

## HIV in My Day – Interview 18

**December 20, 2017**

**Interviewee: Gordon McKillop (GM); Interviewer: Ben Klassen (BK)**

**Ben Klassen:** Sitting down this morning talking to Gordon. Thank you so much for taking the time to talk to us and share your experiences.

**Gordon McKillop:** I'm looking forward to it.

**BK:** We're very happy to have you. We like to start these interviews by asking – by way of an icebreaker, I suppose – how you first became involved in the gay community or started engaging in gay life?

**GM:** That would have been when I lived in Toronto between '67 and '93 – or '79 rather. I lived in Toronto. Toronto was not gay-positive at the time. It was actually quite hostile. The fifty-two division, which was the downtown division, participated in lots of entrapment. There were two gay bars – beer hall kind of places – the St. Charles Place and the Parkside Tavern, owned by straights. And the straights that owned the Parkside were quite homophobic, so they allowed the police to install an observation room looking in on the men's washroom so that they could catch people trying to do things. And one day they caught a thirty-something-year-old gentleman who freaked out. They put him into a chokehold. He died. Not the first, probably not the last. They also had a reputation – and I've spoken to people who had this experience, where they'd be picked up and taken down to Cherry Beach, which was sort of an industrial beach on the Toronto waterfront, and the cops would beat the piss out of them. So, there was a lot of police on gay violence. The politicians were equally hostile to the gay community.

I remember in the early-'70s, going on Halloween – you know, the big gay night – and the St. Charles Tavern on Yonge Street was hosting an event and there were going to be – I'm not sure of the details, but there were going to be a lot of drag queens there, so maybe it was going to be a drag show. So, I thought, "Okay, well this is something I know about. I can maybe go to this." And I was still coming to terms with being gay myself. I got off the subway, turned the corner onto Yonge Street, and Yonge Street was closed off from College up to two blocks north with police on horseback making a semi-circle around the front entrance of the Parkside and thousands of people on the street in front waiting for the queers to run. And that's what they had to do was run into the front door with things being hurdled at them. So, it was quite a hostile place to be. There were some incidents that happened that – *The Toronto Sun* was just getting started and it really got on the bandwagon. There was a newspaper boy, Emanuel Jaques, who was brutalized and murdered and so on – it was an absolutely horrible story. And the lead reporter, Claire Hoy, who's just a turd in a suit, did nothing but whip up sentiments against the gay community and so on. So, fast forward a few years later and the attorney general, Roy McMurtry, a devout Catholic, approved and helped with the infamous bathhouse raids. So, that was sort of the context of my time in Toronto was, yes, there was this flowering of hippie and freedom and so on. At the same time, there was a lot of oppression going on.

I realized fairly early that I was gay – very early that I was gay. I became sexually active at a very young age by my own choice. I found out where to go and we happened to live downtown, and David Balfour Park is one of the craziest parks, at least at the time – I lived two blocks away, as I discovered. So, I was coming to terms with that, eventually did come out when I was sixteen to my family and friends. I came out to my family, I wrote letters to everybody I knew and said, you know, “This is sort of the way it is and this is who I am. And if that’s something you want to talk about, I’m open that. And if not, if this is the end of a friendship, I’m sorry about that.” It was interesting. About half the people, it was – that was it. You know, it wasn’t something they were comfortable with for whatever reason. I figured it was their issue. I didn’t bother exploring [laughs] because I didn’t need to. But I knew that at that time there was so much going on in my life and my family life that this was something I needed to get off the plate, because there were a lot more serious issues to deal with than Gordon being gay, so I got that out of the way. And when I moved out to the coast, I was absolutely out as gay and have never thought of – I don’t hide my light under a bushel.

So, living in the West End – I moved to Vancouver, right into the West End, and except for about six months, my entire time in Vancouver was in the West End. And I was never physically assaulted but certainly verbally assaulted. People would drive by and say “faggot” and “queer,” and sometimes something would be thrown. And these would usually be yabos from Surrey or Richmond or one of the suburbs who’ve come into town to have a little bit of rabble rousing, and if they saw any man walking on the street in the West End, well, they were gay whether they were or not. And any women walking the street, she was probably a prostitute, because street prostitution was an issue in the West End until ’81 or something and they passed a – basically kicked them out and said, “You’ve got to be over somewhere else.” That’s a whole different set of issues and I have mixed thoughts on that particular issue. But coming out, I was absolutely out. Vancouver had a fairly vibrant gay scene at the time. There were – I couldn’t verify but probably maybe a dozen gay bars or something. I mean, you could literally go out Friday night and Saturday night and taxi from bar-to-bar and have a great time both nights and not hit the same bar either night. You can’t do that anymore, of course. [Laughs] And people don’t drink and that’s maybe a good thing, but that was the culture at the time. So, there was a lot of – and a lot of gay people lived in the West End. It was affordable. There were not even half the number of high rises that there are now. There were a lot of low-rise, three-story walk-up buildings, a lot of houses that had been converted into flats, and so on, most of which have disappeared. And that’s dispersed the gay community because there’s a lot of people who don’t make much money in the gay community... So, as far as being out – yeah, I was out.

I felt the early-’80s, maybe up until about ’83, was really great. And then things started to go sideways. People were getting sick. I knew someone who was a friend of friends – a friendship network that I became a part of – and he was sick with something mysterious and decided, “Well, I’m going to go off and do whatever I always wanted to be.” And he became a pool boy in Palm Springs and died within a year. Now, we would probably know it was pneumonia most likely – PCP. But you know, at the time, nothing was really known. Then the CDC came out with this report about strange illnesses amongst gay men in San Francisco and New York, and that caught my eye. I thought, some mysterious illness that’s aimed at gay men – what’s going on? So, I paid a lot of attention, as did a lot of people in Vancouver start to pay a lot of attention. There was also a lot of denial because, speaking with friends, they would say, “Well, that’s – I’m

not going back into the closet. I'm not going to be oppressed again. I'm living my life, I'm a sexual being. I'm going to continue to be active and live my life." And an awful lot of those people are dead. A lot of them are long-term survivors but a lot are dead. You know, in the early days, there was nothing. The stories are apocryphal to many in the community, but I certainly know people – friends, co-workers, and so on – who, the way they were given their diagnosis was, "Oh, well, you've got AIDS. Go home and die," basically. You know, "You've got a week to live," kind of thing, because nobody knew. They just knew that, okay, these certain things – there's not very much we can do in terms of treatment. You're going to die.

St. Paul's – god bless the nurses and orderlies and so on who didn't allow their fear to succumb to them, because an awful lot unfortunately – the early days, you didn't know... I don't blame them because the fear of the unknown is valid, but food trays would be left outside rooms. People would refuse to go into – they'd know that this was somebody who was infected. Going to visit people in the early days, you'd be suited up in like a hazmat suit – head-to-toe everything covered, mask, the whole nine yards, which, you know, for the patient was probably a good thing, because they weren't being exposed to anything further, but that wasn't the rationale for it of course. [Laughs] Unfortunately, a lot of those – mostly men at the time – by the time they got into the hospital, they were so sick. There was not much, you know. Somebody who was a body-builder, mid-twenties – twenty-eight I think – like, poster boy for this is what you can do if you build your body and do it right kind of thing. And he went into St. Paul's emergency with terrible, terrible headache and pains and so on, and he was dead within a week. He just wasted in the space of seven days. It was amazing. So, you could see that – people with Kaposi's was not uncommon to see. Somebody – if you were out on the streets in the West End, you might very well see someone with a spot or more. I remember meeting up with a friend and his friend for lunch one day and sitting in the window in the corner in what was then Andy's Diner – it's now... oh, some other restaurant – Thurlow and Davie...

**BK:** Is that Hamburger Mary's?

**GM:** No, that's Bute.

**BK:** Oh, that's Bute, of course. Thurlow...

**GM:** It's a stone building. It's a nice building.

**BK:** It's across the street from the Starbucks?

**GM:** Yeah, Andy Clarita's. It was called Andy's at the time.

**BK:** I think it's a Denny's now.

**GM:** Denny's. That's it. Well, sitting there in the window with this one chap, and he was like a leopard – literally. I mean, there were spots everywhere. He was in a lot of pain because, you know, Kaposi's is painful. And he died not too long after that, so... I think I've gotten off onto some tangents here, but I'm sort of giving you a bit of stuff.

**BK:** It's great.

**GM:** You know, I moved to Vancouver from Toronto at the end of '79 because a lot of death and dying in the family. I thought, okay, I need to have a fresh start, and basically went from the frying pan into the fire, because there I was in the heart of the West End. And as I said, at one point, the folks that were forming what became AIDS Vancouver were meeting in a friend's apartment just down the hall from where I lived. I became aware of what was going on. AIDS Vancouver got formed and had public meetings. I remember going to a couple of them at the West End Community Centre. The first one at least, Gaetan Dugas was there. And I... would say I was slightly acquainted with Gaetan Dugas, because he was involved with people I knew – friends with a couple of them and sex buddies with a couple of them. So, I was sort of aware of – when the name came out, I was like, “I know who that is. I've met that person.” [Laughs] It was interesting. But the public meetings were – like, “We don't have much information. This is what we've got. We don't know how it's communicated. It's presumably not airborne because we're not all dealing with it, but we don't know.” There was so much uncertainty still happening. So yeah.

**BK:** What did those early... You talked a little bit about where you were first seeing the epidemic and where you were first hearing about the epidemic. Seeing it – you had a friend, and then reading about it in the CDC...

**GM:** Yeah, the CDC had reports that got reported in *Time* magazine and the national news, and stuff like that I watched. I'm a bit of a news junky so I tend to watch one of the American news channels to get their corporate American point of view on the news, and I watch the CBC and read all the newspapers – I'm a news junky. So, this is something that I came across – watching one of the American news shows was the first I heard about it. And then there was the *Time* magazine little blurb about it – it wasn't much.

**BK:** And *The New York Times*, I think.

**GM:** Yeah, and there wasn't really much. And for a number of years, PBS did a number of really good in-depth reports – really good in-depth reports on AIDS – what is it? What is the progress being made? It was really a very good series and I think they would show up two or three times a year. I'm sure they have them in their archives. I would recommend going back and taking a look, because some of the early stuff is really good – the people they are interviewing and so on.

**BK:** I should take a look at that. That sounds like it would be very interesting.

**GM:** Frontline I think was the – but PBS and it was a Frontline thing.

**BK:** Was the information that was being shared at those first few AIDS Vancouver forums, was that a lot different from the other information you were encountering?

**GM:** No. They were talking about what facts they knew, which were minimal. [Laughs] “Here's what the CDC is reporting. This is what we're anecdotally seeing. This is what we're hearing from friends, colleagues, in these cities,” because people would have friends in L.A. and San

Francisco and stuff. So, they would speak with people and it was sort of anecdotal information in the very, very early days, and a lot of fear. So, they were trying their best in those meetings to manage the fear that was palpable in the community. Yeah, they were as – with the facts, they said, “This is what we know, this is all the stuff we don’t know. Treatment – there isn’t anything,” at that point. “Lead as healthy a life as you can” – you know, try to eat your fruits and vegetables and all that good stuff. But basically there was nothing medically in those very early months. Yeah, AZT didn’t make an appearance for a couple of years – a few years. So...

**BK:** Was part of the advice have less sex or...?

**GM:** Part of the advice was – and it was very controversial. There was a lot of heated discussion about that, but, you know, trying to get across the idea of maybe moderating your sexual activity, asking questions of the person you’re getting involved with. But really there wasn’t much they could say, because they couldn’t say “this is how it’s transmitted” or “this is how it’s not transmitted.” There wasn’t enough information. They could say, “It doesn’t seem that it’s airborne” – would be sort of the most definite thing they’d be able to say, because the scientific evidence was minimal.

**BK:** And how were you reacting to that information as you were encountering it?

**GM:** Uh... With a certain amount of fear. I was worried that it – you know, for me, it may be already too late, that I may already have been exposed, however it is that we get exposed. But, you know, a lot of fear on my own part and fear for my friends, and you know, I’d talk about it with them. Any time any literature came out, it was out – I had it, it was on the coffee table, it was – I would always have a little stack of reading material in the reading room, so it was always on the top, so anybody could just surreptitiously find out some information. I mean, I was sort of doing guerilla [laughs] education, if you will, in that sense, because talking about it with some of my friends – they were very resistant, but maybe if they were to just casually – oh, they might read something, and it might maybe trigger something. Unfortunately, maybe they were already exposed. I don’t know.

**BK:** Yeah, I imagine that was a pretty prominent means of sharing information. It wasn’t always through formal – it was also through just conversations with people.

**GM:** Yeah, exactly. Word of mouth – have you heard? Did you hear this? I mean, there was a lot of that. At certain point, in ’86 – June of ’86, I got involved with AIDS Vancouver in a formal way. That was a conscious decision, because I thought, “Okay, once you start this, Gordon, there’s not going to be any stopping. You’re opening – you know, this is a path, you’re opening a door, and it’s going to be a bloody rough path.” So, I held off until the summer of ’86, because I could see what was happening with friends and the community and stuff, and I finally thought, “No, I need to do something. I’ve got to become more proactive than just with the people I’m most closely associated with.” In my work life, I had lots of telephone experience – hotel switchboards and so on – so I thought, “Okay, well they’ve got a help line. I know how to talk on the phone, I know how to listen” – active listening skills, all that good stuff. So, I’ve got maybe a better starting point than some other people who would be coming forward to do that, so I got started on that. And I got more and more involved... [laughs] with AIDS Vancouver.

**BK:** What shifted your degree of involvement? Was there something kind of sparked that?

**GM:** AZT had come out, so there was something that – maybe we can start to get a handle on some of what’s going on. More and more research was resulting in more and more information. And I just thought, “This is a way for me to help the community and it’s also a way for me to help myself, because I’ll be there, I’ll be involved.” As soon as the testing did become available, I made a point of having myself anonymously tested – gave them a fake name and everything. [Laughs] Which was not at all uncommon and I advised many people who were inquiring, “That’s probably the way to do it.” Create a name that you’re not going to forget – birth dates, whatever it is they’re asking as identifiers – because there was still a lot of fear. The Socreds were in power at the time – Social Credit – pond scum, excuse the political editorial.

**BK:** That’s a nicer phrase than most people have used.

**GM:** Yeah. Well... What was his name? I want to say Ted Rogers – but Rogers – Tim, Ted, something like that – was in the cabinet, became the speaker of the house at one point in the provincial legislature, and his brilliant idea was, “Well, let’s all gather them all up and put them on an island off Haida Gwaii” – basically, put us on a rock and let us die. So, there was a lot of hostility at the provincial level about gay information, how to have gay sex. I mean, AIDS Vancouver was – when it got started and got some initial funding, it was really under the eyeball as far as any information going out from them, any publications. They really had to toe the party line as far as not stepping on too many toes, because the funding was always under threat: “You do that, and we cut your funding.” So, there was that. We were very fortunate that Dr. John Blatherwick was the medical health officer at the time. He was very supportive and did not allow prejudice of any sort to – and I’m not saying that he had any prejudice, but other people would allow prejudice to colour their decisions and their thoughts on how to go forward, and he didn’t allow any of that. His was always medical science-based, fact-based – this is the way to do things, and would it explain it in those ways and was supportive. And we were fortunate that the city of Vancouver had some councillors and the mayor who were supportive of AIDS Vancouver – Mike Harcourt, Gordon Campbell. I don’t like Gordon Campbell for other reasons, but they were supportive. They made sure that AIDS Vancouver and other organizations did have some degree of resources at least. It was never a blank cheque but they certainly provided a lot of help. And political help as well because they were doing this, which was contrary to what the Socreds might have wanted.

And of course, the then Progressive Conservatives under Brian Mulroney were in power, and the federal minister of health was a towering piece of shit – again, excuse the Latin. But he blocked all sorts of initiatives for safe sex and everything, all because of his fundamentalist religious beliefs. A totally wrong person to have in what should be a science, fact-based kind of cabinet position – somebody with his religious ignorance. So, it was not supportive at the federal level. And when they finally got rid of him – and I’m not sure exactly on timing. There of course was – the International AIDS Conference had happened and the then – was it Jake Epp was the Minister of Health? – was basically told by the world that he was a turd. But the federal government finally got behind a lot of initiatives through the ministry of health, men’s wellness programs and so on. Started to be able to do things. We started to be able to get funding and have

more explicit kinds of material. We had to be very careful about where it was put out, some of it, but some of it was very, you know, specific – geared towards, say, the leather community or... etc. They would try to target certain things to certain communities. So, that would be something certainly interesting as far as your research, to get a hold of some of those early...

**BK:** I would love to see some of those early safer sex campaigns.

**GM:** Yeah, exactly. And see the evolution of those safer sex campaigns, from being somewhat tame to being, “Oh my goodness, that’s a raunchy thing.” But speaking to that community and language that they’re going to understand and accept. And in time, of course, we got – AIDS Vancouver got more involved with more diverse ethnic communities, the Downtown Eastside, etc.

**BK:** Yeah. I think it’s important when we talk about government responses to epidemic – you’re completely right in saying we need to talk about these different levels, because the local government was actually behind AIDS Vancouver fairly quickly, whereas the provincial government, not so much.

**GM:** They saw it. They lived here, they saw it on the streets. You know, that’s the thing that the young generation doesn’t realize. You’d be walking down the street and you’d see cadavers walking down the street. It’s a brutal way of describing it but these were the walking dead. They had not died as yet but they were skeletal – wasting was a very prominent thing you’d see – AIDS face, where all the flesh has gone from the face, arms that would be like that. People with Kaposi’s – people that were visibly not well. There were certainly people who had the virus who – there was nothing visible. But I think that was the reality for people in Vancouver. *The West Ender* newspaper, which now I gather has ceased publication, which is a shame, but they made a point – they made a conscious decision at some point to – if someone died and they want to have, you know, their loved ones want to place a photo ad, I think they got a special rate for that. So, *West Ender* is once a week. You’d open up the newspaper. The first thing I would go to is the “obits,” and a light week there’d be five, a heavy week – page, page, page – there’d be ten or fifteen. A lot of people would not have a photo. A lot of people would not put anything in the obits about this – it would be a generic obit in *The Vancouver Sun* that someone died suddenly, or something like that. They’d use some euphemistic term because there were a lot of families that did not want to acknowledge that son had died from HIV/AIDS. So... That was the reality was you’d see it in the media – you know, *The West Ender* and various related things in the local news, and just walking down the street. I mean, riding the bus in downtown. St. Paul’s hospital was the hospital to go to. The Infectious Disease Clinic got started and based there, and that was the place where, “Okay, you’re HIV,” you go there, you get your meds when meds became available. You got support – there were social workers and so on there, but it was medically-geared support. So, there was – HIV/AIDS was very much in your face on a daily basis. If you lived downtown, you could not – you’d have to have your head buried [laughs] in the sand really hard to not be aware of it.

**BK:** What was it like seeing it in that visceral way constantly? Did it feel like an omen or something that would... We’ve heard some people say that they saw their future, essentially, when they saw people...

**GM:** There was, certainly early on – that was the fear. Is this going to happen to me? Is this going to happen to everyone I know? That was – certainly that sort of general fear was like a low-lying hum. So, that was kind of a constant thing and then there'd be spikes because somebody that you know or, you know, "I don't know this person but I see them every day. I ride the bus to work with them," and over the course of short period of time, you see them wasting away. So yeah, it's... It almost got overwhelming. Yeah, almost got overwhelming before there started to become AZT and then versions of the cocktail and so on, but before that – yeah, it was – like, is it going to stop? It was just getting worse and worse. More and more people. The ads were going from this size [smaller] to be this much [much larger], kind of thing. There were funeral homes that would not handle people who had died of HIV. There were doctors that refused to see patients, there were dentists that refused to see patients. There were nursing professionals who, in the early days, wouldn't go into the room. So, there was – a lot of that fear was personalized, but a lot of it was around, so you couldn't help but pick up on the fear of the other people and just multiplying it and expanding it, you know? I didn't get overwhelmed because I'm here. [Laughs] But people did. People did. People moved, people left – went to other places – small towns or other cities because they couldn't deal with it anymore because they knew too many people, so a change of scene was hopefully going to... But that's a fool's errand, frankly.

**BK:** By the time HIV testing became available, what was your rationale behind deciding to get tested, because I think there were people who were very resistant to getting tested at the time?

**GM:** There was no – you could be tested but there was no treatment, but I wanted to know because it's like, "Okay, well I've got to make choices about my life, you know. If I am positive, then I've got certain choices I've got to make. If I'm not, then I've got a different set of choices that become available for me to make. But I need to know, one way or the other." It's the not knowing because the not knowing had been such a big part of that experience for a number of years already by the time the test became available. But as I said, still a lot of fear about being tested because, I mean, [laughs] it was anonymous – I gave a fictitious name and date of birth and the whole nine yards, then had to go back two weeks later and remember what name you gave. [Laughs]

**BK:** Part of the rationale, the decision-making is also, "If I find out that I am positive, what am I actually going to do with this?" because there's no options for treatment.

**GM:** Yeah, it wasn't a matter of making choices about medical care or anything, because there wasn't any choices about medical care. It was more about work and where do I live and so on. My parents were long-dead but my sister at the time was still living in Ontario, so would I go back to Ontario before I died? I mean, you know, all those kinds of things are – or, you're negative, so you can pursue your career and do other things. Yeah... It was just important to know.

**BK:** A way of dealing with the fear, I guess.



**GM:** Yeah. Certainly, once treatment options started to be available, I really pushed, I promoted – “Go ahead and get tested. You can do it with your GP or do it anonymously through the testing clinic over in the Fairfield area in Vancouver.” I think it was actually by VGH – Heather Street or something?

**BK:** Was it on West Fourth? It wasn’t in Kitsilano, right?

**GM:** No, I think it was around VGH somewhere. It was part of some big building. It wasn’t a little hole-in-the-wall kind of place. City health, maybe? I can’t remember.

**BK:** Because there had been a big push to actually get a testing – a viral testing lab in Vancouver.

**GM:** Yeah. And then when testing became available and treatments became possibly available, you know, okay, you’ve got to know are you positive or not? Do you start treatment now? Like it’s – there are options. I’m all about having the information so that you can make an informed choice and certainly – and I worked on the AIDS Vancouver help line for a couple of years, got further involved and did all sorts of stuff. But certainly, I would promote that to people and they would call, and I would say, “Well, here’s some options. You can choose to not be tested. My recommendation would be it might be better to be tested just so that you know, but you know, you have to be – before you do that, you have to know, “How am I going to react if I’m positive? How am I going to react if I’m negative? You want to prepare yourself for that piece of information as best you can. You know, do you have supports – friends, family, etc. – that can help you through this process?” So, you know, it wasn’t just a matter of “Go out and get tested,” it was “Let’s explore this whole thing.” But certainly, I was gearing towards, “Ultimately, I think you’re going to want to be tested so that you know, and then you can make a choice to start with AZT on not.”

Certainly, when AZT just came out, when they first dosing people, it was massive, massive doses, and poisoning people, basically. But it’s how so much of science progresses is that at some point you’ve got to at some point try it on a live human and see what the effects are. So, there was a lot of pressure to get something out. I think that’s something that the gay community and the people that supported the gay community through this can take a lot of heart to is how there is now an accelerated procedure for getting access to experimental drugs and so on – much more expedited than it used to be if you could even get access to some of those things. So, for the whole community, not just for the gay community or the HIV community, I mean it’s now available for – women dealing with breast cancer, for example, have quicker access than they would have, because all this fighting was done in the ‘80s, you know.

**BK:** Yeah, that’s a profound legacy of activism – AIDS activists.

**GM:** Yeah. ACT UP. ACT UP Vancouver. I was at the first meeting. [Laughs]

**BK:** Oh, wow.

**GM:** I and my colleague, Bridgette, were running what was then called support services at AIDS Vancouver. I was running the buddy program and she was a counsellor – a counsellor-therapist – and we did a whole bunch of [laughs] stuff. And one of the things we went to was this meeting that David Lewis was organizing over in – I think it was at his place in Kitsilano.

**BK:** That was in Kits, yeah.

**GM:** Yeah, somebody's place in Kits. I think it was his. We sat outside in the yard and it was a nice day, and there were probably twenty people there: some activists – people like John Kozachenko, David Lewis – there were all sorts of people from various communities within our community there. Now Bridgette and I, because we were with AIDS Vancouver had to toe a careful line because, okay, you're talking about AIDS activism and doing ACT UP stuff and having die-ins, and all that kind of stuff. And because of our funding, we've got to be very careful about – so we were very supportive and stayed for the initial, general – and then when they started to get into more specific discussions, we said, "Okay, we've got to now excuse ourselves. We're in total support. Give us a call," [laughs] kind of thing. But unofficially. Officially we have no comment because it would screw up the funding. We would have lost it.

**BK:** And so that was the extent of your involvement in...

**GM:** That was the extent of – our involvement was to be supportive as best we could. And certainly – you know, I mean I participated in some die-ins and things like that, marches. John Kozachenko was a real in-your-face activist at the time, so he was at everything, he was at – and with his camera.

**BK:** And getting arrested a lot.

**GM:** And getting arrested a lot, and generally ACTing UP. He was – to my mind, he was the template for, okay, this is what you want to do when you ACT UP is do what he is doing. Because he was effective, he got into the media, he made enough of a stink that there'd be a reporter there, some attention would be paid, and that's what ACT UP Vancouver did. Yeah, they had die-ins. I believe they came over to Victoria at one point. There was blood on the steps of the legislature. I don't know if it was actual blood.

**BK:** Hopefully not. [Laughs]

**GM:** Hopefully not. I think it was just red dye number four or whatever. But yeah...

**BK:** I think they threw condoms on the Socred government from inside the legislature.

**GM:** Hey, here's a little side-track. Years ago, Anita Bryant, the orange juice queen came out and said nasty things about gay folks. I lived in Toronto at the time and I was involved with the Gay Alliance Towards Equality group. The reason for my involvement was they had a once a month community dance at the 519 Community Centre on Church Street, so I helped – I tended bar, was one of the people tending bar. So, that was the extent of my involvement. I thought, "Okay, here's a positive thing. It's not a place that's owned by homophobic straights. The

community can come out and drink safely and party safely, and you know, have a good time.” But there was a political component and we found out that Anita was going to be speaking at the People’s Church Temple thing in north-central Toronto, and this is one of those mega, 2000-people churches – or 3000, whatever it is. So, we managed to get in. There were five or six of us in a row and when she started her speech, we stood up and turned our backs and started chanting something about gay rights and “No to hatred,” and that sort of stuff. And unbeknownst to me – I didn’t know this was going to happen, but somebody from our group had managed to get into the main part of the – just in front and there’s Anita. He came out with a pie and pied her.

**BK:** I think I’ve seen that, actually. Yes.

**GM:** So, rabble rousers. [Laughs] So, little side-track. The activism comes from a long way [back].

**BK:** I think it’s a really important thing to capture because all the activism that happened around AIDS, there was an infrastructure in place from the ‘70s, from gay lib.

**GM:** From gay lib. I mean, *The Vancouver Sun*, the paper of record for BC at the time, refused to use the word gay for the longest time. It would only use “homosexuals.” I think they would use the word lesbian – I’m not sure about that, but certainly homosexuals. And it wasn’t until fairly recently, like in the ‘80s, that they finally changed their policy. So, I don’t know if that was because of a change of ownership of the paper or what caused that, but I know there were lawsuits. People did bring complaints against the paper.

**BK:** There was definitely a GATE chapter in Vancouver in the ‘70s as well, so it’s interesting to tie these things together, because a lot of the tactics that ACT UP ended up using were taken from those types of events – disrupting public spaces.

**GM:** Absolutely. Well, Toronto [laughs] – a lot of hippies, a lot of counter-culture. Back in 1972 I think it was, the president of Russia, came and was – it was a state visit or something like that. And he was in North York speaking at something or attending something, and so mother and I and a whole bunch of other people went out to protest, because it was all about getting the Jews out of Russia because they wanted to emigrate to Israel, and Russia wasn’t allowing any Jews to emigrate – I mean, two or three. So, we were protesting and Toronto police come along on horseback and try to separate us from [laughs]... So, my mother was involved right there with it, so I guess I come by it honestly by family as well.

**BK:** Since we kind of jumped back in time...

**GM:** [Laughs]

**BK:** We will come back to – I mean, I definitely want to talk about... You’ll have a lot of insight into what the buddy program looked like, which I think is really important for us to capture. But when you moved to Vancouver, was that when you got *really* involved in the community? Were you involved in the community in Toronto?

**GM:** I was involved in the community in Toronto through GATE doing the community dances and stuff, and there were things that we protested. One member got arrested for putting a poster up on a post office box – you're not allowed to post anything on the queen's box. So, we attended court and bore witness. It was interesting. I'd never been to court before. [Laughs] It was very interesting. But you sort of do what you do.

**BK:** You talked so much about police hostility in Toronto. Was that any different in Vancouver?

**GM:** Uh... My experience of it was different in Vancouver in that the West End was – there was a real concentration of gays and lesbians in the West End, much more so than there is now. But in the '70s and '80s, you know, the West End was – the majority of it was three-story walk-ups and houses that had been divided into suites and stuff, so a lot of affordable places for people to live. So, a natural concentration. And my experience of the police and what I heard from friends was very different from Toronto. They weren't necessarily supportive the way they are now, but they weren't so openly hostile to our experience. Now, that's the West End and I'm a white gay male, so my experience is going to be different than somebody whose heritage is Asian or something like that, possibly. Certainly, in different areas of the city, I'm sure there were different kinds of experiences. And probably in the West End on an individual basis, I'm sure there were police officers who were maybe a bit prejudiced. Yeah.

**BK:** But there wasn't this systemic raiding of bathhouses.

**GM:** Yeah, there wasn't this systemic horror show that there was in Toronto at the city level. The horror show was more for the provincial government and Jake Epp at the federal level.

**BK:** Then fast-forwarding a little bit again, you saw ACT UP as doing something that was necessary?

**GM:** Absolutely. Absolutely because we still needed to push – the Socreds were still the provincial government, the Conservatives were still the federal government and were not generally supportive of gay people, let alone gay people who happened to be sick with whatever. So yeah, there was a lot more hostility on those levels and therefore a need to "ACT UP." Official organizations like AIDS Vancouver that got government funding, you can't do political activism – it's just part of how you get the money is that you're not doing political activism. So, a lot of the same people might have been involved in ACTing UP, but not under the aegis of AIDS Vancouver or the PWA Coalition.

**BK:** So, when you were involved in die-ins, you weren't there as a representative of AIDS Vancouver, you were just there as a person.

**GM:** No. Yeah, as a citizen.

**BK:** I think Bob Tivey I think – he got fired because of that.

**GM:** Yes. We can talk about that. A friend of mine who I'm still friends with and I were working the help line that day, so we were ear witnesses to some of what happened. There had

been – Bob had written – written? Yeah, he’d written something – I can’t remember if it was a letter to the editor or an editorial or something, and had said then something then that was perceived by board as, “You’re promoting activism. You can’t make political comments.” And he was excoriating the Socreds for something I believe. It’s a long time ago, you know, so it’s a little – [laughs] a little hazy on some of that. But there we are, [name] and I, and Bob comes into the office and goes right into his office and closes the door – sort of unusual for Bob, because he was usually like, “Oh, how’s it going on the help line today? Anything happen?” There wasn’t the usual banter. And a minute later, Alan Herbert comes in and goes into Bob’s office and the door is closed. And – scream, scream, scream, *scream* – and Bob was out the door, and that was it. So...

**BK:** Wow.

**GM:** Yeah. It really was revealing to me in a very sad way, because I had and have a lot of respect for Bob Tivey. I think he did a tremendous amount to help his community, as did all the people that started the organization. I mean, they really put themselves out there. And I can really understand his frustration, you know, coming out and being – making a political comment, totally understandable. He could have said a whole lot more, I’m sure. But the reality was the board had to say, you know, “We can’t do political stuff and this is raising a stink. And we’ve got to keep the organization going because it’s too vital to not.” So, he was turfed and it was sad. You know, it was sad the way it happened. And I don’t know what happened at the meeting before everybody came into the meeting, but I wasn’t happy with Alan Herbert after that.

**BK:** But it does show you the ramifications of – just because funding was so relied on...

**GM:** Yeah. There was funding from the community, there would be fundraisers and stuff, but we’re talking about big bucks. You’ve got to pay big rent, you have to have people on staff. Yeah, you can have a whole lot of volunteers and run a fairly bare bones things, but you’ve still got to come up with a gob of money because you’ve got to have permanent, regular staff to do all that background stuff that supports the volunteers. There’s no two ways about it, that’s a big cost, you know. And you multiply that by having volunteers. So, I think AIDS Vancouver did very well in that regard. We got good funding from the city and from the feds... eventually. And then through the volunteer effort, I think the dollar was magnified by a factor of ten, because there were so many people actively involved. AIDS Vancouver at the start – it was AIDS Vancouver and then fractures started to happen and there became the PWA Coalition and Positive Women’s Network and various other – First Nations got much more actively involved themselves, organizationally. So yeah.

**BK:** I want to talk a lot about AIDS Vancouver because I think that’s probably where a lot of your personal experience was, but do you remember when safer sex became a thing that was being talked about, because in the early stages there’s not enough information to really...

**GM:** We didn’t know what was safer...

**BK:** Exactly.

**GM:** There was no way to know. I'm guessing, like '84. I'm thinking it was a couple years before I started my active involvement at AIDS Vancouver. And there was a lot of couching of the information – you know, “We believe this to be the case,” that sort of thing, because we couldn't say definite – yeah, “You can definitely do this and not risk exposure.” That's the “low risk” or whatever. People would press us for, “What are the odds... If I do this, what are the odds of...” We never got into that because we couldn't. There's been studies done since then that provide some kind of guidance about that. It was, you know, it only takes once to become pregnant or become exposed.

**BK:** Well, and it depends on so many factors. I think it's still a bit of a guessing game.

**GM:** Yeah, exactly. You sort of play the odds a bit. Know as much as you can about your own health and the health of the person you're with and try to play safe, and hope for the best. [Laughs] Certainly a lot easier to do now than it was, you know, twenty-five years ago.

**BK:** You also mentioned earlier that there was a lot of debate within the community about – “Okay, so does this mean that we should stop having sex or have less sex, or should we just continue on as are we, because this is what we do as gay men?” Did there end up being some consensus that formed around safer sex as the solution or...?

**GM:** In the early days, no. In the early days there were – I mean, I abstained. I just became celibate for a couple of years [laughs] because I thought it's just too risky – I don't know, there's not enough information. And I thought no, I'll be celibate. Other people, absolutely not: “You're putting me back into the closet and this is life affirming,” and so on, and they didn't let up at all. Some people moderated some of the things they were getting involved in. But there wasn't real consensus – even amongst friendship networks, there wasn't consensus until HIV had been identified – “Here's what it looks like under a microscope.” So, they figured out what it was, figured out the most likely routes of transmission, so that you could then come up with something like, well there is something called safer sex. It's not “safe” but it's “safer than.” And, you know, the odds are better if you're practicing safer sex. And I think that became, for the majority of the community, the accepted norm.

But through the '90s, you know, there was still a percentage – and I would hesitate to say a significant percentage or I'm not sure how big it is, but there was certainly a portion of the community that said, “No, we're not going to participate in that.” Barebacking was a popular thing and probably still is amongst certain segments, you know? And that's unfortunate because I think that's – you're playing with – it's more than Russian roulette, it's worse. Russian roulette, if you lose, you're dead. With HIV, if you lose, well... you're not going to be dead quite yet and maybe the route to get there isn't going to be what you thought it was. Something that people at a certain point – I could tell that we forgot that people died of other things because somebody died – somebody in my circle had a heart attack, died, HIV negative – wasn't part of – was a total shock to everybody because it was so unexpected. Not even fifty. And that was a shock because, “Oh yeah, people do die of something other than HIV. That's right.” Because we were just so consumed. You know, “So-and-so is sick, so-and-so has died. Well, it's HIV. What was it? Was it Kaposi's?” I mean, that was just the automatic way of thinking about these and then, “No, they got hit by a car.” Oh, right. [Laughs]

**BK:** Yeah, it would feel like an anomaly.

**GM:** Yeah.

**BK:** When safer sex – I guess institutionally, AIDS Vancouver was probably promoting that idea starting at some point. For you, did that mean that, “Okay, I can actually start having sex again. I just have to do it in a different way,” or...?

**GM:** Yeah, it did but I didn’t. [Laughs] It did mean that, but it took a long time. Yeah, there was a little pin – “Silence = AIDS = Death.” And there was another one that “Sex = Death.” And it was that connection that had become hardwired that I had to un-hardwire, and it took a lot to do to shake that off and say, “I actually can do this and there’s a safer way of doing this and being involved,” and keep myself safe.

**BK:** Because it’s not always a rational decision. It’s emotional, it’s based on fear, but living with that kind of anxiety does weird things to your libido I’m sure, too.

**GM:** Yeah, absolutely. So, subconsciously, the “Sex = Death” equation, I think certainly for myself, and I think for a good number of people in the community was a reality in our psyche if you will. You know, it was something that you had to work on and... Safer sex parties became a thing at one point in the... I guess late-’80s in Vancouver. There would be “Okay, we’re going to have a little orgy here but it’s going to be safer.” So, there would be a pile of condoms and the appropriate water-based lube and reading material if you want reading material. [Laughs] Whatever. And take a goodie bag with you when you go so you can play safe. So, there were some of those that did happen. There were certainly safer sex educational things that would happen, sort of along the lines of a Tupperware party, but in the privacy of somebody’s home and you’re asking intimate questions and so on, and it’s sort of a safer place to be. At the time that I was involved with AIDS Vancouver, they were on Davie Street in an office building, so it was an anonymous address. You could be going into the building and, “I’m just going to see my optician or my accountant.” Yeah, there were a lot of other businesses in that building.

**BK:** Is that building that Health Initiative for Men is in now?

**GM:** Maybe. It’s got a restaurant on the ground level.

**BK:** I think that’s exactly – 1033 or something.

**GM:** Yeah, that’s it. So, it was an anonymous building that people could go into, but then we moved to Richards Street and that was a standalone building, the architect’s building that we were in at one point – a really neat building. But if you were seen going in there, well, “Okay, you’re going into AIDS Vancouver. Why are you going into AIDS Vancouver?” You know, questions would come up. There was a lot of – at the time, that was “Boystown,” that end of Richards, so a lot of street-involved...

**BK:** Hustlers.

**GM:** ...Yeah. A lot of street-involved activity... [Phone rings] Excuse me.

[End of video 1, 1:10:53]

**BK:** So, you were just talking about people physically having to go into AIDS Vancouver.

**GM:** Yeah, going into AIDS Vancouver when we were on Richards Street – it was 1172, I believe. There was a front door and a back door, but if you got seen, that could be an issue for people. So, Bridgette and I would go out and meet with people one-on-one or the two of us depending on the situation so that people didn't have to come to us to get assistance. Now, at the time, and this started before – back up a little bit. So, I started with AIDS Vancouver as a volunteer in the Summer of '86 on the phones. The following Spring, I helped Michael Welsh, who ran the support services section and the buddy program. Helped him organize the buddy training, which was a two-weekend affair – Friday night, all day Saturday, all day Sunday for two weekends in a row – it was really intensive AIDS 101 stuff for buddies. So, they would go through a lot to do that. I became a buddy myself. I had – over the course of time, I had three different official buddies who all passed away. So, I went through that training myself. And then in 1990, I did a contract job for AIDS Vancouver – it was an interview survey thing that was being done on behalf of the federal government, minister of health for research. I can't remember the specifics of it but it was about people's experiences and so on. And from that, I got hired on staff to run the buddy program, because Marsha – I can't remember her last name – was the buddy program coordinator at the time and she went on mat leave for six months, so I stepped in. When she came back – by the time she came back, Bridgette and I had gone to enough places and people were being tested at a much greater rate, I guess, so our client base went from a couple hundred to just under a thousand in the space of six months.

**BK:** Wow.

**GM:** So, when Marsha came back, I was continued on helping to run the buddy program and the various support services. We had a little bit of a food bank happening. We were connected with the Vancouver food bank and we'd get pretty basic, minimal things from them. There wasn't a lot of fresh produce or anything – there was – at the time, there was limited selection of kinds of stuff, but it would help. There was the emergency assistance fund, so if something's happened, you've got to pay a bill, pay the rent kind of thing, there was a possibility of getting some help with that, or for a medical need that wasn't covered by whatever agency. But we were tied in with the Infectious Disease Clinic and there was a weekly – I think it was every Wednesday – a weekly meeting, AIDS care team meeting. So, there would be the social workers from the Infectious Disease Clinic – [name] who's long-since passed away but was just an absolute sweetheart and a real firecracker of a lady. She would fight – you know, she'd fight for her patients, for her clients, and a real sweetheart. So, there would be them, there'd be various of the GPs who were involved in providing AIDS care, and there were just a handful of GPs at the time. And eventually there was Julio Montaner, because the Centre for Excellence was already up and running, and he didn't attend every meeting but he would come fairly often. I really like Julio. He's just – give the man a pile of gold, he's just wonderful. And we would talk about quote, patients, unquote, because of course they're medical professionals, so they're talking



about patients. They would be our “clients” because they weren’t – the structure has changed, but they weren’t members the way that Positive Living has members. It was terminology and that was sort of dictated to us by the funders for clarity for them, so we used it.

But we would talk about individuals, situations. “Okay, so, so-and-so is in the hospital. He’s going to be released in a few days. We need to have supports for this, his homecare arranged,” all those – homecare was there as well. “Are all the supports needed or is somebody... How is this person doing?” “Oh, they’re not doing so well. I think they’re going to have to come back in. Do we have a buddy available?” So, we were all kind of involved in helping as a team, because it was still early days, even though it was the ‘90s by then. It was still early days. Like, okay, we’ve got word that there’s cocktails coming but there weren’t cocktails yet – that wasn’t until ’94, ’95 that they started to become available. So, it was a very powerful tool, if you will, for all of us to be able to get together and talk, because, “Okay, George has come to see you and he said ABC, but he came and saw this person and said XYZ. And he’s come to see me and he said something completely different. Let’s all talk and figure out what’s really going on.” Dementia was – I’m using that broadly, loosely term – there were various things that people would be dealing with, one of which would be brain impacts, because HIV crosses the blood-brain barrier. So, things like toxoplasmosis was very real. My first buddy had toxoplasmosis and fortunately for him, he was in sort of a happy place, but big chunks of his memory were just gone – they were just gone, and that would affect different people differently as any brain thing is totally unique. So, there were a lot of serious issues like that. “Okay, we’ve got to have a safe place for this person. They don’t need to be in an acute care ward in the hospital anymore, but they wander.” So, you have to think of them in terms of something like dementia, although there’s a physical thing going on that is not dementia, but the effect is like that.

**BK:** Having that integrated – just going back to that – I guess it allowed people to get into care very quickly and have this continuum of care.

**GM:** Exactly. It was all about the continuum of care. And with limited resources that were available, there wasn’t a lot toward for the longest time, and finally – I think it’s St. Joseph’s or St. Mary’s hospital on the west side – small – Dunbar I think... something like that. A small facility and they actually were geared towards seniors with dementia issues and we finally managed to get – they had a wing. We got a wing and this became the AIDS wing effectively, because it was a locked ward, so that there were people that were there, who – if they weren’t in a locked ward, they’d wander and get into serious health issues. People that needed to have a lot more care as well as dealing with mental issues.

**BK:** We’ve learned a lot from that in terms of how we deal with HIV now, too. That’s what the current paradigm is all about is getting people tested as quickly as possible, getting them onto treatment as quickly as possible.

**GM:** Yeah. That’s the thing, now that there’s the cocktail, there’s a reason that’s really good to be tested, because then, okay, you’re positive, you find out what your CD4 levels are and all that, and make a decision. “Do I go onto a cocktail now or do I wait?” and that kind of thing. The more information, you’re able to make better choices.

**BK:** What did the buddy program look like because you have a very inside-view of it having volunteered and also having run it?

**GM:** At the time, the buddy program was really pretty basic because there were only a handful of people. So, there was Michael Welsh who ran the buddy program. Alaine Smith helped with support services and Evan Peele helped with support services. Evan ultimately became the executive director of AIDS Vancouver for a couple years in the early-'90s. Alaine Smith, I remember her at the first AIDS walk, sitting there at English Bay on the bike path, walk path, with a card table getting people to sign up and stuff. There weren't very many of us – yeah, a hundred or so. It was fun. Somebody did the entire thing in high heels. I was very impressed. Quite a funny little drag queen – don't know him, I don't know his name, but a little short guy in heels. Literally, they were big, big heels. He did the entire sea wall. Anyways... Yeah, the buddy program – so it was, as far as staff, there was Michael Welsh, and then he had some additional help, and then there were volunteers that helped to organize the – just physically organize the space. We had a space we were able to use – it's long since gone – on Georgia Street, so we had the entire second floor, a big open room and stuff, so it was great. There would be twenty-five or so volunteers going through the training, two consecutive weekends, and you know, full days, full weekends. And there were a variety of professionals who came in to talk about various things. We had a psychologist talk about things, medical doctors, linguists, and one lady who was – gave a very interesting talk on language and context and so on to help give people a fuller understanding of language and how to talk, how to be and so on. And there was guided meditations and so on – a lot of stuff beyond just the straight, "Here's the information. This is what HIV/AIDS is. This is what happens with the virus." There was all that technical stuff geared towards non-medical professionals.

So, you'd go through that training and then you'd have a meeting with Michael sometime after that, and you would have had meetings with him before. But you'd have a meeting with him and he'd say, "Okay, well I have a buddy." And you would have – certainly Michael did this and I did this – you would have met with the potential buddy person and see what was it that they were looking for in a buddy, try and manage the expectations, because some people had way too much in terms of expectations. And also, to try to meet with the buddy volunteer and try to manage their expectations and their obligations – there are legal requirements and so on. And try and get a good fit. And sometimes it would work beautifully and sometimes it wouldn't, you know. Just because on paper it looks like a good fit doesn't mean it's actually going to mesh. Be careful about over-personal involvement – like, you know, identify to yourself what your barriers are, what your lines are, before you get involved. Those may change over the course of time but sort of be aware of those. There were support meetings, so once a week there was a buddy support group meeting, usually chaired by a professional – we had a team of, ultimately, psychologists and experienced social workers, though there was a variety of a social workers who would help facilitate these meetings. And one-on-one time as well sometimes. You know, a volunteer would come in and they're dealing with a particular issue that's right at the moment and you sort of have to deal with it in the moment – emotional support and so on.

So, the demand for "I have HIV. I want to have a buddy" – the demand for buddies always outstripped the number of volunteers, so it would become a matter of triage. And so, these team meetings that we'd have once a week of the care team meetings ultimately became triage to some

extent. “Okay, we’ve got two volunteers available. There are ten people being released. So, who do we have? Well, this person has too many issues and I can’t have these volunteers, because they’re experienced enough, deal with – this person needs to have more professional help. But these two here are possibilities,” kind of thing. So, we had to basically negotiate, if you will – have a conversation with the other professionals around the table. They might have more one-on-one personal experience with that buddy and know what that buddy is really needing in a volunteer, and be supportive of that volunteer – you know, the other professionals were supportive of the volunteer in their role as well. So, you know, it was rapport in that respect, good communication. But the demand always far outstripped – during my time – the available number of volunteers. My active time with AIDS Vancouver, of course, ended before the cocktail really came out. I stopped in ’92 because some close friends were getting to a point where they were very sick and my time was needed to be a caregiver. So...

**BK:** Well, we should talk about that a little more too, but what did buddies do, I guess? Like, what did they provide?

**GM:** Depending on – depending on, to some extent on what the buddy was wanting from the volunteer. Sometimes it would just be a matter of just going over to their place and visit. They just wanted to have some company, somebody to just... One of the buddies I volunteered to just wanted to have someone come and watch a game show on TV – I forget which one – I forget what it is... One of the game shows on TV, he was addicted to, and so I would go over to his place. And it was on every week night at 7:00 or something like that, and so I’d go over to his place – he lived just a couple blocks away from me and we’d watch that and have some tea and a little chat and stuff. And that was kind of the extent of what he wanted in terms of involvement. My first buddy volunteer had toxoplasmosis, so he was in a good space, but he needed to have someone with him. He would wander otherwise and he might not have been safe completely on his own otherwise. He was living with his partner and his partner was retired, you know, so he was able to be there, but this is more a matter of allowing the partner to go away to do the grocery shopping and the banking and have some fun – do whatever it is you need to do. And with my work, I had availability twice a week to go and spend four hours each time with [name] and just sort of be with him. So, there was that. Some people, it would be, let’s just go out for a walk – they want to go for a walk around the sea wall or go to a movie, something like that. Some people really hit it off with their buddies and they became more than just buddies, they became friends. And I would talk with the volunteer about that and say, “Well, just be aware that this is now changing the relationship, and as the volunteer, maybe you need to step back from your involvement with this person as a volunteer. Continue with your involvement as a friend – that’s developing, that’s great. And if your buddy wants to have another buddy volunteer at some point because they want to deal with their – have someone to talk to about their medical issues, fine.” I don’t want to make it sound too loosey-goosey, but we did try our best to exercise due care and attention to the needs of the volunteer as well as the buddy.

**BK:** No, I think that does a really good job of capturing the diversity of needs and how those could be met.

**GM:** And as far as the buddy volunteers – certainly a lot of gay men, a good number of lesbians, and a good number of people just from the general straight community. The oldest person

volunteering was a lady in her seventies who used to be a makeup artist. [Laughs] Like, Hollywood makeup artist – like, big time Hollywood makeup artist – would go and swim in English Bay every morning. Even in the dead of winter, it didn't matter – she and her girlfriends, seventy-year-old ladies. Quite remarkable. Good for them. And she would – we had the food bank thing, so we would deliver bags to people on the list such as they were. She was one of the people doing that, she had a couple of buddies, one of whom was a friend of mine. [Laughs] So, it was very interesting, conversations that she and I would have about [friend's name]. So yeah. Interesting for me to hear [name]'s perspective about certain things. Like, “Oh, that's what that was about. Okay. Fills in the blank for me.” [Laughs] So, there were a lot of different volunteers coming forward for the buddy program as well.

**BK:** You knew exactly what I was going to ask. And that's a good thing to have in mind is that it wasn't just gay men who were responding to the epidemic.

**GM:** Yeah. Certainly, a lot of the volunteers were gay men that were part of the community, and lesbians. But I think AIDS Vancouver at the time had a good reputation and profile, such that it was able to attract beyond just the immediate community. Yeah, people from North Vancouver, West Vancouver, would volunteer and come to the office in downtown Vancouver. They were going out of their way in a sense to put themselves forward.

**BK:** So, you said in '92, you left AIDS Vancouver.

**GM:** Yeah, I left AIDS Vancouver. I was running the buddy program and so on, and I resigned. I realized my very best friend was – had been positive for some time, and his health was suddenly starting to deteriorate. Just health issues were accumulating and my experience told me this is going to get a lot worse really fast, because they were just starting to accumulate too quickly. And at the same time, another friend of mine, somebody I was very, very close to, had a Kaposi's spot in the centre of his forehead about the size of a quarter. And he was a very spiritual person and I thought, that's sort of like the third eye, told him about that. [Laughs] I said, “It's very unusual, [name]. You've got a spot there. It's very much like the third eye.” And we had a very spiritual conversation as a result. But he would put a little bit of makeup on it and it would sort of blend in and stuff, and he was out and about and doing things. And that lasted for about a year and then all of a sudden, bang, he was leopard boy – literally, like, within days, all of sudden he had, oh my god, more spots. And within days, he was head-to-toe and had other accumulating health issues.

So, my two friends died within ten days of each other. [Name] was my best friend. I met him years previously in Toronto at school and we were never romantically involved but we were like brothers. He was an only child and I have an older sister, so we became like brothers and good friends would confuse us. [Laughs] It was always – we'd always get a laugh. They'd look at me and say, “[friend's name].” They'd look at [name] and say, “Gordon,” you know. He had sandy hair, [laughs] and you know we sort of looked alike, but not really – such is the way of the world. So, he died. And then [other friend's name] was... yeah. He was in palliative care in the Providence wing at St. Paul's and they ultimately had him on an air bed, so he was lying – it was a big air-filled mattress thing that pumped air, so he was actually not touching the mattress. It was like a hover – he was hovering just above it because he was covered with Kaposi's and it

was too painful even to have a sheet on top was just, “This is agony.” And Kaposi’s, of course, isn’t just on the skin, it’s also internal. He had Kaposi’s lesions throughout his body internally. And then he died and it was election day – federal election. My polling place was across the street, so he died, I said goodbye, walked across the street, and voted against the government. And the government lost. They had two seats at the end of the day.

**BK:** That party ceased to exist.

**GM:** Basically. Basically, yes. A very good thing, too.

**BK:** How did you deal with that?

**GM:** I was in automatic pilot mode by that point, because I’d been [name]’s primary caregiver. He was the reason that I stopped working at AIDS Vancouver, because he just needed to have more help. And he was determined to stay in his own home and he did – he ended up dying at home under his own steam. It was a – he self-euthanized – let’s put it that way. I don’t call that suicide, I just call that self-euthanization, because of what was happening with his body and it was going to get very ugly very fast. He’d gone from being about 180 pounds to being about 80. So, you know. So, how do you deal with that? Well, after [name] died, I voted against the [laughs]... Went home, smoked my face off – I smoke pot – smoked my face off, and had a good cry. And then, I had two weeks to clean out [name]’s and [name]’s apartments. Fortunately, [name] had – I’d suggested this to him, said, “You know, this could be a fun thing. You might enjoy doing this. You’ve got various – you’ve got some nice things. You might want to pass some of those onto people. Instead of leaving them to them in your will, why not give them to them?” And so, that’s what he did. So, for him, cleaning out was pretty easy, because he’d gotten rid of an awful lot of stuff, including furniture, so I didn’t really have to deal with too much. [Name] on the other hand [laughs] had lots of stuff, had not cleared out anything. And he’d actually taken over an old apartment of mine. [Laughs] Small ways, things are – small world. But yeah, cleaned out his apartment, got rid of stuff, took bags of clothes over to Polli & Esther’s – and that was going at the time – and took his computer up to Easter for the meal society. I know two Easters so, just in case – I have a good friend, Easter, who is not Easter Armas, the Vancouver Meal Society Easter – and they’re very different people.

But the last year with [name], we’d had many conversations. “Well, what are you going to do after I die? What is your plan for that?” So, we talked about it and a good friend was living here in Victoria working at BC Ferries at the time, and so that became – “What I’m going to do is I’m going to do move to Victoria and get a job at BC Ferries,” and that’s basically what I did. Because at that point, [name] and [name] were really the straw that broke the camel’s back as far as me being able to stay in Vancouver. I couldn’t stay there any longer because everywhere I went I saw ghosts. They’re not just from my personal life but also because I became involved with AIDS Vancouver, I know an awful lot more people – acquainted with an awful lot more people and had to deal with an awful lot of death and dying. I was living in the West End and it was a reality constantly. *West Ender* would remind you every week – here’s the latest obits with the pictures, and god bless them for putting the pictures in because so often you would know somebody just by their first name or their nickname and not their real name. Partly as a result of homophobia back in the day, people wouldn’t necessarily know someone’s full name. So, I

closed up those two apartments and went down to – I had friends in Oregon and had a cottage on the beach in a place called Yachats, which is central Oregon Coast. And they're on the oceanfront and there's a lava outcropping that goes out into the ocean, and so at low tide you can walk along the lava – it's like a tongue with all sorts of lava pools and tidal pools and stuff. And at high tide, of course, it's very dramatic. And there were two gray whales there feeding, and they were just going up and down all day long for two days, because the Yachats River – they had a smelt run and they were there eating, feeding. And so, I sat there and stared at whales for a couple of days – stayed there for a week, but stared at the whales doing this literally all day long for two days, gorging themselves.

Came back to Vancouver and packed up my apartment, got rid of a ton of stuff – Polli & Esther's got a lot more clothes – and moved to Victoria. And thought, "I'm not going to get involved with AIDS work anymore," and within six months I was on the board of what was then the Victoria AIDS Respite Care Society. It no longer exists but they were, as the name implies, they were there to provide respite care for PWAs and their family and friends. So, it was sort of a version of a buddy program, if you will. So, got involved with that. At a certain point, I found out that I was HIV positive, so I had converted at some point after I moved to Victoria. And ended up getting involved with the Vancouver Island PWA and did their phone line for a while, became a general board member, became the treasurer, became co-chair, became chair. And while I was chair on that, I was also on the board and ultimately co-chair on Pacific AIDS Network. And for a few months I tried it and it just proved to be too much because of distance and time requirements. But I was on the board of Positive Living as well. So, I had three boards that I was actively involved with – very interesting, very different from each other. But I chose to get involved with PWA initially because they were a board that actually got along and talked to each other and sort of seemed to like each other. [Laughs] This was such a novel thing. So yeah. So, there's no getting away from it. Once you start, you can't stop. [Laughs]

**BK:** And you were working at the time as well?

**GM:** And working at the time, yeah. And initially, on call, so I would have a pager and you had to respond – like, you had a minute to call back and get the shift or else they'll pass you by and three strikes and you're out, you're off the list. So, I was always available and worked my way up the ladder and so on. Glad I made the move, absolutely. It was a good thing in many respects.

**BK:** Was the move a way of dealing with a feeling of being burnt out?

**GM:** Oh yeah, totally. Totally – burnt out, fried, deep-fried, ground up [laughs], in the dust bin. I mean, it was... And that's something that I think people don't really realize, and I don't really think they even really acknowledge the amount of post-traumatic stress disorder – disease, whatever – there is in the gay community, especially for those who were around at the time of – I call it the plague. I won't use the term Holocaust, because I know some Holocaust survivors from Toronto – remarkable women, you know, Auschwitz and Birkenau – horrors beyond any of our imagining. So – but I do refer to it as the plague because you can think of it in terms of – initially, something mysterious. People are dropping like flies and it really got to be that in Vancouver. So, moved over here to change that. And initially, of course, was not involved in AIDS work. But yeah, post-traumatic stress, absolutely. I'm living with post-traumatic stress and

I think an awful lot of the community – I don't want to say generation because that might give people the idea that I'm talking about people my age – not necessarily. There was – names I'm not remembering, but back in the late-'80s, early-'90s there was a man and a woman who had a child in Vancouver and the woman was an acquaintance of mine, friendship network of somebody else who was a friend of mine, so we sort of overlapped a little bit. And she was somebody who was sort of active in the community, and she was active on the street. She was a professional in that respect and had a daughter, and her partner – I don't think they were actually legally married but her partner at the time ended up getting HIV/AIDS. And her daughter was then probably about this height – so, five or six, blonde hair, blue-eyed, pretty, great poster kid. And she became the poster for the AIDS walk. [Laughs] She was sort of in the media at the time. I got side-tracked onto this for some reason. But... Yeah, it was all around. It was all around.

**BK:** And by the mid-'90s, or early- to mid-'90s, it wasn't just gay men at all.

**GM:** No. No, and certainly it never was. You know, my time at AIDS Vancouver when we were on Richards, there was a woman who came in and she found out that she was HIV positive because her husband was HIV positive because he'd stopped along the way at Boystown and picked up something – and lo and behold. And he was in total denial about it and she was understandably freaking out, and it would have been 1990. And I didn't know any but I'd heard through the grape vine of some women who were probably dealing with HIV as well, who ultimately, I think, that did turn out to be the case. Statistics are a dangerous thing because you can interpret statistics any way you want, and I've heard people say, "Oh well, the growth of HIV/AIDS in the women's community is this." Yes, but we're talking about very small numbers, whereas in the gay community we're talking about this kind of number. So, there's a part of me that gets really fucking pissed off about being politically correct, and I had some strong words with somebody on the PAN board about that, but [laughs]... Yes, it certainly is an issue that affects potentially everybody. For us here in BC, it is still primarily concentrated in the gay community. I'd say other than the women's community that the community that I think is really at risk most is the First Nations community, absolutely, and that has always been the case. Has not been recognized as fully as it should've been in part because of prejudice – sexual orientation prejudice or just prejudice about, you know, "You're HIV positive. We don't want you. You're banished from our community," kind of thing. So, a lot of systemic issues that the First Nations community is dealing with aside from HIV/AIDS, that has unfortunately coloured some of their communities' – some of the communities within that community's initial response to this. And we're seeing now the results where serious numbers of First Nations are starting to be – to realize that, yeah, they are in fact... Yeah.

**BK:** Did the epidemic look a lot different in Victoria when you got here?

**GM:** It did for a variety of reasons. Victoria doesn't have a West End, so – you know, James Bay is – there's certainly maybe more gay men that live in James Bay area, but it's not like the gay community is in James Bay. So, the community itself is spread throughout Victoria. There's not really a concentration of the community, so you don't see it the way that you would see it and experience it at the time in the West End. So, moving over here, that was the immediate change was I didn't see the volumes, the numbers of people that I knew were not well that you would in Vancouver. And, as well, by that time, there was – it wasn't out yet, but there was now talk

about, oh, cocktails. There's something about – you know, word was starting to filter out that testing was happening and research was being done, and so on, that is looking more promising than just AZT. So, there was a variety of those things that were different. And I didn't initially, of course, want to get involved with AIDS work and ended up getting to know a couple of chaps here in Victoria who – one of them was actually the reception person at VARCS and got talking about that and thought, "Okay, well maybe I can lend a hand at a remove and not be a direct frontline volunteer, but maybe be on the board and do something that way." So, I started [laughs] and I got involved, and then got really involved.

[End of video 2, 46:38]

**BK:** So, just by way of wrapping up some big picture questions, how did the community make it through the epidemic?

**GM:** Uh... A whole lot of black humour, a lot of really dark, "Oh, that's a really horrible thing. Isn't that funny?" kind of humour. I'm not good at telling jokes. I can't remember any of them unfortunately, but lots of black humour. I would say a lot of drinking, a lot of pot smoking, and, unfortunately that led to things like crack and crystal meth and so on. I would suspect that a good number of members of the community who got into crystal meth in the last number of years probably have PTSD because of the plague. I wouldn't be at all surprised because I know a few people who – that's exactly what happened. They were involved in the frontlines and the last people I would ever expect to become addicts, and you know, their lives are destroyed. So, I think a lot of that. I think there ended up being a lot more closeness in a strange way, because I think a lot of people were very afraid but when more knowledge became available and some of that fear was able to be tempered somewhat, a lot more opening to each other. People would become involved in, you know, supporting buddies, for example, or their friends would end up being involved supporting them. Certainly, that was my personal experience. My friendship network would support me in my role as a buddy-volunteer. So, a lot of information and support, and sort of changed the way that a number of people at least would relate to each other. It wasn't just a matter of going out to a bar on a Friday and Saturday night where you can't hear anybody because it's too loud. So, people were starting to have conversations. There was a real explosion, to my mind, in things like the gay sports clubs, the bowling league and soccer and all those things that came out – and swimming. So, there were a lot of activities that people started to get involved with more so than before. You know, Vancouver's blessed with nature, so there's a lot that entices people to that, but in the gay community my perception is that more people became involved in those things as a result of...

And there's not the number of bars that there used to be. You can't drink and drive the way you used to be able to get away with it – should never have drunk and drive, but what's acceptable to society has changed maybe to that extent. And the community has spread out. As I said earlier, I know people that went back to small towns or moved to other cities – whatever – just because they couldn't deal with that here. I think those problems follow them – I'm sure they did. So, I think there were a variety of things. For me, I moved to a new city, got a new job, ended up getting involved in AIDS work again [laughs], but you know, I think there were a variety of things that people did. And there's a lot of denial. I have friends who – very, very close friends who I see in Vancouver from time-to-time and there's whole parts of our lives that we don't



really talk about, because it's too painful – you know, it's too overwhelming. We all have our own lives and issues to deal with, you know. Never say never. I never thought I'd be a caregiver again but my partner has multiple serious health issues. He's HIV negative, so it's nothing to do with HIV, but effectively I'm a caregiver again, so life has a funny way of turning things around on you. Yeah.

**BK:** Did HIV – was that a crash course in what caregiving looked like? Do you feel like it prepared you for that role?

**GM:** Yeah, it has. And the reality is I'm dealing with PTSD, so I have to really struggle, you know. My partner goes – you know, we have numerous visits to emergency every year. He's dealing with pneumonia at the moment, but he has COPD, chronic emphysema, chronic asthma, he has a heart murmur, another thing with the heart – he's got multiple serious health issues that caught both of us by surprise. You know, you never anticipate things, but...

**BK:** So, there is a sense of the community coming together in a way because of the epidemic?

**GM:** I'd say yes. I'd say there's much more of a feeling of community. I'd like to think that a part of that in Vancouver is expressed by the way the gay pride walk has grown exponentially to this huge, huge thing that we've got corporate sponsors and all that kind of thing. So, a lot of people are getting involved in that. I think there's a lot more positive stuff – happy stuff, not HIV positive – but happy stuff for people to be involved in as a community and participate in. And generally, just being involved in their general community, not specifically the gay community.

**BK:** That line between the gay community and the rest of society has maybe blurred in some ways.

**GM:** It's blurred a lot. It's blurred a lot in part because there's no longer really a gay ghetto. Still, I'm sure a higher percentage of gays live in the West End than maybe live in other neighbourhoods but it's not to the same feeling that it used to be. And the same here. You know, there was really a concentration here in Victoria. I think the advent of the cocktail and so on has ameliorated things. Yeah.

**BK:** Well, jumping off of that, how has your perception of HIV shifted? Looking towards the present and thinking about the cocktail...

**GM:** I'm fearful of it because I'm on the cocktail, I'm on my fourth version of it, and I adhere to it religiously. I mean, I'm determined, if you will. So, I know that nothing I do is going to cause the virus to mutate in me, but I know that not everybody is as anal about following the regimen – they have other life issues and so on – there are a number of reasons that people forget. It may not be safe, there may be a lot of safety issues involved because of where they're living, their community kind of thing. So, I think the potential for the virus to mutate is one that scares me because I think what if a version mutates – the cocktails don't work for and then here we are all over again. So, there's that and the attitude amongst a portion of the community that feels that, "Well, I don't need to worry about safer sex or anything because I can take the cocktail. It's just like taking an Aspirin a day." Well, no it's not. [Laughs] I can tell you right now. Driving the

porcelain bus on a regular basis because you're nauseous or having it come out both ends so fast that you're sitting on the toilet with a bucket in front of you. You know, that's something that I'm dealing with. Fortunately, not a constant, but I do have to deal with it. So, yes, I smoke marijuana and I'm an old pothead, so I smoke it because I enjoy it, but I smoke it because it helps deal with the nausea and probably anxiety as well. I'm sure there's a certain amount of anxiety because if I notice something different, I think, "Okay, what is that?" You know, it's there, the worry about – it's all under control in me, I'm undetectable and all that good stuff, but that could change. So, it's there, it's there.

**BK:** It hasn't gone away.

**GM:** No, no. And you know, in those quiet times when you're able to just be by yourself kind of thing, I mean the memories come and dreams come. And I have a tendency to dream in three-dimensional technicolour, the full nine yards. Sometimes I wake up and think did I just dream that or was that real? You know, there can be some very vivid – because the memories are so real and so intense. Wake up in a cold sweat. So, it's – I consider myself fairly balanced and I'm still dealing with that. There's a lot of people who aren't dealing with it and are drinking themselves to oblivion.

**BK:** Yeah, things like PTSD, trauma, those are not things that one can simply resolve.

**GM:** No, and it's not normal to be in your twenties and have all your friends in their twenties die. You know, that's just not normal outside of something like war. It's not part of our normal human experience. You know, we have the expectation that we're going to live a long life to seventy-five or eighty – whatever it is now that's the projection for us. Well, that's... So, as a society, we have that built into us. When you're young, you think you're invincible and you don't think about getting old and getting sick and all that. It's just not real because you've not had – as young people, you don't have to deal with that. And then all of a sudden, people were dying, people were getting sick, and it's pretty scary. And some of the things, I mean... It's sort of funny in a way, I had a couple of experiences when I was very young in hospitals that terrified me. So, for many years, walking into a hospital, within five minutes I'd be unconscious – I'd faint. I would literally faint, I'd wake up strapped onto a stretcher with a doctor looking at me very concerned thinking I'd had a heart attack or a stroke or something. Well, you get over that real fast when you're going into emergency on a very regular basis because you've got a friend or colleague or somebody who's dealing with something there. And you go into ICU and, you know, you're there with somebody as they're taking their last breath and talking about...

I have to tell this story because it's a horror story. Intensive care at St. Paul's with a friend who's dying with his family around him and they're totally supportive. As his death happened, it was beautiful, the experience for those there, as it could have been. They were there, they were able to be with him as he took his last breath and say their last goodbyes. So, it was not a place that any of us wanted to be, but it was a good place there. The opposite side of the ICU, there was a – and it ripped my heart and stomps on it every time I think of it – this poor young man, mid-twenties, with fundamentalist parents there. And the doctors were begging them, "Please let us ease his pain, take him off the life support." You know, this poor kid was suffering and they made him suffer for two days because they didn't want to do that. They denied his partner

access, and that happened so many times to so many people. People coming home – finding out that they’ve been outed as being HIV positive because all their stuff is out on the street and the locks have been changed on their apartment, and people were picking over their stuff, and, “What am I going to do? Where am I going to go?” You know, it happened enough times – once is too many. It happened a lot more than that. So, the younger generation didn’t see it, didn’t experience it, and I’m hoping that things like this will help inform them.

**BK:** We didn’t actually talk about HIV stigma or homophobia or whatever you want to call that, but it’s certainly a big piece of the puzzle.

**GM:** Huge because homophobia played a big part in the response of the federal and provincial governments of the day. So, Bill Vander Zalm, rot in hell. He had – his nephew died of AIDS and he denied him.

**BK:** I didn’t know that.

**GM:** Denied him. Son of a bitch. Yeah.

**BK:** On one hand, it’s great that that doesn’t exist in the same way anymore, but it’s not something that we can just forget as a community.

**GM:** No, and it’s not something that is gone, you know. It’s – people were elated at the advent of things like gay marriage and so on. Well, there’s always a backlash to this, so there’s a backlash to – you know, the ‘70s and the very early-‘80s, the gay community had come into its own and we were, you know, viewed as being leaders and changers in society, and good positive things and so on. And the advent of HIV gave freedom for all the vileness to come to the fore yet again in much the same way we see politics over the border turning nasty, evil. We think that those days are long gone and there’s always a reaction. You know, the pendulum swings, it swings back – maybe not quite as far. And my thought is that it’s not going to swing quite as far as it did back in the ‘80s for us as far as HIV, but certainly there is this pendulum. How difficult – why is it difficult at all to have safe sex education in all of the schools? Every single school starting at elementary school. I was grade six when I became sexually active and that was in the ‘60s, so in this day and age with much more sexualized pop culture, kids look a lot older than they did then. Girls in grade nine and ten are wearing makeup and they wouldn’t have got away with that when I was a kid. Parents wouldn’t have allowed it. So, I think this is a good step but I think there is a lot that needs to be done as far as just keeping this in people’s minds, what the reality is. And thinking of pop culture, that’s mini-series and movies and music and so on – ways of communicating that and showing that have an impact for people. There’s been some good stuff. You know, *Tales of the City* – good old Armistead Maupin.

**BK:** My final formal question is what advice do you have for younger gay men now who are engaging in the community at a time when HIV means something so different? So, what advice do you have for younger gay men or people who are newly diagnosed as well?

**GM:** Well, certainly for people who are newly diagnosed, get as much information as you can. Don’t go on the Internet – like really, don’t go on the Internet because there’s all sorts of garbage

out there – you know, the power of the healing word and all that – like Louise Hay. She had a book that came out during my early involvement with the AIDS issue in the mid-‘80s and it was something about healing yourself through love or something, and I thought this is all just poppycock. I’m sorry, there’s a medical thing going on and people are dying, and you’re selling them this shit? And people were believing it. “Yeah, I’m going to follow Louise Hay,” and they’d die. So, I think getting information from reliable sources – go on the Internet, find those places like Positive Living BC, AIDS Vancouver, things in the States like Project Inform. If you’re up for reading medical journal kind of stuff, Project Inform has a lot of stuff. There’s a variety of those kinds of sites that have peer-reviewed, valid information. So, that’s as far as I would say to go on the Internet. And then go to one of those local organizations if you live in a place that has one. Speak to people that you know in the gay community or who are HIV positive themselves that you may know – get that anecdotal information. Find out their experience, what their resources are. They might be able to guide you in some respect. But whatever you do, get multiple sources because this person has a perspective, this person has a perspective, and this person has a perspective about the same thing, and somewhere in there maybe you’ll come up with your perspective, how you want to proceed. So, get informed is the first thing.

Absolutely play safe. [Laughs] Be as safe as you can with your sexual activity. If you’re sharing needles, make sure you do it in an appropriate way and you’re not actually sharing the needles – that you’re sterilizing or getting new needles – hopefully all of that. And know that there are supports if you do happen to be diagnosed as HIV positive. There’s lots of good supports. Certainly, as an HIV positive person, I think there’s enormous value in HIV positive organizations, like the Victoria PWA or Positive Living – that work, any of those organizations in the Interior. Because I think peer-to-peer information sharing, conversations are really good to be able to speak with someone who, “Yeah, I’m going through the same thing. Oh, you’re having that effect with that? I had the same thing. Do this instead. You know, try this. Speak to your specialist. Have it with a banana,” whatever your solution is. Think outside of the box is how you could view it. You’re thinking outside the box, you’re asking other people’s opinions and experiences to help guide yourself, because ultimately it is up to each of us as individuals to make sure we do the best to keep ourselves safe, keep those that we’re with safe.

**BK:** I think that’s very valuable advice in the present, just as valuable as it was in the ‘80s.

**GM:** Yeah. Don’t think of this as something that’s going to be easy, that’s going to have no impact, because the cocktail – you know, as fine-tuned as they are, they’re all harsh chemicals, they’re all doing things to your body. Aside from dealing with HIV, they’re doing things to your liver and your kidneys, potentially big time. And depending on what other non-HIV-related health issues you’re dealing with, you might end up having drug interactions that are really serious and potentially life-threatening. Like, if you’re on HIV medication, don’t take echinacea – it will destroy your liver because it doesn’t process it. So, over-the-counter things, it really becomes a matter of being your own health advocate. The reality of the medical system in this day and age is that the doctors are overwhelmed. First piece of advice I give to people is if your doctor is using your first name, you use your doctor’s first name. If he or she is on a first name basis with you, then you are on a first name basis with them. Don’t put them on a pedestal. They’ll make mistakes, they’ll misdiagnose, they’ll misinterpret – they’re human, this happens hopefully not often but it does happen. And be your own advocate when you go in for that five-

minute meeting when you're only allowed to ask one question. Be prepared with two or three questions and ask them, and don't let the doctor out until you've got the answer. This is what I do and I've learned, and I'm not intimidated by the doctors because it's my body.

So, think of it that way – it's your body. Don't allow the doctor to intimidate you because most likely the doctor you're going to see is just the doctor at a clinic, because you're not going to have your own dedicated GP in this day and age. So, you really have to. A friend of mine has done this ever since he left home when he was eighteen or whatever. When he goes to the doctor, he has a little spiral notebook and he has questions he'll ask the doctor. "Okay, here's the questions." Get the answers. As soon as he's out, he sits down and writes down, "This is what the doctor said," so he's got a record going back. And he can go back and, "No, doctor. Six months ago, this is what you said," as a way to – you know, you're getting so much information, so as a way of managing that information, that's a good idea. Make notes. Take someone with you – have an advocate go with you. If you're feeling intimidated by dealing with a medical professional, have an advocate go with you. Or certainly Positive Living will do that, Vancouver Island PWA does that, so there are organizations that can provide that kind of support if you don't have somebody in your own friendship network or family that can do that. And you want to make sure that whoever it is is someone who's going to be able to advocate for you if needed. Yeah.

**BK:** Absolutely, that ownership of your own health is a lesson, in a way, that was learned from the epidemic and the advocacy that went into the gay community's response to it.

**GM:** Yeah, absolutely. And it changed the dynamic, certainly in – to me, in my mind, it went complete flip. Because I used to have my doctor on a pedestal. Well, I knocked him off that really quick. But you know, yeah... Ask questions, do research, make sure you've got support if you can from family and friends, or from one of the organizations.

**BK:** Well, I think maybe we can wrap up for now but thank you so much for sharing your story and adding so much richness to this. Really, thank you. It's been so valuable for us.

**GM:** Well, thank you. I'm glad to participate in these kinds of things. I think there's real value in us all sharing part of the history. This is just my perspective. Somebody else at those same things would have a different perspective maybe.

[End of video 3, 30:05]