"HIV in My Day" – Interview 8

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Interviewee: David Yadlowski (DY); Interviewer: Ben Klassen (BK); also present: William Flett (WF)

Ben Klassen: So, we are just getting started here with David Yadlowski. We like to start by asking the people that we are talking to, when did you start engaging in gay life or come out into the gay community?

David Yadlowski: That would have been the early 80's, I lived in Edmonton it would have been – I'm thinking back – '79, '80. I was working – I lived in an apartment in south Edmonton. I met friends who lived in the building on the same floor – they were gay. I wasn't out at that point but they would take me out and we'd have fun, and I met one of their friends – that would have been '79, '80. And that was sort of the introduction. And then I left after university. When I was in university – I left in '85, I left Edmonton, but in that period of time – '80, '81 – to when I left, I was in the gay environment, but I wasn't… I was out but I wasn't out. It was Edmonton.

BK: You left Edmonton in…?

DY: After University, in '85, I moved to San Diego for a year, and then to Toronto and I ended up in – I didn't love Toronto, so I moved. I knew I had to be on the ocean, 'cause after San Diego. Then I settled in Vancouver. I had friends here. It was an easy transition and it was very open. People weren't worried about being gay. That's – and my introduction was pretty much in San Diego – there was a very big gay community. It was very different than living in Edmonton. Edmonton was very closeted and conservative. I needed something different. I knew I was different and I didn't want to be in that city. My family is all there. They all know. They all understand who I am today, but I just didn't want to live there. I think the Rockies were a nice barrier for me.

BK: That's a really interesting set of experiences. You have different snapshots of a few different communities in the early- to mid-1980s, so what would those communities have looked like at the time? You alluded to Edmonton looking a little closeted still.

DY: Oh yeah, everybody's still conservative there. People in Edmonton are very friendly. I have a big family – aunts and uncles – I have five siblings. Lot of relatives, and my background is Slavic, so everybody is very physical and kissing and lots of food. And so, the community that I grew up with was very religious, very Roman Catholic, but today I'm pretty much Pagan. I have studied a lot of different religions. I try to use what I know about the different religions to be a better person but I'm not committed to any one church. I've studied and went to very different churches even in Vancouver, but today I don't think about religion as my grounding. I have aunts that pray for me, which is great, sisters who think God is helping me be alive today which is great, so I don't dismiss that but it's not my way of… My spirituality is a combination of many different religions, shamanism, wiccan – I'm not nailed down to any one thing.

BK: Interesting.

DY: So, in the early-‘80s, I just knew I had to escape after university. Being in university, you meet a lot of younger people and there was a lot of gay underground at the UAB, but I was out clubbing with friends and there was like two gay clubs, which was all you have – it’s all you know. But I knew I needed – I was travelling a lot. If I wasn’t in University in summer, I would go to Vancouver where I had friends, which was a bigger community and I realized that’s where I would want to be. And then I met somebody in Seattle one New Year’s or Christmas, and then I dated him for two years long-distance from Edmonton to Seattle. And then we moved to San Diego and I was there for a year, and then I knew I had to come back to Canada after a year hiding.

BK: Moving forward a step, how did the community look in San Diego at the time?

DY: There was a lot going on. I lived on the beach, I was in the ocean every day, I didn’t wear shoes for a year – I didn’t need to. I was very laid back. I drank a lot because it was available everywhere, and I knew I had to cut that back and I left partly because the person I was with was drinking lot and being messy. And I grew up with alcoholism and I didn’t need that anymore and I needed to – not escape, but I knew it wasn’t working out and I needed to take control. And I did that by moving to Toronto where I had friends who would take care of me. And that was six months in Toronto in wintertime and I knew I wasn’t going to stay there, so the only alternative was to go back to Alberta which I did for a month. And I realized BC was the place and that’s where I ended up in ‘86.

BK: You get to Vancouver in ’86 – what did the community look like here?

DY: When I got here, it was Expo. I had friends here, which was good, and they were very helpful. My priority was finding a job, which I did – I was very lucky – and that took six months. And then I transferred from that job into a permanent job, and after five years of that job I moved to another permanent job, and that job I stayed in for twenty-two years. So, that was a good job and I had a pension and secure – I retired five years ago, stable financially, so things worked out really well for me, because… I don’t know why, I just figured out I needed to control parts of where I wanted to be, and I knew having a pension would help me financially, and it did and it has. The gay community in the early-‘80s, I didn’t participate a lot. But again, I had friends and getting set up – like finding an apartment… And then in ‘87 I think I met a fellow from Toronto who moved here and we lived together for five years. We had a house and two dogs – it was nice. And that ended when I was diagnosed in ’91. He didn’t want a partner who lived with HIV, so I had to figure out something else for myself, and I did. As the stigma was really just sort of coming to the surface – the whole idea of living with HIV, everyone was going to die, all the movies were about dying. So, I made the choice early on to not consume a lot of that information because it was false and it was traumatizing for a lot of people. And when I was diagnosed in ‘91 I realized that I needed to make some changes, and the relationship ended, I had to situate myself in a different place, at a different house. I moved the dog and I lived there for eleven years. It was a beautiful house, a garden – I was very happy. It was convenient, I had a car. I didn’t rely on too many people, and when I was diagnosed I started using the services of AIDS Vancouver and – before it became Positive Living…

BK: The PWA Society?

DY: Yes, yes. It had a library – I used to go the library and research because I knew they were offering me drugs that I didn't want. I knew what they were doing to people. So, I looked at the European model and I started doing hydrogen therapy, which is an injection of low doses of hydrogen peroxide and that really boosted my immune system. And I didn't really need the meds or the hydrogen peroxide, but I wanted an alternative to the AZT that they were offering, and I said, "I'm not going to take that." And I didn't need that 'cause my blood work was still in the range where I didn't need it. I was healthy, I was a vegetarian, I drink moderately. So, I knew I needed to take care of myself. I was doing alternative modalities, massage acupuncture, exercising. I had a bike, swimming. I was – I coached the swim club for two years, so I was active, I took care of myself. The gay community I was sort of part of because of the swim team. We would have events, fundraisers for the club, so I would go to those fundraisers and they were fun. And I met a lot of amazing people working at the aquatic centre my first five years in Vancouver – I met, again, a lot of amazing people. The gay Olympics was in Vancouver when I was lifeguarding and I didn't really participate other than as a lifeguard, so I didn't socialize with a lot of the athletes or the people that I knew here other than the ones that I knew. And so, I wasn't really big in the taking drugs or doing what a lot of the gay men in those days were doing and again it wasn't a critical thing. I knew I needed to take care of myself physically as well as mentally and that environment was very – not toxic, it was… the rules were – you were just going to die so you don't have to take care of yourself, and I just didn't like that idea, it just wasn't going to work for me.

I lost a lot of good friends. The person who actually infected me – he was from Toronto – he moved to Vancouver and reconnected with him. He moved back to Toronto after five years here and then he passed away. And when he died, it was about ten years ago, that was kind of a marker for me. His lifestyle was different. He drank a lot, he was a party boy, he did a lot of drugs, and I never really did a lot of that. So, he had a different path for his life, he decided something different, and he passed ten years ago, and it was a big marker to me and it was something I needed to be reminded of. I was sad that he died, but he was the one who passed this on to me. I don't know what to think about that other than it was – I was a part of the community but not as deep as some of the other people may have been, and again I'm not criticizing. It's a big world, everyone's going to do what they are going to do, but my idea was to look differently about how I fit into that community. I lived in a house outside of the West End. My first year in Vancouver I was in the West End and I didn't like it – people didn't look you in the eye, and there were a lot of seniors, which I loved, but people weren't as connected to their community, their neighbourhood. It was very – it was regulated in a way that I didn't like. I grew up in Edmonton where everybody talks to everybody, you don't lock your doors. You have advantages that people – that they – there is a restriction here, socially, in the city, that I have always looked at but I didn't fit. But I like the environment, I like being outside, I like to ride my bike year-round. Those sorts of things.

BK: I don't think Vancouver is typically thought of as being the most friendly city.

DY: I mean that's my understanding. I'm not criticizing, I just know – maybe it is our British heritage where we have to be a certain way. I love going to Seattle because people there are very effusive – they open up easier and they aren't as restricted in their thinking. There are so many rules, so I go to Seattle quite a bit because I have good friends there who I met in university who I have stayed in contact with over forty years. It's affordable, so I socialize a lot in Seattle, rather than Vancouver.

BK: Pinning down your involvement in the community here – you were involved but mostly through specific friends or active organizations like swimming, not so much the baths or bars.

DY: I tried the baths and they didn't work for me – I talk too much. There's a rule. The first time I went, they had to ask me to leave – I talk too much. I said, "Really?" So, I went to my friends and say, "You tell me to go to the baths and what? You don't talk. Why didn't you tell me that?" I didn't know that. I went the second time and it was the same thing. So, I didn't go to the baths, and again, it's an environment that is necessary for some people, so I don't criticize it or have opinions of it, but it doesn't work for me. So, they are popular, I know what goes on there to some degree, but it's a culture I never really participated in or want to. I was fortunate that I had friends who were physicians, psychiatrist, doctors. And I helped to raise children through friends who had children – babysitting, driving them to school, soccer, birthdays, Christmas – so, I had like a family for myself here separate from my family in Alberta and that was very helpful for me. Today the kids are in university and I don't see them much anymore – my need to drive them places and give them presents aren't the same and so there's a little bit of grief going on these last few years – have to let go or to find something different. So, it's a family I had, but we aren't as close as… So, that occupied a lot of my time, co-parenting, which was lovely, 'cause my nieces and nephews are all in Alberta and I don't see them as often and I'm not as connected as the kids here in BC.

BK: That's a concept I think a lot about in terms of the gay community – choosing your family, creating these kinds of family environments for yourself. That speaks to that concept in a lot of ways. One other thing you mentioned – well, there's a lot of things you mentioned, but you mentioned that you tried to avoid some of the information that was coming out, I guess the medical information about HIV and AIDS.

DY: The media were telling us that you were going to die. We are going to make movies to traumatize you was the message, and I didn't swallow that, I wasn't a parrot, I wasn't a part of supporting that. I still haven't seen the movie with Tom Hanks and the black guy.

BK: *Philadelphia*?

DY: Why would I want to watch that? That wasn't my – in my mind, to support me… So, today I don't ingest a lot of the media or a lot of what is going on in politics in Canada or the States – I mean it comes at us through Facebook. I don't have a TV – I got rid of that cause it's traumatizing. I know what's going on in the world, but I don't have to wallow in it or put it up to my neck get traumatized. I have friends who are just anxious about everything. I wanna avoid that. I don't need that in my life.

BK: So, just ignoring that information was a means of avoiding that anxiety?

DY: To prevent anxiety. I think most of us are just traumatized. I mean, we pick up the phone to do everything today, so this opportunity to actually sit with somebody and sit with them… I changed doctors because I wasn't getting doctors through somebody who I thought was actually there. They were there but they weren't actually there. So today I have a doctor who looks me in the eye and tells me what's going on. You know, he doesn't piss around, he doesn't pretend that anything is going to be other than what it is. I need the information, so I look for that in my life and I try to get it the best I can. Sometimes I don't do the job, but sometimes I do.

BK: Do you remember when you were first hearing about HIV and AIDS?

DY: That would have been in California in '84 – "Patient Zero" was named. And so, nobody was really concerned in '84 when I was living in San Diego, but I knew it was starting. I didn't know what it meant. I was in a relationship, so I thought I was okay. It didn't really concern me, 'cause I was still young, too – late-twenties or early-thirties, so yeah. I left in '85 and moved back to Canada and then that's when it started. And then when I was diagnosed in '91, then everybody said you are going to be dead in a year. So, that was the message, and I said, "No, I don't think so." And again, my intuition has always guided me to look for different options, because I grew up in a household where there weren't a lot of choices, so I knew I needed to find my own choices throughout the rest of my life and that's what I tried to do.

BK: There wasn't this immediate sense of "this is going to impact me," when you were first hearing…?

DY: I was devastated, obviously. I fell apart. I was ready to die. I didn't know there was an option or that there was a way out. But then I got stubborn and realized, no, I had to do something different and that's when I started researching and looking for options and started Hydrogen therapy,

BK: Sorry, I was referring to 1984.

DY: No, in '84, people – no, people weren't talking about it. It was taboo, they didn't know what it was. People were showing up with the lesions, Kaposi's sarcoma. They were calling it gay cancer – that was the message in the '80s, the early-'80s when it started. And they were giving AZT which is supposed to cure the gay cancer, AIDS cancer. I know that's toxic – it was offered but I knew I didn't want it.

BK: What were some of the impacts of AZT?

DY: The muscles from muscle dystrophy – like, you get the humps or the bellies or the muscle mass moves throughout the body, goes to different places on the body, and the facial wasting – that's a big one that a lot of people walk around with today 'cause of the AZT and the drugs they were given initially. Because people were desperate,and they were scared 'cause they were watching movies where everyone was going to die, so we need something to save ourselves. And people weren't – they were just scared, they were… I remember at some point that AIDS Vancouver – there were a lot of getting the drugs organized through the government to move them into the mainstream, and there were the coffins and the chalk drawings on the sidewalks –

that would have been the late-‘80s I think. So, there was demonstrations and the quilt – that was also… When I was working at the aquatic centre, that was happening, so there have been… So, today I don’t see or experience militant “we need help” or “this is important,” ‘cause now everybody can take a pill. It’s different and I don’t know where that is going necessarily.

BK: It's been a profound shift and people are still trying to figure out what that means.

DY: And even the information today isn’t getting through. I went to this lecture on Wednesday about the legality of HIV as well as the history of the transmission – Dr. Hull and Valerie Nicholson – she’s down the hallway talking about her people. Anyway… And that was very helpful but I was in my review, where you fill out what you thought about the lecture, which was great. I had a question about the apps on the phone – like, I don’t use them. I tried dating on those apps, but there – the stigma of HIV, they ask people “do you live with HIV?” That’s why – are you still asking? It should be undetectable and that message isn’t out in the world. So, I don’t use the apps, ‘cause it’s false. You are giving information on the mainstream for dating gay men or women and it’s – nobody is really understanding what that means, so it’s disappointing. So, it’s like getting rid of my TV so I’m not traumatized by dating in that way.

BK: Still a lot of work to do…

DY: I don’t know, probably.

BK: In terms of combating stigma.

DY: Yeah. There’s ignorance out there. I can’t fix it, I don’t know what to do about it. I just have to not ingest it, that is my strategy.

BK: You spoke about the sensationalism in mainstream media creating this hysteria – assuming if you get HIV you are going to die, for example. Were there any good sources of information that you were using, still thinking about the ‘80s and ‘90s, as the epidemic was progressing?

DY: I’d have to say no. There weren’t a lot of good – I have to… Okay, I’ll go back. AIDS Vancouver was very helpful – it was support, it was information I wasn’t getting gin the media. And I had to throw the media stuff away cause it wasn’t helpful, it was traumatizing. So, today, still the information that is coming out – like “U=U” – I figured that out, I read about that a couple of months ago, and it was a surprise. It was at my doctor’s office, it was a magazine, and I thought, okay. But there’s no poster, there’s no news reel, they aren’t talking about it in the mainstream media. I don’t know how to fix that, it isn’t my job, so I have to take care of myself. So, if I meet someone interesting I want to meet or date, that’s when I am given love, you wanna read that? Then we can talk. Otherwise run away, you aren’t for me. So, today I know what “U=U” is but I don’t think anybody in this city understands what that is. So, I don’t know about media today – it’s not really very helpful. Again, I don’t have a TV, I don’t want to see the news and be traumatized every morning, or the newspaper – it’s always bad news. I’m trying not to be nihilistic or sad, I try to be good and happy. For me to do that is to not swallow all that stuff that doesn’t make sense or isn’t meaningful.

BK: We'll get back to the '80's and '90s but I wonder if why so few people are aware of what is going on nowadays is because the message has gotten more complicated and more medical.

DY: It's diluted on some level. I don't know, I don't have the reason, I don't understand it. It's sad for now. It'll change – there are amazing people in this field, like yourself and the doctors and the volunteers that work in this area, but somehow the message isn't changing anybody's mind outside what the work is actually doing. Not a criticism but contribution, and I think that's why I wanted to do this 'cause of the quilt – nobody talks about the quilt anymore.

BK: Let's talk about the quilt.

DY: I mean that was brilliant and how that impacted so many people. And the AIDS Walk, that's not happening so much anymore – it's happening but it's not advertised really. The things that are important about the HIV community or AIDS in general, there's never a lot of information, or posters, or news about specifics, or the current good information. It's just diluted, or lost, or not important enough – I don't know how to talk about that other than it's disappointing.

BK: Do you remember – did you actually see the quilt yourself?

DY: Mhm.

BK: What was the experience like?

DY: It was powerful. It was huge. People were dying and they were making panels for the people that had passed – it was a memorial and it went for years. They used to hang pieces in the old building that was here. I remember showing up at one of the meetings and the quilt, part of it, was on the wall. And you – it's very emotional. Wow, that's an actual name and an actual person, and a little bit about who that person was, and it was lovely. And it put it in the minds in the forefront, which was important in the moment of time. Somehow, it's lost its impact. Today, people… I don't know, social media isn't helping in a current or responsible way in my opinion. Again, I don't know how to fix it, so I choose not to participate in that sort of environment. My friends use it all the time and that's fine for them, but it's not what I want in the end. I'm one person, I can't fix everybody. I'm old now. I just want to enjoy my life as much as I can.

BK: And these are complex issues, of course. Were you accessing information prior to your diagnosis as well?

DY: No, I was in a relationship. I wasn't connected to the gay community other than going to the club once in a while with my partner or going out for dinner. No, I wasn't really. I was in a relationship, so I put that on the back burner, it wasn't important. I thought I was secure, I thought I was going to be okay. It didn't cross my mind until I was diagnosed that I had to start researching – opening up my ideas of what was going to happen, or could happen, because I didn't know.

BK: Was there the sense that – what I hear you articulating is you've had a series of longer term relationships and that was part of your thinking well. "I'm not at risk because I haven't been – I don't go to the baths."

DY: Baths – the idea of the baths started after I was diagnosed, and I wasn't disclosing 'cause I wasn't really active sexually with a lot of people, so I wasn't out in that way. So, I don't know. You are asking me to think about a timeline where that question doesn't fit for me.

BK: You said you felt secure.

DY: I wasn't diagnosed at that point. I was living with it but I didn't know it was in me until I was diagnosed in '91 when I went to give blood and they said, "You need to see your doctor," then I was told, "You live with HIV." And then that's when I started making changes 'cause I had to – there was no real option. And since then, I haven't really had a lot of relationships. I think a year or two was maybe the most since that. But the idea of living with HIV, people just don't really have a lot of information about it or an idea of what it means. Again, it's not my job to educate everybody – keeping myself alive is enough work.

BK: As you were hearing about the epidemic, was your behaviour changing at all in response to that? Was there a conscious decision to change any aspects?

DY: It's interesting, when I started diagnosing – after I was diagnosed, I met a fella and there was nice chemistry. We had a few dates and when – we hadn't had sex but I remember telling him I was HIV positive, and immediately… That would have been in '92 or '93, and he just said, "I'm not going to date you. You have HIV." And it hit me really hard and I thought that's the message – he's scared. I guess I should be scared. So, that was really a memorable moment for me and that would have been '92 or ['9]3 and I realized – he saw something in me that was really nice, and I saw something really nice in him, but as soon as I opened that door, he said, "No, I'm not interested in you." And it was a door slamming. Since then, I am really cautious about disclosing or why I would need to have a partner if that's the message I am getting back. 'Cause talking about it wasn't making my life easier, it wasn't helpful, so it shut the door for me to be able to be open about it. And that would have been early-'90s.

BK: That speaks to the degree of stigma.

DY: Still today.

BK: Poz-phobia.

DY: It's still there today. You know, when you are undetectable, they don't care, they don't want to know that. You have to be living without HIV before we will talk to you or be interested, and so that's what I am dealing with today. So, I don't date much anymore, I don't need to. I don't want the frustrating – I don't need to babysit anyone or educate anybody else.

BK: Your behaviours in response to becoming HIV…

DY: Yes, of course.

BK: Do you feel like it was changing at all before that? In response to – there's this thing that's out there…

DY: It wasn't affecting me in that period of time, so it wasn't in my consciousness to protest or get on that bandwagon. I was stable, I had a house, I was comfortable – I didn't want for anything. My health was fine. I need to tell you that in 2007 I got cancer, stomach cancer, and at that point you need to get on HIV medicine and because it was cancer you have to – I had a lot of questions I wanted to ask, and they said, "No, no. You have to take something or the cancer will come back." And that was again a turning point for me, or a marker for me 'cause up until then I didn't take meds – I didn't want to and my bloodwork was still coming back really good. I had a CD4 that was really good, over what it needs to be. I was never one of those people who had a CD4 count of four, on a deathbed, and I mean that never happened to me for some reason, and I acknowledge that. And I think that because I made a lot of changes in my life – eating properly and sleeping and not excessive partying, just being responsible in my health. And I think that has helped me over the years to help me maintain my health, but when cancer showed up, I had to surrender – jump on that train, treatment, and move forward.

BK: That feels like it has been a positive decision?

DY: How do you mean?

BK: That experience.

DY: Yeah, yeah, definitely. The meds at that point were much less toxic and that's why I agreed. These aren't AZT – you don't have to deal with those twelve pills every five hours or whatever they were giving out at that point. I never had to go onto a regimen, and I am very grateful, and I understand that. And I like that some part of me knew better, and I can't explain it – that's just how it was.

BK: You took ownership over your own health.

DY: I have always been that way. I make sure that whenever people are giving me information I am sure to make sure I know what it means, 'cause I have had doctors that just give you the little bit of this and they don't really know what you're asking or what they are telling you, or they are reading out of a book that doesn't necessarily apply. And I love the western medicine, I'm not trashing it, but I have a lot of questions. And I grew up with friends who were in the medical profession who gave me great advice, that I needed to advocate for myself regardless of what was going on, and that was very helpful. Sometimes people don't listen and I needed to get the information I wanted clarified – it was important and it has always been that way. So, I am a little bit militant that way and they knew that.

BK: I think that is a really important thing for us to capture, the ownership people have taken over their health – long term survivors. And obviously some of it is luck, but why are long term survivors still here?

DY: Next week I have an appointment to see my oncologist and I'm going to ask him about – and that's the next deal, I am going to see my HIV doctor. So, next week I will see both those doctors and I am going to ask them about the bloodwork – this strain that I have, can they find that or understand what that is and what that means for today? 'Cause nobody has ever talked to me about that and it is something that has come up in conversation recently with other friends. They have had their blood tested for the strain they actually have and how that makes a difference and nobody has ever had that conversation with me. And so again, that's for me to take that forward and have these doctors look into that, do the right blood work so I can have that information. So, if I'm going to be around for a while, I want to know – that's just me being clear about what I need or what I would like. And maybe that won't happen but I'm going to ask anyways 'cause that conversation is out there on some small level and I want to know a little bit more.

BK: Let's rewind a little to the '80s again, taking a step back from your recent experiences. You arrived in Vancouver in '86. Was the community beginning to respond to the epidemic?

DY: Not really, no. In the '80s, no. I was busy with my job, I was living in East Vancouver outside of the downtown. I wasn't every day in the West End, it was a weekend thing. If I went out, I had other friends outside of the gay community, so no, I didn't really experience what was going on at that point. Everything for me started after I was diagnosed, that's when I found the agency and that was when I started doing the research I needed to do. Other than that, no. I was happy, I wasn't worried about my health.

BK: You got involved with the community response in the early-'90s. If we look at the early-'90s after you were diagnosed, what did the community response look like then?

DY: The agency that I would come to was in this building and they were very open and very happy to support me, and they gave me a lot of good information. And over the years, I did some counselling through them. I became a volunteer through the Loon Lake retreat – I did that for nine years, that gave me purpose. It was a community I could connect with and support and I loved it. And it was a great environment to be in and be responsible with again, and that's where I met Jackie. So, other than doing the volunteer work, until the cancer, I wasn't really needing any sort of understanding, I wasn't protesting. I went to – I was going to a lot of AIDS Walks, I was doing that. And that's when I was diagnosed. I would go to the AIDS Walk and donate money and we would walk. I think I did that for consecutively about eight years, the AIDS Walk every year, and I met some really lovely people. But it was like once a year we would walk, donate money. And I did some volunteer work in the '80s with Easter, Loving Spoonful, the Christmas hampers and putting together those for people living with HIV – I did that a few years in that period of time

BK: They started delivering meals to people. Did you ever deliver meals?

DY: No, I never volunteered to do that, just the Christmas stuff once a year. Again, it wasn't for me.

BK: It sounds like you became quite involved.

DY: A little bit – not as much as some people. I was working full time at the time, and when you come home you don't want to be dealing with that. And I was coaching the swim team and trying to travel a little bit.

BK: In terms of how you were utilizing the services yourself, it was mostly around the socializing and some of the emotional support stuff?

DY: Yes, and I joined a garden group for five years. It was great, a social environment with a lot of other gay people, some with and some without HIV. I found my way throughout the city to different thigs and I was very fortunate for that and I liked that. and I got good friends from the aquatic centre where I worked for five years.

BK: Taking another step back, do you have any thoughts on how the government or the medical institutions were responding to the epidemic?

DY: In the early days, people didn't know what was going on and the information wasn't out there for me to understand. All I remember was the movies I didn't want to see because at the end of the movies everybody's dead. And again, living where I was outside the downtown, I was on the Eastside far from what was actually going on. And when I was diagnosed, I started coming into the village or the office was for AIDS Vancouver to utilize that service because I knew there was a connection. But not living in the downtown, it wasn't an effort. I knew it was there and I would utilize it when I needed it. It wasn't a big part of my life, but it was enough to give me the tools that I needed to function in what I was doing. Professionally and socially, I had a lot of friends outside of the downtown and I had a dog.

BK: Your life wasn't centred in the west end.

DY: Yeah, that's probably the message from that.

BK: Did you have any perspective or any thoughts on the way that the provincial government – a lot of people like to talk about the Vander Zalm government.

DY: It was devastating to go through that period politically now knowing that they just weren't moving forward on the epidemic. There's still a lot of criticism for the government or doing anything. It was – I wasn't… I'm not very politically-oriented to begin with – I'm not happy with what's going on with our mayor, I think he is an idiot. The city has changed so much, the developers have taken over so much and made the city unaffordable, and the traffic is crazy. And I don't know what to say about politics except that in my city, I don't like the city very much anymore. I'm thinking it's time to move out into the country. It's not really a good excuse. The federal government with Harper. I worked in drug policy for five years and I watched that disappear with our mayor 'cause he didn't know what he was doing and now we have this fentanyl crisis – and he was elected on homelessness. And yeah, really, you're gonna hold onto that one are you but we have bikes everywhere? I don't know how to talk about it except I don't want to labour it, but it doesn't make me happy what is going on in the city today. And I think the gay community today, they are disconnected in what's going on. People can't afford housing. We have amazing services through St. Paul's, UBC, and SFU which is very promising, and they have a lot of good people working together to get this moving forward. I don't know, I ended up talking with Valerie [Nicholson] at the meeting on Wednesday and said she is going to Ottawa this week to talk about the stigma and the law and HIV. So, people like her, I'm really grateful for, and I know there are people doing this amazing work. I guess I'm not geared in this political way.

BK: You weren't taking to the streets as an AIDS activist.

DY: No, I haven't ever been a part of that. I mean, I understand it and appreciate it. I've watched the movies about it, and heartbreaking and at the same time lovely. Today, I'm not very politically active.

BK: Do you remember seeing any of that activism in Vancouver?

DY: I remember at the art gallery, the chalk drawings on the sidewalk, the coffins, the quilt. I do remember those things. It wasn't really – I wasn't a part of it, really

BK: It was something that you saw happening and it was positive, but you weren't drawn to it.

DY: Right, I'm not that kind of an activist.

BK: You mentioned being involved with Positive Living, Loving Spoonful. Did you get involved in any other community organizations?

DY: No. The AIDS Walk, I volunteered there. Again, nothing where I committed to.

BK: You talked about the media. The media is sometimes indicative of mainstream ideas around the epidemic. Do you recall what the larger climate was like in terms of how the mainstream society was responding to the epidemic, how they were responding to gay men?

DY: Initially, I remember them saying that it was a death sentence. They were showing a lot of pictures of people with the sarcomas dying in their beds in the hospital, people wearing the masks and gowns, because you were going to contract it by kissing or inhaling somebody's breath. It was crazy. And that went on for quite a few years, and then the hospitals and scientists realized it wasn't transmitted through toilet seats. So, the progression I remember for what it is today, and today it's not getting - there's no – people aren't getting the message, they aren't holding onto the real message, which is important. So, there has been a transition and I have been a part of from a distance but nothing concrete enough to be able to offer it to you.

BK: Did you experience homophobia? Was there a heightened climate of homophobia?

DY: Oh yeah, for sure. People started coupling up with people who weren't HIV positive and purchasing houses outside of the city. They were starting to nest outside or renting condos and coupling up. I mean, I don't know, I wasn't a part of that environment. I know it was very sexually-oriented with a lot of drugs but I was never connected with that in the same way. I had friends who went through that, who participated in that, but it never really resonated with me to be a part of that in the same way. Again, I'm not geared in that way. I don't know what more I can tell you about that.

BK: In a larger sense, do you feel the epidemic changed your relationship to the gay community?

DY: Yes, definitely it has, because I volunteer for Positive Living – I like the work. They are going through a rework right now, I don't know what that's going to look like in the next year. I know they are having financial concerns that affect all of us and again there isn't a lot of dialogue or information about what can be done. I know the government is pulling back a lot of money for AIDS awareness or HIV, and again, I don't know how to address it other than I'm not really – there's no information for me to understand it better. I just know that people are struggling for homelessness and the drug use and mental services need support. The fentanyl is wiping out a lot of young people. I don't know if it's so much the gay community that is being devastated but that was a big part of it in the early-'80s and '90s, drugs like cocaine. Maybe I'm just naïve. I tried cocaine once and it just wasn't something I really enjoyed. Acid, I've never done, GHB or whatever – the drugs that were out there, they were available, but I just never really wanted any of that. I don't need to be spun out in that way. It's not a criticism. I know the drugs are there but nothing that I really want to engage with. I had friends that play with drugs and that's okay if they want to do that, but then I make a choice to not really participate with them a lot if that's the case. Yeah, I've stepped away from people who do a lot of drugs 'cause it's just not, in my opinion, healthy. But it doesn't matter what everybody decides to do – everybody has choices.

BK: Did the epidemic get you more involved?

DY: Yeah, for sure, definitely. And, it's a purposeful thing to do, to support other – like, being on the Loon Lake retreats, I experienced people newly diagnosed, people who had been long term survivors. And everybody is important and everybody needs that kind of an experience where they are supported and understood and appreciated. I work part time as a psychologist doing therapy for people, and mostly with sexual abuse victims, or people who have experience with sexual abuse, and there were people in the gay community who I was able support and it was very helpful, and it was volunteer work and I liked doing that. That's kind of my way of making sense of what's going on and participating. So, it's not directly connected, but it is in some little way connected. I've supported people who were gay and had to deal with HIV. It's not a big part of who I am or what I do or have done in the past.

BK: Speaking of Loon Lake retreats, you mentioned a dialogue between people who are newly diagnosed and people who are long term survivors. What are maybe some lessons that long term survivors can share with people who are newly diagnosed?

DY: That's a pretty broad.

BK: It is, yes.

DY: I can only speak from my own personal way of being today. Just to take care of yourself and ask questions. And there's not just one way of doing anything, there's always choices or options, and I don't think people are understanding that you always have a choice. And if you are told one thing, it doesn't necessarily mean that that is it. It's a big world, there is room for everybody to do many different things. Because you are told one thing doesn't necessarily meant that that is the way it is. It can be, but it doesn't have to be. So, I don't really know what to tell you other than, for people who are newly diagnosed, take your time, make sure you understand what you are being told, and if you don't like what you are being told then ask somebody else. I really appreciated being in that position of being able to support newly diagnosed people as well as people who were struggling or long-term survivors, who still struggle. I was very privileged, to be in that position – it gave me the opportunity to just understand that people need to be supported in any way you can, even if it is for a brief time. The fact that – I told you that the fellow that ditched me because I was HIV positive, that was many years ago, over thirty years ago. I saw him yesterday and it was sort of hard to see him, and at the same time, I had to just swallow that. It was thirty years ago, he's a different person, I'm a different person. He's a nice guy, I see him socially periodically, but at the same time he has a different way of being in the world. He doesn't live with HIV. He knows that I do, but it doesn't make us friends, or make us need to be connected in anyway other than, "Hey, see you around." I don't want to know you, I don't need to know who you are today, 'cause that's not important.

I would rather give my attention to people who are HIV. That's why I do want to stay connected with this organization, 'cause it gives me strength to be able to do that. I don't know why I'm still here – I've had two bouts of cancer, I've had a stroke, I broke my wrist in February. I'm in and out of the hospital more than I would like. But at the same time, I'm aging and I don't know how to slow down physically, 'cause I don't like slowing down but I have to. And I need to pay attention to that. So, there are things in my life today that are reminding me that I'm aging and I need to pay attention to that and so what's going on in the bigger world isn't so important – it is but it isn't. My day-to-day stuff and the people that I support in my family and my friends and the agency that I want to contribute to, those are things that I am going to focus on for now. The history is important – I love that that we have that. The documentaries that I have been seeing in the past few years are really important and I like that we are doing this, that you are doing this because it gives voice to people who don't have understanding of the history. I don't know a lot of history, but I know enough to keep me moving. Purposefully, hopefully.

BK: I wonder how do we stimulate this cross-generational dialogue as a community? It seems to me as a younger gay man that we don't do a great job of talking about our community history, at least in regards to HIV and AIDS. Do you have any ideas of how we can foster that kind of cross-generational discussion?

DY: I love that you have somebody here from YouthCO because – I don't know why I am telling you this – I've changed my will so that when I am not here, I have set up a trust fund to support people who – youth specifically, who need housing or scholarships, or money for different things, and I thought YouthCO might be part of that, because I think the youth… To answer the question, youth today, some are very privileged and they don't need that information or they don't want it, but there are others who are traumatized, who lived different paths in their lives and they need support. And I'm happy to do that and that's why I have set up the trust fund so I can contribute that way, because I think the youth give us the strength to understand that we can take care of this. I don't know what this is supposed to look like, but that's again – I really haven't thought it through. I wanted something permanent that was going to be able to give HIV youth, specifically, a step up. And that's a small portion. I don't have a huge estate buts it's enough to give something back. The work can sustain itself as well and give something back to the HIV community, and I specified that it was the youth. I'm thinking about your question. For me, it would be the youth that it's important that we get the message to. I don't know how that's going to work, but I know that there's a lot of young people, street youth, who are using a lot of drugs that they shouldn't be using but I don't know the answers to that. This morning I hear the woman from Covenant House talking about the need for housing street youth and the population of street youth in Vancouver is off the wall – it's crazy high. So, it's sad that we… There are a lot of issues that aren't being dealt with in the city – the youth, HIV. Why are we talking about fucking bike lanes anymore? I don't know.

BK: We should maybe be talking about poverty.

DY: Yeah. These are all really important but challenging questions, right?

BK: How do you feel the community made it through the epidemic? In the first sense, how did we even survive this as a community? Does anything stand out to you?

DY: There were a lot of strong purposeful people, smart people, at the beginning, a lot of them still alive today. Bright people who – John, who is a fellow I know, he runs through town on his little scooter. I love John [Kozachenko] because he's one of the people who has this history. He's one of those people that I respect and love and he's just – he doesn't pull punches, he's one of our archive guys, he's putting together a lot of images and history for us, and I respect that. He's one of the people I know. I don't know him very well enough, I know who he is and I've spoken with him. The fact that he is still alive is brilliant. He's somebody who can mentor people, I would hope, if he hasn't already. He's given me direction, so I don't know.

BK: But there were these strong individuals who made a difference.

DY: I mean look at the pictures on the fourth floor of all the directors who passed away – amazing, smart men who had dealt with this for many years. And they were earlier in the epidemic and recently passed away in the last few years. And it was so sad but at the same time what they did over those purposeful years, that were helpful, important as to why we are still here today, moving forward.

BK: How do you feel that the epidemic impacted the community as a whole, if we look at the community before and afterwards?

DY: I think it's changed. I think it fragmented the community in different ways for different reasons, the epidemic. When you mentioned earlier that I noticed people coupling and disappearing out of the core, they were making decisions about their lives that either ignored or weren't they impacted by the epidemic? But they made choices to step away and live outside of the city and there's – I'm sure there are reasons for that. I don't know all the reasons for that but

I don't know all of the reasons – it doesn't matter, but that's what I noticed that the community isn't as cohesive. So, it did fragment the community, and again I can't talk about how, I just know that it has. There's minute ideas but I couldn't put a finger on why it sort of exploded the way it did, but there is still a cohesive organization, with AIDS Vancouver, Positive Living, and the [Positive] Women['s] Network that are really important and they are doing amazing work. I wanna still contribute and support that. I don't know what that's going to look like next year, coming into the year, and I don't know what is going to happen.

BK: I think the Positive Women's Network actually folded recently.

DY: Yeah, that's what I heard. I'm not clear on the – but I know that they had some funding issues as well. I don't know the specifics. It's out there but I don't really know what happened. I think the director stepped away.

BK: These funding issues seem to be something that is impacting the old organizations that have been around since very early on.

DY: The paper, on *The* [*Vancouver*] *Sun* there is a whole full page on fentanyl – "don't be the death of the party." Like, what the fuck? That is all you are going to say? Who put that together? That doesn't make sense! Yeah, okay, that's one thing, I don't want to see every day in the same way with a different model every day. That's not helpful, who thinks of that? You are getting me upset.

BK: I'm sorry.

DY: I'm kidding.

William Flett (WF): Another thing you mentioned was that you were coach of a gay swim team and that was one of the things that you were participating in that was part of the gay lifestyle but wasn't part of the larger gay lifestyle, as a way to help take care of yourself in a more healthy way as well as help other people take care of themselves in a healthy way. Were you noticing things similar with the people that you were coaching that they were participating with other gay men in a sense, but also stepped away from the greater more obscure side of gay lifestyle, to still participate in gay lifestyle?

DY: I don't know how to answer that. My experience was I joined the swim club for a couple of years and I met some nice people, some good people that I still see today that are still on the swim club. I got a message from a friend who asked me if I wanted to go back to the swim club as a participant. I said, "No, thank you. I swim by myself today." I know that when I was swimming with the club – I am trying to remember the dates – that would have been the late-'80s and early-'90s. And so, at the end of the '80s, I was participating in the swim club and then I became the coach for two years, and that period of time I met people who are still in the club – old timers I guess, whether they are positive or not, I don't know. They – but when I coached, I didn't really get a sense of why they were there. I never really thought about that. I think for them it was a social experience, maybe it was to meet other gay men? But there were also lesbians with us sometimes, so it was targeted for people who wanted that regulated event twice a week or three times a week where they could go for a specific time and work out in the pool. I don't know why they decided that they would do that. I met some amazing people through that club as a swimmer and a coach. Why they were there, that's a good question. You could interview some of them – I don't know. I know one lives in Toronto now. He was a great friend, and he was a youth when he started and he had a big drug use, and lost a lot of his teeth, and he lives in Montreal now and he's brilliant and he's moved himself into a different space in the world, and he is successful and happy. So, he's one those friends who I met through Positive Living who was part of this swim club, and now he has this magnificent life and I'm grateful for that. So, I don't know why I met him. We actually – he's one of the people I met at the retreat and we worked as rangers, we called ourselves, where we supported people at the camp. And he's still a great friend. So, he's a success story, and he went through – he was a street person and today he isn't. He's quite amazing. I don't know why I'm telling you that, if it's important. The swim club, I can't really address that, why people would be there. I think it was just social because we would have the fundraisers where you would show up, swim, and dance, and make money for the agency.

BK: I think it is important. It is a great thing to bring up because it is important to keep in mind that when we thing of gay spaces we immediately thing of bars, baths, places where we would drink or consume drugs and have sex, and it's important to remember that there were other spaces too.

DY: There's baseball, curling, volleyball, so I know those three specifically still around.

BK: There's soccer teams.

DY: Badminton, volleyball, they are still around. I have never participated other than in swim club and I'm not going to go back to swim club. I have my own schedule. Being retired, I can have my own schedule. There are nice people there, but I think I am done – a part of my history that I am going to leave in my history. But thank you William for asking.

BK: How has your perspective changed over time, thinking past the '90s towards the present? How has the meaning of HIV changed or not changed?

DY: It's changed because I have a better life today. When I saw my HIV doctor, he changed my meds after the brains surgery. "We are going to keep you around till your eighties. So, that's why we are changing your meds." I thought, that's nice to hear, it's clear. He didn't give me any guarantees, and at the same time he supported me. I don't think about HIV the same way as when I was diagnosed, because at that moment, when I was told, I was going to die. I've evolved. That was thirty years ago, so today I'm just grateful that I have the resources today. I think it's important to know that I have done a lot of work on myself to figure out what I needed to do to support myself. Like, you have massage, acupuncture, holistic stuff. The complimentary health fund is important, the things that give people – to give them the tools to give themselves a better life, to buy vitamins if you need without having to put a lot of money in. There are things here that make life better for people living with HIV and I like that. That's probably why I still volunteer through the agency and will continue to do that. So, it has changed, it's better, it's not the death sentence. And the movie *Philadelphia*, I still won't see it – things have changed for the better.

BK: There is a stark contrast between "you are going to dead within a year" and "you are going to live into your eighties."

DY: I'm going to hold onto that and just move forward. I mean, I don't know how long I'll be around for and it's not important.

BK: Do you have any advice or insight for health researchers or health providers?

BK: When you talk to your doctor, just make sure you know what they are telling you, and people need to take responsibility for themselves whatever that is going to look like. There is no judgement in any of that in any way to mean anything any way or another. People are complex and we have preferences and we need to know we have choices, and I don't think people are given the opportunity to know that there are options. Ask questions. I don't know.

BK: That's useful advice. Anything else you were expecting that we haven't asked about specifically?

DY: No, I think we are good.