“HIV in My Day” – Interview 7

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Interviewee: Norm Rossetti (NR); Interviewer: Robert Ablenas (RA)

Robert Ablenas: Thank you for agreeing to participate in this study. First, what is your connection to Vancouver, just to get a sense where you stand relative to the history that we are going to be looking at?

Norm Rossetti: In 1990, I was transferred here from Toronto to Vancouver to take over at Club Vancouver – not the Vancouver Club, Club Vancouver, which a lot of people get the two mixed up. It was a bathhouse way back in the day on Pender St. and I was working for the owner in a bathhouse in Toronto and then they needed someone over here, so I was transferred over here to take over that position for the first couple years. And then I was here for a year and a half and then I moved back to San Francisco and then was there for a year to open a place for a friend of mine down there. And then came back up here and worked in Club Vancouver again and then I started volunteering ‘cause a lot of my friends were starting to die. So, I opened up the old BCPWA here – that was twenty-four years ago. And since then I’ve been working in non-profit societies; Friends for Life, Positive Living, AIDS Vancouver, Wings Housing Society, Dr Peter.

RA: When you first came to Vancouver, you’ve given a sense of what your connection was to the community with the work and organizations you were involved with. What was the community like when you first…?

NR: Back then, and it still is today, the gay community is very self-centred, bordering on arrogant. They are very – unfortunately the gay community in Vancouver was like a little town. It’s very gossipy, so they don’t want anybody to know what the other one is doing or they don’t – how do I explain this? They are self-centred. So, it’s when I used to… I did Average Joe’s for twelve years and I did AJ’s for seven years, which is a social for HIV gay men that you didn’t need to be over fifty or nothing like that. And it would take a while for people to come in because, “What if somebody sees me? What if somebody see me going in or sees me coming out?” Your friends don’t know you are HIV? Really? And they still kinda – there’s a huge stigma in Vancouver about being HIV. So…

RA: Your experience of the community – your first experience of the community, were there any other aspects of the community that stood out for you, aside from maybe how people were reacting or treating others regarding HIV or thinking about HIV?

NR: It was – the gay community was very segregated, because back then you had the gay people that went to Denman Station on that side of town and back then there was only like two bars, Numbers and Celebrities on Davie St. Doll and Penny’s was a restaurant, but… And then you had that group and then you had the other group that went to The Dufferin, The Shaggy Horse, and the Royal, and then you had another group that went to Jack’s Pub and Charlie’s Lounge and the Lotus. It was kinda all separated into and it was very rare that you saw someone from Denman Station at the Royal – you know, they didn’t really cross territories like that. Everybody knew everybody, but not to the point of calling them and saying, “Do you want to go out for coffee? Do you want to join us for a beer tonight?" It was something that you just walked into a bar and you knew Frank was sitting at the same bar stool every day at 4:30 – that was his bar stool, that group of people were always at that table. You knew them enough to say hello but that was as far as it went.

RA: Outside of the clubs, was there other things – sports leagues or teams?

NR: Well, at Club Vancouver, we sponsored a team on the West End softball association, and even with the gay sports, they were very kinda segregated too cause a lot of people who played softball, they didn't really talk to people that played hockey – the gay hockey league, the cutting edge or they didn't talk to the volleyball. It was still – it was a way of kinda… I don't know what it is about Vancouver but they kinda like to form a little group and you can't invade in and you can't join in once they've formed a group, and it's still like that today.

RA: Any other aspect of community other than – I'm thinking outside of the clubs or independent of the clubs?

NR: Well, when I started volunteering at PW- – at that time it was called BCPWA. It was basically just gay men and they would hang out in the lounge, wait for The Royal or The Dufferin, or whatever. And then there was like an eight-month period where a lot of people that were homeless or that were living in SRO's in the east end were getting sick and St. Paul's was doing the, "We're going to test everyone that comes through the door to see if they are HIV." And the minute they found that they were HIV, they were to go register at AIDS Vancouver, go register at BCPWA. So, six months before that, the people that were chasing us down the street trying to kill us because we were sick and diseased, now we were serving them in the lounge. So, all the gay people stopped coming at that point because it's like every two-and-a-half years, three years, there's a whole new shift in clientele here. It's like they come in until some other new thing comes in and they just stop coming in any more.

RA: Some other new thing?

NR: Like the flavour of the month type thing. Like, before it was gay men and still today most people think it's a gay disease – this is for drug addicts, this is prostitutes, stuff like that. It's not going to affect them. But then it became for the low-income people, the heterosexual low-income from the east end. Then after two, three years of that, it became the people that are on crack and crystal because there was a phase there for about two years it was pretty bad. So, every time there is a new phase, the old group kinda gets shoved aside. And unfortunately, non-profit societies, they try stupidly I might say – they try to get funding for whatever hits whatever the flavour of the month is at that time. So, like when Hep C came in, "Oh yeah, we have to add Hep C to our mandate and try to get funding for Hep C." Well, there's a cure for Hep C, so then it was newly diagnosed, and then it was thirty-five and younger. So, they keep pushing people out and trying to bring in the new people and it's like, I'm not going there anymore, I'm tired of them using me. I know a lot of these people opened this place. They laid in the middle of the street to try to get the government to fund these places. And now they're just being cast aside. We were cast aside a while back, mind you.

RA: Where were you – what city were you in when you first heard about anything about…?

NR: San Francisco. I was there when the shit hit the fan. I was living there and I remember I was working in a restaurant on Pier 39 and we were getting ready for lunch and one of the waitresses, said, "What's this about this gay cancer?" "What are you talking about?" She said, "It's this big bold headline from the *San Francisco Chronicle*." "You don't know what the fuck you are talking about. It's okay, they don't know what they are talking about. There's no gay cancer." What they weren't relating to people was that KS has always been around but it was for people who were in their eighties or nineties – once their immune system was breaking down, then they would develop KS. They never saw this in men who were twenty or thirty who were healthy. Apparently healthy men that are in their twenties, thirties, and forties – so, that's why they called it a gay cancer. But six months later, they came up with AIDS: Acquired Immune Deficiency Syndrome. But the city hall went through a hell of a lot of trying to figure out what it was 'cause they connected that cats has a feline AIDS and they knew a lot of gay men had cats. So, they thought by being scratched by the cat that that is how it is transmitted, so they were telling people to get rid of their cats. And then there was some stupid supervisor that said it was too much fluoride in the water. They were just grasping at everything to try to put something on there.

And in 1984 the Democratic national convention was held at San Francisco. And back then, they didn't announce who the vice-president was until the convention – it was a big reveal at the convention. And I can't remember who was running for president. And they kept on bugging who is going to be your vice-president. He made the mistake of saying it was going to be one of three people: Dianne Feinstein of San Francisco, the black mayor of Los Angeles – I think his name was Tom Bradley – or Geraldine Ferraro. So, because the convention was being held in San Francisco, the idiot – and you can keep that in there – she was going to be the nominee for vice-president. So, she had to show potato fields Illinois that she wasn't that pro-gay because she ran on being gay – like she was, there were posters all around her when she was running for mayor with gay people and gay flags and gay pride parade and everything else. When she thought she was going to be vice-president, she had to show something, so she closed down all the bathhouses, and it took a while because she had to fire the board of health supervisor because he wouldn't do it. But we would get flyers and then, "If you hand this out, we will leave you open." And then a week later, "Here's some more flyers." And we were handing out stuff this thick, people were just throwing it in the garbage. But finally, she did close them, which really did backfire on her because it was easy to find out – because, Texas, rent a hotel, the state of New York, rent another whole hotel, so we knew what state was living in what hotel and we knew when, because the convention agenda was all in the newspapers and on TV. So, we knew what time all the people would be leaving from what hotel to the convention centre. So, gay men would be having sex on the street corners, [laughs] near the hotel that Texas was staying at, near the hotel that Alabama was staying at and all this. And the cops – "No, uh-uh, I'm not touching that," and it just backfired on her. It made her look like a laughing stock.

RA: You are talking about some political responses or actions, but when in Vancouver, in BC, in Canada, what are your recollections of political responses? Earlier on than…

NR: Not just political but in the community, it was almost three or four years behind. It was the same when I left San Francisco for Dallas. It was, “It’s not going to happen to us. That’s just New York and San Francisco. It’s not going to happen to us.” But every September, everyone was going down to the Pride Parade or the Fulsom street fair, or in June going down to gay Pride Parade. They weren’t being little angels, they were having sex with people and then they come back to Dallas, they come back to Vancouver, they come back to Toronto, and they have sex with other people. And it just like, that’s not the only reason it caught on, but they always had in the back of their head, “It’s not going to happen to us. That’s a New York thing. That’s a San Francisco thing. When I moved here, when I moved from San Francisco to Dallas I found myself doing the same things - the die-ins, the protests – just wo years later, because they just weren’t getting it that it’s going to happen to you. They weren’t handing out condoms in bathhouses, there was no 1-800 hotline for safe sex, just none of that. And in Vancouver, it took a while, when I moved here in 1990, it took a while for those billboards to show up – you know, 1-800 safe sex.

You know way back they – there used to be drag queens that used to go to grade schools with a banana and a condom and show people how you open the package – you don’t open it with your teeth, you don’t open it with your teeth, you might rip the condom. How do you put it on a banana? That stopped years ago. There’s no more 1-800. Like people used to call, like, “We had sex last night. I think the condom broke. I’m scared. What do I do?” There’s none of that, it’s all gone. So unfortunately, because of resources, non-profit societies back then used to have a lot of money because there was only two or three of them. Now you have twenty, thirty, so there’s still the same amount of money, they just have to split it between twenty organizations instead of just two or three. So, stuff gets cut back to the point that it doesn’t exist anymore. And for kids today, I don’t know where they get their information – I don’t know if they go online, but they don’t get it in school as far as I know. There’s nobody going to school to say, “This is how far you can go or this is what could happen if you go further than this,” whatever. There’s nobody from Positive Living Society or AIDS Vancouver or Spectrum Health going to classrooms and teaching them about, “This is safe, this is not.” A lot of people don’t know anymore what’s safe and what’s not. You don’t even ask if you’re HIV, you know, you just go. It’s like a lot of young kids on the news – “It’s just one pill, it’s no big deal, don’t worry about it.” You know, they wake up Saturday morning hungover, the drugs have worn off, they are starting to look around to see if there is an empty condom wrapper on the floor and they say, “Oh shit, what am I going to do now? And then, “What the hell? I’ll just get infected and that’s that. I’ll just take the pill. It’s not a big deal.” And unfortunately, the doctors and society, that’s a constant theme on the news – it’s a liveable disease, it’s no big deal, spoken by people who don’t have the HIV virus.

RA: Where did you get your information? For example, when they were talking about the gay cancer, you seemed to understand KS is something that people get at an older age when maybe their immune system is compromised.

NR: So, in San Francisco, we fought for information and they wouldn’t give us anything at all. Dianne Feinstein refused the board of health to give us any information at all. I don’t know if they were scared they were going to get sued – it was kind of all over the place at the time. So, they didn’t want to put anything in writing, you know, “You can do this but you can’t do this.” So, we basically had to ask people who had HIV and full-blown AIDS, “Are you a top or are you a bottom?" You know, kinda figured it out our own way. When you used to work in the bathhouses in San Francisco, we used to write things down on pieces of paper, and still today, don't brush your teeth forty-five minutes before you have sex. Still today and people they don't – "What do you mean?" And I see people coming into the bathhouse and the first thing they do is brush their teeth. You could – just a little cut in your gums and if you give someone a blow job, just that fast.

RA: You said you would take notes. What are some things you and your…?

NR: Back then, this is how naïve – we would take big empty coffee cans and put them all over the place. Somebody comes in your mouth, spit it out, 'cause we didn't know that all the stomach acid and everything else would kill the AIDS virus. So – but to us, at least it was something to give to customers to, you know – "Somebody comes in your mouth, spit it out. Use a condom." You know, when they are that high and that drunk and not paying attention to if they have a condom on or anything else, it became more of a how to deal with them once they were HIV. And I went to city hall and I wanted to have a party at the bathhouse just for people that were HIV, nobody else, and they wouldn't let me do it. And I finally convinced them to do it. But I wasn't concerned of catching anything from them, I was concerned they were going to get something from us. It's like, "If anybody's feeling sick, if anybody thinks you are coming down with the flu or whatever, stay home, don't come to work that night." But I was starting to find from city hall if the chlorine can be too much in the jacuzzi for them. Some people have got skin issues with the medication, with the disease and everything. They wouldn't help me out at all, so I just kind of diluted the amount of chlorine in the jacuzzies, so when people would go in there and come out all red and all that because their skin was so sensitive to stuff like that. But we did it finally. We did the party.

RA: I'm focusing on just one part of what you are telling me just now. You and friends co-workers, whoever…

NR: We took it on ourselves to find information, to ask doctors, to try to get information from city hall, because they weren't giving any out. So, we took it upon ourselves to do it. I was in the die-ins.

RA: But there were some things you weren't getting from the doctors, so how did you…?

NR: That's where a lot of people were getting infected because there was a big gap between what they knew, how they thought it was transmitted, and that went on for quite a while. You know the way – it's only now that they figured out that being undetectable cannot really transmit the disease. Back then they still thought you were still transmitting the disease, so there was more barriers, there was more scrutiny, there was more security about how you were going to have sex.

RA: You were coming up with some conclusions to fill the gaps from – doctors aren't telling you this, so how did you actually share this because you are actually coming up with some…?

NR: When we were doing die-ins in San Francisco at 18th and Castro, which transit people would just – they hated us. We would hand out flyers to people and we joined – Sisters of Perpetual Indulgence were, I mean, they went way back then in San Francisco, and we got them to help us out to hand out little pieces of paper. I've still got my little rape whistle here that they handed out to everybody because there was a period of time when gay men were being attacked and beaten up because gay men were bringing AIDS to the city and stuff like that, so they gave us whistles. But they would also march the streets at night to make sure everyone were going home at night safe and they weren't going to get beaten up, and we also did that in conjunction with them to help the gay community to stay alive. So you know, they weren't going to get beaten up on their way home and stuff and so they would help us hand out information and stuff like that. And working in restaurants and in bars and bathhouses, we just ask the bartender, the bar manager if it was okay if we would put these little pieces of paper with four or five items on there in a corner of the bar, on the window ledge, and he said, "Yeah." And that is kind of how we all got started. And we didn't even print them, it was all hand written. It was nothing professional about it, it was just trying to help people.

RA: Some of the things you are describing in San Francisco, did you see – I think you are also saying Vancouver was five years behind, so when you ended up getting to Vancouver, did you start reliving this or certain parts?

NR: They had the pamphlets, they had the posters, they had all that, but there was still a lack of education, a lack of understanding how the disease got transmitted – how, what was the process. I went to my doctor and I asked him, "Can you put on a sheet HIV positive…" This is how old this is, 'cause you say positive at the end of HIV - HIV positive and HIV negative. HIV positive was on the bottom, HIV negative was on top. What can they do without the HIV negative contracting HIV, and don't be squeamish – go into fisting, water sports, S&M, everything. And now flip it over - HIV positive on top and HIV negative on bottom: what can do without a condom? What can they do without the HIV negative being infected with HIV. So, I got that from him and that helped at Club Vancouver, stuff like that. But people kinda just, "It's not going to happen to me. I don't do that." Six months later they were coming in, they were HIV. It's hard to change people's mind once they have it in their head that, "It's not me. That's just drug addicts. It's just not going to happen to me. I don't shoot up drugs. It's not going to happen to me."

RA: You've got that from your family doctor – the top-bottom…?

NR: Yes, and there is a lot that has changed since then because even back then they thought even undetectable you could still transmit the disease – back then. So now they don't, you know. They just ask if you are on PrEP or if you are undetectable.

RA: Anything else – just to stick around with when you are first hearing about HIV, anything else stand out for you in terms of just hearing news of this for the first time?

NR: It's like I said, it took a while. First, it was the gay cancer, and by the time they gave it a name and everything else – they kinda gave it a name pretty fast after that. But then there was a big period where there was no medication and then they came up with AZT and they were taking forty or fifty a day, so that can kill your liver. If you are able to survive that, I think it was three or four years later they finally came up with a second antiviral so then the said, “Stop. Take…” They took them off AZT and they were taking thirty or forty a day and they put them on the other one. But in San Francisco, it was – it was as if the switch – it was just a light switch, because Castro street was the biggest gay street around. There were a thousand people a week dying, so it got to the point that when you walked into a bar and didn’t see Frank sitting on the barstool anymore, “I’m not going to ask, because if I ask the bartender, he is probably going to tell me he is dead. If I don’t ask, in the back of my mind he is still alive, he is still kinda there.” And back then, they weren’t allowed to bury people because of the disease, because they thought it would contaminate the ground and you couldn’t cremate people because they thought the smoke would contaminate the air, so they were staking them up in freezers everywhere. And so, when San Francisco got full, they were shipping them off to San Jose. And so, “It’s been six months since he died and how come there’s been no funeral?” Because he is still sitting in a freezer in some funeral home somewhere. So, we started doing a celebration of life, of his life – that’s how we kind of put an end to it, put it at rest at peace. Because it – not having a funeral, it was kind of open-ended, people were still kind of mourning type thing. At least if we did a celebration of his life – “Let’s not have a funeral. Let’s celebrate his life, what he did.” “Like, “He was Mr. Leather San Francisco number whatever and he ran for emperor,” and stuff like that or “He was empress.” Celebrate the things that they did. So, that’s how we all got started on that.

RA: In talking the way you did just now tells me what “funeral” means to you but could you actually say what funeral means then?

NR: It was hard because a lot of these people were disowned by their families once they told their family they were gay. “Get the fuck out of my house. I don’t want no fucking faggot here.” What were the neighbours going to say, you know? Over the years, they kinda talk at Christmas or talk on birthdays and stuff like that, and unfortunately, “Oh Mom, Dad, I’m HIV,” or “I got AIDS.” “You sick little fucking bastard. I don’t ever want to see you in my house again.” So again, they were disowned they didn’t have family, and it was up to the community to try to help them out. We would go and clean the apartment, bring all the clothes, and a lot of times we couldn’t tell the Salvation Army that the clothes came from someone who died of AIDS even though we washed everything and all that – they wouldn’t take it because they were scared of them getting HIV. So that’s – we had to kinda lie: “No. he just died of cancer,” or he just – you know, whatever.

RA: How much of what you are saying just now is Vancouver and not San Francisco?

NR: A lot of it at the beginning was Vancouver, too. I had friends that a lot of – because they had been to San Francisco, that had lost so many of their friends and now LA, San Francisco, New York, Chicago, whatever, and they saw what happened to them and they didn’t want to die in the hospital. Because back then, you almost had to wear a hazmat suit – he had the gown and the mask and the hat and everything else. And when someone is so high on morphine or codeine, it looks like a mailman coming into your room, ‘cause all you could see is the eyes. So, they didn’t want to die in the hospital, they want to die at home. So, what we would do, is get a bunch of friends – always two per shift, eight-hour shifts twenty-four hours a day. Make sure, try to give them some water, some fluids, change the sheets constantly. And when the person would die, we would call the family and then they would show up and go, that, that, that goes into the back of the car, and we would go, “No, no, no, that goes – it’s in the will, it goes to his lover.” You can’t go see him in a hospital, that’s why a lot of people decided to die at home because there their friends can’t visit them at the hospital because they weren’t family. And because they didn’t want to have anything to do with them – “Oh look, a brand-new colour TV. We are going to take that.” It’s the way things are.

RA: Were there exceptions to that, in Vancouver I’m asking?

NR: By the year 2000, 2005 or so, families – I guess it was so much in the news, that like Phil Donahue had people with HIV. He had to warn the audience ahead of time, because people were talking, “No, I’m not going to go, because I don’t want to get AIDS.” You know it’s like, you are sitting over there, they are over there. It’s not – but they still had, uh-uh, being in the same room with someone with HIV they are going to get HIV. But having it on the news, people without HIV touching people with HIV, giving them a kiss hello and all that – look at Rock Hudson, when he was on *Dynasty*, the shock that went around. And there was a lot of misconceptions, a lot of not understanding what was going on, and there was a lot of it in the gay community too. They didn’t know how far – whatever. Once people kinda got okay and then they found out their son was HIV and ten years later he was still alive – he didn’t die like within six months, they kinda started to accept, “Okay, you are my son. Yes, you are sick.” Think of it like it’s cancer, that’s how we tried to explain it to the family. They were allowed eventually to visit their families and drink out of a water glass and people weren’t going in panic, but it took a while to get to that point.

RA: What else helped get to that point? You mention people seeing Rock Hudson.

NR: There were a lot of talk shows back then. Geraldo Rivera, Phil Donahue, Sally Jessie, they all did shows about people with HIV and AIDS and how it was so silly for people to think just by having them in the same room you are going to die, you are going to get it, you are going to die. And I think just about in every city there was somebody that wasn’t famous that had passed away – the head of the choir, and then they would show, “At fourteen he did this and at seventeen he moved here.” They showed this life. People thought he is just normal like everyone else up until the fact that he died of AIDS – that was no different from Uncle Joe.

RA: When you found out about HIV and got to know more and more about it, maybe more than others around you, how did that actually affect you in terms of things you did or devoted time to?

NR: I became a huge supporter of people with HIV and AIDS. I became – I fought for funding, I would protest, I would march, I would do die-ins – drop in the middle of the sidewalk, the cross walk. Someone would come around and draw a chalk outline. There was always four or five of us to make sure we would block the whole street intersection and then we would have them go to the car and get us a drink, and we would drink. The bus driver would say, “I’m going to run you over,” and we would say, “Wait till the press gets here.” And he would rev the engine – “I’m going to run you over.” “Wait till the press gets here.” But we couldn’t do that too often or it would become monotonous, too predictable, so we had to pick and choose how we fought to get money, to get the city, the state, and the federal… And back then it was Ronald Reagan, and he wouldn't even say the word HIV or AIDS. The gay people, the disease, they are hookers or drug dealers, so we don't need to protect them. So, it was hard to get money for that. But I started to help out non-profit societies. I did the first fundraiser in San Francisco for AIDS and they didn't take my money, and they wouldn't take my money cause they didn't like the way I raised the money.

RA: How did you raise the money?

NR: I had a slave auction, and once they found that out, they wouldn't take the money. So, I called the cancer society, and they said, "Sure, we'll take the money." "Let me tell you how I raised the money." "No, don't care. Just give us a cheque, we'll take it." "Okay, fine." They wouldn't take the money at all.

RA: The die-ins and some of the things you mentioned, is that in context of a particular organization?

NR: No, that was just to get funding, just to get out there, and let people know people were dying and no one is doing anything about it. Kind of like the epidemic right now and the overdoses now – people are dying and nobody is doing anything about it. Move – you need to move now. We needed support and we needed organizations to open up, and in order for them to open up, they needed financial support to pay rent. They couldn't always be run with volunteers – there were a few employees and we needed money for that. All that was to get the government to fund the first San Francisco AIDS foundation, San Francisco PWA.

RA: One of the changes for you – were you activist in any way before all this?

NR: Yes, because I remember days of going to gay bars – there was a time when you went to gay bars and the entrance was in the back alley. There was no signs, just a number on top of the bar. You had to look both ways to make sure no one saw you going in there so you wouldn't get beaten up. A bunch of straight people would stand outside and start beating up people on the way when the bars would close at night. I was on the very first gay march in Ottawa, gay pride on the hill. It was pouring rain, we all smelled like wet dogs – we marched on Capitol Hill. And I was on the very first candlelight AIDS walk, vigil in San Francisco, and I was amazed on that one because we were all on Castro St. and peole were making speeches, so we all lit our candles. Me and my friends were near the front, and as you went to city hall from Castro, Market St. is kinda like a slow downhill grade. And about halfway down Market St., and I started crying. Not a word – not a word, you could have heard a pin drop. He said, "What the hell is the matter?" I said, "Turn around." He turned around and he started crying – 250,000 people behind us and all you could see is the flickering candles. And it was so emotional. We were happy this was going on and we were sad that we had to do it. There was sadness that we had to do this because so many people were dying of AIDS. If there was no AIDS, we wouldn't have to have a candlelight vigil – double-edged sword I guess.

RA: Who would have been there? Just gay men?

NR: No, there were gay men, some lesbians – there were some straight people who had their brothers die of AIDS and they were there to support us. But it was mostly gay men and lesbians, a few politicians. But it was a very touchy subject back then so they didn't want to their name attached to that. Dianne Feinstein didn't want to come near it.

RA: It sounds as if you already had an activist streak

NR: Before HIV, yes. For gay people to have pride parades.

RA: Any changes or blossomings or anything in response to the epidemic – say changes with respect to sexual behaviour?

NR: The only change is that after all these years it's still depressing that we still need to have these non-profit societies, that we still need this, that young people are still getting infected, middle-aged people are getting infected. We have a member – he is seventy-two years old, he became HIV at seventy. That was just last year, so it's not just young people. A lot of gay men back then just stopped having sex. Some of them, "If I'm going to go, I'm going to have sex with every single man on the planet." But some of them stopped having sex and then they became isolated and then they became depressed. And then a few friends eventually called and said, "Come on, we are going out." Okay, "Well, it's kind of under control now," and went out, had sex, and became HIV. The biggest increase in HIV right now is seniors in Florida. They become widowed or divorced and go down to Florida for six, eight months and they are coming back and are HIV positive, because "It is a gay disease. Prostitutes get it. He was married for forty-five years. How can he have HIV?"

RA: Have you been involved with drug use in the community?

NR: I used to do drugs

RA: Any reason for not still?

NR: I take care of a person and he has a very bad heart, so I have to have my shit together. I can't be calling 911 at two in the morning half-blitzed while he is having a heart attack. I did it, it's done, it's over with.

RA: How long have you been taking care of the person

NR: Nine years.

RA: What is the nature of the relationship?

NR: He's a friend. He had a bad back and he is HIV, and now it's his heart.

RA: Trying to think of any other changes in behaviours in response to the epidemic. Your relationship with your doctor or any healthcare provider?

NR: No, my doctor was gay. The first doctor I had, he would go to the International AIDS Conference and the World AIDS Conference, and he just stopped going to them because you would fly halfway round the world to hear Bill Clinton speak for two hours about how Africa needed more condoms and HIV medications. So, he started to go to HIV and liver diseases or HIV and heart disease, where there was maybe a hundred doctors, where there was more of a one-on-one and they could exchange information, and they could find stuff instead of being in a ballroom with 30,000 people listening to Bill Clinton or Bill Gates talk about Africa and talk about Ethiopia and Russia and stuff like that. There was really no information that was coming out of there except for when they discovered the hookers in Africa that were never using protection but never got HIV. So, when there was the World AIDS Organization in Vancouver, and they brought them up here and they took some blood and they are still doing tests to find out why they still don't have HIV. I guess it would be at the Centre for Excellence at St. Paul's or someone that is doing research in that.

RA: Any differences in you being a social guy?

NR: I don't go out that much anymore. It gets – when you are young and you are drinking and you are doing drugs, it's fine – it's party and all that. Well, I still drink but when you aren't doing drugs and you go into a bar – "I can't believe I used to think he was funny." Not on the same level anymore – melodramatics and the drama. I'd be better off staying home. I don't need this.

RA: Has any of this changed your experience of the gay community? You spoke of the gay community being small townish, but then in some other ways maybe…

NR: Very segregated. This neighbourhood would stay in their neighbourhood.

RA: It seemed there was some positive things to say as well.

NR: Way back in the '90s to almost 2010, we could do fundraisers in bars, it was not a problem. And now you can't. I still try to fundraise for other societies and we raise money for agencies that are HIV/AIDS. Bars won't let you do fundraisers anymore unless you can promise them you are going to bring in 150 people. I mean, I don't know how many people are going to show up. Or if you are going to do it, you have to do it on a Saturday afternoon. They would give us the coat check in the wintertime. BCPWA, Knights of Malta, Dogwood Monarchist Society, they would provide two or three volunteers to run the coat check one night a weekend, one night per month, either Friday or Saturday. You kept the money that you did on the coat check and then the bar owners start to find out how much money was going out the door, and it was cheaper to hire someone to run the coat check and keep the money than to give it to non-profits. It was cheaper then to pay for somebody because that is how much money - it was like three or four hundred dollars every night. So, a lot of non-profit societies lost that funding. There are so many non-profits, you can't go to Shopper's and tell them that you are organizing a fundraiser, "Can you donate something?" They will say, "No," they have donated this year to that organization. So, you kind of have to get ahead of the game, you kind of have to go to Safeway and Shopper's and keep you name on a list so when they have their AGM, this – "Here are the three societies that we are going to raise money for." But if you never go to them and almost aggravate the hell out of them to keep Positive Living on the list or YouthCO, they will forget about it and pick three other societies. They can't give to everyone – between cancer society, breast cancer, leukemia, they can't donate to everybody. So, it's hard to do anything – even as a fundraiser it's hard, people are tired of it. When they started here twenty-four years ago, we had so many volunteers we couldn't place them all. And now there are volunteers who work twenty, thirty hours a week because we can't find people to replace them. People are just tired. We can't get enough people on the board of directors – they are tired of volunteering, they are fed up by it, or they got burnt by the society.

RA: Do you have a sense of now versus say earlier in Vancouver, just the number of demands for funders, the extent to which…?

NR: Back then there was a little more confusion, but the societies had money, they could do social things, they had staff to organize a camping trip. Positive Living had Loon Lake. That's the only trip a person is going to have, they can't afford to go anywhere, so they sign up to go to Loon Lake for the weekend. We had money like that, we had money like that to go bowling, we had money to take twenty guys to the movies, we had money for stuff like that. Now there's no more money for that and they try to raise money. It's hard because Pumpjack won't let you in the door because they are busy, and they don't want to interfere with that night's activity. The Junction you can only do it during the daytime. You can't go into Celebrities, Numbers – they won't give you the night. And way back then we used to get a Saturday or Friday night, when the DMS, the Emperor and Empress would do a fundraiser or something. Celebrities, The Odyssey, The Royal, The Dufferin would all give a Friday or Saturday. Now you can't – nope, they won't do it, too bad. And because of lack of money, people aren't socializing anymore, and because they aren't socializing anymore, and without the socializing they are getting depressed. "I'll just have a beer. I'll just drink a glass of wine. I'll just smoke a joint. I'm bored." Next thing you know, they are smoking constantly, they are drinking constantly, and they get more and more depressed. And then it is hard to get them out of the house.

RA: Can you clarify what you mean by lack of money?

NR: They societies don't have any money anymore, so the programs get cut and cut to the point where the program doesn't exist anymore. Like Positive Living doesn't have a support department anymore, which used to have over 120 volunteers in the support department, and they don't have a support department anymore. The lounge is still there. The Loon Lake has been cancelled to one trip a year – there used to be two or three a year. But no more bowling, no more movie nights, no more Friday night movie and pizza night. Even if it was just ten or twelve guys, it got them out of the house, and socialize with other people. It got them to feel human again, that they weren't just sitting at home. No more money for anything.

RA: Back to politics for a moment. What year were you back in Vancouver again?

NR: 1990.

RA: So, you were here after some of more of the contentious stuff, but you were attached to Vancouver in some regard.

NR: No, I was transferred here.

RA: At the political level, was there anything lingering because Vander Zalm was the late-'80s?

NR: When I got here, on the political side they were a little more open, a little more accepting. They were giving money to the non-profit societies, and that money came from the city, the provincial government, and federal governments. They were a little more ahead, even though they had way too many posters and pamphlets – you walked into Little Sister's and it was just white noise, there was so much stuff on the walls. "I don't know why nobody came to the fundraisers." It's hard to single out the one poster amongst the 157 other posters that were there, and there was – they were putting as much as they could on paper, printing it up, and it just was being thrown away. People weren't picking it up, it was just white noise. Instead of having a plain simple postcard, just the name of the society, this is the website, this is how you can get in touch with us, this is what you need to become a member.

RA: Little Sister's is a place to get information out – it sounds a bit like information overload. Okay, so other places?

NR: In the bathhouses we were very careful about what we put on the bulletin boards because we didn't want that to happen, we didn't want to look like what it looked like at Little Sister's. Like, we would put one poster for BCPWA, one poster for AIDS Vancouver, so you pick what poster you want us to put up there. If it is for a fundraiser, or if it is for a night when a lawyer comes in to help people with wills, but we are not putting up seventeen different posters of AIDS Vancouver. Put it all on one sheet and we will put it up. No problem there, we just had to put our foot down and say enough is enough. Even some of the bars now, if we do have our fundraiser, if the fundraiser isn't going on in the bar, they aren't going to put up the poster. If I have a fundraiser at The Junction, Numbers won't put up the poster. If I have a fundraiser at Numbers, Pumpjack won't put up the poster – that is how petty the gay businesses are here. And I keep on saying "gay" because I am gay, and most of the money came from gay businesses, and gay people who were the ones who supported, the drag queens that put on a show for free. They made $350 – $350 more than you had yesterday. But now they are all looking at the big ball with $150 tickets, and by the time you pay for the food and the ballroom you have made $2.47, so what's the point?

RA: Going to the early days of the epidemic again and your experience that in San Francisco and then you got to relive it…

NR: When I got to Dallas in 1984 or '85 again, it's not going to happen to them. And then all of a sudden people start dying real fast because they had the disease so long but nothing really showed until they got PCP or until they got a little bruise and went to the doctor and found out they were HIV. There was still not too many – four or five medications back then, so people were starting to die fast. So, okay, here we go again. We didn't do die-ins in Dallas but we had to get the PWA office opened up and help do fundraisers in the bars and stuff like that. But they were about two to three years behind New York and San Francisco.

RA: In Vancouver, the public reaction, the…

NR: When I got here it was very, a gay disease, a prostitute disease, a drug addict disease. It was still – straight people didn't want to come near the fundraisers, they didn't want to come near us. It wasn't until the poor people in the SRO's in the east end, when they were getting sick – it's understandable to live in the east end, they are drug addicts. It's not until somebody from your family that gets HIV, how did this happen to you? It slowly kinda turned the tide over to straight people kind of accepting it, but a lot of people still don't know about Positive Living Society, AIDS Vancouver. We have a volunteer at Dr. Peter, who is about your age. He was asking us the other day during a meeting, "I don't understand. My friends have never heard about the Dr. Peter AIDS Foundations. They don't know what this place is. Every time they ask where I work or volunteer, I have to explain because they have never heard of the place." There is a generation that is missing there too, that all died of AIDS, so there's no gay man that is about two, three years older than you to kind of mentor you into the lifestyle – "Just because you wear leather doesn't mean you are into S&M. Just because you do this doesn't mean you have to go along with that" – kinda protect. If we did that now, if I was to approach a twenty-two-year-old man, my god, "Look at that dirty old man looking to pick up the little kid." So, there is a big missing generation to help the young ones out to kind of be their protectors, so they are kind of on their own.

RA: When you are explaining the Dr. Peter centre, is it part of that explaining who Dr. Peter was?

NR: Yes, you have to explain who Dr. Peter was, but you wouldn't know that before you were probably a kid, he was on TV, Friday once a month. We have it at the office to show the progression of the AIDS virus, what people would go through. And there were times he couldn't film and everything else. He was kind of – he wasn't a celebrity, but he kind of made it so ordinary people that was watching CBC news would see what it was like and see his mother and father give him a kiss goodbye, and they weren't getting infected. Unfortunately, the Dr. Peter Centre, the people that do know about it, they kind of think about it as a shooting gallery or a crack house – "I am not going near that place. It's not for me." And Positive Living Society had that problem too – "Oh, I can't become a member there. That is just for drug addicts. That is just for losers." So, even not just in the HIV community but in the gay community there is still – they don't try to find out for themselves, they just rely on gossip and they go from there. So, it is hard to raise money when they think it is just a shooting gallery or a crack house with people who can't help themselves.

RA: One way to describe what you are saying is there are preconceived notions about the organizations.

NR: I don't know if that is due to lack of proper promoting or what it is, but the younger generation don't know about Positive Living, AIDS Vancouver, Loving Spoonful, McLaren Housing, Wings, Dr. Peter, YouthCO, until they need it – until something happens and they go to their doctor and their doctor will recommend this place or this place. But until they need it, they have never heard of these places. There's no billboards, there's no advertising – even when the organization has a big fundraiser coming up, there's no advertisements for people to go to this website so you can get more information and they happen to click on there and it's, "Oh, this is what they do." So, it is hard to recruit people to donate money if they don't know what you are doing.

RA: Just as people have preconceived notions about these organizations or don't know about these organizations, what about your sense of – at least Vancouver, 1990s – people's preconceived notions regarding AIDS, HIV discrimination, stigma?

NR: Back then you could get evicted for being HIV – back then, just for being gay. I applied for – my lover and I went looking for an apartment and the lady wouldn't even let us in the building – she wouldn't even let us in the building. So even then, there was a lot of discrimination against gays, so AIDS, HIV, people could lose their jobs. And in a way Positive Living had advocacy, they had people to help them out, but who the hell wants to go to court and have that on the news? This thirty-seven-year-old person could become the poster child for AIDS and HIV. "Great, I won my case, but the whole fricken country knows I'm HIV positive." You know, "I have been on national TV" – they didn't want to do that. "No, no, no. Fuck it, I'll just move. I'll just find another job." And gay bars and gay bathhouses can only hire so many gay people, so many people – you had to go back to work as a bank teller or a grocery store or whatever. Just hope to god your meds didn't make you sick and you were able to stay there for eight hours. But that's changed, People can – people accept that people with HIV will get sick. As long as people are good and give them enough notice, they don't use this as a way to not hire people anymore – not as far as I know, but I don't know what goes on behind the closed doors of personnel.

RA: What about homophobia, say then versus now?

NR: It was almost more open back then in the '90s than it is now, because there are less businesses, less bars. Even back then, BCPWA, AIDS Vancouver, Loving Spoonful – gay volunteers, gay staff that were helping gay people, because back then it was mostly gay people that were HIV. It was almost a gay society, a gay non-profit for gay people. Now you have hardly any gay bars. The few that we have are all by the same two guys, so "If you don't come here, go across the street. I own that place, too. What do I care?" But there's less. Like I said before, it is the flavour of the month. At first, it was gay people, so they were gearing their funding toward that, and then once straight people became HIV and they start to fall into that group, "Move the gay people out. We need to make room for the straight people and give them positions in volunteering." And then the crystal and crack phase came in, so move them out, and then the under-thirty-five, and then the newly diagnosed. Constantly shifting people out the door, throwing valuable resources out the door, and wonder why they can't get volunteers. "Listen, I got burnt by you people too many times. I'm not going to go through that again." It was easier back then to be gay because, it was almost more acceptable. Now there's not that many places, we're not that visible anymore. And even in the gay pride parade, and they still call it the gay pride parade, you got CTV, Global, a bunch of radio stations, 3497 unions. They don't put CTVs – fine, be in the parade, but put the gay camera man on the float, the gay anchor, gay directors, gay producers – put them on the flost, not just the main four, the weatherman and the three newscasters. They're not gay – you're not putting the gay people that work for your business on the float. And it became such a big corporation, such a big business, they have to sell, they have to get so many sponsors. "If we sponsor you, we want to have a float in the parade, we want to put posters all up and down the bus stops.” The gotta make deals with the city, and deal with the Vancouver pride parade. It’s not a gay pride parade anymore. So, even that is not that gay. Even though they are trying to keep Davie a gay village, it is slowly slipping away. Buildings are being torn down to build high rises. I don’t know too many gay people who can afford six million for a 350 square-foot condo. It was more accepted in the ‘90s, 2000.

RA: You talk about a degree of acceptance and a degree of visibility, but…

NR: For example, you walk into gay bars now, they have straight employees. Back then, you would never see that and if the customers would find out that the bartender was not gay, they would do two things: they would walk to the manager and complain, or they would walk out. This is a gay bar. I can go to Shenanigans, I can go to any bar on Granville. This is my sanctuary. I do not want straight people coming here. “Oh no, my girlfriend is waiting for me. She is going to come and pick me up at 2:00am,” and like what? Kinda like in the old days, the strippers at The Odyssey and The Dufferin that were “straight” and were just doing that for the money. Mmhmm.

RA: Whether I use the word the word homophobia or homonegativity, or homohostility, where is that in here…

NR: It’s now so much hostility. It’s like the gay community shot themselves in the foot by saying we were normal just like everyone else to be accepted like everyone else. But why am I being evicted? It’s two men in a one-bedroom. You want to be accepted, and then you complain when there are no gay bars anymore, there are no gay bathhouses, there are no gay restaurants. There’s a bunch of straight people sitting with you, so you have to be careful what you say in case someone overhears you. It’s one thing for a gay man to call another gay man “her” or “you fucking faggot,” but for a straight man to call a gay man that – no, you don’t do that. It’s kind of like a black man calling another black man the N word, but if a white man calls a black man the N word, no. So, when you are sitting somewhere, and you are having to watch over your shoulder to see if, “Who could hear what I am saying?” So, it’s a lot of people don’t go out anymore. They just stay at home. It’s not the gay bar they used to know. Three quarters of the customers at Numbers are straight, so if you happen to cruise the wrong person you’re gonna get punched in the face. So why bother? Why go out?

RA: You are saying things are different now, but we are still here

NR: We are still here but we are not seen. We are accepted up to a point until you cruise a man – “I’m straight. I got a girlfriend.” So, go to a straight bar! There’s a big gay flag in the window. What the hell do you think that means?

[End of video 1]

RA: We are resuming after a 5 min break. Before the break we were entering into how from your point of view did we actually, as gay men, manage to survive, because that was very challenging. Those were very challenging things to go through.

NR: In the early ‘90s in Vancouver, you depended on each other, you depended on your friends to help you out – come over and bring you some soup if you aren’t feeling good and all that. And with the openings of all these different non-profit societies that kind of separate the gay community in to different camps, you lost track of your friends, because certain societies, you have to have a certain this, this, and this to be a member there. And this one, you only need this and that. So, it was – you didn’t belong to the same societies anymore so you just kind of lost track of each other and you lost the support. It’s a little harder now because there’s less, because of the stigma of being HIV and you can walk into a gay bar and that’s the first question they’ll ask is, “Are you HIV?” and if you say yes, you don’t even have time to say you’re undetectable. They will turn around and walk away. When I used to do Average Joe’s, it was every Wednesday night from 8:00 till 11:00 upstairs at Numbers and I could hear guys coming up the stairs – oh, what happened now? “I met this guy. We were at Pumpjack’s, we were having a good time, and I thought, well, before we go to the movies I will tell him. And I told him I was HIV and he said it didn’t matter. Five minutes later he got up and I haven’t seen him since and I’m going to die alone. Nobody loves me.” And I spent the rest of the night trying to comfort this guy. It still happens today. And the stigma that goes with – a lot of gay men were tested fourteen, fifteen years ago and they were negative, and they were hanging on to that for dear life because that makes them different, that makes them better than the people that are HIV. They get syphilis three or four times a year but that’s no big deal. It’s not HIV.

RA: Does it carry into the back room? Is that discrimination or is it just lack of understanding? Or, what is that?

NR: I don’t know because they lost so many friends over the years, they don’t want to get close to someone who is HIV because they are going to die in a year or two. They still have that impression, that idea in their head that it’s a death sentence, that you are going to die in a year or two. So, “Why should I be friends with you, why should I go home with you? And if I fall in love and I’m going to have to take care of you, and I had to take care of my last lover and I don’t want to go through that anymore. So just don’t bother. You’re HIV, good bye. Don’t want to have anything to do with you.”

RA: Undetectable, right?

NR: Yeah.

RA: Okay, where does that figure in?

NR: It’s new. Undetectable was always around but now that’s the catch phrase, that’s the new thing. “Oh, I’m undetectable. I’m good, I’m okay,=.” Whereas before, and this was done by gay men to other gay men, you would read on the newspapers, “Forty-two-year-old gay white man. Single,” and in brackets, “clean.” Which meant people that were HIV were unclean, they were diseased, and this was done by gay men to other gay men. They were discriminating against their own. “I’m better. I wasn’t that stupid, I didn’t get HIV. I’m better than them, I’m smarter than them.” And today it’s kinda still that way. If people find out you are on disability, they won’t hang out with you because you don’t have that much money – you can’t go to France for two weeks out of the year. They just couldn’t be bothered. It’s a whole social way of thinking about –

there's several non-profit societies and some of them hire a lot of HIV positive people. And you can go into a bar and if you are volunteering in that society, the employees will never talk to you, especially when you are out in public. They will walk right by you. "He's just a volunteer. He's HIV. You're HIV but I work here. That's different."

RA: You've shared a lot about your activist side and I'm wondering, can you tell us a bit about yourself as a provider of care?

NR: Again, that's something that I don't know if that's just my generation. You see it more with people my age. It's gotta get done, somebody has to be there otherwise they are going to die alone. No one is going to be there to bring them soup once a week or bring them groceries. It's just – it's part of life. It's part of my generation, it's who we are. We did it since 1983, '84. We've been doing it ever since. You don't leave people behind no matter what their age is. You go and help out. They need help. What's wrong with that?

RA: Did you have any experience before AIDS providing care in other contexts, gay or not?

NR: No, I just was working in bars and stuff like that. Cleaning blood off someone's face after a fight. No major – but you learn this, and you also learn about the disease. You learn about your health, so you know about other people's health because, "Oh, I went through that." I know what he's going through. I know what the stomach cramps are like, I know what the nausea is, cause I used to be on that medication, so I know what it's like. So, there is some understanding of what they are going through, instead of having somebody – it's like a woman. "I don't see what the problem of getting your breast removed is. You're not going to get breast cancer." Spoken like a woman who's never had it done. So, somebody that's been through it has more compassion, more understanding of what the person is going through, because they have gone through it, so they understand what it is like. But it's like, somebody's gotta do it. Who else?

RA: What can be done for folks who haven't been through it? Because they will be missing out on what you are going through.

NR: The non-profit societies have a big problem when they get budget cuts. That's the first thing they cut, the social aspect of the program, and that's the biggest thing that's needed – to be social, to go out and feel like a human being. Like, I would serve people in the lounge because I knew they couldn't afford to go to Starbucks. So, I would serve them the coffee, I would serve them their pastries like we're in a restaurant, just to make them feel like you are somebody. It's not just help yourself here, help yourself there, and don't bother me. So, they need more social activities, social aspects about the societies to get people together because there's nothing better than people that have the same problem, have the same disease, to talk to each other. "I have to move because I'm starting to get arthritis, and I have to walk up eight flights of stairs to the front door. My knees can't handle it anymore, there's no ramp. What am I gonna do?" "I went to go see this advocate. She's really good. Go see her, give her my name, and she will really help you find a place." If you aren't out and about and talking, you know discussing stuff, they're not going to find out. Unfortunately, with budget cuts, a lot of that stuff is gone – a lot of the social aspects, the outings, the going out together as a group, that's all gone. It's hard for people. The program that I'm doing right now at the Dr. Peter Centre, gay men over fifty, they are socially isolated. It's not confidentiality, I'm not mentioning any names here, but for the first three, four weeks, they would wait for us to start talking and just throw a subject out there for them as we were eating for them to start talking. And after about a month and a half, you couldn't get them to shut up, and you couldn't start dinner. "Oh, I used to have a doctor, and, that's all you need." And now they look forward to going there because it's social. It's – you can vent and somebody can relate and somebody can understand and somebody might be able to give you a solution to your problem. So, it's people helping each other instead of just coming here every – coffee, read the newspaper, and go home.

RA: That's an example of the Dr. Peter Centre. Any other examples come to mind of peers helping others as far back as the '90s?

NR: Friends for Life is pretty good for that, the brunch, even though they had to cut down on how many brunches that they could do. It's a social aspect for them. At first, it started out that either they were sick and they needed a good nutritious meal, and a lot of them, it's the only meal they are going to have all day, so we make sure it's not too rich, 'cause some people just had chemo. If it's too rich, it's going to make them sick. It can't be too spicy – there are spices on the table – if you want to put Tabasco on your stuff that's fine. But it slowly becomes a social thing. They sit in the living room, they eat pastries. "I haven't seen Paul the last couple weeks. Does anyone have his phone number?" Call him up, "How are you doing?" Even when I was doing Average Joes, or AJ's, and we didn't see someone for a while, I would call them up. "I didn't want to be a bother." "So, how long were you lying on the kitchen floor before you had enough strength to get yourself up off the kitchen floor?" "Oh, three days," and now they have to clean up the mess that's on the kitchen floor 'cause they were on the floor for three days. "Okay, what do you need?" After AJs – now milk, bread, basic things like pop, a can of soup. "Okay, stop coming over." "You know what, shut up, we are coming over." But after that, it's hard to get out of the house, 'cause he hasn't been talking to someone for three weeks, just sitting there by himself, just happy to get company. But it was always, "I didn't want to be a bother." It's a way to check up on each other to make sure everybody's okay and nothing has happened

RA: Does it make a big difference if it's, say, shared experience of living with HIV?

NR: Yes, 'cause it's hard for people to – societies have a bad habit of hiring – they call them peer counsellors, but not always peer. They are counsellors, and a forty-eight-year-old man, isn't going to talk to a twenty-three-year-old heterosexual woman about what he did the night before, about what he did with a man. "I'm going to have to explain everything that I did. She isn't going to have any idea what I am talking about. I don't want to go through that. She's just going to look at me. Is she going to throw up?" It's easier if someone is your age because they went through the same thing you did, they've been HIV for about the same period you are, so they know what its like to change routines, medication regimes. They know what it's like getting evicted, getting fired because of HIV, so they understand it. It's comforting that you are talking to somebody that gets it, that understands it, instead of talking to someone who is just sitting there and taking notes and going, "Uh-huh, uh-huh," and, "I'll get back to you." That doesn't help anybody.

RA: Receiving treatment, how has that been for you over the years? Have things changed say from back in San Francisco, back in Vancouver in the early-‘90s

NR: I was diagnosed in Vancouver. The treatment was – they didn’t even know. I wasn’t told what was HIV, I was told I had full blown AIDS and I had KS. So, right away, four-and-a-half years of chemo and radiation and that’s what ends up [points to his face]… So, it’s obvious when people see me: “Oh great, he’s HIV,” so people don’t come near me. But it was because of the chemo and the radiation that I lost all the weight, that I wasn’t eating, because I was so hungry. But the medication does get, it did get better over the years. It’s been a while since they came up with a new medication, it’s been about four or five years. The medications that are out there now are pretty good. Some of the medications you had to keep in the refrigerator and now they don’t even hand it out anymore. But back then, it was drilled in your head, “Take your pills the same time every day, no matter what.” I could be anywhere in town, “I gotta take my pills,” without looking at my watch, I just know, “I gotta take my pills.” You have to do it. A lot of people, even though their friends know they are HIV, they won’t take medication in front of their friends. They will excuse themselves and go to the bathroom or if they are at the bar they will go to the bathroom and take the pills. It’s still – I don’t know if it’s taboo, or if it’s embarrassing, or they are ashamed. They won’t do it in front of other people.

RA: Do they do other things in front of people, like taking vitamins?

NR: Oh no, they will have sex in front of other people, it’s no big deal. But taking HIV medication – forget it.

RA: While we are talking about the medication, the treatment, does some of that change your relationship with your health care provider?

NR: No, my doctor’s very – when my doctor retired, it was basically all gay men, and by then about 90% of the gay men were HIV positive. So, when he took over his practise, he’s very understanding even though he’s straight – he’s very understanding, he understands, and he researches stuff, he looks into it. Before he’ll prescribe you, if your CD4 starts to go down, maybe you’ve been on the set of pills for too long, but he’ll research which one will be better. “Oh, you’ve had kidney problems before, so maybe we should stay away from this, but maybe this one will boost your kidneys.” So yes, he’s very good. And you can talk to him about anything – he’s not going to blush

RA: I’m not going to question that he’s a good doctor, in which case, when you were diagnosed, that changed the relationship between you and your doctor maybe? And maybe before a trip to the doctor was no big deal? And maybe it’s no big deal, but there are still different things that are going on.

NR: No, it was just something else to be taking care of. It wasn’t - you just take care of it. It’s either that or die of it.

RA: The doctor, I’m guessing – emphasizing of sticking with treatment. Was that challenging, complicated?

NR: For me, no. It wasn't, 'cause I wasn't taking any medication for anything else, so it was just that. So, it wasn't complicated, it was just I have to eat at least an hour before I take my meds or else I will be sick for the rest of the day, and you just get used to the routine. And the relationship between me and my GP, it's the same. I can talk to him about anything and he'll check into things before he changes my meds. He understands. He's not uptight about anything.

RA: Receiving treatment – just thinking of other things, there are things, maybe, you've pointed out you can't do, like hiking in the mountains with a handsome man away from nearby…

NR: A porta potty wouldn't quite – there are, you just get used to it. It's just, you know you are going to be nauseous between 9:00 in the morning till noon, you know you are going to have diarrhea when the first thing you wake up in the morning. It's part of life, you just can't deny it. You live with Gravol, you always have your Gravol with you. Thirty years ago, nobody had backpacks. My whole life is in here – I have gravol, pills for this, pills for that. In case something happens, in case my allergies kick in, in case I get nauseous. I got something in case this happens, I got valium in case something like that happens, I got this – I've always got water or pop with me at all times because medication makes my mouth very dry. You just take your meds or die, one or the other.

RA: Physical activity – I would say you seem to be in good physical… Do you go to the gym?

NR: No, *no*, volunteering, you walk a lot, you run a lot. You go down to the first floor and get that box – a paid employee is never going to do that. If you have volunteers around, you are going to send a volunteer out. All the paid employees are always on a diet 'cause they are too fat, so get up off your fat ass and get your box yourself, it's that simple. We run, we walk a lot, are on our feet. We are – at Friends for Life, we are in and out of the kitchen, serving people. At Dr. Peter, it is like four stories, so you walk up one flight of stairs, instead of waiting for the elevator, but you need the elevator to get to the 3rd or 4th floor for the residents. And then walk up and down the halls trying to find a person that hasn't finished the survey yet, find out why the meds haven't come in on time. You are walking constantly. It's very rare that you just sit there for a long period of time.

RA: Just to look at the community where we are now and where things are going, for better or for worse, how has the community emerged from the epidemic? And, it can just be focused on HIV or even beyond.

NR: The community emerged very well from the epidemic, which is still going on. There is more segregation within the community. We are losing a lot of people to street drugs. "I just do coke on New Year's Eve. It's not going to be a big deal," and you find out they died. So, we are losing people to that now. I thought they stopped doing drugs years ago: "It's my birthday, New Year's Eve, and gay pride weekend - that's the only time I do drugs." And after being on HIV drugs for so long, your heart can't take it and you have a heart attack, or it's the fentanyl, or it's something else. So, the community isn't anxious to make new friends because they don't know how long they are going to be there and they've been through this year after year. And I'm tired of going to celebrations of life, I'm tired of taking care of people at home, and so they stick to their close-knit little group. More people live longer the better the quality of life – that's a whole different survey, which I'm sure somebody could get funding for that. It gets to the point where people are so tired of being alone, being sick, being nauseous, having diarrhea, chronic pain, they commit suicide. And that's what people don't understand. After twenty years, after thrity years, why? "I'm just tired. I'm tired of fighting, I'm tired of being depressed, tired of being alone – Christmas by myself, my birthday by myself, New Year's Eve by myself. I'm just tired." The community has a lot to do to help the community out. They need to open up their arms and accept people for who they are and accept – so what? You have to go there and do laundry once a week or once a month? Big deal, help the guy out – it's not that big of a deal. But they don't want to get close: "Been through it before, not going to go through it again." So, it falls back on the volunteers of the societies, and you can only do so much in the society. Even way back at the beginning, there's only so much we could do as a volunteer. We weren't allowed to exchange phone numbers, we weren't allowed – if you ran into each other at the Royal, or Pumpjack - Pumpjack didn't exist back then, that's different. But if you were working, you couldn't give your number to a member and say, "Let's meet at the Royal or the Dufferin," because they didn't want the volunteers getting involved personally in members' lives. I don't know if they thought it would backfire or get sued – we didn't get bachelor's degree or master's in counselling. It's very good to get those degrees but that's from a book. When you have a person sitting in front of you crying that has had their husband beat them up four times this week, you can't look in a book and see what it tells me to do. It comes from the heart, it comes from common sense, it comes from being a person that can listen, and just let the person talk. Sometimes they may not need an answer, they just want somebody to listen to them. So, the community needs to start listening to the community.

RA: Anything that might help the process of listening happen?

NR: Having more socials, having more – 'cause people are tired of being here in this building. They're tired of being at Friends for Life, they are tired of being at Dr. Peter's. They want to get out, they want to see, they want to see different places, they want to go to a bar, they want to go to a pub, they want to go somewhere they aren't going to see the same 157 people constantly. You know, just go out like a normal person. Go to Starbucks on a nice sunny day, and sit at a table on the sidewalk and people watch, but not do it by yourself – have a friend with you, so you can gossip and watch. Just sitting there by yourself, you can do that at home. Why are you going to do that at home? You go to Pumpjack on a Friday night by yourself? That's going to be humiliating, you are going to drink more, do more drugs. You need more social things outside of the buildings, so that people can feel like they are part of the community again, they are giving back to the community, they are part of the community, and maybe eventually they will come up with ways to give back to the community. Maybe they will become a peer counsellor.

RA: When you say community, is there more than one community possibly at the same time when you are saying that?

NR: There's the gay community, there's the HIV community, and those are separate things. In the early-'90s, you were gay and you were HIV. It was no big deal, everybody took care of each other, but now it's kind of split into the gay community and the HIV community. They don't –

they are tired of showing up for fundraisers, tired of taking care of somebody that is sick all the time. So, it is two separate communities, yes.

RA: Do you have any suggestions, any advice to the health care community – actually, health care professionals who are very important in all of this?

NR: There's only so much they can do. They provide you with your medication. They aren't psychiatrists, they will listen for a while, but they have a full day booked with patients, so they can't just sit there and let you talk for two hours. There's nothing that – they can book you with a psychiatrist and see you once or twice: "You are fine. There's nothing really wrong with you. You aren't suicidal." But I'm tired of sitting at home. It's the non-profit societies that need to start doing socials and outings. It's not up to the medical field, it isn't up to the doctors. I can't see my doctor organizing a hike. It's not really part of their job description, it is part of the community to take care of the community.

RA: What about prevention?

NR: I don't know what to say about prevention anymore. I don't know if there is anything out there anymore. You can go to a bar and not see a pamphlet for Positive Living, Dr. Peter, Friends for Life – "if you have questions about your sexual habits, call this number, or go on our website." You don't see any information about "this is as far as you can go without contaminating, without the virus spreading…" There's nothing out there from nobody. They have no money so they can't afford the printing to put the pamphlets out in the bars or at Little Sister's. It's hard to – I'm not even sure if IDC would get into a deep conversation about sexual habits or what you're not supposed to do sexually, especially if you're not undetectable anymore. It's the only way you can get information, is to talk with other people who went through it. The society don't have money anymore, so that's that. You can come here, you can talk to a peer counsellor. But AIDS Vancouver have counselling, advocacy, if you are being evicted or fired, but has nothing to do with "the condom broke last night while we were having sex." They aren't going to help you with that. As far as I know, there is no hotline to help you with safe sex tips. Health initiative for Men, they have a support groups I think, but that's about it. And there used to be a lot of peer support groups and that's all gone. The Monday night at St. Paul's is gone. PWA used to be on Wednesday night – that's gone. All the support groups are gone now.

RA: Instead of looking at how to do something, how to get a certain message across for the health professionals, how about instead, we don't know how you are going to do it, but here are the things you need to do something about. You've mentioned a few things so far: people feeling lonely and isolated, in their older years. What things come to mind? We don't know how you are going to do it, but here are some things.

NR: The problem with stuff like that is that by the time you realize it, it's too late. Other people will notice it before you: "I'm not depressed. What the hell are you talking about?" "You haven't been out in three weeks and every time you come out you are in a bad mood. You are shutting everybody out more and more every time we see you." "I'm fine." You won't notice it until it's too late. It would be the medical community – they can only do so much, they aren't going to stay open after work to have a support group. It's up to the community to help the community, and it's up to each person to find out about their health. Find out what your blood pressure is, find out what your cholesterol is. Find out your liver, kidney count – find that out, so you can, "Oh, so my kidney count came down so I'm doing better." So, you can relate that to, "I didn't eat so much meat in the last couple months, maybe that's why my kidneys are doing better. I didn't go out every single night drinking, so maybe that's why my liver count is better." You need to start looking out for your own health. You can't rely on other people to do that for you. It's nice to have support, it's nice to have someone who understands and has been through it, but you have to stand on your own two feet at times. Because eventually, someone is going to need your help and you have to be able to stand on your own two feet to help someone else. You can't help someone out if you are a bigger mess than they are.

RA: Oh, I hit a nerve there. You and some other guys figure out things such as, oh, have some cans nearby to spit out cum…

NR: 'Cause we couldn't get the board of health to.

RA: Any thoughts on how to help people come up with – if they don't even have certain information, come up with some of their own solutions that seem to be based on evidence for what they are seeing?

NR: In this day and age, it's very hard to. A lot of people seem to think they know. "I know what I'm doing, don't bother me. If I want to use a condom, I will use a condom. IF I don't want to, I won't. Don't tell me to put on a glove, I'm gonna do what I'm gonna do." They almost feel like, "You have some fucking nerve saying what I can and can't do. I know what I'm doing, leave me alone." After three flaps of coke and half a case of beer, it's hard to understand that you know what you're doing. Decisions after three flaps of coke and half a case of beer that were not good decisions – they had fun but it wasn't a good decision. You can't force people into listening to you. You can't force people into always wearing condom. People won't stop having sex instead of using a condom, they just avoid it all together. If I don't know you are HIV, I don't have to think about it, I don't have to deal with it. Whatever. It's hard to talk to people about safe sex or how to minimize your chances of getting HIV, how to minimize… We're in a syphilis epidemic – three years in a row we are in this syphilis epidemic, it's getting worse. So, talking to people obviously doesn't work. "I'm already HIV, so what the hell? I can't get HIV twice, so why use a condom?" There's no names – a friend of mine was in a bathhouse six months ago, in the steam room, and this young guy was in there. Eleven men had sex with him in the steam room, not one of them used a condom. So, if the first man or the second man or the third man had syphilis, everybody else after him. And he was high, and he was in the steam room – that's what he was there for, that's what he paid his money for, so how you gonna explain to him "Make sure your partner is wearing a condom?" No. You can only go so far, you can only do so much.

RA: Is there anything that I haven't asked you about or touched upon that you would like to address or speak about?

NR: Dr. Montaner, he's an idiot for going on national TV and saying this is a liveable disease – it's not. There's no cure. You die from this. It's not going to be put on your death certificate but you will die from cancer – kidney cancer, brain cancer. People at thirty-five are getting severe arthritis because the HIV medication is depleting the calcium in your bones. Got rid of the HIV floor [at St. Paul's], 10C. Every time somebody does that, how are you gonna raise money for a society that takes care of people with HIV? You got two guys hiking on a beautiful sunset, and you got a six-year-old girl with no hair on her head and tubes coming out of her arms. Who are you going to give money to: the two handsome guys who are hiking or the little girl with no hair and tubes coming out of her arms? So, trying to legitimise HIV was a huge mistake, cause people don't donate anymore – it's no big deal. And they shot themselves in the foot from doing that, 'cause people still die. You die from your medication, you die from overdose, you die from loneliness 'cause you can't go out 'cause you have no money to go out. You die from so many things that are related to the disease. So, when Montaner did that, it was the stupidest thing he ever did. I don't care if he is the top in his field, and you can keep his name in there.

RA: Anything else?

NR: Societies need to start thinking about doing things for more social aspects, 'cause the days of us being evicted because we are HIV, 'cause the days we are getting fired because we are HIV, that rarely happens anymore, but they have a whole bunch of advocates to take care of it. They are sitting there all day long with no one to talk to. They need to think about planning socials, planning an outing, planning to go bowling, planning to go to a pub on a Friday night. A bunch of gay men – everybody's gay, everybody's a man, everybody's HIV, so you meet anybody, you don't have to say, "Should I tell him before we leave the bar?" You don't have to tell him anything. He's gay, you're gay, everybody's gay, everybody's HIV – you don't have to tell him anything. So, it's more comfortable for people to be in that surrounding, so they don't have to worry about, "I was going to say this joke but I can't say it because somebody might be listening over my shoulder," they're always on guard. Having a bunch of gay men that are HIV positive going out, playing pool whatever, even if it's just once a month – just something to get people out of the house, to feel they are part of society, they are normal. It's not just putting your sweatpants on, going to the corner store, buying a loaf of bread and sitting on the couch for the rest of the day. "I'll take a nap. I'm too bored. I'll take a nap, I'll smoke a joint." Next thing you know, you're in bed by 9:00 o'clock at night – you're too bored, there's nothing to do. Just get out. Organize a bus tour to see the Christmas lights at Christmas time, which we used to do way back then up in North Van. Get them out of the house.

RA: A very informal survey now: between 1990 and now, would you say there is any trend or pattern with respect to the number of social opportunities available?

NR: Oh yes, and going down more and more every year, because we get less and less funding, so we have to do more and more fundraising. And it got to the point that we couldn't do any more fundraising in the bars unless we could promise there would be 150 people. It got to the point where you either have 150 people or you have to pay us 600 dollars for the room. It's a fundraiser. We are trying to raise money, not going to give you all the money we raise. Just 50 people show up and I still have to pay 600 dollars for the room? That's stupid. Because they start to lose money from the societies, and we weren't able to raise as much money, the program had to disappear.

RA: What about socialization things that have different costs attached?

NR: We tried everything. We tried going to Starbucks, we tried Average Joe's – and AJ's was free, all they had to do was buy their drinks. And a lot of people once the reach forty-five, fifty, they stop drinking, it's healthier for them – whatever reason they stop drinking. You go into a bar and order a cup of coffee and the bartender gives you a dirty look, and then you pay fourteen dollars for a fucking cup of coffee. "I should have had a drink. It would be four times cheaper." So, we started one in a pub, so you could order juice or a cup of coffee, and we had food there too and snacks. The pool table was free, we would celebrate everybody's birthday, no matter if they were sitting there all year by themselves. I would bring out a cake with their name on it and guys would come up crying. "You know, it's been eleven years since I celebrated my birthday?" Things like that to make them feel human again, but societies don't have the money, so… CHF [Positive Living's Community Health Fund] has been going down and down and down, 'cause they don't make as much money with the AIDS walk. You used to get 100 bucks, but now it's like fifteen bucks. YouthCO went through the same thing – not as much funding as they used to get. And it's hard to get big donors. It's just the social aspect of it, there is none anymore. It's all gone.

RA: I think then I am going to thank you for all your sharing.