

“HIV in My Day” – Interview #88

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Interviewee: Gerry Kasten (GK); Interviewer: Ben Klassen (BK)

Ben Klassen: Great, we’re recording. Thank you so much for being here, Gerry, and agreeing to share your story with us today. Just to get started, can you tell me a little bit about when you first got involved in the gay community or started engaging in gay life?

Gerry Kasten: Uh, certainly. I was about—I think somewhere around sixteen years old. I’d been sexually active before that. I grew to my current adult height when I was age twelve. And so, perhaps I appeared mature for my age, and started having sex when I was thirteen. But didn’t really come out until probably around sixteen, many years later at sixteen. And this was in Edmonton, so there was a gay rights organization, the Gay Alliance Towards Equality, so I would go there and hang out in their drop-in centre, and meet people and converse with them. And started going out to bars at probably about seventeen, with my brother’s I.D. Because back in those days, picture I.D. was not required. And so, yeah, I was out in bars, they didn’t really care so much as long as you actually had I.D. The first night I went out to a gay bar was quite momentous actually, because coincidentally it was the night of the first empress ball in Edmonton. So, things were fairly quiet actually, until midnight and then more or less at the stroke of midnight, all these queens trouped in. And they were all wearing really extravagant costumes and then everybody started dancing and there was this frou-fra and everything, and then there were announcement about the new empress. So, I thought that’s what gay bars were like all the time. And so—

BK: If only.

GK: That’s right. I learned otherwise, but it was quite a momentous introduction to the gay bar.

BK: Wow, it sounds like quite a lively community.

GK: Edmonton was and still is quite a lively community, maybe because of their horrendous winters. What else is there to do, but inside stuff? Anyways, yeah, they have an amazing and thriving arts community, and of course they’re the capital city, and so stuff like that. So, it was quite a dynamic gay scene in Edmonton.

BK: And were you meeting other gay youth at the time, like young folks like yourself?

GK: Yes, not a lot, not a lot of gay youth. Because people I think didn’t come out that early. Many—I think then as now, a lot of people came out when they reached somewhere around legal drinking age and were able to go out to gay places. I don’t know, maybe now that we have a broader diversity of access that’s changed, because I certainly seem to see gay people coming out a lot younger. And you know, it’s a different time, there’s different conversations happening now than there was then.

BK: I'm not as aware of what Edmonton's gay community looked like back then, so was it kind of – geographically, was there a little bit of a ghetto?

GK: There was no—I mean, in retrospect, there probably was a bit of a gay ghetto, in that there's an area of Edmonton where there's a lot of apartments, and so they – just circumstantially a lot of gay people lived in that area. Because, that's where there was like, lots of apartments. So, everybody kind of lived in that area. But there wasn't a gay neighbourhood, say like the Davie Village, or something like that. So, people were kind of coming from all over the place, all over the place like geographically within Edmonton, and I suppose from outlying communities as well. There were two gay bars at that time, there was what was the original bar, which I think opened in 1969, I'm not sure, because it was called Club Seventy. That's, you know, forward thinking. And then there was Flashback. And so, Club Seventy was right downtown and Flashback was not right downtown, but still in the centre of the city. And yeah, they're both gay bars. Bars were different then. They ran on—uh, what were they called? Like, party permits, basically. You were allowed one party permit per week, so the clubs tended to open on Friday and Saturday. And then Friday typically would be, you paid an entrance fee and then it was like as much beer as you could drink. Right, because that wasn't—you didn't need a license for that, because people were paying membership. And you were in effect, giving beer away. And then on Saturdays, they got a liquor license so they could serve spirits and beer. I don't know, perhaps they had wine. I don't know. It was before wine was a thing. Like you know, clearly there's always been wine, but drinking wine out at a bar was not really a thing back then, people drank beer or spirits. And you know, there was like gin and vodka and rum and rye. I think that was it.

BK: Wow. And what years was that, roughly?

GK: Well, if I was seventeen, it would've been 1976. So, that sounds about right.

BK: So, when did you first hear about HIV or whatever it was called at the time?

GK: Yeah, that would've been I think in news reports, because within the gay community, there was some discussion of the news reports, in what was it, 1981, when suddenly there were people dying of something. And it was gay men. And it was—I think it was more about Kaposi sarcoma, and you know, they couldn't figure why gay men were getting this disease that only happened in old Jewish men. And you've likely seen the historical reports of those newspaper articles. So, they did sort of permeate into the gay community. Another thing that was talked about a lot at the time was people were really worried that poppers caused AIDS. So, there was a lot of discussion of that, and there was a lot of sort of, places stopped selling poppers. And then started selling them again because people really like poppers.

BK: It's still a problem today.

GK: That's right. So, but there was that discussion that some disease state was killing gay men. And you know, there was a lot of talk of gay cancer and stuff like that. I think, like I'm not sure I could set a date to it, but I remember what did they call it, LTV-III [HTLV-III] or something? I can remember discussions around that, and then I do remember sort of the academic—competing academic claims of discovering the virus, between what the French researchers and American

researchers, whose names I can't remember. And then the settling on human immunodeficiency virus. And then you know, lots of historical things, so I remember things like Liberace and Rock Hudson getting sick. Particularly Liberace because it was so—you know, it was the watermelon diet, he lost all that weight because he went on a watermelon diet. And then Rock Hudson, who is clearly ill, but no one was talking about what he was ill with. And then, I'm trying to think when, I think that it was [sighing] 1984 or '85, that Edmonton had someone who came out as having AIDS. So that was like the first case in Edmonton. And he was someone who was out in the community and was—well, he was just out in the community. I didn't personally know him but saw him out in the community and stuff like that, so I really can't remember when that was. It was, I would say, several years after we knew about AIDS and HIV. And it was sort of a matter of, for a lot of people, I think that was something that happened in the big city, or the big cities in the U.S. And that kind of thing. Although, on the insistence of a partner, we started having safe sex about 1985. So, he was just kind of like, I'm sexually active and you're sexually active so we should probably do this thing. And that's basically when I started having safe sex. Because I know a friend of mine and I went to San Francisco in 1980 for New Year's. 1981. So really, it's luck of the draw for me that I wasn't infected. And it's actually entirely possible that my friend was infected actually during that trip. He was probably more sexually active than I was, during that trip. And so, it was, yeah, like I say, luck of the draw for me.

BK: And safe sex, you mean using condoms?

GK: Using condoms. As you likely know, there was a lot of controversy about oral sex. But Canada seemed to settle on that oral sex was safe. Although, like there were these gradations. So, I would not brush my teeth or floss if I was going out and suspected that I might be having sex. So, I would like, just use mouthwash, but not brush my teeth or floss. That was the chat, that maybe that kind of opening up of your bloodstream could contribute to transmission through oral sex. And it's later, but I do know someone who states that they were infected through oral sex. So, beats me.

BK: Yeah, I've heard the same thing. It's a bit of an anomaly, but...

GK: Yeah. So yeah, really it was about using condoms. Safe sex was about using condoms. And after sort of probably a brief intermission, continuing to have oral sex, or unprotected oral sex. Oral sex with condoms is not very tasteful. Licking tires, so... Nonetheless, I do know some people who insist on it. Or not know, I have met people who insist on it. Which is to me, still fairly unrealistic. I mean, condoms protect you against many things besides HIV and so maybe that's why they're more interested in protecting themselves from other issues, from other diseases. Or other infections as we're saying today.

BK: So, safe sex was something that was being talked about in Edmonton's gay community at the time?

GK: I don't know that it was all that talked about. I would credit my friend who again, in retrospect, I would probably characterize as a fuck-buddy, that he got me started on safe sex. And so, I feel like that's what got me started, and then I just, well, I'm having safe sex with him, maybe I should have safe sex with everybody, because you know, it's racing towards us whether

it's here or not. Right, like it was clearly coming to Edmonton. I think I started having safe sex before that first person identified as living with AIDS in Edmonton, but not much before.

BK: Do you remember there being material about safe sex in gay bars, for instance?

GK: I think later, but I don't think, I think at the time I started having safe sex. I don't know, because I knew there was such a thing as safe sex. Maybe that was from pornographic magazines, because they were published by the gay community and I think fairly forward thinking. Although, they hopped on that poppers causes AIDS bandwagon. Maybe they were forward thinking but not really well-informed. But I do remember there being information about safer sex in those, and again I think I probably knew about it, but hadn't yet started doing it. And so—and my friend, my fuckbuddy, we had unsafe sex for the first couple times we had sex. And then we started having safe sex.

BK: Interesting.

GK: Yeah, it is.

BK: So, a lot of your kind of immediate information was just coming from this partner of yours, or this friend?

GK: Yeah, and then I think talking amongst people. Sort of about what are you doing, and here's what I'm doing, and that kind of thing. Like I say, I feel like I was getting information from somewhere, but this is some years in the past and I'm not really sure where it was coming from. But safe sex campaigns started shortly after that. And there started to be more information in the community about how to have safe sex, and like I say, at the beginning there was a lot of, it wasn't completely clear because people weren't quite sure what to say about oral sex.

BK: Or if it was before the virus was identified, what was even really going on?

GK: Right. I mean, I know there's documentaries and stuff about like, I'm not sure if safe sex started before or after the virus was actually identified. Like I say, I'm sure there's historical documents that tell people that. But in my mind, safe sex started after the virus, just because we knew there was a virus and we knew it was coming to Edmonton, or coming to Canada. And I started having safe sex all because of that one fellow.

BK: Thinking about that earlier information that was in mainstream media and then maybe getting taken up by the gay community on some level, how was that early information making you feel at the time?

GK: Well, I think there was some concern. Just 'cause, initially of course, nobody knew anything and it was just like, gay men were dying. But also, it was far away, right? It's those New York gays. And then the San Francisco gays. So, there was concern but it was also at a distance. But then you started hearing more and more about how the disease, whatever it was, was moving and continuing to infect gay men. And then there was research and stuff like that. So, once there was a virus identified, that made a difference. And then actually people testing.

So, another friend of mine was tested fairly early in the epidemic – well, I don't know, in the Canadian epidemic. So again, I can't put a date to it, but I'd suggest it was something like '84 or '85, somewhere in there. I don't know, when did testing start? I have no idea about that. But he was tested fairly shortly after testing started, and tested positive. And it was really – his healthcare provider didn't really, I think—again, in retrospect, I don't think his healthcare provider communicated that information well. He basically just handed him his results and let him read them himself. Because there was no training at that time for healthcare professionals. So, it was just a matter of, “Here's your results.” So, that wasn't really very good.

BK: Was that a big topic of discussion in the mid-eighties, whether you should get tested or not?

GK: It was, testing was a big discussion because there was a lot of people who felt that the confidentiality of testing was—could be flawed. There was a lot of people who felt that if you were identified as HIV positive that you might be refused healthcare. Period. There was really a lot of discussion about issues of stigma, many of which have come true. So, it was really – testing was a big deal. The first time I was tested, I called myself—we'll use a publicly accessible name here—I called myself Preston Manning. So anyways—

BK: There were a lot of Bill Vander Zalm's in Vancouver too, I think.

GK: So anyways, and I tested, and I tested negative. That was a comfort. But there was still all of that discussion around—and this is back when the STI clinic was on – right now it's on twelfth, you know the BCCDC [BC Centre for Disease Control]? So back then it was on tenth in what's now, I think it's now the bike facility for VGH [Vancouver General Hospital]. Or maybe it's the laundry. I don't know, it's this building that was like, this ugly old crap building that at the time the STD clinic was in. And you went in and I do remember—that's not where I tested first, it's just, you know, I tested over the years and plus had regular testing for STIs—and so, I would go in, and there was this one nurse who was there forever. Her name was Mary. And Mary was just hilarious because Mary had seen it all. She—nothing surprised her, you could be very forthright with Mary, and she was supportive, and that nothing surprised her. So, it was quite interesting going in for testing, just because it was such a dreary building and the staff was, like I say a lot of them were long- serving staff.

Although again, one of the first times I tested when I was here in Vancouver, I had what I would consider a bad experience. That a physician came in—who's name I don't know—and he had an intern or resident with him, some nature of student with him, and he came in, and I had already been tested and spoken with the nurse, not my favourite, Mary. I don't even know, maybe she was using a pseudonym! Anyways, this doctor came in and—with this student—and started asking me about sexual addiction. Asking me all these questions about sexual addiction. And I was like, I answered the first couple of questions, then it's like, “Why are you asking me these questions about sexual addiction?” And he says, “Well, look at the number of partners you have.” And I said, “Well, first off, my understanding of addiction is that when whatever you're addicted to starts interfering with your life and you can't do without it, and I would not characterize my sexual behaviour in that manner.” And then all of a sudden, he had to go and take a telephone call, and the poor student was left with me, clearly a disgruntled consumer. And

so, he asked I think maybe one more question and then ran away. It was just like, how many gay men have you talked to? I'm kind of in the middle for number of partners, and there's people with lots more and there's people with lots fewer. So anyways, it was just one of those things that I think, he thought he would show how to have a discussion with a client, and perhaps picked the wrong client. Anyways, stuff like that happened.

BK: Some stigmatizing experiences with healthcare providers.

GK: I actually don't remember, I must've had my first test in Edmonton, but I don't recall whether it was with my family physician or like, the STI clinic there. I suspect that it would've been with the STI clinic, because I—again, because of all the controversy about testing, I didn't really want it in my permanent record. So, this was a way to go and get it done and get an answer without having it entered into my health record.

BK: That makes sense. And so, as we kind of come to the mid-eighties and late-eighties, the epidemic is starting to become a little bit more visible in Edmonton, I suppose?

GK: Yeah. And again, aside from that one person who came out, there weren't a lot of people who made public comment, but there were definitely people, including amongst my friends, who had tested positive. And it's hard to say, like, I'm sure it impacted their mental health, but there weren't a lot of supports available, aside from your standard mental health supports, and this was a fairly new thing. I don't feel like my friends got really good mental health supports, they got good social supports, because we had a fairly tight-knit group of friends. But I don't feel like they got good professional supports.

BK: And there weren't like, AIDS service organizations?

GK: They were starting up. So, there were groups for people who tested positive, but there again I feel like there's barriers there, because you have to more or less publicly identify as positive to go to one of those groups. And then you have to go to the building and enter the building, and all that. Which was bad enough going to the STI clinics. So, like I say, I don't feel like my friends had really good mental health supports.

BK: And was there a lot of—I guess what you're speaking to is the existence of a lot of stigma back then, or fear around HIV positive people. What did that look like?

GK: Again, it's hard for me to assess, because pretty much from the time I started having safe sex, it was a matter of I had safe sex with everyone, and so because I was having safe sex and at the very least it was rumoured to be protective, although as it turns out it probably was pretty protective. Just personally speaking, I didn't fear infection very much. I mean, there's always a nagging doubt, right, 'cause it was early days. And it's like, yeah, you could get infected. But it's kind of like any issue – heart disease or diabetes – you eat a healthy diet and you're active, you're doing what you can do to protect yourself against heart disease. So, then you can't do any more. So, I was having safe sex, and so I was doing what I could do to protect myself. So, there wasn't anything more that I could do to protect myself, aside from abstinence, which I didn't feel was an option. And so—but I would agree that there was fear, more at the beginning because

there was no idea where this came from, where this happened. And then later on, when it was identified that there was a communicable virus, then people—but there was a lot of stupid, too. Because it's like, "Well, are you having safe sex?" "Well, no." "Well, then you're leaving yourself open to infection." And then, you know, a whole discussion of the eroticism of safe sex and stuff like that. And it's just sort of that safe sex wasn't erotic enough, and so we have unprotected sex because that's better sex, or whatever. And it's kind of like, "Well then, you're leaving yourself open to infection." And so, I realize that a lot goes into the dynamics of choosing to have safe sex each time. And so—but at the time, it really felt like, okay, we know how to protect ourselves, so let's protect ourselves. And it's still sex, it's not all that bad.

BK: Yeah, I think it was really difficult for a lot of people to navigate that ideal of safe sex.

GK: It's hard for me to assess, because I was able. But you know, I had kind loving parents, I had friends, I'm well-educated, I'm white. There's all these things that give me privilege that allowed me to be clear that this is how I was having sex, and so you know, lots of people don't have those things and that makes it more challenging.

BK: Do you remember anything about how the mainstream, like outside of the gay community, what the response looked like to the emerging epidemic?

GK: Not a lot, because I work in a profession that's predominantly female, I did have some discussion with straight women and encouraged them to have safe sex, although I'm not sure that all of them felt that that was a need. Although again, I mean all you have to do is go to the baths to know how many married men are having sex with men. And it's kind of like, you really ought to have safe sex, whether you think so or not. I didn't then, and don't really now, have a lot of heterosexual male friends, so I can't assess how heterosexual men felt about it, right? Yeah, I really have no idea. And the heterosexual male friends that I have now are in monogamous relationships. So, I really still have no idea.

BK: But based on your limited view, was there a sense of increased homophobia or anything that was being experienced at the time?

GK: I guess it would be hard to assess whether it was increased or not. There was homophobia. And this was just another reason, because you know, the fags are spreading AIDS, right? And so, you shouldn't tough fags or do anything with fags because you might get AIDS. Although there might have been some protective benefit because people did not beat up gay men to a point of drawing blood, because that would put you at a risk for AIDS. So that's positive.

BK: I guess.

GK: But no, I feel like that was a thing. And then there was, you know, all kinds of foolishness that, I don't know. Again, you'd have to go to documents to find out when universal precautions became a thing, but then there was stuff like police coming to Pride marches and wearing gloves, and stuff like that and I can remember things on television about doctors in these like, really serious protective suits and face shields and stuff like that. And I mean, maybe you need that if you're a physician who's sawing up bones and things like that, and gets a lot of spray. But if

you're just like—I don't know, it struck me as overkill. And I did have people – like I had a friend—who shall remain nameless—who had some plastic surgery done, and in order to get his plastic surgery, he had to test like four times for HIV. So, he had to test like six months out, and three months out, and one month out, and then right before his surgery. And it's kind of like, okay that's just stupid, and we talk about cost to the healthcare system? It's like that's a stupid cost. So anyways, but that stuff happened. Right?

BK: And they should be using universal precautions anyway.

GK: Yeah, I'm pretty sure by that point, universal precautions were in place. Anyways, it's just a plastic surgeon being stupid. But my friend wanted the surgery and he wanted that surgeon to do it.

BK: Thinking of those straight female friends of yours, I guess there was still probably a conception that this was a gay disease at the time.

GK: Yes, I'd say so. I mean, I think that even today remains true. There's—or maybe it's like gays and Africans, or something. It's really like, I still feel like that's a pretty common misconception. Although, I'm also wary of fully characterizing it as a misconception, because the statistics are that most infections are amongst gay men. And yes, people using needle drugs get infected, and yes people get infected through heterosexual sex. But there are this many [a lot], as opposed to this many [a little]. So, it's really—while I'm wary of characterizing it as a gay disease, I also feel like in some ways we need to because it is mostly gay men who are being impacted. Whether it's over the long-term of the disease, or whether it's about prevention efforts, and targeting young gay men and things like that, it's like because that's where the infections are. And so, is it or isn't it a gay disease? No, it's not, but it does predominantly impact gay men. But I mean it's – everybody gets infected, you can find any kind of person you like and they've been infected.

BK: It's true. Any recollection of how the government was responding back then?

GK: I feel senior health officials and bureaucrats were laggards and did not do things that would've prevented the expansion of the epidemic. It's often stated that the right people were dying, and I think that that's true. It's like it was poor people, it was gay men, and governments did not take action in Alberta or here in British Columbia. I still, for example, would not consider buying a vehicle from a Dueck dealership, because of Peter Dueck's comments on the HIV epidemic way back when, which were basically that we should take all those people and put them on an island somewhere. So, it's like, yeah, governments have a lot of blame attached to them for their inaction. And then in the United States, certainly to a lesser degree here, the only reason that we got treatments was because of ACT UP and ACT UP's very confrontational actions around medications.

BK: Was that happening in Alberta, in Edmonton, activism of any ilk?

GK: Not as much. I would say that it was happening in the states and so, Health Can—you know, so things were approved in the States, and Health Canada was slower to approve. Like, I

really think that the turning point was when we had the International AIDS Conference here, and which I think was in 1996. And that's when people were really starting to talk about the cocktail, or highly active antiretroviral therapy, right? That's when you really started hearing about it. And I actually had a billet in my home at that time, and he was the first person I ever met who was on HAART. And he had been on it as one of the experimental subjects. He was from Chicago. And so that's really when it really took off. Prior to that everybody was on, what's it called these days— Zidovudine? Everybody was on AZT, or in the States A-zee-T. And yeah, most of my friends were on AZT. There were some other things that they probably have nicer names now, but I remember DDI was one of them. So, there was some combinations prior to the cocktail, but it was really after that 1996 conference here that the cocktail just all the sudden became common place. And that's when you saw what I'm sure other people have described, where people at death's door went on the cocktail, got better, led healthy active lives, and it was this night and day thing, that it's like all these people. Which again, was wonderful, but also kind of angry making because if things had been approved a bit faster then some of my friends would be alive. And it was very troubling. There was a lot of bad care, including from – I had one friend who had quite—what I felt was to be quite bad care from a gay physician. Yeah. It was just, I don't know what it was all about, but he switched physicians and he got much better care.

BK: And that was here in Vancouver?

GK: No, that was in Edmonton. Part of it—not all of it—but part of it was that physician's admitting privileges and the hospital that he was admitting to was a bad hospital because it was part of the, I don't even know what to call it now, but you no doubt have heard that there was parallel to the Indian residential schools. There were hospitals that were like, Indian residential hospitals. This was one of those hospitals in Edmonton. And it was not a good hospital. But that's where that particular physician had admitting privileges. And again, once my friend changed physicians, he was admitted to the university hospital, and things, care was significantly better.

BK: And within the gay community, did some of this stigma manifest within that community as well?

GK: Yeah, I think so. Again, that would be just like, rumour doing its evil work, right? People would be rumoured to be positive, or may have publicly admitted that they were positive. And then there would—it's like, then there were exclusions. People really didn't admit to positivity for the most part, until usually they were quite significantly ill. The thing was, sometimes people got really ill really fast. But there was—it's interesting too, I always think back to a fellow that I knew, an acquaintance, who was fairly open about being positive, and one time I met him out of the club and I went to embrace him and kiss him, like on the cheek or whatever. And he actually pulled back. And it was more about—in later discussion with him—it was more about, he was concerned about people transmitting illnesses to him, you know, whether it was a cold or whatever, but he said the reason that that happened was pretty much everybody knew that he was positive and everyone wanted to show him that they weren't afraid to touch him, and they weren't afraid to kiss him. And it was like, "People are always – like, they have their hands all over me." And it was like, "Okay, I get it. You're not afraid of me, and I don't want to get sick,

so stop hugging me and kissing me.” And it was a grounding in reality for me. So anyways, the coin has two sides.

BK: That’s a really interesting experience. I guess part of what I’m wondering is, you would have sex with guys that were negative and guys that were positive. I guess I’m still a bit—

GK: Well, I guess I would characterize it more that—without wishing to shame myself—I would just have sex with anybody.

BK: Sure, but there were—

GK: --but it’s like, that’s the point, if you’re having safe sex, then you can have sex with anybody. And that whole discussion of “are you positive or negative” is way in the background because people may or may not even know, because there was always issues about testing, and may well still be issues about testing. I mean, that’s what HIM [Health Initiative for Men] tell us, is that there’s a ton of people out there—well maybe not a ton—but there are people out there who aren’t aware of their own status. And so, it’s really a matter of everybody needs to have safe sex with everybody, and then maybe later on once you’ve discussed monogamy. This was an interesting question that I discussed with straight women is just – because I did know straight women who are HIV educators. And this discussion of once you look at statistics, a lot of people aren’t monogamous, even though they say they’re monogamous. And so, like maybe you should truly everybody should be having safe sex all the time, but how do you discuss that with your husband of twenty years without saying, I think you’re stepping out. Right? Particularly in that environment where AIDS was a gay disease, and now straight women are having to have these discussions with their husbands and what does that mean, and does it mean that you suspect your husband of having sex with men? So, there’s just a whole bunch of stuff there. But for me, it always came back to it doesn’t matter whether somebody’s positive or negative, because we’re going to have safe sex no matter what. But I don’t know if I’m exceptional in that, or I’m just vocal about it.

BK: Yeah, I guess that’s what I’m wondering too, like how normal was that for people to be, because I think there probably was—there probably were some folks who were like, HIV positive people, I’m definitely not having sex with them of any kind, you know?

GK: Yeah, absolutely – oh, absolutely that went on. And still does. So, it’s like, is it more or less commonplace then as now? It would be hard to assess, right? I mean, I have to admit that it annoys me when I’m in a sexual environment like the baths or something like that and people ask me if I’m positive. And usually, because I want to have sex with them, I’ll say no, because I’m currently negative. And yet, it annoys me because it’s like, it doesn’t matter, we’re still going to have safe sex, because you may or may not know your status, although your question leads me to believe that you’re negative. Although that could be untrue as well. Like, maybe they’re asking because they’re positive. And you know, because people do serosort, right, without question. Anyways, it seems unnecessary to me.

BK: So, it sounds like also as the eighties progressed, the epidemic was starting to manifest within your own closer community, within your friend group.

GK: Yes, absolutely. So, I had – let’s see. I had a friend who moved from Edmonton to Vancouver, probably about ‘83 or so, and he tested here for the first time, and tested positive. And so, he’s probably the first friend that I had who tested positive, although other friends tested positive as time went by. Before I left Edmonton, I had a friend who became quite ill. And again, very suddenly he became really sick, really fast, had a recovery and had time to like make arrangements and deal with family and all of that stuff, and then passed away. And that was in ‘89. So, he knew he was positive probably for—from about say, ‘85-ish. I can’t say for sure, but yeah, he knew and was forthright with us. I’m not sure how forthright he was with everyone. But anyways, then like I said, he got sick quite quickly, and passed within the year. And he died just before I left Edmonton and came here to finish my education.

BK: And so, you were kind of stepping into some types of caregiving roles at the time, or informal?

GK: Well, I’d say, yeah, I had—I was never a formal caregiver in that I was sort of the main caregiver for someone. But for that friend, I would say that you know, I was a supportive caregiver and visited him, and brought him stuff and things like that and sometimes supported his partner by doing caregiving while the partner went out, and like had some respite.

BK: Yeah.

GK: And then I came here, and when I came here, all my friends who were positive were well, and that was 1989 to ‘90, and I was living in New Westminster. And then I moved around the province for work, so I was in Kamloops and I was in Terrace. And so, I’d visit them here. When was it? Let’s see, it would’ve been shortly after I moved to Terrace so that’s—I don’t know, you can check what I wrote down—I think that would be 1991, August ‘91. So, probably say in September of ‘91, or somewhere around there, one of my friends who lived here became quite ill and was admitted to St. Paul’s. And I did actually get to see him while he was admitted, but then had to return back to Terrace for work. And then he passed, and so I remember calling into his celebration of life party and talking to a bunch of people and stuff like that. So that would’ve been like say September, October, somewhere in around there, in 1991. And then when I moved here in 1994, so I moved here I think April ‘94, and moved into the West End like a good gay boy. And my—another friend who had been long-term positive, just after I moved here, he started dealing with cancer. I think it was probably some kind of metastases from the Kaposi sarcoma. And you know, quite frankly, I’m not sure what kind of cancer it was. And then another mutual friend moved in with him and provided, like, twenty-four-hour care. And he stopped treatment for his cancer and then again, sickened quite quickly and passed away. So that was very shortly after I moved here. It must’ve probably been about—oh, that’s right it was – he died May 31st in 1994 because me and my other friends embittered as we are, were joking that he didn’t want to pay June’s rent. And so, that’s how giving we all were. [chuckles] So anyways, he passed.

And then actually the death that really impacted me was someone I knew a lot more casually, is again my friend who died of cancer, or you know died of HIV-related cancer, or however you want to frame it. He passed, and this other fellow was also quite supportive in dropping by and

visiting and bringing groceries, and stuff like that. And he and I had known each other in Edmonton, and then he'd moved here and then I moved here, and quite a short time after my friend with cancer died, he died, like two weeks later. And again, was well, and then got really sick and died right away. And that really affected me, I think because you know, the friend who died, the friend with cancer, he was a long-term good friend. Whereas this person was more of an acquaintance, but I guess I had been looking to him as someone that would be providing me with support on the death of my long-term friend. And then he died really unexpectedly. And it was kind of like, well, now I'm kind of lost. And so yeah, it was interesting just that his death didn't impact me as—or that his death impacted me more than my long-term friend's death. Part of it, I suppose, was that my long-term friend's death was slow, right? We knew it was coming, so his parents were actually here when he died, it was like if such a thing exists, it was a good death. But then this other acquaintance, it just really took me aback. So, like I say, it's quite interesting, because although he wasn't that close a friend, I had much closer friends die, so my friend in Edmonton, and then the one who passed while I was up north, and then my friend with cancer who died, they were all much longer-term friends and much closer to me. And yet their deaths didn't seem to impact me as hard.

BK: Yeah, that's a lot of death in a very short amount of time.

GK: Yeah, within about five years, so I mean, I often explain to people—now—because of course, now I've reached an age where people are dying again, not from HIV, but from all the things people usually die of, so they're getting heart disease, and they're getting cancer, and they're getting, you know, all kinds of things that people in their fifties and sixties and seventies get and die from. And I think some of my acquaintances are sometimes surprised that I don't show a lot of emotion around death, or that I treat death somewhat informally. And so, you have to explain to people, it's like, when I was in my twenties, all my friends died and I got a lot better at death. And I did, even at that time, I thought about that, that like we treat death the same way as all these eighty-year-olds where it's like, oh blah-blah-blah, and so-and-so died. And you're like, oh yeah, so-and-so died, that's too bad. And you know, it's like, because when you're eighty and you're ninety, you're used to people dying. And you're used to, you know, an acquaintance that you haven't seen in awhile got some dreaded disease and died, and it's like, oh, another one. And that's what AIDS was like at the peak, because people were dying and they were often acquaintances and stuff. And you've probably seen old issues of *Angles* that had the death announcements and stuff like that, and I mean really, that was—you did scan that because you never knew who was going to have died and whether, you know, there was lots of people in there. Frequently there were people you knew, and it got to be that kind of situation where you're like, oh, so-and-so died. Oh, that's too bad. You know, it's like, that's someone I knew and they died and it wasn't that big a surprise, and it was part of life. And you know, there were political circumstances that were annoying about those deaths—or more than annoying, they're angry-making about those deaths—but you reached a point where it was so common that you were inured to it. Which is – you know, I talk about being very jaded and embittered, perhaps that's why.

BK: Well, I guess it became very normal, but at the same time, these are people in their twenties and thirties, and in that sense it's not normal.

GK: That's right, that's not normal, and yeah, it still kind of annoys me. Governments are better now, but then, you know, I see the conservative wave I see that's happening, looks like Newfoundland delivered themselves from that, so touch wood. But you know, you see stuff like that happening and you think, like, this could happen again. It's—yeah, I mean that's why I'm such a staunch left-winger, is because of that, and it's because of conservative governments and Brian Mulroney. I should've poisoned him when I had the chance. I lived in Saskatoon one summer, and worked at the Bessborough Hotel, and that was actually the summer where the premiers' meeting was in Saskatoon, so Brian Mulroney and all the premiers were at the hotel I was cooking at. And I made—like really—a thousand devilled eggs for that party, and I thought I should like poison some of these. Look at that! Admitting planning someone's death.

BK: Well, you stopped short of that.

GK: Well, it's true, I didn't actually poison any of them.

BK: But I can understand the appeal, for sure.

GK: Yes, it's very anger-making. Yeah, there was a thing, it was kind of amusing to me. So, in 1990, the whatever they were back then, I think it was called Celebration Ninety, it was the Gay Games, right? The Gay Games—sorry, I'm tangled up in my cord here—first off, once again, there's this source of irritation because they had to be the Gay Games, they couldn't be the gay Olympics because the Olympics took the gay Olympics to court and made them stop saying that. And it's just like, fuck you, Olympics. Although, that's generally my attitude no matter what because of all the cesspool that is international sport, whether it's soccer or the Olympics or whatever. It's sort of like fill up our pockets and then we'll let you have the Olympics and go into debt for us. But perhaps that's an over-simplification of the political context of sport. But anyways, so it was the Gay Games, and they were here in 1990, and I was just finishing up my education, and so a number of people inquired, because I mean I am gay. Gay, gay, gay, gay, gay – gayer than a giant barrel of pink monkeys lip-syncing to Rufus Wainwright singing Judy Garland. It's like, you'd have to be headless, right? And so, people would come up and they'd ask me, “So, are you doing anything for Celebration Ninety?” It was just this really discrete way of asking, are you a big old queer? So, there was actually quite a bit of discussion at that time.

And then there were all these things that happened, so Brian Mulroney had at one point, somebody had said something about the New Democrats forming a government, and Brian Mulroney made a joke and said—or what he felt was a joke—and said, “Yeah, they'd have Sven Robinson as minister of defence,” intimating that a gay man would not be qualified for such a position. And anyways, there was a lot of great stuff, so we had BC Place, and you know the incoming procession was at BC Place and they had an HIV positive runner who had run there from like the last place, which I think was San Francisco - so far in the distant past that I don't recall. But anyways, he had run there and so he went—he came in and he ran around the stadium and then all the athletes came in and then there were speeches and stuff. And Sven actually got up and was speaking and made some comment, somebody said, well, you guys should be forming government, or you guys should—oh, that's it, they said, “Oh, you should be prime minister!” And he said, “No, minister of defence would be fine.” It was like, good for you. But yeah, that again was maybe a bit of a turning point, just because people could suddenly talk

about queers, and first off, you didn't have to use that nasty gay word, you could talk about Celebration Ninety. And there was just a lot more openness.

I mean there was still all kinds of bullshit because they had the police games here that same year and there was all kinds of coverage in the mainstream media about the police games, and there was almost no coverage about Celebration Ninety. Even though it was something like a ten-times larger event and brought a lot more money to Vancouver, it was like, no, don't want to talk about those queers. Not on T.V. It was a lovely and dynamic time. When I think about sort of what Pride is these days, with corporate sponsors and big extravaganzas and big parties, stuff like that, that I feel like 1990 was the first year that all of that kind of stuff happened. Because there were, I mean there were drug companies, HIV drug companies, who were providing sponsorships and stuff, and there were big parties, and people were out. And you know, we rented BC Place and had a procession of athletes from all over the world and stuff like that, and people realized, wow, there's a lot of gay people. And you know, so it was a noteworthy event because of the sort of long-term influence, but it was the first time that there was that kind of openness. Or it felt like, you know, there were pride marches and stuff long before that, but it was such a big event.

BK: Yeah and this is completely conjecture but it seemed to be a bit of a turning point politically in B.C. too, because you know, the following year the Social Credit Party gets completely wiped off the political landscape here in B.C.

GK: Well, I think that was just because Vander Zalm was such slime, right? People got really angry because of the dealings around the Expo Lands and Faye Leung and bags of cash, and like, people were destroyed, and so poor old Rita Johnson, the first prime—the first female premier in Canada, and she, just like you say, got wiped off the map. And it's like, I wasn't exactly saddened. In fact, I was in Victoria the night of the election because I had—I was living in Terrace by that time—but I had to go to Victoria for a meeting or whatever. And so, there was all kinds of talk and all kinds of rumour about, you know, people going in and shredding file boxes full of papers and stuff like that. It's hard to say if that's actually true, but it was like, yeah, there was a lot of kerfuffle when the NDP won.

BK: It seems like that would be on-brand for the Vander Zalm government. Who knows?

GK: Who knows. It's not for me to speculate.

BK: And how were you coping with all that loss back then? Were there supports in place for folks who were surviving?

GK: Maybe yes, maybe no, I don't know. I was busy, right, because I was just finishing my education. So, I did my university, but in my profession, you need to do a one-year internship after your education. So, I came to B.C. to do my internship, so that's a very busy time. And then I moved to Kamloops, because I got a job in Kamloops. And that was a like a one-year position and then I moved to Terrace and got—oh, and I got laid off from my first job in the very first round of health care cutbacks in 1990. Well, it was an important lesson. But then got another job. I actually think there was probably some subtle arm twisting that happened in back rooms in Kamloops that got me another job. And so, I was in that job for the rest of the time I was in

Kamloops, and because of having that job, got a permanent job starting in Terrace. Which was, back then, it was all Ministry of Health. So, all of the health units all across the province were all run through the Ministry of Health. And it was not that long afterwards that health got regionalized, first to twenty regions, and then to five regions. So, it was interesting. Yeah, when I moved south, they had just regionalized, so that was 1994, they had just regionalized to twenty regions. And then at some point in there the government changed, and they decided that they were going to go with the five health authorities, or six, because they did—I feel like the provincial was created maybe slightly after the rest of them. There were the five geographic health authorities, and then the provincial was like a few weeks later. But I'm not sure, I might be misremembering. But anyways, all of that happened.

So long story short, I was really busy, so I was up in Terrace and I was working at my job, and that job entailed a lot of travel. So, I was in the Skeena Health Unit, it goes from Haida Gwai'i halfway to Prince George out of Houston, and then from Kitimat north to the border. So, it was really a significant geographic area, and I served that whole area. And so, I did a lot of travelling while I was in that position. So, like I say, when I first moved up there, one of my friends passed, but I wasn't sort of directly involved in his passing because he died while I was up there. And then when I came down south, my other friend passed fairly shortly after I arrived. And again, just started a new job, quite busy, and then, yeah, it was quite a kerfuffle because my friend passed, and then shortly after that, my co-worker was literally hit by a truck. Just right out here at Davie and Burrard, she was crossing the street and somebody ran a red light and hit her and several other people with a truck, driving a truck. And so, I was super busy at work because—so anyways, it was just like I was really busy, my friend had died, and all a sudden my co-worker is off sick and recovering from being struck by a truck, and it was just a really busy time. So, there was no time to fret about things.

And we did have quite a lovely service for my friend – I don't know if I'd even call it a service. We had a memorial gathering and then we spread his ashes in English Bay. Although I remember a friend - so, we were on the boat of another friend, and he was agitated by my friend's death, and then when we were spreading the ashes, a wind came up so he got ashes all over his boat, and he was quite annoyed with me for playing with the radio, while I was on—anyways, it was like... the things that stick in your memory. Anyways, I remember that, and I remember him washing his boat as soon as we got back to land, which, you can hardly blame him. It's like, ugh, a friend's ashes are all over your boat. I do actually remember because of that wind, I got some of my friend in my mouth. Because you know, you throw ashes, and no one gives you instructions on how to distribute ashes. And so, I threw them, and a gust of wind came up and like— [coughing]—so anyways, it's like, so there's always a little part of my friend inside of me. But yeah, I think perhaps with my friend because he had been quite sick for quite a while, that death came as a relief for our circle of friends who were providing care. And yeah, that does make a difference, and again, it puts you in this unique position because sometimes in the years since, when I've had acquaintances or a friend who've had perhaps a sick parent pass or something like that, and I've talked to them and just made the comment that like, so you know, was this a good thing, was it a relief? And they're like, "Wow, nobody ever thought of it that way and yes it was." And it's surprising again that life teaches you a lot of lessons, and you become a surprising ally because you've lived through all of these situations. I mean, I really noticed it at my mother's death – my mother was quite demented when she died, and had been

demented for some years. And her death hit one of my brothers much harder than it hit me, because I think, you know, I'd lived through all that death, and was somewhat relieved that my mother had passed. But my other brother hadn't lived through all that death, and he was really quite broken up.

BK: Any thoughts about how the gay community here in Vancouver was responding, like at that community level, to HIV?

GK: I feel like it was quite a positive response. Part of it was I feel like there was leadership from *Angles*, and whatever it was then, I guess it was just *Xtra!* then. That there was leadership, so it was in the open because of all the obituaries in *Angles*, and by the time I moved here, there were services and funding had built up, and so there were a lot of services. And they didn't meet everyone's needs, and certainly even today they are quite gay-men focused, which is probably a good thing because gay men are the most impacted, but it's tough for people who aren't gay men. So, I have no idea what services are available for positive women, and particularly for positive straight men. It's—there's probably—I don't know, I just the other day saw that there's a group for positive straight men. But it's kind of like, there are good services for the gays, but for everyone else it's perhaps a bit iffier. But I do feel, like even when I came back in '94, that it was—services were pretty good here. Probably better here than when I left Edmonton. So, I left Edmonton in '89, so I don't know what happened from '89 to '94 in Edmonton. I mean, I feel like Edmonton has good services now. The friends I have that remain in Edmonton, it seems like they're knowledgeable about the array of services that are out there. Although Edmonton does seem to be having its troubles, as you may know they cancelled their Pride celebration this year, and they blamed it on the political climate, which who knows? Certainly, they have a much more conservative political climate. Although not really in Edmonton, like when you saw the election, it's like a big blue province with a little orange dot that's all around Edmonton. All of the opposition, all of the NDP elected were all elected in Edmonton.

BK: Wouldn't that just make a Pride parade more necessary, the political climate?

GK: That's my view as well, but I'm not on that board and don't have their insights.

BK: True. And what about in Kamloops or Terrace, was HIV something that was talked about in those smaller communities at the time?

GK: I think, again, amongst the gays, yes. Amongst anyone else? Because I'm working in health, there was some discussion, but in the general community, I'd say no. There were gatherings of gays in Kamloops at that time, although I don't recall any, like, dances or anything like that. I do remember driving to Kelowna for dances. I only lived there for a year, but the gays weren't very organized in Kamloops and there was certainly nothing available, aside from what was available through the general health system. So yes, there were mental health supports, yes, there were HIV supports, but only what was available through the health system, which I'd say was perhaps not only minimal but also somewhat discriminatory. Because then I was there from 1990 to 1991, and so it's—it was still pretty—people in the health care system—health practitioners, didn't have a good grip on what services were or should be, or that kind of thing. In Terrace, no. In Terrace, there was just like nothing gay, there was word of mouth getting to know

each other. And it was easy to have sex, because you could have sex with men that were married to women. There was plenty of that available. But no romance, right? Nothing available for – yeah, that’s really my—I had a wonderful time living in Terrace except no romantic opportunities. So yeah, Terrace is a great place to live, it’s got—and who knows, that was years and years ago, so maybe it’s better now.

BK: Yeah, just a little bit curious because we’ve obviously heard less about Kamloops and Terrace than we have about Vancouver in the course of doing this project.

GK: Yeah, there I don’t feel like – again, outside of the regular healthcare system, there was nothing targeted specifically to gay men as services for HIV or for services period. Right? Like I think it would be interesting, like I really doubt there’s anything like HIM even now in Kamloops, and certainly not in Terrace. Although, the healthcare system has grown and realized that it needs to provide services for LGBTQ people. And so, you know, there’s some efforts in that arena.

BK: But nothing like an HIV organization in those places other than that?

GK: Well, again if there is, it’d be outreach, right? Even in Abbotsford. Like HIM is in Abbotsford, but it’s really as an outreach branch.

BK: Yes, technically in Abbotsford.

GK: Yeah, I don’t know. Like do they just go into an office and provide service and then—so I have no idea, I haven’t visited their services in Abbotsford.

[End 19-05-17-GK]

[Start 19-05-17-GK2]

BK: So, before that little pause, I was just about to ask how the epidemic kind of changed the gay community here in Vancouver?

GK: Well, I think – I mean, I don’t totally know, I think likely the same way it changed everywhere is that people realized that silence equals death. They realized they could not be silent. And so they came out. And they talked, and a lot of people did a lot of fantastic stuff, right. And it really comes down to—I mean, it’s very interesting for me because as someone who was never “in,” right, like I started having sex really early, I came “out” quite young, I’ve now been out for like two generations, and you know, I was never “in.” And so—but there was this whole group of people who could remain in the closet. You know, people talk a lot about whether it’s their gender identity or their race or whatever and people talk about passing. And I could never pass, because I was always gay acting. And so, where was I going with this? It just—the community—oh, I know what I was going to talk about. So, years and years ago, probably before HIV really reared its cursed head, there was a saying amongst gays that I wish everyone who was gay had like a blue dot on their forehead, so that people couldn’t hide. And you know, it would—the dots, depending on how gay you were, it—so like people who only had occasionally had same-sex sex, you know, theirs would be really, really light blue, and then

people like me who are like the gold-star gays and they'd have a dark blue dot. And anyways, and then that happened. So, be careful what you wish for, because AIDS came along, and that felt exactly like that. There were all these people and they ended up having to come out because they were infected with HIV. And to a large degree that meant they were gay. And so, there were all of these deaths, and all of these people got their blue dots, and that wish came true. And yet, because of the activist community and its actions and the successes of their actions, I feel like the community was changed, and in many ways that was the biggest step.

[background noises] My word. I'm hearing laughter.

BK: I'm going to guess that every thing's okay.

GK: Me too. [Laughs] So anyways, I feel like that's what changed in the community, was people became less afraid of activism, less afraid of coming out. Because they had to come out, in part maybe because they were living with HIV, but maybe also because there were productive outcomes to coming out. And so, that—it certainly wasn't the start of like, gay liberation, but it was an advancement. And I realize there are still issues and complexities to that, because white gay men came out of it really well. People of colour maybe not so well, people living in poverty probably even less, and so that kind of thing. It's like, we still have a lot of issues in the community, but advances have been made, although those advances have mostly benefited white cis-males. So, we need to keep working on that. I find the whole discussion around police in Pride and uniforms, and I find that discussion upsetting because there does—a lot of the discussion seems to arise from white privilege. And it's like, what's the big deal here? And it's like, well, the big deal is stuff that doesn't happen to you, because you're a white cis-male. And it's like, but it happens to lots of people and they have a right to complain about it. So, you know, some things have progressed, other things haven't.

BK: Yeah, so there's this subset of the community that's obtained a little bit more mainstream acceptance, and then of course there's all these other communities within that community that have not.

GK: Right.

BK: That includes people probably that are having a lot of sex still and going to bathhouses.

GK: Probably.

BK: I will not go on, but I find it very interesting myself as well, the scope of that acceptance.

GK: Yes. Because I mean, I did, when I was in university to get a master's degree, I did a queer studies course, because it, you know, given that my master's research was on gay men, it's probably a good idea to take a queer studies course. And the instructor was very good and talked exactly that, that there's this circle that's the white cis-men who are in monogamous relationships or maybe married. And then there's the white cis-men who are out there and they're being slut-shamed, and then there's the people of colour and then there's like—so there's all these gradations. And some of those inner walls are breaking down, but the outer walls are still

just as high, and just as challenging. And yeah, so the largest of that might be poverty, I don't know. I don't know because I'm a cis-male, and a lot of times I don't know stuff.

BK: And what about your perspective on HIV – how has that changed over time?

GK: Well, of course it's changed the way it's changed for everyone, in that HIV is now a chronic, manageable illness. There are some intriguing aspects to that. So, that's a really good thing, don't get me wrong, it's great that HIV is now a chronic disease that's manageable. I have some issues with PrEP, because I feel like people feel PrEP is more protective than it is, not so much around HIV, but because PrEP has to some degree liberated some aspects of sexuality, we've seen other sexually-related infections rise, and PrEP isn't protecting against those, whereas safe sex did protect against them. To some degree, because you know, people still got oral infections and stuff like that. But so there's sort of that issue, and then PrEP is just a bit of a chip on my shoulder because it's like here's this drug and yeah it's gonna do these things for you, but it's a drug and it comes with side-effects like all drugs do. And I feel like that's downplayed, because people are out there, like for people who are living with HIV, HAART therapy is amazing, and it's keeping their HIV as a chronic manageable disease. But to people, healthy people, on a significant drug that has a lot of side-effects, concerns me, because there are side-effects. And when people are consistent with safe sex, they're protected regardless of whether or not they're on PrEP. So, that's why I have kind of an issue around PrEP. PEP is a whole different story, it seems like a good idea. Although again, seems a little toxic sometimes. I've known a couple of people who have had to use PEP, and it's been hard for them. Because they're toxic drugs.

BK: That one's a much heavier dosage that you're drawing on, compared to PrEP. It's tough on most folks, I think.

GK: So, what was your question again?

BK: Just around how your perspective on HIV has changed.

GK: So, there are all those issues, and like, so there's positive and negative all mixed up there. My personal perspective hasn't changed that much, because I still have safe sex, and I'll keep having it. And you know, it's great that it's a chronic manageable disease, so in the unlikely event that I do become infected, I know that I'll still have roughly the same life expectancy, because you know, racing towards the end of life. So it's like, it wouldn't have a big impact on—and it also wouldn't have a big impact on my life, right? Because back in the day, when people talked about, you know, if I should get infected. For me, it was always like, I'm not sure what I'd change. Because I eat healthy food, and I'm active, and I feel pretty good about myself and I do some spiritual development. Like I do—I'm like healthy liver, I have a healthy lifestyle. So, what exactly would I change if I got infected? Because I'm still having safe sex, so that's not going to change. So, it's like what is it that would really change for me. And it's the same thing, whether it was HIV or if I got cancer, or if I got heart disease or diabetes, I don't know that I'd be changing my life a lot. There would probably be different medications that would be built into my life, but you know, because right now, aspirin's about the only thing that I take. So, it's like things wouldn't change that much. And so that's probably good. And you know, yeah the disease therapy has changed, so it's not only no longer a death sentence, but also I don't—because of the

new drug regimens and stuff like that, I don't have to worry about my body changing, or worry as much about my body changing the way a lot of people had their bodies change. And yeah there's a bunch of things.

And you know, needle drugs don't interest me, like even drugs don't interest me all that much anymore. Part of it is there's a level of caution around drugs because, boy, that fentanyl seems to be in everything. Good old marijuana still seems safe, but that's about it. Oh, and liquor of course. As safe as it ever was. So, that kind of stuff, I did my party and play in the eighties. And so, been there done that, it doesn't really interest me anymore. And it's interesting, you know, when I was doing my research, one of the people on my committee made this comment about gay age. Which is like your age at coming out—your chronological age minus your age at coming out, plus thirteen. So basically, when you come out, you start acting like a thirteen-year-old and that's your gay age. But like my gay age is I think it's maybe one year less than my chronological age. But you meet these people who are coming out you know they were married to someone and then that someone died, and now they're coming out and you know, they're in their mid-fifties or mid-sixties and all of a sudden they're behaving like a thirteen-year-old. And that's interesting to me, that people who are coming out late, really late. People who are my age who are coming out, and they're out there, and people who are older than me who are coming out, and it's just like, what an interesting life you must have had. Or I also meet people who would like to come out. People who are having sex with men but are still like totally in the closet or in a marriage or whatever, and would like to come out but don't feel that those avenues are open to them because either the community they're in or—like the community, maybe it's a religious community, maybe it's like a geographic community, like you know, in the Interior or something like that. So there's all these issues that are faced by so many people that, you know, I guess we're not completely liberated as yet.

There's a great interview on CBC, and the interviewee was commenting that sexual minorities don't want equality, or even liberation, what they want is indifference. So, it's like, oh, you're gay, no, sorry, I don't date guys, I date women. Or, oh, you're gay, oh, that's great I date guys too. They just want indifference, so that everybody gets treated—you know, it's not a big deal for anybody to have any particular sexual orientation, because everyone's more or less indifferent and they just put that right out there. We have a lot of complexity these days, because we have the entire spectrum of gender that people are talking about for the first time, not that it was not there before, but people are actually talking about it, and layered on that the entire spectrum of gender expression and then another spectrum of sexual orientation. So you have all these people who identify as all these different things, and then they have their romantic ideation and their sexual ideation, and it's fantastic that people are actually talking about this and maybe in another a couple of generations we will have indifference because people are actually talking about it. I'm not sure that we're really anywhere close to being there yet, but it's exciting that it's moving ahead, and more and more people are talking about it.

BK: One question we always ask near the end of an interview is just what advice or messages you might have for younger generations of gay men who maybe didn't live through this time, just as somebody who lived through this period where HIV meant something quite different.

GK: Yeah, that's a tough question because I'm not sure that my experiences will inform their experiences. Certainly my experiences around being gay and coming out, and again, even the way people talk about sexual orientation, or romantic orientation and gender, those kind of things, it's exciting. But it was a tough time without question, but those people aren't going to have to face that tough time. They may have to face some other fabulous, new, tough time, and you know, maybe that's where advice could go is that there might be some new disease that comes up. This was—it's almost impossible to conceptualize what, like—that AIDS happened. So, there was nothing and we were all having a good time and we were having sex and we were looking forward to emancipation, you know, there was all this great stuff happening. And then all of a sudden, out of nowhere, came a disease and that was so weird. So maybe it'll be something horrific like Ebola or something like that, there's something like HIV could happen at any time. And there's a lot of negative that came out of it, and some positive that came out of it. And the levels of positive and negative are impacted by, say people being courageous. That people came out as living with HIV and that advanced conversations, and people came out as queer and that advanced conversations. And so a lot of those conversations continue to advance, but there might end up being some new conversations that will be about who knows what.

And then one clear piece of advice I'd give is don't vote conservative. Yeah, I've just lived too long to—conservative politicians really mess things up for so many people, and so yeah, I quite confidently give that advice. But like, it isn't going to be HIV, but it could be something else. And it might not be a disease, you know it might be some kind of social circumstance or—there's all kinds of things that could happen that will have dramatic impacts on people's lives. You know, my parents lived through the second world war and it changed their life. I can remember my dad talking about his amazement at the first atomic bomb, and like, they realized that the world changed. And I can even—certainly HIV was a big thing for me—but also September 11th, 2001 the world changed, and you know, I don't really like how it's changed because it's been played up again, by people I would characterize as conservatives into this weird terrorism threat thing, and so things happen and the thing that makes the biggest difference is being courageous and speaking out and being true to yourself. Right, that's really like motherhood and apple pie, but it's really like being true to yourself and living an authentic life does amazing stuff. Maybe not for the world, but certainly for you and the people who know you.

BK: Yeah, there is a lesson there around the value of resistance, I think, political resistance. Mobilization. That's kind of it for my formal questions. We always do like to leave some space at the end just to see if there's anything that you wanted to add before we wrap up.

GK: Something remarkable I've somehow left unsaid.

BK: Well, things that we might not have probed in terms of our questions. That's quite possible.

GK: I'm sure that as I think of it later, I'll come up with very clever things that I should've said, but yeah, it's hard to say – nothing really leaps to mind. We've talked about a lot of things.

BK: I think we've covered a lot of ground. Great, well, I just want to say thank you before I turn off the recording.

GK: No problem.