

AAHP
AIDS Activist History Project

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Interviewee:	Simon Thwaites
Interviewers:	Alexis Shotwell & Gary Kinsman
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Persons present: Simon Thwaites – ST
Alexis Shotwell – AS
Gary Kinsman – GK

[START OF TRANSCRIPT]

GK: We start off with some basic question we ask everyone. Can you remember thinking back on it when you first heard about AIDS?

ST: When I first heard about AIDS, I was in the Navy. I had actually been transferring from my original job that I joined as, which was an EW, which is electronic warfare, and we were at sea. It's kind of weird because this is one of those sort of flashback memories, and somebody was talking about this immune deficiency thing, but it had not even registered I don't think. Because even back then I was just coming out into being gay and my military life and my social life, were not even remotely close. So, it was just this little thing I read. And the reason why it became that pivotal moment in my life is because in trying to become a medic I had actually donated blood to the Red Cross. In the military, you know, they do big drives in Halifax and they try to get everyone going on your ship to go stick needles in your arm and give blood, which I think is a great thing. And I thought, "Well, I'm going to become a medic, I better go do this," right. And I hate needles. So, I had actually gone and given blood months beforehand and for some reason when I saw this, I can't remember if it was on the TV or the paper that we had on the ship, something resonated, it was very strange. I was like, "Oh." It was a week later that I got the letter from the Red Cross saying that somebody had a reaction to your blood, please could you come in, and speak to someone.

AS: Somebody "had a reaction to your blood"?

ST: Yeah. It was worded something like that. It didn't actually say that it was HIV. They just said someone had had a reaction to my blood. And the first thing I thought about was this baby that had this blood transfusion and had got HIV, which was way back then. And I'm like, "Oh." And then of course I was at sea, on a ship, so I couldn't do anything. I had shown the letter to what we call a 'baby doc on board ship,' who is just a petty officer, and he said, "Well, basically when we get back to Halifax, just go up and see what's going on." And I'm like, "Ok. Fine." So, it was kind of really no big deal. I went up to the Red Cross and they said, "We have to draw your blood and do tests" and that sort of thing. They didn't explain what it was. There was no explanation at all back then. So I'm just like "Okay." It was just a routine test, no big deal. I thought maybe it was something like my mother is diabetic or whatever, who knows? Next thing I know is I get another call back from the base hospital this time in Halifax and it was lucky because my ship went into refit so it was actually posted in the base, so I was actually in one of the buildings. I wandered down to the base hospital and go meet this petty officer there, who was a medic. And it was rather strange because he had this little tiny office, it was just like a closet space. Anyway, he calls me in and he's sitting

behind this desk and he basically just said, “We have your test results from the Red Cross and you have AIDS.” And that was it.

GK: Nothing else?

ST: I was like, “Well, what should I do?” And he says, “I don’t know. Go back to work,” because they didn’t know. Nobody knew back then.

AS: When was this?

ST: This would have been back in ’83-’84. So, I am actually Atlantic 001 in the military.

AS: Wow.

ST: I am supposedly the first reported case they had. I think there is more before me but I have the honour of the title. Actually I got a t-shirt, you know, [laughing] with A001 on it, just to rub it in the faces when we did the court case later. But he basically didn’t know what to do and of course for me, the little I knew about it, from just being within the gay community. Of course, my vision just went tunnel vision. From what I had understood is you had three years to live and you were dead. No medications then. Nothing. We had nothing back then. So, I’m like, “Oh.” I went back to my building where I was working and my boss looked at me and said, “Well, what’s wrong?” And I just told him. I was just like, in this stunned shock mode. And he’s like, “Oh.” He didn’t know what to do. So, he then went to his boss who went, “Oh,” stunned look, didn’t know what to do. Who took it to his boss, who then went to his boss. So, basically, because I was a lower rank – I was only a Master Corporal, Master Seaman. So, he went to the Sergeant Petty Officer, the Petty Officer went to the next rank above that, and then we went to the Chief, and the Chief went of course then to the Divisional Officer, who was the sub-Lieutenant. The sub-Lieutenant then went to his boss, who was a Lieutenant and the Lieutenant then went to the Lieutenant Command... Anyway, I do have this vague memory; it’s really fuzzy, of this herd of people walking through the building with me in tow looking... I mean, the only way I can explain it is like looking through a toilet paper roll; that’s how my vision was, it was just tunnel vision, not hearing really what they were saying, just hearing this ‘wawawawawa.’ “Oh, we better go ‘wawawa.’ We better go...”

We ended up at the Executive Officer’s office, who is the second in charge of the whole ship, and I think we would’ve got up to the Captain, but he was on holiday. And I do remember the Executive Officer said one thing which resonated with me, because he kind of went through the filter. He said, “Here’s a leave form. Just sign the bottom. Leave it blank. Go away. When you’re ready, come back and we’ll fill it in. Take all the time you want.” ... Now I look back and I’m like, “Wow. That was fantastic.” At the time, I was just like, “Okay. Fine.” I got in my truck at the time and I drove back out from Halifax to Enfield. How I got to Enfield I have no idea because I was just in this state. So, for three days I basically was a vegetable. I was uncommunicative with anybody. I have no idea what I said to anybody. On that third day, and this is kind of one of the funny things, I was watching *Star Trek* and how they come back in the transporter, you know ‘wooooo.’ It was

Spock and Captain Kirk and McCoy I think it was Bones, and just like that, it was like the feeling suddenly came back into my system. I'm like, "What am I doing sitting here for? They don't know what they're talking about." It's like, "Get up. Go to work." So, I did. I got up, got dressed, put my uniform on and went back into work. And everyone at work, I mean the ones who knew, were kind of like, "Ahhh," didn't know what to do with me. So, they kind of misemployed me a little, but I wanted to do my job. I just decided to get on with it. The weird thing is none of my friends, except for the person I lived with at the time knew what was going on, because the three days that I'd actually gone was the weekend. So, that leave chit, I didn't even need it. So, I didn't fill it in or nothing because I was gone Friday-Saturday-Sunday, came back on Monday.

AS: Regular work... what was your work?

ST: Because I was on the shore, it was Monday to Friday. And then the weirdness started happening, because the base hospital, for whatever reason, passed the information on to the military police. So, then I was investigated by the military police. First, when they dragged me down to their building that they had downtown, the first words that they asked were, "Are you gay?" And I kind of looked at them and I thought, "Who cares?" Like, I got HIV. I'm going to die in, well, two-and-a-half years now. So, I just said, "Yeah," I was like, "So?" And they said, "Well, you know, you could be coerced, manipulated or, you know, to reveal secrets and that," because my trade was secret. And I'm like, "Well, how are they going to do that? You already know. [laughter] I mean, I'm telling you." It didn't make sense to me. I didn't really care because, as far as I was concerned, I was being written off anyway. And so, I was still figuring out if I was going to be alive tomorrow, let alone them worrying about if I was gay or not. That was the last thing on my list of things. So, they said, "Fine." Anyway, I went back to work. Next thing I know, then I get dragged out of where I was working and started to sweep floors. So, I ended up sweeping floors in the Drill Shed in CFB (Canadian Forces Base) Stadacona, which actually is a punishment. People who do things wrong and get a lot of demerits kind of thing, they end up sweeping floors or they end up cleaning dishes or doing what we call kitchen duties. And that was the other job I did, kitchen duties. So, then my friends are like, "Well, why are you doing that?" because I was senior to a lot of my friends rank-wise.

GK: When you're saying friends here, you're talking about friends on the ship.

ST: Yeah, my peers on the ship that I always hung around with and went out for drinks with. I mean, in the Navy where, on a ship anyway, and I'd have been around a couple of ships because being single, you always come out when you go to a foreign port. You go as a group somewhere. You have a couple of beers. You end up with this sort of family kind of feeling, even though it's not blood but you kind of look out for each other. So, all of a sudden, here I was just pulled out of the system and thrown off to the side, but yet they could see me because when they had to come for drill, or someone asked, why I was doing this punishment detail.

AS: You hadn't been the kind of person who was getting demerits and put down for...

ST: The laugh about it is that on my files with the military, I actually have accelerated recommendations for promotions. I have letters of reference. Whatever job I had done, I had done well. That's just my work ethic. Just like, get on with it. I don't BS. I don't mess around. Do you want me to sweep the floor? Well, fine. I'll sweep the floor and I'll do it well. If you want me to clean the pots and pans, I'll clean them up; I'll reorganize the whole kitchen. I just go crazy. Especially if I'm trying to work because, obviously, I'm trying to deal with the other issue, so I countered it with work hard and that way your brain doesn't think so much. The irony was while I was in these odd jobs, I had ships actually applying to have me posted to them to be on them because I was required or needed by them to fill a position because of my rank and the fact that I normally was a supervisor. So, it kind of undermined their argument when the actual lawsuit happened that my services were no longer required. Okay, I have three ships asking for my services. We have two letters of recommended accelerated promotion, even though I'm not even doing my job. I mean, I ended up in the Chief and PO's (Petty Officers) mess at CFB Stadacona, which was on the basis of doing a kind of security, janitorial thing, and it ended up being... well, I just kind of took over. So, I started reorganizing the shifts for the other guys that were working. Most of the people are getting released, so they put them there to put them in a sort of limbo. So, I reorganized the shifts. I reorganized the whole basic building about how things are coming and going. So, the Chief that was there, he put another recommendation on my file. So, it was like, "Okay." So, their argument about trying to get me out of the military for that reason, sort of blew up in their face.

The other reason that they tried to get me of course is the gay one. And then of course, that ended up falling apart because they took so long with my case and waiting for me to die, which I didn't do, that eventually, the two lesbians up in Ontario, their case went through while mine was still actually running as well. Even though I started before them, they kind of finished before me. So, it kind of took that sting out of the argument for them. So, then they had to go back to the single argument of the fact I was just HIV positive. And then the question was, would I get adequate medical services while I was in the military or not? And they said, "No, I wouldn't". So, the argument is, "Oh. That's interesting. You mean, if I'm in the middle of the ocean and I broke a leg, there's no adequate medical services for somebody?" And that's a more dramatic, instantaneous, need something right away than someone who's HIV, who we knew has an onset of symptoms. Even back then we knew things progressed. There was a sort of chain of events that happened before they actually go bang, right. So, it ended up being that they lost their argument and they did some really horrible things. One of the interesting things that happened is I accessed my files through the privacy act. I had them here somewhere, but they actually blacked out large sections of my files. Half of my medical file was gone. It's all blacked out because I'm not allowed to know about it, because it's supposedly military secrets. I had an appendectomy, which is where I might've been actually infected from as well, because it's all gone, except for the fact that I had an appendectomy.

AS: That's not blacked out.

ST: Yeah. And there were plasma products used back then. There's no record of that anymore, which was interesting because that information I was trying to find, when the Krever Inquiry was going on, which was to do with the haemophiliacs and Janet Connors and them guys. So, that was kind of interesting but when I accessed the files – you send off your paper, it goes up to Ottawa, then the officer in Ottawa usually goes to a junior ranking guy and says, "Here. Take his file. Delete all this stuff out. Put in this and then send it back to him." Well, the person that they told to photocopy my file was a friend of mine from Halifax. It was just one of those weird coincidences. He was a corporal. So, he kind of, I think, let one or two pieces slip that should've been blacked out. And one of the most, I think, incriminating things that got through was on the corner they had handwritten notes. On the corner of one it says, "This guy's going to die soon. Just put him off into the, you know... He'll be dead," which is like, they actually were saying that? It was interesting because anyone who didn't know me had this impending doom and gloom thing. But if you looked to the people who I worked with, like, my ship or wherever, I was, you would have all these like great recommendations. Like, wonderful, flowery, "Oh wow. He's a great guy" kind of stuff. But as soon as I became just a name and a number, then it was like, "You're written off." And it was interesting as the years have gone by, I've seen that so many times that once you lose the personality, the individual, and you become a statistic, that's it, you're gone.

GK: So you get transferred from working on the ship to doing things like sweeping floors and washing dishes and stuff. Was there also a change in the security clearance level they gave you?

ST: Yeah, my security clearance was revoked, so I was subject to rumours instead of having secrets. And the interesting thing about the changing of the security clearance is when I tried to create my complaint for the military. There's a process where you have to do it internally inside the military. You need to go through the "grievance" process before you can actually sue them by legal means, especially if your still being employed. So, I actually created a grievance and I put it through so it went up the chain of command to the Defence Staff, and one of the weird things is that the Queen's Regulations and Orders, which anyone could walk off the street and ask to see it, was denied access for me. The Base Chief at the time at CFB Stadacona would not let me have access to the books you need to create a grievance. I actually ended up getting a friend who was in the military to go and take the books out and then meet me. We had to be careful because the rumour was I was being followed by military police back then too, because they wanted to see who was an associate ... It was crazy back then. I mean, I don't know if you've talked to other people who may have mentioned, but the old Rumours Bar that used to be downtown Halifax, and the Texa Park (a 3 story parking garage across from the bar) and they used to sit up at the Texa Park and take pictures of you going in and out of the bar.

GK: Into the Turret.

ST: And then...

GK: And then Rumours.

ST: Yeah, and then Rumours. Both of them. They used to sit there and like, you know. And I'm just like, "Smile! So what? I'm going in a bar having a drink."

GK: Yeah, but clearly a number of people were purged as a result of that. Stephane Sirard and other people.

ST: Yeah. So, I was in that era of cloak and dagger kind of stuff. [laughter] And for some reason I skirted around a lot of that. A lot of the nasty gay stuff, they went after me for, as I said, the HIV and the AIDS thing in the end. I kind of lucked out with that one, I guess.

GK: So, eventually they terminate your...

ST: Eventually they terminate my employment in '89.

GK: Okay, it takes that long.

AS: That's a long time.

ST: Yes.

AS: So, this was six-five years of ...

ST: Of limbo-land, of not knowing what... And actually, I thought they were going to leave me in for another, I think it's about three months. If they had left me for three more months in the military, I would've had a medical pension, but by kicking me out three months previously, I lost that because you had to have ten years. And that would've been my ten-year, my magical mini-medical pension they call it, so the ten-year mark. Unfortunately, they let me go.

AS: And this whole time you were on shore. Or are you at sea?

ST: I'm at shore, yeah. I'm at shore.

AS: The entire time, just doing these menial jobs.

ST: Doing menial jobs, and also trying to get in to see the doctor. And back then, just to go back to the medical stuff, originally there was one doctor. Oh actually, originally there wasn't a doctor, and then they ended up being the first doctor was Doctor Wally Schlech who ended up becoming the premier AIDS doctor, I think he's just retired recently. But it's kind of nice that I outlived the doctor. But he was the first one back then and it was interesting because I actually ended up in hospital for something that had nothing to do with HIV and AIDS. And they put me in quarantine in

the military hospital, and this is one of the horrible but really kind of funny stories. They put me in this quarantine room. They had everything covered with white sheets, and it was like being in a lunar landscape. Now, I was really sick at the time so I really didn't care, but now I think back and it is kind of funny. But at the time all I cared about was getting well, and so here I am in this single bed in the middle of this room of lunar landscape. I had to, if I used the washroom, take this jug of Javex bleach, the big one, and actually pour it into the toilet and clean the toilet when I flushed it. I had to do it. Not them. Even though I'm sick. If I used the shower or the bathroom, like the tub, I had to do the same thing. So, of course, the joke was I was just killing off all the rats in Halifax or something. But at the time I just did it because I was military and that's what they said to do and so I did it. I didn't know too because I'm still learning about all this stuff as well. And then Doctor Wally Schleich, and this is the reason why he actually became my doctor and for the whole time he was here, he comes waltzing into the military hospital, gets up to the ward that I'm on, he comes walking through the doors that had "Quarantine" written all over them with his wife and his children, no masks on or protective gear; they just walk in. And he says, "Hi! How are you doing?" And I'm like, "Okay. Who are you?" walking in here with all your kids, because I didn't know who he was first. Anyway, he says, "Okay. No problem." Told him what was going on. He walks back out and then everything changed. The lunar thing disappeared and then he ended up becoming my regular doctor that I saw. Actually, in that time, more than any other doctor. But he drastically changed my whole image of the whole contagion aspect that they had. And as far as I understood, I found out later that the base hospital only had one fifteen minute lecture on HIV ever, and then boom I was there. Like, someone that was sick, who had this that they knew and they had not a clue what to do.

GK: And that was the military hospital.

ST: That was the military hospital, right. Of course, their idea of solving it was to just keep on sending you downtown to Doctor Wally Schleich. I ended up going down there every second week, I think, at the beginning. Well, we didn't have medication to start with. I think the medications came in in '85-'86, and that was AZT (zidovudine). But up until then, basically what we did, we talked about diet. Vitamin C and what people were doing and what they weren't doing, and a lot of people ended up doing a lot of drugs and just died. They just died. They just went away kind of thing. And then AZT happened and it was like, "Ohh Yay!" Everyone's running around and that there was all this great euphoria. They finally have something and we had to take two pills, little Contact C pills, two pills every four hours and then within six months or so 75-80 percent of those who took those they were dead or suffering from other things. I mean, it just decimated the ranks. For some reason, I took the full dosage and I was fine. I always remember back then too, because we had these little beepers to remind us every four hours, and you could be in a group of people and all of a sudden it was like a flock of birds, "Beep, beep beep beep," because everyone was roughly the same time. So, they would all go off at the same time. It was kind of funny but not. And of course back then I was involved with the AIDS group, even though I couldn't really do too much publicly, I used to go to a few of the conferences and you used to have like a hundred, two-hundred people going. It was like, "Wow." Now you go to the conferences, not so many. And out of

the two hundred people originally, they were all pretty well, everyone was HIV positive. Now you get a great mix of professionals who are working within the field, more so those that are infected. So, the whole dynamics of health care and how it's delivered has changed, even within the AIDS groups.

GK: Maybe before coming back to the human rights complaint we can just talk about your connections with the various AIDS groups during that period of time. So, you were connected with MACAIDS at some point.

ST: The first ever AIDS group in Nova Scotia was MACAIDS, which was the Metro Area Committee on AIDS, and they were situated in a tiny, tiny, little office. I always remember that because I went looking for answers because I found out I was HIV positive and in talking with Doctor Wally Schlech he said, "Well, there's this group." So, I went down and it was like two people. Well, there was one hired person who did counselling and then there was another volunteer and there was me, who was number three, and I ended up painting the walls and stuffing envelopes. I originally thought by getting involved I would help talking with other people, because I always believe talking about it reduces the stress and issues and "I wasn't alone" sort of thing. And even back then, going to the clinic, there was only at the most back in the early days, twenty-seven people. And we used to meet in a conference room. Instead of going in individually, we'd meet in the conference room. And of course out of those twenty-seven, I'm the only one left. They are all gone. They've been gone years – years, years, years ago now. But anyways, MACAIDS, that was the first group. They weren't doing too bad, but they needed to do more, and eventually they morphed into AIDS Nova Scotia, which of course I was a part of that because I just sort of jumped to the next one.

And AIDS Nova Scotia was doing really well up until the point that they started focusing all the funding and effort to preventive education, which then caused a rift with those who were HIV positive and affected. They felt that they were being marginalized. They weren't dealing with their issues and so because of that, the Persons With AIDS Coalition was created, of which I was one of the founding members, even though you won't find my name there because that's roughly when all the stuff with the military was also going on. I was one of the first three members of the PWA (People with HIV/AIDS) Coalition, but nobody ever remembers me back then. It's kind of weird; I was like a ghost in the room sort of thing. You go into the AIDS Coalition of Nova Scotia, and you look up the photograph, there's a photograph there of a group shot of everybody. I'm actually there, I'm just outside of the picture frame because I wasn't allowed to be photographed, because I was suing the military and they wanted to keep me out of the picture of any publicity until...

AS: Right. Until that was resolved.

ST: Well, we realized it was going to be a potential weapon or a tool that we could use down the road because my stuff started actually even before Eric Smith.

GK: Right.

ST: But then when Eric Smith started getting on TV and he started saying things and people were asking questions, we went “Ohhh.” It was like, “Okay. Let’s save that as a possible gambit that we can use, so if I don’t speak, let the lawyer do the speaking or someone else, then when it comes time, if this does go whatever how long, then when I say, “Simon is going to speak,” it will be like, “Wait a minute. He hasn’t spoken. It’s been like, five years and he hasn’t spoken. And all of a sudden, he’s going to say something.” It’s like, “Woo hoo!” So, that actually worked out pretty good.

And so coming back to the Persons With AIDS Coalition, that’s the one where I said the photograph, that if you could sort of just move it to the right, you would see me standing there. [laughter] And of course most people in that picture, I think they’re all gone too. So, the old guard was replaced by a new guard, and some new people joined in. PWAC has the onus of having the first sort of AIDS hospice and they started Morton House, and the first person in there was Michael, I was there for that. That was my first introduction to palliative care. So, I started getting involved in palliative care.

AS: At Morton House?

ST: At Morton House. And actually, I had a big fight with the doctor about Michael’s care as he was dying, because there was no cure (obviously there still isn’t), they stopped giving him food and things. And I said, “Well, you can give him food. You could blend up and make soups” because he could drink liquid. And I got told to shut up. So, I started to learn about the quality of life ... What you wanted to be life, your quality of life, how you wanted to check out or if you wanted to fight it to the end, or if you just wanted to peacefully go out, have a lot of morphine sort of thing. But I saw some pretty horrific things that happened with morphine. You know, you can be quite stoned on the morphine but your mouth would be burned, your nose and all this, but I guess you’re so out of it. And that started my personal interest in spirituality. I started ending up being the guy who was there when people died, which was kind of strange. At the beginning I had a big denial thing.

The first person that I knew that died from AIDS was when I lived in the Annapolis Valley, just jumping back a little bit. When the military case finished, which was ’94, and I’d won and there was suddenly this great vacuum in my life because I’d spent all this energy fighting this case, I bought a house down in Hampton, which is down near Bridgetown, and I started being involved with the Valley AIDS Concern Group. And they had an individual who also was HIV positive who lived in the same town as me and we became friends. It was my beginning and learning to accepting that I am HIV positive, that I’ve got AIDS. And this friend of mine, I wouldn’t go visit. I always made the excuse back then that, “Well, if he wanted me to come visit, he would pick up the phone and call me kind of thing. Or someone would say something, you know, ‘go visit.’” So, I didn’t. But I know deep inside me I avoided the visiting because I was looking in the mirror and he was wasting, he had lesions, he had gone blind, and he was on the couch. He would have the TV on, but he couldn’t see it. I knew I didn’t want to go down because it was just like Alice through the looking glass. And so, I made every excuse in the book not to go down and then he was dead. While I was at the funeral someone actually then asked me, he said, “Why didn’t you go down and visit?” because I was like, five minutes away. I mean, I was close, really close. He died alone, on the couch, no one around. And I went, “Well, he never asked me to come down.” He said, “Yes, he did. He used

to ask all the time.” And I said, “Never again, if someone’s in need, will I make excuses. I will be there. I will be the person. I will stand up.” And I thank him for that because he gave me that lesson. Even though I missed it for him and I wasn’t there for him, but I learned the lesson and he was the one that got me started doing the palliative care stuff because I said, “Never again.” And that’s why I will argue with anybody. The doctors or the nurses know if I go to the hospital, they go “Ohhh.” It’s like, “He’s going to say something.” And it doesn’t even matter if they’re HIV or not, because it could be someone else in another bed. You know, some old guy that might be in there and if I see he’s not being treated right, I’ll go up and say something because never again will I be quiet and be silent about that. There’s no reason, not for my own sense of pride. That’s wrong.

So, I’ve took down ministers and doctors. I had a minister one time come in... We were doing palliative care in Digby and I was going in, and this person probably had a week left to live, but was still coherent and still talking. And I would go in and I’d talk about anything. I mean, it doesn’t matter, I’d ramble, we’d sing songs, like, we’d have a sing-song. And again, this person was blind. Anyway, a minister just comes right into the room, puts on his stole, takes out his little holy water, opens the book and starts doing the last rites and sprinkling water on the guy. And I’m sitting there still, and I’m like, “Excuse me,” it’s like, “Who are you?” kind of thing. And he didn’t acknowledge me, didn’t acknowledge the patient. Shut his bible, turned around and went out. So, I said to my friend, “Excuse me. I’ll be back in a minute.” I’m half-way down the hall and I drag him off into a room and I said, “What in the...?” I don’t usually swear, but that was one of my few times because I was really pissed. He says, “Well, his mother had asked me to go in and do rites.” And I said, “And you didn’t introduce yourself?” I said, “You know what, you say...” He’s a Roman Catholic, and I say, “You know what, if Jesus was here today he would slap you.” And he’s like, “What?!” And I launched into him. Anyway, he went back, he apologized, and sat for two hours and they had a really great chat. I asked afterwards because I left them alone. And so, I was quite happy with that. Hopefully that particular minister learned something, to not be so involved in his own little world.

AS: Were there lots of people who were involved in the palliative side of things?

ST: Not really. Not to say I’m special, but it took a certain breed of people to be there as people died.

AS: Yeah.

ST: A few people do one or two individuals, and then they couldn’t do it anymore.

AS: And people maybe, would they be being with friends, close friends more?

ST: Well, actually most of the people I was with, I didn’t really know them until the two-three weeks before they died. I mean, I’d never met them before. For instance, the one I just mentioned about with the minister was someone who had actually lived in Toronto, had come home to Digby to die, and I just happened to be the person that they said, “Do you know that someone blah blah

blah blah..." and I said, "Sure. I'll go down." And as soon as I went in, I made the rapport and said, "Do you mind... Do you want me to like come back? We can talk about whatever. And I'll just make sure that they're not you know being nasty to you." I mean strange things happen I mean when people are in end-of-life situations. You have family that go to one extreme to think they're trying to ease the comfort. So, for instance, you have someone who's blind. Not this one, this was actually another person that went blind because CMV (cytomegalovirus) was very common back then, which was a bacteria that gets into the eyes. And he used to love watching soap operas, a real big drag queen. He liked his soap operas. So, he had the TV turned on to the soap opera channels and I came in one day and the TV's gone. And I'm like, "Where did the TV go?" And he says, "I don't know. Is it not there anymore?" I said, "Well, you can't hear it, can you?" He says, "Well, I just thought maybe there was a power failure." I said, "Well, let me go check". So, I went out and sure enough the mother had took it, because she felt, well, he couldn't see it. It was just stressful. Anyway, the TV was back in the room by the end of the day. And then of course, the other one where someone went into the photo album and put all these pictures up on the wall, and of course the person's blind, had no idea what was on the wall, of their personal pictures from their personal album. And I mean it wasn't done by a partner or like a close friend. This was done by a family member ... in good intention, I must admit, but it's just subtle things. They don't think because they're in that mode.

AS: Yeah. And they're not tuned in to what it's like.

ST: I used to live in the Valley, (the Annapolis Valley), and we had a bunch of people, used to be like five or six of us, we used to meet in the basement, we were all HIV positive or with AIDS, and then that spring someone got a cold and by the fall they were all dead except for me, which is when I ended up writing the poem. So, being the creative person trying to express it, I actually wrote a poem about it, which I called "Duty." And I have actually used it in a lot of my presentations, when I go to the schools and places like that, to give people a feel of the kind of emotional part of it. I don't normally write *per se* because I'm the artist-guy, but for some reason this one piece seemed to resonate with people. Originally, I wasn't going to read it to anybody, it was just mine, to stick in my book kind of thing, and someone actually took it out and said, "Oh, you should use this little thing" and was prying it from my pages. So, I started using it. If you guys want to use that, that's great.

AS: That would be great.

GK: Would you be interested in doing a reading of it?

ST: I'll read it and I'll give you a copy too.

GK: Right. We should come back to it at the end?

AS: And so, some of the palliative work that you were doing, it sounds like some of it was in Morton House, but a lot of it also would've been in other places... what were the different contexts that people were kind of living out their last days and dying?

ST: It depends. Some people didn't have a choice. Some people did. And so, in cases like that of Michael, who died in Morton House, he made the choice to use that facility. His family couldn't really deal with it.

AS: They couldn't deal with him being at Morton House?

ST: No. They couldn't deal with the whole thing. So, he was living there for a period of time too. And then you have some people who'd like to go home to die, but the reality was when you get to a certain point of your illness, during the last two weeks or so, you end up in a hospital. So, you end up in one of the wards in the hospital. Whether or not you have a private room or a joining room, I mean, it ended up being the reality. Quite a few people actually did die at home because what had happened is they got to such a point, they got sick and then the hospital said, "Well, we can't do anything else." I said, "Well, what you've got to do is just give them more morphine and just keep them comfortable." So, people started to go home and people started then to be looked after by friends and family, whoever they trusted them to look after them. And that started I think to take a toll on a lot of people, and that's I think where the AIDS groups were doing really well, for a period of time anyway. And so it was interesting. And then the whole thing about assisted suicide got blown out of the... You know, everyone sort of got crazy about that. "Oh, you gave them too much morphine. Oh, you didn't give them enough food or something." And so, that ended up being a whole grey area, whether you can go home or not. And then of course, did you die from AIDS? I mean, most people in the Annapolis Valley when we were living there, you didn't die of AIDS. You had pneumonia or most often cancer.

AS: Okay.

ST: Okay, we'll go back to MACAIDS; we'll do the history starting here. MACAIDS changed into AIDS Nova Scotia. AIDS Nova Scotia wasn't fully encompassing all the requirements by the PHAs or HIV-infected people, so therefore you had the new group that formed, PWAC – Persons With AIDS Coalition. Out of those two groups, eventually other groups started to spring up around the province and started ...

AS: Not in Halifax.

ST: Not necessarily in Halifax now because Halifax was so wrapped up in dealing with Metro, they really didn't get out so far. So, one of the other sort of fringe groups way back when was the Valley AIDS Concern Group. And of course, originally living in Halifax, I ended up moving to the Valley, so I started being involved with Valley AIDS Concern Group. So, being with that group, it was interesting because they actually covered from Windsor to Yarmouth. And yet no one was even

doing the South Shore, so we actually even went south to Bridgewater and Lunenburg. So, our small little Valley AIDS Concern Group, which was only like, well, we had one office person that was temporary kind of pay and our little volunteer base in the beginning, we were covering that whole quadrant.

AS: A significant part of Nova Scotia.

ST: And even when the new groups started forming... So, one of the weird dynamics that happens is AIDS Nova Scotia and the Persons With AIDS Coalition because of government funding, not because they wanted to but because the government told them they had to are forced to merge. And this is one of the weird things -- I would've told them to go jump in lake. I would've tried to keep going, but because of the funding issues, they were told they had to merge. And so, they went through the most horrendous political craziness and internal nonsense because of the merger. Two wholly different philosophies, you have preventative education and they were focused solely on going out and doing education work. And then you have the PWAC who was solely focused on dealing with those who were infected, making sure they got care and treatment and medication.

AS: Completely different.

ST: They weren't the same thing. They were forced to merge. So, there ended up being, unfortunately, a lot of egos getting bashed around and bumped. But two or three years later, and I was involved in that merger process as well, which was like, fun. Never want to do that again, but out of that came the AIDS Coalition of Nova Scotia. And this new group supposedly was provincially mandated, had a broader scope of dealing with education, prevention, and the hopes and dreams of the two original groups were merged into it. Unfortunately, they never went outside of Halifax, the metro area. They were very limited in their outreach and that ended up being a contention with anybody who lived outside of the city. So, the reality for people by then is if you wanted services: one, all the doctors, the specialists were in Halifax. Secondly, any of the help through the provincial group was in Halifax too. So, a lot of people moved in the city. You had a dynamic of people, even though maybe they wanted to come home to die, you couldn't actually be out in the country in the rural communities if that's where you're from. You actually needed to be in Halifax or Dartmouth.

After a lot of head-bashing, I guess you could say, and gnashing and foot-stomping, you had groups like the Valley AIDS Concern Group. You then had NACS (Northern AIDS Connection Society), which is up here is Truro. You had the Cape Breton group formed. You had a fledgling group, which never really got off the ground, but they tried it on the South Shore as well. In the original set-up, we had all the AIDS groups were interlinked throughout the Maritimes - in the Atlantic Provinces, which was really cool. In the early days, we used to be connected with Newfoundland. We were connected with New Brunswick and with PEI. The network that we had in the beginning was phenomenal.

AS: How did you do it?

ST: We just did it I think. People didn't complain so much about money back then, we just did it. We did what had to be done. You go into the office now, and the dynamics have changed. Since many AIDS organizations are no longer PHA or HIV positive driven, it's actually people who have been hired to do jobs, professionals. And I give them all the credit due, because I mean they do a great job, but the mindset and the focus is not the same as someone who is infected. It just isn't. So, one of the simplest ways I explained to someone is that back in the old days, I can say that now, 30 years later, in the old days, you could go into the AIDS group and you would encompass a social environment. You could sit down. You could chat with someone. There were no time limits. You could have snacks. You could have a pop. It was very casual. There was a lot of information being shared. No one was the expert because everyone was still learning. Now, you go into the AIDS groups ... well, for instance, I'm not even qualified for a job in an AIDS group, an ironic thing because I've got more qualifications than most, but you have to have a degree; you have to have an appointment and if your appointment runs the scheduled time, then I'm sorry, you know, we have to reschedule for another time ... It's really like going to your doctor's office. So, the AIDS groups are no longer inviting in that sense, and they need to somehow rework that formula because one of the unfortunate effects is the PHAs – the People who have HIV – are not going to AIDS groups anymore because they're not listening to us. And we're being told what we should do. ... And so, we've backtracked... And it is weird because that's why (not listening to PHA's) the Persons with AIDS Coalition formed.

AS: In the first place.

ST: AIDS Nova Scotia was preventative education. They were educating everyone, and the Persons With AIDS Coalition formed because they said, "Wait, wait, wait, wait, wait... Don't tell us how to live. Listen to what we're saying. This is what we need. This is the things we require." And we're back there. We're nearly in that same, same historical sort of situation again, where the groups need to either stop and listen or there's going to be a new splinter group formed somewhere.

AS: Right.

ST: I see it. I just see that.

AS: So, when you were organizing throughout the Maritimes, would it be people would talk to each other on the phone or?

ST: We actually had conferences. They had actually what was called the Atlantic AIDS Network – the AAN – went up to Moncton quite a few times, which was kind of fun, even went to Newfoundland. So, we actually shifted around within the provinces. Never got to PEI though for some reason. It was great because you then had people talking about what was happening in their province, right. And because of you were getting X-drug for this price and this one was getting

generic brand, it was like why can't we get that too? Then, they could go and advocate and it worked out really well.

AS: Because a lot of that was mandated provincially from the government health side?

ST: Yeah. And they were separate (each province) from everybody else. They were like you know thinking they're doing the best they can for their province. And that still is a problem. I mean, I went up to the Canadian AIDS Society meeting; they just had the Annual General Meeting. I went up to that as a member of the Truro group and as a PHA. And when I got up there, it was interesting because, again, history repeats itself. They're talking about merging AIDS groups with hepatitis C groups and blood-infectious diseases kind of thing, and I'm thinking, "This is going to be very interesting because we did that before. How's that going to work in the dynamics?" And they've got a timeline, it's by 2017-18 and I don't think people really know what is going to happen, what the vision is. I mean yes, within AIDS groups we do talk about secondary infections and that, but how's that going to play? And of course, there's even an extra twist to the whole story right now is in the Hep world, they've now actually come out with this new treatment, which is nearly virtually a cure for instance ... Does that mean less funding? How's that going to work? And again we're talking about preventative education more than treatment, so the underlying factor is, where have all the PHAs gone? And statistically-wise, no one's cured. People are still having, we'll say 'fun', and I'll word it that way, sex and being involved with others. One of the dynamics that happened over the years, one of the educational pieces that got put forward, was that you could go and have sex with somebody, but you don't have to disclose because everyone is meant to be having safe sex. Everyone is responsible for themselves. So, you don't have to tell people, whereas in the old days it was always the onus on, if you're going to have sex with someone you should be telling them you're positive. And even today, you have all the legality stuff going on and that was up in Ottawa too, they were talking about the legal, where by law now if say if I had sex with somebody and I didn't tell you, you could actually sue me and I could be slapped in jail. And the only way to get around that is if I record you giving me permission in some format or get you to sign a piece of paper.

GK: We've been doing some work with AIDS ACTION NOW! around the whole criminalization issue.

ST: Even though it's kind of ironic, I'm probably one of the most outspoken people and I always tell people I'm positive. I haven't dated in like a decade or two. Like, I don't get any. So, it's like, "Maybe there's a reason for that," which is why people don't disclose.

GK: Yes, for sure.

ST: So, and then you get a lot of people say, "What? Doesn't matter to me." And I say, "Well, it obviously matters to a lot of people." But then I prefer someone to know if I'm going down that road. Someone has to accept me for all the bits and pieces, not just some of them.

GK: So, unless there's some more discussion around this, I think we should actually return to your legal case if that's okay.

ST: Yeah.

GK: One thing we certainly want to document in this interview is what happened to you because it was a very significant struggle you were involved in and a final decision. So, let us go back to 1989.

ST: Okay. The legal case, right?

GK: You've been dismissed from the military.

ST: Got dismissed. The lawyer I chose back then was kind of weird. I'd picked her because: One, she had nothing to do with the military because my first lawyer, actually she was my second lawyer, the first lawyer I'd approached actually told me that I would not win and I should go away. And then I found out that, I won't say the name because it's legal, that particular lawyer actually was on retainer by the military, but didn't tell me.

AS: That's wrong.

ST: Right? So, I'm like, "Okay." I went and found another lawyer and the reason why I picked Lynn Ryerson was because she reminded me of someone off *L.A. Law*. The TV show at the time. [laughter] She had that fresh, dynamic, and she was interested in the case even though she knew nothing about the military, which I thought was a bonus because then she was coming at it from a fresh angle. So, myself and my friend Bill, we ended up doing a lot of the legwork to give her all the acronyms and the legal jargon and the dates and figures, which I get muddled, so Bill's my date guy back then.

AS: And was Bill in the military?

ST: No. He was my civilian friend. He's my best friend I've known for years. Bill Benere -- he lives nearby. We go out for teas and coffee and that. He was there for the whole court case and everything, and most people think we're partners, it's like, "No. Not partners, just good, good friends." But the other thing that was interesting with the court case is the process. Most people assume that when you file for a case that, you know, you see it on TV, there's all this like stuff going on in court, but in reality it's a lot of waiting; a lot of waiting, a lot of nothing, a lot of dead air. And also, for myself, the initial presentation, I'll word it that way, I got to talk for three days. And they ask you questions and the rebuttal, and that was it. Three days, and then it took how many years until it was over, and I'm thinking, "Hmmm." And meanwhile you have to go sit in the courtroom while they're arguing back and forth all this other stuff, this jargon, and you're like,

“Okaaayyy...” It’s like, “Yup.” And they’re bringing other people in. So, the court case was hard to sit through. I know I got sick a few times on the way to the court case just from being upset and anxious. It was probably one of the most stressful things I’ve done.

AS: I didn’t realize it was so many years that you were in the military. So, you only started the court case after they had discharged you with...

ST: Basically, as soon as I became infected and I realized something was screwy, that’s when I started getting involved with making sure I had my ass covered. So, it took about ten years. But not all that was court time.

AS: Wow.

ST: You know, nearly the whole process I was in the military, I guess you could say, and after because it went to ’94.

AS: And so, the case starts in ’89 and it doesn’t end until ’94.

ST: The actual physical case didn’t start until ’89 because I had to wait until they actually did fire me. You had to wait until they actually chop your head off before you can do anything because technically, I’m still employed.

AS: Right. Just in this really bizarre, degraded way.

ST: It was just sort of weird. And as I said, I really believed they were going to keep me in for three more months, so that was sort of stunned. And then people were, “What?” I did a cross-Canada trip too when the court case started up because I wanted to promote, my case. It was interesting because we went to a couple of the major cities across Canada and repeatedly people said, “Oh no, you’re never going to win. You’re never going to win. You should just take your money and go away.” And I’m like, “But if I did that, what would I achieve?” To me, it became if I accepted what they had given me, which was just my severance pay just like you would have accepted from any job you were let go from, that was it! I had no medical insurance. And that was the other thing they did, they cancelled my social insurance, what they call in the military, a social insurance firm, which I didn’t know about because they did it in the last year. In the last year they had me signing bits of papers and stuff, and signing off. So, they said, “Well, you signed off on that.” I said, “I did what? Why would I do that? I’m going for a medical release.” And then they said, “Well, you did.” And see, I don’t remember doing it, but then of course back then I’m still in that fog because, you know, “Hey, I’m dead in ’89.” So, I don’t know if I did or didn’t. I don’t think I actually did. But then hey, I’m still alive and a lot of other people aren’t, so what have I got to argue about?

AS: So, all these people are saying, “Don’t do the case.”

ST: I went ahead and did it because, for me, it just seemed it was the right thing to do. I don't know if it's because I'm British or English, I live by a kind of code. I mean, you do the right thing even if it's hard you still do the right thing, and it was the right thing to do. I even knew back then, I remember writing in my little diary, is that even if this thing gets me, I succumb to the illness because every now and then I would have colds and flus, and I thought, "Oh my god. I'm going to die," and I didn't; I lived. I decided that I would do this because I knew what was happening to others. While I was in the military, I actually had a conversation with four other people in the military that were HIV positive, and I told them, "You should stick it out, like you should hold in for a medical pension." And they didn't; they took administrative release because of the peer pressure and the fact that they didn't want to be known, and they didn't want to be known as gay. And so they went away, as I call it, under the rock. And they're probably dead. They're gone because they didn't have access to nothing. And that's sort of spooky. And just to jump a bit. I was telling you about the guy who did the photocopying up in Ottawa. Ironically, he actually becomes PHA – a Person With AIDS – from someone, obviously up in Ottawa, I guess, or somehow, and because I did win my case in '94 he was still in the military. So, because my case went through and I won, he actually got adequate medical services while still in military. And when he died, he had a military funeral. He had that down Bridgewater-Lunenburg way. I was sad that he died, but happy because his partner was telling me, he had been looked after, got his military funeral and his partner got benefits.

AS: Yeah. That was because of you.

ST: And because the case went through. So, it was like, okay, I know it made a difference for one person. At least at their end they had access to those things that I don't because right now I have no medical coverage. I only have what the province gives you, the family thing that you do when you have to pay out so much and that's it.

GK: In that period from '89 while you're doing the human rights complaint first, how do you survive financially?

ST: Well, because they fired me I had no job. I tried to work and I was stupid because... Well, I'm not stupid. I did what I thought was right. So, I went and tried to work and the only job I could get was a video store clerk. So, I went from a really good paying job to like, something that was...

AS: That wasn't actually using your skills.

ST: Well, I went to being a clerk. I was the lowest of the low in the store. And probably a mistake that now if I thought about it, I should've gone right on Canada Pension right then. If I had done it then, my income would be double what I have now because it's based on your earnable income, but I didn't. I was doing the right thing and not going to be a burden to society and I got a job as a clerk. And of course, me being me, I got into being a clerk, and I started reorganizing, and I ended up becoming the manager of the store, and then I ended up becoming the district manager,

because that's just me. If I'm going to do something, I'm going to do it well. So, I ended up being district manager of a video chain for a while. And then when it started getting really hard with the court case, and as I said, I was going to court and as I'm walking down Lower Water Street I'm getting sick and I'm thinking, "I can't handle this." And then I'm serving customers. I mean one thing was really bizarre back during the whole court case is the AIDS group, some people in the AIDS group were really good, but the majority, the AIDS groups failed me. They failed to understand that the case was not just about HIV discrimination in the workplace. It was about being disabled in the workplace. It was a way bigger picture. And they actually didn't get behind the whole case until EGALE (Equality for Gays and Lesbians Everywhere) eventually did, and once they did the more local groups did. But it was kind of like there was one or two friends within the group that started it. But it ended up being because I was suing the military and pushing ahead with this, as I've said, people said, "No. You're not going to win." There was this feeling I was always going to fail, so there was no energy behind it. And then once a few people got mobilized within it and ACT UP (AIDS Coalition to Unleash Power) back then, but ACT UP actually got involved a little bit and they did die-ins back then, which I always remember that. People in Halifax would wake up and there'd be all these chalk outlines like there'd been a nuclear bomb blast and atomized everyone. So, there would be up and down the street at Gottingen and Hollis or whatever, these outlines and people would be like, "What is this?" And it's like, "It's all the people that died from AIDS."

AS: So, the die-ins would also happen in a more ongoing way. We've heard about one action where people did a die-in in the middle of the street in the day.

ST: Oh yeah, this was doing silhouettes and then people would come in the morning and was like, "What is this?" You know, the police outline around a dead body kind of thing. They did those. We did the donkey walking down the street thing. [laughter] I remember that one.

GK: Can you tell us anything about that?

ST: I just remember walking a donkey down the street. That was near where the Holiday Inn is now ... That's the part where, visually, I remember the donkey part and I'm like, "Oh my god." It's like, the Health Minister's a jack-ass. But see, I had to be careful because I was suing... I couldn't be central. Yet here it was, they were doing this for me. And then they had the one, a bunch of guys actually went down to the military base and picketed the base down in the naval dockyard with the "Simon Thwaites" signs.

GK: I was at that.

ST: And it was like, "You can't go to that Simon." But it's like, "But they're doing it for me!" "You're not allowed to go. Listen, they're doing it and that's great. And you just stay over here and you're not to be seen," because of course, if I became visible that was something they could use against me later because this dragged and dragged. Eventually when I did actually say, "Oh, you know.

That's it. I'm going to be dead in '89." I started using those lines and I was doing bleach in toilets and things and stuff. And people were like, "Oh my God. What are they doing?" So, public support – one hundred percent behind me. And I do know there is one or two things that did happen that weren't good, but for myself personally, I remember walking down Spring Garden Road while the case was on, and I had this older guy just walk straight across Spring Garden Road straight at me, and I'm thinking, "Okay. Who are you?" Because you never know, right. I've got stories of people being beaten up, people who were being pushed in the moat up at the Citadel, kicked out of stores for touching food and things, and this guy's walking straight at me and I'm thinking, "Okay. Let's just be calm." And he says, "Congratulations! Well done! I'm really supportive of you." And I'm like, "Oh!" And I never got that from the AIDS group, which was so bizarre.

GK: But when you're saying AIDS group are you meaning, at that point, AIDS Nova Scotia or both the...?

ST: In general, the AIDS groups. As a matter of fact, this is to explain something, when the case was over there was no real, "Congratulations. You won," from the AIDS organizations. The group that recognized me for winning the case was MCC (Metropolitan Community Church) Toronto – not Halifax, Toronto. So, Reverend Brent Hawkes, he had got a hold of me and said, "We would like to give you a humanitarian award for this year. Could you come up to..." it's not there anymore, the hockey rink.

GK: Maple Leaf Gardens?

ST: Maple Leaf Gardens, just before they destroyed it. Maple Leaf Gardens during Pride and said, "We would like to present this to you." And I'm like, "Oh, that's cool." Then, of course, I'm trying to figure out how do I get up there because like, money. And then I said, "You know what? I need closure and this is perfect. This will give me something to put the nail in the coffin and say, okay, now I can move on." Actually it's in the box here, that little plaque that says I did good. So, I went up there and interestingly my brother, who was silently being involved in AIDS organizations up in Toronto, which I didn't know up until then because he was sort of always quiet about stuff. And I'm wondering, "Hmm. How is he doing there?" He came down to Maple Leaf Gardens and was there while the award was done. So, that was really cool. I was really happy. Then I came back to Halifax expecting something, and nothing happened. So, I threw my own closing party. I got a whole bunch of wine and beer and stuff and had my own little party, invited anyone who wanted to come to come.

AS: And where did you have it?

ST: We had it actually in the bar that was on Gottingen then...

AS: Was it still Rumours?

ST: It's now a boxing place. So, it was the new Rumours.

AS: Did people come?

ST: Yeah. We had enough people there that it was enough to give me that sense of 'done', right?

GK: Right.

ST: And then I started moving ahead to do other things.

GK: Just before getting into that, coming back to the legal case, so there's the human rights case and there's a decision that you win in that. I think they award you \$152,000. And I'm not sure if that's '92 or '93, but the military appeals that.

ST: Yeah. They appealed that.

GK: It's actually in 1994, there's a decisive victory at a higher court level. But I just wanted to know...

ST: Yeah. It didn't actually go to Supreme. It's one below the Supreme.

GK: Federal Court, I think.

ST: What they did was they made the award, which was \$152,000 plus "reasonable" legal fees, got to have that in there. And I thought, "Oh, that's cool. My fees are going to get paid [whistle]," because \$150,000 is not that much. And they said, "Well, you still have to wait the 30 days or 60 days for the timer to go 'tick,' 'tick,' 'tick,' 'tick,' 'tick,' 'tick,' 'tick' and if they don't appeal it by then, that happens." So, everyone expected it was going to be appealed and we're going to go to the next level. We were going to go to the top. So, it wasn't until the twenty-ninth day that they actually phoned and said, "No. We're not going to." They waited. They waited until that last moment to say, "No. We're not going to do it. Okay, fine." But they had already given out the cheque, which my lawyer actually said, "Go get the cheque and spend it." The weird thing about the money though is, the 152 odd, I ended up having to pay legal fees because their idea of "reasonable" legal fees is for every thousand dollars I paid, I got a dollar back. So, out of the original award, I actually saw in my pocket, at the end of everything being paid, all of the things, \$30,000. And that was for the rest of my life - \$30,000. So, I took that \$30,000 and very quickly as the lawyer had said, "They're going to try and grab it back, but if you spend it they can't." So, I went and put deposit down on a house down in the Valley, which is where I moved to after it was all over, took a trip to the Canary Islands because I deserved a break. That was another one of my closure things. And I bought an old Junker of a car. And that was it. The money was gone.

AS: Five years of intense lawsuit.

ST: So, the \$30,000 for the rest of my life was gone in a blink. Ironically though, the original investment, that first house is one of the reasons why I managed to have some money to do this one, where we are now. So, I've always managed to keep jumping from house to house, which has been nice; with help from someone else. I've never lived alone. I've always had to share expenses. So, it was weird the way it ended. It was this very major anti-climax nothing hollowness, which is why when MCC offered the award I said, "I'm going to do it." I mean, it means paying for a trip up there to do it. I think I went up on the train or something, but.

AS: But it is really something that you did for other people and so, almost necessarily, you'll never know.

ST: All the different people that it's affected.

AS: Yeah.

ST: Well, I kind of know a bit because I've lived long enough to see it affect people and I've heard stories from other people that they're working. I mean the fact that they can work is because the case won.

AS: Yeah.

ST: I mean that's it. It's amazing. And the AIDS group did sort of come back a little bit later. They recently just, when was it? Last year, I guess, or was it the year before? The Queen's Jubilee Medal... they actually put my name forward for that. So, I got presented with the Queen's Jubilee Medal for my work within the AIDS movement. That's my, "Okay. Now, I can't argue that they didn't, sort of, something."

AS: Yeah. Twenty years later.

GK: So, around the time that the military announced that they were going to appeal, this was a flyer that was distributed that I have. I thought I'd show you that.

ST: Flashbacks. [laughter]

GK: That may have been what we were handing out outside the naval base at the main entrance.

ST: Yes. Well, this is... yeah.

GK: It's got the editorial from the *Chronicle-Herald* on the other side.

AS: Gary's behaving himself. He usually calls it the "Chronically Horrid."

ST: "The brass disgraces itself..." [reading]

GK: Anyway, so just to get a little bit more clarity. There was an appeal that they launched. It did go to the federal court then and they lost. You won the legal decision at that point. So, they lost their appeal. Or did they just lose their right to appeal?

ST: No, they didn't go to federal. They let it expire. They said they were going to.

GK: Okay.

ST: And then they let it...

AS: And then on the twenty-ninth day...

ST: They let it expire. So, it actually didn't... Oh, wait a minute. Federal... Which is the top one? Supreme.

GK: Yeah. It didn't go to Supreme.

ST: Okay. It didn't go to Supreme, but it went to Federal. We did Federal, yeah. Federal they lost. Supreme was what they didn't get to. It's all these levels of legality. That's what I mean. I'm sitting there just like, "Ohhhhhh..." That's why you hire a lawyer. And that's why EGALE was really great, the guys from EGALE that got involved in that because they were feeding information as well up from Ottawa.

GK: So, they got involved at the last stage of the legal thing.

ST: They got involved as intervener. So, that was really cool. I think somewhere here I actually have newspaper articles in one my photobooks, which may be out of a box.

GK: You just moved, so we're probably not going to be able to see that. So, can you tell us anything more about when it got into the federal court? I'm asking, because I don't fully understand...

ST: I didn't actually get to do anything. That's the thing. The weird thing is, the Human Rights Commission, which is the very, very first thing. Three days I got to go, "Blah blah blah blah... This is what they did. This is how they treated me, and I'm alive. I'm not dead yet." And then the whole process was kind of saying, "No. He's dead." Actually, they did have someone come in. They had an actuarial; he was one of the military witnesses that said that based on life expectancy I would be dead in 1989. And actually the award that I just mentioned, the \$152,000 was based on

the fact that I died in 1989, not that the fact that I'm still alive in '94, which was kind of the weird thing. Like, "What? I should be getting another how many years? [laughter] I'm still here! Shouldn't there be a few more bucks there?" I laugh about it now, but it was based on cancer patients, the actuarial, because there was no statistics back then.

AS: Right.

ST: Who else did we have? We had, I'm terrible with names, there was a doctor from... He actually was the military's witnesses, but he ended up being better for us, I think. And he does a lot of stuff now with AIDS groups up in Ontario about the history of AIDS.

GK: Right.

ST: Weinberg?

GK: Mark? Maybe.

ST: Mark. Yeah, something like that. Anyway, he actually was the military's expert witness and he ended up undermining them, which was kind of funny.

GK: So, the basic legal argument your lawyer was putting forward was you're...

ST: Employable.

GK: You had a disability and they had to not discriminate against you and find ways in which you could continue being employed.

ST: Yeah. The line was that I was gainfully employable even though they were saying I could be misemployed. I'm trying to think of the right wording here... An employer has to consider the individual's ability, I'm paraphrasing now, that's not exactly what it was, and to employ them. So, even if you're not working at your job, if there was another job within that environment you could do it. And for me, I could've because I could have been doing teaching on the base. So, they could've put me in a teaching position at my rank and my experience that actually, I could have been gainfully employed and it wouldn't have interfered with anyone else. The military's argument was, "Well, if you're taking up that position, then someone who's there has to be shipped off somewhere else," the domino thing. So, it's gainfully employed, it was called. That was their whole craziness about it. It just didn't make sense. I think it was de Chastelain who was the Chief of Defence staff at the time, who made the ruling, and his rebuttal to the grievance that I sent... One of the biggest things was that I was asymptomatic because they kept saying I was symptomatic, had symptoms. And I said, "No. I'm asymptomatic." The doctors say, which means I'm not having any issues or problems. So, there was big misinformation. As soon as you went away from the people who physically saw me, like in Halifax, you started talking with people in

Ottawa, people who are paper-pushers basically, it becomes statistics and they really didn't have the right information. They just went by what they had as their guidelines, and their guidelines were wrong putting it mildly.

One of the things I think was scary for me is when I heard the military specialist for infectious disease say, "Oh yeah. Well, we know there's a lot more people in the military that are positive, that are HIV positive," and his number that he gave back then was this huge number. Like, a couple of thousand people and I'm like, "Okay. Obviously this is a bigger issue than what they're letting on." So, that was kind of scary. When I heard that I thought, "Wow. It's interesting." He kind of shot themselves in the foot too. It was weird. Their specialists were really not doing them any favours. One of the things that Human Rights did, they award for pain and suffering. Now, if this was the movie *Philadelphia* with Tom Hanks, I would be rolling in millions. [laughter] But unfortunately in Canada, with Human Rights, the maximum allowable is \$3,000, which I got. I got \$3,000 for pain and suffering. From all the nonsense they put me through. If we had gone civil, not Human Rights, then I could've done the millions, but that's not the way in Canada. You had to go Human Rights. That wasn't a choice, which is kind of weird.

GK: So, the legal decision is quite important in terms of the federal court decision, which establishes that people living with HIV infection can't be discriminated against.

ST: In Canada.

GK: Understanding it as a form of disability. So, it's a very significant legal decision that obviously helped lots more people than...

ST: It didn't really help me, but it helped everyone else. [laughter] I mean, I still ended up being on Canada Pension Disability. And I have actually tried to go back to work three times since, but each time I just get too sick ... I don't know if it's the medications or what because I've tried pretty well every single medication going, but the medications don't help. They make you tired. You get lethargic and if there's some sort of environmental something going on within the workplace as well. Then that's another kick in the pants. And you just can't be sick because people can't gainfully employ you, which I got no problem with that. That's why I went on CPP (Canadian Pension Plan) Disability.

GK: Right. So, the final question about your legal struggle, which is a really important one, is how do you feel about the military? Because clearly it was, at one point, your career, but they obviously did this to you as well.

ST: I love the military. I've actually recommended the military to all sorts of people. The military itself, I mean, for getting a job and employment, it's great. I really, really enjoyed myself in the military. Doing the job, going to sea, going out and visiting different countries, the job that I did. Well, the jobs I did because I did numerous jobs in the military. I went from being an EW, (electronic warfare), which is sort of surveillance stuff; I did medic, which I really enjoyed too; I

ended up being a librarian for a while as well, doing confidential reports, which was kind of interesting, up until when they pulled my security clearance. But in all aspects within the military, I enjoyed it. I like that family unit kind of stuff. When you're with a bunch of guys, or guys and girls, to me, I just think it's great. It's a great education. It's a great experience. It's a great way to grow up and learn things about yourself too. I just happen to think that with the HIV stuff and AIDS, I just fell through the cracks because I was Atlantic 001. I was the first one. If there had been other people in front of me that had been through and paved the way, maybe this whole story would be different, but I just decided to make a stand.

GK: And it was a very important one. Obviously, you continue being involved in AIDS-related activities after that. If you want to talk a little bit more about that.

ST: The AIDS movement and being involved with AIDS, for I think anyone who's HIV positive, is a must. I think having access to information... Doctors don't know it all. The people that know it all are the people who are living with it, and that's the most simple thing. I don't know how many tidbits, pearly bits of information that I've pulled out of somebody's mouth or, when we've been discussing something, and they would come up with saying something like, "Oh, did you know like when you're having like a lot of infections and inflammations you should not eat bananas?" It's like, "What? What's that gotta do with it?" And he says, "Oh. Well, because of the ingredients in bananas, I guess, you avoid them for a little while until you get over that inflammation sort of period of time." And I'm like, "Oh... Okay, cool." So, I mean, there's weird little things that you learn.

Then of course, medications, some of the medications that I've gone through, Sustiva being one, they call it the "dream drug." People had nightmares that took it. And so, when you go to take a medication or sign up for starting a new pill, with that particular one and I actually did ask a lot of people, "What are you dreaming?" It's like, "I dream that I wake and I'm murdering someone all the time." And I'm like, "Okay. That doesn't sound great," because I'm an artist I have very vivid dreams. But I did take the medication, and ironically my dream was I kept winning the lottery. [laughter] I didn't win, but I kept winning in the dream, so that was the nightmare I guess. So, it was kind of funny in a way. And then I tried Interferon, which was a needle thing you had to inject into yourself. And I tell you, a whole new level of respect for diabetics. I couldn't tolerate it in the end but the drug was a problem for me. So, as I said, different people have different tolerances ... I actually went on a positive cruise for a treat a couple of years back. And of course everyone in the group is all positive, and to have, it's ironic, that amount of positivity within a group of people who are all living with HIV and enjoying life too. Even though they're taking all these horrible medications and some are having some nasty side effects, but embracing life. And I think that's now what people are trying. You keep hearing them talk about finding a cure. It hasn't happened. They keep coming up with vaccines and I have yet to see any vaccine work. Every single vaccine trial has failed. So, I just keep doing the best I can, you know – you eat, you exercise a bit, keep the stress levels down if you can, sing my karaoke, and bake. Questions?

AS: You said that doing the palliative care in those days was one of the roots of doing spiritual practice and so I wondered if you just wanted to say more about that.

ST: Oh. Yeah, because of jumping back and forward. I tend to do that. I jump back and forward in the story a bit. Well, doing AIDS work laid the cornerstone for spirituality and what happened with that is I ended up being the guy who was there when people died. And so, I ended up being the one talking about God. I ended being the guy talking about spirit, about what happens when you die. And probably one of my major influences, I guess, back in the early days was the CARAS Group – Church Members Assembled to Respond to AIDS I think that’s how it goes – CARAS. And there was a group of ministers from different denominations – Roman Catholic, Anglican – and I was really impressed with them. It’s kind of gone by the way now, which is a shame because I think today more than ever, that unified spiritual approach is really needed. But they influenced me enough, and being around people that kept dying and being the one who was there, I decided, “Well, I’m doing the job. I would pursue it further.” And I always had an interest in spirituality. So, I became an ordained minister. I’m now an openly gay, HIV positive, AIDS, Spiritualist Minister. And I helped form a group in Halifax called Angel Hall Spiritual Centre, which I’m now not part of because I’m in Truro. And they’re doing their own thing now. I might do another group up here.

AS: And what is that group in Halifax?

ST: The group?

AS: Yeah.

ST: Angel Hall Spiritual Centre. So, it’s the Spiritualist Church of Canada. To explain that, you have Roman Catholic, Anglican and Spiritualist churches in Canada. It’s separate denomination.

AS: It’s interesting when we talk to people and look back at where people were and then what happened out of that. Especially you were being told, and were being legally designated, as limited, right?

ST: Oh, as dead. I wasn’t limited; I was dead. I wasn’t being limited; I was told I was going to be dead and ’89 was my magical [sound effect]. That’s the line. As soon as I cross that line, that’s it. Over. Game Over. And actually the maximum time they gave me was ’89, because that would’ve been beyond the three-four years in the beginning. And then of course, you go the next year and you’re still there, and you go the next year and you’re still there, and it’s like, well... And of course, now I think when I look back at it, “Well, gee. I could’ve gone and taken a class on this or I could’ve done this.” But I guess not. I don’t regret it because the amount of things that I did, the energy it had involved, I didn’t have the time to do other things. You can’t go back. Never regret is the way I look at it. Only keep going forward, try new stuff.

GK: As we've been talking are there things that popped into your head that you wanted to talk more about or that you remember and haven't had an opportunity to talk about so far? Or any issue that you'd like to talk about that we haven't touched on?

ST: Well, to do with the AIDS and HIV stuff... Let's see. We did MACAIDS. I think the other interesting thing is the Canadian AIDS Society, when that formed. One of the things that's really interesting from an Atlantic perspective, and being involved as long as I have, is we're actually better at it than most groups, which is kind of weird because we're the have-not provinces. We have less funding and less input, and yet I find that education-wise, the people involved within the groups here are actually more on the ball. They have a little bit more resources, which is kind of weird. So, I find we have a terrific voice that when we say something, especially in things like you know the Canadian AIDS Society or on a more global aspect, people listen because we know our stuff, which is kind of bizarre. I remember we had someone come down and they were trying to tell us that HIV causes heart attacks. You know, this little virus. And there was this poor girl that was giving the information and she was nearly in tears by the end of the session because we started asking questions. Like, "Well, this virus, isn't that like a micro-virus? Isn't that tiny, tiny, tiny, tiny? And you're saying that it causes heart attacks. So, how do the heart attacks happen?" "Oh, this thing... because it's inflammation, the build-up." I said, "So, what's building up? What's it doing? Breaking apart the little white blood cells, you know, your t-cells and that's creating a clot or something?" "Well, no. It's the inflammation." The logical explanation for it is if, you take medications, which higher your cholesterol levels... I mean, even in the old days, the denial from drug companies about the effects of what the drugs do. It would be kind of nice if they owned up a little bit.

Then of course, the other aspect is we still pay for our prescription fees, which is insane. And probably the biggest thing for a PHA medical-wise is that, and I've asked questions for now ten-fifteen years maybe, is that when they give you your medication they give you a set-dose, but it's not based on your body weight. It's not based on your sex. And it's not even really based on your family history. So, you could be 800 pounds and they would give you two pills. You could be a toothpick of 80 pounds and they'd give you two pills. So, you would think that those two pills are going to have a much stronger effect on the toothpick person than someone who's like really heavy, and then, likewise, a man versus a woman. Different anatomy, that there'd be an effect. And I've asked the question numerous times. Why are they not? I mean if you're a diabetic, they don't give everyone the same insulin shot. You alter the dosage. And they still haven't done that. They still haven't. At the Canadian AIDS Society meeting, I actually got to ask a couple of the big wigs that dole out prescriptions, and I said, "Well, how come you don't do it?" You get this blank look, "I don't know. That's a good question." I'm like, "If you want to save money. That's billions there that you could save because it is billions spent on medication. I mean my meds are like, three or four thousand for a dosage.

AS: In Nova Scotia, how is that managed? In Ontario there's a drug program that pays dependent on income...

ST: In Nova Scotia, our MSI (Medical Services Insurance) covers three anti-virals.

AS: No matter what your doctor's prescribing?

ST: You get three anti-virals.

GK: It's any three or there's a set list?

ST: Three anti-virals. So, if your doctor says you need this one, this one, and this one. Good.

AS: Do you know how they came to that three anti-virals?

ST: It's based on what they call HART, which is the HIV AIDS Anti-viral Treatment. It's like that. It's basically a catchall, pretty well across Canada that seems to be the way. But if you end up needing extra-medication on top of that, hopefully you have some sort of insurance program. For instance, because I take HART, because my drugs basically they fall into that category, I get my anti-virals, but because I have to take cholesterol pills and blood pressure pills because of the medication, those I have to pay for.

AS: And there's no help for that?

ST: No. Well, except for the Pharmacare program in Nova Scotia... This is just new. They only started that what? Two years ago? So, that's just new. But there's no standard across Canada, which there should be. And that's another one of those arguments. You know, we're 30 years now into the whole thing. Why isn't there some sort of uniformity there? Of course the Canadian AIDS Society now is all being off-tracked because they're now into this whole merger thing going on with the haemophiliacs and hepatitis. So, it's like, "We're going to stir the pot and mess you up to take you off your actual track of what you've been arguing about." And again, we're getting away from PWA issues and back to education issues, that whole dynamics, which has always been there since day one. The politicians are playing their card and they do it well. And unfortunately the AIDS groups, they fall prey to wherever the money comes from and this is just part of it.

AS: Yeah. It's just astonishing to me because if people are going to live ... Like, if you can't take your cholesterol medication it doesn't matter if you have the anti-retrovirals in a certain way, right?

ST: Oh, that's okay. You can die of a heart attack, but not AIDS.

AS: It's just really stupid.

ST: And they can give you three or four thousand dollars for your HART regime, but they won't give you the thirty bucks for a cholesterol pill. And then of course, the other thing too is that if you

start out having problems, they usually don't change that. They usually give you another pill on top of the pill. So, there's numerous times that instead of changing your medications, they say, "Oh no. We'll keep you on that, but we'll give you something extra." A lot of the older timers... Well, they're younger than me, because I've been around longer, but a lot of people who have been around for a decade or so have got heart problems, which is just amazing. How many people actually have heart problems now? And I'm like, "Okay." And then of course the argument, "Oh well, you're just all getting old and that because you're all taking medication." It's like, "Ah... Not that many." One or two people having heart attacks, maybe, but not when I can count a room of twenty people and at least seven of them have had heart problems, like, heart attacks. And it's like, "Ah... No." I don't buy that.

AS: Yeah. This correlation starts to seem like cause.

ST: It's, what do they call it, empirical evidence. So, I listen, but I don't buy. Then of course, that's what they don't like about me, I don't toe the party line. Even the AIDS groups actually sometimes don't like it because I won't be quiet. There is no cure. The medications we take are limited. And if someone starts talking about medications... well, we don't even have thirty now. We have about twenty-seven medications. Twenty-seven medications, which are divided into anti-virals, non-nucleosides, and there's another brand which I can't remember now what it is off the top of my head. But so you take the twenty-seven and there's about, you know, there's five or six in this group; there's six or eight in that group; ten in that one, whatever – they're divided into these groups. So, the goal of the anti-virals is that, to give you a little AIDS lesson, picture an egg; you fried an egg. You've got the yoke in the centre and the white. The AIDS virus comes in and attacks, breaks into the white part and then it gets in, breaks into the yellow. The idea of the drugs is to stop the virus attacking the first, to get into the white part of the egg. Then the next set of drugs is when it's in the white part of the yoke, and then the next set of drugs is what's in the yoke, and then the next set of drugs is for once it's destroyed your cell and it's trying to escape, it tries to catch it again. So, there's kind of four areas where the drugs work and that's basically what HART is. HART is trying to cover as many of those zones. The reality is that if you take Drug A, you can't take Drug B because there's a cross-resistance. So, out of the twenty-seven you don't have really twenty-seven. So, if you took the number, say you're lucky and you can take four maybe anti-virals. So, you take four and divide it into your, let us say, twenty-six because it's an easy number. You get, four into twenty-six is?

GK: You think that we're good at math?

ST: Come on! You're meant to be good at math! [laughter] What is that?

AS: Six and a bit...

ST: Okay, so six and a bit. That's assuming that you can take them all. Now, because there's cross-resistance, well we have to throw some of those away. So, we're down to maybe five, let's say five.

Okay, that's interesting. So, you have five. Oh, but wait a minute, you have some problems because you're you. So, you take one of those. So, you have four and then you're going, "Okay. That's interesting. Oh, wait a minute. You got HIV from someone that was already infected." So, they were already on medication. Might be down to two, because they're already resistant, that particular strain you got. Out of all those drugs, you might have two regimes. You start taking the first one, which you might be good for four or five years before it turns. That's assuming your body can tolerate it and assuming you don't get sick from something else; like, other things. So, when they say it's a chronic, manageable disease. That it's nearly being cured. I mean, admit that that's bull. To me, that's not a reality. That's not what they should be out there telling people, especially kids. Like, going to schools with education. They should be saying, "This is the reality; there's a limited amount of drugs. If you get it, it's really hard. The drugs are horrible. You can end up like running to the bathroom. You'll be throwing up. You might get cholesterol. You're going to get fat." I had three lypo-surgeries in my time. I mean, you know, someone's almost going to cut your throat because you've got fat building up because of the stupid medications. Oh yeah... We're managing really well... I don't buy it. No. So, the AIDS groups, and even the nurses, don't usually like me talking because they say, "Oh, you're all doom and gloom." I say, "No, I'm not doom and gloom. I'm reality." I say, "I'm still alive because I took the truth and used the truth. I looked after myself and I try to do the best I can," and I say, "That's what I teach people if they ask me. I'm not going to lie because if you lie, what are you going to do? You're just going to build resentment because when things do go wrong, that person's not going to come back to you and talk." It's as simple as that.

GK: Anything else beyond the poem?

AS: Well, also, one of things that we're trying to do is just to bring into the room and into the project people who died who might not know about or remember otherwise. And so, you don't have answer. It's awful to ask but...

ST: I've had two partners who have died. And it's interesting because the families don't want names used, which is kind of weird, but I think people come into your life, you share a path with somebody, and you walk in the same direction. And there comes a time that they need to rest or they go ahead of you. And I always picture when someone dies, this is how I explain it to people anyway, is that: Oh. Well, you found out that you've got inoperable cancer or something. It's like, "Oh. Oh, cool. You're going to Australia before me." And they say, "What do you mean by that?" I say, "Well, when you go to Australia, I'm never going to see you because I haven't the money to go there yet." I say, "You're getting the advance flight, so you can tell me all about it when I get there later." I say, "But I know that I can always phone and call you because when I pray and sit and talk in my silent thoughts and I look in my heart, we're always connected. It's just like going to Australia." One day I will go to Australia, the real one [laughter] as well as the one in my dreams. But people understand that because a lot of people had friends that have moved away that you don't see, but you still think about them; you remember them. You have it in your heart. And it sounds weird, but that's why I'm a spiritual minister is that when you do stop and think about someone, it's a little like they talk to you. And you go around the corner later in the day and it's

like, “Wait a minute.” It’s kind of a little freaky, but I don’t think anyone ever leaves us ever – they are always, always with us. That answer that question?

AS: Yeah. Thank you. We would love to hear the poem.

ST: Okay.

AS: So, you wrote this after being... You’re still living in the Valley.

ST: This was when I was in the Annapolis Valley and part of the Valley AIDS Concern Group and our group had a support group. Basically what it was is there is six of us that would go off and be around each other. Now, the Valley’s a big place, so we just figured that we would get together and do just popcorn and watch a movie and have a night just for the boys. And we could talk about anything. Most of the time we’d talk about medication and about other people, like everyone does. And then in the spring, one of them started to get a cough, just a tickle in the throat, and he was coughing a bit and by the end of that summer, they were gone, all of them – all of them died. They all ended up just going. And I decided at that point that I needed a break, so I actually moved out to Toronto for a year figuring to escape and get away from all the death and dying, because just the court case and everything else was still obviously running around in my head. I went up to Toronto, and I actually was only up there a week and I get involved with peer support up there and I ended up being beside someone’s bed and holding their hand as they died, and they died well. And it’s really interesting. One of the things that I do is I sometimes sing songs when I’m sad. I can’t stand being in a hospital room where it’s just pump sounds you hear from the pumps going and the things and it’s like, no. Get the radio put on or a TV or something. Have life, something live. So, we start singing. So, this particular guy up in Ontario, he was from Jamaica; Barry, he was straight. He had found out, he hadn’t took his meds and he regretted that, and it’s just “Oh, it happens.” So, he had basically a week left and so we used to go up and we used to sing songs and stuff. I look back on it now and I think I sung better than usual, for some reason, in the palliative care. We never got told to shut up. Now, this is up in Mississauga. We’re in an open door at the end of a palliative care wing and all the doors are open. And I think back on it now and it was like, we weren’t the only ones singing. So, I don’t know if it was the other people in the rooms were singing along; the angels were singing with us or something, but he got it. He understood what going to Australia means. He knew that his time was limited, but he had this great opportunity to say to his friends and family and that, you know, it’s going to be great. Carry on. I’ll see you later kind of thing. And the family got it too and they came in and brought all their food that they have from Jamaica. And it was a really good one. He died smiling. And it kind of changed all my previous times I’ve been with someone who’s passed. We’ve always had to fight to have someone understand or to be more compassionate about the person who is leaving. And so, with that in my mind, and also with what I just left from the Valley, I ended up writing this poem called “Duty,” which is D-U-T-Y. My British accent sometimes makes it a little hard.

And, just to give the background of this, one of the aspects of being HIV and AIDS positive is no one really understands how any individual feels. So, I was trying to express how I felt, because

everyone I had known had died – I mean, literally. The guys originally at the hospital when I was first diagnosed with Doctor Wally Schlech, all those twenty-seven, gone. People in the process up until I joined the Valley group, a lot of people there had died too. I mean, new people come into your life and then all of a sudden they're gone. And then I'm in this Valley group and then all of a sudden all my peer group, gone. I run away to Ontario, a friend I met up there, gone. So, I sort of tried to put it into some sort of words. It's called "Duty":

Here I stand alone, and those that I've known – friends most are gone, dead;
And their graves are scattered over the countryside but none but a few know what wicked sword
pierced their hearts and grazed their very existence, their souls;
Eventually bleeding them to their deaths;
But I do, for I was there and I wear the wound.
Here I stand alone – the trees, the sun and the small animals are my friends;
And the songs I hear are the memories of those gone;
Of battles personal and grand, and no memorial lies in tribute, only a soft breeze;
Of fragrant flowers, soft scent;
A footprint or two in the sand to tell of someone's passing;
But before long they will vanish under the approaching waves, a memory forgotten.
Here I stand alone;
My great battle is over;
My friends and my allies are gone;
And atop this grassy knoll where one day I will lie and not stand, I stare out at the field of wheat;
And I see only poppies;
And I hear the mice at the corn but I see only gold;
And I know I am alone but I still see the people.
Here I stand alone.
One battle is not the war;
And though where I stand it is over, I feel in the distance another continues;
The night chasing the day;
The moon haunts the sky, and my time is passed like so many minutes on a clock;
But the hour is not up yet.
Here I stand alone.
I wait and I hope;
The battlehorn at my side cold from lack of news;
My limp that wound of old worse;
And my armour rusted and dented, I am forgotten, a past, now an antique left obsolete behind,
used and dead.
Here I stand alone.
And the gates of heaven beckon me and those who have gone before call out my name;
And they wait beyond;
I am still who I am;

And the wound still hurts;
I feel, I breathe, I am alive;
But deep down I know someday I will not stand alone.

AS: Thank you.

GK: Thank you.

[END OF TRANSCRIPT]