

AAHP
AIDS Activist History Project

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Interviewee:	Jane Allen
Interviewers:	Alexis Shotwell & Gary Kinsman
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Persons present: Jane Allen – JA
Alexis Shotwell – AS
Gary Kinsman – GK

[START OF TRANSCRIPT]

AS: It's August 7th, 2015 and we're talking with Jane Allen. Thanks for talking with us.

JA: Thank you.

GK: Jane, where we usually start the interviews with everybody is when you first heard about AIDS and what you heard.

JA: Yes. I don't remember the exact year, but I certainly remember hearing about it in the news. Probably like many people. And didn't quite honestly pay a whole lot of attention to it. I thought it was a big city, American thing that we wouldn't need to worry about. And then, I guess, I started hearing more and more about it in social circles. A lot of the time, I can't remember how old I was, but we spent a lot of time at Rumours, the gay and lesbian private club, and people would start to speak about it and you'd start to see changes in folks. So, that was probably the first recollection I had... and I started to see people wear buttons and so on.

AS: What kind of buttons?

JA: "Join the attack on AIDS" or "AIDS kills." ... The word AIDS, it wouldn't have mattered what else was on the buttons. That's sort of what caught everybody's attention.

GK: The other thing that happens for people is people initially think about AIDS and HIV often identified as simply being a health or medical issue, but there comes a time when people are starting to think about it as something that you can actually organize around, or be an activist around. Do you have memory about hearing about AIDS as more political?

JA: Absolutely, yeah. So, the first brush for me was this concept, and then immediately when it became apparent that it was something happening here in this community ... I don't even remember, quite honestly, a whole lot, at that time, about it being a medical issue. It was very much organizing, protesting, concern for how people were being treated in places like this, where we're sitting today. In the hospital, and other places. That was really my very first impression.

GK: Many people who get involved in doing AIDS work bring with them experiences from other movements or places where they've learned certain types of skills. Did you bring these experiences with you when you got involved in AIDS organizing?

JA: I think so. So, I think a lot of my activism before AIDS was very much – we had Henry Morgentaler over at the clinic, an abortion clinic, and there was a very long time where there were anti-choice protestors. And so, we would do volunteer shifts. We would either bring people into the clinic, or try to dupe people with patients who weren't really patients, or we would do security – which I think about it and it's kinda, you'd never do that today. But there were a lot of similarities in my mind, so the same kind of hatred or fear, I guess. There were a lot of similarities for me. So it was just the kind of thing that you jumped in and you didn't think a whole lot about it. And what had to happen that day – it wasn't even that week or the next month, but "What are we doing today?"

AS: So, was that the Morgentaler clinic here in Halifax?

JA: Yes, it was in Halifax.

AS: And was there a large group of people who were doing that kind of support work or was it a fairly small feminist community?

JA: It was a very committed group of the same people. If I had to guess, it was probably twenty of us, and the other people were sort of in and out. There was a core group of people. And that went on for probably a year, these almost daily shifts that you would do.

AS: So, that was the major breaking ground for you.

JA: Absolutely. I think, much more even than the women's movement at that time, things like "Take back the night" marches ... We were quite active in that as well. But I would say the pro-choice was probably the most...

AS: And why was that important... In what ways did that shape how you came into AIDS activism?

JA: Well, I think in terms of activism there was no way that it was some intellectual debate that you wanted to have. It was at some level, but it was the drive to action and to do things that you didn't even consider. And similarly, with AIDS activism, not just the political protesting that we did, but I consider the care that we provided to be very much activist work as well. You know, none of us knew a thing about caring for somebody who was dying. We didn't know a thing about lesions and universal precautions; you just did... These were your friends and in the absence of family or medical care or VON (Victoria Order of Nurses) coming or something, you just did.

AS: You cared.

JA: Yeah! It's almost blind, at that time when I think about both those experiences and working on the street similarly, there's no opportunity for fear or question. It's not even heroic, it's just this is what you do. This is what is in front of you. You don't think about how long the struggle might be in those day-to-day moments.

GK: Is there something that connects you with AIDS organizing before you start to work for Stepping Stone, like with the PWA Coalition or anything else? Or is it really getting involved with Stepping Stone?

JA: I think it all kind of happened around the same time for me. Stepping Stone, both Tuma and I were actually hired on a federal AIDS grant. And so we opened up outreach to the males [in the sex trade] at that time, which hadn't been done before. So, there were more intentional political connections at that time between the organizations, I guess. Also, as people the connections then became professional and personal in a way that they weren't before. And then, the things that I was called upon to do were not just the day-to-day action, but the more organizing, getting more savvy about dealing with government and, you know, building coalitions and partnerships with other community organizations. At that, the Mainline needle exchange really came out of people from the PWA Coalition and us at Stepping Stone. Our mandate wasn't certainly harm reduction at that time, but there was a need and people in the community reached out and said, "How can we get some clean needles to people?" And so, I guess, those kinds of thing that you saw, different groups of people organizing. You know, Mainline, they now have a methadone program. They've been going for twenty-some years now.

AS: And it started with...

JA: It started with a couple of people from the community coming to us saying, "How can you help us get some clean needles out there." So, it's that coalition, partnership building.

AS: And the needle exchange work, was it something that was immediately like, "Oh, obviously when we're doing HIV education, AIDS education, HIV prevention..." Was it immediate or did it emerge as a...

JA: My recollection was... I'm not sure we identified it that strongly. We were very focused on who was... Because we were connected with the PWA Coalition also, which is different from...

AS: Stepping Stone.

JA: Yes, and the crowd at AIDS–Nova Scotia as well. I wouldn't say we had that much foresight, but we did have people in the community say, "We need your help. How can you help us? We want to address this." So, it was like, yes. Great. Let's jump right in.

AS: So, you had the capacity to respond.

JA: Yes. Those were the glory days when we could do anything we wanted. With government funding and donations. Before we got too legit. [laughing]

GK: So, maybe just to step back for a moment. Could you tell us a bit more about what Stepping Stone was as a group and what it was doing?

JA: Sure. When Tuma and I were hired there was a team of two people that would do outreach three nights a week. At that time the sex trade was really organized around a couple of key geographical areas, and it was out in the open. The work was still risky and dangerous, but it was kind of established. And then when we came along we were to augment that and, again, create more outreach and HIV prevention with males working in the sex trade. I guess the key components were outreach... It was very much a harm reduction model. We didn't try to remove people from the situations. We had some office hours during the day, so we'd do court support. Or, we'd go to court with people and help them access the food bank, housing, medical appointments, those kinds of things. So, your shifts were both in the evening, they were kind of split shifts, right? And then some office hours in the afternoon.

AS: Gary found this flyer for Stepping Stone. Do you remember this?

JA: I sure do, yeah! Well, I was around when we created that. But Stepping Stone certainly, they've changed now quite a bit. And, I think, for Stepping Stone that kind of HIV/AIDS pot of money really helped them grow. It sort of spread as an organization, not just with having two extra staff people, but it did raise the profile. And, again, it made more deliberate connections with services around the Gottingen Street area. So, it strengthened the needle exchange, it strengthened the North End clinic, and the PWA Coalition.

GK: So, Stepping Stone was a pre-existing sex worker advocacy support group and they, in terms of going in to dealing with AIDS and HIV both among women and among men they were quite fine about that? Were there any tensions or contradictions that were experienced?

JA: No, I think it was probably a combination of geographically... I mean, Halifax is fairly small, but literally Stepping Stone was around the corner from the PWA Coalition. The North End clinic was practically next-door. Geographically, you'd see one another. You saw one another before, but it just became the benefits of knowing one another and supporting one another way outweighed, at that time, any kind of either homophobia or misogyny. And even the predominately women, but the men also, who accessed Stepping Stone... Yeah, there wasn't a lot of, "Well, what are you doing here?" Which we thought might happen, but there wasn't a lot of that and, I think, it goes to show at that time people had other things on their mind than feelings of difference.

GK: In terms of that experience of working with Stepping Stone doing that outreach work, did you feel like you learned a fair bit from that and made lots of connections with people?

JA: Oh yes. So, it was my first fulltime job as well, right? I had just finished university and I don't think there's any preparation for going into work like that, really. So, there was a certain kind of legitimacy. We were so fortunate. Health Canada had... I think it was ACAP, AIDS Community Action Program, and the women who worked there were phenomenal and they were so skilled with community organizing ... It was seamless to get money at that time. No one seemed to be wanting to apply for it, it wasn't a big pot, but that was never a question. But they were enormously helpful – pushing us, nudging us, giving us ideas and resources well beyond the cheques. And there was sort of a legitimacy that came with having a grant. So, you'd be invited to

things that Stepping Stone probably wouldn't have before. Things that the Department of Health might have sponsored, or ways to bring people together to discuss common issues. We were able to talk to people that we couldn't before. And the police as well. We had a very interesting relationship with the vice squad at that time.

GK: Would you like to describe it?

JA: Sure. These two guys on the vice squad, they were fantastic. We would meet with the Chief of Police at that time and the vice squad guys probably every three months, just to make sure that we were kind of on the same agenda. And they very much had the welfare of women and men at the centre of what they did. They would do things like, call us and say, "Listen, we've got so-and-so here. We don't want to keep them for the night, but she's getting a little out of hand so could you come get her?" And I think that beyond that being such a great experience for the women and men on the street at the time, those meetings and that relationship, I think it trickled down to patrol cars that would patrol the hill. I mean, I think they looked at it a bit differently. They understood a bit more what we were there to do and what we weren't there to do. And I think in some way we might have been helping them do stuff they weren't that comfortable with. It sort of became this mutually beneficial relationship. Certainly forging those links really, I think, made a difference for people in the day-to-day and maybe in the long run as well.

AS: It's so interesting.

GK: We've had some discussions with people already about setting up the needle exchange and you've told us a little bit about it, but maybe just to go back and tell us the story about how it got set up. Whatever you can remember. Because people from the PWA Coalition have told us, "Oh yeah, we started that." And certainly Tuma had talked about how that was much more centered in terms of Stepping Stone helping to produce that out of the Friendship Centre.

JA: Everyone's got their story. As I remember it... Again, you're seeing people, there are more opportunities to... "Well, what are you doing in our neighbourhood?" you know. "What's going on?" was how I recalled it. I have to think it was Diane Bailey, if I can remember somebody, it seems to me that she was – I think I can say this, I don't think it's a secret – she was in recovery and she was very concerned about people sharing needles. And there were other people in the community at the North End clinic, it was probably John Fraser, who was a family doc at the time, he was on the board at Stepping Stone, but he was also a physician at the North End clinic. I just recall a bunch of people saying, "There's all these needles. What can we do? How can we get them off the street?" but also, "How can we get clean needles to people?" And my recollection is it probably happened in the PWA Coalition where a bunch of people were sitting around. We were able to purchase syringes at that time and I'm pretty sure the PWA Coalition had them as well. And so we just started by saying, "Well, here you go." So, in addition to taking them out on our outreach and offering them, we just started giving them. Diane would just come to the office and take some, you know. I think probably the PWA Coalition, more than Stepping Stone, would have helped with, "Here's who you contact to set up a grant." I know the Friendship Centre became interested as well

and certainly they, again, were right across the street from the PWA Coalition and practically the North End clinic. Yeah, that's kind of how I recall it.

GK: That's great. All of these help to put together the bigger picture. So, you worked with Stepping Stone for...

JA: Two years.

GK: Two years, okay. And then does that project come to an end...?

JA: Yes, it did. Yes. I'm trying to think if that got extended or not, but Tuma and I began at the same time and finished at the same time.

GK: So, during that time you made more and more contact with people in the PWA Coalition.

JA: Yes.

GK: What was your sense about it? This is asking you about it before the woman's project?

JA: Well, I remember walking up the stairs and at the very top of the stairs there was a washroom and there was a big sign on it that said, "You can't get AIDS from a toilet seat." And I thought like, what a strange thing, right, from a PWA Coalition. But I think it was a way of saying, "It's okay, we're not scary. You're okay here." But I'll never forget that and every time I went up there. And they had beautiful offices. The board table... Like, we had these chipped tables and one computer that wouldn't work and these guys, man, they had it all. And it was decorated, right. So, J.J., as I recall, he made sure the place was looking like a designer showroom. I don't how he did it, I don't know where he got the stuff, but it was beautiful. And so, you know, that was one of the first impressions I had was like, here are all these guys who were out doing all these – it was guys mostly at the point... I mean there was Mary Petty, and a few other women involved, but mostly guys at that point. And some of them were very ill, and I was like, "How do they do this?" But it was a buzz and it seemed so... It was a place to admire, you know? It seemed so professional and so established. You know, I just wasn't used to community groups looking like that, right. Yeah. And then, it got lively and spicy just like any other meeting you would be at, whether it was organizing Take Back the Night or the pro-choice stuff.

GK: Do you remember any particular individuals that you would have met during that time period? Like, some of the characters around the PWA Coalition?

JA: Oh yeah. So, John Balzer was somebody I remember. He was so warm. He was a very large guy and he had a hearing aid, and he had really big glasses. Like, frame size, but also quite thick. And he was this lumbering guy and he just would... Like, he was the hugger, the social greeter, and he would often be very quiet, but he was always there and he would always do anything. I'll just tell you a very quick, funny story. We used to get invited, after I started working there, to do education at schools and in communities. And we were driving to Yarmouth one time and he always wanted to drive, insisted on driving. Big guy, small car – you get the visual. And there was a squirrel or

something ran across the road, we hit it. It hits the windshield and John freaks out and puts the windshield wipers on, so this smear of blood and fur... I was like, "John, you have to pull over." He was like, "What? What?" because his hearing aid wasn't working, so I had to take the wheel from him and pull over so we could get out and clean this crap off the ... And he always looked like everything was a surprise to him. So, he's someone I remember very fondly.

Terry and Wilson were a couple. Both on the Board, and Terry was just incredible – they both were incredible, but in terms of characters, I mean Terry could just cut any tension in the room. He could also create it, but you could always count on him to bring everybody in his leadership in a different way. Wilson's leadership was a lot more formal and from the Navy, so it was very... Things were his way or the highway sometimes. Terry would be like, "Oh Wilson!" and sort of bring everybody back together. I guess those are the first few that come to mind. There's so many, right. Peter Wood, and Eric and those guys had quite a bit of profile. And Dinetia was one of the first women that was involved in the coalition. She was very quiet, but very powerful. And then, of course, I think it was the first week or the second week we had the women's project going, and Janet Connors showed up, her and Randy, and that changed a lot of things for quite a while.

GK: Is there anything more you could tell us about Dinetia? Anita has actually told us quite a bit.

AS: But she's really the only person to have talked about her.

JA: When I became involved with the women's project she was "the" woman who was HIV-positive and they had done a video at that time. She taught me so much. I mean she was very quiet, always there, and she was fierce. Her son, her family, very, very important to her.

AS: And she was quite young?

JA: Yes, probably.

AS: I mean you were all quite young.

JA: Yes. Probably in her twenties, right, or something. I can't quite remember. You know, she kind of would have busted all of the stereotypes at that time. I mean people hadn't really considered women very much to be at risk or part of this, and she would have busted all of those stereotypes. Similarly to the early days, I think, with men, with women it was like, "Well, she must have worked the streets. She must have done drugs. Her partner's gay..." You know, whatever. But she just had this quiet pride about her. I think she probably put up with a lot of crap before the rest of us showed up. By crap I mean getting that other perspective, that other lived experience.

GK: Yes, and that leads to another question I wanted to ask you. Especially in that early period when the women's project is first starting, how do you feel tensions were navigated between the women and men who were there? Obviously, a lot more men than women in terms of the PWA coalition space.

JA: The Black Outreach Project was sort of around at that time as well.

GK: And we have talked to Kim about that.

JA: Oh great. Good, I'm glad you were able to speak to her. There were always women – besides Dinetia they weren't HIV-positive – there regularly. But I think when Janet and Randy arrived on the scene it was really Randy's... I won't say fight, but... And they chose to go very public. And I think the tensions were more around approaches and what I think some people thought of as heterosexual privilege. And they didn't call it that, they just said, "Well, you're the nice people. Don't take away our shine, our needs." But the tension wasn't really visible until Janet and Randy were successful in their actions and quite frankly until Janet got very involved with the Board. It's what I would expect in any group that's organizing. There was definitely some misogyny, there's no question. And there was definitely some homophobia. It mostly played, unfortunately, personally ... I don't remember a lot of great discussions about like, "What are we doing? What are we really saying here?" It actually became personal clashes between certain people. I don't know if it could have been done any differently. Retrospect's great, but...

AS: But that layering of gender with the media framing of innocent victims versus non-innocent victims, those things are kind of interweaved in those interpersonal things.

JA: Absolutely.

GK: Obviously, they hired you to become co-ordinator of the women's project, but what led up to their making a decision that they wanted to apply for funding around doing this? Did they think there was something missing?

JA: I'd like to think that. And I don't know for sure, and I don't remember. I think, because the Black Outreach Project started before the women's project. And Kim and I, actually we went to school together before, so it was nice that she was there. We were able to share some experiences. It wouldn't surprise if the suggestion for that came as much from the funders, from the bureaucrats – Jane Oram and Margie McDonald – because they were very much... I wonder if they might have something to do with it. And I think the other piece could have been, and again it's memory, that AIDS-Nova Scotia might have been interested in doing something. And I think the PWA Coalition might have wanted to get there first. I think that's very possible. I could be wrong.

AS: We've heard a lot about the impacts and the effects of funding on both the Coalition and... But, I haven't heard anything about the funders. Can you just say more about how that would work? What organizations were doing the funding and what was it like to engage with them?

JA: So, in the earlier days it was the AIDS Community Action Program. They would have had an envelope of money for the region.

AS: And that would be for the whole Maritimes?

JA: Atlantic Canada, yeah. And, of course, in the early days there were very few groups so I think that would have been similar to other issues as well. These two, Margie and Jane, particularly, and Kathy Coffin was the director at that time, and I think it was their history of community organizing – or community development, as they would have called it... I think it was their experiences with that. They knew the cheque was coming and they weren't too fussy about... I mean you had to follow the rules, but I think it was that advice and the meetings that we had with them. They really coached us. I do remember this, Kathy particularly, she said, "You have to sit down with the provincial government, and you have to find a way to push this." And she was instrumental in that meeting and she told us how to set it up, what to say. She came to the meeting, coached us on how you approach this, because the provincial government they sort of, from my perspective in the early days, did very minimal things. They funded the information line, some core funding for AIDS-Nova Scotia, they were on Bloor Street, south and north end. So many things things ...

AS: And the information line was out of AIDS-Nova Scotia?

JA: Yeah, that's right. And they did a great job. Their volunteer base was very different, their government structure, the whole shebang. But they would have received whatever provincial money there was. So the response would have been, "Well, we already gave to AIDS-Nova Scotia." And, you know, gradually I think the funding sort of became more... The envelope was larger, I think, from the provincial government, but there was also a time where, I'm sure it was the feds who said, "You need to bring these two groups together." And that was a nightmare. [laughing]

GK: Yes, and we can come back to that. So, you get hired, but maybe just one question before that. At least retrospectively, the PWA Coalition documents seem to talk about some understanding for what they describe as "targeted" work, and I just wondered if you wanted to talk a little bit about that? And it seemed to mean the Black Outreach Project and the women's project, do you have any sense of what that meant to them, and why they referred to it as "targeted" work as opposed to what else they were doing?

JA: I think it was probably – again, and this is an impression or recollection – that was partly some of the language that would have been used for the funding at that time in the AIDS strategy. I think that's part of it. And I think probably politically that is a desire to become more inclusive for some people. You know, language is never neutral, but I think that's probably why that phrase was used.

GK: That's helpful because we haven't had anyone else talk about it. So, you get hired. What happens then? What do you do?

JA: Actually, it was a nine-month contract. The idea was to produce a needs assessment report. So I set up the advisory group. I did all the typical things that you do with a community research project – drove around the province and used contacts in women's centres to go in and talk to folks, so the old principles of community development. You find somebody in the community and they hook you up with somebody else, so a lot of those people were involved in transition houses or community-based services. Yeah, a lot of transition houses now that I think about it. And then I think just a little bit of profile with the research project and connections with a couple of the physicians here. Well, not here but in the health system at the time. HIV-positive women started

reaching out, so in addition to doing research I actually spent a lot of time speaking with them, which informed the research. The sort of peer network began even during that phase. And the report generated enough data to create another proposal for the women's network and the project going forward.

AS: In the initial stage was it called the women's project? Do you remember?

JA: I think it might have been called the Women's Outreach Project.

AS: And then it turns into the Women's Network?

JA: I think it was the Women's Project.

AS: So, the needs assessment is the Women's Outreach Project.

JA: That's what I recall.

GK: Just to come back to a couple of things that you said. You say you set up an advisory board, so it's an advisory board for the Women's Outreach Project?

JA: Yes, for the research piece.

GK: Do you have any idea who would have been involved in that?

JA: I'm pretty sure it was Mary Petty, people like that who were involved in the PWA coalition. And then, I'm pretty sure Kim and a couple of people from the Black Outreach Project. Certainly, when Janet started to come around and other positive women the invitation was made and there were people from that group. We weren't geographically representative for sure, but I think we tried to pull from a range of perspectives.

AS: What was it like to travel around the province and talk to positive women? Were you only talking to positive women or just women?

JA: No, but people would come out of the woodwork and, you know, Nova Scotia's an interesting place. Some communities it would work to have – and I'd always, not "let," I always counted on the person in the community to advise where it should be, who you invite, all that good stuff. And I'd just kind of show up, and it wasn't the kind of rigor with research like this... And we had some strange experiences, so the most closed, difficult places wanted to have these meetings in the most public places. So, it was kind of strange. I remember going down to Yarmouth and I have these phone calls before I got there, [whispers] "Can I meet with you? My brother is HIV-positive..." I had about four different calls and I thought, "Wait a minute. Either there's an epidemic or there's a family who all think they're the only one that knows that their brother's HIV-positive." And the advice in that community was have it in the middle of the Pharmasave, and I was like, "Ok... sure." And I could see people not joining, but staying a really long time looking at dental floss, but listening. And then a lot of time they would contact you afterwards. And then, yeah, it's just

showing up and being open to whoever and whatever is going on at the time. A lot of church basements or, as I said, transition houses, places like that.

AS: Had people heard about AIDS?

JA: Yes.

AS: They were pretty interested in talking?

JA: Very much so. And, again, I think a lot of it was the women that made those connections and did the organizing. They were very, very concerned about the risk for women, particularly women in abusive relationships. So, part of it was where they were working, but also it was the mental health model they would have had about risk for violence, right.

AS: Yeah. I guess I'm so interested in this partially because of that shift to start conceiving of HIV and AIDS as something that affected women and affected straight women or women whose partners were straight, so it's really fascinating to think about – knowing Nova Scotia a bit – how that would get traction.

JA: Oh yes. And I really believe it was just – not “just” – it was those women who were like, “Well, yes. Anything that’s going to force this risk for women everywhere.” But the lines were very blurred, so you’d get all kinds of people. Not necessarily contributing to women’s research, but wanting to talk about their experience.

AS: Their family, or their...

JA: Absolutely.

GK: So, you traveled around and is it basically you who pulled this together as the needs assessment report?

JA: Yes, we were lucky in the grant that we had some money to hire a consultant who really supported, not only in the development of questions, but really helped with the writing and the theming. Because that’s not something that I had the expertise to do, so it was very helpful. Her name was Anne Martell and she was great.

GK: Could you just summarize from your memory what was the most significant around the needs assessment report?

JA: I mean it just seems like oh you’re supposed to be able to whip that stuff off when you write it, but...

AS: Twenty-five years later.

JA: Yes. I think it really did, I suspect, probably like many projects like this, it legitimized the need for resources. We did a lot of focus groups unless people preferred to do a one-on-one interview. I think in terms of HIV-positive women... I think it provided an opportunity to say to funders, and we came and presented the results to the infectious disease clinic here and they weren't very happy with it, but it gave them an opportunity to say, "Listen, we're hurting, we're scared, we need help." So, I think it brought that kind of conversation, or that kind of focus on it. But there weren't a lot of specifics like, "We need a women's clinic." Or, we need an expert in this or that. It was really, maybe one of the first experiences for a real voice behind an illness.

AS: Can you say more about the way that everyone interacted with the infectious diseases clinic, or why they might not have been happy about the assessment?

JA: Well, I think that the feedback that came out in the needs assessment, I think that the infectious disease clinic staff felt like they were doing such an amazing job, right. And the relationships were... Well, some of the people at the clinic and the women were very personal, so I think the surprise was... It wasn't so much a reflection of what they were doing or not doing, but it was an expression of, "We're people and we don't just want treatment." It was more psychosocial needs, I guess. You know, in any medical setting you get some people that are great and can see a whole person and express that, and other people it's very much about the T cell count or the treatment or whatever. And I think, again, in a small place like this everybody wants to think that, "Oh, everything's great. We're doing such amazing work."

GK: So, just coming back to two things. This is not from the actual needs assessment, but from a commentary written later in the document that Robert Allan gave to us last year, which was one of the things that came out of the needs assessment was the overwhelming feelings of isolation for the HIV-positive women. I just wanted to know if you wanted to tell us anything more about that.

JA: Yes. So, I guess, for me differently from the early days with mostly men who knew one another, these were all women who came from geographically different areas, different ages. I remember one of the first retreats we had, or the first meeting, I'm looking around the room and everybody is looking around the room and if you didn't know you wouldn't understand what brought these women together. There were a couple women who I met through Stepping Stone who had been involved in sex work, there were young women without partners or kids, there were women whose partners they could trace it to blood, like hemophiliacs... So, I think the isolation was very much an isolation of diagnosis and at that time there wasn't anybody else they could associate with or relate to. So, these people were just starved to get together, and the retreats were a huge success. I don't think it really had a lot to do with what I did necessarily, but I think it was just that for two days, here we are. And it's seeing somebody else, right. I think that sense of isolation was really profound. It was very much hidden.

GK: Another question that often comes up in relationship to women and HIV infection, at that time anyway, being diagnosed much later because the medical professionals didn't know what to look for. So, did you have any sense of that, that women would be diagnosed

much later in the process than many men were and the difficulties that created in women's lives?

JA: Yes. I'll quickly tell you the story of one woman... She picked the phone up after she saw Janet on TV, so I'm not sure we ever would have heard from her, or it would have been quite a bit later. She told me the story that she married, had a child, wasn't feeling great, goes to the dentist. And the dentist is like, "There's something wrong here." And this would have been like '93 or something. "You should go to your doctor and talk to them about getting tested for HIV," which is remarkable, right. And so off she goes.

AS: So, she had thrush?

JA: Something that the dentist saw in her gums actually, her mouth. I can't remember if it was thrush or what it was. So, anyway she was just feeling crappy and she like, "I've just had a baby..." and da-da-da. "But, I'll go to the doctor." And mentions this and sure enough she got diagnosed. And when she was diagnosed she had eight T cells. So, that's... Right. She's still alive, she's doing awesome ... And she didn't have a sense of what the eight T cells meant or anything. We used to name the eight t-cells. [laughter] It was enough and we kind of had lots of fun with that. So, she lived just outside of, it's in the city but it's sort of suburbs, and her child was going to day care. She was on leave from work, but wanting to get back to work and when she disclosed, because she wanted to disclose to her childcare provider they kicked them out of childcare, out of the day care. I mean her stories are quite profound about the experience of isolation and discrimination. Most women just kept it very hidden. They weren't positive until they walked through the door and then they were positive.

AS: And then they'd leave the door and... Yeah.

JA: Yes. And they wouldn't associate. They tended not to volunteer, there were some women that did. They just kept it quite separate, which is very different from my memories of gay men particularly.

AS: So, sometimes we've talked about in the Toronto context that the bath raids created the context for people to have the experience of collective action and then to make a different response politically to AIDS. This is sort of speculative, but it sounds a little bit like some of the positive women didn't think about collective political action as the way that they would be individually responding.

JA: Absolutely.

AS: Do you think there's something about people having been involved in gay community having more of that orientation?

JA: I think so. I think many of the women that were positive, with the exception of a couple of gals from Newfoundland who quite frankly could organize around anything and make us all look bad, I don't think any of them had previous organizing experience. And, I think, Janet... I'm sure she said

this herself, were it not for her experience, she had never been involved in any group before ... Or even had a worldview of these issues. I think that's true for the majority of women. And I remember going to national conferences, or international conferences, and talking to other women who were doing women's work and it was different. But these women before their diagnosis, they likely had never written a letter about something, or attended a march. And, you know, I think as a result of that maybe take different actions today. I remember talking to colleagues, especially in Vancouver and Toronto, it was a very different experience.

AS: ...than here.

JA: Yes, for the positive women.

GK: In Toronto they were actually able to generate Voices of Positive Women for at least a while. Although, that was largely not women who had much experience from the gay community. Darien would have had experience from AIDS ACTION NOW! ...

JA: Yes.

GK: So, just around HIV-positive women, we talked a little bit about diagnosis. I was going to ask a question around treatments for infections, whether there were any specific problems or concerns you remember coming out for women around that. Because, obviously, that would have been largely focused on for men, right?

JA: Yes. ... Actually, I'm not sure if it was the positive women or people in the infectious disease clinic, or even researchers with great intentions. I think they were mostly focused on the transmission to children, to fetuses. And I don't remember that necessarily being of great concern for the positive women. Now, having said that a lot of these women even without HIV, I'm not sure were thinking about children at that time. They either had children and they were good or it wasn't part of where they were. So I don't recall... I mean aside from that kind of being driven or identified – and, again, I'm not sure if it was from the positive women – I think, what I remember women talking about was more, "Are they getting the doses right?" You know, "What is this going to be for me?" And, again, at that time there was a lot of unknowns for everybody. So, the international conference in '96 or '97, whenever it was, the whole cocktail thing, I think, for everybody that became a, "What does this mean now?"

AS: Of course, in order for people to know that they're positive there has to be... I mean it's so rare, actually, that dentist being able to see.

JA: It was, yeah, remarkable.

AS: Did you do any education for doctors and nurses that would be like, "Here are the ways that HIV and AIDS shows up for women and they're different in certain ways." So, more pelvic inflammation...

JA: Yes, we did.

AS: Do you remember how that happened or what happened?

JA: I'm trying to remember... We had such a broad mandate ... And we did the class of "train the trainer." We didn't do a targeted campaign to all family docs, for example. I think we relied on educating people who'd be out educating people. And certainly, we relied on John Fraser and other people that we knew that were interested in supporting. I think Bob Frederickson...

AS: So, it would be then doctors who would be talking to their peers.

JA: Talking to doctors, yeah. So, we didn't have a specific campaign. But that was certainly something. We spent a lot of time in schools. We never got invited to the girl guides, but...

GK: But that was your hope. [laughter]

JA: That's right. Well, the time we crashed it when Chretien was campaigning. Yes. Maybe that's why we didn't get invited after that. But, you know, around the province – Four H Club. The Women's Institute would have these leadership girls, young women retreats and we'd often go there. The other lines that really came along very strongly, and it was after the needs assessment was done, was with the... It was called Planned Parenthood at the time. Kelly Grover was the Executive Director at that time and she was another person that we made a lot of connections with. So, again, it was like, "Take this out when women are coming in to access services," or, "Make sure your physicians know..." And Avalon Sexual Assault Support Centre as well.

AS: Did infectious diseases have any role in... Did they disseminate like, "Here's things doctors should know"?

JA: I don't know.

AS: They didn't come to the Women's Project and say, "Okay..."

JA: "Here, we want to help," yes. And they were very cooperative and helpful. So, there were a couple positive women, Janet being one, Donna being the other one, who would proselytize for us and make pamphlets and all that good stuff. They certainly didn't create barriers, but I would be surprised if they took that on.

GK: I just wanted to show you something that comes from early on. We can get a copy of that to you if you wanted, but I think that's at the beginning of your employment and the needs assessment.

JA: Look at that! Isn't that great.

GK: If you want we could get you a copy of that.

JA: No, that's okay. Thank you, though. Lovely.

GK: So, the needs assessment happens. Then, what happens with the Women’s Project? You have the needs assessment and you get some more funding.

JA: Yes. I’m sure it was a three-year project because that was kind of how they went, the funding cycle. And we would have had specific goals around support for HIV-positive women and prevention education. I think we were still allowed to say advocacy back then, but I’m not sure. Those would have certainly been the three... And building coalitions or partnerships.

AS: Was there any friction between the support for positive women and the education prevention areas? Because sometime funders are really willing to talk about prevention and, “Here’s condoms.” A very different set of concerns than women who are positive and not planning on having kids.

JA: Yes, absolutely. I don’t remember any, but, again, the funding envelope was very defined. And we had people who were very supportive. They had to do what they had to do to...

AS: ...check the boxes.

JA: Yes, and do all that good stuff. We certainly had some great advice from them. I don’t recall, the positive women never said, “You’re ignoring us,” or folks that were more involved in education. I don’t remember those tensions, and we tried to involve the positive women in the education. I mean the invitation was there. A couple of them took me up on it and we spent a lot of hours on the road, a few of us. So, we wore out some cassette tapes and all that good stuff. Yeah, I don’t remember any specific tensions.

AS: Do you want to share the musical soundtrack for going around...?

JA: I don’t even remember. It was a Maxelle tape, that’s all I know. [laughter] And Donna had a portacath in for a while, she was in the backseat and she was excited because she didn’t have to wear a seat belt because of the portacath. And she was just begging for us to be pulled over, so she’d go, “I don’t have to wear it!”

AS: But it never happened.

JA: And that’s when people still smoked in cars too. I always had to drive and the two of them are like... Music’s playing... It’s a wonder I didn’t die of lung cancer. We never had an accident.

AS: And you never got pulled over.

JA: No, she didn’t get to...

GK: So, a couple more questions and then I want to go away from the women’s project and come back to it. In something I read there was actually a reference to an Atlantic women and AIDS network being set up. Does that come out of the project?

JA: Yes, that comes out of the project. So, Cape Breton started to formalize a bit more, and PEI always had something going on, and New Brunswick... There weren't any other, I don't recall... I think the reason the Atlantic network came about is because we were the only game there and we had a decent budget so we could create an Atlantic network, which generally consisted of two retreats a year. I would do some outreach as well, but that was more in the early days to kind of establish the networks. And then, Trudy Parsons from Newfoundland ... was working for a while at the Newfoundland-Labrador AIDS Committee. So, I kind of nurtured those kinds of relationships and then if people came down for treatment or for other things we'd take the opportunity – if a bunch of us were at a national conference or something – to get together. Certainly, there was provincial outreach and PWA events as well where people would come together to chat.

GK: Where I think I might have first met you was actually with the province-wide coalition bringing in various different community groups that were formed around the province's attempt to develop its AIDS strategy, which was pitiful, in 1993. I do remember I wrote an article for the Gayzette that has the quote "Sandy Goodwin speaking for the Women and AIDS project," pointing out how the concerns of women regarding education and treatment were also absent from the strategy, that's after following up on the Black Outreach Project. Do you remember any of that organizing, or what your feeling would have been about this provincial AIDS strategy that basically completely ignored women's concerns? It comes out in '93.

JA: Yes, not a lot. I vaguely remember big groups of people and documents. I think mostly what I remember, which was sort of my feeling about dealing with the provincial government for most of those years, was like – nothing. It probably seemed fairly meaningless to me.

AS: Or like, what you'd expect.

JA: Yeah. I think so.

GK: So, we have some questions around the ACT UP group in Halifax. Moving away from the Women and AIDS project and we'll come back to it in a moment. Did you have any connections to the ACT UP group when it emerges or does anything?

JA: I wasn't active in ACT UP ... Yes. I recall some events like the donkey...

GK: Yeah, tell us about the donkey! [laughter]

JA: The donkey getting dragged down the street. I remember that. It was a very great day. And that was like, totally radical at that time, the symbolic... I think Wilson was around. Anyway, I seem to remember him trying to organize everybody, but the donkey did not want to be organized, right. But certainly ACT UP... I don't recall a lot.

GK: Well, according to Mary Petty she was leading the donkey who I thought was named Pedro and we picked that up from Robert Metcalfe. So, we're still trying to find a picture of

this because it seems to capture a lot. It looks like the PWA Coalition and ACT UP, at least at that point, were cooperating a lot. There's tensions later.

JA: Yes, that's what I would characterize that as.

GK: The other interesting thing about ACT UP seems to be that there were a lot of younger women also involved in it. So, unlike the PWA Coalition... That donkey demonstration is World AIDS Day, 1990. So, that's much earlier, you're probably getting involved with Stepping Stone at that point.

JA: That's right. Yes, I would have started that in 1990.

GK: There's also the controversy around what happened at Rumours with the alleged ripping of the screen, and Eric Smith being barred from Rumours. I don't know if that produces anything for you to talk about.

JA: Not really. It's likely as much timing as anything else.

GK: So, before moving back to the Women and AIDS project. One of the things that going on from '93 on with the PWA Coalition and AIDS-Nova Scotia is the pressure from the federal government to have them merge. Can you tell us anything about that period of time?

JA: Oh no, it was a nightmare basically.

GK: Unfortunately, we're not only talking about happy things.

JA: Well, no. It's activism, right. It's reality. I mean it was a nightmare because – I can't speak for AIDS-Nova Scotia – but I think we equally felt that we had such distinct mandates and as much as, again, personalities in a small town. And it was kind of like, I went to high school here and QEH (Queen Elizabeth High) was the high school and St. Pat's was the Catholic across the street and you never would mix, right? It was that kind of feel for this as well. But, I think, we were both so clear ... I really feel, even though they had HIV-positive people accessing service there, I really don't think they wanted that mandate. And I really don't think the PWA Coalition really wanted a prevention mandate, even with all the targeted outreach. So, I think some of it was if we could have presented that more clearly and less personally, things might have been different ... They might not have been different either, but it was just clear that this was a situation where someone would win and someone would lose. And it was even about which phone number was going to go forward.

AS: Right.

JA: Right. So, AIDS-Nova Scotia was 4258. The PWA coalition was 429-7922, which had nothing with PWA, but it was like... I remember that's the level of, "We are not taking that phone number. This is the phone number going forward."

AS: And whose phone number went forward?

JA: The coalition's phone number went forward. The 1-800 line came along on its own, but as the main number, that's what went forward. And AIDS-Nova Scotia some Board members; there's a guy named Ross Haynes who's a lawyer and took a run later at politics. And it was very much like a match between him and Wilson and Robert. There were attempts made to have Robert Allan and James Shedden removed from their positions.

AS: Forcibly.

JA: Yeah, like let go of. Like, the funders got us a consultant and the consultant, I remember, they did our Myers-Briggs and, "Oh look, you have similar types." Like, I think we all from both sides used anything like that to strengthen our position of why we should be left standing. Like, I don't think there was ever a chance of any kind of, "Let's meld together." Because people politically and fundamentally felt our mandates were different. So, you can put it together, but there were things that were going to be lost and things that were going to be gained. And PWA retained more than AIDS-Nova Scotia did for sure.

GK: At least initially. So, you're continuing to work with the Women and AIDS Project throughout this whole time, so there's the needs assessment and then there's following that up in the context of this merger. If you could tell us a little bit more about how long the Women and AIDS Project lasts and what it does. I mean the final report, that you write is in 1998. And I know about that only because of the document that we have from Robert. Anything that you can tell us about that time period?

JA: I really remember these retreats very fondly because, again, we picked these people up if they flew in or come by train, we'd have these vans. Initially I was the only person and then I had colleagues, either from AIDS Coalition or other people help out and support. We had this design for the two days. And I just remember people looking at each other almost for the first time and, you know, the drive is pretty silent. And I just remember thinking, "Oh my gosh, how is this going to happen? What is going to happen here?" I'd offer a little structure, and it was really just seeing people watch each other. It was a very visual experience rather than a talking experience at first. And then, of course, as the network grew and the same people started showing up, then it became more... The two days, again, there'd be structure, and there'd be something, but it was really led by the positive women themselves. Before we knew about open space and all that stuff, that's kind of how we were moving forward. It was tiring. The travel was tiring, it was tiring for the women as well. Because even when I'd go to St. John's in the early days when Trudy was sort of just getting started, most of the women who came thought it was a big deal just to go St. John's, right. But they were spread out and it didn't make sense to go anywhere else. I remember that a lot. Somebody got funding, one of the women, to do a film, a video. And they didn't want their faces or their bodies shown, so the whole video was showing people's hands. And there were people who were really happy about that, and other people who were outraged. Like, "Why are you showing hands? It's not the whole person," but it was their thing. That was their expression.

GK: Do you remember what that was called?

JA: I could probably find out.

GK: Yes, because we want to try and recover the materials as much as we can.

JA: Yes. That actually was the one thing that's controversial within, or openly controversial. So, I remember that. And then we did, with the education stuff, we did a whole train the trainer and went around PEI, Nova Scotia... Did a little bit in Newfoundland, but not a lot. We trained people to provide this education and initial support as well, and ended up doing something nationally after one of the national conferences, and we did a two-day train the trainer for workers in transition houses. So, how can you reach out and support either let people know it's a safe space if you are positive or try to do some prevention. Those were the main things. We had a couple of fundraisers that were fun.

GK: Do you remember anything about those fundraisers besides them being fun?

JA: [laughter] Well, it brought this really interesting group of people together either from networks or connections. It had a lot of the positive women, and then a lot of my friends are supporters. Yes.

GK: That sounds interesting. So, eventually the project ends, I guess, in 1998. Did it end because the funding stopped or...?

JA: Yes. The targeted funding stopped... Actually, I remember this because Robert and I every three years would sit in a room for a couple of days and pound out these grants. So, it sort of shifted from that targeted approach to more of a... I became Program Coordinator. So, the program became more inclusive, generic. Yes.

GK: Did you continue working with, now it would be called the AIDS Coalition of Nova Scotia. So, you continued working with it for a while after the merger?

JA: I left in 2002.

GK: Ok, so you did.

AS: Oh wow, a long while.

GK: You were around.

JA: Yes, a long time. You know, there was a time – and, again, there was some period after the Vancouver conference, the international conference – and everything shifted dramatically. In addition to the job we were doing in the day, caring for our friends at night and all that. We were now going, "Okay, what does it mean to support...?" people referred to themselves as PHAs. You know, what do you need and what do we do. It's more about the activities of daily living, right. So, the PWA coalition we always... And it continued with AIDS Coalition of Nova Scotia for a while in

addition to the Board composition, over half the staff... Robert and I were the only folks who weren't positive at the time. But, we had become more established, things had become more settled and needs change. So, even as a staff we got our first health plan, and there were six of us I think. Four people were HIV-positive, so every month somebody would go, "Okay, I want to get this drug, but if I put it through it's going to mean that you can't get that drug." Because it would like, blow up the cost. This now became the reality. And whether you were positive or not, this sense of living longer changed things. The food bank moved to Manna for Health, there was a complimentary therapy program that was developed. There were two women who set up this whole library, you know? So just, everything. It just changed.

AS: How did that feel? What was the feeling of the change?

JA: Well, my feeling was, "I don't recognize this anymore." And I also thought it's not yours to define. It's not your experience. But it was interesting to me because it didn't feel the same to go to work everyday, for sure. And between Stepping Stone, that outreach and the kind of work in those earlier days there was part of me that was like, "Yes, you can't keep that up either." Like, no one can keep that up, so...

AS: Because it was too intense.

JA: It's too intense, right. Do you crave the drama... I had to take a look at that in myself. Yes. But my sense was we'd become what we craved, which is legitimate. Instead of fight the man, now we are the man, to some degree. It's different. And then it was time for me to go, for sure.

AS: Well, you stuck it out for a long time.

JA: Oh yes. I started doing my Master's in '97. I did my thesis on multiple grief and grief processes. How people process grief in community-based organizations, so that was kind of the last chapter for me. And then it was time to move on.

AS: As people were dying much less.

JA: Yes, and ... people went from clients to co-workers. And so a lot of my job was supporting people to work. We did this portfolio development session with persons with AIDS and PHAs at that time. And if people from the streets wanted to develop their portfolio, so they could get a job. They hadn't considered that. So, it was that kind of transition work, which I think helped me transition too.

GK: Unless you have other questions, we're getting to our last questions. It's like, "Oh, it's almost over!" [laughter]

JA: Oh no, it's good. Brings back a lot of memories.

GK: For everyone we talk to I think it has that experience. So, one of the questions we ask everyone towards the end is memories of people who died, and especially in your case,

women who died. But, anyone who was involved in the PWA Coalition or whatever, who died during that period of time because we can't interview them. We can collect certain types of information about them in photos, but they won't have a voice. So, we are going to try and create this memory section where the people who were activists or involved in PWA Coalitions, are able to be remembered. Is there anyone in particular that you would remember?

JA: Two that come to mind. There was a woman, and I cannot remember her name, but I can see her face. She was the first woman I had known, had had a relationship with, who died. She was up on the eighth floor...

GK: Here, okay.

JA: Yeah, so at that time it was not friendly, welcoming, big yellow signs everywhere. And I went up to see her and she was beaten black and blue. She had been in this very abusive relationship. I just thought, "Fuck, really?" And I think she was, in a way, just so glad to be there. I think she was done. They almost got her, I think. This relationship got her. There's a sister at this charity, I won't use her name because she's still around. But, she came in and she was sort of taken back too and she said, "What do you want?" And she said, "I want a beer and Kentucky Fried Chicken." And she said, "I'll be right back." Off she went and came with beer and Kentucky Fried Chicken. And this woman had a few sips of beer and a couple bites of chicken and she died not very long after that. That just always stayed with me ... You know, in addition to how people were dying at that time, wasting away. How anyone could beat someone when they're so sick. That really stayed with me.

And the other death I remember is the woman I worked with forever on the streets. She became HIV-positive and had a long history of addiction. Cleaned up from that, moved to Cape Breton, started a new life, met this guy... You know, everything's going great and she was out for a walk one day and she had a heart attack and died, right ... It was like, so shocking. It might have been HIV that actually caused the heart stuff, but here she had everything she craved and that's what took her down. You know, all those years on the street, addiction, she had a record longer than her age, and that's what took her down. So, we had a little memorial service in Sydney – she was from here, but we had a memorial service for her and that was pretty cool. She loved Melissa Etheridge, so we played Melissa Etheridge. You know, all that stuff.

Those were two stories and not a lot of other people experienced those particular deaths. And I'm happy to say that a lot of the women are still alive. I either see them just because they're still in town and I see them, or I am in touch with them. Yeah, the majority of women that I worked with, remarkably, are still alive.

GK: One person who maybe I'll ask about from the PWA Coalition, because I don't think we've had any people talk about Wilson. Because most people who've talked about memories talk about earlier. People like the founding group, besides Eric, basically are all dead.

JA: Yes.

GK: If you have any other memories of Wilson, or Terry.

JA: Well, Wilson... He was horrible. [laughter] No, no, not as a person. His leadership style, he was very much accustomed to getting his own way. He didn't really care what other people thought. And so when he had positional power he used it. And so he really moved things. And, god knows, for a lot of people that none of the rest of us would have had the same strategy to do, or the guts to do or whatever, so he pushed for a lot of things. But internally he could be a real bully. And he also did these incredibly kind things that he didn't want people to see. He'd give people money and furniture and food and, you know, he came across as very ['grr' sounds] but he would do kind things like that. He really could be quite hurtful, and I don't think it was ever probably his dream to be seen an inclusive... I mean he would have probably been quite happy if it were gay men only going forward.

And Terry was just somebody that... He just was so warm and so energetic. He was one of the few people I know who could wear leather pants and really look decent in them. [laughter] Until the end and then it was kind of hanging off of him, but... And those suspenders and everything. He's just one of those people that you couldn't ignore or say no to him, or pretend he wasn't there because he was who he was. He had a kindness and a softness that I think, really balanced Wilson out. I think Wilson took care of him in a way that he really appreciated. Pretty amazing.

GK: Thanks for sharing that with us. Anyone else that you remember who would have passed during that time?

JA: There's so many faces. So many people. I think for me the common experience was just, whether it was me and/or other people, at different times just in these rooms, like helping people. You know, mop them, keep them cool... There was just a stretch where we went to go to Atlantic meetings in St. John's or Moncton or wherever and, you know, we'd do these crazy things. We were all in a crazy headspace. With the bartender, of course, because we drank too much, most of us... We'd play games with the bartender like, guess the T cells of people. Like, that is so weird, right, but it just seemed like the most appropriate thing at the time. So, people would break down their T cells and we'd do a little education about what that was and whoever won got free drinks. You know, just crazy things when I think about it now.

GK: Well, you know, part of surviving is having fun.

JA: Part of surviving and part of celebrating. And, you know, we didn't sleep for years really. Of course, we were young, so it was possible, but not possible now. And the devastation about unexpected deaths too. So, there was this woman named Lana from AIDS-St. John and she was injured terribly in a motorcycle accident. And we were all at a conference in Cape Breton, in Sydney, and then we got word that she wasn't coming, and then we got word that they took her off of life support. And there was this whole caravan of us that drove to St. John. And she was really into bikers and biking, so we had this procession and then all these queens walking down the street to this funeral. There's so many stories, little snippets like that. It probably looks so bizarre to everybody watching it and to us it just made the most sense in the world at that moment. This

pompous minister in Amherst, who was hosting this AIDS vigil reluctantly or politically, I'm not sure which. I got up with a candle that had eight wicks in it and so when someone lit it there was all this fire everywhere. And he wasn't very Christian, and what he said to me was he thought that I was trying to set the church on fire. Just like a bomb candle, right. Yeah, I guess it's just a lot of memories like that. You know, vigils and ceremonies. How tired the community choir used to sound for a while singing We Rise Again.

GK: Basically, the last two questions we ask are, is there anything that cropped up for you as we've been talking that you haven't had the opportunity to talk about? Like, anything that's come up that you'd like to talk to us about at this point in time.

JA: I guess the thing that I think about when I was thinking about your questions, but also just I find this a lot when people ask about your career and what did you do. And how unimportant all of this history and experience was except to those of us who lived it, so I'm really appreciating that you're doing this. I'm sorry that I can't recall everything as much as I'd like.

GK: This has been great.

JA: You know, as people kind of "tut-tut," but they don't see the work that we did was hard work. And we did it when nobody else would. I think that's probably how most change happens anyway. I mean certainly, the latest stuff I've been involved with is around sexual assault and consent with the Avalon Centre ... Yes, but I think what a shame that even today people don't appreciate what that cost to many people. What ignorance and homophobia cost so many people. Yeah, so I appreciate you're doing that very much.

GK: And we couldn't do it without people like you who are willing to talk to us too.

AS: It's really true the things that we're learning. That this work really did fundamentally change the social conditions of people's lives, and for everyone. It is really shocking to me as someone who wasn't involved in AIDS activism here, that it's really amazing to come to understand all the different things that fundamentally structure life.

JA: We had Gay Pride, two weeks ago or last week, or something, it's the largest parade in the city and there's 140,000 people. It's like, how can this be?

AS: Yeah, it was like, sixty people.

JA: Twenty people. Yeah, sixty, whatever... And people are like, "Yeah, but things have changed so much." And they have, and they haven't, right.

GK: And that's the other reason for doing this is to remind people that people were actually able to change things. And sometimes in ways that people now would consider not the right way to do things, but were actually quite effective then and might still be effective now. That's part of what we're also doing. So, the last question is... I mean you've mentioned a

number of people's names throughout the interview, but if there's other people. Like, particular people who you feel we just must talk to that we might not have talked to.

JA: Yeah, I think I mentioned in an email, Donna. I think she'd really give you a great perspective. I don't know if you've talked to Diane Bailey.

AS: Other people have mentioned her.

JA: So, Mainline Needle Exchange. That would be her connection. Let me just think about that a bit more.

GK: So, this has been great. Thank you.

JA: Thank you.

[END OF TRANSCRIPT]