

## “HIV in My Day” – Interview #66

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**Interviewee: Mark Torgerson (MT); Interviewer: Ben Klassen (BK)**

**Ben Klassen:** Great. Just getting started with Mark this afternoon. Thanks so much for being here and agreeing to share your story with us.

**Mark Torgerson:** My pleasure.

**BK:** Just to get started, when did you first become involved in the gay community or start engaging in gay life?

**MT:** Well, I don't know so much gay life, but I came out pretty much officially when I went up to Manning Park to work at a lodge that was there, that apparently was run by two gay guys. And got involved with that organization and eventually ended up the partner of one of them. And that was really officially when I decided that there was—that I was definitely gay and there was no turning back. Because up until that point, I'd had some gay experiences in the small little high school I was going to, and—but ended up basically dating women and girls. And up until that point, I thought, eh, it's a phase. You know, it'll go away, maybe I'm a late bloomer. I was like eighteen, nineteen. And finally, when I ended up at this lodge, obviously ended up having sex with the guy and it was like a lightbulb went off. And it was like, ah, okay. It's clear to me now there's—it's a done deal, I'm obviously gay because I enjoyed that way too much. I mean, sex with women was okay, but no, it was definitely—it's just, you know it – if you're honest with yourself, you know it. Basically stayed up there, in a bit of an isolated bubble because—which is an easy place to come out, because all their staff of course knew the guys were gay and they had to be cool with that or they wouldn't be working there, so I grew up in a bit of isolation and an easy place to come out.

And so, I was there about a year and a half, I guess, before things sort of fell apart and I decided I needed to come to Vancouver to get a real job. That wasn't in the service industry, which obviously they've would've been with a lodge and restaurant. So yeah, I came down with my best friend, who was straight, from the Interior. And we set up an apartment here with co—we shared the apartment together as roommates. And that I guess was my first real introduction, exposure, involvement in the community per se. So that was an eye-opener for a country boy, and like a candy store. You know, it was—in those days, that was pre-AIDS and there wasn't anything quite on the horizon, at least in people's awareness. So, it was a pretty free and easy kinda gay lifestyle and I found it obviously very attractive to be in Vancouver. And so, I got a job just about right away after a couple months and ended up working for IBM for a bit, which was a great job. And met a partner after about four months being here and then—so we moved in together almost right away, after a couple months. And my straight friend decided Vancouver wasn't for him and he went home anyway, went back to the Interior. So, that was the start of my big gay life in Vancouver. Do you want me to continue with it chronologically?

**BK:** Yeah, for sure, but what year was it that you came here?

**MT:** That was November 1981, I guess that would've been. Yeah and I—shortly after, in January of that, '82, I joined the Vancouver Men's Chorus which was just barely, just had started at that point. So, that was actually probably a pivotal moment because I ended up in an organization that they automatically introduced you to, you know, well, forty or at that point fifty people. So, that thrust me into, very much into, the community involvement and it was a—yeah, it was probably quite a turning point. I'm not sure what would've happened up until that point if I hadn't joined the Men's Chorus, I may have decided Vancouver was too big and lonely. I was a bit overwhelmed by the city having grown up in the small-town Okanagan area. So at that point, oh, about the spring time, I met what was to be my partner in the Men's Chorus. And we—oh gosh, we were probably together for, probably for about a year before both of us seemed to get very sick with something. It seemed to be the flu. Seemed to be something came down, we both came down with something at the same time and it was – you know, it was pretty bad and we both just figured it was the flu. And unfortunately, I got better—well, fortunately, I got better. Unfortunately, he did not fully recover from that point on. And you know, a couple months into it, three, four months into it we began to suspect, well, there's something else going on here. It's something not right that's happening.

And at that time in '82, there wasn't much diagnosis or anything at that point, they kinda didn't know anything about HIV or their—if they did, we didn't quite have the specialists here that could diagnose such a thing. So yeah, he got progressively sicker. We heard rumours of course that there's this disease going around where people just don't get better. They get something that causes their immune system to collapse. And there was of course the whole rumour it was poppers that was all behind – you know, the poppers epidemic. Or drug use. Or all kinds of speculation. They were just—because they didn't have anything to pin it on, they were just pointing at all kinds of things. So, we lived with that for quite a few months, with him coming in and out of it, but obviously not recovering real well, back to normal. And he was a pretty athletic guy, and he was a gardener, so his typical level of health was really high. But he began to lose weight and lose energy. And I guess we were in Vancouver for probably about two more years, I think it was, maybe a year and a half, where he just continued to fail. And ended up in hospital for a bit and then was, you know, treated a bit, whatever they could do. I'm not sure I remember anymore what they used to treat them with but there wasn't anything even as far as an HIV medication at that point that they would put you on. AZT was on the horizon I think and maybe it was actually being studied and used in other cities, but that wasn't available until later in his progression.

But we ended up moving back to the Interior because the hospital stays were not particularly helping and we felt that taking him back to a more rural, calmer environment – maybe we could eat healthier, maybe we could breathe better air, whatever the theory. It was pretty evident that staying in the city didn't seem to be a benefit. We could always come for any kind of specialist appointments. But even then, there really wasn't – there was an HIV focus and I guess—I don't think Montaner was even on the scene then. And so, we decided to move back to the Interior, which we did. And things didn't get—obviously—didn't get any better that way. So, he was getting much weaker, much sicker. It was pretty evident that he needed intravenous intervention, he needed medications that could clear out the lungs, that would get the full stuff. There was all kinds of things that were showing up, and so we were taking—we were driving to Vancouver fairly frequently for various kinds of, you know, treatments or—but we never did have the

opportunity of using AZT or any of those earlier medications that—I guess that wasn't available yet. It seemed to me by '84, I think maybe by then it was. But much before that, I don't think there was much that they were offering us. It was just basically, you know, hang in there. And you come and you'd get some treatments, maybe some vitamin shots or some rehydration or something. But clearly, he progressed pretty quickly. And he had Kaposi sarcoma all over his skin and it was pretty evident that he was going downhill fast. He'd lost so much weight.

And ultimately, yeah, we ended up pretty much putting him back in hospital here full-time because I was up until that point sole caretaker really. I mean, we had friends out in the country, but you know they stepped in once in awhile but he needed a fair bit of intervention and help getting around and he got weaker and weaker. So, we ended up coming back to the hospital and putting him at St. Paul's, where he probably only lasted about another two or three months beyond that and ultimately succumbed to that. So that was—yeah, that was a fairly traumatic point in my life, because at that point I was twenty-five years old. So yeah, that was difficult. But uh, really it's—when you see somebody decay with HIV, it's actually quite, uhm – it's almost a relief, you know, to see them go, because it was terrible. Terrible disease. Any questions?

**BK:** I guess there wouldn't have been support, HIV-related support, available to you in the Interior at that time, would there?

**MT:** No, absolutely not. In that time, there was so much of a stigma still that you had to be careful who you told. Fortunately, my friends were, you know, all pretty liberal people, and their friend's friends, so that wasn't a real big fear that everyone kind of knew that there was some mysterious disease and they didn't call it necessarily gay cancer yet or gay anything. But definitely no support there. And I don't even—you know, I don't even remember – I think I wrote on the form there because I don't even remember there being much of a support here in those early days. I suppose there were, but I still had, you know, family and friends that were pretty good support for that kind of thing. Plus, we didn't—we could've moved back to Vancouver, I suppose, but it didn't seem like there was an advantage to going that way, especially since he had progressed so quickly. There was – I would've moved back to the city probably, and then once he'd gone, I would likely move back to the country again. So, we stayed. And so, I was—I remained perfectly healthy. I don't know, it's just genetics, I guess. But yeah, I was in good shape, so I continued to stay in the Interior and I worked a fair bit, various jobs. And ended up meeting someone from the city who came and stayed with me for a while but ultimately that didn't exactly work out either.

So, I ended up thinking, well, it's 1988 at this point, I'm still kinda hanging out in the country. And I thought, you know, I was twenty-eight at that point, so I needed to get a real job I thought. So, the only real jobs were back in Vancouver, so I ended up applying for a government job in the Interior, with the federal government in the weather department. And I got the job, went back east for six months of training, and they posted me here in Vancouver, so ultimately, I moved back to Vancouver because of that result. But I remember during that time being so paranoid that they were going to find out I was HIV positive, because they had me do a physical before I was signed up, and I remember on the form it said do you have any, I don't know, life-threatening illnesses, something like along that line. And I thought hmm, I guess so, I guess I should say yes. But if you had said, you know, cancer, they probably would've been okay with it. But at that

time, if you'd said, "Oh, I have this gay..."—I don't even think they called it HIV necessarily in those—you know, gay cancer or whatever they wanted to apply to it, some horrible term. And I thought, oh, if I put that on there, there's no way I'm gonna get a job. So, ultimately I lied on that piece of paper, which to this day I think, oh jeez, after being in the same job for thirty years, I'm thinking, boy, if they ever found that out, I wonder if they'd be ticked off, or the insurance company would go, well. we're not covering you for the last thirty years of your insurance because you lied on your insurance form, or your physical. And obviously that wouldn't happen, or at least I'm pretty sure it wouldn't happen.

**BK:** Well, as you say, there wasn't much of a choice for you at the time given the stigma that was out there.

**MT:** No. No, exactly. If it were ever challenged, I would definitely go to court with it because it's, you know – okay, well you put yourself in those shoes and see if you would be upfront about it. And it wasn't affecting my physical health at that point anyway, I was perfectly fine. Obviously, I passed the physical test with flying colours, and tests they did were negative. So, by all intents, I was a pretty healthy guy. So then at the – yeah, I was back in Vancouver for what would be a long illustrious career with the federal government, which has been good up to this point as far as an employer. The job has been wonderful. And ultimately I was concerned about the whole gay aspect, the whole HIV thing, but it didn't come to pass that there was any criticism because ultimately after—I'm thinking about after a six-year period maybe, maybe even not that long... Oh no, it was less than that, it was probably three years into the job when I thought, well, I'm not hiding anything. You know, I'd been back in Vancouver, I was bolstered by the gay community and the sense of pride, and you know, we're gonna move forward. Even despite the horrible reputation the gay community was getting for, you know, AIDS, AIDS, AIDS. We're spreading disease everywhere, and that was pretty hard to—environment to live in when you know the media, not so much in Canada, but you didn't have to look very far to find out that we were being fingered as AIDS disease carriers. "It's your lifestyle. It's clearly because god wants you to die, so you know, you all deserve what you get." So, you kinda had to let that sort of just brush off your shoulders. It's like, yeah, those are the same people that are racist and creepy people, so for the most part—but I still – I understand the fear that was in the general populace when really it wasn't super clear on how it was spread or at least they hadn't reassured the public enough that it wasn't a danger to the general public. You couldn't get it from sneezing or whatever like that. But it took a few years for them to actually prove that and get the confidence of...

So after—I digress—to go back go back to work, I came out fairly early as a gay man in a very straight environment. Because the department I worked is you know very butch, and they're like electricians and mechanics and that kind of stuff. So, it was a very male, exclusively male dominated department, and lots of sexism and lots of appalling misogyny. It's just—it was—I couldn't believe that such a place still existed, especially in the government service to be so against women. So, I thought, oh, well I'd—initially I thought if they figure out I'm gay, I'm just gonna be like ostracized. It took, like I say, it probably took two or three years, and they you know, I was doing the work like everyone else was, I was pulling my weight. So, it wasn't like they could actually even finger me as one of those fairies, because you know, I'm busy doing electrical and pounding pegs into the ground and doing all this butch stuff. So, I think that was an

awakening for a lot of the guys in that department, and they thought, oh, so he's gay. It seems to be okay. And I was very clear, I wasn't hitting on anybody or doing anything the least bit suggestive. Even though the language they used with regard to women and that was like, oh my god, my ears are ringing sometimes. So that existed pretty good.

And then eventually I did book off work after about, oh, I guess about eight years into the career, because I was feeling I think some aspects of HIV. I mean perhaps my—it's hard to say but my blood count was like slowly going, slowly. And I felt like I needed a break stress-wise, fatigue-wise – I was feeling a bit stretched and worn out. I think at that point I went off for about six months or so, six or nine months, and I think word got around then that it was sort of HIV fatigue, kind of related. So, I think ultimately everyone at work understood I had HIV, and surprisingly nobody refused to work with me, which I found, well, surprising and admirable. Because legitimately, they would have some cause for concern, because like I say, the job I worked in has—had a great potential for injury. We all had to have first aid because we could be the only person there when someone gets hurt on the job site. Because it's off in remote locations, and there's lots of times you cut yourself, you bang yourself, you're bleeding. And it's actually interesting that even with that, as far as I know, nobody refused to work—refused to work with me. Everyone was more than willing, which is good. And that would've been, oh, mid-nineties I guess at that point. So, we were somewhat into the better understanding of it, but nonetheless, you know. It was okay.

**BK:** Yeah, that information piece, when you and your partner got sick back in '82, there wasn't much information out there. Do you remember when you started to encounter a little more information about AIDS or HIV and what that meant?

**MT:** Not really. I'm trying to think when I first started with – I guess it would've been Julio Montaner. But I think even he had a predecessor if I'm not mistaken, that I may have signed up with. Because I was going for six-month check-ups or something, every now and then, and I couldn't tell you what year that was, but it was probably as soon as AZT was starting to hit mainstream treatment, it wasn't experimental anymore. And I remember that we would have great arguments about being on it, and Julio was like, "You must be on it. You have to be on this. This is the chart and this is the progression and this is the... and you will be here and you will be here later on in the months," and it's like—and after a couple visits, or maybe three, four visits, it was like, I would look at the chart, and he'd show me the same chart. It would be like, well yeah, but that's not me. I'm not progressing that – I have absolutely no symptoms. There's a slight decline in my T-cells, you know, but I don't think they even did viral load back then, I don't think that was something they measured. But it was evident that despite the warnings that I'm going to progress and I'm going to be really sick like so many people were. To be sure, I mean, he probably saw eighty percent of the people that were progressing and could benefit, so his recommendation at that point was everyone needs to be on this stuff. But I was much more holistic, and I just thought, well you know, I don't feel bad, I don't think there's any indication that it's affecting me in that way that everyone else has been affected. So, I'm just going to hold off for a while.

So, every visit for quite awhile after that he'd – "Okay, here's the new one, the DDI," or "Here's the next one, here's the next best thing that seems to hold some promise." But they all had

horrible side effects. If you didn't toast your kidneys or your liver, or you know, some organ was being assaulted by this drug. So, there was a real downside. It's like being on chemotherapy if not worse. So, I held off for a long, long, long time and, ultimately, I thought I don't care what the recommendations are at the moment, as long as I'm feeling okay. And we started getting better testing as the years went on, you know viral loads and more accurate testing and stuff like that. And I thought I'll just hold on until I—until the last possible minute or until I start to feel something. And so ultimately, I probably stayed off medication for about twenty-five years, which has been good. Ultimately, my T-cells did go down to around the two hundred level and I thought hm, still no symptoms. But at two hundred, recommendations are that you don't let it go down to below that. And so that's when I did say, yeah, okay, let's start on whatever seems safe. Because my strain was – what do they call it? Naïve, I think. It was like the first one, so it hadn't mutated yet. So, pretty much it worked, any medication on the market would pretty much work because it hadn't mutated to be resistant. So, the first thing they put me on immediately took care of the viral load, and T-cells were slow to come up a bit, and ultimately they didn't—they certainly didn't return to normal. Even now with the medications I've been on for eight or ten years now, even now the T-cells haven't really come up significantly, about maybe fifty-percent more than they were without being on the drugs. But the viral load is zero, or undetectable. So, all's good. So, that was sort of my HIV history.

**BK:** It sounds like a big part of your story, your resilience, was having that like ownership over your own health.

**MT:** Oh yeah, absolutely. You had to be careful, and I think other than the psychological aspect of looking after yourself and having some control, which is good for the immune system too, you don't want to feel powerless. And because I was active and lived a healthy lifestyle and ate properly, and exercise, and work gave me purpose and a lot of positivity. I think that all just added to my overall resilience. Through the years, I probably tried various miracle – well, I don't know about miracle but holistic things. I used to take like a whole rack of vitamins everyday. For several years I kept that up, and that could've had something to do with it. And then there was the odd, St. John's wart or various kind of herbal remedies that were being—especially in the early days when there wasn't a lot of meds that you could take, there was a lot of theories of treatments that were pretty dubious. You know, drinking your own urine.

**BK:** I never heard of that one.

**MT:** Yeah, oh yeah. That's still being done, not just for HIV – people with cancer are doing that. I can't remember the logic but it's just, whatever it is. It doesn't make sense and it doesn't work either. But there was a bunch of – I can't remember all the herbal remedies but there were all kinds of, okay. this has had some really positive results. And you know, true to be told with regard to the immune system, it does go up and down, depending on your mood, your sleep, your health. And if you happen to be taking this herb, maybe it does make a slight little difference to it, but in the long range, it's not going to win the battle against HIV. I mean, your body can fight off HIV for a bit, you can bolster it with what you need to, but beyond that it's not – it requires real intervention with an effective drug, which they have several now, which is great.

**BK:** Yeah, you definitely dodged some bullets by staying off of those early meds, because like you said, some of those medications just had insane side effects.

**MT:** Bad for your organs, and it's not good policy to be damaging your organs. I mean they essentially, it's what—they keep you in repair when your body needs to be fighting off something. If you've toasted your organs, it's—that's a problem. And so far, so good. Challenges – I guess even though I've been on HIV meds, I think there's a limit to the energy you've got. Part of it could be aging, but I've heard it said that studies or some studies have shown that having HIV, even if you do keep it under control, will take about ten years off your life. So, it ages you prematurely. And so, I'm fighting a little bit with that, you know fatigue or low energy. But you know, I'm getting toward sixty, so I should think that I'll be a little less energetic than I used to be. But it's hard to know, and I guess that's a question all my life that when you're—when you've got something wrong with you, you feel sick or you have diarrhea or you've got bad headaches or you've got ringing in your ears, and you're thinking, oh, is this the start of—you know, is this HIV-related is kind of like the first question you have.

And unfortunately, doctors can't seem to say yes or no. It's always kind of a maybe. There's still a lot in the role of HIV that I don't think they understand – how it holistically through your whole life, and as you age, what exactly is HIV doing, has it done? I mean, I got away with twenty-five years without medication, but by all reports it still does damage in the background, even though it might not be evident to you. The HIV is still nibbling away at body parts, I guess, and causing some damage, so I may have sustained some damage during that time. But I'm confident that these medications that I'm on too are not exactly innocuous and they don't study all the side effects, they look for major ones that are life threatening. But that doesn't mean that it doesn't make your skin dry or blur your vision or different stuff like that, you never know. So that's the kind of stuff things that I question on a daily basis when you've – like I say, if you've got that ache or pain or that joint that's sore for a week or something, like, is it attacking the joint lining or—but like you're saying, it's highly speculator. But uh, yeah. I was gonna mention something about—oh, thought's gone.

**BK:** Well, if it comes up, we'll—

**MT:** That's HIV, it's eating my memory.

**BK:** If it comes up, we can always circle back to it obviously. So, when you came back in '88, did you get tied back into the gay community here?

**MT:** Yeah, '89 is when I actually officially moved here, July of '89, because I started the job at that point. And yeah, it was an incredible feeling. I mean, it really was – it was pretty burgeoning and well established, it was—the whole HIV thing of course was starting to erode aspects of that. People's well-being, people's fear. I was never cognizant—I mean, I guess I wasn't because I already had HIV, I wasn't caught up in the fear that – even now I'm beginning to realize I kind of missed out on that whole terror that the community was feeling at that time of getting HIV. Like I say, because I already had it and I was living fine with it, I didn't feel afraid of it. It wasn't—sounds stupid but it just wasn't anything I was concerned about. I mean, passing it on was what I was concerned about. I wasn't terrorized by it and understand that the community and

individuals were suffering horribly by that, that fear, I mean just to the point where they just wouldn't have sex anymore. Especially in the early years when they're going, well, it can be spread through saliva, or it can't be. Or sweat. Or any body fluid. And I think there was a lot of people that took the worst-case scenario and feeling, well, I don't care, I just won't have sex anymore because it's just too dangerous. And the treatment wasn't there at all, so basically in early, in the eighties, and that it was a death threat. It was a death sentence if you got it. That was – well, you could last six months, you could last six years, but eventually it's going to get you.

**BK:** Yeah, that must've been terrifying for folks.

**MT:** Yeah. I'm not sure the effect it had on the community, like ultimately. There's a certain amount of that laissez-faire, "okay, I'm going to die anyway, so let's just party, or do lots of drugs and party our ass off and have a great time," because you know everyone's going to get it ultimately anyway. They don't know how to stop it. So, I think there was a lot of confusion. But it also—it also helped to sort of bring people together in a way. There were small groups that started up, for support groups. Some of them grew to be pretty large, obviously – AIDS Vancouver and Persons with AIDS. It formed groups like that, that people could at least gather around and get support and get – feel like that hell wasn't breaking loose on earth here. And that there were—there were support groups that could help you. I didn't—I wasn't terribly involved in a lot of them because I felt I was well supported with friends and family. My entire family obviously all knew I was HIV positive, and in fact they witnessed firsthand the ravages of the disease in 1985. He died in October 1985, and so they had already witnessed two years of someone dying of HIV. So, the family, relatives and friends were well-aware of the whole thing, so by the time that whole episode happened, I was quite comfortable with sharing all that with people. It's like, well, you know if you don't—if you don't understand it, that's not my problem. You know, go get educated, basically. But I had such a good support group that I didn't engage a lot with the ones in the community, other than voluntarily, I would help once in a while. But I don't think I really ever went to any sort of support, you know, talk it out kind of groups or even needed to, fortunately didn't need to rely on anyone to look after me or my partner at the time when he was dying of AIDS. It was good that those organizations existed because I know that some people were very much using their services, and I tried to volunteer my time, and I was making okay money, so I was donating money as well. Yeah, thank god they were there.

**BK:** So, for you personally, most of the support was your group of friends, your family. It was more informal, not relying on organizations.

**MT:** Yeah, tended to be. And they were by no means shy about offering their support. Because they kept, you know, I guess wondering when I was going to get sick ultimately. It's always been a sort of sit back and wait. Like, "When's Mark gonna get sick?" He's in good shape now and it looks like all's good, but even so, I mean, as the years went on, it was apparent that it mutated and that you had to take different drugs and swap off, and do more experimental ones again. Because it obviously mutated pretty quickly. And so, they were kind of wondering, well, "When's Mark getting sick?" And they had all offered, like, well if anything happens, you know, you can come and live in the basement, or we'll look after you. So, that was very reassuring. And then I'm obviously very lucky to have that. A lot of families when they find out that people are HIV positive, in those days especially, it was like, oh, you're out of here. We're not going to talk



to you anymore, get the hell out. God's given you this disease and it's his wrath, so yeah, you live with your life and we'll see you later. Which I found astounding. You know, if it's a family member that's dying of a disease, it's a disease. And they're not suffering any less than anyone else. No, I was very lucky that way. I don't think there was—well, other than one religious brother that wasn't so enthusiastic about me being gay, even they choked it up—choked it down and just sort of swallowed their prejudice for a bit during family events. I was never accosted or taken off to the side by a relative or a friend. So, I've been very lucky that way.

**BK:** And in terms of your involvement with those organizations, you said you did a little bit of volunteer work occasionally. What did that kind of look like, just out of curiosity?

**MT:** Oh, you know, manning the booths or something when they were—I didn't do really a lot of hands on stuff, but because I was pretty busy in the early days, I worked a great deal. A lot of overtime and was out of town for months at a time doing work, so it tended to be just sort of hit and miss stuff if they needed someone to do something. Yeah. And it seemed like from what I recall at that time there was pretty good support, at least in the core friends that I had in the city. They were very socially motivated, and there was a lot of volunteer time offered by my circle of friends. I felt a little guilty at times, but like I say, I was gone a great deal, but there are certainly some people in this community that were very strong, strong supporters and really got people rallied. And kudos to them for doing that in a time when it had to be awfully discouraging for everyone. Like, what's the use? You heard—at some point, at its worst times, you would hear, "What's the point of doing all this?" You know, the medication's not working and people are becoming sick in waves. You know, just waves and waves of people that were sick and dying. And it's easy to figure that you'd feel pretty hopeless after period of time. That, you know, what's the point? Until they find a cure, we might as well just give up and party and enjoy the last few months or years. Which I can understand from a certain perspective.

When I first—when I first got my diagnosis, well, it was no surprise first of all because my partner had died in October of AIDS, and clearly we had sex for the last two-and-a-half, three years, so clearly I would've been infected. So, it wasn't when I got my diagnosis, it was like, well yeah, of course, I'm HIV positive. So, you kind of live your life as a bit of a—fatally. It's like, well you know, I'm going to die, everyone around me lasts a few months, or maybe a year or so, so at twenty-five years of age, you're thinking, well, thirty's gonna be a stretch. If I get to thirty, that's going to be probably impossible, but we'll kinda like carry on life until you feel otherwise. Like I said, until I showed up with a symptom, or started to feel some effects of that. I thought, well, guess I might as well work as hard as I can. But you still conduct your life temporarily, like I'll get this job, you don't think about a career. You don't even think about where you're gonna be in ten years. So, it was very much a point of menial jobs, or service industry jobs. Like I say, it wasn't until a few years – three, four years into it – when I was approaching thirty, and I thought, well damn, I guess I actually better get a job, like a real career or at least a move towards something, because it looks like I'm going to be around long enough to work a few more years. So, let's make it in a good job so at least I can have money and go on vacation if I need to.

So, that's basically what kick started me and got me moving from the Okanagan back into this federal government job. And it's like, okay, well now I got the job. And I sort of progressed in

my thirties, still a bit fatalistic, because it's like, well okay, I'm not taking meds, who knows when it could all come crashing down suddenly? Because often it can happen that way too. But then I sort of got into my late thirties and it's like, oh damn, well now I guess I better start thinking about retirement or putting money away for retirement. And so that was sort of another kind of landmark that I thought, oh, okay. But you know, it's hard to live even as well as I've lived with HIV, it's hard to live with HIV without thinking about dying in the near – you know, near to mid-near future. It's like having a cancer diagnosis – you can do well or you can not do well. It's kind of a wait and see. And physically for me, I still have a couple mysteries about my body that you know obviously I have no physical obvious problems, but you know they did a biopsy once about maybe ten – no, eight years ago or something and decided, oh, I have Kaposi sarcoma. Which is normally something that affects your skin, you break out with these horrible cancers on your skin and I've had no sign of that. But they decided it had manifested itself in my lymph nodes, which sounds horrible, like oh my god, you got cancer in your lymph nodes, that's like a death sentence, you'd think. But again, my body seems to be holding it off, strangely enough with no treatment. But that's what I mean by when you're kind of like—you're kinda waiting for the other shoe to drop at some point, and so far—so far so good.

I mean, I guess technically – or not technically I should say – I mean, I've most assuredly had HIV since 1981, despite the '86 diagnosis. Because that's basically—basically, I can pinpoint the person in San Francisco I got it from and—and we both became sick shortly after that, like with the flu-like symptoms and that. So, it's been thirty-eight years, so it's—you go, well, I have a really strong body and that's the meds working really great and stuff like that. But then you always think, hm, you know, how much longer? You know, the meds can stop working, or as you age, you know, your body doesn't do quite as well. So, you're always—that's the back of your mind, and like I say, you're always wondering what role HIV is playing in your overall well-being from day to day. So, it's something you live with, it's—I've been very lucky and I guess ultimately at this point I think, well, I'm living on borrowed time. And so far, I'm going to hit sixty, it's going, well shit, life's been great. I haven't been in any hospital, I haven't had anything that's really affected me from physically to a point where I can't still hike and ski and bike and be active, so I mean that's—it's amazing, I think.

The only issue that I'm dealing with now is mental health issues, because of the stress, and work is sort of finally taking its toll, I think. So, I'm off at the moment for—well I've been off for a year, just over a year. And I can't help but think, well, it's maybe – maybe it's a bit, you know, post-traumatic stress syndrome or something. And a little bit of just, life sometimes gets a bit too much and—but and sure, like I say, the HIV has had it's—there's a certain amount of studies that show that your cognitive and your mental capacities change with an HIV infection as well. So, it continues to obviously affect my general health, I think. So yeah. And it's been – you know, I've had the best kind of treatment and the best access to services living in Vancouver. It would be hard—it would be really hard to maintain the level of health I think without a constant sort of support. Especially through St. Paul's, for the specialists that I see. And having easy access to pretty much anything I need, and if there's—you know, if there's a bump or a lump or a lymph node that's looking weird, I don't have to wait weeks and weeks to get it checked out. That's great to know as well, that you have that kind of support, medical support. As stressed as they are trying to keep up, I have very few complaints about over the years the response to my disease treatment has been anyway. It's been really great.

**BK:** Despite some arguments with Doctor Montaner.

**MT:** Well yeah, yeah – well, that was about ten years of bitching, but after that, then he actually did to say to me, he said, “You know, you were right.” I said, “Well ,you know, I know my own body. Don’t tell me I need to take this poison if I’m feeling okay.” But not to disparage him at all, he’s obviously a very amazing guy.

**BK:** That was one of the big things that people living with HIV at the time were really arguing for was their own expertise over their own bodies, so that’s a really important thing for us to document as well.

**MT:** Yeah, because you know, you do have to take ownership, but it has to be muted a little bit and blended with your knowledge versus their knowledge, but also you priorities versus their priorities. Because the medical facilities do have a bit of an agenda, and like, to write prescriptions for pills because it’s the recommended treatment. But it’s the recommended treatment for some people, not everyone. And that’s the thing that you can’t just blanket the whole population, that okay, this pill is going to be great for everyone. Or this treatment regime is going to be great for everyone. And I think that’s where the individual has to—despite the confusing information you can get—you have to at least look as best you can and research as best you can what a good path for you might be. And you know, I may have done a certain amount of damage letting my T-cells go that low, and it certainly wasn’t recommended. But who’s to say? I mean, I don’t know. You know, here we are eight or ten years later and I still think I have a pretty good immune system. I don’t get sick often, and when I do, I get over it quickly. So, my decision not to go on it right away was good ultimately. Maybe my timing was a little off, but yeah.

And I do that with all medications that I take, even now if it’s HIV related or not I just—I would like to—I would rather not take pills if I can get away with it. I actually did about a year and a half ago, took a drug holiday from the HIV meds. Because I was thinking, well you know, wonder what would happen if I went off the meds. Would it be a significant difference, would my body plunge into a progression or would it sort of slowly go back to normal? And I was wondering about – I was having a few various physical issues that were manifesting themselves that were a bit unexplained, skin rashes and that. And it was like, well I wonder what’s going on there – like, is the body is reacting to something? And we tried swapping a few medications around, HIV meds just as a bit of an experiment, and nothing sort of mitigated the effects I was having, and so I thought, well, let’s just stop and see. For four months I think it was. And see what happens to these issues – did they get better, did they get worse. Ultimately, my little experiment proved that nothing changed, basically. I didn’t feel any worse, any better, any more fatigued or less fatigued, sleep was about the same. And I thought, well, evidence is that if you’re on the HIV meds you will probably progress less, and do less damage to your body overall. And I don’t have side effects anyway that I can determine, so I decided to go back on.

But you know, that’s kind of an example – despite the medical profession, you sometimes have to counter them just for your own comfort, or your own sense of control. Because they absolutely across the board say you shall not go off of HIV meds, you know, this a terrible idea, you

shouldn't do it. We don't support this. And of course, they can't – it's not a supportable position, because they have to go by the recommended treatment regime. But I would encourage everyone to take full control if you can of your medical with their advice.

**BK:** Your group of friends here in the gay community in Vancouver, were there other folks in that group that were also HIV positive?

**MT:** Friends here, for sure. I have quite a few relatively long-term progressers as well. But yeah, probably – I don't know – well, probably twenty, twenty-five percent of my friends are HIV positive. And nobody that I know that's as long as I have been, but some pretty long-term survivors as well. Yeah, there's no shortage of people I can talk to about it, or discuss it with. It's surprising though when you talk to younger people and their perspective on HIV and that, it's quite different and it's funny how it's just so much of a non-issue almost now. Younger generation with the medications and the treat—it's basically a chronic disease for most people, I'm sure that there's some out there that are freshly infected that don't do very well. But the overall impression is that eh, it's no big deal, it's HIV, you can take a pill for it like anything else. Because I've had—I've had a fair bit of sex with people that are not concerned in the least – it's like, no, we can play normal, unsafe. They don't have any problem with it, and I guess that's just on the, well, you can take pill and it will go away. Sort of. It doesn't really go away.

**BK:** Is it partially because people have an understanding of undetectability and U equals U? Do you think that is part of the...?

**MT:** I think they feel that it's just worst case scenario is that you get the disease and then this—well, first of all, it's prophylaxis, the PrEP that some people are on, but there's also you know after the fact if you aren't on PrEP and you can take medications. So, they figure, well, if you do play unsafe, you can just go ahead and take the pills for a month or whatever the recommendation is now and you'll be just fine. I mean, probably the majority of people get away with that, and to be fair, if you're undetectable, you know, a lot of people just treat that pretty much as a green light. Which, I don't know, it's always risk assessment, you know how much pleasure do you get out of it versus what's the cost, or potential cost. I don't know how I would feel. I'd probably go along with the mainstream if I wasn't HIV positive, it would be like, yeah, okay, I mean, if you're undetectable, I'll take the chance. And you know we can have unsafe sex, or unprotected sex I suppose I should call it.

**BK:** The evidence is pretty strong around undetectability, so maybe that's entering into some people's weighing of risk.

**MT:** Yeah, I think so. Well, I think going to the figures, it was ninety-six percent or something, you'll get away with it ninety-six percent of the time. I mean, personally, my own experience at least with my strain is it didn't seem to be very infectious because the one partner I had was HIV negative and we had great discussions about having sex unprotected and ultimately he just said, "Nope, I don't want to have anything do with a condom. We're gonna have sex, it's gonna be natural, because I love you." And you know, when you're all in that, you go, well okay, it's not like—I felt, okay, it was an informed decision on his part and we were all upfront about it and if he's willing, if that's the way he wants to do it, then it's like, oh, alright. But you know what

might ultimately happen. And this was actually when I was not on meds, unfortunately. Before they had come to the conclusion that it had—actually well before that. And so we had—oh it was—took a year before he finally seroconverted to positive. So, it took him—that was an awful lot of exposure for it to manifest itself in his body, which may just have to do with the fact that my strain is old, and old one, a simplistic one. I don't know. Don't know. But sometimes I think, ah, that was a pretty dumb thing to do ultimately because you know you split up after a few years or whatever and then the person has HIV that he didn't when he got into the relationship. Yeah, sometimes I think that's pretty dumb, but you know, when you're in your thirties or whatever, you're pretty randy. Do all kinds of stuff that you shouldn't do.

**BK:** Well, there's a lot of different factors to weigh into that decision. Like you were saying, intimacy. It's complicated.

**MT:** Yeah, it's not simple in the heat of the moment, and even with best intentions, you're going, okay, we've got the condom sitting right there, but you know, do you want to? Ah, no. Well, just this time, we'll not use it.

**BK:** Again, thinking of this period in the late eighties when you were back here, '89, into the nineties, were people using condoms frequently at that point? Was it a well-known way of preventing HIV at that point?

**MT:** I think so, yeah. I think that when a person was afraid enough, it was like well—like I say, there was a whole bunch of people that just stopped having sex. It was like forget it. I mean the treatment is horrible and the infection rates are going up and up and up, and it's sort of an epidemic. A lot of people just said, ah forget it, but I think a lot of people—certainly a lot more than now—used condoms. It was like, that was just normal, that was just what they had to do, and they did. And good for them, because obviously they probably stopped a lot of disease spreading. Before I was on meds, other than my partner, I would use condoms as well pretty much, unless they totally insisted. But I was always upfront and said I'm positive, so whatever you know about that, and hopefully you're well informed and that, but you can be infected. And pretty much most of the time it went, "Oh, okay, thanks for telling me. Are you gonna use a condom?" Or some guys would go, "No, I'm cool with the risk," or possibly they were positive as well and just didn't want to say it. And I think I only had one, there's only one incident that I remember where I mentioned it to him and he just like shoved me. Just like physically, get away from me. And I was like I guess we won't be having sex.

**BK:** That stigma was, I'm sure, out there in some parts of the gay community as well.

**MT:** Oh yeah. Well, but it was amazing how many people would go to the bars and you know they would—clearly going to have sex, like if not in the bar, they were going to have it as soon as possible, and they were so driven. And yet they seemed to be really naïve about getting HIV, or that how many people were HIV positive maybe. Because it would be like, almost like the assumption that everyone was, or most of the people were not HIV positive, but you talk to them and it would be, well, that's not the point, it only takes one. You know, you don't need—if a hundred of them in a bar are all HIV negative and you happen to choose the positive guy, well, it doesn't matter. It's a roulette. And they would seem genuinely surprised when they'd find out that people were positive. Like, oh wow, geez, I didn't know that. Well you know, I don't know,

do some more reading or something because there's a lot of people that are HIV positive and not using condoms. So, you need to be aware of that, and if you're not willing to take that risk because they may not tell you, and if you're not using a condom, then you're more or less saying, well it's – you know, I'm free to go, let's go. You're opening yourself to some pretty high odds of infection during that time.

**BK:** Yeah, even if the information around safe sex was out there, how people actually used that information to make their own decisions is kind of another matter, right?

**MT:** Yeah, well, and you get a few beer in you or whatever and you get – your judgement goes out and it's like, well, but the guy, he's like really hot. Yeah, but he could be your worst nightmare if he infects you, and if you're not prepared for that, don't go naïvely or drunkenly into that kind of decision. Unless you're one of the people that are, well, the bug chasers as they said. Or those people that are just really naïve about it and go, oh, there'll be no problem, I'll do it this one time—one more time—and I'll use a condom next time. I just think there was—especially in the heat of it all, when there were the treatments coming in and some were working and some weren't, and the numbers though were climbing pretty fast for a period there. And I think that you'd have to be super, super naïve not to go in a bar and think that, geez, probably twenty-percent of the people were HIV or AIDS as they used to call it back then. Wasn't just HIV. I remember when they flipped—they stopped calling—they really put a campaign on that you're not supposed to call it AIDS anymore, it's supposed to be HIV positive. I suppose it's supposed to sound—maybe trying to distance ourselves from the early days when they called it AIDS.

**BK:** Yeah, that seems like an important distinction, because if you had AIDS, then you were quite sick. And if you're HIV positive, you might not be at all.

**MT:** Yeah, yeah it was. Well, and they just – it was just AIDS was so much in the publicity back then and it was just like a bad word. You might as well put death. AIDS was death. It was in the beginning, for sure.

**BK:** Well, we've talked a little bit about medical responses, mainstream kind of conceptions of HIV. Do you have any recollections about how the government was responding in the early years?

**MT:** A lot of heel dragging, that's for sure. I mean there was a—I suppose it was based on the lack of evidence for a lot of – well, whether it was drug treatments or diagnoses, or you know there was—and of course government works slow anyway. It seemed to me, my recollection was that any kind of programs that were proposed or—especially in the early years, they were like come on, let's get this information out there. Even if it's not factually a hundred-percent correct, we need to start informing the community and the public in general that these are the facts, this is the infection, this is how it's spread. We think it—in the early days, it seemed like it was a little bit over the top. I mean, you were supposed to use dental dams when you're kissing, and you're supposed to not swap any kind of body fluid whatsoever. And you know, you could—I mean, there was a lot of speculation that was like over the top, that really wasn't true. So, they started off with a little bit of overkill, but I think getting the information out into the general public was a difficult task for them. It was an uncomfortable thing to talk about. And like I say, as soon as

you threw the AIDS word in there, people just sort of covered their ears, they didn't want to hear about that. "That's a fag disease, and you know, what's it got to do with my community." And yeah, I think it was formidable for them to try—the government—to try to get the information out effectively. It was slow. And even in the gay community, the information was changing really rapidly but there was a lot of ignorance circulating within the gay community as well.

But as far as overall, in BC, I think the response couldn't be faulted too much. I think it was—it was pretty good. I mean, certainly compared to provinces like Alberta or Saskatchewan or other parts of Canada. And certainly, America was just – oh, it was a mess. A lot of the states there that just refused to acknowledge it and furthermore it was great if all the fags got killed by this disease. So, talk about intentional heel dragging, I think that was absolutely an agenda for a lot of people. Not just the small ones, there was a bulk of people, and they weren't all whack jobs either. They figured that, yeah, that sounds about right, it's god's wrath. You know, these people are screwing each other in the ass and they deserve to die. So yeah, thank god I didn't live in that particular kind of community – Canada of course being so much more liberal. I don't really recall being a victim of some major discrimination, even with regards to renting, or getting your car loan, or getting a house loan. I've been really lucky that way, I would say. I didn't say that it didn't exist in Vancouver, but I don't know, maybe we're just a little more informed or tend to be more informed about public issues like that. Yeah, of course living in the gay ghetto, you can be quite isolated as well, I realize that, for sure. You can be sheltered by all the bigotry and all the negative comments, and it doesn't happen anymore in small towns, but in small towns, god, you wouldn't want to show—you wouldn't want to hold hands with anyone years ago, it was like, nope, you can get fag bashed. I think the only public incident I had was somebody threw a beer bottle at my partner and I on Davie Street actually, out of a pick-up truck, four-by-four. They fired it. And it just missed us. "Yeah, "You fucking faggots." Well, where do you think you are? You're on Davie Street.

**BK:** But apparently that was something that people just did back then. People would come in from the suburbs and come and harass the fags?

**MT:** Yeah, come and harass the gays in their four wheel drives. Just—and you gotta, what is behind that? I mean, it's obviously not very gratifying because they'd have to hit and run, they couldn't stick around or some drag queen would come and slap them across the head. It was always a bit weird. I had a Puerto Rican boyfriend for a while and we were holding hands on Davie Street and some guy in a four-wheel drive was going to pull out and go, "Hey, you fucking faggots." Well, he picked the wrong people, because he was a New York born and raised Puerto Rican, so out of the slums basically. He runs over to the pick-up truck and he slams his fists on the hood of the truck and he goes, "What the fuck did you say to me?" The guy was going, "Whooo!" Let me tell you, he didn't get out of the truck and stick around. He thought, you know... I'll always remember, that was so funny.

**BK:** Yeah. Even hearing your experience in small town BC, like the Okanagan, we've heard some other stories of people from other places like that, that have not been nearly as positive. So, it's good for us to hear that there was a varied experience, even with some of those smaller places.

**MT:** Yeah, a lot of really negative stuff, yeah for sure. No, even when I lived in the country, it's been good. It's surprising, you know, well, at least in Canada, I think it's a little less that way, but it's surprising how people come around when—like when I was there with my partner, we'd have big lawn parties with all our friends and dress up in silly pink, and put flamingos all over the lawn. And shit like that. In a rural community like that, and people would invite friends of friends, so people that were relatively naïve of what's going on, and this was, you know, eighties or late eighties, mid to late-eighties, and it was evident that we're a couple and this was our place, but all the friends, the close family and friends of course, this is normal. And people that they happen to bring in second-hand, like [inaudible] bring in Joe at the party, or whatever. And you'd look at them, and they'd go, oh, and this little lightbulb would go off, and go, oh, this is weird. But when they look around and they see everyone sort of just having fun and enjoying themselves, and people just partying, just friends. And they would—suddenly, it was like all the prejudice and all the things they'd been taught just sort of flew away. And maybe go back and re-think about it, but from that point on, anytime you'd meet these people, it wasn't like they were weirded out or freaked out about the whole situation. It was almost like they got educated, almost like a relief for them, they've been misinformed all this time.

So, I can't help but think that those kind of incidents are responsible for—and the internet—have been responsible for making things better in small towns. You know, when you treat it like it's not so weird, and you know, you should not be fag-bashing people, that's not a normal behaviour. I think that's been a really momentous thing in changing people's attitude in small towns. And so nowadays, when I go to small towns, I mean we hold hands in places like Enderby and, well, certainly Kelowna or Vernon you can get away with it, Penticton. Logger towns. It's just not an issue any—some of the northern towns, maybe. Even Prince George has a gay bar, and that's up in lumber ranch land, so yeah. It's changed a lot. It's changed so much, that's fortunately—projects like this I think are good to let people know what it used to be like. And millennials of course now have things good, pretty darn good. At least living in Vancouver, there's no reason to not be outwardly gay and express your emotions and your full love for your partner on the street. So, it's—it certainly wasn't always thus, and not that long ago. And it's important to document historically how that's come about, and the process that has happened. Because there should be an appreciation for the pioneers, you know, the drag queens and all those that went ahead, that took a beating every now and then to stand up for the rights. So, it's important to recognize that it's a hard-earned battle, with the stigma of HIV thrown in there as well, with a devastating disease that just really annihilates a big generational gap that we've got going now, which is another subject that I could talk about.

**BK:** Well, by all means do so. Yeah, I think that's an important thing to talk about in the context of this conversation, but obviously you and your partner moving back to a small town, that was a form of pioneering too in a way, right?

**MT:** Yeah, a bit. A bit. There's some, you know, you never know quite what to expect. And ultimately, it's amazing how many of my friends, gay friends, did move back to that little valley, and to the Okanagan in general, to retire. Which is a bit surprising, but it's—there's a lot to be said for small town life and if it's not – if you're not threatened or if you're not under any kind of threat from the community or even individuals, it's easy to live in a small town now. It's quite normal. I'm thinking, I mean, Keremeos is a tiny little town, like five hundred people, maybe a



thousand people at the most in the valley, but jeez, you know, I've been to several high school reunions and stuff now, which are really boring because nobody's done anything with their life. But the fact that you're there at these high school reunions with your partner its just a no-brainer, nobody—some people might just come up and go, oh my god, I didn't know that you were gay, that's fabulous. You know that's—so happy for you. And that really tells you that's come a long way in rural communities. You know, like I say, internet, TV, it's done its part. The gay agenda has worked in rural.

**BK:** Whatever that was.

**MT:** Well, it's to convert as many people as possible obviously, to our fabulous lifestyle perhaps.

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**BK:** Great, so yeah, I was just asking about how this impacted the community on a larger scale, and perhaps asking about the generational impact.

**MT:** Yeah, I find that it's going to be very interesting for our community to age into old age. I'm obviously starting to approach retirement age and there's—I think it's very perplexing what they're going to do about it and how this is going to manifest itself, because I think it's really the first openly gay population that's come as a demographic into retirement. And you can't easily just throw us in with the rest of the aging straight population. I don't—I'm not saying it's incompatible, but it's—it's difficult because we have quite different histories, and quite different lifestyles, clearly. And most of the time we don't have grandkids, kids and grandkids. So, there's a whole populace that's moving into this age and I don't see it being a very positive move from the people that I've seen. I have friends that are well into their eighties, are getting into their eighties, and it's a pretty lonely lifestyle when you don't have kids and you don't have that support group, and maybe even a lot of your friends have already died, if you've outlasted some of your friends that have passed on. There is a real sense of a vacuum in place of where family and friends should be to support you as you age. And I don't look at it with—I don't relish the future for sure. I think it's going to be a problem. And I know there's people that are sort of working on it, to a degree. Retirement homes for gay and lesbian, or the alter, the other group, that aren't main society. And I can envision something that's like a group home where you all kind of support each other like a family, but I'm not sure. And I think that when I've talked to people and developers that have actually planned, or are thinking about planning some of these communities, it's not clear how we're going to achieve something like that. I don't know if our bonds are strong enough to hold. Like, you can have a pretty good social group that's very strong. When you're younger it's fun, it's easy, they get out and they do things. When it progresses into old age where it's more of a caretaking aspect of it, maybe your friendships aren't quite strong enough to withstand that.

I don't—like I said, I don't know how far it's going to take. I do worry about that, even though I have sisters and brothers and family and stuff, and my sister said, “Whatever happens, we'll look after you in your old age.” Whatever, you know, she's older than me. But yeah, I don't—and I

really haven't been to any seminars or planning meetings that have any concrete plan of what we're going to do about it. I find that a lot of my friends that have retired tend to really pull back and live a bit solitary lives, to the point where it's really difficult to get them out of their apartments. You know, when you're single and tend to get depressed, and you tend to spend all your time alone and the world becomes a scary place, it's a bit concerning to me. Because I mean, gosh, I hope I've got another ten, twenty years in my future, and I don't want to spend that as a lonely recluse that's sad and depressed. And it is kinda like the first time this has really faced our society. Gay men typically would either just stay closeted and they had wives and family, or they had family and kids who went on to have kids. They've kind of been forced to live with all the others, with the mainstream society in retirement homes. And just either shut up about it, or it was limited knowledge and who knew you were actually gay. I'm not sure, I don't know what's actually going to be done about that.

**BK:** Yeah, I mean it's certainly a bit of a new frontier for the community.

**MT:** Yeah, and I sense that. I mean, it's there for the right kind of model. Like, a community setting where you each have your own little room or something, and a common area. Not unlike a retirement home of sorts, but just geared towards the gay senior. Whatever that means, exactly I don't know, but maybe just the freedom to be—to do what you want, or dress how you like and be a drag queen until your last breath. I don't know. But it's going to be interesting. And there's definitely money for it, I mean I think as well, there's an awful lot of affluence in single, aging, gay males. There's a fair bit of cash. At least in the community that I was in, and the friends that I have. I mean they've worked all their lives and they have excellent retirement, and they're set up. So, the money is there to set up a properly, a suitable gay environment retirement home. But I've seen a couple people that have looked into it and even as far as sort of simple plans on a way to build them. And I know in the US, there was some organizations that were putting them up, but they sort of dropped off the radar. I have not seen whether they were successful or not. I don't know. We shall see. Other than that, I don't know. Any other aspects that you need to know or...?

**BK:** I feel like we've covered a lot of ground and a lot of different areas. One of the questions that we always like to ask near the end is what advice you might have for younger folks out there in the community based on your experience as a very long-term survivor, in your case. Any wisdom to impart?

**MT:** I don't think so. I think the older I get, the dumber I think I am. There are no black and white solutions, that's what I've learned in my – when you're younger, things are much more black and white. Clarity of thought, clarity of purpose is there, and as you go through the decades, you pick up a lot of knowledge and a lot of experience, either your own experience or experience that other people in your life have had. And it all tempers your overall view of the world, and life in general. And I don't think there is a great gay book of successful life, just like there isn't a great gay book of successful love. I don't know, I think you know, fall in love when you can, don't be discouraged if you're not falling in love all the time. There are people—there's somebody for everyone, that's what I've learned. And there's lots of really great people in the world, and I would say, you know, don't expect perfection out of anyone because you'll be looking a long time. If you're looking for that perfect relationship, I've had a few, let's say that,

and they've all been different. They've all been different kind of people, some high energy, some solid as a rock and grounded, and I don't know, you just have to be confident in your own, what you bring to the table. It's not always pretty, but you know, be confident that's the person you are and offer that as openly as you can to your prospective boyfriend or partner or whatever. Just be upfront, seems to have the best policy, then you're not covering up messes later on in life. Yeah. No, that's probably about all I would offer. I don't think anyone has the perfect wisdom of way to run your life. Life has too many angles and changes. And you just never know what's going to happen. Just, I was given a life when I was expected not to have a life, and then there's people who their life disappears, is taken from them much too early. So, you know, you have to factor that in, that you know live your life as fully as you can, and responsibly. I mean, you can't just party and do drugs all the time. You have to live it with a certain amount of balance. And yeah, resilience, and you get through it. I mean even if it is bad news or medical problems, life is still good. Yeah.

**BK:** Any advice for folks that might be newly diagnosed?

**MT:** Oh, newly diagnosed. Well, I sure as hell wouldn't panic. It's—I mean, compared to what it was before. I would be, well, it's too bad, shit happens. But chances are you'll be okay, and it's certainly such a treatable disease now that if you're on the medications and you've got a strain that isn't resistant or something that's new, which I'm not sure that even exists much anymore. But I mean, it's treatable, so I mean, it's certainly no worse than having severe diabetes or cancer or any number of things, mental health issues or—there's, yeah, don't panic, you've certainly got lots of time. There will be a point at which they finally do away with HIV altogether. So, with the treatments that are there now, more than enough coasting space to get to that point where they'll cure it. Yeah, don't panic. Just treat it as something you have to deal with and carry on. It's important to be positive, it'll be your best—one of your best lines of defense is staying mentally positive and doing—eating well, and doing the yoga, and doing the meditation if you need to. Just look after yourself, and you'll be fine.

**BK:** Great. That's some sound advice. I don't really have any other questions to ask. We always leave a little bit of time at the end to ask if there's anything that we didn't ask about that you wanted to impart or share, or just anything you wanted to expand upon.

**MT:** Yeah, there'll probably be things I'll think about later, but I think I touched base on most—is there an opportunity to come back and talk about anything else?

**BK:** Yeah, absolutely. If you walk away from here and you feel like, oh, there's this whole domain of my story that we didn't touch on, then we'll just schedule another interview.

**MT:** That's my whole other schizophrenic side that you haven't seen.

**BK:** Yeah, if there's more to cover, we talk again.

**MT:** No, I think there's generally one of me in here. Sometimes it seems like there's two, but yeah. No, I think that's all I had to get off my chest. If there's more, I'll let you know.

**BK:** Great. I will stop these recordings then.

**MT:** Okay.