"HIV in My Day" – Victoria Interview 4

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Interviewees: Don Vipond (DV) and Clare Vipond (CV); Interviewer: Art Holbrook (AH)

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Clare Vipond: --but we're long-time residents.

Art Holbrook: Well, to this area.

Don Vipond: Well, we moved here in 1969 from Kitchener, Ontario. I had spent a summer here in high school working for [inaudible] and just thought the island was a paradise. So, when we got married in '63, I said to Claire, at some point we should go out on holiday and visit Vancouver Island 'cause I think you might like it. We did, and she did. So, we moved, '66.

AH: You were editor of the paper, or something?

DV: Well, I was one of the editors when I retired, I was editor of the editorial page, of *The Times Colonist*. But when we arrived in '66, I caught on as a reporter, which is the job I wanted. We arrived on a Friday, and a reporter had quit the previous Tuesday. Oh, we were blessed, 'cause we came without a job, which was very gutsy of us.

CV: Your dad thought we were mad.

DV: Yeah. A number of people thought we were a little unbalanced. So, I caught on with the *Times* in '66, and the papers merged in 1980. By that time, I was on the editorial page of the *Colonist* and when they merged I edited the editorial page until I retired in '95.

AH: Right. And you?

CV: I worked for a little while in a bookshop and then when our son Adam was in school, seemed like a better idea for me to quit and we were fortunate enough in those days that we could afford to do that. So, I did a lot of volunteer work for various organizations over the years.

AH: Right, yeah. So, what was Victoria like? Or the area like in those days, before the HIV epidemic?

CV: I don't know. I mean, we had nothing to do with the gay community at all before.

AH: Well, what was the community like?

CV: Oh well, it was of course a lot smaller, a lot more small town, a lot more insular. I like the way that the spirit of it has grown it, but I'm not crazy about all the high rises that make tunnels for the wind to funnel down.

DV: I thought it was wonderful. We came outta Kitchener, which was a pretty stern, conservative community, with a German background, and worked at a newspaper there that was a paper of record – it just, it was a stern paper, that's how I would characterize it. And here, the *Times* and *Colonist* was really [inaudible], I mean they were very loose newspapers. I really enjoyed that change, yeah, that was fun.

AH: Okay. So, when did you first hear about HIV/AIDS?

CV: Oh, I guess late eighties we heard about it more, sort of San Francisco, and California, than around here, and then it was in – should I go straight into this?

DV: Sure, go ahead.

CV: 1990, Gary Murphy and Michael Yoder had an article in the paper saying that respite care homes were needed for people because a lot of people with AIDS, and it was mostly men in those days, did not want to go into hospital – they certainly didn't want to die in hospital. And so, they were looking for people who would open their homes to have people with AIDS come and stay with them, while their caregivers had a break. They couldn't afford to go anywhere, but they could stay at home without the responsibility. And so, there was going to be an information meeting, so I said to Don, I think we could do that – we had a very big house at the time. So, we went to the meeting, and came away thinking, yeah, we could do this. And then they had another meeting and we went to that and they had a series of sort of instructional evenings. And we just jumped right in – if you gotta do something you might as well do it.

DV: Yeah, Claire took the initiative. At that point in my life, I didn't know a gay person as a gay person. I'll admit that I must've been dealing with gay people, but I didn't know a gay person. So, I'm – I mean it was just a new world for me. I remember going to our doctor and saying, "This is what we're gonna do. I'd rather not die from AIDS in the process, so what do I need to do?" And he said things like "wash your hands" [laughs], uhm, yeah, he was supportive. He'd be a great guy for an interview.

AH: Who was that?

DV: You want this on tape?

AH: Sure, go ahead.

DV: Brian Murray was his name, Dr. Brian Murray, and he had a lot of AIDS patients, both Gary and Michael.

CV: Yeah, he did.

DV: I don't know about Michael, but certainly Gary. And a number of AIDS patients, and he would have, I would think he would have some recollection of those times.

AH: So, how did you learn about AIDS through this connection?

DV: Well, Gary and Michael were very well versed in the subject. Gary was kind of a leader of the respite care, of VARCS [Victoria AIDS Respite Care Society, later renamed Victoria AIDS Resource & Community Service Society], and so we learned a lot from them, and we learned a lot from the other gay people that we met at the meetings.

CV: We learned a lot from these instructional evenings they gave.

DV: Yeah. And then once we had people coming to our house, uh… I don't know if it's – the medical authorities of the time, I can't recall just who that was, but they would send a couple to our house, a registered nurse and a counsellor, so they were very informative too. They were great. Everybody we met on this journey was great. But it was, so new to us – I mean we didn't know the gay community, we didn't know anything about AIDS really, other than it was very… other than, all of these people were dying. It was – there was no other option, they were dying. And so, you got a whole string of young people, mostly young men, who hadn't done anything wrong, and they were dying, sometimes quite messily. And it just – it's gotta touch your heart. So that drew us in, didn't it?

CV: Yeah. We started off not with somebody at our house but with a young woman who had been a prostitute in Toronto, and apparently went to the bus depot with whatever money she had and said how far will this take me and they said, Victoria, so that's what she did. So, she was picked up, you know wandering in the park, and lived actually at the old St. Mary's Hospital downtown.

DV: Vic Gen --- Vic General?

CV: It became Victoria General, yeah, so we would go down and visit her and take her out places, and she came out to our house for a couple of… so it was a very…

DV: She sort of was a surrogate daughter for us.

CV: Well [laughs], not really.

DV: Well, we got very close to her. [Name].

CV: [Name], yeah. She went back Ontario because her mother and sister finally decided that she was dying, they'd better do something about it, so they came and took her back. That was good.

DV: But we saw a lot of her, and she was –

CV: After that.

DV: --impish… We grew to love her.

CV: Yeah. I'll always remember she had a huge rose tattoo on the back of her hand. And apparently it was covering up one that said "fuck the world." [Laughs] And I did housework for

an Indigenous fellow out on the reserve, that was interesting, especially when the old ladies came by and started talking to him in their language, apparently asking who I was. [Laughs]

AH: So, this was an HIV positive person?

CV: Yeah, he was. Yeah, he died.

DV: They all died.

CV: But the rest all came to our house, and two of them died with us.

DV: The VARCS group if you remember, had lots of parties, or get-togethers. And you know, you learned things there too.

AH: Your microphone is sort of sagging inside there.

DV: Testing, testing. [laughs]

AH: If only this machine had an indicator.

DV: Bear with us, listeners, we're trying.

AH: There that's better. You were talking about the parties that VARCS had?

DV: Yeah.

CV: And they were fun, they were totally different. We didn't talk about AIDS we didn't, you know, nothing was –

DV: Sometimes people who were positive came to the parties. [Name] came to the parties.

CV: Oh yeah.

DV: But Gary was – we really took to Gary and Michael. But there were I think four or five or six respite care homes, eh?

CV: There was us, there was Lynn and Len, there was Jack Roberts, John and Ken. Four of us.

DV: Four respite care homes.

AH: So, I don't know if this next one works or not – how did your identity shape your experience of the epidemic?

DV: How did our identity?

AH: Yeah, anything about who you are that – obviously you were generous people who responded to it, I don't know what –

DV: We were very straight, so it was an extremely informative educational time for us.

CV: It was a… yeah.

DV: And it became --

CV: It became, I'm totally honest here, one of the best times of our lives.

DV: Yeah, yeah.

CV: I wouldn't have missed those five years for anything.

DV: Nor would I. But it's kind of hard to explain why, 'cause it was very sad in some respects.

CV: But we also felt that we were doing something useful. It really – you know, other people matter to us, if that sounds sort of weird, but they do. Doing stuff for other people is – the payback is enormous. You feel so good yourself about it.

DV: And we got to know the people that came to stay with us very well.

CV: Because they would talk, that's what they wanted to do.

DV: It was concentrated, they didn't have a lot of days left, and so they understood that we were open to hearing anything that they wanted to say. And they talked about their lives, and that was a privilege.

CV: Yeah.

DV: Various scenes come back, we've been thinking about, 'cause it's a long time ago now. Uh, yeah.

CV: It's amazing what it brought up, when the two of us talking about various things, and, oh, I'd forgotten that.

DV: I felt this all-pervasive sadness, not the kind of sadness I felt at the time – which was deep – but just this, recalling all of this, there was sadness to it. As I say because these people were young, they had their whole lives to look forward to, and they had done nothing wrong. They'd made mistakes maybe, but they had done nothing wrong. And uh, they were dying. They all died. There was no option in those days.

CV: Except for Michael.

DV: Well, yeah.

CV: Michael's still around.

DV: Yeah, Michael's still around.

AH: Yeah. So, did you have any interaction with government – you mention they had government medical people coming?

DV: Yeah, all the –

CV: Yeah they were private -

DV: They were great. They were wonderful.

CV: Just about everybody went into palliative care, and it was after being with us, if they didn't die with us. But then they sent out the – was it the quick response team? They went out. So, that was the only connection we had with anything.

DV: I recall one guy who got so sick that we just felt so helpless trying to do anything for him. He was really ill, so we called an ambulance and they came and took him to hospital. But all the others… they stayed.

CV: Couple of weeks.

DV: Yeah, they didn't – only two of them stayed until they died. There was a young woman, uh, I felt for her. I think she was straight, but somehow she got infected.

CV: She was.

DV: Yeah. She had a young daughter, and she was a young attractive woman. I remember she spent a lot of time just lying on her bed reading.

CV: And she went to John and Ken's, that's where she died.

DV: That's right, she died there.

AH: So how long was the usual stay?

DV & CV: Two weeks.

AH: Two weeks?

DV: Yeah.

AH: Is that scripted that they would be two weeks, or did it just turn out that way?

CV: No, I think it just turned out that way. More or less, I don't strictly remember.

DV: I don't remember it being scripted but that's what it worked out to. Unless, maybe with the guys who died with us…

CV: Well, the second one came to us knowing he only had a few days, and he only lived a couple of days with us. He was waiting for his mother to come from somewhere, and she came, and he had whatever, and he died that night.

AH: So, just held on until she came?

DV: Yeah that happened with another couple too.

CV: Yeah, yeah, some of those urban myths are true you know.

DV: Also got the sense that people who were dying chose their moment. And often it was when they were alone – you'd go out of the room to grab them a glass of water and then they were gone – they just seemed to want to be alone to do it.

CV: Or there was [laughs] [name].

DV: [Name]?

CV: I remember there was no beds in hospice, and the nurse said to us, "What would you think of him staying here?" And I said, "Sure, we're fine with that." And he was obviously very close to the end, and I remember I was sitting on the side of his bed and reading poetry to him, and I then I said to him, "Oh [Name], your family will be here in about fifteen minutes," and five minutes later, he took a deep breath and went. And I thought, oh, I think I know what you're saying here. [Laughs]

AH: [Laughs] A little trouble with the family?

CV: Oh yes.

AH: Did he speak about that?

CV: Sort of slantwise. You know that he didn't – they had wanted nothing to do with him when they first learned he was gay.

DV: Was it [name]? Was he sort of…? I'm thinking of a conversation I had with him. I was sitting in a chair with him beside his bed, it was the middle of the night. He started talking about – I think he came from Toronto.

CV: Yeah.

DV: He had a job at a warehouse on the loading dock, and he was feeling quite bitter at this point. He said he lost his job to a person of colour, they were hired because they were a person of colour. So, he felt he'd been prejudiced against – that's kind of a twist, eh – anyway, he spoke bitterly about that. But our job I think was just to listen.

CV: To listen, yeah.

DV: So, we did. But I felt, these people didn't get a whole lotta breaks in life, you know. And they didn't get a whole lot of life.

AH: Anything else with the government? You were on the board, right, of VARCS?

CV: No, no, no.

DV: Weren't you?

CV: Oh no, no, we were never on the board of VARCS, no.

DV: If I was, I don't remember.

CV: No, you weren't.

AH: Oh, okay, I had the impression you were.

DV: Um, might've been.

CV: You weren't.

DV: I wasn't. [laughs]

AH: Okay, we've got the word on that. [laughs] So, how did people around you react to you having people in your home?

CV: At first, they thought we were quite mad.

AH: Would you re-phrase that?

CV: [laughs] No, they were really surprised.

AH: No, I'm not – just instead of they, "people around us" so I know it's…

CV: Oh, the people around us, I don't know if they thought we were mad, or "Do these two know what they're doing, or is it just them being weird as per usual." They didn't understand it, but then when they saw, because you know we did it for five years, people understood and they started to get it, because we would talk so – oops, how to sound uh [inaudible] here – but

positively about our experience and what lovely people we met, and I think they started to understand.

DV: Yeah, I think they did. Well, they did and we have a good group of friends, too – they're compassionate people. There's something about a somebody dying close to you, physically close to you, that is quite awesome. I could not find the words to describe it, but it's like you're in the presence of something inexplicable, a great mystery. And uh we felt that more than, at least I think we both felt it more than once.

CV: Yeah.

DV: And kind of a holy time, if I can put it that way.

CV: I went on after a few years to volunteer at the palliative care place, at the San Penn hospital. And I think that my work with VARCS gave me the background to do that.

AH: So, how did the overall community – you were on the paper, you would've gotten some reflections from the community – how did the community respond?

DV: Uh, mixed. I think they developed over time a sympathy for the gay community 'cause these people were all dying. I mean it was a death sentence. I remember one of my colleagues saying, "Why are we spending all of this wordage on these people when we're not doing enough for women with breast cancer?" So, there was a kind of pushback in that way, but by and large, I think it was a highly educational, intense educational period certainly for us but also for the broader community, not to the same extent, but yeah. There was a lot of sympathy there.

AH: That answers that question, yeah. Were you involved in any activism around AIDS?

CV: Well, not really. We went to some of the gatherings, like the memorial evenings and stuff, but not…

DV: No, we didn't parade…

CV: We haven't really done that for anything we've been involved in. We did once walk in the Pride parade, but that was very long, oh my gosh.

DV: I can recall an incident that taught us something, taught me something really important. We had a guy stay with us, and his sister came to help him, and help us, and she was a policy writer for the provincial government, bright woman, and he treated her very badly. She would bring a DVD to look and he would say, "No, I didn't want that one," and he was mean to her. And finally we had a chat with her about this, and we said we couldn't understand why he was behaving this way when she was being so loving towards him. And she said, "No, that's not him, that's the disease." I've never forgotten that. And she was absolutely right: this wasn't her brother, this was the disease responding. Yeah. Big lesson.

AH: Yeah.

CV: In fact, he went to live with her the last few weeks.

DV: Yeah, she lived in a little house on the way to Sooke. And he moved in with her and he died there. She was remarkable. He was a very nice guy, I liked him a lot.

AH: Just that manifestation.

DV: Well, that was the only thing, it was so out of character. I don't know, maybe there was family stuff behind it, but I think when she said, "No, that's not him, that's the disease," I think she…

CV: She understood.

DV: Absolutely right.

AH: Well, I think you've answered that one. How has the AIDS epidemic changed the community? This was probably originally addressed to gay people within the community, but the larger community, is there any…

CV: I don't know that we would know really.

DV: No, I'm not sure we would either. You know, as they developed medication to control AIDS, we got to keep our friend Michael, so that was a great thing.

CV: I think from my understanding, people don't see it as a death sentence anymore.

DV: Oh no.

CV: With the medication the last few years.

DV: It's controllable now. We're right on that, aren't we?

AH: Yes, but the rate is going up, because people are thinking, "Oh, we don't have to worry."

DV: The rate of infection is going up.

AH: The rate of infection, yeah. People are too casual. Because it may not be an automatic death sentence, but it's no fun to live with that. How has your perspective on HIV changed, if at all, over this time?

DV: Well, in '95 you know, I retired, we sold the house, we moved to a condo, and that ended respite care home work. And we sort of drifted apart from so many of the people we knew.

CV: We saw Gary until he died and we sill see Michael, though not very much anymore.

DV: So, it's faded in our minds.

CV: Yeah, yeah. And it doesn't make the news anymore.

DV: It was very prominent in the news between '90 and '95, I mean it was…

CV: Even later.

BV: And later, yeah.

CV: Well it was more the needle exchange.

AH: Yeah, it moved from the gay community to…

CV: Everybody.

AH: Yeah, things changed there. Well, I won't go there yet. What are your memories of VARCS?

CV: What are our memories?

DV: Of VARCS.

AH: Of VARCS, yeah.

CV: It was a good organization. It the did job it was supposed to do. It didn't fly off in all directions and try and be all things to all people, you know, it did the job. And those of us who were volunteering from care homes to driving people and everything all seemed to get along and get on with it.

DV: Uh, a lot of good friends from those days.

CV: It was a good organization.

DV: And people that, because we were – because it was a fairly intense, traumatic operation, with people dying just around the corner, you sort of skipped the preliminaries and got into a deeper friendship in a hurry. So, we had people there that we loved, loved 'em. Yeah, memorable. I felt like – I feel like Claire did, it's one of the best periods of our lives, even though it was, all around us turmoil and death.

AH: Yeah, yeah, well, Gary remains one of my heroes. I mean, the vision he put together to make that.

DV: Very funny guy too. Yeah, Gary was remarkable. Is remarkable.

CV: Yeah, he had this idea and he went for it.

AH: Uh, this may or may not be of any – do you have any advice for health professionals, with regards to prevention or support, anything like that?

DV: None from me.

CV: No, in the support line, just, well, we've had, not from ourselves, but from our friends, some various hospital experiences in the last year, and in a way, it frightens me that some of the people in the healthcare profession are not very caring. They've got to the stage where there's work to be done, let's do it and get it over with, and get you out of here. So, just remember that we're all human beings, and we're all here for one another. Just try caring more.

DV: I have a slightly different perspective on this downright shabby care we've seen in hospital over the past year. I think they're grossly understaffed and overworked, and so they're getting burnt out. And they get cranky. So, I suspect that that's the root cause of what we've seen. Yeah.

AH: Yeah, I haven't been too impressed with doctors when I've had to deal with them, but mostly nurses have been pretty darn good. Any thoughts, any advice for future generations? Something like this is going to come along again whoever it attacks – it'll have some sort of a…

CV: I'm sort of inclined to say don't wait for the government to do something. Get your own community together and do something that is helpful and restorative.

DV: Yeah, as we got into this and we learned some of the history of the gay community, and I can't recall the name of the place but it was a big confrontation, somewhere in the States, in New York –

CV: Stonewall?

DV: What?

CV: Stonewall?

DV: Stonewall – yes. And other pieces of what has gone on in North America, but good things only came out of the people, the grassroots people taking hold of the situation and making things happen, and I think that will probably be the case for the next millennia. If you wanna get results, you gotta get out in the road and do stuff together. Make a loud noise.

AH: Yeah, I think the gay community inspired the the breast cancer women and they became more active. I think that has…

DV: Well yeah, and the Me Too movement, this is all grassroots stuff. And when you start to sound off, you find out that there are countless thousands out there that who've had your same bad experience, and they're ready to say so. So, I think that's good – I mean, the media, the mainstream media, certainly the print media are dying. They're dying. They're dying as a result of the electronic media, but they're – in the process, we're learning that it's grassroots

movements – Me Too, and so forth – they're the ones that are exerting a lot of power I think. And that's good. That's good.

AH: Is there anything else that's…

DV: The thing about this project which intrigues me is that is – well, it's a little, it's anecdotal of course, but it's also history. And I think that up until this point in the education of mankind, we have not done a good job of recording history. History has been written by the winners and it's very biased. But now you're starting to get some historians writing out of research how it really was, or how it really is, and this is a part of that I think, how it was, and how it is. And so, I feel good if this inspires anybody to see this as an important piece of history. It is an important piece of history, locally – well, internationally too.

AH: Do you have any words of wisdom here?

CV: No, it sounds pretty good to me.

AH: Well, that didn't take three hours. [Laughs]