

“HIV in My Day” – Victoria Interview 17

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Interviewee: David Morgan (DM); Interviewers: Art Holbrook (AH) and Charlene Anderson (CA)

Art Holbrook: We are actually recording. So, you said you had some trouble defining where you were from. Have you lived in Victoria very long?

David Morgan: Lots of years back and forth, then I went to treatment a lot and I came back to Victoria. Always came back to the island. Most of the treatment centres are on the mainland or in the interior. I tried kicking that cat for many years, ‘till I finally just decided okay, harm reduction, I like that word. I can partake of what I partake in, and I can use opiates and go to work and have a full life. And I’m not breaking the law or causing anyone else harm or myself harm.

AH: Okay, would you please identify yourself? Just your name.

DM: My name is David Morgan.

AH: There, okay, we’ve got it on the tape now so the next person who looks at this tape won’t say, “Who the hell is that guy?” So, how many years back have you been in Victoria?

DM: Years back... Been here—I lived in Nanaimo and I came down here about ‘95, then back to live with my mum in Burnaby, then back to the island, then Port Coquitlam, then back to the island, Seattle—thought I was going to marry this nice Baptist girl but that didn’t work out.

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

DM: On the news—the scare—the video, what’s the name, the video that had Annette Bryant in it and Bette Midler in it and Harvey Milk was in it and...? Pretty depressing video.

AH: What year was that approximately, do you remember?

DM: Can’t remember the year, but the outbreak—the San Francisco outbreak—the lesbian women looking after the gay men in the hospital when they first got sick—

Charlene Anderson: Back in the late eighties?

DM: --they never got along in the beginning, but then you saw them looking after them and wiping their noses and feeding them and that was—got me all misty watching that as well.

AH: So that would’ve been early to mid-eighties?

DM: Yeah, mid-eighties.

AH: Somewhere around there. So, what was your initial reaction when you saw that stuff?

DM: Heavy heart. Real heavy heart. Gays and lesbians never got along for years and years. What, it took an epidemic for them to come together? Oppose people—what is her name, Anita Bryant? Did I get the name right?

AH: Oh yes, the orange juice lady.

DM: The bitch, the California stateswoman whoever she's senator, who wanted to shut everything down.

AH: But aside from that, I mean, did you feel fearful about it that point, or was it something that was in the distance?

DM: I felt my choice of lifestyle was something that was gonna get me sooner or later. I told myself it's in the cards, you're gonna get infected sooner or later with the lifestyle you're living. And lo and behold it happened. You know, my doctor's diagnosis, I was sharing needles and I was sleeping around and eventually—I was getting fatigued and tired a lot, and was losing weight—what's going on, this isn't like me, I'm usually a fat son of a bitch. And can't just be the coke and all that making me skinny. I wasn't eating much but still. So, I went and had a test done, and it came back conclusive.

AH: Right. So, when was that?

DM: '96. Positive, positive, positive, positive. Everything came back—all five tests they gave me were positive. Her jargon or whatever doctor [inaudible] told me. And she said, "Go and get help."

AH: But you say—what year was that?

DM: '96.

AH: '96. Okay. So, how did you learn about the epidemic, I mean once—

DM: Through TV and the news and through books and through people I talked to. My roommate [name], who was diagnosed a lot more years before I met him, but when he let me move in with him and he told me all about himself. Miss Vicky, that was his name, his professional name. And he's in a couple of—he's in a book I keep at home, a memorial book for people that've passed away from HIV. [Name] is in the book, big blue book and [full name], "Miss Vicky"—looked fantastic when he got a job and went and did female impersonating. He looked really good.

CA: Was that here in Victoria or...?

DM: That was Vancouver. We lived in North Burnaby for a while and when you talk about—when you talk about caring for others, I cared for him when he got sicker. Because he was still using substances, and you know, thought he could beat the system, thought it wouldn't affect

him. But he got sicker and sicker, and eventually went home to the East Coast to be with his mum to be looked after. I could only do so much.

AH: So, the information you got, was it adequate?

DM: It was adequate. All of his friends in the inner city in the West End and all the different clubs that were in the West End, they helped me. They helped me to help him, because I didn't know a hell of a lot. What I heard from other people was over table talk at bars. I'm the ambassador in the Castle, all these gays bars, and I just talked to other people about how can I help my roommate? What is the best thing I can do for him?

AH: Right. So, that way you learned about what the disease was all about?

DM: Yeah, from [name]. And he told me things like if I wanted to get high once in a while, he'd say, "You're not going to touch my equipment. I don't want you to do it the way I do it." But eventually seeing it a couple years later, was right in the thick of it.

AH: You guys have a relationship here, why don't you take over—'cause he's addressing you most of the time? No, seriously.

DM: Talking all around and I guess I'm focusing on her—

AH: But seriously though, why don't you?

DM: I have to read my auto but that's later, and tell you all about myself.

CA: Okay. I have to put my glasses on, 'cause I can't see anything.

DM: Not much a talker. I'm a reader.

CA: Oh, David, you're a talker. Okay. Adequate information. So, so how did you respond personally to all this stuff that was going on, like with your friend [name]? How did that affect you?

DM: Denial. That's the word I can think of, denial. Before even coming up here talking to the staff at AVI and should I even be coming up here because my life was—diagnosed, but I knew about the agencies, but I was in denial. I went and got registered, I became a member, but still, I wasn't like you people. I went to work and I had my own home, and you know, lot of blame too. It's your disease, the gay disease. You guys brought it on, you got everybody else sick. It's the way of thinking.

CA: You think what you think 'till you think something else right?

DM: Until you see something—look at life through a different pair of glasses, and you meet the Johns and the Cass and the J.D.'s and you meet new friends. The scary lady with the hair and all the rings and took her half an hour to get ready each day. You know who I mean.

CA: I know who you mean. I know exactly who you mean. She's a trip. Yes. That's for sure. So, you were living in Vancouver and you were going to gay bars and stuff with your friend, and going to the drag shows and stuff like that. What did you see happening to the gay community, like the community that you were socializing in? How did you see the AIDS epidemic affect it?

DM: I saw not as much joy or happiness. Around coffee shops or table talk its [inaudible], I heard discussions about the depressing side of HIV, and how they're not being looked after, and you know, how doctors aren't doing the best they can do for so-and-so's roommate or so-and-so's lover, they're just letting them die. It was pretty depressing. I didn't hear anything positive, like I'm getting cured, the medicine's working really good, and this is helping me. I didn't hear much good stuff.

CA: Yeah, so it affected the community like really badly, in a very negative way then?

DM: Until Julio came to St. Paul's. He didn't change everything, but he definitely helped.

CA: Yes, he definitely did. Uhm... Sorry.

AH: Gotta use your glasses.

CA: I got my new glasses today. So, for you personally, like, did your sex life change, or your social life change? Were there aspects of your behaviour that changed because watching everybody?

DM: I became a pinch hitter.

CA: So, you learned to diversify in your life?

DM: Yeah, yeah, diversity. If it feels good do it, with protection.

CA: But what I mean is—that's it, with protection? So, is that something that you started using protection, watching people get AIDS?

DM: Always protection, never without. Male or female, too scary to not use it. It's not just HIV, there's STD's.

CA: Yep, those are the ones that'll get you.

DM: I always double bagged it, always. It's commonplace today. Since today I'm happy, "U equals U," it's you know, I don't always have to start a conversation with a partner by saying "By the way..."

CA: What is "U equals U?"

DM: Undetectable equals untransmittable.

CA: Awesome. So, now you're an educator because of all this stuff that's—that you've lived through over the years?

DM: I was an educator on the island, high schools and different centres.

CA: So, okay, so did any aspects of who you are—you David—shape the way you experienced the epidemic? For example, your gender, your race, how you grew up – do you think that made you experience it a little differently than other people?

DM: Um, I've become more open, I'm still practice a little bit of—I'm guarded still. I still haven't told my employer because I work in the food industry and I don't know how open minded she is – old-fashioned Indian woman, from the India. I don't know if I want to tell her, but you know... And my mother knows I have HIV but she forgets all the time anyway. But my sister's more supportive and supports me and I feel comfortable about that. No stigma from my sister, only a little bit from the brother-in-law. If I'm gonna help at Christmas dinner, he throws me gloves and she just looks at him and says, "Don't give him automotive gloves—what are you, an idiot? Leave him alone."

CA: So, you have support from your family?

DM: Yeah.

CA: Yeah, that's awesome. That is so important.

DM: I used to do dumb things, like at a restaurant lick my fingers, and that's not cool that's just common—that's not food safe—a common food plate and you don't—you're licking fingers and... It's a bad habit.

CA: Whether you're HIV positive or not, it's gross.

DM: But the best thing is that [name] helped me a lot and [name] helped me a lot.

CA: Yeah. That's awesome. Okay, so, where are we here—how did the epidemic manifest in your personal—so your personal relationships, you kind of touched on that already. Did it have any impact on your partners, and how did you respond?

DM: I was afraid to tell women in my life or men in my life. That's why I just spent my money on hookers. I didn't want any long-term relationship, I just wanted sex. I didn't want anything special, so that's how it impacted my life.

CA: So, it kept you kind of closed off from—

DM: Anything special, anything that would blossom and be wonderful and I just—I didn't feel good about myself either, to be honest. Like I had an infection, my blood's dirty, so why did I deserve anything healthy, because I'm not healthy?

CA: Has that changed over the years?

DM: I deserve to have a healthy partner, I deserve to be healthy and to move ahead. I keep—I kept the same job for three years now, and starting to do more work at AVI. Starting to ask if I can do some health education again and...

CA: Awesome. So, things are moving forward.

DM: Now, if I have another diva to take me around and [inaudible] [name].

CA: Yes Miss [name], oh, I miss her. Yeah. David and I used to—we did a few speaks together.

AH: I'm gathering that.

CA: They had a really beautiful head of the health department, health education.

AH: What happened to [name] by the way?

DM: Moved to Calgary.

CA: She fell in love and moved to Calgary.

AH: Was she the one who was very slim?

DM: Very slim.

CA: Yes, yes, she's a wee woman.

AH: Very pretty. Very pretty girl.

CA: [full name]—

DM: Very pretty.

CA: --she fell in love with Captain John, moved to Calgary and became a teacher. An elementary school teacher which is perfect for her. Yeah, it is. I talk to her every once in a while. So, what did the government and medical responses to the epidemic look like? Like what did you see? And did you think they were adequate when things were first starting—or even now?

DM: No. Now better but then nothing. Nothing. All fear-based. Doctors getting sick and people not wanna—you know, just take for an example any hospital ward. You know, once you tell them at the emergency that you got HIV, they come back and they're head to toe. You know they're head to toe. Like an oxygen mask and everything down to their feet. Talk about stigma.

CA: Yeah, that's just perpetuating it.

DM: Sticking you in a rubber room.

AH: Is that still the case?

CA: Do you still find that?

DM: Not as much. Even nurses don't like to take blood using gloves, they'd rather do it, um, so they can feel around.

CA: And what do you say when they do that?

DM: "Do you want to do that? You know I have virus." "Cause I can feel the needle better when I'm just doing it bare-handed." "You want me to do it myself, if you can't get it after a few tries?"

CA: Yeah, it's quite something, the universal precautions, or lack thereof.

DM: But that was the biggest stigma, that the biggest thing the medical community could do to us, to ostracize us by putting on their full set of hazmat gear. Hazmat gear they should call it.

CA: Yeah, not very empowering.

DM: We're a chemical waste site. Like what are they trying to say?

CA: Yeah, well that's basically it. How did the public react to the epidemic? Like, what did you see?

DM: It's fifty-fifty or sixty-forty, I saw openness from—openness from let's say the... I've always gone to church. In the church community I saw some openness, the pastors n'that. Other members of the community, pretty cold.

CA: So, did you see more stigma and discrimination? Homophobia and that kind of stuff?

DM: Homophobia amongst rednecks. Uhm [inaudible] we don't cater that here. You fight people. You go and got yourself sick, that's your own fault.

CA: Sticking things where they shouldn't be stuck, yes.

DM: Yep.

CA: Sorry—didn't need to add that part.

DM: And I was one of those hicks.

CA: Was?

DM: Was one, I'm not as bad of redneck anymore. Not as centre left, but not so much right, somewhere in the middle.

CA: So, did the epidemic and the lifestyle that you were in, that change that for you? That got you to be not so much judgmental.

DM: Yeah.

CA: Yeah? Awesome.

DM: And the PLDI did a big makeover for me. That's the biggest makeover.

CA: What's PLDI?

DM: That's the Pacific Leadership Development Institute. And I lost my badge and you said you had a spare you were gonna bring me.

CA: I'll bring it on Monday, sorry. Yes, I did.

DM: Wore that proudly on my lapel, and then the pin fell out.

CA: Yes. I will bring it.

DM: And that wasn't back in the day but that was just helped me change drastically from being as less close minded.

AH: Right.

CA: Well, go a little further on with that.

AH: Yeah, what was that institute?

DM: It's put on by the Pacific AIDS Network and they train up members with HIV to take on leadership roles and communication skills. And if you're gonna be a member of one of the agencies, they teach you about what like to be on a board. Board of Directors. Board on board.

CA: And do you know what the Pacific AIDS Network is?

DM: I know it's research – it's a lot more than just research. It's going to different events where you talk about research in different cities and countries and, I'd like to know more about that. I'd like to go to one of them. No one ever invites me, sponsors me. How come I can't go to Amsterdam?

CA: You gotta put yourself forward. You gotta put yourself forward with an abstract. So Pacific AIDS Network, it's an umbrella for the—all the AIDS service organizations in British Columbia?

DM: All of them, like Seymour Street, Loving Spoonfuls and—

CA: All of them, yep, most of them are associated with them. Yeah. So, it gets the word out to everybody, and not just little select pockets of people.

DM: CATIE – CATIE a part of that?

CA: No. CATIE's a separate entity. Canadian AIDS Treatment Instit-da da da and Education.

DM: That's the only complaint I had with them. I wrote to them and said, "How come you always got genitalia and scrotums on your magazine when it comes out. HIV isn't just a gay disease. How come you always got genitalia on your magazine?"

CA: More men are positive than women.

DM: We'll have to look into that for you, sir.

CA: Oh good! So you're being an advocate? Yeah, doing what you can. So, we'll loop back to the questions for a few minutes. So, what did you see the community that you were in—or communities that you were in – how did you see them react to the epidemic? Was there a lot of fear? Were people being shunned because they had AIDS? Did you see a lot of compassion and caring?

DM: Community I was in, I saw the fear, but I also saw, "Who cares? We got it anyway, we're just gonna get our dope every day and live life to the fullest. I've gotta go anyway, I'm either gonna OD or let HIV take me, but I don't care." That's what I saw, don't care attitude. Bottom line. Who gives a shit?

CA: Did you participate in community mobilization or grassroots responses to it?

DM: Only commercial alley's SOS when it was down there. I sorted rigs and—

CA: And what's that?

DM: Street Outreach Services, which is harm reduction.

CA: Yep. That's on the downtown Eastside?

DM: It was on—no, no, that's downtown Victoria—Commercial Alley.

CA: Oh right.

DM: Remember where the Pizza Hut used to be?

CA: Long time ago, yeah.

DM: Kitty corner, down the alley, you opened up the garage doors and there they were. Clothing and food brought in, and my friend [name] had little bible studies in the back room for people who were going that direction. And whole bunch of things were going on there. Mostly it was harm reduction. And snacks and—

CA: Yeah, that was back in the day before.

DM: --soup came in.

CA: So, you were part of the mobilization of things and getting stuff happening. So, you've been involved in that for a long time.

DM: I have.

CA: Yeah, that's awesome. Okay, so as a result of your being positive and talking to your family about it, have any of them gotten involved in any kind of...

DM: My sister was diagnosed a couple of years ago with MS. So—cause my mom had it, it's hereditary in women—she supports me as far as we both have an illness, that's can't—that's not curable. So, that's where we get along. We both have something and we can support each other. Her MS and my HIV. I support her and she supports me.

CA: Okay. So, who are you involved with? Like what kinds of AIDS Services Organizations are you involved with, and what do you do with them?

DM: AVI, and I wash dishes two days a week after my fellow members have had their lunch, and I've had my lunch.

CA: For the Positive Wellness Program.

DM: For the Positive Wellness Program.

CA: And what other kinds of things do you do there?

DM: What else do I do there? Um... oh, I've gone out with [name] to Bastion Square, I've done... sorry, other – it's the other illness, it's not HIV, it's HepC, wrong one. Done the speaking with community and I went out with [name] to have people get tested. Me, [name] and [dog's name].

CA: Ah, [dog's name]. I love [name].

DM: Captain Kibble.

CA: [Name]’s the little dog.

DM: Pointy ears and a pointed tail.

CA: Captain Kibble. Yes. And you’ve already talked before about providing direct care to your friend Bruce. That had a big impact for you?

DM: Yeah, we worked together. We both went to AA for a while, and he was off-and-on, off-and-on, and I was off-and-on, off-and-on, and he was still using. He took off to Vancouver to do his impersonating and dancing and came home with the white powdered stuff. I was just a drinker back then, and gee, what’s this stuff, what’s is this stuff? Let me try that.

CA: It happens. It happens. So, how has the epidemic changed your community, or communities? Did AIDS ultimately damage communities or make them stronger? How should we remember the epidemic within these communities?

DM: My community, since there was so much denial, it was happening all around me but I didn’t want to look at it. How is it affecting my community?

CA: Like what’s it like now because of that?

DM: I think a lot more people are happy with the “U equals U” that you know, I’ve read so many articles on that and personal discussions, a lot more comfort around disclosing to a partner because you know you can’t infect them. So, you get braver, you get more open with people. So, and the stigma in some cases doesn’t bother me. The only person is my boss, I don’t want to jeopardize that, so you don’t need to know, you don’t need to know.

CA: Well, it’s nobody’s business.

DM: I’m not working with the food, I’m just washing dishes.

CA: Yeah.

AH: What about that stronger—is the community stronger now, is it weaker now?

DM: I think it’s stronger now. I do think it’s stronger.

CA: Yeah? How so?

DM: Through research.

CA: Yeah, like is it something that’s talked about? Are people…?

DM: It's in inside job, not so much talked about, it's different articles that we read, and the stories help, the stories and magazines like *Bloodlines*. There's an encouragement every time I read one and—

CA: What's *Bloodlines*?

DM: It's a magazine for Indigenous HIV members. My friend [name]'s on the front of one of them just a few months ago, and a guy I went to the training with.

CA: How have your perspective on HIV and prevention changed over time? How has the introduction of—how do you feel about biomedical interventions? Have they signalled an end of AIDS?

DM: Biomedical. That's a big word.

CA: I know. So, how has like the HAART therapy changed things for you? The highly—medications? How have medications worked for you?

DM: Big time. I don't notice much difference, but I guess I maybe notice a bit of difference. I take two in the day, and one at night. I just take 'em because they're there for me to take and...

CA: How has that changed over the years? Are the medications better than when you were first diagnosed or...?

DM: They're better. I've always had trouble with my abdomen and some of the medications just messed up my insides. My lining's thin as it is from all the drinking, I have a bit of cirrhosis, so I need something that's really, really light on my liver.

CA: So, it's been a trial of medication over the years to find out what works best for you?

DM: And if you miss medications for more than a few times, back then there weren't many medications so—only about seven at the time—you had to start a whole new regime. And they didn't have that many, so once you've gone through all of them and didn't take them, what are you gonna do?

CA: So, it's important to be compliant and take them every day and make sure you do.

DM: I have trouble taking them every day, that's why I go to the pharmacy every day and take them in front of the pharmacist.

CA: I have a question about that. So, does that help – so it gets you to remember to take them, but does that help with you getting out and around and doing things and being social and...?

DM: Yeah, because it's a routine. I go and have to have my tang every day, so I go get my juice and take my pills at the same time.

CA: Yeah, awesome. So, that gives you a bit of a purpose and make sure that you're up and moving and...?

DM: Routine is important for anybody living with HIV, or just—I value routine, if I didn't have routine.

CA: Looks like you got something to say.

AH: No, nope.

CA: Yeah, I value routine too, David. Routine's very important. Okay, this'll be a good one—do you have any advice for health professionals? Specifically, in regards to how current prevention and/or support efforts can be improved?

DM: I think... They should give out the meds for free, they shouldn't let the big pharma's take over and take the doctor's out for a weekend or golf just so they can get the medication. That's all screwed up.

CA: We're lucky here in BC – our HIV meds are paid for already.

DM: Covered, yeah. But in the third world, they're not, in the States. It's a mess.

CA: Yeah, it is.

DM: Buddy back in the day was going to different hospitals and trying to collect pills from different people in the wards so he could pass 'em around to other people in his travels. Forget his name but that's what he was doing.

CA: What advice or suggestions do you have for politicians and legislators around HIV and AIDS? Any legal stuff around there?

DM: Listen.

CA: Yeah?

DM: Listen – don't form opinions, listen. You know there should be more people with HIV on your city councils, your provincial councils, more MPs. More people should speak up if they're in Ottawa. Do we have any politicians with HIV?

CA: Don't know. No idea. Yeah. And what about—I'm just gonna go way off topic here—what do you think about criminalization?

DM: Criminalization, oh, I know what you mean by that.

CA: I'm just curious.

DM: I'm not telling somebody right, and just having sex anyway, no protection just putting another notch on your belt. That's not cool. And you'd be charged with a—likely you'd get a manslaughter—you should be charged if you knowingly infect somebody. You ruin their life, he goes home, he has sex with his wife. That's fucked.

CA: What if he's undetectable, or she's undetectable?

DM: Then you don't have to worry because you're not gonna pass it on. "U equals U."

CA: I agree with "U equals U."

DM: My friend was a hooker in the city and she dated this guy and it made the news – she didn't tell him she had HIV. And they met in a church parking lot at Cedar Hill and he put a couple bullets in her head, because he went home and infected his family. She didn't care, so he killed her.

CA: I remember that, that was horrible. Do you have any advice for future generations who have not experienced this kind of an epidemic?

DM: Know your partner. It's simple, know your partner.

CA: That's a good one. Have we as a community done a good job of remembering the lessons learned from this epidemic? And how can we do a better job so it doesn't get repeated?

DM: Bag it.

CA: Not everybody has bags.

DM: Be more safe, just don't go off half-cocked and screw everything in town, just like I did.

CA: And harm reduction?

DM: I believe in harm reduction, a certain amount. For a while I didn't. I thought, clean up or get covered up. I wanted everyone to be clean. Doesn't work that way.

CA: No, it doesn't unfortunately.

DM: A lot of professionals, they're using opiates because the doctors cut them off, they find 'em on the street. Lawyers, doctors, nurses, just, they need opiates.

CA: So, no one's immune from anything?

DM: No, not anymore. Nope.

CA: From drugs or—

DM: So, in that regard, harm reduction, you know, I don't mind it.

CA: Is there anything you wanted to discuss that we didn't cover in the questionnaires, in these questions?

DM: I don't know, maybe I can read my blurb.

CA: Yes, you can. I would love to hear it.

DM: My transition. My name's David then and now. Early in life I was consumed by a drug induced lifestyle, and due to sleeping around and dirty needles I became infected with HIV. The fear of waiting for the call regarding my bloodwork and testing positive was somewhat doom and gloom. So, I went away and asked for little or no help. Telling my parents and getting my first taste of stigma, such as bringing my own coffee cup when I came to visit. Weakness. Uhm, I never did get humps on my back, but I've seen people with humps on their back, that mostly happens to females.

CA: Yep, the buffalo hump.

DM: I saw my roommate [name] get skinny, swollen face, so I went on to deceive myself. Meds were not for me. I was antisocial, I thought it was, I blamed it on gay people, they didn't relate to me. Those are just footnotes. I remember Johnson Street, what a great location and Commercial Alley needle exchange. As for me, I was in denial big time, and didn't look at my virus or the history of HIV in my community. I was working, busy at college and here I go again I blame the gay community for my virus. It was not—I was not—it was not a priority not having any concern for AVI so my knowledge of AVI history is lacking. But I did reach out to AVI in those days to seek some help. Eventually started making meals. I did that too at Cormorant Street, I was one of the cooks. I did health education with Char at different venues. High schools. I attended get-togethers. I worked with SOS. Blah-blah-blah, blah-blah-blah.

CA: Oh, David just say it.

DM: My friend [name], aka Miss Vicky, a female impersonator that was slowly getting sicker due to his advance HIV, his drug use, wasn't helping anybody. He slept around, didn't play it safe, lost weight, was losing teeth. He also had awful smell in his mouth. So, I saw him deteriorate. Wasn't looking after himself. He'd go to Central Park in Burnaby and troll. Yeah. Said you can't be trolling man, you can't just be bringing anybody home or just going in the woods and doing things. It's not safe.

CA: So, do you see people more aware of what they're doing?

DM: Yeah. In this day and age, everybody's more aware. Even your folks that are still using, they're keeping the nox kits on them, and they got protection, you see 'em. Hookers come in and get lots of condoms from AVI. They're slowly—they're thinking a bit before they go out for the evening. They're not going off half-cocked.

CA: Yeah, half-cocked and unprepared. You just never know when things are going to pop up. Is there anything else you want to say David?

DM: Not much.

CA: Okay.

DM: Usually have my nap and go to work.

CA: You're working tonight?

DM: Yeah, six nights a week.

CA: Yep, he's a busy guy. Plus, his two days a week at AVI. So, what are you going to do with your PLDI stuff, do you think?

DM: I wanna do the first-aid training. And I wanted that training because I want to start applying to non-profit agencies. But that one, I've got a lot more to offer, at one of the agencies. But I've got a few of them under my belt.

CA: Have you applied for it yet?

DM: Well it was cancelled.

CA: No.

DM: Yeah, the first-aid mental health training. First, I wasn't picked because only eighteen people, and then a week later they cancelled the whole thing.

CA: Oh, well, I hope they bring it back, it's really good. The Pacific Leadership Development Institute, they have mental health first-aid as well, so that's you know, helping diffuse situations, things like that.

DM: So, you got room for me to sign. You guys have paperwork, an honorarium slip or...?

CA: Yes, we do. Thank you for your time, David. Appreciate it immensely.