

AAHP
AIDS Activist History Project

Interview Transcripts 2014.006 / 2014.025

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| Interviewee: | Glen Brown – Part 1 / Part 2 |
| Interviewers: | Alexis Shotwell & Gary Kinsman |
| Place: | Toronto, Ontario |
| Dates: | May 25, 2014 / November 11, 2014 |

Part 1 – May 25, 2014

Persons present: Glen Brown – GB
Alexis Shotwell – AS
Gary Kinsman – GK

[START OF TRANSCRIPT]

GK: We start off with some standard questions just to create some context. The first one we ask people is when did they first hear about AIDS.

GB: I'm guessing it was probably early '80s, probably when I was still in the closet, and probably just at that point through mainstream media.

GK: And then later on you would actually start to connect with *The Body Politic* and other information, right?

GB: Yeah.

GK: But that's later?

GB: I was still in Saskatchewan... I think I came out around '85 or so and then began aggressively looking for better information and would've been reading *The Body Politic* at that time and then, I think *Xtra*... Whenever *The Body Politic* folded and *Xtra* kind of took its place.

GK: Yes. That's a bit later.

GB: Yeah. So, yes, I began reading *The Body Politic* and then in 1988 moved to Toronto.

GK: So, when did you first hear about AIDS activism, beyond just hearing about AIDS? People were actually doing something about it politically.

GB: Yeah. Probably again in the mid-80s, around the time I came out. So, I connected with AIDS Regina, because that was my local ASO [AIDS Service Organization], and at that point I had a fairly stressful job, so my volunteer role at AIDS Regina was to be their janitor. I took my vacuum in once a week and cleaned the office and got to be friends with someone who I am still friends with today in Toronto, Ralph Wushke who you may know. And he helped me understand some of the political context of AIDS and in the meantime I was also reading *The Body Politic* and hearing about some of the stuff here and reading particularly Michael Lynch.

GK: Right. So, that there was some sort of political way of responding to AIDS. You were aware of this before you moved to Toronto.

GB: I was but I wasn't aware... I was pretty naïve when I got here about what the potential was, like I knew it was a very bad thing going on and I knew that governments and institutions and health care institutions, were responding badly but I didn't have any kind of sense of what a political response might look like. And then I got to Toronto at the very end of January of 1988 and started seeing these posters, and I thought, "Well, that actually kind of looks like the sort of thing that I might be interested in."

GK: Do you remember what the poster looks like?

GB: Oh, I certainly do. I've actually got a copy downstairs.

GK: We may have it.

GB: Yeah, of the giant Thor-like character. The big bold, "It's time to act," I think.

GK: Or maybe it's "Too damn slow."

GB: "Too damn slow," that's it. Yeah. It's "Too damn slow". And I kind of looked around and I said, "Well, as a queer guy arriving in Toronto in the epicentre of the epidemic in Canada, I'm not going to do nothing. And I could do stuff like care-teams and all of that kind of thing or I could do this," and this seemed to be much more up my alley.

AS: Because you were already political, right?

GB: Yes.

AS: You had been working with *Briarpatch*?

GB: Yeah. My biggest gig in Saskatchewan had been... Well, first with the student press and then with *Briarpatch* and I was also involved in Anti-Racist Action and a bunch of other stuff.

AS: Oh, cool. There was an ARA Chapter in...

GB: It wasn't actually an ARA chapter. It was a Regina-based thing and I forget it's formal title, but it was an anti-racist organization. And I was also involved in a group called the RAE Centre, the Research Action and Education Centre, which was a bunch of Marxists trying to figure out agriculture and urban workers, thinking about what that looked like.

AS: Cool.

GB: We had annual softball tournaments, where some of us had hammers and some of us had sickles. [laughter].

GK: But just in terms of coming back to *Briarpatch*, was there ever anything that was published in *Briarpatch* or discussions around it that would have related to AIDS during that period of time?

GB: I wrote something after I got here. So, I wrote something for them from here.... I confess I'm no longer a subscriber to it, and I presume and hope that they have continued to address HIV.

GK: They have.

GB: So, I wrote something. So, I was here in '88. I wrote something probably around '91 or so.

GK: And that was the first thing you think that was in *Briarpatch* around AIDS-related stuff?

GB: Yes.

GK: So, you're in Toronto, you see this poster and you go to this meeting. Do you have any sort of memories or reflections on what happened at that meeting, what took place at it? The AIDS ACTION NOW! meeting at Jarvis Collegiate...

GB: Jarvis Collegiate. The mythology of it is that there were five hundred people in the room. I kinda doubt that that's true, but I like that mythology. It was a full room, and I remember, because I'd been reading *The Body Politic*, I knew some of the folks by name and then all of a sudden, oh, there's Tim McCaskell. That's what Tim McCaskell looks like and that's "Tim McCaskell's" voice, oh gosh. [laughter] And there's Gary Kinsman, and there's George Smith, and there's Chuck Grochmal... Who am I forgetting? Oh, Michael Lynch spoke. And I remember it being a very powerful meeting and then I remember we headed into subcommittees. You [referring to Gary] and I ended up in the Public Action Committee. Just on a personal level, what was really interesting for me is that because I was a newcomer to the city, but everybody was kind of a newcomer to this organization in some way, other than sort of the core group. So, I didn't feel like the only newcomer. It was sort of a nice welcoming place for a sort of lefty queer to arrive.

GK: That's great.

AS: And were people nice?

GB: They were very nice, yeah... and angry, as one should be.

AS: Yes.

GK: So as you remember it, and I remember it this way too, people broke up into what would become working groups, right?

GB: Yes.

GK: So, there was the Public Action group that you and I were both in, and I think there were about 30-35 people there if I remember right, that went into that one?

GB: Sounds about right, yeah.

GK: Did you have any other memories of it, of other people who were there or any discussions that happened?

GB: Certainly other people I would remember, like Brent Southin was in that group, Greg Pavelich was in that group. I think Anthony Mohamed was in that group. You, obviously, were in that group. Tim wasn't. George wasn't. Chuck might have been? So, I remember a few faces, some of whom are still with us. And I just remember, we sort of started talking and I don't think we actually planned our first action at that point. I think we just sort of talked about what a Public Action Committee might kind of look like.

GK: Right. Yeah, that's it.

AS: And were the committees kind of pre-set by the people that had planned the meeting, or was it something that happened more spontaneously as people were like, "I would like to be involved with..." What was the mechanism of breaking that many people, all new, up into groups?

GB: As my rusty memory recalls, it was pre-set and a lot of the kind of structure and thinking was based on the Right to Privacy Committee.

AS: Ah, got it.

GB: A very successful queer organizing structure. So, I think it was largely based on that model to start, and then later on things evolved.

GK: Yeah. So, there was a Public Action Committee, a Media Committee if I remember right... Fundraising? And maybe there was something else.

GB: There was a Research Committee, I think.

GK: Yes.

GB: And the Research Committee was the ones who were actually trying to figure out what the science was around this thing.

GK: Right. Okay. That's great. So, you got involved in the Public Action Committee. What types of things did it do?

GB: Well, quite a lot of things over the years. In the first block of time, I recall a few things that we did. One was an action that ended up us carrying mock coffins down past the Toronto General

Hospital. And that was a protest around the design of a clinical trial for aerosolized pentamidine. And you know the very design of the trial meant that the only way for the trial to be successful was to count the number of people who died on placebo. And so we thought that was probably not the best way to design a trial, so we did that action and it was I think maybe one of the first larger actions of AIDS ACTION NOW! Not that long afterwards, one of the kind of visible actions we did was to protest the Minister of Health at the Federal level, Jake Epp, and we burnt him an effigy outside City Hall, and we did that deliberately because nearby was one of the first large meetings of the Canadian AIDS Society and we approached them and said, “We’re doing this. You should come join us.” And a lot of them did. And that got front-page headlines.

AS: And can you talk a little bit about either of those actions, if you have any memories of how they were planned, who came up with the idea? Like, who came up with the idea to burn Jake Epp in effigy?

GB: I honestly don’t recall who would’ve initially come up with the idea. I remember Michael Lynch being quite central to the effigy burning because he spoke so eloquently before and after the actual burning. I remember Greg Pavelich actually holding up the effigy while we burned it.

AS: It burned really well.

GB: It did. [laughter]

AS: Was it soaked in fuel? Do you remember?

GB: I don’t recall that.

AS: I was watching it yesterday on video, like, “Why is it burning so well?” Was it that Jake Epp was so flammable? [laughter]

GK: It was Michael Smith and Kenn Quayle who made it.

GB: Really? Okay... Michael Smith.

AS: They had some skills.

GB: Yeah. I really don’t remember who. It might have been Michael Smith who came up with the idea of burning him an effigy, but I don’t recall.

AS: And when, I mean, in a case like that where there was something that was quite performative and could have some blowback, was there pretty much unanimity in the Public Action committee? Did people feel like, we’re going to do this controversial thing? How did decisions like that get made?

GB: Yeah. It was pretty consensus; I don’t recall having very many heated debates about those kinds of things, where we knew that there was a clear issue and there’s a clear sort of path of

action that we wanted and we wanted a clear outcome. There was a lot of creativity and I really don't recall a lot of internal debate about whether or not to do something. It was just kind of, "Well, we could do it this way or this way." And it came together nicely. Considering what we were dealing with, the amount of harmony that we had in the organization was actually quite astonishing.

AS: Would that have been the first kind of demonstration where someone is bringing coffins through the streets of Toronto? Was this like an established like, "Let's all bring..."

GB: No. I don't think anybody had ever burned a Minister of Health in effigy before, which is why it made front-page headlines. Like, "Oh, gosh!" [laughter] And that created a reputation for AIDS ACTION NOW! that actually gave it some weight for years to come. I'm sure other people have said that if anybody actually knew down the road what a tiny bunch of people we actually were, it would have been astonishing the amount of political weight we had at that time. And it was because we had such creative folks thinking about the ways to make headlines. And we also had a huge base of support. I mean it was a tiny little group who were meeting in the 519, but when we went out to Pride the applause was thunderous.

AS: Yeah. So, there was that feeling. And what did it feel like to be in those early actions? What was that like?

GB: It was pretty powerful. Yeah. It felt like it was a thing we could do. It also felt like it was actually a thing that month-by-month-by-month-by-month we were actually making progress, which is actually a nice thing in activism. Because there's lots of activism where you don't get that sense. And I think it's partly because we were smart. I think it was partly because we were using a whole bunch of power that we could assemble and we got stuff done. There's a long list of things that activists got done in those days.

AS: Yeah.

GK: Just to sort of come back to the organizing of those two actions again. So, there's a Public Action Committee and there's a Steering Committee. Do you maybe want to talk a little bit about what that relationship would've been, because clearly the Steering Committee also agreed to both of those actions. It wasn't just the Public Action Committee doing it. I mean the Steering Committee either proposed it, I don't know if they proposed it, and then we were carrying it out in the Public Action Committee or vice versa. Do you have any sense of what that type of relationship was like?

GB: I don't have a great recall on that. In the very first year, I don't think I was actually even attending the Steering Committee meetings. I might've been. Eventually, I ended up attending both and then eventually actually co-chairing with Tim, and then later with Darien. But in the early days, I think you [referring to Gary] would've been our representative on the Steering Committee from the Public Action Committee. I do recall some, not heated debates, but I do recall some debates around what that structure looked like and whether or not it was participatory enough and democratic enough. They were debates; they weren't debates that were like tearing us apart,

but they were debates – Is this the structure that best suits our needs? And is it a structure that sometimes creates unnecessary divisions?

AS: Because there was a representative from each committee going to the Steering Committee.

GK: Yes. The idea was that those four original working groups had representatives and, other people could go to the Steering Committee too was my understanding, but there was one rep from each group. I don't think people were actually elected initially on the Steering Committee. I think that comes later when there's the first AGM the next fall.

AS: So, there was that structure of the Steering Committee and the other committees that are doing different things and...

GB: I do recall going to Steering Committee meetings at some point. It couldn't have been that long into the process because I recall Michael Lynch still chairing those meetings, in the very first year.

GK: Yes, for sure.

AS: Because he stopped coming to regular meetings in the first year.

GK: I would say by that summer of that first year, but very involved up until that point, like through May and June I would say. So, just to come back to the burning of Jake Epp. I think it's a very important moment in AIDS ACTION NOW!, but do you have any memories of its repercussions on higher political levels of the burning of Jake Epp?

GB: I won't remember the sequence but I certainly know that we were incredibly unhappy with him as the Minister of Health. He had a background as an evangelical Christian, that didn't help. And he had as the head of the Federal Centre for AIDS, the person who infamously described people living with HIV as the "reservoir of infection." His name was Alastair Clayton.

GK: You're right.

GB: So, we were very unhappy with both of them and with the lack of action in general from the federal government, and the fact that our Prime Minister at the time had never even mentioned the word HIV and AIDS. And we also had looming the international AIDS conference happening in Montreal in 1989, I believe.

GK: Yes.

GB: So, all of those things were kind of percolating at the time and one of the things that happened, I hope partly because of us, was that they replaced Jake Epp with Perrin Beatty. And Perrin Beatty actually began to do some things and among other things that he did, eventually, was actually create the first National AIDS Strategy. And I think, at that point, moved Alastair Clayton off to somewhere else.

GK: That's right. One thing I remember, and I just wanted to sort of see if you remember hearing this, is that a couple of weeks after we did the burning of Jake Epp, at least, word leaked back to us that Brian Mulroney had called Jake Epp into his office and said, "Why are people so angry in the streets of Toronto that they're burning you an effigy?" Do you have any memories of that?

GB: I don't.

GK: Maybe it's a false memory I have. So, I just thought I'd try and see if I could be validated somehow. We'll ask other people about that too.

AS: And was it Michael Smith who wrote "KKKanada" on the effigy's front? Do you remember anything about that?

GB: I don't recall that.

AS: I had heard about this and when I first saw the pictures, I was like, "Ohh. It says "KKKanada. Like, I wonder how that came about."

GK: Tim didn't like that, because it was unauthorized. They just like, "We're doing this, we're going to add this in," I guess. I don't know. Well, we'll have to ask... Kenn Quayle is on the west coast and we're hoping to talk to him at some point, if we can. So, you already mentioned that one of the events coming up in '89 is this International AIDS Conference in Montreal. So, you did some of the liaison work on behalf of AIDS ACTION NOW! with ACT UP [AIDS Coalition to Unleash Power] in New York City. Do you want to just tell us a little bit about how that took place?

GB: Yes, one of my early assignments. I think I was already just planning to go to New York anyway, and so I got assigned to hook up with ACT UP as we were beginning to think about what we might jointly do in Montreal with ACT UP New York and also with a new group that was percolating in Montreal called Réaction SIDA. So, I met with Herb Spiers. He passed away in 2011. Met with him and also met with someone who is now the Dean of Law at Windsor, Bill Flanagan, ex-pat Canadian living in New York at the time. And so he was my primary sort of liaison contact with ACT UP New York. So, I went to an ACT UP meeting at the Lesbian and Gay Centre. Larry Kramer was there, it was kind of fun to meet him. And then I headed off with a bunch of them afterwards for drinks and talked about what Montreal might look like. And then began the planning of this joint Manifesto. I wasn't involved in writing it. I think we just came up with the idea of doing a joint Manifesto and then sort of passed it off to other people. And came up with the idea of just sort of working together during the conference to try and press a number of issues. For us, we had sort of a central demand of having a National AIDS Strategy and having some components therein. They had some other demands, but they were fairly parallel.

AS: And the mechanics of... I mean, when I think now of liaising with New York, I think you send emails and have Skype dates. How did it work then?

GB: A phone, a good old landline phone. [laughter] And then, because I wasn't involved in the actual creation of the Manifesto it's an interesting question. How did one create documents at that point without the Internet? Probably faxes back and forth. I won't try and recall who was involved in the actual Manifesto. I was certainly involved every now and then picking up the phone and sort of talking about, you know, we're going to book a room and that will be our activist centre. And we fortunately had some cooperation from people who were involved in the planning of the conference, so they would give us some information about what days were going to look like, and so we could have some sense about when it would make sense to have actions around Issue A or B or C. I remember that was the first time I met Linda Gardner, when she spoke on the issue of anonymous testing.

GK: That's right.

AS: So, we've also been going through some of the files at the archives and there's one note from someone, I can't remember the name of the person who sent it, saying, "We've raised some money and we can give grants to..."

GK: That's from ACT UP New York City.

AS: It's from ACT UP New York. "We can give grants to AIDS activist groups," and someone who's written, "Maybe AIDS ACTION NOW! should try to get a grant to bring people to..." Do you remember how any of the money worked to bring people?

GB: No, I don't recall. I'm pretty sure a fair number of us paid our own way. Some of us were employed at the time and I happened to be working for OCUFA, the Ontario Confederation of University Faculty Associations. And OCUFA should be very proud of its support for AIDS activism. They might not have known it at the time, their faxes, their photocopiers, about half of my working days were... [laughter] Yay.

GK: So, you were talking about the sort of plan of action for the Montreal conference that includes the Manifesto, includes a series of sort of days of action around different issues. Can you tell us anything more about that?

GB: I don't actually recall how much we planned in advance. We must've planned some of it in advance because we had banners, like the one that you were holding, around Mulroney: "Silence = Death". But I don't recall how much we planned in advance and how much we just kind of said, "We'll go there and raise shit." There certainly was a plan for actions everyday, and I think we talked about a certain number of issues that we wanted to focus on – treatment access, anonymous testing, the need for a strategy – not sure what else. And partly just the inclusion of people living with HIV and AIDS in the conference itself.

I remember meetings that were sometimes a little tense, you know, three organizations that hadn't worked together. Réaction SIDA had a little bit more of an anarchist flavour to it than us and New York had a New York flavor [laughter]. Imperialism works in many ways [laughter]. But

the meetings were, well, they were very lively and vibrant. I remember chairing one of them and, you know, this is a very interesting dynamic. But they, for the most part, worked. ACT UP New York had a plan that they had not shared with the rest of us. It was a very smart plan. It might've been wiser to share it with us, but there's reasons for these kinds of things. And their plan was actually to take over the stage at the opening ceremonies. So, Tim and I were in theory the co-marshals of the demonstration that was marching around the conference centre, and all of a sudden it started moving inside, and so I looked at him and said, "What do we do?" and he said, "Well, I guess we should lead it" [laughter]. So, we tried to get somewhere near the front as people went up the escalator. It was amazing visually. I think you may have seen some clips in "The World is Sick (Sic)" of that. And then took over the stage and everybody kind of scrambled around and said, "Uhh... Tim, there's the microphone."

AS: Was that just spontaneous, like "Tim can always talk"?

GB: Yes, he had no speech prepared. He made it up on the spot and it was brilliant.

AS: Amazing. Yeah, the little clip of him, I think in "The World is Sick (Sic)" – it's really this incredible...

GB: "On behalf of people that have HIV and AIDS in Canada and around the world, we are now officially opening the conference."

GK: Any other memories from the conference or things that came out of it?

GB: Well, first off we had to figure out, so how long do you just stay on the stage?

AS: Awkward. [laughter]

GB: We could just stay here all day, but on the other hand, we didn't actually want to piss off all of the researchers and scientists who at least had the modest commitment to HIV and AIDS to be in the room. So that at some point you needed to sort of... So, we had that and eventually left the stage and then there was a debate, I recall, about whether or not to continue with the previously planned action of holding up the banner when Mulroney spoke, and we did a little bit of back and forth in the room and the decision was, "Yes, let's go ahead," and I think I was probably on the wrong side of that debate. And that happened, so Mulroney got up to speak and Gary and, I don't remember who was holding the other end...

GK: Shawn, Steven, and maybe Patrick. Shawn Syms.

AS: And there was no security? No one said, "We're now kicking you out, since you took over the stage"?

GB: They didn't seem to have a plan for that.

AS: Amazing.

GK: It was very easy to do.

GB: And you know it would've been very ugly if they tried to. I mean that would've just escalated things and made more front pages.

AS: So, Mulroney gets on stage and there's this banner.

GB: Yeah.

AS: Amazing.

GB: What else about the Montreal conference? I do remember some rather tense moments, in particular somewhere between ACT UP New York and Réaction SIDA, and I don't even remember what the tense moments were about, but I remember that there was some head-butting there.

AS: There was a lot of ACT UP New Yorkers who had come, right?

GB: Yes. Many of whom, you know, if you've seen the ACT UP Oral History Project, some of whom were very central and some of who are still, thankfully, with us. Peter Staley is still around. Mark...

GK: Harrington?

GB: Harrington, yes. I remember I actually had a debate with him because he did a media intervention where he praised the Canadian health care system as a model. And I sort of said, "That was not actually helpful to us at this moment because we're..."

AS: Or accurate, right?

GB: No, I mean, it was accurate. I mean he was entirely right that, you know, in terms of where the US was, you look at Canada and it's a better health care model, but it just wasn't helpful for what we were trying to accomplish.

AS: Well, in terms of what was happening here, just because it's better than the US doesn't mean that it's adequate.

GB: Right. Yeah.

AS: What did he say?

GB: He actually apologized and I said, "I'm sorry. I hadn't actually thought that through".

GK: So, ACT UP also had that media conference, laying out the treatment agenda, ACT UP New York. So, from my vantage point, the two things that ACT UP most did was the taking over of the opening session and that. And then the other thing was at a ball game. They

went and, I don't know who was playing, but they all went off to a ball game, and it was basically around condoms and safe sex. You now, "Men use condoms or beat it," that type of stuff.

AS: Were you involved at all with the sort of presentation of the Montreal Manifesto, which is such an interesting and amazing document.

GB: If I was, I don't remember. And I actually don't remember what we did with it. Like, it is still an amazing document. In fact, in preparation for today, I went looking around. I thought I had one somewhere but I don't. Did they archive it?

GK: It's on the Internet somewhere because I accessed it that way electronically. But we have copies of it and we'll be putting it onto our site.

GB: Oh, nice.

GK: So, yeah, it will be more available. There was one day of those days that was sort of designated as an international day, and I think that was where the reading of the Montreal Manifesto happened. But it was handed out. Like, we handed out thousands of copies of it to people coming in. And I think all three groups cooperated, in this. I know it was translated into French.

GB: And Spanish?

GK: It may have actually been in Spanish too, through the ACT UP people.

GB: Yes.

GK: I think it very well may have been. But the problem with when we actually did the main focus on the Montreal Manifesto was most of the ACT UP people had left, which meant that the actions were much smaller at that point in time, later on in the week.

GB: Well, the other thing I remember about Montreal, it was also at the time of the massacre of Tiananmen Square. So, all of the activist energy for one afternoon shifted to supporting the sort of activists around that and I remember doing a fairly large march through Chinatown in Montreal.

GK: Yeah. I had forgotten about that. That's an important part of it. So, anything else around that conference or how AIDS ACTION NOW! felt about what it had done at the conference or evaluations or anything?

GB: Not much memory of that actually. I felt like it had been a huge success. And you know, to some extent later on we would have seen that as one of the key steps in actually achieving a National AIDS Strategy, which included a number of things which we specifically had put on the table including a National Treatment Registry, which later became the thing that became CATIE

[Canadian AIDS Treatment Information Exchange], which I then became the head of, which wasn't the plan in the beginning.

GK: We'll maybe get into that a little bit later. So, we're sort of back in '89, I'm trying to put our minds there, there are things going on in AIDS ACTION NOW! ... Well, '89 in the summer is also when there's the ddi [didanosine] action.

GB: Right.

GK: That's a major sort of action. I can't remember if you were very involved in anything around that.

GB: Yeah. I was coordinating the external media. By that point I had become connected to the media stuff So, for the ddi action there was a group six people, I think?

GK: Seven.

GB: Seven. Okay. [laughter] Who were prepared to actually be arrested for occupying the offices of the manufacturer company whose name I won't exactly remember; I remember the address. It was on Bay Street, Bay near Queen. And so my job was to hit the fax machine with a media release and also to coordinate the external demonstration that was going on to support the internal people.

AS: So, there was an outside crew and then these seven people who were going in with the intention, or the willingness to get arrested. How would you do the fax machine? Would you do it before the action started or...?

GB: Yes. I think not very long before the action started.

AS: So, there wouldn't be a lot of warning?

GB: Right. Because we didn't want them blocked before they even got in the door.

AS: Yeah.

GB: So, good ole OCUFA's fax machine was very handy in those days. I had a good media list. And what was interesting in those days is that the media was quite interested in covering these kinds of things. You know, AIDS at the time was all the things that the media needs to meet its requirements - sex and death and radicals and controversy and tragedy. Alas, after a few years that excitement for them, or those criteria for them, no longer existed.

AS: Right. But things were still happening.

GB: Yes.

AS: Was there a crew of people that would write a press release about an upcoming action? How would that work?

GB: In the beginning? Well, there was a Media Committee in the very first couple of years. Later on, it kind of became me. I was the person who wrote all the media stuff after a while. In the beginning George Smith was certainly a central part of that. Michael Lynch would've been in the first half of the first year, I think. I don't actually recall who else was involved in the Media Committee. And I don't recall the evolution, but eventually it kind of got handed to me. I think partly just because I have the capacity because I had this job. So, the ddi action ... another successful intervention, I thought, because the company actually, not long after that I think, did begin to release its product. And then there was also the mother of a patient, but that wasn't ddi, that was another ...

GK: That was ddi.

GB: Was it ddi? Okay. Yeah. Eva Halpert ...

GK: Yes. That's right.

GB: Wow. I can't remember my own phone number, but... [laughter] Every now and then, it will just leap out.

AS: And can you talk about her?

GB: She had a son who was in need of this particular product...

AS: Of ddi.

GB: And so she began a daily protest. It wasn't really a sit-in. No, a daily protest.

GK: Yeah. Outside, I think.

GB: Outside.

AS: Outside of the hospital?

GB: Outside of the pharmaceutical company's office.

GK: It was the same place where we did the action.

GB: And she just kept at it.

AS: And she would just be there.

GB: Yes.

GK: But she had some important political connections higher up, if my memory's right. I think Greg actually had a lot to do with what was going on with her and Patrick too. We'll talk to Patrick about some of that. So, her son was AZT intolerant.

AS: So, was she already doing that when the ddi action happened?

GB: I don't recall the sequence.

GK: It was after.

AS: Yes. But ddi had been something that people who couldn't tolerate AZT couldn't access. Was that coming out of the treatment group? I'm interested in that connection.

GB: So, my recollection would be that it was one of those drugs that was not yet approved by the federal government for release and so it was in the clinical trial phase. And you could only access it if you were in a clinical trial, and some people weren't eligible for the clinical trial. And also the clinical trial was based on a randomized control placebo ... And my recollection is also that when we finally got action from the federal government to create an Emergency Drug Release Program (EDRP). Actually, it already existed, they just hadn't ever used it. It was one of the first products I believe that was released. And I also recall a front page of *Xtra* with Dr. Michael Hulton and ddi on the front. It was one of the first things that I think was released through that program. So, in that case, the actions that we took were in fact multiply successful because they were successful in the company agreeing to release it on compassionate grounds, and they were also successful in the federal government agreeing to allow this program to function.

AS: Yes. I mean definitely the drug itself is important, but having the federal government have this program seems significant.

GB: Oh, it was huge. It was a huge step forward.

AS: Would you talk a little bit about the EDRP?

GB: Sure. It was a hidden mechanism that they could've been using for years and just hadn't bothered despite all the pressure, and then after enough pressure they finally figured out they actually had this mechanism to allow people access to drugs that were not yet fully licensed if there was a 'catastrophic' illness. In fact, there's a whole little book around here on catastrophic illnesses. And so ddi was the first product, but then, in subsequent years, and probably still today the name of the program has changed, but it is still a program that is accessed. And now not just by people living with HIV and AIDS, but people with other catastrophic illnesses, this little mechanism that was previously hidden.

AS: So interesting.

GB: It's saved many lives.

GK: Okay. So, other things that went on in '89 is that there obviously were discussions inside AIDS ACTION NOW! that led up to a retreat at Hart House. That's where these photos are from. Do you have any memories of that at all in terms of what was discussed, and issues, debates?

AS: Well, there were regular retreats, right? Or were there?

GB: This might've been the first. I recall more than one certainly. I don't have very strong memories of that actually. I do remember Bernard Courte in particular making a very emotional speech at one point. I remember Tim chairing or facilitating. I remember we put tons of things on our agenda and I remember Tim saying at one point towards the end, "Well, this was really good, but then there's the 'what happens next' piece" – a little reality check. I remember there was a fairly significant debate but I don't remember what about. I think it might've been around structure. It might've been when, at that point, we were trying to figure out what the Steering Committee is versus these subcommittees. But I actually don't remember the content too much. Am I getting close to accurate?

GK: Yes. We're also interested in what your take is on this and what your memory is.

GB: I think at that point Brent and I were dating.

GK: That's true.

GB: [laughter] One of the other advantages of...

GK: Well actually, look at yourselves in the photo.

AS: How close do you and Brent seem to be? [laughter]

GB: No, we're not very close. [laughter]

AS: And it was like a two-day retreat?

GB: Yes.

GK: It was a weekend retreat.

GB: I remember certainly there was an overnight component to it.

GK: So, we're sort of in '89, but I'm not sure when it happens in '89, or whether it's '90, when you become co-chair with Tim, and then later on with Darien. But if you could maybe talk a little bit about what becoming a co-chair was about and what did co-chairs do in AIDS ACTION NOW!?

GB: I'm trying to remember if I first approached Tim or if he first approached me, or I don't actually remember what the process was that led me to be considered for that position. I mean one of the advantages I had was that I actually had capacity because I had this really nice job. So, I had time to do the kinds of things that were required, as it turned out that was almost a full-time job. So, I don't recall though the process that actually got me in there. I remember talking to Tim about it and saying, you know, what would it be like to work together, and he thought we would work together just fine. And certainly he was and continues to be one of my heroes, and so the opportunity to learn from Tim McCaskell was something that no one in their right mind would say no to. So, I said yes, and then he and I began to sort this out and I think that we kind of took turns chairing the meetings. We would jointly put together the agendas. They were very detailed and they had time allotments for each topic. One of the nice things about AIDS ACTION NOW! was that we met at 519 and the 519 had a rule that you could only be there for two hours, because at the end of the two hours someone else was knocking at the door because it was their turn, which meant that you had to be very disciplined. So, the skills I learned at facilitating meetings in that part of my life have continued to benefit me in my later career.

So, I recall all of that. I recall that eventually it became more that I was kind of the behind the scenes guy and Tim was the more public guy, which just made sense because he was also HIV positive and incredibly articulate – that helped. But I would do a lot of the behind-the-scenes stuff, including, at some point in that transition, ended up being the guy who kind of wrote the media stuff. And then, often, at some point in that transition, I don't remember when, we began creating, in George's infamous phrase, demonstrations and documents. At some point in that process, I also ended up becoming a bit more of the 'document guy.' Again, because I had access to all these resources and also I worked behind the scenes with Bob Gardner, who was at that point the head of the Research Library at Queen's Park and totally not allowed to do anything that he was doing, but he also had the capacity.

GK: Do you want to just come back to that expression from George because I think other people had mentioned it but I don't think anyone has actually described it. So, what does AIDS ACTION NOW! being based on 'documents and demonstrations' mean?

GB: George clearly would have been far more articulate than I could recall, but I mean he was basically saying that the theory of change was that you used demonstrations to get the attention of folks in power, and get the attention of the media and get the attention of the public, but that was not enough. Because if you simply got their attention and then didn't follow through and tell them more specifically what it was you needed to get done, they wouldn't get it right, because they didn't get it right in the first place. So you used a combination of demonstrations and documents: demonstrations to get the attention, documents to actually get the change that you needed and to make evidence of why you needed it. I believe that was the first time that I had heard that particular theory of change. I was more of a kind of an activist background and you just make noise. And he was the person who kind of said, "Well, no, making noise is not sufficient."

GK: That was really good summarizing.

GB: Thank you.

AS: Were there always co-chairs of AIDS ACTION NOW! or was that a new thing when you stepped into that role?

GB: I remember Michael Lynch being the first chair and I think he was a solo chair. And then I think Tim was the second chair, and I think also solo. So I think, Tim and I might have been the first co-chairs.

AS: But then after that it became kind of the pattern... When Tim stepped back from that and Darien stepped in?

GB: Yes. I don't recall if Tim stepped back because we had talked about it being just good for there to be, we wouldn't have used the phrase 'term limits,' but good for some rotation. I think that was probably why we had talked about that. And we also began to think that it was a good practice to have someone who is positive and someone who – well, it didn't have to be someone who is not positive but at least one of those two people should be positive. And then we also began to think, especially when we had access to someone as obvious as Darien, that it would be really good to have a man and a woman. So, Darien and I then took over as co-chairs. And then, subsequent to that, James Thatcher and Darien were the co-chairs, but I was still quite active in that period behind the scenes. I was kind of the guy who did the stuff.

AS: And then James got sick while he was co-chairing, right?

GB: Yes. He actually was still technically in the position of co-chair when he died.

GK: So, you're co-chair first with Tim and then with Darien. I don't actually know when September 1990 fits into that, but one of the things that we've seen in the archives is that a letter from you to Bob Rae shortly after he is elected, laying out what he should be doing for AIDS action. Do you have any memory of that? I think it's September 1990.

GB: I don't recall the actual letter but I certainly recall that period. So, for the first block of time, in AIDS ACTION NOW! we were quite focused on the federal government because of things like drug access, a National strategy, and all that kind of stuff.

AS: And a treatment registry...

GB: Right, a treatment registry and a whole catalogue of things that had us largely focused on both the federal government, and sometimes also other institutions, like drug companies. And it was actually James Thatcher who came to one of our meetings and said, "What are you doing about AZT [zidovudine]?" because at the time AZT had been on a clinical trial, which meant that basically the structure was that everyone could get it for free, because it was part of a clinical trial. But the clinical trial was about to wind up, and there was no plan for what happened next.

AS: And was he in the trial? Do you remember?

GB: He certainly had access to AZT. Whatever the structure was, people didn't actually have to be in the trial. The trial was basically a living trial, so everybody got access to AZT... It wasn't a randomized, clinical trial. So, I remember him coming to this meeting. And I had met him before in a different capacity in the previous federal election. He was the flunky for Bill Graham, who was the Liberal candidate. And I was the flunky for Doug Wilson, who was the NDP candidate. Neither of them won. James and I would be at the back of the room holding our candidate's briefcases and chatting. So, when he first arrived at AIDS ACTION NOW!, I had some skepticism about having a Liberal in the room. [laughter] But I got over it. So, he came to a meeting and asked what we were doing about AZT, and he learned at that point that it's a dangerous thing to come to a meeting and to ask a question at AIDS ACTION NOW! because we said, "We're probably not doing enough. Come on board."

AS: Right. Maybe you should do something about that. Great idea.

GB: And he did, and basically helped helm a Provincial Action Committee, which I don't think we had had before. So, we had now a new arm that was focused on the provincial government.

AS: And so he just came in with that and started working on it right away?

GB: Yeah. And, you know, whip smart, he knew the political process. I think within the first month he arranged a meeting with a former Minister of Health and a former deputy Minister of Health. And so our lunch was, "How does this stuff work? How do decisions get made? What are the levers?" Keith Norton was the former Minister of Health, I forget who the former deputy was. And so that conversation sort of took place and then we began to craft a demand for a provincial strategy. I'll segue here a little bit, and then I'll come back to it. In the midst of all that, this fellow named Richard Schabas became a very polarizing figure. I'll tell more about that in a second ... So, we crafted a provincial strategy at that point thinking that it was quite probable that we would have another Liberal government, because no one ever would've predicted at that point the NDP would've won the election. So, our target was Elinor Caplan. I have very fond memories of ruining her last photo op as Minister of Health. She was opening a HIV lab at U of T [University of Toronto], so we went down with our banners and our props and our placards and we stole all the headlines, and then she was defeated. She was very bitter about that. I have very fond memories about that. So, that was James sort of took the primary lead on that and then I became kind of central to the Provincial Action Committee as well, and we actually drafted a Provincial Strategy.

AS: That's amazing.

GB: Here's, I don't know, a dozen things that we think the new government should do.

AS: And how did you come up with them?

GB: Well, there was a committee, not large. And James probably did most of the heavy lifting around the thinking about it, and then I think I did most of the heavy lifting around the writing of it. And then, behind the scenes, Bob Gardner did most of the heavy lifting about, "does this actually make any sense?" And what fits into what structures?"

AS: Yeah. How would this actually be implemented? Is it coherent to propose something like this?

GB: Yeah. So, among its components... Can I segue into this?

GK: Sure. Go for it.

GB: So, one of the components was we wanted to have them fire the Chief Medical Officer of Health for the Province of Ontario. That was an interesting one. There was also a drug plan for people with catastrophic illnesses. That was probably the most central demand of all of them. We also wanted a new kind of provincial strategy. We wanted people who had community sense at the helm of that strategy. And access to anonymous testing. Probably at that point we began to think about harm reduction. So, there's a long list of demands and then Bob Rae got elected and so we wrote him and said, "This is what we should do" and then a group of us organized to go down to the next NDP provincial conference which was in Hamilton, I believe. And our plan was to distribute our document – this is what you should do – and then our plan was to do whatever we needed to do to disrupt the conference, to put this on the floor as a motion. And the Minister of Health from Ottawa, her son is now a Member of Parliament, Evelyn Gigantes was the Minister of Health. She had not been there for very long, and she got up and moved the motion to adopt our entire platform.

AS: Wow.

GB: And it was adopted unanimously.

AS: Had it been circulated to the...?

GB: Yes.

AS: Wow. And so how many people went down for that action?

GB: I don't recall how many people, not huge. There were enough to make a disruption, but not huge. Ten probably.

AS: And was there an inside/outside part there too? Or was it that everyone went in?

GB: I think everyone went in.

AS: Okay.

GB: In those days, we would've just assumed that the NDP would be friendly.

AS: Right. And so that plan, the drug access plan, is what's now Trillium.

GB: Yes.

AS: And still around.

GB: Still around ...

AS: So, such a triumph.

GB: Of the platform that we put together and then they adopted, that was the last one that we were able to achieve. And in fact we achieved in the very dying days of the Rae government. Bob Rae now speaks so proudly of that accomplishment, but he would not have done it if we had not beaten the crap out of him for months and months and months and months.

AS: So, that was you and James making, having a strategy of like... How did you do it?

GB: Well... A) We were relentless, because by that point that was probably the chief issue facing people with HIV, of all the issues facing them. By the time we got to there, access to drugs was now a cost issue more than a federal regulation issue, and so we were relentless and we did everything. We did a demonstration, at one point, Brian Farlinger dressed up in drag and we hung a clothesline outside Queen's Park. And the metaphor was people being hung out to dry. And we had a bunch of people including Brian Farlinger, this banker and lawyer, dressed up in drag. So, we dreamed all of that up. At one point we designed giant styrofoam pills and put a message on them and delivered one to every cabinet minister. And the problem with those for Cabinet Ministers is when you get a document from the public you have to save it. [laughter] So, they were very annoyed by that. We did stuff like that. At one point, *Xtra* used to do this page called "Proud Lives" which was people who had died. And, at one point, they did an annual two page, or maybe it was four page, sort of collection of all the people who had died that year. So, we asked *Xtra* if we could have however many MPs there are, 144 copies, and we delivered them with a little note. So, we were pretty relentless. What else did we do...? Well, James knew that the end was imminent for him, so we got John Greyson in and he recorded a video.

AS: John did that.

GB: Yeah. And then we announced a press conference, not knowing at that point that James was actually going to die. So, we organized a press conference, thinking that he would be part of it. And then he died and so we went ahead with the press conference and showed his video, and leaked a snap of the video the day before. So, it was already on the front page of the *Toronto Star*. So we did that and that kind of got attention.

AS: And in that video he's talking about not having access.

GB: Yes.

AS: I haven't seen it, but a couple of people have talked about that. It's very moving.

GB: OHTN [Ontario HIV Treatment Network], I think has a copy of it. So, backing up a little bit, before that, we also sent a team to occupy Francis Lankin's office. James was part of the team. He actually handcuffed himself to her front door. And Darien, I think, was part of that. Bentley Ball was part of that. No, actually Bentley didn't make it. He was supposed to be there, but he didn't make it. And that also ended up on page three of the *Toronto Star*. Due credit to Frances Lankin, she didn't flip out and her security didn't flip out. She cancelled all her meetings and invited them in to meet and had tea. And she was still Minister when James died, still no drug plan. By that point, we'd actually had some people internally having conversations with us. And you know part of their thing was, "We've run some numbers and this is what it would cost in the middle of the recession. So, we began to have backdoor chats about whether or not we would consider a plan that had a deductible structure to it." And began to have a chat. We looked at the numbers and realized that if we didn't say yes to that, we probably weren't going to get anything. And then I recall at one point getting a call from Bob Rae's office directly to me, saying "We're close but he's not willing to move forward because he thinks that you will reject it if there's a deductible." And I said, "Read our letter again. It says, we would prefer a plan that did not have a deductible, but if there is a deductible we would prefer that it be income-based." And then we threatened to burn him an effigy on World AIDS Day, and the day before, he held a press conference. We got a phone call for a heads up and he announced the Trillium Drug Plan. By that point Ruth Grier was the Minister of Health. So then we worked with her about what it would actually look like.

AS: And so it was coming from AIDS ACTION NOW!, but this drug plan changed a lot of things for everyone. You know, people who had catastrophic illnesses who weren't covered or the drugs are being used off-label. Can you just talk about some of the process of having a more expansive scope for it than just people who are positive?

GB: Well, that was interesting. There was a couple of chapters in there. One chapter was, again we're having sort of backdoor conversations and at one point they put forward the idea that they could afford to do this plan. So, previous to the plan, there was an Ontario drug benefit plan that was available to people on welfare and to seniors. And so what that meant was if there wasn't this plan, there was a lot of people who had high drug costs so, they had to go on welfare. It was the only way, which didn't really make any sense for anybody. At one point, they put forward a plan that they could afford this thing if they started charging seniors. If they started putting seniors on a deductible plans. And so we got a call from the Ontario Federation of Labour saying, "What the fuck are you doing?" And we said, "No, we're not supporting that. We will not agree to a plan that starts taxing seniors for this." And so they backed up on that. And then they began talking about what a deductible strategy would look like. At that point, our demand was fairly clear that we didn't want anything that was just an HIV plan. That it had to be for anybody who had a catastrophic illness. As it turns out, the plan was even a little better than that because it's not based on any illness category at all. It's just based on high drug costs. So, anybody who has high drug costs can access this plan.

The NDP were in charge for four years. So, it took about four years of pressure to get that. They also discovered not long after they had adopted this plan that they couldn't actually fire the Chief Medical Officer of Health. That wasn't within their power. So, what they did is they kept him there, but they moved the department that was in charge of HIV and AIDS elsewhere, and created what is

now the Ontario AIDS Bureau. And then began hiring people from the community who actually get stuff. And that continues today.

GK: So, is there anything more you wanted to say about that struggle. That was a really important struggle and victory, so is there anything more?

GB: Those actions I described were just a few that we did over the course of that campaign. We were pretty relentless on that one.

AS: It's also so interesting to hear about these very fine-grained negotiations. So, if you got a call like that and then would you come back to the Steering Committee and say, what are we going to do about this? Like, they want to start taxing seniors and the Labour Federation is calling us on this... So, then there would be discussion and decision. How would it work?

GB: Sometimes we just did it by a few phone calls, where it seemed like a fairly obvious decision. So, at that point, I was no longer co-chair. It would have been James and Darien, while James was still alive and then Darien and Mark Freamo, I think. Anyway, we would make a few phone calls if we couldn't wait for a Steering Committee meeting, and just say, "Is this what's going on?" Bob was certainly my go-to guy on anything provincial because he was just smart about what the possibilities were. And then we did have a few internal people who we could call on to say, "Is this really what's going on?"

AS: And so James never saw that actually come to fruition.

GB: No.

GK: The other area that you started to mention is around Schabas and trying to reclassify AIDS as a virulent disease and quarantine which I know you were quite centrally involved in. So, do you want to tell us a little bit about how that took place? And again another successful struggle.

GB: Richard Schabas was the Chief Medical Officer of Health for the Province of Ontario, not a very likeable guy. [laughter] He had been sort of controversial for a while in not dealing much with HIV and AIDS and in not approving anonymous testing. But what got him into the headlines was at one point he had suggested that HIV be reclassified from communicable to virulent. And what that meant was that it would also give him quarantine powers. And so the reporter, Kelly Tohill from the *Toronto Star* asked him, "Well, when would you use these powers? Like, what kinds of behaviours would prompt you to do that?" And he basically said, "Having sex. And it didn't matter if people wore condoms or not. If you were HIV positive, wearing a condom wasn't sufficient." Which was kind of contrary to all of the messages that everyone was saying, which was that condoms work. He was saying that they were not sufficient if you were HIV positive. And so that became a story on the front page of the *Toronto Star* I think, on a Friday. So, we photocopied it and said, "Fire Schabas Demonstration" and had a demonstration on the following Monday, I think. And sent people, this was before emails and before Internet, on the streets to hand these out at gay bars, and had one of the largest demonstrations we ever had. The 519 hall was packed. I don't

think we burned an effigy; I think we were getting tired of that by that point. [laughter] But we went down and had a demonstration outside Queen's Park, and actually had speakers from even the mainstream AIDS organization, even the AIDS Committee of Toronto. The executive director spoke at that and said, "Yes, it is time. He must be fired." So, that became embedded in our demands for the provincial government. They couldn't actually fire him, but what they did do is certainly move it out of his control and also began to accept our demands for anonymous testing. And then I spent way too many meetings navigating back and forth about what that actually meant to have anonymous testing and still have this Act which doesn't really allow for anonymous testing. And I think we finally gave up on that and just ignored it, but we spent a lot of time at meetings.

GK: That was another really significant victory. So, that government just basically stopped talking about this proposal to alter the classification of HIV infection is my understanding. Is that right?

GB: I don't think they ever actually got around to formally allowing for anonymous testing. So, anonymous testing is this program that's all over the province. They've expanded it all over the place but I think if you actually looked at the Act, it's precluded. The Act still requires any health care professional who learns of someone who has this long list of diseases to report it.

GK: And that's one of the problems with viral load now, which is reportable. So, there's that limitation. Coming back to some of what you talked about at the forum on HIV criminalization in February. So there were various different committees that AIDS ACTION NOW! was involved in with the provincial government. So, you were just talking about one. It may be the same one that I'm thinking we're talking about there, but was there one that was actually addressing what to do with people who didn't seem to follow the 'proper' medical precautions around safer sex or safer drug use?

GB: I don't think we had a subcommittee around that, so that would've been part of the provincial committee and at some point I ended up having that file with Linda Gardner now as kind of my back-up go-to person. When I need to get smart she'd be the person that I'd talk to. And I don't actually recall how I ended up with that file. But the Trillium file and the anonymous testing file, both ended up being in my hands at some point.

GK: You talked about some committees that you were involved in through AIDS ACTION NOW! at the February forum, and I'm just not completely clear what committees they were, with the government, right?

GB: Yes.

GK: And I sort of got the sense there that that these meetings that didn't really go anywhere, but that you were involved in them. Do you have any memory of those or want to talk about them?

GB: Sure. Again that was around whether or not we could amend the Act sufficiently to allow for anonymous testing and allow for the broader context of anonymous testing which is ‘stop reporting people to the government for living with HIV’. At that point Jay Browne was heading up the Ontario AIDS Bureau, a very nice and lovely guy. And he seemed quite committed to that idea that if you put people in a room for long enough they would come to a consensus. So, he kept putting me and Richard Schabas, there were a bunch of other people who were at the table too, but it was really just me and Richard Schabas battling it out and we didn’t come to consensus. So, I don’t remember how many meetings I went to but it seemed like an awful lot. So, there was that. There was also a little committee somewhere along the line looking at the actual implementation of the Trillium Drug Plan. So, once they announced that it was going to happen, then there was a lot of negotiations back and forth about what does this look like? What will it cover? How quickly will it cover? What’s the deductible structure and stuff like that?

I should say, just moving back to Trillium, although I think it would be quite fair to say that AIDS ACTION NOW! was the primary force that helped to create that, we were not the only force. There were other illness groups who were supporting the idea, but nobody else was going out and...

AS: Actually demonstrating around it and threatening to burn Bob Rae.

GB: ...dressing up in drag and hanging in clotheslines and delivering petitions and all that kind of stuff.

AS: And pills. Do you remember who some of the other groups were?

GB: I think epilepsy would’ve been one of them. Diabetes, probably – the Canadian Diabetes Association. There were other groups. So, once we actually got the commitment to develop this thing and there were more people that were at the table saying, “What does it look like?” then there were other illness groups, I hate to use that phrase, at the table. It wasn’t just us, but we were still the cranky ones.

AS: Right. The cranky, powerful ones.

GK: The cranky ones get things done.

GB: We had an anniversary gathering at I guess, the twentieth year. And I phoned Ruth Grier, who was the Minister of Health when we were fighting for the drug plan. She was actually the person, I remember yelling at her in City Hall or something. I said, “I don’t know if you remember me, but I remember you.” [laughter] And she also said that the Trillium Drug Plan was one of the things that she was most proud of anything that she had done in her life. So, okay.

AS: Nice to facilitate.

GB: Yeah, you’re welcome! [laughter]

AS: It was a lot of work for us and you’re welcome.

GK: So, is there anything else you remember from the time you were co-chair that was significant in terms of activism and AIDS ACTION NOW!?

GB: Well, there's a whole bunch of stuff around the National AIDS Strategy, and I think at some point before that actually came to fruition, I would've been co-chair, because I remember getting some phone calls around that. When they were debating whether or not to include a National Treatment Registry and what that might look like. Because I do remember calls from someone fairly senior in the Ministry of Health's office, in Perrin Beatty's office, saying that they didn't think that they could do it in the way in which we had described it, because the OMA (Ontario Medical Association), or the CMA (Canadian Medical Association), had said no. And I remember saying, "Well, that's not acceptable." And that was kind of the end of the conversation. At some point, they did actually do that and I remember a little huddle. So, when Perrin Beatty came to announce the National AIDS Strategy, we had, and I wasn't part of this other than just being supportive, we had created a Report Card, saying, "Here's the things that must be in it in order for it to be successful." There's a photo that I have somewhere of a huddle of people including Tim and George and Russell, and some others, who met instantly after Perrin Beatty announced the National AIDS Strategy to actually go through the Report Card, and they announced at the end of it, "This is okay. It's not perfect but it's okay. It meets most of the things that we demanded." So, I recall that. I recall Perrin Beatty actually being fairly decent about all that too. His people talked to us during that and realized, for whatever reason, that we had some weight to throw around. So, I recall that. Actually, I wrote the brief that demanded the National Treatment Registry along with Scott Beveridge. He went off and researched what other Treatment Registries looked like, and then I wrote the brief and, I think, ran it past George who gave it the seal of approval. And that was the document that went to the federal government. At that time, I would have no idea that at some point I would actually end up heading up CATIE.

GK: Leaving aside your job in CATIE for a moment. Could you describe for us a little bit about the complicated struggles that were gone through to sort of move from an official commitment for a Treatment Information Registry to actually having one?

GB: It took a while. At some point in the process, the Canadian AIDS Society had supported our demand, and they kind of took over a bit of the lead on the file. So, they ended up being the people who were doing a lot of the negotiations with various parties, and I'll come back to that, about whether or not the proposals that were being developed were sufficient. David Garmaise at the time was the Director of Program and Services at the Canadian AIDS Society, and he spent many many many many hours of his life in these meetings. The initial attempt went to, now was it Montreal first or Toronto second? I think it was Montreal first. So, a consortium of universities in Montreal, McGill being I think the lead, and they played around with it for a while and couldn't actually put anything together. And I must say, at the time, to give them some credit, it was a much more complicated thing than what eventually ended up coming out, because at the time it was a whole thing about, "Can you actually get everybody who's on treatment essentially into a huge clinical trial?" So, getting everybody who's on treatment's data together so that we can learn all of that. The end result wasn't as complicated as that. But anyhow, they held it for a while and dropped the ball; I think we did a few demonstrations at that point. And then the University of

Toronto took it on and held it for a while and couldn't develop anything. We did a few demonstrations around that. Kalpesh Oza started being part of our organization at that point. And then eventually they decided that they would actually hand it off to what at that point was a tiny little organization, might not have even been called CATIE at that point. AIDS ACTION NOW! had a committee for many years called the Treatment Information Exchange Committee. Sean Hosein had been writing Treatment Update as a volunteer for many years, and that eventually got enough funding to turn itself into a tiny little organization to continue to produce that and to also answer a few phone calls. And then it got the contract to actually develop this national body. And then it got going on that and at just about the time that it was ready to turn on the switch, they ended up hiring me as Director of Programs and Services.

AS: And that was still the Treatment Information Exchange then?

GB: By that point it had become CATIE.

GK: So, what year is that that you got hired?

GB: I got hired at the beginning, I think, of 1996.

GK: Okay. So, it's a long period of time from the development of the National AIDS Strategy to then?

GB: Yes.

GK: That's a very complicated bureaucratic struggle that goes on for a long time.

GB: Yeah.

AS: Was it surprising that they would move from McGill and the University of Toronto to TIE [Treatment Information Exchange] and then to CATIE? Like, was that...?

GB: I don't recall actually how that series of shifts happened. I know that we were so adamant that something had to happen, and I think at some point they just kind of gave up and said, "Oh here, you do it."

AS: "Fine. You do it if you know what needs to happen." And you were like, "That's what we were saying all along." [laughter]

GK: At some point you start to be less involved in AIDS ACTION NOW! So, maybe getting you to describe that might be useful. And you end up at this position at CATIE, right?

GB: Right.

GK: Maybe just describe that. So, you're the co-chair with Tim and then with Darien and you're doing lots of stuff behind the scenes including, some of the central organizing of AIDS ACTION NOW! How does that develop in the 1990s for you?

GB: For me, I was still pretty much playing that fairly central role behind the scenes right up until 1996 when I started the CATIE job. And once I started the CATIE job, it didn't take me very long to realize that I couldn't continue to do both, not because there was any particular conflict, just because I didn't have the emotional and physical energy to do both. The CATIE thing was going to be pretty demanding. I still, even in the early years of CATIE, was still an activist and still would help out where I could. I was in that role when a bunch of us went to the Vancouver conference, when the National AIDS Strategy was in threat of not being renewed, and we did some interesting activism there, in partnership with others. But eventually, you know, the CATIE head honcho job just required all of my energy, so I had to kind of step back from AIDS ACTION NOW! I've continued, and to this day, I'm kind of on the margins of AIDS ACTION NOW! but to be honest, I don't have the kind of energy that I used to and it's also going in some directions these days that don't excite me ... Around 1996, I began to pull back just simply because I could no longer be as active as I wanted to be while I was doing the CATIE job.

GK: What was AIDS ACTION NOW! in '95/'96, in terms of the level of organizing that was going on?

GB: At that point, I think, by then Maggie Atkinson would've been the co-chair. Prior to her, Brian Farlinger had played a very significant role and had been the lead on a couple of significant victories as well, particularly around clinical trial design. Then Maggie, who also was, you know whip smart and had a particular interest more in kinds of treatment, was co-chair, maybe with Brian for a while? I think by the time, '96, she was the co-chair perhaps with Mark Freamo. I'm losing the sequence of co-chairs. So, what were the battles at that point? I'm not sure anymore what the battles were by kind of the mid-90s, because at that point we had won a number of things that I was concerned about.

GK: Maybe another way of trying to get at this is, by '95/'96 it begins to become clear that there's going to be the anti-retroviral cocktail, right? What impact do you think that had on the capacities for AIDS activism of the type that would've existed in the early years?

GB: Well, certainly, it was transformative. So, that would've been in my very first year at CATIE. We went to the Vancouver conference as a treatment information organization. From that lens, the introduction of effective treatment was revolutionary and transformative for everybody's lives, but also transformative for all the organizations who were working in the field. And I think for treatment activism, you know, the '96 conference was a pretty significant conference, and it was not just AIDS ACTION NOW! It was a whole bunch of people from across the country. But after that, I think it became much more difficult to mobilize people. Partly because it was no longer as much of a crisis for as many people; people were not losing friends all the time. People were actually regaining health. There was the Lazarus Effect. That's the wrong word...

AS: No. That's right. I think so, coming back to life.

GB: And I certainly know people now who, in 1995, had made their plans for leaving this earth and are now around working. So, what does treatment activism look like when you have effective treatment? And frankly, I think lots of people are still struggling a bit with that. There's all kinds of stuff around social determinants of health – poverty, housing, racism, sexism – but you know, if those were solvable by small groups of people we would've solved those a long time ago. So, I think it's a much more challenging landscape for people now to try to figure out how to tackle those more systemic things. Because in the early days we won important victories, but they were kind of very, very focused little things and we could focus our energies on this little thing with our demonstrations and documents. And now we need a housing strategy.

AS: But it's so interesting because, and I agree, they're very specific but what's powerful about them, one of the things that's powerful about them is they have these systemic effects actually. What was the feeling of those years? I also want to hear more about what happened at the Vancouver conference, as people were like, "Oh, it turns out I'm going to live. Now what?" Does anything come to mind about what that was like?

GB: I certainly have lots of personal stories of people I know who were in that, including probably some of the people who you're going to be interviewing, who we would not have expected to be around in 2014. So, what was it like? I think in some ways it was quite traumatic for people. You know, when you have planned your exit from this earth and you've, and many people had already spent all their savings not expecting that they would ever need to even think about retirement, it was of course miraculous for them there to change, but it was also pretty traumatic for people. It was almost traumatic I think for people who were working in the world of HIV and AIDS and had dedicated their life to a certain way of thinking about what this was and what their work was, including activists but also people who worked in AIDS Service Organizations providing grief counselling. All of a sudden, they needed to think, "So, am I useful anymore?"

AS: If it's okay to back up just a little bit, how did you think that people managed and dealt with the time before? I'm thinking about those years when people were just dying really fast and where it just seemed like there's nothing new coming, how did everyone handle that and work with it?

GB: Poorly. Some of us, who are the more A-type just tried to pretend that we didn't deal with grief.

AS: Right, just work through it.

GB: Yeah. Just keep hitting the streets, keep working. You know, and as you witnessed not long ago...

AS: It still comes up.

GB: Yes.

AS: And that is one of the effects of that kind of, “Don’t mourn, organize” approach.

GB: So, there were services around bereavement and around grief, but for some of us I’m not sure that those services would’ve been the thing that we would’ve drifted to anyway even though they existed.

AS: Well, just as we’ve been doing the first rounds of these interviews, one of the things that was really powerful happened when people said, “Look, all there is is services to help people die and we’re going to work on helping people live. And that’s what we’re doing. We’re going to work on treatment.” And then something about that switches, so that it’s not just this kind of a constantly elegiac, you know, mourning thing, but there’s this sort of different feeling that maybe then, I’m speculating, doesn’t let that be something that’s possible to constantly have in the room at the meeting when you’re trying to make a plan about a National Strategy or, “How are we going to interface with Bob Rae’s office?” I mean, it’s hard to have a meeting when everyone is grieving.

GB: Although, oddly enough, I mean AIDS ACTION NOW! continued to be effective even in periods where we were losing lots of people. And in some ways it was kind of one more motivator. We were very focused, at those meetings, those two-hour meetings we got a hell of a lot done.

AS: Yeah.

GK: I thought that maybe one of the things that we could ask you is the last question for now, which is sort of looking back on it, how do you evaluate these years in AIDS ACTION NOW! that you were involved in? So, we’re really talking about until 1996, from your involvement until then. Like, you’ve talked about a whole bunch of victories that were won. How significant was that in your life too, in terms of making you who you are or transforming who you are?

GB: The most transformative part of my life, actually. There’s a lot of triggers going on here.

GK: Yeah. And that’s fine. We can stop now if you want.

GB: No, I’m okay. It gave me all kinds of skills that I’m still using today. I would not be able to be an executive director, which is one of the things I do these days, if I hadn’t been in AIDS ACTION NOW! I learned from people like Darien and Tim. And, you know, if I have a legacy in this life, it might be called the Trillium Drug Plan. So, pretty big deal.

AS: But I think it’s so amazing how much happened, right? And how much you and everyone else did.

GB: Yeah.

AS: It’s one of the things that’s such a honour about doing these interviews, that we get to hear some of that, and it feels like it’s important to know. And then one of the things that’s

interesting is all of those effects on people's lives happened anyway, even if they won't ever listen to this interview or know what you did.

GB: My mum lived through the World War II in London, and so when I talk to her about this stuff she knew exactly what I was talking about, because they didn't know from day-to-day who they would see the next day. But we had AIDS ACTION NOW! She didn't. So, I don't think I have the strength to be on support teams, you know. Some people were doing that. They were forming support teams and going to people's homes and helping them die. I didn't have that strength. But I'm pretty good at this. So, yeah, pretty transformative. When young folks seek my counsel, which happens from time to time, about you know what to do with their life if they don't know what they're doing with their life. I say, "Start by volunteering. Do something that you're really passionate about and you will never regret it."

AS: Right. But it's pretty great to have smart collective group that's doing direct activist work to plug into, you know.

GB: Yeah. It's kind of rare. I'm on the board of Greenpeace Canada now, and I think frequently about all the lessons I learned doing AIDS activism and how many parallels there are about doing really smart, focused, media-savvy interventions in the world, to try and get very specific outcomes.

AS: Yeah. That change policy and change what people's material conditions are. We'd love to talk again, another time, like probably in the fall. But is there anything that you want to say today?

GK: Anything that's arisen that you haven't had an opportunity to talk about?

GB: I'll think of a thousand things, but none coming to mind right now.

AS: Yeah. Good. Thank you.

GK: So, thank you.

GB: You're welcome.

[END OF TRANSCRIPT]

Part 2 – November 14, 2014

Persons present: Glen Brown – GB
 Alexis Shotwell – AS
 Gary Kinsman – GK

[START OF TRANSCRIPT]

AS: We're talking to Glen Brown – Interview Part Two. It's November 14, 2014.

GK: The first question, given you've had a chance to read the transcript from the first part, was just if there's any other comments or reflections you had. You already mentioned that you may have not gone into as much detail as you perhaps want to on the conflicts in the organization.

GB: Yeah. I think I glossed over that last time. So, I would recall two significant conflicts. I mean there's always sometimes a debate about tactics, but that was a friendly debate, but two significant conflicts. One was about the core mission of the organization. Some folks were suggesting that we should be a little bit more like the ACT UP New York model, which had a very, very broad scope of interest. And others, including me, were arguing that we should remain focused on treatment issues and therefore there was a structural issue around accountability to people with HIV. And we had that debate in a formal way and brought it actually to a general meeting, and our side – the more focused side – won, but that was a pretty significant debate. There was a number of people who were quite angry about that decision, and some people actually left the organization because they wanted to see something with a broader mandate. In hindsight, I would have still made the same argument. I think it helped us to be more effective.

The other series of debates that happened was around the formation of the Treatment Information Exchange project. And there's two debates around there: One was some were not sure if doing a service arm was the right thing for an activist organization to do. I was actually, ironically, one of the people opposed to it at the time – the irony as I later on...

AS: You run CATIE. Yeah.

GB: So, that was a debate. It wasn't particularly tense, but it was a significant debate. And then there was another debate later on when that organization separated into its own organization, and there was a debate kind of about how that separation happened and what the relationships and accountabilities were. And that got weirdly personal with some of the folks involved. And I say "weirdly" in that I still, in hindsight, look back and I don't understand how it got so acute, where it seemed to me to be a relatively simple series of things. So, those were two conflicts that I probably glossed over.

AS: What year was that second conflict? The first one was around... was it after the Hart House retreat? Is that right?

GB: About whether or not the...

AS: No. Sorry, to have a... the small mandate/big mandate. I think that's '89?

GK: It's '89, fall of '89.

AS: And then the Treatment Information Exchange, when is that?

GB: It would've been probably within the following year would be my guess. And then the separation into its own organization would've been probably the year after that. And again, I can't really confirm dates on those – although there's probably somewhere paperwork around when the TIE project and CATIE were actually formally incorporated.

AS: Yeah, and split off. So, that sounds like it would've been a really, actually, challenging year, year-and-a-half, in the organization in general. We could have an overlay of like – here are organizational problems; here are places when people are getting really sick.

GB: It's certainly a testament to the resilience of people and the organization that we actually got through all of that.

AS: That it continued through that.

GK: But it was also winning victories during that time period too.

GB: Yes.

GK: One of the things we didn't get to the last time was talking about AIDS ACTION NOW! and Pride Day and the various initiatives that AIDS ACTION NOW! undertook. So, if you want to tell us a little bit about that.

GB: Well, I can remember certainly, probably in our first year some little thing that we did, where we had a table at least and George Smith spoke at that. In those days, Pride was small enough that you could actually have one person speak on a stage and everybody could hear them. It's long past those days now. And then I think we probably marched in the parade that year. And then – I will not get the dates right, but hopefully you will be able to – at some point we decided to do a more significant intervention and planned a die-in. And at that point, we fortunately had the cooperation of the parade organizer, Michael McGaughy who said, "Yeah, we'll help you." And so he helped us collaborate the idea that when the front of the parade got to Bloor, everybody would stop. All of the floats would turn off their music and that would be the initiation of the die-in. We had no idea if it was going to work, and it did. And, you know, drag queens doing die-ins – quite something. It helped that in the beginning of that year there was kids... the lead organization was a bunch of kids. I mean kids of queers, and they were really into it. They thought this was a very important thing, because they knew their parents thought it was important, so they led us off.

AS: And so did it go in like a wave down the...

GB: Yeah. David Chu and I – that was our task. We ran from the front down to the back, going like this [waving down] and seeing if it worked, and it worked.

AS: So, you actually were following it as it...

GB: Yeah, as people went. It was pretty awesome.

AS: That must have been amazing.

GB: Yeah.

AS: And the quiet... what was the response?

GB: I think people were really proud that they could do something like that in a parade that is typically seen to be just a party. And, you know, it was a pretty important one. And then people would draw the chalk outlines. The piece we didn't plan for was when the people stood up, they'd put the names of someone they'd lost in the chalk outline.

GK: Did that continue on Pride days after that?

GB: We did at least one other die-in. I think probably the following year, but I think that's about it. No, sorry. In other tactics, one of the things we did is, one year, we made one of our placards; we mass-produced them. And then we went and, before the parade started, just started handing them out all over the place so, by the time you actually saw the parade it looked like the entire thing was AIDS ACTION NOW!

AS: Did they say, "AIDS ACTION NOW!"?

GB: Yeah, it had "AIDS ACTION NOW!" – our logo – on one side, and "Research for a Cure" maybe on the other side. We did that a couple of different years. And so there were different versions of them. There was one where we were pushing for a renewal of the National AIDS Strategy ... I remember the size of them, but I don't remember what was the actual text of them. There are probably still kicking around somewhere. I don't know if you've ever found the actual, original placards, but somewhere they are, hopefully they are.

GK: We found the "EPP=DEATH" banner.

GB: That would've been the very first year.

GK: But we now need to find all these other ones.

AS: Yeah, if they still exist.

GK: Were there other things that were sometimes done on Pride days? Like, die-ins, handing out signs, contingents... what else would've been done? Was there ever an AIDS ACTION NOW! float during that time period?

GB: Yeah. The biggest float we did was the year that we were pushing the Bob Rae government to try to do the Trillium Drug Plan. We had a float with a "Wheel of Fortune" and a few drag queens, and Brent Southin dressed in a Bob Rae mask spinning the Wheel of Fortune. There are probably photos.

GK: Yes there are.

GB: Yes, and that was also very successful. It went over well with the crowd. I do recall one of the things that was always a little bit of a test of – are we still accountable and representative of the community that we attempt to serve? And when the crowds went nuts for us it kind of felt, “Okay, we’re still in the game.” I think that was the only time we did a big float. We did one other year, I think, where we did a smaller float that just had music, so we just danced behind it.

AS: Yeah. There’s one picture in the AIDS ACTION NOW! slideshow online of a rainbow – many, many helium balloons – and it says, “All I want is a cure and my friends back.”

GB: Oh yes. I guess he was affiliated with us, but it wasn’t actually an AIDS ACTION NOW! initiative. He later on became James, I want to say, Wakefield. He became quite prominent as a marijuana activist, and then moved out to the west coast. So, that was hanging off his balcony.

AS: Ah. Got it. So, it wasn’t AIDS ACTION NOW!?

GB: Although he was affiliated with us.

GK: One of the things in reading the transcript that I wanted to ask another question around was, you talked about the committees that you were on after opposition to the quarantine legislation around what to do in terms of anonymous testing, and I guess opposition to Schabas’ attempt to get HIV transformed into being a virulent infection category. But, this is harking back a little bit more to what Joan Anderson spoke about at the forum last February. There were also some discussions on an official level about what to do with those people who were unable or unwilling to follow the instructions of public health authorities. I was just wondering if you could tell us anything about that or whether you had any involvement with any discussions in relation to AIDS ACTION NOW! on that.

GB: I don’t actually recall how those two processes overlapped much. We were obviously interested in that process, but that process was more happening at the kind of official level of what’s now called OACHA, the Ontario Advisory Committee on HIV and AIDS – it might’ve been called that then – and the Ontario AIDS Network were kind of having that conversation. Joan was part of that, as she reported, and she was certainly keeping in touch with AIDS ACTION NOW! about that, but she was probably, she and Toni DiPede, were probably the closest we had to liaison on that. Where we were more focused on actually just trying to get the legislation changed. And in both cases, they never really went anywhere.

GK: So, there were lots of meetings but they didn’t go anywhere.

GB: No. Well, we managed to get Schabas and Public Health just to back off. So, you know, anonymous testing just became a thing, whether or not the legislation got changed. But then there was follow up – what happens if people actually test positive and then seek medical care? Today, for instance, you can get a viral load test. Does that get reported into the system? And,

unfortunately, in many cases it does, unless doctors are being particularly cooperative in saying, “We’ll keep it out of the system.”

AS: One of the things that was shocking being in Vancouver, I hadn’t actually realized that they did all this action to oppose the quarantine legislation that was coming down there from the conservative government, and that it didn’t work. They passed it. And I just didn’t know that. It never got implemented.

GB: I never knew that either.

GK: But it seemed like the activism prevented them from being able to implement it. It didn’t prevent them from passing it, but it did prevent it from being at least widely implemented. That seems to be what we’ve learned anyway.

AS: Anyway, it just raises all these interesting things about the specificity of the provincial legislation.

GB: Right. And you know the debate continues today around criminalization, and it’s not like our community is unified in response to that. In fact, I remember some early days where one of our key allies – Phil Berger – took a very different position than what we took about how to respond to a person who’s behaving unsafely with a number of people. And he was actually angry at Public Health for not intervening more aggressively, whereas we were trying to sort of say an intervention from Public Health is probably the wrong thing to do at this point.

GK: Do you remember in some of those discussions – this comes back to the Forum as well – whether people from AIDS ACTION NOW! might have said something along the following lines, “We’re opposed to these public health regulations around people who are unwilling or unable, but if there really is someone who is infecting other people maybe criminal legislation is the way to go.” Do you remember any of that?

GB: I remember having some debates about that. I don’t think we ever took that position in any formal way, but I remember having some debates about, “So, if there is someone who is actually endangering other people in multiple cases, what is to be done?” Because nothing doesn’t seem like an okay answer and it doesn’t seem like a viable answer to try and sell to anybody, and it certainly wasn’t. But whether or not we thought that Public Health intervention was the right answer to that or criminal intervention was the right answer to that. There were some of us who thought that if it were a criminal intervention, at least there would be due process. I’m glad that we didn’t make that argument publically, because we would be learning to regret it now. [laughter] But we had that debate – what is to be done in those circumstances?

GK: For sure. Now we’re... unless Alexis you have a follow-up question around that?

AS: No, I mean I feel like we could have a really interesting conversation all day about it, but it wouldn’t count as an interview in that case.

GK: The major part of the remaining questions are people who were active in AIDS ACTION NOW! during that period of time who have died, and died obviously in many cases of AIDS-related conditions, but also since then other people have died, including Bob Gardner and people like that. So, part of what we're trying to do is remember them, the people who we can't interview in this research. We have a list of names, maybe I could just pass them over to you, and if there were things you wanted to say about them feel free to do it.

AS: Yeah, why don't I pass this copy?

GB: Right. You know, the OHTN (Ontario HIV Treatment Network) has this kind of history project too. So, you may find some worthwhile stuff in there.

AS: Yes, that we could link to. That'd be good.

GB: Michael Lynch – one of my heroes – was one of the founders as you know, and a poet and an author and an instigator and a brilliant speaker. And AIDS ACTION NOW! probably wouldn't have been the thing it was without Michael. George Smith – well, we've talked about – again, the intellectual weight behind how AIDS ACTION NOW! thought about the world and his famous phrase of "Demonstrations and Documents" continues to haunt us. Michael Smith, lovely, lovely, funny anarchist; one of his phrases was "What do we want? Everything. When do we want it? Yesterday." [laughter]

AS: Nice. Can you just say something about... because I feel like we've heard a little bit about George and Michael Lynch, but Michael Smith – did he have a particular thing that he brought to the organizing practice?

GB: Well first off, he was a proud anarchist and when we had that debate about the scope of AIDS ACTION NOW!'s mission, he was on the side of arguing for a wider scope. He was one of the folks who stayed with us even though we made the difficult decision. And some of his anarchist friends were the ones who left. But he stayed on, with his sense of humor. What did he bring? Spark. He brought spark. He always wanted us to be in the streets and having fun while we were doing it, even though it was very serious work. That's what I recall about him.

AS: He did a play, right?

GK: "Person Livid with AIDS."

GB: Yes.

AS: Did you see that play?

GB: I did. I remember it being critical of AIDS ACTION NOW!, but again with wit.

AS: Oh really. Okay, I didn't know that.

GB: He thought we were way too polite.

AS: Really?

GB: I think he might have even renamed us “AIDS ACTION PLEASE!” [laughter] It was something like that. And none of us took offense, because...

AS: Yeah, because that was Michael.

GB: It was a very Michael thing, yeah. Doug Wilson – you’ve probably had lots of people talk about Doug. Again, a former Saskatchewan activist. I remember when I walked into the Jarvis Collegiate and saw those bright blue eyes across the room, I thought “Oh my god. Doug Wilson.”

AS: You knew him in Saskatchewan?

GB: Yeah. Yeah, when I was still in the closet.

AS: Wow.

GB: He had me figured out. [laughter]

AS: Because you were involved in activism there.

GB: Yeah. He had been one of the early pioneers of gay rights activism in Saskatchewan. In fact, he had been fired as a teacher educator and took that to the Human Rights Commission. He then became the head of the Saskatchewan Human Rights, something...

GK: Association.

GB: Not the Commission but the Association – and continued to be active there. And then came here and was involved with something in the education system, but was also involved with *Rites* magazine and became quite active in AIDS ACTION NOW! as well. And ran for the federal NDP. That’s when I got to work with him quite closely. Also, that’s when I got to know James Thatcher, who’s next on the list.

AS: Was that awkward or nice?

GB: Well, that’s how we met.

AS: Oh. Okay.

GB: And so, you know, we obviously had different political views but we actually got along quite well.

AS: So, James hadn’t been involved with AIDS ACTION NOW! before that?

GB: No. So, when he showed up a few months later at AIDS ACTION NOW! I was a little bit leery about this Liberal. But in fact, he became kind of the head of our first provincial action committee, whatever it was called, and it was all around drug funding at that point. And he organized some of our very interesting interventions against the Liberal government including when Elinor Caplan, who was Minister of Health, was going to open a new HIV lab at the University of Toronto. We showed up with our placards and banners and stole all the headlines.

AS: And James was the one that figured that out.

GB: Yeah, and he organized that. He was one of the lead organizers for that.

AS: So, he knew how things worked.

GB: And James continued to be a champion around particularly drug access up until his death.

AS: Yeah. Will you talk a little bit about that? He died in the middle of what became Trillium, right?

GB: Yes. So, among other things, he had been part of the occupation of Frances Lankin's office. She was the Minister of Health at the time. They went in, there was a group of six of them. Tim the other day was trying to draw on our memory of who the six were, and I couldn't remember.

AS: Actually, could you talk about that occupation?

GB: There is a whole book to be written just about that campaign on Trillium, because it took several years before we finally won it and tons of tactics, but the occupation certainly got good media. So, Frances Lankin was the Minister of Health at the time. She was responding a little bit by saying she understood the need for this but they were still trying to figure it out. And we said, "That's not good enough," so we sent in a group to occupy the office. James was the lead of the group. In fact, he had the handcuffs, so he went in and handcuffed himself to her office door. I was the guy behind the scenes. I had the FAX machine ready to go. This was before the days of email, so it was a FAX to send out to the media the minute they got in the door. And they got in the door and fortunately Frances Lankin's security people didn't flip out. Instead of flipping out they phoned Frances, she cancelled whatever she was doing and ordered tea, and sat and met with them.

AS: While James is handcuffed to...

GB: Yes. [laughter] Because he knew that a photograph of him having tea with the Minister wasn't going to make Page 4 of the *Globe and Mail*, which the photograph of him handcuffed did.

AS: Do you remember if everyone who went to that occupation was positive, or if that was a political decision, if that mattered?

GB: It wouldn't have mattered. And when we did those kinds of actions – as you and I both know – it was usually a mix of folks who were active, but the positive part of it was we always felt that we needed to feel in some ways, either structurally or morally, accountable to people with HIV. That was the piece. So, that was one of the many things that James did in those days. But then he was getting sicker and sicker and we were planning another press conference to continue to press on drug funding. And he did the video.

AS: About the need for that.

GB: About the need for that, and then he died. And so we showed the video. Frances Lankin came to his memorial.

AS: How far into the campaign was that? Because I mean that whole campaign was three years, right?

GB: Well, probably closer to four. Because the Rae government actually overstayed its usual four years by a bit, like, maybe four and a half, before they went into an election. And we got the announcement. Well, actually it was on World AIDS Day because we were planning to burn him an effigy; even though by then that was getting a rather tired tactic, but he didn't want that to happen.

GK: No.

GB: And Greg and Brent – Greg Pavelich and Brent Southin – met with Bob Rae at the NDP conference a week before and said, "We're going to do this unless you move." And by that point, we'd already had all kinds of backdoor discussions about what it would actually look like. And I remember getting a call three days before the announcement from someone in Ruth Grier's office. But it probably took at least four years. From the time they were elected – and we had already put together this provincial campaign, a series of demands and it was a fairly prominent one – until they announced it, it was probably four years of relentless banging on them.

AS: Yeah.

GB: Brian Farlinger then became the co-chair of AIDS ACTION NOW! and took up the mantle – that and a whole bunch of other things. He took up a whole lot of issues. Is he on this list?

GK: He can be on it.

GB: So, Brian Farlinger then took up the mantle. Yes, I believe he was still alive when we won. Brian Farlinger was a very interesting character, someone who I would never normally become friends with. He was a conservative. He was a lawyer with the Banking Association. He was mostly in the closet. His father was one of Mike Harris' best friends, and actually campaign strategist. And then he got sick, and he decided to become an activist. And he walked into the room full of people dressed like us. I think his first meeting he was wearing a tie and realized that wasn't going to work.

AS: Not a good look for a meeting. [laughter]

GB: But he became an incredible leader and good friend – although still every now and then looked at us quizzically.

AS: Did he stay a conservative?

GB: I would not have described him as a conservative after his first year. He was still sometimes surprised by us because most of us were not only not conservatives, we were quite far away from that. You know, at one point he realized that a number of us would describe ourselves as being to the left of the NDP, and he didn't think there was anything to the left of the NDP. [laughter] So, that was Brian.

GK: There were some people that were involved early on, and I'm not sure if you knew them much, but Ross Laycock, and also David Marriage, are people we haven't heard much about.

GB: Oh. Yes, I remember Ross certainly, among other things – and I hate to say this – but one of the things that I remember about him is that he had prominent KS [Kaposi's sarcoma] and so there was no option for him to be in the closet about being HIV positive. Everywhere he walked, people would see it. I also remember him being witty. I don't remember what issues he worked on. So, I don't remember that about him. That would've been in the very early days. Yeah. David Marriage – I can remember his face and that's about it. I don't also remember what issues he worked on or how long he was around. Alan Dewar ...

GK: ...was also involved really early.

GB: Really early. In fact, so early I didn't really overlap with him much, so I don't have much to say about Alan. Greg Pavelich – well, it's hard to forget Greg Pavelich. He didn't die of HIV related concerns; he died of a heart attack or an aneurysm? Something quite unexpected and, you know, his heart, which is ironic because he had a big heart. He was a big, big guy and someone at his memorial described his as the "Church Street Bulletin Board." If you needed to know what was going on in the community, you just walked up to Greg and he knew everything that's going on in the community. And he was just a lovely guy. Bob Gardner died recently – one of those folks who is a tremendous example of an ally. A straight guy who just took on this because as he took on choice, as he took on anti-racism, as he took on all kinds of things and worked his butt off on it, and always respectfully, and died quite recently.

GK: And there's all sorts of other people too. So, are there other people who you remember in terms of people who died?

GB: I'm struggling with names. There's Bernard Courte, would be another name.

AS: Yeah, it would be great to say a little bit about Bernard.

GB: Yeah. So, another lovely guy, and one of the things he did was he brought a francophone interest into the organization and helped us create a francophone presence, which I think was an important thing to do at that point – both because it was the right thing to do, but also it was politically a smart thing to do as we tried to influence our federal government – to actually be a bilingual organization. Who else?

AS: Do you have any memories of Kalpesh Oza?

GB: Oh certainly. Yes, Kalpesh, tiny Kalpesh, who moved here from Montreal. We had initially made allies with him. I don't remember which organization he was with in Montreal. It wasn't Réaction SIDA. I think it was something else. I don't remember his formal training, but he was a brilliant scientist, so when he moved to Toronto he became an incredibly important part of figuring out our analysis of what's going on in the world of science. And so he was more involved in the treatment stuff. He and the organization had a falling out, which was unfortunate. It particularly had a personal impact on me in that that falling out, his analysis of what was going on in that process targeted me as the enemy of what went on, and in particular as *his* enemy. He made that a very public thing. But actually, in all of that history, the only two people with whom I had difficult partings were with Kalpesh and George Smith. Yeah. Who else would I want to talk about?

AS: Unless, I was just thinking, did you know Chuck well – Chuck Grochmal?

GB: That's interesting. Not very well, though obviously he was a very active player in the initial at least six months.

GK: Longer than that.

GB: Longer than that. So, at that point I was still at the bottom of my learning curve in terms of what the organization was. I certainly knew him and admired him, but we weren't particularly close. But he did play a key role. He was very active on the Steering Committee and wrote a column in *Xtra*, which was one of our ways collectively to get our message out. Particularly after Michael Lynch died, because Michael Lynch was our kind of chief author.

GK: So, our last two questions are if there's anything else you remembered as we've been going through this discussion, or thinking back to the transcript at the first part, that you wanted to add in anything at this point?

GB: I could tell a ton more stories about our provincial campaign and the tactics we did over the course of that, but that could be a book in itself. I think we've got some of the highlights – the James Thatcher intervention, the Pride Day interventions; at one point we dressed Brian Farlinger up in drag. Did we talk about that?

GK: Yes but you might want to mention that again.

GB: So, the theme of that particular demonstration was hanging people out to dry. What we were going to do is hang a bunch of effigies of people out on a clothesline in front of Queen's Park and

put Brian Farlinger in drag. This was not his idea, but he – this is the conservative lawyer – went along happily with it. So, we stuck him drag and put it up in front of Queen’s Park and did the hanging people out to dry piece. That was one of the interventions that I remember. I also remember one that didn’t work that I thought was quite brilliant, is we sent people out in the middle of the night – there’s a whole bunch of statues around Queen’s Park – so we sent people out in the middle of the night to dress them up and give them placards demanding action on drug funding, and then we put out a press release saying the statues in Queen’s Park are taking more action than the people inside Queen’s Park. I thought that was quite clever. It didn’t work because somehow they heard about it and they took down all the stuff before the media could get there in the morning.

AS: That is brilliant though.

GB: Certainly some of the folks that I recall, who fortunately are still with us. There’s a bunch of young folk that we couldn’t have done a lot of the stuff without ... I mean I didn’t have the energy to do the kind of stuff that Brent Paterson and Susan Kasurak and David Chu and Brent Southin, and those kinds of folks did. We would come up with these crazy ideas, and they would actually have the energy to do them.

AS: Get up in the middle of the night and go dress the statues at Queen’s Park.

GB: Yeah. I could keep talking for another hour, but I’ll stop now.

GK: This has been really, really helpful – both Part One and Part Two. Unless there’s more things you want to talk about, I think we’ve done it.

GB: Yay! Good.

[END OF TRANSCRIPT]