.

P: The years there were an experience, so I have learned some skills there. You know, when you are a waiter and it is slow and there are no customers coming in, you talk to the chef, you see how the chef is cooking, so you learn things, right? When my brother was an executive chef, he is dead now, he passed away – he was a big guy, 6-foot-1, 290, but maybe it was the weight thing but he passed away at the age of fifty-four, my younger brother. So, I have a lot of us were in the food business because it was a good living at the time and it got us out of the house.

BK: Anything else you want to add? Just want to make sure to give you a chance to add anything.

P: No, I think that is pretty much it. If something comes up that I want to tell you, perhaps I will call you and let you know.

BK: Yeah, we can always sit down and chat again in this environment, if there are a few things you want to add.

P: You know sometimes when you are talking about these things, and I find with this kind of speech, there's the odd time I tend to forget to mention something because I am trying to concentrate on what I am saying, because I am bringing up the air and it is going through the implant and it creates the voice, so it is a lot to think about, right?

BK: Yes.

P: But I certainly don't want to be crying.

BK: We certainly have got that on the record. Well, if you don't have anything else to add for now, I will just turn this off.

P: So, we covered everything then?

BK: I think so.

P: We did well then.

BK: We did, thank you.

P: You're welcome. I hope this will be a help because I think everyone's attitude is going to be a little bit different, but I hope I have been able to perhaps give some encouragement to someone. What do you think?

BK: I think that...

P: With my attitude, were you able to pick anything up?

BK: You seem to have a very positive attitude, that is a take away of your story for me at least.

P: Which I am in general.

BK: I think that is definitely encouraging for folks and it is something that has come up in a few of our interviews, who say that is a really big reason they are still here because they have that outlook.

P: That is right, they try to hang on to that, right? I think that is important to keeping a positive attitude, having good friendships. You don't have to have fifteen or twenty friends, you can only – I only have a handful of friends, that's it, but back east I have lots. I got probably more because there are people I grew up with at the age of sixteen and seventeen. They are all retiring from their jobs now, they all worked for VIA Rail, or they worked for National Defense, good jobs you know. So, I am still in touch with them of course. I plan to make a little holiday next summer to Toronto, 'cause next year I will be moving back here, don't forget, I will be moving back to the West End where I belong. Don't move to the suburbs when you are HIV, you need to be closer to the downtown area, where the services are and your friends are. I made a mistake, can you forgive me?

BK: We all do. I mean, I don't know about all the services, but almost all of them are still here, so that is a challenge, and I think it is really crucial for us to capture a lot of different perspectives and outlooks and you definitely added a different one than we have heard from most people, so I thank you for that.

P: I like to be my own person. Why try to be someone else? Be yourself, be yourself for god's sake, why do you want to be like someone else? People that are original are a lot more – to me are a lot more attractive than people who are always trying to copy other people. I find that for me anyway, original people, artists, or people more like that anyway.

BK: Anything else you want to add?

P: That's it, we will stop it.