

HIV in My Day – Interview 12

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Interviewee: Michael D. (MD); Interviewer: Ben Klassen (BK)

Ben Klassen: Alright, so I'm sitting here this afternoon with Michael, just getting started. To ease into the interview, we like to start by asking guys how you first became involved in the gay community or started engaging in gay life, so to speak.

Michael D.: Um... Let me think about that. I had a couple of friends in high school that I used to kind of play around with, very – pretty minimal – you know, a couple of times sort of thing. When I was sixteen-years-old, me and a friend who was a girl – a girlfriend – went down to Wreck Beach. And we were kind of weirded out because we didn't go down the main trail because we didn't know where the main trail was, we went down the old one. Yeah, it was very strange. There was a lot of men around and they were all naked of course and they had this intensity about them that we didn't understand, and so we left after a while. But when I was nineteen-years-old there was two places I knew where gay people were: one was a bar called John Barleys which was an S&M bar down in Gastown, which me and friend had stumbled into one day and turned around very quickly, and the other place was Wreck Beach. So, that's where I came out. That's where I met my first gay people, and actually met my first lover there who I actually spent two-and-a-half years with.

BK: At Wreck Beach?

MD: No, we went home occasionally. [laughs] But I met him at wreck beach, and that was about – before I turned twenty, so it was 1982.

BK: That's an interesting snapshot of the community to have.

MD: It was pretty wild. It was the tail end of what I call "the party." They were wild times. There was a lot of gay men in Vancouver, specifically in the West End. There was a lot of sex, and a lot of that was going on at Wreck Beach. There was the trails – there was constantly a lot of gay men having sex in the trails. There was the parks – there was a lot of stuff going on. There was fifteen gay bars when I came out, 'cause a friend of a friend took me on a pub crawl. There was Neighbours, this huge dance club on Robson street. And we went to Faces, this little tiny clap board place on the corner of Seymour and Robson. Anyways there was fifteen of them, and they were all busy! The hookers and the hustlers and the transvestites were all still standing on the corner at Nicola and Pendrell or Jervis and whatever, one block off of Davie Street. You couldn't drive down there 'cause there was so many cars. Very vibrant – there was gay restaurants, all the bars and night clubs. We used to think it was the gay ghetto, but it was the nicest ghetto ever. It was just wild and crazy and very different from now. Like nobody was thinking of getting married and nobody was thinking of having kids. We were just having a party! It was a very different vibe and a very different feel. Lots of people here from Newfoundland for example who just went all the way across the country to get away from their families. And lots of people from the Prairies and they would all end up in Vancouver in the West End.

BK: It sounds bigger in a lot of ways - it geographically covered a lot more space, stretching down to Robson, Gastown, Yaletown?

MD: No, well there was one spot – Yaletown was very different, and Yaletown was a dirty old scary dark warehouse district. The Gandy [Dancer] was down there, so everyone would go trapesing down to The Gandy, but that would mean going across Granville Street which was kind of scary. It was this one door on a dark warehouse street, and that was The Gandy. And once you got inside it was just wild – good sound system, really young clientele. And then eventually there was the Love Affair which was on the corner of Seymour and Drake, which was also still a very rough area. There wasn't really residential down here other than the old West End. Everything east of Burrard was all old commercial, kind of slummy. There was a couple of old houses that had after hours parties, and there was the baths as well – there was at least two bathhouses down by the Gandy but they were really seedy. We didn't go there because we were nice boys.

BK: Maybe it looked a little different but part of it is Vancouver looked a lot different.

MD: Yeah, the only high risers were the old West End which was built in the '70s. It was very congregated, it was very concentrated. Whereas today there's gay people living all over the city, in those days if you were gay you came down to the West End.

BK: Any other thoughts on what the community looked like in those early years?

MD: Yeah, like the – because everybody went outside to socialize, right? There was no internet so you didn't spend a lot of time by yourself typing, you were out at Buddy's which was just around the corner, just off of Burrard on Burnaby, I guess. It was always jammed every night of the week. So, people were always out on the streets, driving around or walking around, or out at restaurants. It was a very vibrant street scene. If you wanted to meet somebody or wanted to have sex you had to go outside. Lots of guys went down to the park – that wasn't really my thing. Lots of guys went to the Fruit Loop which was down near the entrance to False Creek. It was an outdoor area. There was this old paddle steamer that had been dragged up onto the shore and turned into a restaurant. I think it was called Tommy Africa's, and then it caught on fire, and it burned so it was condemned, but all the gay guys used to go in there and cruise in the dark burned up, floor falling – truly quite dangerous. But they loved it, they thought it was great fun.

Just stuff like that. It was really quite crazy – in some ways it was. I think we sort of tend to romanticise or have a nostalgia for it, but it was... If you were gay in the '80s, when you came out you were kind of socializing with drug dealers and hustlers and you were kind of skirting around the edge of the criminal and a lot of the guys kind of fell into the criminal. And when I came out pretty much everybody that I met initially was a hustler or a drug dealer – they were pretty sketchy. And a lot of the guys who came out very young, they would meet somebody, they would fall in love, they would tell their parents, and their parents would disown them. And six months later the thing was over and they were seventeen years old with nowhere to go. And a lot of them ended up hustling. It was a very crazy time. It was fun because it was edgy and kind of dangerous but it wasn't a better time. I mean the reason it was like that was because you were pushed out onto the edge of society. It wasn't better it was just kind of fun and exciting.

BK: Certainly there was much less acceptance of gay people in dominant society, which would probably lead to hanging out with other people that were outcasts.

MD: Yeah, I was quite disturbed when I came out. It seemed like everyone I met was very self-destructive. They were either doing way too many drugs or drinking way too much. I think the one sort of commonality that runs through that was very low self-esteem, which happens when you grow up in a society that doesn't even see you and if it does see you it reviles you. That was a very big part of the community.

BK: I think you have done a great job of giving me an idea of what the community looked like prior to the epidemic. Bit of a stark transition here but when did you first hear about HIV and AIDS? Do you remember where that was or who that was through.

MD: I remember a big screaming headline on *The Province* newspaper about a gay disease killing people – I can't remember what the headline was but that was kind of – the first that I had heard of it. You know, there was vague stories of it being around but I would say in 1982 certainly, maybe [198]3 – I mean, it seemed like something that was somewhere else. We didn't think it was here – it seemed like it was in New York or San Francisco. I remember going to see my doctor in this very building, Dr. [Brian] Willoughby, very early on in 1984, and me and a partner at the time had contracted something. And he said, "You know, we can deal with this. This is no big deal. You guys need to be concerned with-" – I don't think it was called AIDS at the time, maybe it was... He said, "You need to be thinking about this. You need to be wearing condoms." And we were only twenty-three years old – we weren't really listening to him. [laughs] But I distinctly remember him telling us that we need to pay attention to this.

And then people started to disappear. The first one that I remember was a guy – I only knew him from his performance name. His name was Billy Gene and he was a singer at Buddies – very good singer and piano player. I don't know if he did drag or not, I don't recall seeing him in drag. But he just disappeared one day. You would ask about him and "He went back to wherever he was from because he was sick." That was very common. You would all of a sudden realize that so-and-so wasn't here anymore, and then if you asked around you found they had gone home or died. They just weren't here anymore, and it happened very, very quickly, because there was no test. There was no warning until somebody actually got physically sick, and by that time it was because they had no immune system left. They were dead in six months, three months – so yeah, it was pretty scary.

BK: So, those disappearances would have only made you feel more uncertainty and more fear I imagine?

MD: Yeah, but that was later on, that wasn't in the early days. It was just – I mean when I – when I originally found out in 1985, I didn't know anybody else who was – I didn't know anybody who had HIV. Like nobody. So, it wasn't like it was common. There was a couple of people that had disappeared.

BK: So, that must have felt very isolating in a way?

MD: Oh yeah. You mean to become positive?

BK: I am thinking more like, “Am I the only person in Vancouver that has this?”

MD: Hell yeah, it was crazy. I think actually BCPWA or AIDS Vancouver were around at the time, but I didn’t know about of them. And I had had kind of a flu, and it hurt when I swallowed, and I had a funny rash – kind of like a flat rash, it wasn’t bumpy or anything. But I made an appointment to see Brian Willoughby. So, I said, “Yeah, I got this and this and it’s all going away. Probably wasting your time.” And he said he wanted me to go to the hospital for some tests. And I was like, “Why would I do that? It’s all getting better.” And he said, “Look, I don’t have time right now. Just go do the tests and we will talk about it when you get back.” So, I went to the hospital and did a bunch of blood tests. I can’t remember exactly how this rolled out but I then went back to talk to Brian Willoughby and he said, “I think you may have been exposed to the virus that causes AIDS.” He said, “It will take a while to find out.” Back in that time there was no testing here in Vancouver. The only way you could tested for the antigens for the virus was they would take blood here, they would strap the vials to a guy, they would tape them to his chest to keep them warm, and they would fly him to Ottawa. And I think it took two months as I recall, because over the entire summer the first one came back and it was negative. And then the second one came back at the end of the summer, September 1985, and it was positive. It was a death sentence. They said, “You got three years to live.” And there was nobody to talk about it, because as soon as you became... you know, you became a pariah, you became a total outcast. You know, I was twenty-three-years-old. It was very, very difficult. I think I sort of ignored it for a long time and pretended it wasn’t there.

BK: How are you supposed to deal productively with news like that?

MD: I don’t know, because there was nothing you could do about it – there was no treatment. And in 1985 it was the year that Rock Hudson died, so all of a sudden it became a much more mainstream thing. But yeah, it was a very... I remember actually – it must have been after the... I’m not sure if it was confirmed. It was in the summer, but I remember I was in a suit for some reason – don’t know if it was a job interview or what I was doing. But I remember coming out of St. Paul’s and sitting on the side of the street on the curb, trying to figure out – not really thinking, just overwhelmed by the whole thing. So yeah, it was pretty wild.

BK: That must have... I can’t even fathom what that would have been like because in a very short about of time you went from “this isn’t happening” to “this is happening to me now.”

MD: Yeah, and the guy who – there was only – because it was a very specific period, I was told... The lady I went to see at St Paul’s hospital, her name was Linda Rabeneck – Dr. Rabeneck – and she was studying a thing at the time, what they were calling Rabeneck’s disease, which was exactly as I described my symptoms – the rash, swallowing pain, and flu. And what that was was an acute reaction to the virus that about 25% of people have. So, I was one of the first people that they watched do that transition. I can’t remember where I was going with that... What was the question?

BK: I don't think I had a question. I was just saying that you went from thinking this is not something that was happening to this is happening in such close proximity.

MD: Yeah, and you had this sort of period of two or three months where they kind of said this might be what happened. "Oh, here's your first test. It's negative." "Here is your second test. It's positive." So, you had a bit of time to sort of get used to the idea. But it was – what do you do with it? And my reaction was figure out all the things I wanted to do, and start doing them! So, I learned how to dive, and I got my pilot's license in 1992 – I got my private pilot's license. Yeah, I did a whole bunch of them and, yeah, that was my reaction. [laughs]

BK: That seems like a very a positive reaction, all things considered.

MD: Yeah, it worked out okay.

BK: So, when you were diagnosed were you aware of any forms of support that were out there at all?

MD: I really wasn't. I know that in retrospect that BCPWA was around and I think AIDS Vancouver was around as well. And I suppose the doctors – I am sure that Dr. Willoughby would have said you can go here or whatever, but I wasn't very good at asking for help and I sure as hell didn't want to go sit in a room with a bunch of people who were positive – that would have been scary. I think in retrospect I was very much in denial, that the easiest way to deal with it was to push it off to the side and say, "It's not real." And that worked for a long time... [laughs] ... because I didn't die, and I just kept – not only didn't I die, I never ever had any other symptoms other than that initial reaction, which became increasingly weird. So, it went from being, "Gees, I wish I wasn't the only one," to having people around me start to get sick, and a very weird feeling watching other people get sick and I never did – and that went on for years.

BK: So, I imagine just waiting for the bomb to drop? You know it's coming, you know it's going to happen eventually – I guess that's the idea, right?

MD: The other thing – I worked in a very homophobic industry. I worked on the waterfront on towboats, on tugs, and so that was never – nothing was ever discussed. He [my partner] was called Jennifer... [laughs] ...because there had to be some reason I had to be so happy. It was not an option to discuss the fact that I was gay or – so, that was problematic. I was terrified that I was going to get sick and as soon as they could see that I would be out of the job. I mean people were being thrown out of apartments, people were losing jobs. I remember Dr. Rabeneck, she had been away at a conference and while she was gone some waiter had been discovered to have AIDS. He probably didn't have AIDS, he probably was just HIV positive, but they didn't distinguish between things like that. And the local media was wound up in a frenzy on whether or not anyone could get this from this waiter. So, she arrived back from the conference and was jumped on at the airport and she was tired and a bit cranky, and she was annoyed from the questioning. And they kept saying things like, "Well, couldn't he – what if he cut himself? Couldn't he give AIDS to the clientele?" And she finally turned around and said, "Look, if he cut

his thumb and bled all over your salad then shoved it up your ass you might get AIDS.” [laughs] And then she turned around and walked away. She was a very interesting lady.

BK: Wow, that’s a great anecdote. Talking about the media, you mentioned that in 1985 becoming HIV positive meant becoming a social pariah. Did you pay attention to the mainstream media and what they were saying about AIDS and gay people?

MD: Yeah, I mean Rock Hudson was a huge deal. All of a sudden, he kind of became the face of it, and then after that Freddie Mercury from Queen became – came out not very long before he died. I don’t remember what year that was but it was a huge deal. But it was interesting because most of the time there wasn’t much about it locally and there no movies or... I mean, there was a couple of things on TV about it, but basically it seemed to be this thing down in the community here. And then slowly people started to, you know, create ways of helping each other, and taking care of partners or friends. A lot of the time it was friends because the partners would split as soon as somebody became positive. So yeah, it was very much sort of in the community and when you went outside the community, you didn’t really talk about it, and you were always afraid that people would not have anything to do with you if they found out. And with my own family, I didn’t tell them for – I told my mother fairly quickly I think, but we didn’t tell my father and rest of the family until I was thirty, so at least five years. Because we first had to tell them that I was gay and then we had to tell them that I was dying. [laughs] So, it was kind of a big deal. But I remember shortly after my thirtieth birthday, me and my mom cooked up a plan. So, she would talk to this one and this one, and I would talk to this one and this one, but it took a long time.

BK: Any sense of what else was being said in the mainstream community about AIDS, HIV, gay men?

MD: Well, I remember a friend of a friend – I can’t remember what the occasion was but a friend came over with another girl, and... This isn’t directly answering your question but just kind of where things were at. They came over to my house, had a couple of drinks, whatever, and left. I found out later that he had told her that I was HIV positive and she got very angry with him for taking her to my place and she had a drink from my dishes. She was very concerned that she was going to catch something. I really can’t remember much attention in the mainstream media. I remember some of the early TV – made-for-TV movies that came out like *Longtime Companion*. I can’t remember what some of the other ones were. And they were always about these kind of semi-wealthy white males that got this nasty disease, but there was never any sex or reference to the community. They were all more from the point of view of the family dealing with it. One of the things that did happen, which was amazing, was Dr. Peter. I can’t remember – was that the early ‘90s maybe? Certainly well before the cocktails and it was again this wealthy white successful male who could tell the story. I have to give credit to him, because it was a very scary thing to do at that time. He personalized it and he turned it into a human being, and it was brutally sad to watch him deteriorate. He had a black lab – I remember him, this really cute black lab dog. He really was the perfect person to personalize the disease and make it mean something to a lot of people. I want to say he did a weekly piece on the evening news or something.

BK: I think there is something like 100 segments or something like that.

MD: And he went blind, and, yeah, it was brutal. But that certainly ramped up the conversation, and you know it became this rising tide of – of people that were affected. It went from nobody knew about it to everybody had a friend who was sick or dying. It really became an overwhelming tide.

BK: I think that anecdote about your friend bringing his girlfriend over really speaks to the degree of fear and stigma attached to the epidemic, attached to HIV at that time.

MD: I will tell you another thing about that. I never had anything related to the disease but this is a very embarrassing story. I went to see Dr. Willoughby one time because I was having problems with my bum, and he said, “We need to go to the hospital and have them have a look at you.” And I went to St. Paul’s again – I am guessing it was early 1987 and I ended up going to St. Paul’s and they were going to do some exploratory surgery on me. And they were going to – there was a whole big discussion about this – I thought I was going to be knocked out, which I was happy about, and as they gave me some drug to relax, as they were wheeling me in, I remember having this argument with the anesthesiologist. He said that, “We aren’t going to knock you out we are going to give you a spinal block,” and I said, “No, no, no, I want to be knocked out.” And he said, “No we aren’t going to do that.” And this whole long argument and then they punctured me like 7 times to get a spinal block. I remember the Doctor being quite an asshole. I am all drugged up and what not. He’s exploring and he said, “Has it ever occurred to you that maybe you should just stop having sex,” basically? I was like, “Yeah, the thought’s occurred to me.”

Anyways I got out of there and they put me on the bone ward which was the clean ward and at that time did not allow anyone who was HIV positive to be on the ward, and the two surgeons who ran it were out of town and so somebody put me up there just to kind of push the boundaries. And whenever I would sit up or try to stand, I would throw up, because they punctured my spine seven times and apparently the liquid in my spine had drained out a bit, so every time I tried to stand up I would get nauseous and throw up. I was in there for four days and no one knew I was there. It was 1986, my mother was in Montreal. How could I tell anyone I was in the hospital when no one knew I was positive? I thought I was going to be in and out in an afternoon and I was there for four days. Nobody would come into my room. They would come in once or twice a day in beekeeper outfits – they would slide some food to me and leave. On the third or fourth day I was there, a friend of mine who was a nurse at St. Paul’s in the emergency ward somehow found out that I was in there and he came into the room. And as soon as he walked into the room I burst into tears, because I hadn’t seen anybody, and nobody knew I was there, and I was freaking out. And he just tore strips off of everybody there. I was moved within half an hour down to another ward and had excellent care after that. It turned out that I had gonorrhea and the point is that gonorrhea was fairly common, but because I had those three initials on my charts, every time I saw a doctor everything was about HIV and I never actually had a physical – I never had any physical problems from that disease.

BK: I think that provides a good counter snapshot of good care – bad care, stigma in the medical realm.

MD: There was a lot of – there was some very good people and almost everybody that I was exposed to was very good, but that was at St. Paul’s in the centre of the epidemic down here in the early days. I think it also generates and illustrates the amount of fear in the medical community. People didn’t know how it was transmitted, people didn’t know what was going on, and it was frightening.

BK: There aren’t many things that can make you feel like more of a pariah than a healthcare provider walking in in a hazmat suit.

MD: Yeah, exactly. And part of that was homophobia as well. This was a way of keeping gay people out of the ward as well. All of a sudden there was an excuse for the homophobia. It was also the time of Ronald Regan. There was a lot of stuff going on – the moral majority screaming and yelling that this was god’s revenge, which if we hadn’t been so wrapped up in trying to take care of ourselves or each other we would have been very angry about it. We did get angry about it. A lot of people got angry about it. But I was never part of that. I wasn’t part of the ACT UP thing or – yeah, I just kind of kept on doing my thing.

BK: Just not an activist or...? I don’t want to imply at all that everyone should join ACT UP because that’s not true at all...

MD: Yeah, I never really felt like a victim. I never – I didn’t feel like society was ganging up on me. I never felt that. You know I was aware of homophobia – with the job that I worked, I knew you didn’t tell them. Yeah, I just didn’t have that anger. I don’t know. The only way I did get involved was - Brian in 1987, he said, “There is this new drug trial, AZT.” And people had been talking about it in the media and people were flying off to Paris and going to Mexico to get AZT. And he said, “They are starting a clinical trial here in Vancouver where they are going to try to establish the dosage and the protocol to follow for people who are on it.” And he asked, “Do you want to participate?” And I said, “Sure.” All of a sudden, after two years there was something I could do.

And so I started going to – we used to call it the dungeon. It was down below – I think it was called IDC – I can’t remember, in St. Paul’s. And it was scary, it was really scary. I would have been twenty-five-years-old and perfectly healthy, and I can’t remember... Once every couple of weeks I would go down into the dungeon and sometimes there would be fifteen guys there who looked like that just stepped out of Dachau, covered in purple blotches of Kaposi’s Sarcoma and it was very scary. You sort of wondered if that was going to be me in a year. How soon? So, it was very scary. And so we started AZT and we were taking triple the dose that they eventually settled on, and people were passing out and needing blood transfusions. And I was fine – it never bothered me at all. The only thing that bothered me is they would do bone marrows, so they would come in with this huge spike and shove it in your thigh because apparently that was one of the few places where your body makes bone marrow. And they freeze the area so it didn’t hurt but you would feel the bone pushing inside. It was pretty gross. But other than that and walking into the place with all these people who were so sick... So, I stayed on AZT for a year or two before I realized it wasn’t actually doing anything. It turned out to be a false hope.

BK: It's pretty rare for people to talk about AZT and not have symptoms. From what we've heard from other people, it was a brutal drug.

MD: It didn't bother me at all! Yeah, and this was like triple the dosage. People were passing out, and they were giving blood transfusions and I was like, "Whats next?" [laughs]

BK: It's also interesting that you were in that trial as someone who wasn't showing any health effects.

MD: Nope, nothing. Yeah, that was 1987 and then – I mean, I kind of kept in touch, that trial kind of put me in the system. The only other doctor besides Dr. Brian Willoughby who is still around is Doctor Julio [Montaner]. He was a god of man, an Argentinian man. He was very young back then. That was where I met him, actually, was 1987. Yeah, so I would run into him every now and then and he would be all surprised I was still alive. He would say, "You should come in. We'll do tests." And I was like, "Yeah, not so much." Far better for me to be out cruising the coast than in your hospital doing tests. But I would run into him every now that then. I still run into him every now and then.

BK: We have captured a couple different snapshots of what has gone on in the medical establishment – lots of positive and horrible things, and then you talked a little bit about Regan I guess. Do you remember anything politically in BC or Vancouver in response to the epidemic?

MD: I remember Billy Vander Zalm, our premier at the time. I remember that there was a conversation – I want to say it was 1986 but I don't remember – but I remember there was a conversation about quarantining men who were positive and apparently it went all the way up to the cabinet level. That was sort of the level of hysteria; people were just so freaked out. Yeah, that's the only thing I can remember politically. And there was just this rage as it went on and on that nothing was happening, that more money wasn't being spent, things were not moving faster, you couldn't get access to experimental drugs. And again, I could sort of see both sides of it, because there was more than one test that looked like it was having very promising results, so they would speed it up, but then it turned out it wasn't actually doing anything. So, I could kind of see both sides of it. But again, I didn't – I just – for whatever reason, I just kind of kept on doing my own thing and not really getting involved in that. I just didn't see it as – you know, I didn't feel like victim and I wasn't raging angry. There were things that made me angry but I just never got involved in that, not until 1996 actually.

BK: So, going back to this idea of stigma or fear around HIV positive people, was this something that was also manifesting within the gay community?

MD: Oh yeah, oh my god, yeah! Yeah, I can't – I haven't thought of this for so long but there was people who just stopped having sex. They were terrified. There was people who – the problem at the beginning was that nobody used condoms. In fact, one of the great things about being gay is you didn't have to wear a condom. [laughs] The only people who wore condoms were hustlers, so if you said in the early days, "Oh, maybe we should put a condom on," they would be like, "Why?" It was this weird thing. Then of course all the education campaigns started up and that changed, but yeah it was a real problem at the beginning. There was some

really weird reactions. Some people were just, “No, I am not doing anything.” Other people, it became quite fashionable to have a partner. There was the rise of monogamist relationships and in my experience that hadn’t really been a thing prior to AIDS, but then all of a sudden it made a lot of sense to get one partner and stay with them. I remember a whole bunch of hysteria around the bathhouses and all of these different places that people used to play – they got pretty quiet pretty fast. And there was talk of closing down the bathhouses, but I don’t think they ever did here – I don’t think they ever did. And it developed into there was always someone at these places handing out condoms and lube – that became common.

BK: Which to me seems like a better strategy because you can use those spaces for promoting safer sex, because otherwise people are going to go have sex somewhere else.

MD: Yeah, exactly. And there was raging arguments about what was the way to go, what was the best thing to do. I mean, that was right around the time Nancy Regan came out with “just say no,” which was about drugs, but it was pretty much her answer to everything. But in Vancouver – honestly, if you were going to be HIV positive anywhere, this was the place to be because however it came about the Centre for Excellence was a remarkable thing and even compared to Ontario or Montreal, they don’t have – they don’t pay for HIV drugs or they didn’t. I remember even in 1996 people coming from Nova Scotia for the AIDS conference and those drugs were not on the government’s list. This was the place, and we didn’t have – Toronto had the bathhouse raids in the early ‘80s. We didn’t have that here. The police were pretty easy-going. Every now and then they would go down to Stanley park and harass the gays in the bushes and what not, but they were pretty low key, and I always thought the community had pretty good relationships with them.

BK: Maybe slightly more accepted than other places?

MD: Definitely, and I don’t know why that is. It was certainly true – I mean, much less uptight than Toronto. Quebec was always pretty fun – Montreal, but that was just on visits. But there was no questions this was the place to be with the care you could get. The attitude was about as good as it got.

BK: So, building on that – information... Was there a lot of good sources of information as the epidemic started to progress? Prior to 1985, probably not a whole lot, because there is all this stigma in the community – there is fear around sex in the community.

MD: Well, nobody knew what it was about. They thought it was about poppers at first. And there was a lot of cynicism about gays. They just sort of got this sexual freedom and now there was all these organizations saying you shouldn’t have sex, and they were like, “Screw you!” So, there was that kind of dynamic as well. But honestly, I can’t really remember how the information started to happen. It started to show up in bathrooms and little posters and these guys started to show up in all the different places. But it just kind of happened slowly and I honestly can’t remember. It just sort of became a feature of the community.

BK: Do you remember anything around things the community organizations were doing at that time?

MD: No. Not at all... not at all. I really didn't get involved with any of the organizations until the mid-'90s and that was because a couple of friends said you should really go be a peer counsellor, but honestly before that I didn't really have anything to do with them. I mean, I was aware of AIDS Vancouver because they would pop up in the media and seeing the safe sex campaigns.

BK: Do you remember anything about those safe sex campaigns? What was kind of being said about sex?

MD: I remember them being pretty funny. They were very progressive language and very in-your-face. And again, Vancouver seemed to be one of the best places to be for that. The States was so far behind on that stuff. But yeah, I just remember it being very shocking and in-your-face.

BK: Relatedly, did you stay plugged into the gay community after you seroconverted?

MD: Oh, absolutely.

BK: What did your involvement look like? The same?

MD: Pretty much for the very early years I pretended nothing had changed. Yeah, the biggest problem for me was in relationships. It was – I always used to think of it as “the chat” – when did you have the chat? Did you have it after you kissed them? You sure didn't want to have it after you had sex with them. Yeah, it was very problematic. And yeah, that was the biggest problem. Even if you had safe sex, having the chat after you had sex was not a good idea. And in fact I remember I had a party with a whole bunch of people there and there was a guy – a younger guy that we had been having a bit of relationship with and I had not had the chat with him. And in the middle of the party someone had asked him, “Why are you seeing Michael when he is positive?” and it just blew up the middle of this party. And it was entirely my fault but it was like a worst nightmare – it was a nightmare, and that was probably maybe the mid-'90s. Yeah, he was almost hysterical, and understandably so.

BK: My goodness, disclosing early in the epidemic would have been almost impossible.

MD: And a few times you would have people just go, “No, I am out of here,” and so it becomes a really big deal and a lot of guys just stop dating. It was a very big deal, and later on when it wasn't such a big deal anymore, it took a long time to realize it wasn't a big deal. Today is weird – today is strange. I was in an eleven-year relationship that ended three or four years ago, and as I said, I went in as a pariah and came out a fetish. It's a very strange world. You know, there are like hookup sites and stuff where not only is it not a big deal, it's a sought-after thing – it's very strange. I mean, I find that very weird. I remember when this whole – this was an earlier iteration of it, it was called bug chasing. That must have been – well, it was before the Internet, because I had messaged this guy in Melbourne, Australia and I was here and he called himself a “bug chaser.” And I said, “Hey, I'm like on the other side of the world so we are never going to meet but I am just curious why? What's the thrill?” And he never responded to me, but I thought it

was absolutely bizarre. And that's morphed a lot to now where they certainly wouldn't think of themselves as bug chasers, but they don't care – they think it's over, they think it's no big deal, or they are on PrEP. And I do think there is a whole thing that has happened through pornography that has fetishized cum. It has turned it from just something that happened in the middle of sex to the point of sex. It's a very odd thing. Maybe it's not that odd, maybe it's what's prohibited is sexy, but it's very odd – and to me it's really odd.

BK: Yeah, there are so many factors that go into that. The desire for intimacy, and closeness and...

MD: And taboo. Taboo is definitely part of it because it's a very – somebody should do a study on the changing pornography or, even more interesting, the changing hookup sites, because there is an amazing amount of data there that would be really interesting to analyze.

BK: Yeah, oh my goodness, there sure would be. So, any other sense of how the community was responding?

MD: Well, later on in like 1993, I met a couple and one of them was starting to get ill and his partner actually connected up with Lorne Mayencourt, and they helped arrange a schedule of friends to help take care of him. And that was kind of sort of the beginnings of Friends for Life. And it was very informal and it was friends and acquaintances. So, that was sort of when I started to become – that was kind of the first time I was involved with somebody who was slowly getting sick.

Another thing I should mention to you, just going back – another weird thing about the community was you would start going to funerals all the time. I remember one year we went to six funerals and they were quite bizarre, because they were just weird. I remember going to one where his family they were Jehovah's Witnesses which wasn't terribly relevant other than it was held at a Jehovah's Witnesses hall, down on Robson Street. And half the crowd was screaming gays from the West End and the other half was people from Surrey, and it was intensely uncomfortable. There was a guy there from AIDS Vancouver who spoke and talked about – got us all to hold hands so I held hands with this guy from Surrey for ten minutes, which was intensely uncomfortable, while he talked about AIDS and what else he talked about. It was really bizarre. You couldn't tear yourself up every time you went to funeral, you would joke about it. You would cruise at funerals, you would rate the food and the entertainment. I had a friend who would count the slats in the blinds so he wouldn't get completely emotional and sobbing. Yeah, it was very weird to go to that many funerals. And they were not normal funerals – they were twenty-somethings, thirty-somethings, and the families were distraught and conflicted. So it was a very, very strange time. And I would say that was the very late '80s, early '90s up to '96. Then it all kind of stopped.

BK: I don't understand the psychology behind this at all but that amount of emotional weight and trauma – you would have had to have some way pushing some of that way.

MD: I mean everybody had different ways of coping but a lot of us were in denial. And then what happened was in '96 it all changes, but you don't realize that it's changed. Like I mentioned

before, there were all kinds of cures that didn't work, and they been announced and everyone got excited about them, then they didn't work. So, when 1996 came along: "Oh we got these new cocktails," it was just like everything else. Everyone was just like, "Oh yeah, another cure," and it took six months, a year before people realized that people weren't dying anymore. One of the effects of that was you never really went back and visited this period, because you didn't know it was over, and then it was over so why would you want to talk about it. So, I think a lot of people came out of that very intense period never having discussed it or processed it. The community certainly didn't, not that I am aware of it. You just stopped dealing with it and kept on going. Other than the poor fuckers who were – I remember being in the car with this one guy when I started working with BCPWA. We were going to lunch or something and this guy – he was like thirty maybe and he said his finances were pretty bad. He said, "I racked up like eight credit cards to the max. Who knew I would be here!?" [laughs]

BK: It's so understandable because why would you...? There was no point in having a savings account if you were not going to be here in six months.

MD: Oh yeah. Most of them didn't have great jobs but, hey, everyone wants to give you a credit card! Yeah, I think a lot of people got caught in that.

[Start of video 2]

BK: Just continuing talking to Michael. Going back a little bit, you were talking about how you stayed very involved in the community and you were also talking about how people's behaviours were changing in reaction to the epidemic, with people pairing up and some people stopped having sex. How were you responding behaviourally?

MD: I would say in the beginning, I was just in denial and – certainly, for the first couple years I was just in denial and did not react or respond the way that one would hope. You know, we talked about how most people didn't use condoms. And yeah, there was – you would end up sort of saying, "I am not going to have sex," then you would end up having sex. That happened more than once, and I would feel horribly guilty about it. That really kind of just built up and built up. You would see these things in the media occasionally where somebody would be charged because they had unprotected sex with someone without disclosing they're HIV. Everybody else would be like, "Oh, those evil people should be thrown away, killed." And I would be like, "Oh, my god I would be so horrified," and think that could be me. And that kind of built up for quite a period of time and then eventually just got to a point where I said, "Well, I can't change anything that happened up until now. All I can do is change what happens going forward." And I stopped having – dealt with it kind of. I made sure that the chat was always had before. So, that brought its own challenges as far as having the chat, but at least I wasn't kind of overwhelmed with guilt because again it seemed like there was nobody around. I mean, looking back from now, it's obvious that there was many, many, many people around that were unknowingly or knowingly - that were already positive, we just didn't know. A lot of us – not a lot of us. I would – would have hoped to respond better than I did. Yeah.

BK: Yeah, as I said earlier, it's hard to imagine what a productive or positive response to that would have been at that time.

MD: What you were supposed to do was stop having sex or only have safe sex, and that's sort of the easy answer, but it isn't that easy particularly when you're twenty-three. And yeah, there's alcohol and drugs involved quite often, but it doesn't remove the fact that I didn't respond the way I would have hoped.

BK: Did things like substance use or other types of behavior change for you at all?

MD: [Pause] Hard to know. I think they are connected because gay men have used substances for a long time to remove inhibitions. I just continued to do that. [laughs] No, we were a very druggy generation. In some ways, my generation was the druggiest of them all. The baby boomers were experimenting; we were not experimenting. We knew what we were doing. [laughs] I once did a survey and it was a full page of drugs and it said, "Which of these?" You could say "yes," "no," or "stopped" which I thought was kind of restrictive. I gave it back to my doctor and I said you're missing some drugs here. [laughs]

It wasn't... I mean drugs were dangerous. I feel this could just be me being older, but I feel this is a much more dangerous time for drugs. Fentanyl is deadly. Crystal meth is deadly. Arguably, cocaine and heroin have been around for a long time – they could be deadly themselves, but it made... Gay men used drugs to get over inhibitions and they do it to get around safe sex. There was an enormous guilt around safe sex. We all knew what we were supposed to be doing and you constantly failed at it, because you were drunk or you were whatever – whatever the reason was, you constantly failed at it. Everyone did and you felt enormous guilt at that. I don't think it was just me, I think a lot of people struggled with that.

And there was community guilt too. It was, "Well, why don't you gay people stop killing each other?" That was the message. And it's like, "Well, why don't you straight people just stop having babies? You have known about that for a long time but it still happens." But there was sort of a collective guilt we just weren't able to stop. There was people in the community as well that said we should close the bathhouses – the community did not respond homogenously. There was a wide range of views and a wide range of people. We talked briefly about activism – I wasn't an activist – I wasn't comfortable with that role, I didn't feel like a victim, I didn't feel angry. I was basically just trying to blend in. I worked on tugboats most my days acting like a straight boy. The last thing I wanted to do was scream and yell at politicians or lead a parade. I did both of them once in 1996 and it was not my roll.

BK: What was the context of...?

MD: It was the 1996 AIDS Conference here in Vancouver, which happened to be in 1996 or late-'95. A friend of mine said, "You should go be a peer councillor," so I went to BCPWA and that happened to be the year of a conference. So, I held a banner at the front of the parade and I think it was Paul Martin – I can't really remember – it was the minister of health – I don't know if Paul Martin was ever the minister of health – but I remember he came to the conference and we all stood on our chairs and screamed, "Shame, shame, shame," or whatever we were yelling. And I was intensely uncomfortable – that was not my roll. That was not my shtick.

BK: Was that something that was maybe needed in the community? Or was it something that you didn't get?

MD: In hindsight, I think it was needed. At the time I remember being very uncomfortable with it. And there was ACT UP – ACT UP was here. I remember them throwing red dye or red paint on the premier and his wife down at the Pan Pacific and kind of cringing, you know, because we just wanted to blend in. We just wanted to – we were just normal like everybody else and that kind of extreme activism or that sort of queer activism, it really freaked a lot of us out. You know, and I would say that most – well, not most – a lot of the gay community just wanted to be normal. They just wanted to blend in. Yeah.

BK: I think that's why it's so important to have all these different perspectives, because not everybody was an activist.

MD: No, I would say very small percentage of people were. Certainly none of the people that I hung out with were. Yeah, I think the activists were a very small percentage, then you had another group that were involved in service organizations, then gay people within the health community – I think they were very important. The number of gay nurses that moved patients along, and took care of them, and gave them some human contact was really a big deal. But yeah, I think probably three-quarters of us were just trying to blend in and live our lives. We didn't identify primarily as – our first identity was not as a gay man – it was part of our identity. The last thing we wanted to do was go scream and yell in front of cameras. It just wasn't our thing.

BK: I think if you were an HIV positive guy there is also that added element of “I need to look after my own health.”

MD: And more, inclination to hide, quite frankly. You know the last thing you wanted to do was draw attention to yourself in support of HIV issues, because it outed you. That was kind of the thought.

BK: So, you didn't get involved with support groups early on. Where were you finding support? Groups of friends? Your family?

MD: Certainly my mother was – is a big, kind of my major ongoing support. I had a very good friend named Ralph Parker who was a nurse, who was very supportive. And I eventually, in 1987, met a much older man named [name], who was a friend of mine for years until he passed away, and I ended up living at his place. It was supposed to be a short-term thing but it ended up being eleven years, and that was kind of my security blanket. I knew that even if I lost my job or got sick I had a place I could live, and that allowed me the freedom to go out and learn to dive or learn to fly, because I had this relatively cheap place to live. He was a terrible old leech who used to love letting everyone think I was his lover, but I wasn't. And he was cheap – he was a depression baby so he would make you pay for everything, then he would act like he was my sugar daddy, but it pretty much worked out very well.

BK: Sounds like an interesting arrangement.

MD: I mean I paid him rent – it was a very transactional thing. But we were good friends, and he was heavily involved in McLaren housing and he was a social worker. But again I never really got involved until 1996.

BK: Did you have any peers in terms of having friends your age who were HIV positive that you could have these kinds of conversations with?

MD: Later on. [Name], for example, had been a partner for a year and half, two years maybe, and after we separated he became – actually, no, he was positive when we met. He was the first time I had the chat and he was positive as well, which was wonderful. Well, it wasn't wonderful but it was like, "Oh my god, somebody who's like me." That was probably 1994. That was a long way in, and he was the very first person who I ever told who said, "Yeah, so am I. So yeah, we were together for two years and not long after we separated, probably six months to a year after, he got very sick and ended up dying. He was one of the first I could talk about – there was other friends... What was really disturbing was that a bunch of these friends became positive in like the '90s when you would have thought – all the sex campaigns were full on and I think they felt really dumb about it. Like, "You should have known better," kind of thing. At least I could claim there wasn't much knowledge back then, but even then it's not really true. But yeah, to see them – on the one hand, you felt, "Finally, I've got someone to talk to," but on the other hand you were just horrified because you friends are now positive. [Partner's name] died, my very best friend, [name], passed away after a long, long bout of illnesses. So, you very quickly went from, "Gee, I really wish I had someone to talk to" to "Gee, I don't need anybody else to talk about this with."

BK: Because they are just going to die to?

MD: Exactly, yeah. That was really alarming and a total – a real mind fuck.

BK: What changed in the mid-'90s to make it so you felt more comfortable to be involved? What kind of drew you in? You started working closely with Positive Living.

MD: Yeah, part of it was a friend of mine asked me to participate in a film school production, and they did this whole thing. By 1995 I had been positive for ten years which they considered at that time to be a long-term survivor. Yeah, so they asked me if I would do this film. So, that kind of – it made me aware I guess, that I was in kind of a unique position and I was not so nervous about it anymore. It had gone on for so long. You can only chew on something for so long and I just kind of exhausted my worry about it. Oh, and I told my family finally about it. So yeah, I kind of felt out and more comfortable with – and there was a lot more people around that were positive. And there was a need for help. So yeah, a friend of mine said, "You should be a peer counsellor." So, I called them up and unfortunately they never made me a peer counsellor, they put me on the board which was a nightmare. You should never give a bunch of gay men with a terminal illness 2.7 million dollars a year to play with because it's really, really messy! [laughs] I am sure it's not like that now, but it was pretty over the top. And in fact I stopped after six months. I couldn't get financial reports, I couldn't get anything. Yeah, it was an interesting

experience. We went through the whole AIDS Conference we had people from all over Canada who were amazing people.

There was one woman – her name fell out of my head, but I remember her husband’s name was Randy, ‘cause she said he really was. [laughs] And he was a hemophiliac and he had gotten HIV through that. And she fought that fight for many, many, many years. So, you would meet these amazing people that were... So, it was kind of weird, by the time you got to the mid-‘90s, people are actually saying we’ve got things to be proud of in the way we have taken care of our own. And conversely, I think the mainstream media and – I have always say the two things that really did the most for the gay community were the AIDS crisis and when they realized how much money we all had and they started marketing to us! [laughs] But really the way the community came together and took care of its own – and how ridiculous the people who stood on the sidelines screaming this is gods revenge, it made them look idiotic – that was really the turning point of the gay community. And you could feel that in the mid-‘90s. You could feel that sort of pride, how the community had come together and taken care of it its own.

BK: Yeah, I mean, it’s amazing how the community made it through a crisis of this magnitude.

MD: They didn’t have any choice, they just had to deal and they did for the most part. But like I say, I sort of helped out with some friends and stuff but nothing very organized. I don’t know why that was actually. I really did not like support groups and – just wasn’t my thing. I just didn’t want to sit around talking... [laughs] It wasn’t my thing.

BK: You alluded to how earlier you would see these other people who are positive or who are sick and you would worry, “Is this going to be me eventually?”

MD: Yeah, part of it I think is avoidance, denial, whatever.

BK: How do you think the epidemic changed the community? You provided a beautiful snapshot of what Vancouver looked like in the early-‘80s. Did it change as a result of that?

MD: Oh yeah, profound change. It ended the party. It ended that craziness. It ended that whole drug induced, crazy, “Let’s have a good time.” And what came out the other side was not the same. Like, I mean, arguably you could say there is just as many people having sex now as back then through online sites but there is not that sense of the celebration in the early-‘80s, late-‘70s was about freedom – the freedom to do what you wanted to do, to be whatever you wanted to be. At the tail end of the AIDS crisis, it’s about being like everyone else. It’s about getting married and having kids and trying to be like everyone else. It’s a very different thing. I’m not sure if it’s a good thing or a bad thing but it’s very different. Some people say that the most outrageous gay people all died from the epidemic. I don’t know if that’s true or not, but that’s kind of some of the feeling – like, the really outrageous ones either died or were kind of tamped down into being normal.

BK: Or burnt out?

MD: Burnout, yeah, a lot of them burnt out.

BK: That's so interesting that you see before the epidemic this kind of radicalism and we come out on the other end and talk about marriage equality and military inclusion.

MD: And you lost a good chunk of that generation and you exhausted a whole bunch of those who were left. I mean, by the time you get to '96, '97, so many of those people are done – they are just exhausted. And then, you know, you do have a whole new generation that's coming up, but they have a different focus and they do the whole marriage fight and the military thing and adoption. And I think they do very good things but it's all different from what people were looking for before AIDS.

BK: Yeah, it seems to be more about inclusion then it does before AIDS.

MD: Yes, it's more about assimilating gays and lesbians as opposed to being queer – that anything's possible. It's interesting to see the whole – the trans community feels in a lot of ways like the gay community twenty years ago. They are sort of fighting that same fight. I don't know where that's going, but it's interesting to watch. I don't look at that very much. [laughs]

BK: No, I have been through this a few times now. Do you feel like we have rebounded a little bit now as a community, that some of that vibrancy is back? During the peak of the epidemic people were of course still having sex and still having fun but there was still a massive dark cloud hanging over everything. Do you think we have gained some of that vibrancy back as a community?

MD: I would say that, and I have said this quite often – it's weird from my perspective that this huge dark cloud, this black cloud that was the centre of our lives for a decade is gone, and it's not talked about, it's not part of the consciousness of the community in a lot of ways, which is very disturbing to people who have lived through it. So, that feels weird. Vibrancy – that's hard for me to say because I am a much older person. My perspective as a fifty-five-year-old is very different from my perspective as a twenty-five-year-old. I don't see the vibrancy; I don't see a community quite frankly. There was a physical community in the West End that was very, very gay, as we talked about – it was intensely gay. There was a community on Wreck Beach, there was a community – there was a solid community, and I don't feel community now at all. There is no public spaces we meet in or there is very, very few. There is this online thing which is interesting but doesn't feel like community to me. I don't know if we need the community anymore, quite frankly. Do you need the gay community when you can exist and live pretty much anywhere in Vancouver? I was on the SkyTrain and got out at Edmonds in North Burnaby and there was two young men holding hands, which freaks me right out. I worry about – it's kind of titillating in one way and exciting, but I worry are they going to be okay or is someone going to beat them up? No one seemed to notice, no one seemed to care. Do we need gay community? Don't know, but it doesn't feel like there is community to me. I don't know if that's just me being older and not participating in the community or if it's there or not. It sure feels different – it's not the same thing at all.

BK: One thing that you just mentioned is how this is something that has dropped out of our consciousness as a community, and one thing we like to ask long-term survivors is what advice

do you have for the younger generation – maybe the newly seroconverted folks? Or even just how can we foster this cross-generational dialogue? I know there's not an easy solution.

MD: [pause] I don't know how you foster cross-generational conversation. I don't know. To newly seroconverted I would say, take care of yourself because that seems to be the biggest piece. I honestly think part of the reason I am here is because I wasn't – within the context of my generation – was not terribly druggy, was not drinking to excess, I got a lot of exercise – I think that helped. Although, I know a lot of people who did that too and did survive. And I would say don't go back into the closet – try not to go back into the closet. Try not to be going back into that hiding – this has always been one of the challenges of this. HIV is a virus but it's also got all these other things attached to it, right? And that's always been one of the challenges. I think through the online community there is more opportunities to meet people who share the condition, so in that sense it's not as big a deal. Yeah, I don't have a lot of wisdom for – I would presume to advise this generation. In so many ways, you tend to sort of – us older guys tend to romanticise but the reason we don't need that community anymore to the same extent is because it's okay to, you know, talk to your parents and talk to your friends. That's a good thing. That's a really good thing. It's not quite as edgy and colourful maybe but it's a good thing.

BK: It is. One of the reasons why I am involved in this project is that I feel that it should be useful to younger gay men.

MD: Yeah, maybe it will be after – like, it's a story as opposed to... Yeah, it's a weird thing. I will tell you one other weird thing – I went to Berlin. Have you ever been?

BK: No, but I would love to go.

MD: You have to go. It's a lot of fun.

BK: It sounds like a very sexy city.

MD: It is, and it's very – if you like history, it's an incredibly raw city – “Here's where the wall was.” Or you walk along a sidewalk and there was a brass star with someone's name on it and the year they were taken out of that house and sent to the camps. And in the centre of it all is the holocaust memorial, which is this crazy grid of dark grey granite blocks, and they are probably nine feet by three feet. As you walk through the middle of it they get really high, and all of a sudden you come to an intersection and see someone else and say, “Hey, how are you?” Then you keep walking along this path of grey. And the thing that it reminded me of was the AIDS crisis, and just this rising tide of dark grey, and then it goes away. You walk out of it and it's gone. And it was a really weird feeling. It's good that you guys are doing this, because it's nice to have pieces of it that are recorded and remembered.

BK: How has it felt to come out on the other side of this? You're a long term survivor, one of the longest. Thirty-two years. That's incredible.

MD: Yeah, it's not really something I think about that often. I mean obviously I am pleased to be here. A lot of the time I think if I am getting more stressed about something it's all gravy right?

It's all good! [laughs] And there is some little tinges of guilt and, yeah – I don't know what the word is but it's just loss. There are lot of people that just aren't there anymore. So yeah, when I look at old photos, a lot of them aren't here anymore and that's a weird thing. But yeah, it's good to be here.

BK: And those things aren't made better by a cocktail treatment – those feelings of loss, those don't go away.

MD: Yeah, I mean they sort of get duller as the years go by, but they are always still there.

BK: And does HIV mean something different to you in the present than it did?

MD: Oh god, yeah. It went from being a death sentence to a social stigma to I don't know what it is now – a trait? A box you check on a website? Almost irrelevant. Irrelevant is almost a good word – it doesn't seem terribly important or relevant now. It's a pretty big change.

BK: It's pretty incredible.

MD: Yeah, and that's a good thing.

BK: I think I am just about out of questions. Do you have any advice for health care providers – how they can optimize care for people living with HIV or prevention efforts? The reason we want to ask this is because long-term survivors are no longer at the centre of these discussions. Anything you can offer there?

MD: The only thought I have on that is they need to get real on what's actually happening – what's actually going on in the community. They need to have a real conversation about barebacking and sex in the community, because I don't – it feels like a lot of the conversation has become irrelevant to what's actually going on in the community. I see these articles about, "Oh, you shouldn't have pornography that's barebacking." Well, all pornography is barebacking. Let's get real and have a real conversation about that. It feels like the sort of safe sex campaigns – people have gotten bored with them years ago and they're irrelevant. I don't know how they get that relevance back but they need to have a real conversation about it, because it is still a serious thing – it's a very expensive thing, it's a big change to someone's life. I go to the hospital, I go for blood work, I go to the pharmacy, I go to my doctor, three appointments every three months all the time. I can't live outside of Canada, because I can't get my drugs. It's not just a pill and it's not gone. I think they need to have some real conversations about what's really happening. I know that stats are not going down – the number of new infections.

BK: And among young guys they are going up a little bit.

MD: Yeah, that doesn't surprise me at all.

BK: It's concerning.

MD: Yeah, it's very concerning. And its tied in with the other thing – the whole crystal meth thing is very terrifying. The number of people I see on sites that “like to party” is really horrifying. It's shocking. There, that was the last one, right?

BK: That was the last question I had. I'd prefer to leave it on a more positive note, but maybe I will leave it you to decide what that note is.

MD: Well, you can have a look at this [USB drive], and maybe see if you can drag it across, and I don't know if its relevant or not, but it might be entertaining.

BK: I would love to see that.

MD: And it's just interesting because it's such a long time ago. Even I was shocked, because for the longest time I didn't have it on this I had it on VHS which I could play for years and year, then we had it put on to here. And just to see my attitudes back then, before the cocktails, it's kind of weird. Yeah.

BK: Anything else that we didn't touch on that you would like to share? I think there are so many different layers to a story like this and we can't explicitly ask you about every part of it, but if there's anything that comes to mind, you're welcome to share.

MD: I can't think of anything else.