Interview with Pat Thayer
Interviewed by Ryan Schram
Interviewed on April 4, 1995, at Thayer's home in Minneapolis

RS: How do other people describe you?

PT: Well, that's a good question. It probably would depend upon who is doing the describing. That's kind of a hard question for me to answer. I think they would describe me as tough but caring. Analytical. Logical. Rational. The kind of person who typically has their feet on the ground. They don't get terribly flustered by much. I'm not surprised by much of anything. I'm the kind of person who has few close friends but they're very special friends. Students who I instruct would tell you I probably am crazy. Have a good sense of humor. Like to have a very good time. At the same time, I'm very serious. I don't know. I think that's what they might say.

RS: What kind of work have you done for AIDS activism or in the AIDS community?

PT: Well, I'm actually not terribly actively involved right now. The bulk of my work, I think, occurred in the mid-eighties through the early nineties. And at that time I was primarily involved in attempting to educate groups of people. Some of those were adolescents, some of them were adults. I was working initially through the Minnesota AIDS Project. Actually my interest was piqued way back in '81. I was teaching biology, which I still do today, and a very good friend of mine who is an epidemiologist called me from Ann Arbor, having just received the first report. And we chatted about it over the phone, and I remember going to school the next day and saying to my students there was going to be a new sexually transmitted disease, they could count on it. That's the way it appeared it was going to be, even though there were only five cases, and I said, "You just as well get in the habit of utilizing condoms now. Mark my words."

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1The University of Michigan.
I tend to be very interested in epidemiology. I'm also very interested in immunology, and I've done clinical research in immunology labs, so that piqued my interest from the get-go. It's a fascinating disease, you know, on a purely scientific approach. But that was my early work, and then through, I suppose, ill-fate I was involved in a very serious car accident, and I was not able to work for about three months and was on crutches and had my jaw wired together. The thought of going back to the classroom the next year and being on my feet all day long with a crushed foot sounded like it wasn't something I wanted to do. And at that very moment, they had released a whole batch of federal funds to the state departments.\(^2\) I called and asked them what they were going to do with it, and so I applied for one of the specialist positions and got one of those positions. That position involved initially my training of teachers in Minneapolis public schools on HIV issues. I did that for about three years and also got involved in other groups on the state level and so forth and so on. So that was how my involvement sort of originated.

**RS:** You have been described as "a dynamic sex education teacher." How accurate is that?

**PT:** I don't know. I've never been taught by myself. You know, teaching today is very different than what it was twenty-five years ago, and I'm in my twenty-seventh year. I don't know if it's fortunate or unfortunate, but teaching today is not simply a matter of going in front of a group of people who really want to learn and throwing out content and having people soak it up because of an intrinsic appreciation for being educated. Much more often you tend to really have to have a hook of some sort. And I guess talking about HIV is not too difficult to have a hook. I mean, if you can mention the word "sexuality" with kids, they're immediately interested, because so few people can say that word without gagging. I mean, I find it remarkably difficult for vast numbers of adults to broach that subject with kids. I don't really know what that's all about.

\(^2\)The Minnesota Departments of Education and Health received their initial funding for AIDS prevention from the U.S. Centers for Disease Control.
I try to use a lot of different methods. I will use slide shows, and actually, when I worked with elementary kids, when I was attempting to at least bring about the concept of compassion and caring to little kids, which they instinctively pretty much have, with HIV, I used a series of slides of my dog, because everybody loves puppies. And I asked them how they thought a puppy would treat a person with HIV, whether a puppy would know the difference. And, in fact, I have shots of my puppy being at retreats with people with AIDS and it's really quite remarkable. And this pup I have, who is now five, I remember being on a retreat with several people and he literally walked the circle of people who were involved in that retreat during one exercise and amazingly enough ended up directly under the chair of the person with HIV who was speaking. I just found that to be, you know, sort of awesome in a way--and it was also very significant for everyone at that retreat. That if, as humans, we could perhaps deal with the issue much like a puppy, we'd be a lot better off. And so I will try to get in some of those kinds of things, just to try to get at it. You know, whatever it takes.

RS: How do elementary school children, or, I suppose, students, respond to the idea of HIV?

PT: Well, I'm sure today they're responding much like the adult population, much like adolescents. HIV, to them, is something with which they have lived pretty much all their life. It's not like a new, exciting thing to them. I mean, this has been around them since the time that they were really little. We had our first [school] case of HIV in Minneapolis a couple of years ago. And, interestingly, it was a third grader, you know, it was Rachel at Ramsey; it was a big, big deal in the papers and everything. Amazingly enough, I had worked with her class, in which she wasn't enrolled at that time, two years prior to that, as first graders. We had gone at it by making a quilt, and every student had designed a little square for the quilt which we collectively made and then donated to the Pediatrics Department. And amazingly enough, that class, there were about ten kids in Rachel's class who were involved in that, so then there was this big splash about a kid with HIV, and the response there was obviously very supportive.

But little kids today, quite frankly, they've grown up with it. I think of my neighbors, for example. I had a good
friend, who died of HIV a year and a half ago, live with me for the last eight months of his illness. And my neighbors were very supportive and very involved. And so this little guy next door, who was four at the time, basically watched someone die with HIV. So I think it depends on their experience. It probably depends upon what they hear at home, more so perhaps than what they'll hear at school. I'm sure that's very varied. But I don't think it's something new to them.

RS: Do you think some children might be desensitized?

PT: Yes. Very much so. And I really see that in adolescents.

RS: How do you "hook" them, as you said, adolescents? When you're teaching about HIV?

PT: Well, I think you talk about it at every opportune moment that you have. If you're really concerned about transmission, and, you know, if they trust you, they'll come to you with issues; there's just that always bringing it up. In my current classes today, I have experienced six young women giving birth this school year, this academic year. And that's out of about 120 kids. So that's close to ten percent. So the concept of contraception is not a real important part of their lives. That probably is not a valid statement. I'm sure it's important, but for whatever reason, they're unable to negotiate contraceptive skills with partners. So I just try to be very open when they have questions. There's still a lot of great misconceptions, incredible misconceptions.

RS: How does your work in AIDS fit into your larger commitments politically? And how would you describe these?

PT: Larger commitments politically. Well, you know, this is getting tougher and tougher. Because on a political level, I'm very much of an economic conservative. I'm fiscally very conservative. I'm socially very liberal. It is becoming extremely difficult for me to find candidates that have a decent balance. I find that people socially, where I tend to be in terms of social issues, are way off base where I come down the horn on fiscal issues, and it becomes a real dilemma. It's like anything else. I don't think politically that anybody can afford to be selectively discriminatory.
And so I am very offended at somebody who can cannot tolerate discrimination against an African American, for example, but has no problem discriminating against someone with HIV. Or someone who's a feminist, but can't deal with HIV. And so, on a political scale, do you understand what I'm saying? On a political scale, I lose a lot of trust, watching how people deal with those issues.

RS: Was there a moment when, in working with HIV, say from 1981, when you first talked with your friend in Ann Arbor, that you decided that AIDS was a political issue?

PT: Oh, from the get-go, from the get-go. I mean, obviously, the fact that the first five cases were all in healthy, young, white gay men, it made it a political issue from the beginning. And, you know, it was a political issue from the beginning because, for all practical purposes, gay, white men are, very often, a privileged class. And they had access to power. And they had access to money. And so it was politicized from the get-go.

RS: You talked about how it hit you politically, and how it hit you as an issue for your students, who need to be taught about sexuality, which you said was hard for adults to do with children. How else did it strike you, the issue of AIDS? Did it strike you any other way?

PT: It struck me as it was going to be a big issue. It still is a big issue, but it's in the shadows now, because people are bored with it. It struck me that my life was going to be drastically altered personally because, I think people are used to losing friends to death in old age, typically in their sixties, seventies, eighties. And I'm fifty, and I no longer enjoy the company of about eight to ten close friends, people who were very close friends. So I am sure I am impacted, dramatically, in ways I don't even know. I'm not thrown by much. I think the way it affects you is that when I hear people complaining about some little piddly thing, I can't vomit out much compassion, for example. You know, like the little things that tend to bother people, I can't really get all too interested in. Things that I might have been concerned about fifteen years ago don't even get the time of day from me now. And I'm sure that has to do with the fact that I was in a very serious accident, as well. I look at life very differently.
RS: You said you're not thrown by much. How did you react emotionally to AIDS, then? Since, I take it, it's not a piddely thing.

PT: I'm not an emotional person. That is one thing that people would use to describe me. I'm not a crier. I just never have been. I'm sure I cry inside, but... You know, they've done wonderful scientific studies on how people cry. And I'm one of those people who just doesn't shed tears. I just don't. I mean, my dad used to describe me as a window coated in vaseline when it rains. You know, the rain just never gets there.

What was the question?

RS: How did you react emotionally?

PT: I react emotionally to crises as being solid, much more solid than ever. I get right in there. I have no problem getting right in there. And I am extremely solid; I am the calm in the storm. That's how people will find me. Everyone else can be just going bananas, and I will be the one with their feet on the ground. I just don't tend to get excited about those...

For example, in the last couple of days that my friend was living here in exorbitant pain, morphine wasn't controlling it, and hospice workers decided that we would try a combination of valium and morphine, because very often that will work with terminal pain. And because of the situation and the legal ramifications, I had to do the injecting as opposed to the nurse who was here. She told me the amount to inject, and I injected it, and he stopped breathing immediately. And I simply said, "Well, Joe, this wasn't really the plan, you know, but if this was the way it was going to be, then so be it." Now, the nurse was absolute wreck, and she said, "Pat, I didn't tell you that in a very small percentage of cases, this is, you know, a possibility." And I said, "Oh, it's okay. It's no big deal." And it wasn't to me. I mean it wasn't that big of a deal. He eventually started to breathe in about a minute and a half, and he lived another two days, but I just don't tend to get excited by too much.

RS: How did you react to the way society as a whole has dealt with AIDS-related issues? Discrimination?
PT: I have had a really great experience with that. The reason that my friend was living here is because he grew up in a very staunch Catholic family who felt that AIDS was God's punishment and absolutely could not deal with the issue. And, in fact, his mother was in my home and suggested that her son deserved this. And I suggested to her, very forcefully, that I thought that she had things quite mixed up and that... I'm not a deeply religious person. I believe that I am spiritual, but I don't cling on to that stuff. But I don't think, you know, I don't know what we call the transition. I don't believe this is it. I do believe there is something beyond this physical presence. I don't know what you call it. A lot of people call it heaven, a lot of people call it a lot things. I haven't the foggiest idea what it is, but I don't think she's going to get there. I don't think you can treat people like that and go unscathed. Now that might be a real con job, and gets people to live a certain way so that they'll behave better, but I somehow think that there is consistency in the universe and you cannot treat people badly and get by with it. I'm just convinced of it.

RS: Talk about your anger. How did that play a role in dealing with AIDS?

PT: I never experienced a lot of anger about it. I remember once a good friend of mine with HIV was going through a particularly bitter time. He was very angry and he threw out the question "Why me?" which is probably a question everyone who is diagnosed as terminally ill will ask. It's sort of rhetorical. And I threw back the question, "Why not you?" I mean, why, for example, should I be spared from something as opposed to someone else? And I don't think we can answer those questions. I don't think we're capable of answering those questions. But I've never experienced a lot of anger. It's just sort of the luck of the draw. Those of us who were not exposed, by the luck of the draw, for whatever reason, I think we're lucky. Because it's a sexually transmitted disease. It could have started in any group; that virus could have started in any group. But I tend not to get angry about too much of anything. Unless someone mistreats my dog, then I get really pissed off. That's where my emotion is!

RS: Well, you describe yourself as spiritual. How has that
spirituality or faith, if any, informed your opinions and your actions concerning AIDS?

PT: I try to model myself after, I think, what my mother always exhibited and would have been, if she had lived to old age. My mother had incredible compassion for people. She was always a very thankful person, a very forgiving person. And yet she did not tout religiosity. So I think it plays a role probably, in that way. I have always been very comfortable working with people who are very ill. I have always been very comfortable. And I've been a primary caregiver for numbers of people who were terminally ill and have been present at a number of deaths and am very comfortable with that. It's not discomforting to me. And it's given me a comfort level with dealing with my own impending death which will happen someday. I'm not at all uptight about that.

RS: Well, then, that leads into my next question: How long do you think you could sustain your work in AIDS activism?

PT: Well, I go back and forth that way, and I think that's true of all of us. You know, sometimes I'm heavily involved, and other times I take a break. I really take a break. It's like anything else. If all one did was spend one's energy on HIV issues, quite frankly, it'd get very boring. And it's not the only issue around. You know, there are other issues that are equally as important. So it's not the great big burning issue that I live day by day by day.

RS: What other issues are there?

PT: Well, I think the biggest—and HIV is playing a part in this— I think the big issue that gives me grave concern is the developing of a very large underclass in this country. And I really see it in young kids whom I instruct. I instruct in an inner-city school, largely composed of kids of color, seventy-five percent of whom would be classified living under the poverty level. And masses of those kids don't have a chance. Much because of their own doing, you know. They're not poor innocent victims entirely. But that bothers me to the extent that if somehow we, and I say a collective "we," cannot, again, in this country, give adolescents hope that they can do something, and if they don't have that, then they're simply going to be a street thug and they're going to rob you and me. And that's the
fact. And I encounter that daily.

**RS:** You said earlier that your community has been very supportive. Or at least--

**PT:** This neighborhood.

**RS:** This neighborhood.

**PT:** It's an incredible neighborhood.

**RS:** Would you say that this is you community?

**PT:** Oh, definitely. I was really sad when this neighborhood got voted the best neighborhood in Minneapolis last year. We were somewhat upset by this, because we thought it was the best-kept secret in town. It's a neighborhood very close to downtown Minneapolis, within walking distance. It's a very diverse neighborhood. It has older people, younger people, gay people, straight people, black folks, white folks, Jewish folks, lots of kids, and we all really get along. And we all just enjoy each other. It's not unusual for people in this neighborhood to travel together. I'm serious! People actually vacation together in this neighborhood! And we're always eating with one another, taking care of one another's kids, watching out for everybody. If there is crime in this neighborhood, and there is, like in every other neighborhood, we are going to take care of that. It's like living within a small town within the city. And everyone is very aware about what one another does, but nobody's nosy about it. I mean, my neighbors and I, for example, just sort of have this policy: We always keep the windows wide open between our two houses so we can see one another. If anything looks odd, or we need something, we just yell back and forth, and that's just sort of a commitment that we have. It's very comforting.

**RS:** In regards to your work in AIDS, how are they supporting you?

**PT:** Through talking. I mean, we talk about it a lot. They were very supportive when I was a caretaker. Just in terms of giving me some relief. They would often come and spend time with Joe. And they're very smart folks, you know; they moved back here to have children, having lived in New York City for a number of years. So, you know, they're wise. And
RS: How do you find happiness?

PT: Well, I like to play the stock market. That gives me great joy. Ha! You laugh! No, I do that just for fun. How do I find happiness? I have always been happy. I find it through myself, not through other people, for one thing. And I have a lot of interests. I have very close friends. I have a sister with whom I'm very close and a nephew with whom I'm very close. I've always known that my parents love me unconditionally and I was number one for them. And I think that does something to you when you know that.

One of the things that I think was important is from the time of my earliest memories, I knew I was very special to my parents. And I knew they loved each other very much. I think that that has had a great bearing on my confidence. I think the most important thing, though, if you really want to be happy, is to do as many good deeds as you possibly can. I know that sounds very trite, but doing deeds directed towards others has a tendency to make you much happier than looking out for yourself. I think if you do that, the stuff to yourself will just happen.

RS: Then, in that vein, I suppose, what's your optimistic vision of America if we all carried out that philosophy?

PT: Oh, I'm an eternal optimist. I think people, all people, have an intrinsic goodness, and I have really experienced that. I work with a lot of thugs, kids other people would classify as thugs. And the name of that game is that I am not afraid. I have never been afraid of kids. I think a lot of adults today are--kids are very intimidating to a lot of adults. But kids are like dogs: They smell you, and they can smell whether or not you're afraid of them. And the big game is "Can we intimidate this person?" And I'm not particularly intimidated, and get along with them, actually very well. I have learned a lot from them. I am convinced that if someone were to try to mess with me, I would be protected.

My optimism is guarded. I think we're in for some very, very rough times. I do think that this class business is going to continue to start erupting. I mean, we're only starting to see the beginning of ripples, and really seeing that
politically. But it will come out in the wash. It will come out in the wash. If it doesn't, we will basically end up being very destructive towards one another, and I don't think that people will get too happy that way. But I'm very optimistic about most things.

**RS:** So you think that, as you said, it's going to come out in the wash, that everything is going to work out.

**PT:** It's going to work out. Maybe not in my lifetime. I think the next twenty years or so are going to be rough, very rough. Now I say that because I don't think American kids are necessarily being schooled competitively enough, and being skilled enough in order to compete. I try to tell my kids that they're not going to just be competing with their peers for their jobs, they're going to competing with young people their age all over the world. Because we now have little boxes into which we can put a fax machine, a modem, a phone, and the office can be located in a one-bedroom apartment in Japan, or in India, or in Colorado. I wouldn't hire a lot of students I teach.

**RS:** So, when it works out, maybe after our lifetimes, how do you think people will look back on this time?

**PT:** Well, it probably depends on how the outcome is. I do think we have to go through a period of time where people have to understand that each of us are responsible for our own actions, okay? And the choices we make are going to dictate, to a great extent, the kind of life we are going to experience. And, you know, that's really tough when you're young. That is really tough to get figured out. But, I think for too long, we have made victims of everybody. I mean, it's the "poor me" syndrome. You know, "Poor me, I'm a woman and therefore I don't have the edge that men have," or "Poor me, I'm an African American, and I, you know, grew up without a dad," or "Poor me, I'm a gay man, and people will discriminate against me," or on and on and on and it goes. There's just a lot of this "I am the victim," this concept that I am going to live my life like some kind of a victim and "poor me." And it's really destructive. I think it's really destructive. And somehow that's got to just stop. Easier said than done. But that doesn't get anybody anywhere.

**RS:** How would you like to be remembered?
PT: I would like to be remembered as being very tough and very caring. I guess those two things. I'm not a wuss, never have been. But I'm not going be afraid to react to things. I would like to be remembered as someone who would step forward and say those things that needed to be said, that other people perhaps thought but didn't have the guts to say. And I will, I will do that. I would like to be remembered as someone who doesn't buy in to very trite answers for very complicated issues. Something like that. You know, none of us are going to be remembered by very many people.

RS: I have one personal question that I was wondering while working on this project. These interviews are called "Not Waiting For A Cure." Do you think there will be a cure?

PT: No. I don't. And I say that because, first, HIV is not quote "a disease," it's many, many, many diseases. I do think that we're going to come to the point where it can perhaps be abated. In other words, we're going to see longevity increase and increase because we're going to get better at treating all those opportunistic infections. I have no...well, I shouldn't say no, I always leave a slight, little opening. I don't see an effective vaccine in the offing, for example. The virus is just too complicated. I mean, we don't even have a vaccine for the common cold. Simple little virus. This is a very complicated retrovirus. I don't think so. And I don't think that HIV is the first or the worst. We cannot have done what we have done all over this world and think we're going to get by with it. There are going to be other viruses, and this is perhaps just sort of the initial test. We're going to see a lot of this. But then that's biology in action. It really is.

RS: That's what you teach.

PT: Yeah. I have always been convinced that there are probably large numbers of people infected with HIV who will never show any symptoms. Who, for whatever reason, are able to counteract this virus immunologically. I have always believed that. It just makes sense. And they are the people who are, in fact, going to live and going to reproduce. So the virus, and what the virus does, will, for all practical purposes, over a long enough period of time, get bred out.
People will be immune to it. Just like DCON doesn't work on mice much any more. So we're going to see that kind of biology in action.

**RS:** You said "compassion" a few times, and I was wondering about your role as a teacher. You try to instill both awareness of the disease and what you can do to prevent it for yourself. What else do you do to instill this kind of ideal of compassion for other people?

**PT:** Well, now, that's not as tough a job anymore. It was a tough job when HIV was new. Now it's not new anymore, and large numbers of students know someone with HIV. In fact, it's not unusual for someone to tell me that his niece has HIV, or his brother, or his aunt, or his uncle. So it's not as difficult a task as it used to be. I try to instill that by talking about it, talking about people who I have known, either who have HIV, or have died from HIV, and what that was like. And kids have a lot of questions. But if I were to ask today how many people know somebody or have known somebody with HIV, where I teach, I'd get close to seventy-five percent hands in the air.

**RS:** How are the students committed to the idea of working to solve problems related to AIDS?

**PT:** Well, that's like anything else. Some of them are real committed, others of them could care less. You know, they're invincible. They're going to die young, too. I have a lot of kids who are going to die very young. So the thing of it is, you know, kids are just like adults. I mean, they mimic us. You, now, too. All these little whippersnappers that you see are mimicking you now, too! So I think as adults we really need... I mean, I hear a lot of adults really putting down kids. And they're basically just copying us. I mean, I hope they do better than we did. I hope they look at the example that we set, in terms of HIV, in terms of responsible sexuality, in terms of all that, and say, "They really screwed this up." We haven't been very good role models, sexually, I don't think.

**RS:** What do you think that the next generation is going to do?

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3A poison.
PT: Boy, I don't know.

RS: Living with AIDS, now.

PT: What do I think they're going to do? Well, again, that all feeds in to that class issue. There are going to be people who are going to be very sexually responsible, and they're not going to have to deal with the issue. And there are going to be other folks who are not, and they are going to have to deal with the issue, and it's not fun.

The thing that bothers me is that the numbers of kids who are being really responsible, whether socially, or academically, or so forth or so on, that number seems to be getting smaller. And we have large numbers of kids who, for whatever reason, simply don't have hope. And because they don't have hope, they won't care.

In fact, their response will be that they're going to die anyway. I listen to a group of kids talk about why people should be having children when they're very young. And I have this thing—I know this is white America speaking, and middle class America speaking, even though my folks were very poor when I was growing up, but I didn't know it—and I don't think people should have kids unless they can afford to have them. That's my thing. You know? You have a kid, you pay for the kid. All right, that's where I come from.

That is not even in the mind set of seventy-five percent of the kids I deal with. They think that they should have kids because they're going to die young. That's what they say. I have one student in my homeroom whose father is thirty-eight, and the average age of the kids in my homeroom is fourteen, and he thinks his dad is really an old man. And he is an old man, compared to the age of parents of large numbers of the kids, because they had them when they were fifteen or sixteen years old. It's bizarre. And, quite frankly, dealing with the kids is easier than dealing with developmentally delayed adolescents, who are adolescents now at thirty-five.

RS: Do you think that those kinds of attitudes about dying young are affecting the ways people think about AIDS?

PT: Oh, yes. And what risk they're willing to take.
RS: Are students and people around more concerned with themselves when they talk about AIDS?

PT: Well, the thing of it is, they don't talk about it much. Really, I'm serious. I really have to make an effort to get HIV into the conversation, and I try to do that at every opportunity. It's not something kids will bring up. They don't talk about it. It's just not a big deal to them.

RS: What about taking care of other people? How do you think they feel about that? Do you talk about that?

PT: Because about eighty-five percent of the kids I teach are African American kids, taking care of other people is a common experience. That is one very distinguishing feature between black America and white America. There are extended families, and people in the family are sick or are in need, and the doors are open. That very much is a cultural kind of thing. That kind of compassion and willingness to take care of people, I think, is there. That would not be a new experience.

RS: Does that apply to AIDS?

PT: Sure. Oh yes.