

STATE LIBRARY OF WESTERN AUSTRALIA

Transcript of an interview with

Ian Walker

STATE LIBRARY OF WESTERN AUSTRALIA – ORAL HISTORY COLLECTION

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INTERVIEWER: Helena Cohen-Robertson

TRANSCRIBER: Helena Cohen-Robertson

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NOTE TO READER

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FULL CAPITALS in the text indicate a word or words emphasised by the person interviewed.

Time	Content – Ian Walker
0.00 – 5.00	<ul style="list-style-type: none"> - Grew up in denial about sexuality. Engaged to a woman but attended gay clubs at night. - Diagnosed with HIV at 20 and that all changed. - Mother a church minister. Being gay never discussed at home.
5.00 – 10.00	<ul style="list-style-type: none"> - Family from Northern Ireland. - First noticed other boys when arrived in Australia. - First was called a ‘poofter’ in primary school in Australia.
10.00 – 15.00	<ul style="list-style-type: none"> - Despite acting on homosexual tendencies numerous times, didn’t admit his sexuality to himself until age 20. - Went into occupational therapy, studying at Curtin University in Perth. - Diagnosed with HIV when in third year. - Knew something wasn’t right in his body when he was 17. Biopsy. Showed generalised infection.
15.00 – 20.00	<ul style="list-style-type: none"> - Had lymph nodes removed. Attended follow up appointment with surgeon and was told he had AIDS. Terrible experience of homophobia from doctor. - Diagnosed with category C AIDS, 18 months to live. - Used creative visualisation to remain well and strong. Refused to let it be him that would die. - Had seroconverted at 16 years old when on National Christian Youth Convention, soon after first gay sexual encounter.
20.00 – 25.00	<ul style="list-style-type: none"> - Had acknowledged the Grim Reaper adverts but thought that if he had sex with a man but no relationship, he was straight. Didn’t think it would happen to him. - Eventually had to tell family about being gay and having HIV.
25.00 – 30.00	<ul style="list-style-type: none"> - Parents more impacted by admission of being gay than having HIV. - Took a while to be able to admit having HIV to others. - Terrifying to attend Perth Body Positive for the first time. - Demonstrated against Department of Health for AIDS rights with the AIDS Coalition To Unleash Power.
30.00 – 35.00	<ul style="list-style-type: none"> - Worked at WA AIDS Council in HIV prevention in schools and universities even before being comfortable with being gay himself. - Used clinical OT skills to assist terminally ill AIDS sufferers.
35.00 – 40.00	<ul style="list-style-type: none"> - Initially also working in generic OT at Royal Perth Hospital, the only place offering HIV treatment. Needed to hide his attendance for HIV treatment on site while working there too.

Time	Content – Ian Walker
	<ul style="list-style-type: none"> - Exposed to so much death from the disease. - Ended up very front facing and media present in HIV activism. Too stressed. Moved to London to be anonymous.
40.00 – 45.00	<ul style="list-style-type: none"> - When boss at Royal Perth Hospital found out that he had HIV she became cold and removed. - Didn't have HIV treatment for 14 years post diagnosis. Side effects were awful. - Eventually immune system depleted. Resisted treatment until had no choice then took tablets. - Moved to London in 1991. Surrounded himself with people that didn't have a problem with him having HIV.
45.00 – 50.00	<ul style="list-style-type: none"> - Princess Diana changed public perception of people with HIV and AIDS. - Also by 1997 effective treatments were available. HIV / AIDS was no longer a death sentence.
50.00 – 55.00	<ul style="list-style-type: none"> - Very active in HIV activism in Perth prior to leaving for London. Took Perth City Council to High Court of Australia with respect to the rejection of the application to open an AIDS drop in centre on discriminatory grounds. - OT for people with HIV meant finding ways for them to live at home.
55.00 – 1.00.00	<ul style="list-style-type: none"> - Discussion about High Court case. - After London, moved to New York for three years then Sydney for 12 years, then back to London and then to Perth. - In Sydney worked for AIDS Council NSW – ACON. Burnt out, moved back to London.
1.00.00 – 1.05.00	<ul style="list-style-type: none"> - Before leaving Perth mother trying to set him up with 'nice boys'. More accepting. Family all more accepting when it was with respect to someone so close to them. - In Sydney ended up in senior management at ACON and got tired. - Perth still has a unique view of HIV. Still stigma here and discrimination. - Perth generally more protected from things so has a more unique view of things like HIV. Whereas in Sydney HIV was everywhere so people were more accepting.
1.05.00 – 1.10.00	<ul style="list-style-type: none"> - Was in creative denial again in New York as Americans are conservative. 'Stay away from him, he's got AIDS' - As a result of treatment had lots more energy. No more night sweats.
1.10.00 – 1.15.00	<ul style="list-style-type: none"> - Perth LGBT scene now is totally different. Even very open in schools. - People his age carry the past. Concern over the risk of abuse.

VERBATIM TRANSCRIPT

FILE ONE OF ONE.

This is Helena Cohen-Robertson of Know Your Nation, interviewing Ian Walker at the auditorium to the State Library of WA on 27 January 2022.

KYN 1: Cool. Okay. So tell me your name and what you prefer to be called.

WALKER: My name's Ian Walker. I prefer to be called Ian. Nice and easy.

KYN 1: Cool. And when and where were you born?

WALKER: I was born in Belfast in Northern Ireland. Do you want my date of birth?

KYN 1: Sure.

WALKER: Yeah, 3rd of June, 1966.

KYN 1: Okay, cool. And given the whole project is about people who have been kind of [00:00:30] standouts in the LGBTQIA+ plus community, how do you define yourself in that context?

WALKER: Well, I moved to Australia when I was seven with my family. And how did I define myself in the community? I dabbled kind of because back then it was illegal to be gay and you were still considered to have a mental health disorder. And I guess it wasn't the [00:01:00] community exposure there is these days, so I thought I was the only person in the world that felt that way. And I was brought up in a fairly traditional family unit. So I had girlfriends and I would meet the girlfriend, drop her off at home at the allocated time that was accepted with the parents, and then dip into Connections and have a bit of a dance and go back home. I'd sneak in and go back to bed and wake up in the morning as if [00:01:30] nothing had happened, so that kept me on the periphery.

But when I was, I guess, being diagnosed with HIV just before my 20th birthday made me confront who I really was. And having to tell my girlfriend, well, my fiancé, actually the situation. And to her credit, she said, "I will marry you, but you have to stop having sex with men", which I thought [00:02:00]

was reasonable. And I knew I was fooling myself and I couldn't do that, so that really actually catapulted me into the gay community for want of another word. So not really the traditional nightclub boppy scene. Although I did do that, after a couple of years, I became a bit of an activist I suppose in the HIV sector.

KYN 1: Wow. So you said you grew up in a traditional family. [00:02:30] Were your parents religious?

WALKER: Oddly enough, my mum's a minister in the church, but I would say she's spiritual, not religious, so yeah. I mean, if you met her, you wouldn't know. She's not someone who forces it down your throat and she doesn't like the rules and regulations that people love within the church. That's not her style. So while it was a faith based home, it wasn't one where [00:03:00] you prayed at every meal and said grace and were forced to go to church. I mean, when I was quite old enough to make my own decisions, I realised it wasn't the place for me. And again, that was largely around being gay. Then the message I was given that I was ... and this is not for my parents because I mean, they didn't know I was gay, but from the Church, you are evil, you're a sinner, et cetera, et cetera.

So I actually remember getting up and speaking to my local congregation about being [00:03:30] diagnosed HIV positive and just the words I use now, it's like, oh, God. So I was trying to back then make sense with myself. So my line of logic was number one, first of all, I said I was bisexual. I couldn't say I was gay. Number two, I said, "If God can forgive murderers and rapists, then He can forgive someone like me". And it was like, [00:04:00] in retrospect, why did I put myself in with that group of people? But that's where I was at that time. But yeah, to answer your question, it wasn't a religious house as such. I guess it was just the norms I was surrounded by that back then all television was about heteronormative, all pronouns were heteronormative. So, that's how I saw the world until I guess I was old enough to realise it was a bit different.

KYN 1: So you [00:04:30] said that your parents never said to you that being gay was a sin because they didn't know you were gay.

WALKER: Yeah.

KYN 1: But was that a very open message that they were giving about other people? So when you were in the family home, was it the general conversation in derogatory in terms of people who were other than heteronormative?

WALKER: It was never really discussed, kind of didn't exist. No, I don't think so. I mean, they're pretty open [00:05:00] minded. No, no.

KYN 1: And do you have brothers and sisters?

WALKER: One sister.

KYN 1: So what led you guys over here to Australia?

WALKER: Northern Ireland. So in my early childhood that was in the height of the Troubles. So the houses next to you on fire, bombs going off. It was really fun actually. If a bomb went off, you didn't have to go to school, so that was always good fun, [00:05:30] but my parents just decided it wasn't an environment that they wanted to bring up their family. They went around and listened to both sides, didn't agree with either side. So decided to who moved to ... My dad's brother was here already, so decided to come to Australia.

KYN 1: And what was it like when you first got here?

WALKER: A big shock. I mean, I was seven, so I didn't really understand what was going on. And back then having a Northern Ireland accent, [00:06:00] I was quite odd and people couldn't understand what I was saying. So I actually had my accent forcibly removed. My mouth's really dry. Can I grab some water?

KYN 1: Yeah.

WALKER: So they'd make me say a word. It wasn't official. They'd make me say a word and then say it in Australian over and over and over and over and over until, because I apparently had a very thick accent. So the one that I always remember that took me ages to get over was they'd say, "Ian, what comes

after seven?" [00:06:30] I'd say "eight", and they'd say "no, it's eight". So anyway, I got there.

KYN 1: Who's they?

WALKER: Just school kids, just school kids. Yeah. And I guess for me it was the first time I actually noticed boys because people wore shorts and you could see people's bodies, as opposed to in the UK where people were all rugged up and it was like, "oh, I quite like that". I mean, I didn't know what it was at that time, but that's [00:07:00] certainly when I started to maybe start to see the world in a different way.

KYN 1: So where did you guys settle?

WALKER: As in the family home? Linwood. So that's kind of ... how do you describe it? Mid east. Yeah. So it was like a new residential area at the time, largely populated by people [00:07:30] from the UK and thereabouts.

KYN 1: And did you find that the general community messaging was similar in terms of level of religiosity and level of things needing to be heteronormative and stuff like that?

WALKER: Yeah, absolutely.

KYN 1: Or was there a bit of a shift?

WALKER: I mean, it was the first. When I started going to primary school here, that's when I became aware of the term poof or poofter because I'm not very coordinated, [00:08:00] shocking at sports. I didn't meet the cliché of what was expected and so I was called a girl, called a poofter. I didn't really actually necessarily know what those words meant, but I certainly was bullied and picked on because I wasn't 'rrrrr'.

KYN 1: So I got the sense that it was [00:08:30] when your fiancé ended up saying to you, "Well, if we're going to get married, then you're going to have to stop having sex with men" that you then almost had a formal coming out to yourself at that point. Am I right? Or did you [crosstalk 00:08:45]

WALKER: Yeah, I think so. I mean, I guess that was the beginning because I hadn't come out to anyone at that point. And I'm just thinking back as to how that journey went. I remember my cousins and I, we used to read the personal [00:09:00] ads in the back of the newspaper and have a laugh and a giggle. And that's when I started seeing things about men and men and the word gay. And I was like, oh. I knew I was drawn to that space. So I guess generally there was I'd say a negative viewpoint. I think the one time my dad did say something about it was ... You know what beats are? Yeah. Yeah. So there used to be big beat in the Supreme Court Garden's toilets. [00:09:30] And I was there on a family picnic and I went to the toilet. My dad said, "just be careful. There's strange men that go to those toilets". I went back the next week, caught the bus in and went back the next week to see who was there.

KYN 1: So when you're having your phase of being both in ... oh Sorry. [00:10:00] Right. Don't worry. I'm sorry, all good. So tell me how you decided to go into OT.

WALKER: Ooh. I always had a quite empathetic person, so I always wanted to do something that would be working with people, helping with people. I thought I wanted to do medicine and I was being pushed in that direction. Thank God I didn't. [00:10:30] But I met a friend through a Christian youth group who was studying OT and when she described it to me, I went, "oh, actually, that just sounds exactly what I want to do". It was functionally based, person centred. I guess my idea of medicine at that time was a GP sitting, listening to people's problems, which I didn't think I was up for, albeit now is far different what I do in my work. But yeah, it made sense, but the irony is at the end of first year, I thought, "actually I don't [00:11:00] want to do this, but I didn't know what else I wanted to do". So I finished the degree and I'm glad I did because it's allowed me to travel around the world and it gives me a whole bunch of skills that I can use, not necessarily as an OT.

KYN 1: And where did you do your study?

WALKER: Curtin University in Perth. So it was actually in third year at uni that I was diagnosed HIV positive.

KYN 1: So how does your experience with [00:11:30] the formal coming out to your fiancé and being at university and your formal diagnosis, how does that all fit together? So you do have female relationships, you're going to Connections, you're having male relationships, but you're maybe not admitting it to yourself, you're studying. Was there LGBT activity, more generally in groups and community stuff at uni? I'm really interested in the sort of conscious or subconscious with you and how [00:12:00] it seems to all fit together.

WALKER: Yeah. Okay. The weird thing is because IT is predominantly ... I mean there was only two guys in our year and for some bizarre reason I had it in my head that I had to be representing men. I don't know if that at all makes sense, so I was in complete denial. So didn't tell anyone, but then again, it's a different world. How I got through it? I don't know, to be honest, because it was really stressful. [00:12:30] I guess I used to drink quite a bit back then. That always helped. I remember because I actually had some counselling back then, which also helped. And I remember recounting a dream to the counsellor and I mean, she laughed. She said, "what do you think that means?" It was a colour dream and it was a river going through the centre. And the background was my [00:13:00] primary school and it was all in bright, sunny colours and people running around and playing. On the other side of the river, it was just this dark forest with twisted branches.

And across the stream was stepping stones and the seven stones were made of gay porn. So I was like, okay, frightened of the unknown, I guess. But again, not to keep harping on about my HIV, but that's what really confronted me [00:13:30] in terms of ... certainly back then it was considered to be a gay disease. And how did you tell people without not coming out? I know when I eventually told my parents, my poor mum, unbeknown to me, she used to go ... Oh, sorry, mum, she used to go through my things in my bedroom. And I had hidden in the back of a drawer, right at the back my condoms, because you're not supposed used to have sex before marriage. And I sat down and I said, "look, there's something [00:14:00] I need to tell you". She said, "I think I know it's okay. I've discovered the condoms. I know you're having sex with Michelle". And "I was like, oh, no. Well back then it

was called AIDS, so I have AIDS and I'm gay". And of course that blew her away. So she wasn't expect expecting at all, so yeah.

KYN 1: Do you feel comfortable talking me through the whole process of how you found out and what the experience was for you?

WALKER: Yeah. [00:14:30] Well it wasn't pleasant, unfortunately. So studying OT, being aware of an anatomy, I knew that something wasn't quite right in my body. And so I think it was about 17. I had some lymph nodes removed because they were all getting really large, but they didn't really know what was happening. The biopsy showed a generalised infection, which of course back then they didn't really know what that was. [00:15:00] Then it continued and so I was referred to an oncologist because they thought I might have had leukaemia or Hodgkin's disease, not good outcomes. And so I had some surgery, so I had a lymph node removed from my neck, from my armpit and from my groin. And I went back to see the surgeon to get my results. And as I opened a door, [00:15:30] he said, "why didn't you tell me you were gay?"

And that was the last thing I was expecting. And I thought, "where the hell did that come from?" And he said, "you have AIDS. I won't be seeing you again. What do you want to tell your parents?" And I'm just like ... head spinning. And he goes, so "I can't tell them". He goes, "tell them you have glandular fever and close the door when you leave". So yeah, I was in shock and oddly enough, I went on to train to be an actor because I think I'm a [00:16:00] really good actor because I had to walk out into a waiting room with my parents, anticipating a diagnosis, a bad diagnosis and saying, "great news, I've got glandular fever". But all I could hear in my head was AIDS, AIDS, AIDS, AIDS, AIDS, AIDS, AIDS, AIDS, AIDS, AIDS.

I don't know how we separated, but I left that space and I went to Shenton Park Lake and just sat in the park. And I don't know [00:16:30] if I disassociated from my body, but I just remember all the light changing. It was just being starbursts and lights. And I don't know how long I sat there before I got myself together again. And I think I probably just put it in a box at that stage, but yeah, it was the last thing I was expecting. And when I'd been describing it to some colleagues, they [00:17:00] were like, "oh, my God, it really sound you've got AIDS". And I was like, "oh, don't be stupid,

don't be stupid, don't be stupid", and that's when I knew, I guess it was called category B AIDS back then. There was category C, which was you had antibodies. And back then it wasn't called HIV. It was HTLV three or four, so HIV hadn't been discovered or identified as yet.

So category C was you had antibodies, but no symptoms. Category B was [00:17:30] that you had antibodies and symptoms and you had a life expectancy of between 18 months and three to five years. And then category A AIDS where your immune system was so damaged that you got opportunistic infections and normally your average life expectancy was 12 months max. So I was about 23 at the time, so I had been diagnosed three, four years, and the specialist told me that I probably [00:18:00] had about 18 months to live. And I thought, "nope, fuck that, sorry, excuse my language, that's not going to be my reality". Basically, I'm not going to die, so I use creative visualisation as a technique in the sense that every reality begins as a thought. And so I never saw myself being unwell. I saw myself strong and I could [00:18:30] actually see ...

I went to a support group called Perth Body Positive a couple of years after I was diagnosed, and you'd sit in the room and everyone's subconsciously looking around. Who's going to die next? Who's it going to be? And who's turn is it next? And you could almost sometimes see in people's eyes, there was a change, that they'd in a sense surrendered. And yeah, that was never me. I don't know.

KYN 1: Thanks for sharing that. [00:19:00] So in terms of where we are in the piece, you got diagnosed at 20 when you were still at uni?

WALKER: Yep.

KYN 1: Okay. And before then the lymph problems that you'd been having, that was because you had HIV as well?

WALKER: Yeah. Yeah.

KYN 1: Okay.

WALKER: Yeah. So I actually seroconverted when I was [00:19:30] 16. I remember my seroconversion illness. I mean, just really, really unwell, severe flu-like symptoms, sweating profusely. Oddly enough, at the National Christian Youth convention. And not that it matters, but it was after my first gay sexual encounter, not that it matters.

KYN 1: So seroconversion, can you explain a bit more about that?

WALKER: [00:20:00] So after you've been exposed to the virus, your body tries to fight it off. So one way of killing viruses is heat, so your body heats up and that's the time when the antibodies are forming. And quite often people can be quite unwell. Some people have no problems at all, but I guess, yeah, mine was quite severe. And I don't know, I guess back then, it was also around the strain of virus that you got, [00:20:30] depending on who you were with. Sorry. Yeah, a bit like COVID in terms of the Omnicom variant, the Delta variant. So there was different variants of the virus back then and it affected people differently, but most people can pinpoint that when they seroconverted, normally it's about two to three weeks after your infection.

KYN 1: And was it about that amount of time since your [00:21:00] first sexual experience with a man?

WALKER: First penetrative? Yeah.

KYN 1: But you wouldn't have thought to put the turn two together [crosstalk 00:21:10] at the time?

WALKER: No, not at all. I mean, yeah. I remember the Grim Reaper adverts back then and it was a different world. It didn't affect me. I guess in my head, how I justified it to myself was if I had a girlfriend and [00:21:30] if I had just sex with a man and didn't see him again, so didn't have a relationship, well, then I was straight. So, that's in my head. I mean, I'd never heard of it until I was diagnosed. Oh, sorry, I'm contradicting myself. I guess I'd heard of it, but I didn't think it applied to me.

KYN 1: So when did you have [00:22:00] a shift and end up telling your family and anyone else that you came out to about your diagnosis and your sexuality?

WALKER: Well, the two went hand in hand. I'm just trying to think. I think it just got to the point where I couldn't contain it anymore, because no one knew. It'd been a couple of years and I hadn't told anyone, and I guess my behaviour [00:22:30] changed. In retrospect, I probably was depressed. So I was going out longer and longer at nighttime. My trick was to get back in time before the family woke up and wake up with the family, but it got more and more that I was late and my parents were getting really concerned. So told my dad initially, and I think I told ... talk about bad timing. I told my [00:23:00] dad the day my mum was flying to the UK to be with her parents who were unwell.

I don't know. I just kind felt compelled to say the situation, I guess, to try and make some excuse as to why I was late coming back and that they weren't to be concerned. I think I said I was just going to the beach to think about things, because I didn't want to acknowledge that I was actually going to Connections. [00:23:30] And then I told my mum not long after she came back and we decided it best not to tell my sister because she was a bit younger. When we eventually did tell my sister, she was really resentful and upset that that had been kept a secret from her. And in fact, I only just told her daughters about a month ago because it was not taboo, but I guess my sister didn't want her [00:24:00] daughters to worry.

And I did a speech at World AIDS Day in public and I wanted them to hear it from me, not through word of mouth. So that's taken what ... 1986 to now, how long is that? 30 something years to tell the whole family, but everyone in my world now knows, not that I make a big deal about it. It's [00:24:30] just it's there, took a long time to get to this place. I was ashamed. I felt dirty. I was stuck in my head for a number of years until I had some counselling and went to a support group, which is the best thing that I did. Yeah. I've lost where I'm going with that. Sorry.

KYN 1: Not at all. And this might not be a question you can answer, but do you know if your parents had a sense of ... [00:25:00] Was their reaction bigger in respect of your health diagnosis or your... overt exception to yourself that you were gay?

WALKER: For my mum, it was the fact that I was gay. And the first thing she said was, "oh no, I'm not going to get any grandchildren". I mean, not in those words,

but she said, “oh, you won't have children”, and that was her concern. My dad was mortified because I took some pamphlets to explain it. And [00:25:30] I remember seeing the look in his face at the page where it was about anal sex and he was just disgusted. I mean, disgusted is wrong. That's giving the wrong impression of my dad, but that really upset him that I was admitting that I'd had anal sex, so that was his thing. Actually, it probably wasn't the HIV, oddly enough, probably more the sexuality.

KYN 1: [00:26:00] So in this world where you've fully admitted everything to yourself, your fiancé knows and your parents know, is it then just opening the door for essentially everyone except the more broader family members to know? Or were you still hiding who you were in certain situations? How did that work?

WALKER: Yeah, [00:26:30] still in creative denial. So I told my immediate family except my sister. So when I went out and on the scene, I didn't tell anyone. And I mean, [00:27:00] back then everyone was terrified. So I guess back then the assumption was that everyone had AIDS, so people acted accordingly. So in my head, I didn't need to tell people, because I didn't know how anyway. So practiced safe sex, using condoms. And I don't know how long it took before I actually realised that I probably should tell people and that they had the right to know. [00:27:30] But then that often, I guess, as you build a skill, it gets better with time, but it's quite awkward and clunky. When do you tell a person? At what part of the conversation do you bring that in? I've now learned the earlier, the better, not when you got your clothes off or about to get into bed. And then they say “I'm leaving” or “can you please leave”, or you're having to educate them about safe sex. So, that took a long time to get to that [00:28:00] space, probably a couple ... well, I think it was after I decided I'm not going to die. So I took a very much a proactive step forward, and I guess that's when I started getting involved in HIV activism.

KYN 1: So tell me about that. What decision did you make? Who did you work with?

WALKER: So I think I mentioned Perth Body Positive before, so that was a support group that met weekly. [00:28:30] Going there for the first time was absolutely terrifying because that was my first step, I think, to acknowledging other people that I was positive, going into a room for positive people, no idea what to act. I mean, the people who are still alive from that group, about

three or four of us have developed amazing bonds and friendship because of what we went through back then. And I guess naturally [00:29:00] through those support groups and they were happening all around the country. And then I think it was the national conference in ... I'm going to make it up. I can't remember. I think it was Hobart or Canberra. I'm not sure. So there was an annual conference for medical practitioners talking about the latest research. They're talking about us. And that was the first time that people stood up and said, "we are here. We want to be part of this discussion, [00:29:30] not talked about". And that led to each state having an organisation for people who are HIV positive.

I don't know why, I always hated committee people. I ended up in the committee. I think I've probably had the skill set and the mindset to move into that space albeit I was really young. I also was involved in Act Up, which was the AIDS Coalition To Unleash [00:30:00] Power and that was very much a protest demonstration group, because again, back then government was not the friendliest and there was issues around medication. So we were demanding research and more funding be put into HIV. I remember our favourite ... well, one of my favourite activities apart from rallies was back then there was fax machines, and fax machines just had one strip of paper that you had to tear [00:30:30] off. It wasn't individual pages, so we would write a message and put it through the fax machine, but loop it back and tape across, so it just kept going round and round. So that in the morning, in the Department of Health, when they came in, the room was just full of paper. It was a protest.

We did die-ins, so we'd go and die on the street. So that actually was for me, very empowering. And I remember when we were trying to encourage people to [00:31:00] join us, a friend who also was very involved, much older than me, stood up at one of the gay venues and said that he was HIV positive and that he encouraged anyone who was positive to step to stand up with him. And that was one of the first times when the gay community really stood up. I mean, I remember sitting [00:31:30] there, it felt like an eternity before I actually got up. That was one of the most empowering things I've ever done to say, "look yeah, I'm here. This is it".

KYN 1: And every time you stood up to say, "I'm positive, this is who I am", was it also in your mind another instance of you coming out as gay as well?

WALKER: Not so much [00:32:00] in the gay scene because that's the main place that I was saying I was HIV, so I guess it was for me inherent if that makes sense. So it was more about coming out about having HIV than being gay. I think by that stage, that bit was settled in my head. That was kinda "put that bit of the side", it was then dealing with the diagnosis and what that meant and socially what that meant.

KYN 1: And [00:32:30] what about the formation of the WA AIDS council?

WALKER: So I actually worked for the WA AIDS council. So I went to Perth Body Positive, which was run by the WA AIDS Council in about 1988. And then I started volunteering about a year or so later, and then I became a member of staff. Back then, there was only six members of staff back then. And I mean, ironically, I [00:33:00] worked in HIV prevention at the sauna and at universities and schools, giving information and I still wasn't really comfortable in my gay skin at that time. And yet ironically I was doing this work that said I was gay. I remember I used to say, "you wouldn't think I'm gay to look at me, would you"? And people used to laugh because it's ... I mean, that doesn't make sense. [00:33:30] That's silly. But yeah, I was quite naive back then I think, but thrust into the thick of it. And I guess having my clinical skills probably helped me because back then the focus of the AIDS Council was terminal care and helping people to die at home, surrounded by friends and loved ones or in hospital. [00:34:00] The other members of staff used to organise care teams to go in and help people because quite often people were rejected by their family, by their friends and were really isolated. So yeah, a difficult time.

KYN 1: And did you carry on doing more generalised OT in ... [00:34:30] not to do with HIV and AIDS as concurrently, or did you move between the two every few years.

WALKER: Initially, I did generic OT works at Royal Perth Hospital. I mean, that was interesting because back then you could only receive treatment - although I didn't start treatment for 14 years or medical support through the

immunology department at Royal [00:35:00] Perth hospital - where I worked, where I hadn't told anyone. And so I used to have to go out, change my clothes, because I had a uniform, go in, sit in the waiting room, pray to God that a colleague didn't walk past or see me, and then go out afterwards and get back into my uniform and go back to work. So I eventually [00:35:30] became an HIV specialist OT, started working the community, but that was in the UK, not in Australia. And I went on to work in London's largest ... well, back then was London's largest AIDS hospice pre-medication and that was ... Yeah. Yeah. Yeah.

I lost count of the number of deaths. People died every day. I mean, we're a hospice. It's to be expected I suppose. [00:36:00] But I guess the example being when I first started there, when someone died, a candle would be lit and put in reception so that when you came in, you knew to be sensitive. So an example, you wouldn't go up to someone and go, "oh, hey, how's John"? Because it could be John who had passed away. And eventually it was a massive pile of candles, which actually reminds me of ... I don't know [00:36:30] if it's working in palliative care, if it's me, but I've got a bit of a dark sense of humour. So the first AIDS candle light vigil was held in the grounds of St. Mary's Church, outside Royal Perth Hospital. And everyone brought a candle and placed it by the memorial rose bush.

Sorry, it's not funny, but there was so many candles that the rose bush caught on fire. And just poof, [00:37:00] so it's this black rose bush. That tickles my sense of humour. It's probably not appropriate, but I guess it just talks about the number of people who are affected, but maybe I'm in denial. I don't know, but I saw the comical side of that.

KYN 1: So why did you make the decision to go to London?

WALKER: Because of my activism, I actually ended up [00:37:30] the spokesperson for POAWA, which meant being on the news, being on 60 Minutes, which is a national show. And I started getting death threats and hate phone calls. And Perth being quite a small city in particular, the gay scene back then there was one nightclub. So it was known that I worked for the AIDS Council, so every time I went out socially, [00:38:00] people would gravitate to me. And again, I didn't have the skills to look after my boundaries. So I found myself

all night supporting people and people unloading on me. And I just thought, “no, I just want to go somewhere anonymous, people don't know me, don't know my story.” Yeah, that was the motivation.

I mean, I just think [00:38:30] I was mega-stressed, to make an understatement. And again, how I got through, I don't know. I mean, people say that I'm resilient and I think I probably am, but yeah. So I was working as an OT and in my lunch break coming out and talking to the media, going back in to continue work and just that complete flip. And I don't know how I did it, but I was able to do it, but then I was identified. So my work colleagues recognised me, people I knew recognised [00:39:00] me. Yeah. So I guess I just wanted to escape it all really.

KYN 1: So you said that you used to try and hide, leave the hospital, change your clothes, come back to get your treatment or have your appointments. Is that the same time period as when you were doing media in a way people [crosstalk 00:39:25]

WALKER: No, it was before then. It was before then. Yeah. So that was [00:39:30] couple of years after I was diagnosed. I think, because I was diagnosed in third year, finishing fourth year in one of my first jobs. My first job was at Royal Perth Hospital actually, so it was very early. So at that point, no one knew except for my boss due to a well-meaning member of our community who shall remain nameless, who doesn't really understand [00:40:00] boundaries or confidentiality. So I guess, well intentioned, went to a friend of hers who is a medical superintendent and said, “look, there's a male OT at Royal Perth Hospital who has AIDS. I just want to make sure you would look after him”. I was the first of a male OT employed at Royal Perth Hospital. It was a bit obvious who it was.

So I remember being called into the head of the department and I guess a bit like when I went in to get my results and he said, “I didn't know [00:40:30] you were gay”. She said, “Ian, do you have AIDS?” And again, I was like, “where the fuck did that come from?” And again, I think I might be a good liar. Isn't that terrible? I said, “no, it sounds like me. No, it couldn't possibly be me”. And I think she got the answer that she wanted. And so it was never talked about again, but I mean, I'm sure through staff that it probably was

filtered back to her, because I guess I'm making assumptions, [00:41:00] but my immediate lines manager, her attitude to me changed around that time. So I can only assume that something was probably said.

KYN 1: In what way did her attitude change? Did her attitude change?

WALKER: She just became cold and removed. And just, if I walked into the room, she'd walk out of the room. It was really subtle. How [00:41:30] else did she? She said, "I just need to explain to you, Ian, everyone else here is my friend I work with, but you will never be my friend. You're not my friend. You're not going to be my friend". I just thought it was a personality conflict. It may well have been. And I'm so lovely, how could you do that? And actually it's only now I put the pieces together that that might have been what was going on, because I know actually the one per ... and I don't know why [00:42:00] the one person I was told I needed to tell by the doctors was the head of school at OT. So told her very early on and she was incredibly supportive.

KYN 1: And you mentioned that you didn't have treatment for 14 years. Did you have any other physical ailments or health issues arising out the fact that you were HIV positive?

WALKER: Yeah. Yeah. Well, yeah, I technically had AIDS back then, so my immune system had been [00:42:30] depleted. I'd had shingles. I'd had a brain infection. I think that's all I'd had. That's all I'd had, but back then the medications were so toxic. And I was a coordinator of a drop in centre for people with HIV in Perth back then, and I could just see the side effects on people. And I mean, they were worse [00:43:00] almost than the symptoms of AIDS. And I made a very conscious decision that I wasn't going to take the medications because they were toxic. But also I guess a part of my acceptance was that if I took the medication, I was accepting that I had HIV. I don't know if that makes sense. So it was almost admitting defeat in my head.

So yeah, I resisted for a long time until I basically had no choice, [00:43:30] but I actually think that has helped because the long term side effects from those medications were horrendous. You got lipodystrophy where the fat was stripped off your body, so people had the really gaunt faces and get a

hump in the back of their neck. You'd lose your bum, you get a pot belly, and you walked in the room and you were wearing your diagnosis. And that was really hard, so yeah, and I didn't like swallowing tablets. [00:44:00] I could never swallow tablets. Now? Give me 20 tablets, they're all down in one hit, but yeah.

KYN 1: So London, what year did you go?

WALKER: '91.

KYN 1: Okay. And what was the general community reaction to HIV and AIDS from Brits, the people in London [crosstalk 00:44:22].

WALKER: The nice thing was I didn't have to get into it, so I really didn't go into that space. I don't know [00:44:30] if that makes sense. I mean, yeah, I don't know how to answer that question actually. But I think by that stage I just made sure that I surrounded myself with people who didn't have a problem with it, if that makes sense. So I know in the [00:45:00] general community there was a lot of fear. I mean, same as in Australia, a lot of fear. I mean, the hospice I worked for ... I've got a name drop, so Princess Diana used to come quite a bit. And again, that was in the time when she ... the famous handshake where she shook someone's hand without wearing a glove, and that was amazing. And I guess also that reminds me of back at the time when [00:45:30] everyone would glove up and mask up, and it's with universal precautions now .that was not a thing back then, so it'd be odd. And some would mask all the way up to take your blood pressure or to do anything. And that again, the way it was done, you felt unclean.

And I remember I had a dental appointment and again, back then, if you were HIV positive, you had to be the last appointment for the day so that they could clean the whole place out. Never mind that the people [00:46:00] before you might be positive, but didn't know, but we won't go there. And so I went to a dentist appointment. It was at the end of the day and I walked in and it was like a scene from ... you know ET where ET's in that big tent, the plastic tent? So the receptionist was covered with goggles and a mask and robes, and the whole desk was covered and the whole dentist was covered

in sheets and protection. And I had to sit in the middle of it, waiting for the dentist and it was like, yeah, [00:46:30] not a good feeling.

KYN 1: Yeah. So Princess Diana shook someone's hand without the glove on and it changed. What feelings of change did you have after that? What could you see?

WALKER: In people generally? I guess it became a talking point. I think the people who were still scared, I don't know that necessarily brought huge behaviour change. People still had their [00:47:00] concerns. You get it from food, you get it from touch, you get it on the bus, you get it wherever. I mean, I still think it had some impact, and it certainly was a pivotal moment in history. I think that people started to see in a different way, particularly as she came more and more.

KYN 1: And you met her yourself?

WALKER: Yeah. Yeah. She was amazing.

KYN 1: She shook your hand without a glove.

WALKER: [00:47:30] Yeah. Well, I was a member of staff back then and actually and while the staff knew, I didn't disclose to her my status, but yeah. Yeah, I met her.

KYN 1: So you were in London for quite a long time. And how did at all did the climate, the crisis, the community handling of HIV shift and age change, while you were?

WALKER: Well, I mean, I arrived in '91. '97 was when the first effective treatments came out. So there was a shift in the sense that it wasn't seen as a death sentence anymore. So there was a bit of, I guess, a lifting of the terror for want of another word, in the community. [00:48:30] People took lots of drugs and the theory is ... I mean, ecstasy was the drug of choice back then. And there's a theory that that was a way because it made you all huggy and touchy and got over that barrier, because a lot of people were frightened to touch each other or to hug or to kiss and that gave you permission, I think. So probably not the best time of my life to be talking about. But yeah, I think there was a

slow [00:49:00] change of people's attitudes. But again, you still get the idiots who were uninformed, uneducated and could be quite hurtful.

But I think by then I'd developed my thick skin and it didn't affect me as such, but certainly for people around me that I knew. I mean, I went to a support group. I was unemployed for a while and I went to a drop-in centre for people with HIV. And a lot of people there, I guess I realised how fortunate I was in terms of [00:49:30] my education, my upbringing, the support. And a lot of the guys didn't have that, so they were really isolated. And I think in a city the size of London, it's very easy to be lonely and isolated, so I guess that was the challenge.

I think also I was so involved in my work as an occupational therapist, working with people with HIV [00:50:00] and partying with my friends at the weekend that I think I just blanked the rest out because I hadn't ... What am I trying to say? I've been very active in Perth, ended up taking the Perth City Council to the High Court of Australia. In London, I just blended in and personally it wasn't as big an issue in London for me as it was in Perth, [00:50:30] but that's not necessarily reflective of how it was for the general person in London.

KYN 1: Okay. So two questions. One is tell me about the High Court case. And two, just so I don't forget it, is what sorts of treatments could you give as an OT to people living with HIV and AIDS that would assist them if there is such ... I don't even know if you can specify because it probably [crosstalk 00:50:52] depends on the person. You tell me which one you want to tackle first [crosstalk 00:50:56]

WALKER: Do the OT one because that was pretty ... So for OT, [00:51:00] it was about terminal care potentially. So equipment for people, commodes, pressure care, modifying the home. So when I worked at London Lighthouse, my job would be to go to the person's home before they were discharged to see if they could manage at home and to make recommendations as to what should happen. Sometimes it was on the turn of a hat. So someone would say they wanted to die in the hospice and then they'd change their [00:51:30] mind and say, "I want to die at home". And so you'd literally have to dash out and just do what you could to make it safe. For people who were not

terminally ... well, having palliative care, it was about maximizing what they could do usually with limited energy.

So back then, it was ring-fenced funding, so it was things like microwaves, washing machines. So people could cook a simple meal [00:52:00] rather than cooking a meal, because they didn't have energy, washing machine. I worked for Tower Hamlets, which is one of the poorest boroughs in the country, so people didn't have a lot of the everyday things. So, that was the equipment that we did. We'd do relaxation training, stress management. And I think what I brought was that while I didn't ever disclose my HIV status to clients, because I didn't think it was relevant, well, I guess it was, [00:52:30] I always treated people how I would want to be treated, but I think that's universal for anyone in medical care. I would hope. So yeah, that's the OT stuff that I did.

In terms of the High Court, so through the POAWA movement, we wanted a drop in centre, a safe place for people with HIV, but we wanted it [00:53:00] separate to the AIDS council. I'll condense it a bit. Sorry. So we got some funding to open up a drop in centre, and we found a place that was in a suburban street in north Perth, I think. And it got out that we'd put in an application because we needed a change [00:53:30] of purpose, because while it was a house, it was classified as a warehouse where we needed it to be ... I can't remember, shopping or whatever. We needed to go to council to get the zoning changed and it leaked out into the community. So we had people protesting. We had the local pub, they stopped using glasses. They were giving paper cups so people couldn't get AIDS, in case anyone with AIDS went into the pub. They still were washing down [00:54:00] the windows and all the shops around us. So that was prior to getting planning permission.

So when we took it to the ... it went to the planning committee to make a determination and they said, "no, no, we can't make a decision. It needs to go to the council". Went to council and it was ... I mean, the crap that was talked about, it was very clearly they wouldn't give us planning permission because of the fact that it was a centre [00:54:30] and all the locals had kicked up and were protesting. So I remember them saying, "look, we need to be really careful. We need to word this so that it's on planning grounds

because there could be consequences". So I think we had six parking bays that we had assigned and on the drawing, one of them overlapped onto a tree by about 10 centimetres. They said, "the parking's inappropriate, so we'll give you another building in the middle of an industrial area in East Perth", [00:55:00] ironically enough, with less parking bays than what we had anticipated.

They were worried that there wouldn't be enough car spaces for the hordes of people that would come to the day centre, so it was refused. We appealed to the State Minister for Planning who overturned the city council's recommendation or gave planning permission. Perth City Council then took us to Supreme Court and we [00:55:30] won in Supreme Court. And then the Perth City Council took it to the high court of Australia to have the Supreme Court overturned. But at that stage it could only be an individual and not an organisation, so it was put in my name. And albeit we lost or I lost, it recognised HIV as a disability for the first time in Australian law. And the reason [00:56:00] we lost was because back then the law said you can't discriminate against an organisation. You see what I'm saying? Yeah. You can discriminate against a person, but not an organisation, even though it represents people. And as a result of that, that created a change in the law. And that all came through when I was in the UK and I was flown back to give evidence. So yeah, not going to be pushed around.

KYN 1: So it was held that it [00:56:30] wasn't discriminating to say that there couldn't be a drop in centre because it was an organisation that wanted to be a drop in centre?

WALKER: Well the City Council didn't give planning permission because of a parking bay. It was clearly the fact that it was a centre for people with HIV and AIDS. They were talking about faeces, I mean, the ignorant stuff that was coming out of the counsellors, I mean, I was just absolutely gobsmacked. And of course you are only allowed [00:57:00] to observe, you can't speak. The stuff that was talked about was just absolute ignorance. We had a few supportive counsellors who really helped, who spoke up, but the vast majority ... "not in my neighbourhood", they didn't want it there, which oddly enough, I can understand in retrospect. It's a bit like that. I want a drop in centre for

whoever, but just not next door to me, but we weren't in a really residential area, so yeah.

KYN 1: [00:57:30] So what happened after London?

WALKER: After London, I moved to New York for three years, and then I moved to Sydney for 12 years, then I moved back to London and then back in Perth.

KYN 1: And why all of those moves?

WALKER: I moved to New York from London because [00:58:00] I met someone and fell in love and he was moving to New York. I thought, "why not? It's not my agenda". It wasn't in my life plan, but why not take the opportunity? I mean, back then it was illegal to migrate to the U.S. or to go to the U.S. if you were HIV positive. And so for my visas, my doctors crafted very cleverly wording that didn't tell a lie, but didn't [00:58:30] say that I had HIV. So technically it was illegal for me to be there. And I think the other part of it was because we were relocating, because we were a same-sex couple, I had to do everything myself. Whereas, if we'd been a man and a woman, the company would've paid for all our moving expenses, not that that matters, but I mean, yeah, New York was amazing.

And then we got to the point in our relationship, this sounds so corny, where we wanted the white picket fence and [00:59:00] the nice life because living in Manhattan is quite stressful. And having lived in a big city like London, I thought the obvious place in Australia was Sydney, because it's a big city, big gay community, so moved to Sydney. Then I ultimately started working for the AIDS Council in New South Wales, which is ACON. [00:59:30] And again, got burnt out, so I high tailed it back to London because I love London. Sorry, people, and was there for eight and came back three years ago. My mum has late stages Parkinson's, so came back to help care for her. So she now has a private OT on hand.

KYN 1: So how have your parents [01:00:00] reacted to you having a love in your life, and what's the relationship there?

WALKER: It got to the point before I left Perth, that mum was trying to set me up with people. "He's a really nice boy, you'll love him". I mean, it took my dad a bit

longer, but my mum was pretty accepting for want of another word. I was never aware of any change. [01:00:30] Even my uncle who I told because they're involved in the Church, and I didn't want them saying it at the Church, I wanted to hear it from them. And he just said, "oh, I'm going to have to rethink how I think, aren't I?" So I think when it's personalised, when it's a person that you know, the people in my experience, they shift, whereas it was just this concept of removed people can have some very negative images. I know my grandfather [01:01:00] used to talk about pansies, and I guess back then the only gay people that you saw on television was the really high camp, exaggerated characters. What's his name? Mr. Humphreys, in Are You Being Served? And anyway, so where was I going with that? Sorry, I talked myself into a wormhole.

KYN 1: You're doing good. Okay. So why did you get burnt out when you were in Sydney working for the New South Wales at [01:01:30] AIDS Council?

WALKER: I started to volunteer and I ended up working into senior management and it just became all encompassing, like 14 hour days. I didn't really have a social life. It was all committees and representing on other organisations, and yeah, I just got tired. I'd been working there for about eight years when I left [01:02:00] because I also realised that I get more reward for want of the right word, that's not the right word, doing person, person stuff. Whereas in management, your clients are staff, if that makes sense. And so I just I didn't find that fulfilling. Oddly enough, I'm a manager now, but that's a different story. [01:02:30] Yeah. Yeah.

KYN 1: And what was the climate like in terms of the community, both LGBT and non LGBT community towards people living with HIV and AIDS? And I suppose to people who weren't in the LGBT community towards people who were in general over in Sydney? I guess I'm trying to get a sense of ... because you've been in so many different spots.

WALKER: Yeah.

KYN 1: It's wonderful what is the comparison [01:03:00] geographically, but also over time? If there has been a shift, what has it been?

WALKER:

Yeah. I still think now Perth has a very unique view of HIV. There's still a huge stigma here, and still huge discrimination. Still, people are terrified to speak up. So there's people that we work with at WAC, people are just terrified of being rejected. So people with HIV on treatment who are undetectable, [01:03:30] we can't pass on the virus. We have medical checkups every three months. We have really good healthcare compared to other people. In Perth, you are seen as a 'keep away'. In Sydney, you're a wanted commodity because you know your status, you're not transmissible. You're not someone who doesn't know their status, who might be highly infectious. So there's a huge difference in attitudes.

I mean, I remember going from Perth [01:04:00] to Sydney on conferences and you could see it on the streets because I guess it's a ghetto. There was a ghetto in Sydney at the time, it was obvious, and the people were dying left, right and centre. Whereas in Perth, it was quite hidden. So I think that probably the main difference that there was more acceptance in Sydney of people with HIV, I guess it was probably just sheer numbers. I don't know why the different mindset, but I think [01:04:30] Perth, I love you Perth, has a bit of a unique view of the world in some things, quite protected, which is awesome. So we certainly didn't get the numbers here that happened around the world. So, that's a great thing. But yeah, I mean, still today, people are frightened to tell people.

I mean, I used to co-facilitate a support [01:05:00] group of people who were newly diagnosed and ... I don't know where I'm going with this. It took a couple of sessions and people were okay to come out. It was more teaching skills, how to talk about being HIV positive as opposed to this being a terrible thing. And I know I'm making generalisations, because I mean, there are lots of people in Perth who are comfortable and it doesn't matter. [01:05:30] And myself, I don't wear it on my sleeve. It's just part of me. I don't even think about it, whereas it used to be in my every thought. That would be the main difference.

And in New York I was in creative denial again, I think, or it wasn't talked about, but the Americans are very ... love Americans, but they're very conservative. And again, but New York was wiped out by AIDS as well. So again, very different situation. I [01:06:00] remember being warned about

someone, "stay away from him, he's got AIDS" by a friend of a friend in New York. I unfortunately didn't correct them, but there was still ... I think people were scared.

KYN 1: And if this isn't too intrusive a question, you mentioned that you started having treatment 14 years in or something. So can you talk me through how you went from not needing treatment or not having treatment to having treatment or [01:06:30] needing treatment? [crosstalk 01:06:30].

WALKER: Yeah, sure, sure. I think my GP then just kept saying, "you need to start treatment Ian you need to start treatment Ian", because my T-cell count was starting to go down, down, down, down, down. And I was insistent that I'd be okay. I didn't need it. He kept repeating it, "you really should start treatment." I was like "no, no I'll be fine". It was when I had encephalitis, which is an infection of the brain, [01:07:00] and it affected my speech. So I remember I was trying and I had the most incredible headache where I would try to say a word, for example, I was trying to say dog and I would hear carrot. And then actually what the people heard was just [inaudible 01:07:23] gobbledygook. And I had no idea that this was going on, so I was in hospital for two weeks on an IV [01:07:30] treatment.

And that was a result of HIV crossing, because HIV crossed the blood brain barrier and I thought, "you know what, I really need to do something about this". And I think I had shingles not that long before that. And I mean, shingles are excruciating, so it was from my back down to my foot and I was taking pain medication because I had to. And I thought, "oh, actually, do you know what? Taking tablets isn't necessarily such a bad thing". [01:08:00] And certainly the medications were a lot friendlier then, so I acquiesced. And I mean, I spoke to lots of friends because again, back then there was lots of talk of, do I start treatment? When do I start treatment? Do you leave it longer? Do you do it earlier? Whereas I guess now it's like people go straight onto treatment and it's not really a big issue, but I think there was a lot of unknowns back then, but I felt it was time. [01:08:30] It was time.

KYN 1: How did things change for you? What impact did treatment have on you?

WALKER: I had more energy. That's about it really, because I mean, although I had those infections, I overall wasn't that unwell. However, when you are chronically fatigued, you don't realise how tired you are until you stop being tired, if that makes sense. [01:09:00] And I was having really bad night sweats. So you wake up and the bed was ... you could wring out the sheets. Not a good look when you were with someone in bed next to you, so I guess those things resolved. So I mean, there was obviously some positive impacts.

KYN 1: Nice. So you're back in Perth. How [01:09:30] far has Perth come in terms of change, improvement, doing better, doing the best it can at supporting and celebrating the LGBTQ community here.

WALKER: It's a different world. It's a completely different world. Yeah. One of the projects I manage, the Freedom Centre, is a drop in centre for young, queer youth and non-binary youth. And they went [01:10:00] to part of a health fair at my old high school. I thought, "oh, being a supportive manager, I might just drop in and see how this is going", and I was just amazed. I mean, certainly the younger generation, it's not an issue. I mean, they were giving out the pronoun badges. And literally, I mean the kids were all coming out. The traditional alpha males were coming over digging through, "Hey, John, I'm trying to find the bisexual one", "it's in here, hang on a minute". And just [01:10:30] open conversation, diversity celebrated, whereas my experience was kicked, stabbed and called a poofter. So it's moved on a lot, a lot. That's not very technical.

But yeah, I think it's changed significantly. HIV, not so much, but certainly for the gay community or the LGBTIQ+ communities, very different world, very, very different world. But I think people my age still carry [01:11:00] the past. It annoys me. I get annoyed at myself when I do it. So I mean, I've been queer bashed quite a couple of times. And so I used to call it the frozen vegetable difference, that a heterosexual couple can spontaneously, while they're looking into the frozen vegetables, getting their peas, give themselves a hug and a kiss and have a giggle and keep going. Whereas if I did that back then, you risked being abused [01:11:30] or yelled at. And so I'm very conscious now. Even before I touch my partner, I'm always

conscious of what's going on around me even though probably it's not an issue, but I certainly still carry that.

And I think the cumulative effect of my whole social network. I mean, when I was 20, all my friends died. So I think that has to have an impact [01:12:00] on you somewhere. So I guess I probably have that lens, but equally, I've always tried to be optimistic and to be positive. But there's been quite dark times where I've been diagnosed with depression and I think that's largely related to, well, coming to terms with my sexuality and also my HIV disease process. But to get back to your question, yeah, it's a, [01:12:30] a different world. And I remember we went gay camping when I was in Sydney and went to a caravan park. And the gay boys, we do camping pretty well, so there was always cheese and music, and it was glamping more than camping really.

And when we pulled in, there was a bunch of ... I call them bogans, that sounds awful, but pretty rough people. And I'd made all these assumptions about what they would be like. [01:13:00] And in a campsite at nighttime, there's nothing to do. And everyone gravitates to the middle of the campsite and we all got talking. And yeah, I mean, they were asking quite potentially offensive questions, but they were genuine questions. "Does it hurt? Who's the man? Who's the woman?" But I actually thought, "you know what? You're actually not being assholes. Let's have the conversation." So to the point that the next day they said, 'lan, lan, come here, come here, come here". And a [01:13:30] big guy picked me up and they put me across their laps and having their photographs taken, because it was actually a bucks party. And the phone went off and he went, "oh, yeah, I'm just here with my mate. Yeah. We've got some gays here with us". And they were saying, you are not what we expected, and I wasn't what they expected.

In fact, as we left, we tooted the horn and they all waved and were in theory all the best of mates. So that was an awesome learning for me, because I just had made all these assumptions of the cliché ocker person having a problem with [01:14:00] it. I think probably people are making massive assumptions. I'm really sorry, but people who haven't come to terms with their own sexuality are people who tend to be on the negative, because I think the mindset is, if I say something pro LGBTIA+, then it means I'm part

of the community. Whereas I think when you're safe and secure in your own skin, it doesn't really matter.

And I know that certainly in WA, compared [01:14:30] to the rest of the state, I mean, 50% of people with HIV are heterosexual men, but they present quite late. They're usually quite unwell when they're diagnosed because it's, "the gays get it. Why would I get tested? And I have a wife. Occasionally I might do a bit on the side". I don't mean to have judgmental language because we're all human, we're all who we are. Unfortunately, at least some people still feel to be put in a box. We just are [01:15:00] who we are. If you're attracted to both sexes, you're attracted to both sexes or whatever, not for me to judge. I hope that didn't come across the wrong way. But yeah, that's, I guess, another unique thing about WA, just the stats.

KYN 1: Yeah. Amazing. I mean, we've only loosely touched on lots of things.

WALKER: Yeah.

KYN 1: But that's the way that this always seems to play out, but are there any massive things that we've missed that you think we need to get across?

WALKER: [01:15:30] I mean, I guess we've touched on just the change in terms of the queer community, the general acceptance. The fact that we're visible, that we're on television, we're in movies, you can see other people, other stories that you can relate to that in my youth just didn't exist. [01:16:00] So, that's awesome to see. There certainly has been, I think, a shift in terms of how HIV is perceived. Not so much in Perth, but certainly again, there are lots of people in Perth who are okay, but there still is a reticence here and a bit of a shame associated with HIV. And I guess I've become ... not hardened. That's the wrong word, but [01:16:30] I don't have a problem. If someone has a problem with it, it's their problem. Whereas I used to take it on board and get upset and want to educate the person, whereas I now realise that's not my role.

Respect is a dual thing. I respect you, but ... Sorry, if I want you to respect me, I have to respect you. I don't know if that makes sense. So it's not up to me to necessarily confront people. So I guess I'm maybe the wrong person

[01:17:00] to ask on that because I think that I ... What's the word? Not amalgamated. Yeah. It's not an issue anymore. I'm just trying to think when it would be. No. No.

KYN 1: Awesome. Well, thank you.

WALKER: I hope I didn't bore you.

KYN 1: [inaudible 01:17:26] Cool. Excellent. I think [01:17:30] we're done then.

WALKER: Cool. Thank you.

KYN 1: Thank you.

END OF FILE ONE.

END OF INTERVIEW.