“HIV in My Day” – Victoria Interview 2

December 12, 2018
Interviewee: Kamau B (KB); Interviewer: Bruce Budden (BB); Also present: Ben Klassen (BK)

Bruce Budden: Hi Kamau, welcome, thank you for coming. What is your connection with Victoria? When did you move here?

Kamau B.: I moved to Victoria in 1996.

BB: Wow, okay.

KB: Yeah. I had come to the International AIDS Conference in Vancouver. And moved to Victoria after that.

BB: Okay. Um, what sort of communities do you identify with in Victoria?

KB: Oh, I identify with a positive group, the people themselves that have HIV, so I would – you would see me in AIDS Vancouver Island, and sometimes at PWA.

BB: Okay. When did you first hear about HIV and AIDS?

KB: I heard about it in – around 1989, because there was Ugandan, um, I don’t remember his name, I won’t even try, but he, he was living with the virus and he was talking about it and people were watching TV and going, “Wow, we can’t even believe this,” and I was one of those people watching in 1989.

BB: So, that was in Uganda?

KB: That was in Kenya. He was broadcasting in East Africa, so he would be in Uganda, Kenya, and Tanzania. That was the first time I heard about it.

BB: Oh, okay. So, your reaction was kind of like, wow?

KB: Yeah, I was uh – I was like… I had so many questions in my head – how do you contract this virus? Is it uh, is it airborne? What kind of – is it like a flu? What do you have to do to – to get it? And most importantly, what do you have to do to avoid it? There was no answers, there was nobody to answer these questions.

BB: Yeah, they didn’t know anything yet, really.

KB: No, no, no.

BB: Were people already starting to die, at that point?

KB: Uh, people were – uh, shortly after that, then I became aware that people are sick, that uh, in my own village, and that they were dying from this disease of the man on TV. That's how it was known, the disease of the man on TV.

BB: Interesting.

KB: So, I became aware that there was maybe about maybe three people that had this virus at the time.

BB: And how did the community react to that?

KB: They didn't know exactly what it was, but they were calling it uh, the name they were using was mokeego [sp?] which goes to show that the person is very skinny, and you know they've lost a lot of weight, and what they associated the illness with.

BB: Okay. So you came to Victoria, in 1996.

KB: I came to Victoria in 1996.

BB: What was it like then, at that point?

KB: Well, when I got to Victoria, shortly after, in 1996, '97, and '98 were very quiet years for me, and I wouldn't talk about the virus to anybody – I was very afraid. My fear was immigration, that uh, if I speak about it, then I am going to get thrown out, because immigration expects this well advanced and ready to work kind of immigrant, not an immigrant that is saying, oh, I am sick, I wish you can help me. Very hard. So, for two years, I was complete quiet. I wasn't talking about it. And the same thing I had brought from Kenya for three years, since the diagnosis in nineteen ninety-three, I didn't talk to anybody. So, in general, five years of silence. It was terrible.

BB: Did you get to talk to any health professionals about it? Like, about what it meant for you, for your life from that point forward?

KB: Uh, in 1998 I got a chance to speak to a counsellor. It didn't end up very well because she thought that she had – she had, uh, she had evidence that she could, that she can use against me. I was cleaning houses without a permit, I had to make a living. And I was uh – and so I was working without a work visa.

BB: Oh, okay.

KB: And that lady felt that she had to call in about that situation. So, I got called by immigration – the very thing that I feared if I speak to these people, this is what's going to happen, exactly happened. They came for me, I was in detention, I had to look for a lawyer, and the lawyer said he can help me come back to Victoria. I was right in the airport for like six days.

BB: Oh, my goodness.

KB: Yeah, detained. And when I came back, I went straight to Dr. Haggert, who was running the clinic – the Cool-Aid Clinic was down, called Swift Street Clinic. And that's where I got the help that I needed. So, in other words, if immigration hadn't stepped in, if the lady hadn't stepped in, if I hadn't been outspoken about my circumstances in truthfulness, nothing would have happened. It's quite ironical. Yeah, that if I didn't speak out, nothing would have happened, and if I spoke up everything happened.

BB: Wow.

KB: Yeah, I started getting medication, I started getting my papers arranged for immigration, and everything started to move swiftly.

BB: Wow.

KB: Yeah, so it was, uh…

BB: Yeah, it seems kind of counter-intuitive that you were terrified of wanting to speak about it, and once you did, that's when you got connected with the people that you needed.

KB: That's when I got connected. It's also when I got in big trouble for being here. [Laughs] So, I had to – I had to just take the good side and run.

BB: Yeah. So, you're good at seeing the silver lining? [Laughs]

KB: Pardon?

BB: You're good at seeing the silver lining in a situation?

KB: [Laughs] Oh, yes, yes, yes. One has to.

BB: Alright. What other aspects of your identity do you feel affected your experience of the epidemic, both like, for personally, in the medical, with the medical community, that sort of thing? Like your ethnicity, did that come into play, did that make it harder?

KB: Yes. Yes, because I was uh – I stood out like a sore thumb in Victoria at that time. Even now sometimes I still stand out like a sore thumb. There isn't that many people with my skin colour. And so, you stand out, the people in – in a complex they know that you live there, and they know that you're Black, and then you don't want to add on to the fact that you have HIV to them. So, I would be a Black woman in Victoria with HIV, but the HIV part nobody knows about. And the minute I add the HIV part of it, the Black woman disappears, and now it's just HIV that they can see. So, it was very confusing for me. It was very confusing. And I was probably the only Black woman applying for immigration in Victoria at the time.

BB: Wow.

KB: So, I was very Black.

BB: Very isolating.

KB: Very, very isolating.

BB: And lonely.

KB: Yeah, very much. And scary, because I didn't know what they were going to do. They never say, "We are going to kick you out," but they would say, "Come every Tuesday. And report." And any Tuesday would have been the Tuesday to be taken away. So, it was very, very hard.

BB: That would be a lot of stress.

KB: Very stressful. You don't feel like getting up, you don't feel like going there, but you have to because if you don't go then, they'll use it against you.

BB: Wow.

KB: It was horrifying.

BB: It would be. That sounds terrible.

KB: It was horrifying.

BB: So, that just complicated, like all – I mean, as if it wasn't complicated enough, that made it worse?

KB: It made it worse, yes.

BB: Okay. So, you were the only Black person that you knew in Victoria that had HIV?

KB: Yes.

BB: So, there was no – you didn't have like a little community of support at all?

KB: No. When I started speaking out about the HIV, it was in '98 and I was – I was called by Michael Yoder – he's my mentor, he's a very good guy. And he taught me what's HIV, how it's contracted, everything about it, how you can avoid it. He told me everything. And then I was told to speak in an AIDS awareness, AIDS day, in an AIDS day. And I spoke out and it was in the newspaper. That means that my neighbours – my neighbours knew about it, the people I lived in, in the house, they knew about it, but they were not educated enough. So, there would be discrimination. Did you use that razor? No, I don't even use razors. Did you use that toothbrush? Why would I use your toothbrush? Things that were not happening before they started happening. And one of the girls was so affected when she read, when she read on the newspaper that she – she almost fainted, because she had, her fear was maybe I had given them the virus.

So, I had to start talking to them. And they were talking, the whole community, the little Victoria community was talking about it. And I was now the HIV positive woman from Africa. And they knew me differently.

BB: Oh, okay.

KB: Yeah. They knew me as, you know, she's just new, she's coming from Africa, she's smart, she's good, you know, she's – she loves life. And that's the thing I want to – to – to pursue. I didn't want the side of me that, oh she's sick. And all of sudden it just happened. All of a sudden, I was sick, and I can't do much for myself, and I can't live there. So, it's just madness.

BB: So, you didn't even know much about the virus until 1998?

KB: Yes. I didn't, I still was worried about…

BB: And you contracted it in '93?

KB: I was told in '93.

BB: Oh, you were diagnosed in '93.

KB: I may have got it before, like way before. In my teenage years.

BB: Wow, wow that blows – that's kind of mind-boggling.

KB: I had to learn, and then teach, and the people I was teaching were not ready to take the information. At least I was ready to take the information because, like, I waited so many years for someone to tell me exactly how it's contracted, remove all the fears I had of sharing a plate of food with somebody or using their toothbrush. I was so worried about so many things, I have a – I had a – like most people, the feeling of what harm did I do? And who did I do it to? And I want to go back and make amends with those people, which I have done, but at the time it was – first, I had to learn and then clear myself.

BB: Yeah.

KB: And then be able to live. But I had to do myself. I had to do it myself. Yeah.

BB: Wow. Blows my mind. Alright, I'm just making sure I don't ask you questions that you've already answered, that's all.

KB: Yeah, you're doing a good job.

BB: So, you started doing basically activism in Victoria, speaking out at public events and you said AIDS day, was it?

KB: Yes, it was an AIDS awareness day, and from there I became an AIDS educator, so educating in schools. I was very busy between 1998 and…. most recently probably, maybe three years ago – 2013 or so, I was still speaking. I took it upon myself to just educate, as much as possible. And I didn't know I was going to be alive. So, in '98 I was thinking in two years or I'll be gone, so I was always giving it my best. [Laughs] And that made me called again and again and again, until I'm not called anymore, and I don't know why. This is why this is so exciting to be able to come and have a chat, because it's – it's, uh, a reconnection. Yes.

BB: Well yeah, 'cause the awareness, the social awareness of it, has decreased, from what I understand, talking with people in the community – it's significantly decreased. And even just like educating in schools and things, like kids don't have a clue what's going on with it at all. So yeah, it would be great if we had more people like you out there telling people.

KB: And I'm quite ready to do it. [laughs]

BB: Yeah, like call me, call me.

KB: [Laughs] Call me anytime.

BB: Um, so once you got into the activist role, then you would've come into contact with more people in the community, and did you then get a support network of people around you, that cared about you?

KB: Yes, I got a good support network. I was at the AIDS Vancouver Island, and I met probably a couple people my colour skin that had the virus, which was empowering. And then I was able to join the Positive Women's Network, which is not there anymore, but I wish it was there. It was very good.

BB: I've heard of it.

KB: Yeah, it was very good. And so, I connected with so many other women. And that's when I felt that I'm not alone, and that I don't stand out like a sore thumb, because that's what I always thought. Everybody can see, that's Kamau, that's Kamau, and they don't even care. But that's how I felt. And I felt like everybody knew my story. Because if an organization like the immigration calls you, you imagine the whole country, you know when you're just new immigrant, you imagine that the whole country knows about that case scenario. Which wasn't necessarily true, but that's the way I felt.

BB: Wow.

KB: Yeah.

BB: What was I gonna ask…. Oh, I had a really good question and I just forgot it.

KB: It will come back.

BB: Your perception of the medical community, and how did that change over time? Did you see a shift in how you were treated by medical professionals at some point?

KB: Uh yes, I – I also have bipolar which doesn't make the situation any better. And so, I had to see doctors that were HIV – you know, doctors with HIV interest were ones that took care of me. I never really had a specialist, because I don't have the care card, and I don't have all the things needed to get the help that I would have liked to get. So, I was seeing – even today I still see just people who have an interest in the virus. And so, I would see two types of doctors, the psychiatrist and the HIV doctor, and I would think that they're not coordinating very well, so I would find that even though I'm the same person with two illnesses, I should be able to be treated probably by one person who can deal with both. 'Cause going from here to here, and this person doesn't get the information that this other person needs. For example, the issue of using medical marijuana, they, the psychiatrist doesn't want me to use it at all. My other doctor says it's okay, I can use it, so I somehow have to lie to the psychiatrist that I don't do the marijuana.

BB: Oh.

KB: Very bad, yeah. I don't want to see him because every time he asks that question, every visit. So, I find that very intrusive, and I find that if I tell him all these years, doctors, all this time from 1999, I never put the joint down, I don't think he would appreciate. While my doctor who treats me for HIV, he will fill out the forms for me to get that. So, there has been like a conflict between the two.

BB: Oh, okay. Yeah, healthcare is not integrated very well in this country. I have issues for both, as well as addiction, and one's over here and the other one's here, and the other one's here, and they don't really talk to each other. So, there's no – yeah, that gets messy.

KB: They don't, no. And because I was – not a poor woman, I was poor woman, because I was a woman that was coming into the country, I was in from the country, I was given to the Cool-Aid Community Health Centre, so I have been with them the whole time. And they have been – they have been good in what they do, making sure that I go for bloodwork, and that they check the bloodwork and tell me what the blood, the blood counts are – they have been very, very good in that way. And I haven't left them since '98 until now, I still see them. But I always think to myself why can I not see a specialist? I want to see a specialist. I want to have a one – one-pill regimen, I don't want to take the three pills that I take, I want to take just one pill. But my doctor doesn't know, he doesn't authorize this kind of thing, so now I'm on a wait list to see a specialist, and I have to wait for some time.

BB: Oh, really?

KB: Yeah, I have to wait. To get in, to get seen. Because the specialist only comes a few days in the clinic.

BB: Because I've used the Cool-Aid Clinic since 2008, when they were still down on Swift Street, and I've had a specialist the whole time.

KB: Are you sure it's a specialist?

BB: I think – yeah, it's Dr. [name].

KB: Is he a specialist though?

BB: Well he's – he's the one that I talk to about my medication.

KB: Does he change your meds?

BB: He can, yeah.

KB: He can?

BB: Yeah, he's changed them for me.

KB: Oh, maybe I am just seeing the wrong guy. I see [name].

BB: [Name], okay. Yeah, I've seen him, but only because Dr. [name] is so hard to get in to see. Yeah that's interesting because when I first was diagnosed, I was told that you automatically will be given a specialist, so maybe white boy privilege over here.

KB: Also, maybe that, I don't know, but it could be that I was seeing [name] without knowing that he's a specialist. Because I have seen him, and he's been good – the only time that I would complain is when he was dealing with the bipolar side as well, he couldn't the handle the – he could change the meds every now and then, that was the trouble I had with him. But if he is a specialist and could probably give me this one pill, I should see him. It's just nobody talks, so nobody knows right, nobody knows that the doctor you're seeing is a specialist or not a specialist.

BB: Well, I know that he does work in Africa every year.

KB: Yes, he does a lot, he's very knowledgeable.

BB: I didn't – I mean, I just assumed he was a specialist. I know he's changed my medication before. Anyway.

KB: Well, at least I know I can talk to him because he's still a good doctor for me. I just chose to see [name] because I had some things with the bipolar medication with the, with [name].

BB: Have you seen the psychiatrist there?

KB: [Name]?

BB: [Name]?

KB: Yes.

BB: Yeah, he's a bit of a – he's an interesting dude.

KB: Yeah, yeah, yeah, he's the guy who wants to know what I smoked this morning.

BB: Ah, okay.

KB: And I can't tell him because he will change my medication into something else that's – that's not working for me, and I feel so bad every time. Two months I haven't seen him, because I just don't want to lie to my doctor every time. He doesn't have the real understanding, and I'm not representing bipolar people with HIV that also, you know, use alternative medicine to feel better.

BB: Yeah, hmmm.

KB: So, I'm not very happy as far as doctors are concerned, really. See, I don't trust that [name] will do a good job, because I don't even know that he's a specialist, and [name] cannot change my medication, he will send me to [name], who you know, I don't know if I want to see. So, it's been – from '98 to now, that's twenty years of not, not feeling grounded, as far as medical care is concerned.

BB: Yeah. That's not good. I don't know, it's kind of a weird question. I'm just trying to think of how to word this, in a way that…. Okay, so how did your perspective of treatment change from when you first – like, it would've been ninety-eight, when you first got medication, so what's changed since then for you?

KB: Well, what has changed is that there has – there is hope for the future. I can plan at least two, three, four, five years. I can get my ID and go, yeah, I think I'll be there in 2023, something that didn't used to happen before. Because what happened with the medication, I started medication in January, in January – in November of '98 and I had a virus like you wouldn't believe – it had seven-hundred-and-eighty-thousand per millilitre of blood. The viral load was very high, because no treatment since, since I was told, since – not since I was told I had but since I got it, until all this time, there was no treatment. And in January – so this November '98 – in January '99, the virus had gone to undetectable, which I couldn't imagine. Like, what are they saying, it's gone undetectable? They said, "Yeah, it's not in your blood anymore, it's living in the bone marrow." I was just like, wow, and then the fighter cells were at eighty, and they rose to 390 – was probably the highest they could ever go. [Doctor's name] said was probably the highest I'll ever go, because I was so sick for so long. And he said those are good enough fighter cells to be able to take care of me. And then of course, the virus wasn't multiplying anymore. But I was so shocked by the, by the healing, because it was – it was a healing part, and I've started to feel stronger and better and have never ever, ever looked back. And I always say to people, if your viral – if you have such a high viral load, please take your medication and take it properly, because that's what will save your life. For me, the damage was done so much with the CD4 counts that they may never raise up. But I'm still determined to have them raise up. I still hope to go beyond you know, like 400, I'm every envious of people with like 600 – I think they are well – well, I think that those people are completely well. You know they still have a disability, but they are much better than somebody who is struggling to get their fighter cells going. So, for me it was – it was a miracle, the medication. I heard about it in a conference in ‘96, and then of course the silence, ‘96 to ‘98, wasn’t really helping, but when I got the meds, they worked. Yeah, they really, really worked.

BB: Okay. Wow you’re lucky to be alive.

KB: I’m very, very lucky. Every day, I remember that. Every time I am walking down the street, I remember that. Everything I do, I remember that.

BB: Wow.

KB: Yes. Which can be a challenge, because then you want to prove, or show that it was not for nothing – you know, it was not for nothing that you did all this, it was not for nothing that you have taken your meds for twenty years. And I’m trying to show that I can, you know, that I can do something, and so it’s not the same life as before.

BB: Is that for you? Are you proving it to yourself?

KB: Proving it to the people who think that if you are a Black woman and you have HIV and you have bipolar you really won’t amount to anything. And I – it’s the way I grew up, being told I didn’t amount, I wasn’t going to amount to anything, so it never stopped even in adulthood. I’m like, I’m going to show you that I can amount to something.

BB: Wow, it sounds like a lot of pressure, but you – yeah, you’ve got a good attitude about it.

KB: Oh, thank you.

BB: Yeah, that’s awesome. Um, am I missing anything?

Ben Klassen: Um, I mean, I want to ask one question, that’s it. Could you just tell us a bit more about why you moved to Victoria? Like, what brought you here ultimately?

KB: To Canada?

BK: To Canada.

KB: To Canada, and then, to Victoria.

BK: Yeah.

KB: Yes. I – I was a secretary in the Department of Human Pathology in Nairobi, at the University of Nairobi. And the students were coming to a conference in Vancouver, so they said, “Kamau, would you type for us, these pieces of paper?” So, I’m typing the pieces of paper, and handing them over and, I decide, let me read what I’m type – let me read what I’m filling in, and this form said, if you are a medical student, if you are a doctor, a medical student, or a woman living with HIV – and I had never told anyone – that you can come to this conference. So, I was like wow, I'm going to, I'm going to apply, I'll just put my name, and all the things they need, that I'm positive. My first – my first divulging to somebody was the International AIDS Society. I have the virus, and I'm a woman, and I'm interested in uh… in doing this. So, I wrote a paper for single mothers who are office secretaries that don't make enough money. It was a very simple paper but got me through. And I presented it as a poster. And then, in Kenya, I had a friend whose Aunty lived in Shawnigan Lake [on Vancouver Island]. So, I called her by phone – I was just moving without knowing where I'm moving and what I'm doing – and she said, "Oh yes, you can come and live with me," and I lived with her for two months in Shawnigan Lake.

Then I got a job in Harvest Restaurant, which is where the Swiss Chalet and Tim Horton's are on Douglas Street as you go up to Walmart. And I got a job there and so I was doing that job, of course under the table, and then that's when I met the group of people that I was living with, because they said, "Oh, you can't travel from here to Shawnigan Lake all every day and come, and come back here." There were girls of about twenty, twenty-two to fifteen years old, so I was the oldest among them. I'm the one that knew what we were eating that day and whether we had food in fridge. It was all my responsibility. Which, I didn't mind, but I did realize very, very fast that it's hard to be able to feed teenagers like that. It's very hard. They eat a lot. Just very expensive. I didn't have a good experience. So, that is how I came to be in Victoria. From – I was in Vancouver for a day – I was in the conference for four days and one day after the conference, people left and I was still in Vancouver – and then I joined the lady in Shawnigan Lake. Came to Shawnigan Lake, got to Victoria. That's how I got in trouble with immigration, they started my process, immigrating.

BB: Wow. So, you didn't even go back home?

KB: I didn't.

BB: From the conference?

KB: No, I didn't go back home. That was the main problem is they were asking why didn't you go back home? And so, now I had to – I was telling them, that uh, the truth of – the fact that I came here and I was told there was medication, and what the medication does for someone, and I'm pursuing this medication.

BB: Oh, okay.

KB: I couldn't tell them that in '96 but I had the voice to tell them in '98.

BB: Yeah. Wow. So ultimately, that was why you came to Victoria, 'cause you had heard about the medications and you wanted…

KB: Yes, I wanted to pursue…

BB: To pursue that.

KB: Yeah.

BB: Wow.

KB: But the silence wasn't helping. I could've died in between there – that was very bad, yeah. Because when I was told how much virus I had,I was just like, I'm a walking virus. Like, that is so much, so much virus. And then the reduction to undetectable, I said to [doctor's name], you serious? And I couldn't understand where did it go, I didn't know that it goes and hides in the bone marrow. I had a lot – I had to be educated quite a bit, to come down and realize that the heavens haven't fallen to the ground, and the way we can still survive. [Laughs]

BB: Wow.

KB: Yeah.

BB: I'm still learning stuff that I didn't know myself, too.

KB: Yeah, there's so much.

BB: Yeah, it's interesting.

BK: One of the questions we always ask at the end is just if there's things that we haven't had a chance to ask you yet, or parts of your story that we haven't touched on that you wanted to share with us.

KB: Yeah, I think the part of the story – that's a good question because it then rounds up everything, it shows where you're coming from and why you may have fallen into, you know, angry, angry crocodiles that way. So, my whole life, I was in Kenya up to age twenty-seven. And uh, I was – I was beaten and I was called names, and I was sexually assaulted, my uncle, and so many other men, and um, my self-worth went down. I never felt good about myself. I'm only now starting to. And my friends get confused because they say one time you're very empowered, and another time you're so low. This could also be the bipolar. [Laughs] So, I'm like, I don't know. But I'm really trying to come out of this trauma that I – that I faced when I was young. So, it is possible that the infection happened in uh – when I was thirteen. It is also possible it happened when I was sixteen. Those are, those are the two pointers. Because the two people – I had to go really back and get the whole history down, and then I pinned down that the two people had died of HIV. So, it could be that time, or it could be during promiscuous years in Nairobi, just trying to feed a kid. I got pregnant when I was twenty-one, and that didn't add up to the insults, and the you've never been a good person, and you'll never amount to anything. That didn't help. And I became a single mum. And I walked the streets of Nairobi as a prostitute trying to make money to feed my kid.

And going to college at the same time as working the streets, and then getting the job at the University of Nairobi and deciding that life is – that life is gone. I'm making so much more, double, even triple what I was making when I was working the streets, it's legal money – this is what I was educated for, this is what I was born for, and I was feeling really, really good about my life. And uh, then I was told I have HIV. And I was determined to work, being presentable, you know, doing my hair, wearing nice clothes. I was determined to carry on that life until I died. So, I would sit my kid down and I would tell her, “I don’t know that I’m going to live.” She was like, three, like she didn’t know what was wrong with mom. And so, I would call her again. And one day I yelled at her and she said, “Mom, why are you yelling at me,” and I said, “Jessie, I told you before, I have a disease and I’m going to die.” And she listened, and then, she would tell the people downstairs, her friends, “Don’t make too much noise, Mommy’s sleeping.” Like she really, she really took it to heart. And I come to Canada, and she reacts to Penicillin and dies. Yeah, so I’m here, I haven’t told anybody about my HIV. The person I’m trying to bring here has just died, and I have to act normal and go to my house cleaning job because I have to pay my bills. The guy I was seeing at the time that’s what he said to me. He said uh, you gotta pay your bills, you gotta pay your rent. So uh, I didn’t grieve for this girl. I didn’t grieve her at all. 2005, I got married, good guy that’s married me. And we went back to Kenya, and that’s when I believed for the first time that Jessie has – is gone. Before it was like, just a joke, people are playing tricks on me and they’re not telling me exactly what it is. And so, I realized she’s dead. Saw her grave.

And then I came, I came back here, and in 2018, this year, I went back to do my practicum. I was doing an Addiction Diploma at the University of Victoria, which relates to HIV in the fact it’s an intercultural and training program, so that I can teach everywhere now. I can teach almost anywhere, the only barrier would be the language, but people can interpret, and I can be able to speak to people. So, it came all around, that now where I’m standing today, is like a clean slate. I can do – I can do almost anything I wanted to do. I could go to China, and get into there, who leads their school system, get a list of schools, and go teach HIV. I could do the same in Africa. I could do the same here. And the main thing that I feel is being underutilized, because I’m now applying for jobs, like I’m going back to the Kenya’s secretary, I would like to be a receptionist, an MOA, MOA or something like that, that I would like to do, but my heart is not there. I want to be out there speaking, because I’m realizing, the barriers have not gone anywhere, especially with the way young gay, gay people, they are contracting the virus like there’s no tomorrow. And I can’t stand it, because I have the knowledge, I just need half hour to be able to say this is what HIV means, this is the timeline, this is how you get it, how you can avoid it. This is my story – change your life or you’re going to be in for quite a tough life. And these are the things that make me not sleep at night. Because I think, I have all this knowledge, I have all this experience, and the young ones now who are like my kid – cause my kid would be twenty-eight – these are my kids, they’re dying, they’re dying for lack of knowledge. And you can’t blame them, because they came at a time when it was all quiet – this wasn’t – this, what you’re doing, is now the new thing, right? Nobody had thought about, oh, we’re going to lose our stories, let’s get the people together, let’s do something. So, doing something HIV related, for me, this is the first one in a long time. Other than going to Africa to teach those kids about HIV. So, I’m very happy that you have – somebody has picked up the point that stories are going to disappear, and people are not being told the stories. But more than that is that these people who have the knowledge should be given another chance to get into the community and teach.

BB: Yeah. Wow.

KB: Yeah. That's how the story goes full cycle. But as I said, like I may get a job doing reception somewhere, but I'm sitting there thinking, even if it's a medical clinic and even if it's a whatever, it is that is giving me something to feel like I never lost everything, I can actually be back doing this work, that's not where I want to be. I want to be – the days where I teach, I'm so happy. Like, if you give me five days, just tell me, Monday to Friday you're going to be in this conference and you're going to be talking from two to three, my whole face, my whole demeanour, everything changes, and I'm just active and happy. And then it's over and it's not happening any more. So, underutilization is a big thing. Yeah.

BB: Yeah, I don't know. I wish – I'm on the same page with you, I wish that people were being taught more. It'd be nice to get people back out there working the front lines. You're very enigmatic, I bet you're very good at it.

BK: You mentioned, you know, things you'd like to teach young people. What are some of those things, you know, based on your life, and your story?

KB: First of all, I would like to teach them about self-worth. How they feel about themselves when they woke up that morning, what they chose to wear, how they chose to present themselves, how they really feel inside. Because that's going to make a difference when they have a scenario where now they have to decide, "Oh, I remember Kamau was talking about condoms. Do I use a condom, do I not use a condom?" That is what – their self-worth is what will save them at that point. I also like to tell them that it's not just a one-time, 'cause you can be lucky even six, seven times and not get the virus. You could be with people who have the virus and you didn't get a cut or tear, so you didn't get the virus that time, but it's bound to happen at some time. It's like buying a lotto where you say, oh, so many people are going to get this if they do this, the same thing, if you do, if you're not protecting yourself, you're going to get the virus. And so for the Christian churches that say don't talk to our kids about condoms, I would like to say to them, whether we like it or not, these kids are going to have sex, and is it better to tell them, yes, you can abstain, which you might as well be talking to the walls, because they won't – I know, I was one of them – it's not going to happen. So, to tell them that the protection is very important thing to mention. And it didn't matter in Kenya whether I was speaking to a school or to a church, I would always say that, and they would eventually understand. When I start, when I would start, I obviously always speak about abstaining and then I would tell them but it's not – it's not going to happen, so you might as well just tell them about the condoms and other ways to keep safe, because they will want to experience and, you know, experiment.

And I would also like to tell the children that no matter what is going on, that is not the end of the world. It seems like the end of the world, but then you keep breathing for another two, three seconds, and just keep breathing. That scenario will, you know, not be as important as when you were looking at it. But they have to be able to disengage from the problem and try to look at another – at another scenario. And it only takes time, this removal, from two minutes to four minutes to five minutes, the problem is not as huge as it was. So, to be able to persevere and to know that it's not the end of the world, because another thing that we are losing our young ones with is suicide – they can't stand any bad news, they can't take it. I was twenty-four when I walked out of the doctor's office with a death sentence. Eat well, and have fun, is what my doctor said. And I was like, wow, I'm dying. There's no – that's not a very good blessing, you know, just eat well and have fun. He had nothing to offer me, there was no medication. But made me stronger. And that's what I would like, I would like the children to know. Failing an exam is not the end of the world. Losing a loved one is not the end of the world. Getting pregnant or getting somebody pregnant – really, those things, they're not the end of the world. And if nobody has ever voiced those words to them, these kids will never know.

BB: Yeah. I would have to agree on all that. It took me a long time to learn those very things, and up until just recently.

KB: We're still learning, it never goes away.

BB: Yeah.

KB: But you get stronger.

BB: Yeah, it took me years to figure out that those emotions aren't going to kill me. 'Cause I thought they would, and I didn't want to deal with them at all. I found other ways to deal with them. So yeah, it'd be nice if we were teaching kids a lot of different things that they need to know before they become adults. Lots of useful things that aren't math and science.

KB: Yeah, they need to know them, because HIV is such like a social, also moral, disease, if we can only mould them. They can be much better. And they will remember. If you say remember to carry a condom, and don't be afraid to just say remember to carry a condom, somebody will carry a condom. And somebody will have changed life. But you have all these other organizations telling you, you can't say that. But I'm very much about saving lives, that's my main goal, and so, I am ready to sit them down and say, "Would you rather you had a child walking the right way, slips once and gets HIV, or a child who knows everything about the sex stuff, and protects themselves, and you have no need to worry about that kid because that kid knows." I am not afraid to talk to the President or to the Prime Minister or to whoever it is who is putting a block to this educating of this, of these children. They've never lost a kid, so they don't know. I come from a point where I've lost a kid. And it was all the madness that was going on in my life. You know, she could've had the virus herself, but I was so like I don't wanna know. I don't want to know if she has the virus. What are we going to do when we know? There's no medication. Oh, she can eat better. Which I was trying for us to be able to eat better. But…

BB: Eat well and have fun.

KB: Eat well and have fun, right. So, it was all – my life's – my life's doings led, I never bring myself too hard for that, but I always say that it contributed to her at least dying alone without her mum. It contributed. And I have to stop this from happening. And I call them my kids, because anyone at that age, that I saw the kids growing up, here in Canada, I would always compare. At times I would say to the kids, when Jessie would be like eleven, I would say who is eleven here? And they'd stand up and I'm like, wow. And on and on until now they're twenty-eight. That's where the root of it goes. Because I say to myself, why were you not there? One year after you go to Canada, why were you not there to take care of your kid, to, you know, nurture your kid as she was dying. She wasn't sick for a long time – Penicillin injection and she was gone. And so, I want to make sense as to why I wasn't there, I wanted to make sense. Now it's no longer proving to myself or anything, it's just making sense – why were you not there? Oh, immigration took forever. Why did immigration took forever? Oh, I had the virus and I wasn't talking about it. Why were you not talking about it? Because I was afraid. And the fear is the underlying factor. Yeah, so when my heart beats hard and I have to explain that, yeah, they have to use condoms in a place where they are pretending to be abstaining, then I know that I am crushing the fear. And it's very – it's very important to me. So, when I – when I present something, like I came here today and I was doing this today, it's from a level, that you might not see from somebody else because it's – a kid died. And everything I do is for that. It's to make – I was very mad before, and now it's just to make sense. Everything – does it make sense that I was here today? Yes, it makes sense that I was here today because I have talked about things I haven't talked in a long time and I've been able to document something that will be able to be used in the future. And I'm glad I ticked, where you can do changes, or something, because I would like, maybe there will be other questions that come up, that I can answer, or maybe there will be something I can put in another way.

BB: Well, I think we had talked about the possibility, if there was more stuff that a person wanted to tell then we could also do another interview at some point.

KB: Okay.

BB: That's right, right? Okay, yes.

KB: Okay, thanks guys.

BB: Thank you.

KB: Oh, you're welcome.

BB: Is there any final words?

KB: Um, well, I have final words. Um, these are words that were written by, uh, Marianne Williamson, and she says, "Our biggest fear, is not that we are inadequate, our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frighten us. We ask ourselves, who am I to be brilliant, talented, gorgeous, fabulous? Actually, who are you not to be? You are a child of God. You're playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel insecure around you. We are all meant to shine, like children do. We were born to make manifest the Glory of God that's within us. It's not just in us, it's in everyone. And as we let our light shine, we unconsciously give others the permission to do the same, as we are liberated from our own fear, our presence automatically liberates others."

[End of interview]