

Interview with David Swarthout

Interviewed by Susan Davies

**Interviewed on April 14, 1995,
at the Red Door Clinic, Minneapolis**

DS: My name is David Swarthout and I'm officially a community health specialist for the Red Door Clinic.¹ I have a kind of varied background. I have a degree in accounting and marketing, and I have another degree in theology and a third degree in counseling psychology, which actually don't have a hell of a lot to do with what I do here at the clinic.

For the last eight years I've been at the clinic. I started out as an employee of the state health department, hired as a psychologist for the clinic, and I was counseling folks from the very beginning who were finding out that they had HIV. The objective was actually to counsel them about how to notify their sexual partners. Over time we came to realize that that was not the first and foremost thing in somebody's mind, you know, ten minutes after they found out that they have HIV. So after about six months the health department discontinued that contract, and the clinic picked me up to do counseling. And I worked for the first couple of years strictly counseling the folks that tested positive, and as our numbers started to go down a little bit, I started doing more and more different kinds of things at the clinic. I did some grant-writing, I did some research, I wrote a needle exchange² proposal back in 1988 that was considered too controversial to even consider submitting back then. It would have been much more timely to have started back then, but that's a personal observation.

¹The Red Door Clinic is Hennepin County's clinic for sexually transmitted diseases. It provides most of the state's HIV testing and counseling.

²Needle exchange is a program to provide sterile syringes to intravenous drug users in order to slow the spread of infection in the community. The program was started in 1995, after many years of controversy.

I did some other development work, did some grant-writing and got funding for an intervention program for gay and bisexual men. In 1988 we got funding from a private foundation, which was actually the first private fund that we'd ever had coming into the clinic. After six months of operation, the state health department was so pleased with our outcomes that they offered to fund it longterm into the future, and to this day it continues getting \$60,000 to \$80,000. Actually I think this year we might have even topped \$100,000 in funding. And when we started it as a state-funded program, we also started a youth intervention project at the clinic. And as all those things got up on their feet and started moving along, I went back to doing HIV pre- and post-test counseling. And I still counsel the folks that test positive. So I've worn a lot of hats here, but right now it's doing more counseling probably than anything else.

SD: Is that what you like doing the most, or is that what's most fulfilling to you?

DS: Yes, it's the one-to-one contact with patients that I really enjoy. I didn't really care for doing the administrative work with the program, the on-going program management. I like to do the creative end of designing a program and working out the kinks and doing long-range planning, but my favorite part of what I've been doing for years now is the one-on-one client contact. I mean, I have a great job. I talk about sex to strangers eight hours a day. It's kind of like being a prostitute, except I don't get people off, so to speak. [Laughter]

But I get to talk with people who are pretty frightened, and I'm told that I have a pretty reassuring manner about me. In therapy with clients it would take months and months and months to get a point where a client would feel comfortable talking about sexual stuff, whereas with my clients it's usually five to seven minutes after they come in my office that we're talking about what they've been doing, with whom, and how often, and with condoms or without condoms, and with lubricants, without lubricants, and getting right down to basics, and giving people good information, better information than they have access to through the media. To me that's a pretty rewarding thing, to be able to give people some reassurance.

SD: How do other people describe you? You mention that you

were reassuring.

DS: There's an article that was written about our clinic about a year ago. I think it was by the Twin City Reader.³ David Carr wrote the article and talked about the way that we deal with stressful work by humor. They likened the clinic to a M.A.S.H. unit, and I was described as Hawkeye of the Red Door Clinic.⁴ [Laughter] How my clients describe me is gentle, reassuring, sensitive, candid, at times confrontive, but supportive, affirming. Most people come in with the same kind of background that I imagine that you and I came up with -- in families that don't talk about sex. We grew up in communities and within churches and schools and other communities that simply say it's not okay to be sexual, and it's certainly not okay to talk about sexuality. So people are hungry for the ability to be able to converse about a pretty confusing aspect of their lives. We supply a place where people can comfortably start that discussion that really needs to be happening with all the people that they have sex with.

SD: Do you ever hear back from people that you've counseled?

DS: I've been here, as I said, for eight years now, and a lot of the HIV positive folks who I counseled in the early days have come back over time to follow up about this or that or get information or to just talk some more. But a lot of times their partners and their friends will say, "Oh yeah, if you go into the Red Door, ask to see David," and some of my clients I've been following over time for as long as eight years. So I have a pretty strong regular group of clients that I see. They may only see me once or twice a year for testing, but they always want to make sure they see me, or they see somebody else, but when they get results they want to get them from me.

SD: So how does it feel to be so relied on?

DS: It's kind of a bittersweet feeling. I live and work in

³A local weekly newspaper.

⁴Reference to the long-running television series about a medical unit in the Korean War. "Hawkeye" was the show's calm and funny central character.

the same community. I serve a lot of gay and bisexual men, a lot of lesbian women, a lot of folks in the recovering community, a lot of folks who've felt like they've been largely left out of things in the past. To be able to have provided them a safe place to start a difficult discussion or a difficult process for most of them--it's a real honor to feel like I've been let into their lives. I mean, some people describe my work as being something evil. They say, "God, your work must be so depressing. You have to tell people they have HIV." Well, you know, if you look at HIV as being a real horrible, awful thing, which in one sense it is, yes, that's the way you describe it.

But when I'm counseling someone who's newly infected, I have an opportunity to give them hope, to instill a sense of perspective, to give some balance to the hype that the media is so effusive about letting us all know about. So it's a real honor and a humbling thing to have people look to me for information or for support. Before I came to the clinic, I was a monk. And I left the monastery for some totally related reasons; it was about my problems with authority. [Laughter] I haven't changed much over time, that's my secret. But I'm doing the same kind of work that I would have done in the monastery, working with folks that nobody else seemed to be wanting to work with.

SD: What kind of monk were you?

DS: I was studying with the Jesuit order. It's a Catholic group. I've always considered myself more Jesuit than Catholic. The Berrigan brothers beating bombs with sledge hammers and throwing blood on them--I always thought that that was a terribly appropriate thing to do to nuclear warheads, so that was the right choice for me back then.

SD: When did you first become aware of AIDS, and what did it mean to you when you first became aware of it?

DS: It was coming of age both personally and professionally. As a gay man I'd heard bits and pieces about AIDS, but I'd started working in the chemical dependency treatment center back in the very end of 1984. We started getting patients in 1985, and after the test was available, doctors would routinely order HIV testing on IV drug-using patients or gay-identified patients, oftentimes without the patient's permission. And there was a bad experience that happened at

a local hospital where a patient, while de-toxing from heroin addiction, was told by a nursing assistant that the nursing assistant didn't want to take the patient's blood pressure because the nursing assistant didn't want to get AIDS. "I don't want to take your blood pressure because you have AIDS."

And that was the beginning of a process of realizing how mean the world can be to people with HIV. And I was called in to try to help this guy out, and actually that led to a series of bad breaks by shortsighted administrators and providers. This guy got discharged from the hospital basically to the street because other patients said they'd leave if he was allowed to stay. I got him on a plane the next day back to New York to a treatment program that would take good care of him, and I said at that time that if it meant that I had to speak out and speak up for these people, then that was what my job was going to become at that facility.

Many times I counseled patients to file suit against the doctors or against the hospital because they weren't being treated properly at that time. So when that awareness came about, I couldn't sit back and watch it happen to my people.

That's when I became an advocate, and just a couple of years later, I decided to leave that very hospital for, in large part, a continued lack of respect for the seriousness of how people were being mistreated. Gay and bisexual men and IV drug users were getting hurt in a place where they were coming to get help.

SD: Which was pretty widespread at that point.

DS: But this was considered one of the nation's leaders in terms of chemical dependency treatment, so it was an embarrassment to the heart of that kind of system. And I said I couldn't perpetuate the illusion that they were a caring kind of institution, so I chose to leave to retain my integrity, and it just happened that I walked into a position with the health department, very part-time, and within a year [Hennepin] County was making me offers to come on full time with them.

SD: How has your awareness or your perception of AIDS and HIV changed? Like you mentioned earlier, about how you don't have to just look at HIV as a bad, nasty thing, and there's other ways of looking at it.

DS: Probably my most fundamental belief is that the one thing that no one can take away from me ever is hope. And I have a particular patient in the back of my mind. During a videotaping that we did a couple of years ago he said, "You know, I have only, like, three T-cells, and my doctor says that I should be sick, and I don't have time to be sick. I'm too busy trying to make up for the years where I was living a self-destructive kind of life." He said, "Now I'm living a productive life, and I just don't have time to live up to what society believes should happen to me because I have HIV." And he lived for several years with that low T-cell count because he had other things to do that were more important. He was really fighting it.

And I think that that's really the way that I look at HIV today, that it's a chronic, treatable condition that's largely manageable in many cases. It takes a lot of hard work, and it really takes some dedication. But that's real contrary to my earlier days.

When I first started here, I thought that my job was to help people have some cathartic tearful experience in my office and that would be the thing that would kind of start their life off in a new vein. I realized that that usually made me feel better, but it didn't necessarily do much for the clients.

Today I work really hard to keep away from the emotional side of things. I mean, if somebody's crying in my office, I certainly support that, and I'm empathic, and I try to help them through that. But more importantly I try to spend my time showing people an alternative way of looking at it--not that "HIV means you're dying," but that "HIV means you're living." And showing that the real challenge is to try to figure out how I can make the most out of the time that I have, and how I can maximize my health during that time period. So it's going from when it was a purely emotional kind of response to help people get through, and being kind of pessimistic around the edges, to being truly optimistic, with lots of good reasons for being optimistic.

SD: So when you first became aware of AIDS, was it mostly with regards to your medical work, or did it ever hit you that this is something that could affect you personally, like in your own life outside your job?

DS: I had been involved with a partner--although I'd known I was gay for a long time, I hadn't been sexually active for a few years after I left the monastery--and the first person I became involved with, I found out a few months after we'd been being sexual together that this person had AIDS, and did not practice safer sex during that entire period, and had been at significant risk. And I was convinced that I had it, that I must have it. And in fact I had some health problems for a period of a couple of years where I had chronic infections in my ear and I lost my hearing. And my doctors were all convinced that I had AIDS. And this was all happening concurrent with this work stuff that was happening, so it was a combination of doing volunteer work, of having this personal experience where I had to deal with the possibility of HIV infection in my own life, and I had to wait six months before I could get tested, and I'd never been tested before. So here I was dealing with it personally and professionally and I'm doing volunteer work with people who were quite ill with AIDS at the time. So I was getting it from all different directions.

SD: Wow.

DS: And it was a pretty scary time.

SD: I'll bet.

DS: And the upshot was that I came back testing negative after that. I was amazed, I couldn't believe it. In fact I was tested several times after that, not believing that that was the case, and my doctors were all amazed, and I've gone back and read through medical records that one of my doctors wrote that kept referencing over and over and over again, "presumptive AIDS," "presumptive AIDS," "presumptive AIDS." Simply because I had a recurrent infection and I was a gay man.

SD: Did they know about your partner too, or were they just assuming?

DS: I don't recall. One of the doctors did, but I don't think his records reflected that. So I got it from all different directions, and that was when it really hit me that this was a serious thing and it wasn't an out-there kind of thing that I could speak for other people. But I also

realized it was very personal, that it was really my personal journey, to now want to struggle with this personally, and it was going to be something that was going to be with me through the rest of my life. There was something that I also had to do, since I had a voice and wasn't afraid to speak with it, or to write about it--that I had a responsibility to do something in response to it.

SD: How does your work in AIDS fit into your larger commitments?

DS: It's interesting you asked that question. I just finished writing a eulogy for my dad, and my dad had spent many, many years of his life, most of his adult life, serving. He had his own profession, but he also held political office for like thirty-five years in our home community in New York. And my mother has always been involved in civic activities. It's just the way that I was raised, that my sister and I were raised, that we have a responsibility as a member of a community, and you give back to it. So I've always had a leadership role in different community activities, particularly around AIDS in the early days, but now I do work with regards to other kinds of [topics]. I'm involved in the parish council in my church, I do some pro bono lecturing at colleges and universities around town. I really believe I have a strong responsibility. I'm involved in the community organization in the neighborhood where I work, or where I live. It's my job as a private citizen, and as a public health professional, to give of myself in my neighborhood and my community too. So it fits really really well, but I've come to a point now where I want to move beyond the AIDS world as a psychologist, or as someone who's eligible for licensure as a psychologist. I'm ready to move on to a wider range of topics. I'm kind of narrowly focused here, and I have been for quite some time. And as I do that, I'm probably going to switch and do more of my community service work in education fields rather than in the AIDS field.

SD: So, where would you go? Would you work with like, young people, or adult education?

DS: It'd be working with teenagers, maybe Big Brothers/Big Sisters or boy scouting. Boy Scouts are pretty reluctant to have any gay connection. I'm not really sure what that's going to look like. I know that when the right opportunity

arises, I'll know that it's there. It's kind of worked that way that every time I've needed to be doing something in my community. Somebody knocks on my door and says, "Hey, by the way, could you do this, that and the other thing?" But it's got to be around kids and sexuality and education, maybe around teen pregnancy, maybe helping the schools redesign or train teachers how to talk with kids about sexuality.

SD: Could you talk a little bit more about your faith? Because that also seems to fit into what I know about Jesuits and Catholicism, and the idea "Do unto others" and go out and be helpful and useful. At least my experience in Catholicism was really geared towards public service.

DS: Well, the [religious] order that I belonged to, their commitment was to education, that was what first drew me to the Jesuits, but that they also are a contemplative order that worked in the community. You know, my life is not much different than it would be if I was in religious life, although I live in a home with a roommate. But I still have a community of people that I worship with, and I belong to a parish, and I'm active there. Most of the parish knows what I do for a living, and I've come out on public television, and the evening news on all three stations, or four stations in town. Five actually, I came out on Channel 2 [public television] once, too. So I've been real up front about who I am in the community. There was a time when I felt distanced from the Catholic church, when there was some controversy with Dignity, a gay Catholic group, over at the University of Minnesota. I don't think that who I am makes me any more or less welcome in the community. All of who I am makes me welcome in the community, and there isn't a part of me that makes me less welcome. I think that's usually my own perception, you know, something that I was raised with, that gay people weren't part of the church or weren't welcome in the church, and there may have been some subtle messages to that point over the years, but my faith actually just grows stronger and stronger with every passing year.

Probably the most profound influence in my life, and I've talked about this almost every time I've lectured at a college or university, [was that] I met Mother Theresa at a talk in Milwaukee probably fifteen or sixteen years ago. She was receiving an award from the university for the graduation ceremony one year, and somebody asked her why she did what she did, why she chose to do the kind of work that she chose

to do, or how she could do it, because she works with the poor on the streets of Calcutta in India. And she said, "Well, you know, when I look into the eyes of the poorest of the poor I see the eyes of God looking back at me."

And that was just before I entered religious life, I mean a few weeks before I entered religious life. I was working in a nursing home a year later as part of my Jesuit training, and I heard another old nun say a similar kind of thing, that "You'll know why it is that I have a smile on my face every morning when you know the joy that I have of being able to serve the elderly." And this old nun that was telling me this was, like, ninety-five, and she was feeding some of the older people in the nursing home every morning side by side with me. I started looking into the eyes of the people that I took care of, and I didn't see old people; I started to see, you know, just individuals, and they weren't a class of folks.

And it's the same way in working with gay and bisexual men and lesbian women, that I don't see them as being part of a group, but that I get to see each individual's soul, and when I look into somebody's face, and even when it's a busy day, when I've seen way too many patients, I think in the back of my mind that I have to treat every person who comes into my office as if they're Jesus walking in and through that person. I know that that sounds kind of funky to hear somebody say that, particularly on Good Friday. [Laughter] But I always have to act as if the stranger coming into my office is the most important person and that I have to give my undivided attention to them. And that's my experience of faith, even more so than worshiping in a community every Sunday morning. That really is the thing that affirms my faith.

SD: So it really seems to play a central role in the way that you see everything.

DS: Because if I didn't, if I wasn't doing . . . I'm convinced that I'm doing what God wants me to do with my life. One of my friends who I met after I left the monastery had been giving me some comfort, and I said, "I feel like I'm living a second-class life now because I'm no longer studying to become a priest." And he said, "I'll talk to you more about this in a couple years, but you'll find a congregation." And I have indeed found a congregation of

people that I'm able to serve. As I said, there's probably a thousand or two thousand people I see every couple of years who I'm able to do testing for or give results to who remember me from before, and they come back to me because they got something from me before, whether it was a smile or a kind word or a gentle kick in the butt. And those people are what makes getting up in the morning worth it. And I really do get to be of service here, and that's a really honored and humbling kind of feeling.

SD: You talk a lot about faith, and sometimes it seems like faith and anger aren't very related. I've talked to other people about faith and the way anger plays a large role in their motivation towards activism, and I was wondering what role it played in your life.

DS: When I saw one of my coworkers at a neighboring hospital treating somebody so poorly and so disrespectfully, I was incensed that anybody could be so mean. The only thing that seemed worse than that was the administration at the hospital seemed to support it. At that point I spoke up at a hospital staff meeting and said, "I am a gay man, I can't tolerate this, and I will fight each and every one of you. If that involves fighting to close this institution, I will fight that in the courts, in the public health department, in the Joint Commission on the Accreditation of Hospitals. I will fight tooth and nail to make damn sure that you start treating people with dignity and respect." And I think it was more than anger; I think it was rage that really fueled the fires for me.

When you see injustice happening and you feel like there's nothing you can do about it, and all of a sudden you realize, "I can speak out, and that's a good place to start"--every time I've found a soapbox like that to get up on, it's kind of reaffirmed and re-enlivened my faith. So I think anger's been a real incredibly motivating thing.

I think anger can lead you inwardly to a really self-destructive point, which perhaps it did earlier in my life. But as a middle-aged gay man--God, I can't believe I said that [Laughter]--but a man in my mid-thirties, as a human being in my mid-thirties, things still come up that cause me to be pretty angry. At first I simmer in those things, but eventually those are things that propel me to have to do something, to move in a different direction.

And I'm getting a sense now that I'm angry about the education system now, how much it shortchanges the kids, which is why I think that my next career move is going to be working with kids. But I think that anger can be a really good thing, and for me, although it's hard to go through those times of being angry, I always come out on the other side at a new place, at a new beginning with a new kind of journey for a period of time.

SD: How do you describe your community? It seems like you belong to a lot of different communities at once.

DS: I used to describe my . . . well, when people would say, "How do you describe yourself?" I would usually begin my identification with my sexual orientation, and I happen to be a gay man, and that's more a matter of fact than inclusion in any community, because I don't necessarily see all that much sense of togetherness and forward movement in the "gay community." I've built my own community. I have wonderful, wonderful friends who would probably literally lie down their lives for me if that was needed. I mean, if I needed a kidney tomorrow, I know five or six people who would probably be willing to donate me a kidney. And vice versa: If they needed one, I'd give them the shirt off my back. So I've built this community of men and women and children who are involved in my life, some of whom are friends, some of whom are family, some of whom are co-workers or peers, some of whom are Catholic, some of whom are Jewish, some of whom are Quaker. And the word "catholic" means "universal" and "transcending lots of limitations," and I think I probably live in more of a "catholic" mode today than ever before. So my community is just made up of lots of different men and women and children whose lives have touched mine. You know, I saw somebody this morning in my office who I probably haven't seen in about a year, but it's somebody who I really like a lot, who really likes me a lot, and I would include that person in my sense of community, as well as the gentleman who I called just before you walked in, a colleague of mine who I haven't seen in a couple of months. I probably have a couple hundred people who live in my community, some of whom live here in Minneapolis, some of whom are in New York and California and Texas. They're spread out all over the country, and yet we have a bond. So my community is more of an ethereal thing than a physical presence of a particular area of south Minneapolis. I really feel a lot closer to my

friend in Texas than I do to the lady that moved in next door a few months ago, who I've only met a couple times.

SD: How does your community support you?

DS: We break bread together a lot, we play a lot, we purposefully make time to get together and talk a lot. I'm very active in recovering, a group of folks who are recovering, and I gather together with them multiple times every week, and they're a tremendous support. I think that we're supportive of one another by being honest sometimes when you're reluctant to be honest, and by being present even when you don't know necessarily what to say or what to do. And it's, you know, making people chicken soup when they're sick, and just doing family [things]. I grew up in a small town, and I remember you do things for people and people do things for you, and that's how you live together, and that's kind of how I still live my life, even though we may be spread across the country.

This little device here [a computer] has enabled us to e-mail to keep in regular contact with one another. It's a hard question to answer. I just sent off a collection of professional articles about teaching mentally retarded folks about sexuality to a woman who was my baby sitter when I was a little boy and who I still keep in contact with. She works with developmentally disabled adults in upstate New York. And I hadn't seen her since my father's funeral a year ago, but I write to her regularly, and I'll run across an article and I'll think "Nancy, this might be helpful to Nancy" and that's one of the ways that I'm able to be supportive. She'll probably call me up next week and leave me a fifteen minute message on voice mail because she can never reach me live. But we just do things for each other and we're involved in each other's lives. I guess that's what it means to be supportive. Care for each other.

SD: What keeps you in this work? You were talking earlier about how you try not to see your work as depressing because you're providing people with hope. But do you have coping mechanisms that keep you going, or do you have to build up a sort of a wall or a different personality while you're at work?

DS: Oh, I can't do that. I've tried at different times. It doesn't work. Probably the most consistent message I learned

in all my clinical training was to put this distance between you and the people you serve, and Mother Theresa, although she was a funky kind of teacher, said, "No, what makes me different from other people out there is that I don't put up a wall between me and those people. I acknowledge the connection that we have with each other. That the difference between me and the poorest of the poor on the street who are hungry is a meal and circumstances."

So rather than to distance myself, I choose to accompany them on a journey, which may be a half-hour together [for] two weeks in a row and then not seeing each other for a year. It's more difficult; it means that I have to exercise very regularly. If I don't exercise three or four times a weeks I'm sunk, I get depressed, like anybody else. I have to keep connected with my professional peers, to share with them, to go through clinical supervision, to share the difficulties, the things that come up in my mind as I work with the people that I work with. I have to eat really well, I have to be careful about sleeping, making sure I get to enough meetings every week, making sure I take time to pray, and to recollect, and to keep in touch with my family, to keep in touch with my friends and to go out with those men or those people who are near and dear to me.

I have to close my door at five o'clock and put things on my desk and walk out and leave them behind and live my life to the fullest outside of the office, which usually means crashing and burning every couple of months, collapsing for a couple of days out of exhaustion. That's how I've always lived my life. But that's probably the toughest question you've asked. But the moment I realize that I am sitting here thinking, when you walk into my office, about the things that make us different, that is the moment I have to start giving serious consideration to moving on and doing something different with my life work. That's the day that I need to go back and start working at McDonald's. Because we're in this together.

SD: You were also talking about how you were going to probably be changing into a slightly different field of counseling soon, and it sounds like that will in some ways relate back to what you're doing here, because it will concern sexuality and education and information. Do you think you'll be doing this kind of work for the rest of your life?

DS: Well, I started diversifying a bit. I started doing some lecturing and teaching in the last couple of years, and I very much enjoy that. Probably the classroom is my favorite place to be, and I love to be on stage to talk with people. I do some teaching, I do some writing. I wrote a book last year; ironically it has absolutely nothing to do with the work that I do here. It's called The Impact of Critical Activity Stress on Funeral Directors.

SD: [Laughs.] Wow.

DS: But I was looking at people who do very, very difficult work and have a lot of sadness from the fact that they deal with people who have died, many of whom, tragically, long before their time. And it was an analysis of some data that some colleagues of mine had gathered. But I wrote that and we broke it up and turned it into a series of articles, the first of which is being published in a couple of months in General Mental Health Counseling. But it was about grief and how to help people cope with doing very difficult work, so actually it's still related to the kind of work that I do. I have a couple other books that are in progress, one on divorce, one called The Myths of Sexual Orientation. And there's some subtle threads that run through all the work that I've done before, but I think I'll always keep my hand in counseling and writing and teaching. Those will be the focal points of my career, and the human part of our sexual nature is always going to be there. The human and the sexual and the spiritual are always going to be inextricable parts of the work that I do.

SD: You were talking about how you like teaching and writing, and those seem like really creative outlets. Do you find yourself using your creativity in counseling also?

DS: Oh, sure. I mean, I don't know many psychologists that keep big dildos like this one, you know, toys in their desks to show people how to use condoms. Keeping a bowl of condoms on my desk, in a Tupperware bowl, is as much about my need to show that condoms are a normal part of the world as it is for clients to see that story. I keep a teddy bear inside my condom bowl. I try to be as avant garde as humanly possible in just about everything that I do. If you look at sexually transmitted diseases, it's easy to get very matter of fact and lose the human element within all that, within the

struggles that people have. So yeah, the creative side of me needs to be taken out and walked and exercised on a very regular basis, or I get to be a very unpleasant man to be around, so I'm told, or so I have been told.

SD: How do you define happiness, or felicity, and where do you find it?

DS: She's right there. [Points to a picture of a little girl.] Her name's Kaitlin, she's my niece, she's four. Well, she's three and a half, actually. I love kids, I want to be a parent someday. I'll probably adopt children. I find happiness by spending time with her. She lives in New York so I don't get to see her very often. My dad was sick and died last year. The downside was I lost my dad, but the upside was I got to spend four weeks with my niece, who's really my favorite; she's probably my favorite person on earth. She adores me and thinks I'm the best thing since sliced bread.

But the reason why I adore her so much is she teaches me that life is really so simple, you know. I try to think of the complexities of life and try to analyze them and try to think of how to solve problems, and she looks out and--I go to my mother's house and see all these things that need to be done and set about working to get these things done, and Katie looks out the window and sees leaves and thinks, "We need to rake them so we can jump in them."

And she speaks her piece, and being around little children is just such an enlightening thing, because when they're sad they cry and when they're happy they laugh. When they're confused, they ask questions. And that's really brought me a great deal of joy. I think--I grew up, I like to say I was an adult at age five, starting at age five, and that I've struggled over the years to get back to being a kid, or to let that more lighthearted side of me flourish. So for me, when I think of happiness, I just think of her. She's just such a happy-go-lucky little kid.

The first time she came to visit Uncle Dada--because she couldn't say David, she called me Dada, which is really confusing at family reunions and other family functions, because my sister's single, and a lesbian parent, and I'm her uncle and I'm gay, and everybody knows that, and she's calling her uncle Dada, everybody gets confused. But she was

one of those little kids that at age two didn't cry. She came to visit me for two full weeks, and I think I heard her whimper once and that was because she had a bad dream. Between her and other friends of mine who have children who are part of my family, they're really the things that put a smile, the ones that bring a smile to my face.

SD: What is your vision of America?

DS: Vision of America. Well, I grew up in a rural part of the country, and a rural and very conservative part of the country. I think that there were some real important lessons that we learned living in a rural area. Like, you know, it's expensive to take your car to a gas station and get it fixed.

And I grew up in a working-class family, and [my father] was an electrician, so he bartered a lot of his services for the services that he needed in his day-to-day life. He never had to worry about paying a bill at the gas station, and the gas station owner never had to worry about hiring an electrician to come out and do wiring or jobs at his gas station or at his home. And I think that cooperative living, more closely together, was a great model for me. That's really the vision that I have of the America that would work: more co-operation and collaboration and lots less competition. Maybe I'm too utopian in my ideas, but when I see America working, it's when I see people working together.

SD: So do you think it's going to go that way?

DS: Like I said before, the one thing that nobody can take away from me is hope. You know, we're looking at dismantling the welfare system as being something that can be a tremendously liberating experience for people--if we work at this together to try to help people find a place to be in and of the world, rather than being a recipient of a service, and your future's left to the whim of political office holders. I think that we have some unique opportunities facing us today with our health care system, with our welfare system, where we can teach people skills and teach people responsibility, not in a judgmental kind of way but in that young moms, young teenagers being moms, [can learn] a way to liberate themselves from their own families that aren't working any better. [Otherwise] they create exact duplicates of the family systems that they grew up in.

To me, that's not America, that's not teaching people to be

free and to be self-actualizing. I think that there are ways that we can do the difficult things that we need to do in our country and do it together and not be divisive and not be mean and not be bad spirited about it, where everybody can win. But I think it really requires everybody being willing to make some sacrifices. So I continue to be hopeful. I'm a conservative Democrat or a liberal Republican. I was registered as a Republican at age eighteen because my father held public office. On my eighteenth birthday I was marched to the courthouse to register as a Republican, and this Republican had some kind of media, someone was there to take a picture and it ended up in the newspaper. I don't have a copy of it.

SD: How do you think that your activism is affecting America, or your community?

DS: When I started working as a volunteer in HIV in 1984 or 1985, people were saying that nobody knows how to deal with this epidemic; nobody knows what to do. They saw gay men largely providing [AIDS education and services], and gay men and the gay community seemed to be the only groups that were responding to the epidemic, other than health care providers who were pretty dedicated to their work. We showed the larger society that we take care of our brothers and sisters and [that] it doesn't matter where our brothers and sisters come from: When somebody's in need, we respond. We took care of people that were sick in hospitals that we didn't know, and if people needed us we did things for each other. We showed that our community, our larger community in this country, people affected by HIV, could respond and rally in response to the needs of those people. And I think we've shown a leadership, that difficult situations can be handled, that difficult situations can be mastered, and that you don't have to rely upon the government or the clinics or the state to take care of you. Your own people can take care of you.

SD: Which kind of fits in with your idea of cooperative living also.

DS: Yes.

SD: What do you fear the most?

DS: Taxes. No, I don't even fear taxes. I'm not a very fearful guy. There's a part of me that always fears

financial insecurity, but I've never really experienced it, so it's kind of a vague notion that was touted when I was a kid--you know, that's the worst thing in the world that could ever happen, the Depression. But I don't think that fear really motivates me. Fear isn't something that's really active in my life. I speak out and I speak up and I get in lots of trouble sometimes because I don't necessarily censor what I say. Fear hasn't really played a very active role in my life. Used to, doesn't anymore.

SD: What was before, what was it that you feared?

DS: I guess there was a time when I feared being all alone in the world, and when my dad died last year that was probably one of the loneliest experiences of my life. This last year was without a doubt the most difficult year of my life. And I've come to see that the people who I've chosen to call my friends and my family, the people who make up my community, have been there for me at every turn and have taken very good care of me, and even though I've felt kind of orphaned, because my dad--who had always been that lifesaver that was out there to take care of me; I knew that if anything ever happened, I could always call my dad and my dad would take care of things, and he's gone now--but I know that my friends are there, and if anything ever happened that they'd take care of things, and that I never really have to worry about that stuff. So all of those . . . I still think sometimes about frightening things. Fear doesn't cause things to happen; I haven't gone without. So I guess that as long as I keep my faith active and alive that I don't have cause to be frightened.

SD: How do you think this time in our history will be remembered?

DS: I think it's going to be a time of difficult decisions. Everybody's going to have to give and take a little bit. When we talked about government responsibility, and government downsizing and services being pushed back to the states and the communities to be provided and the federal government not being responsible for everything--everybody's going to have to make concessions to be able to pay off our debts and get back to a point of operating within our means. I don't do much better, I think sometimes, than the federal government does, when you look at my credit card debt and my other consumer debt.

SD: How would you like to be remembered?

DS: As a fighter, a spokesperson. [Unclear] As I was writing my dad's eulogy on the one-year anniversary of his death, what was noteworthy in his life was that he made a significant impact on a lot of individual lives. And I don't need to change the world. I just want some people to maybe be able to think back and remember that some kind-hearted bald-headed soul at one point in time said something or challenged them to think about something or made some kind of a difference for them. Or if somebody was just kind and helped a little old lady across the street or something. It doesn't have to be big things. It's small and really personal things that add up to being a good force--there's no "Champion of Human Rights". If my clients remember me as somebody who's kind of a pain in the ass, who knew how to manipulate the system, that would be something that would put a smile on my face, too. But it's just being remembered for being a good-hearted soul. That's enough.

SD: Well, that's all the questions I have. Is there anything else that you want to talk about or think is important?

DS: I think that this is probably going to be, this may well be remembered as one of the darkest eras of history. Although we're so technologically sophisticated, I think that we're finally going to see the darkness in that sophistication. You know, we can keep people alive for years and years and years on machines and through tubes and all these miraculous kinds of life-extending kinds of circumstances, but the bottom line is [that] we've lost the heart and soul of what the world's about.

If I don't feel well and I'm sick and I need go and to see a doctor, I don't care if I've got the world's best technician.

I want somebody who's going to be able to hold my hand and reassure me that things are going to be okay. We've become so sophisticated that we've forgotten how to be human. And I'm hoping that humanity finds its rightful place as being more important than the right computer software or the right engineering problem or the right surgical procedure to fix something. We need to remember to be kind to people and hold their hands and say that death is an okay thing, and that life is an okay thing, and more is not always better and

legal is not always better. Sometimes less is better and less is more. I'm being philosophical here, but that's really what I think this period of time needs to be remembered as and what our job is. To remember that we can still be in and of the era without losing all the beautiful things that we've found are important to one another.

SD: Well, thanks a lot for the interview.

DS: Well, I appreciate your interest. This isn't, wasn't, what I was expecting, actually.

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