

AAHP
AIDS Activist History Project

Interview Transcript 2014.008

Interviewee:	Julia Barnett
Interviewers:	Alexis Shotwell & Gary Kinsman
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Persons present: Julia Barnett – JB
Alexis Shotwell – AS
Gary Kinsman – GK

[START OF TRANSCRIPT]

GK: So, how we've been starting these interviews, just to try to establish some common reference point, is to ask people basic questions like, when did you first hear about AIDS? When did you first hear about AIDS activism? So, that's how we start. Do you remember when you first heard about AIDS?

JB: I came to Canada in the winter of '86-87 from Chicago and, without going into great detail in US and in particular Chicago politics, there was a socialist feminist current in Chicago that was part of the women's reproductive rights movement. And so it wasn't just about the Roe-versus-Wade [securing legal abortion], but these particular women were with R2N2 [Reproductive Rights, National Network], and what they were finding in Chicago, through the leadership of Cathy Christeller, who is currently the executive director of the Chicago Women's AIDS project, was that they were a reproductive rights group, a pro-choice organization that advocated for women to get access to abortion if they were on social assistance, on welfare. Because that was a whole piece that had totally gone missing in the US around women's reproductive rights, but was a whole chunk of women who weren't going to get access to abortion. So, very different from our framework here, although some themes obviously were similar, because it's reproductive rights we're talking about, but what they were finding, they were starting to get phone calls from a lot of women whose partners were testing positive for HIV and these women thought maybe they were positive.

These were women who were not part of the feminist movement. They were not part of the women's movement in any way. These were women who were working class, poor, either Latino or Black women who were finding out all of a sudden through their drug use, or injection drug use or their partners being injection drug users, or were testing positive from unprotected sex, and were really confused. And there was nowhere for them to go because, the AIDS organizations that did exist were dealing with men having sex with men or gay men to be specific. And all of a sudden this organization Women Organized For Reproductive Choice (WORC), where the struggle around abortion was teetering or coming to an end in terms of the way it had once mobilized, were becoming an organization that was

going to start supporting women living with HIV. So, it wasn't just women with HIV it was injection drug-using women, sex trade workers, or women whose partners were positive... It was a completely different piece around reproductive rights.

So, I was starting to hear about this not from, the traditional way of finding out about AIDS. You heard about these individual cases in the '80s or you heard that now gay men were starting to die and they didn't have a name for it. Here was this whole other kind of strain. So, even from the very beginning of my consciousness around AIDS, it was always from the non-mainstream. I don't want to call the gay movement mainstream, but was always from this other place within the AIDS struggle, and that had to do with women – particularly marginalized, racialized women testing positive for HIV either through their injection drug use or being sexual partners of injection drug users, or, you know, multiple sex partners without protection. Even within the heterosexual framework.

So, I had heard about this and Cathy was really struggling and wanting to do it as in organize around this right or in an accountable way, and not fall into the mainstream women's movement or within the gay community's framework of AIDS action. And I don't mean AIDS ACTION NOW! as an organization, but more general activism but rather the multiple experiences of women who were testing positive. So, I was hearing about this early. I then moved to Toronto and became entrenched right away, in the pro-choice movement here. Because to me it was so bizarre that people would have to go through some kind of an interview process to get an abortion through a therapeutic abortion committee at a hospital. It was so weird to me. I asked why if other health care was being provided through OHIP, which already was radical to me like, health care? Free health care? Then why would you have to pay for abortion differently? It was part of your reproductive health. So, these were things that came to me right away when I moved here. And at that time, probably AIDS ACTION NOW! was starting to form, maybe not yet.

GK: It would've been the very end of '87, early '88.

JB: Right. So, I came in '86-'87 entrenched in the pro-choice movement, trying to strike down this law with the socialist feminist current that I was involved in, or was attracted to for sure, coming out of a mixed far left organization and socialist feminist framework. I was very demoralized by the far left organizations in Toronto and started becoming very involved in the socialist feminist current here, and particularly around OCAC (Ontario Coalition for Abortion Clinics) and the International Women's Day coalition-building and that kind of thing. So, for me organizing around pro-choice, it was really interesting to see who the allies were. We saw a lot of the trade union movement support, and so many from the lesbian

and gay current that supported the pro-choice movement. Making those obvious links - to us, anyway. It wasn't always so obvious to everyone else, but it was obvious to us around making the links between, whether it's heterosexual women, but women's reproductive rights – whether it's to control your own body or have sex with whoever you want to have sex with, and identify who you want to be with – to men who are organizing and mobilizing around sexual identity and around the state or regulation around sexuality. So, folks met and we converged and we'd talk about the same thing. And I'd always remember, and I think I raised this at the time, it was like that perfect button "we are the Marxist mafia of the lavender left," because it was so true. We'd be in the corner and we were taking up each other's demands. And so I think for me hearing about AIDS, women and AIDS, it was '88-'89, that mid-80s. My transition was a culmination within Canadian state politics around provincial organizing here in Toronto.

And I think early on, because of the nature of my paid work too, working with street youth involved in the sex trade, I remember being recruited early on from the women and AIDS project of the AIDS Committee of Toronto Leslie Gaynor said to me, "Julia, you gotta get trained in AIDS because you're working with all of the guys coming in and out of the prisons" – from the half-way house work I was doing – "and working with women who are in the sex trade." Like, women who are marginal already who aren't going to fit in the women's movement, or the AIDS movement services because there was already a whole bunch of stuff around that, and taking up a pro-sex position as well as sex-trade workers' rights. So, for me it was all combined in terms of both political identity, or political organizing that I'd already done, but it was also part of a lot of the paid work I was already doing in the community, it made sense to connect with AIDS ACTION NOW! and really get the support we needed to support those in the prison system and injection drug user community. And we were always on the marginal line of that. And so it was early on between – here's this pro-choice activism I'm doing, here's this paid work that I'm doing with ex-cons and prisoner's rights, and now this change unfolding in the reproductive rights struggle.

It was also right in the beginning, before public health was funding both AIDS Service Organizations and organizations to do prevention work with targeted populations at the time. So, there I was kind of smack dab in the middle of that, regardless of my left political organizing, but part of my socialist feminist identity, is what I would call it. And at that time the AIDS Committee of Toronto did not want to or know how to work with injection drug users. And because they were just starting to identify women, it wasn't even clear who these women would be. When those of us were saying, "We gotta get the clean needles out immediately, and we gotta get to not only injection drug users but a lot of those people in the prison system because

they're getting busted for trafficking or for using, and their partners." And a lot of those were the women who were either, themselves injection drug users or in the sex trade, or their sexual partners. So, that's where I kind of fell in there.

AS: What would happen? So, you would raise things with the AIDS Committee of Toronto, or people would talk about it like, "This needs to start happening. There's all of these things coming together." How would it be? Like, "That's not our issue or..."?

JB: Yeah. There was a lot of attitude from the frontline workers. For me, it was a real eye-opener about, "oh yeah, everybody's a happy gay family until you start peeling the onion." Well, there's only particular gay people who were really going to have a voice and it was the articulate white gay males who are either socially, politically, and financially informed or have more resources. And it was clear that marginal people were going to be marginalized based on multiple forms of oppression – the people of colour, the women, the heavy substance users, other than alcohol, of course, because that's totally acceptable because it's in gay culture. And here I was working with a lot of the young male hustlers who were either clients of, or lovers of, or filling the 519 community centre or the bars and that's where people worked out of. So, how did it work? It was contradictory is what it was. On the one hand, the gay movement was speaking out to get access to trials and treatment for everyone but it was those who were the most articulate about that are the most politicized, and who have the greatest capacity to articulate what the politic would be. And it was those who I felt didn't have a voice, who I was coming into contact with daily both in terms of paid work, but also politically. About broadening out, not only a comprehensive strategy, but a comprehensive understanding of the issues. So, AIDS ACTION NOW! was the place to name that and as an organization has come a long way from those early days.

And folks knew we had to deal with it. It wasn't as much of a priority as the trials and the treatments, which was perfectly understandable. People were dying immediately. So, there were those of us with feet in both camps – the political camp and understanding or articulating that politic and taking the lead from those, but it was also having an anti-oppression framework coming from our experiences of the feminist movement. And we had the same problem in the feminist movement. Like, the feminist movement wasn't taking on AIDS, seeing that as a broader framework. I mean, they spoke to it and they supported it, but you didn't see the women who were on the streets organizing and mobilizing around abortion and access to abortion when it came to the AIDS crisis. There were groups of us, there were a handful of us, but I would say that the leadership of those movements did not take

on AIDS and women and AIDS. I think, it had a lot to do with those women who were testing positive. Those women were marginalized women and women who were injection drug users and, you know, sex trade workers who weren't even the political sex trade workers, they were the women who were just doing it on the daily. And here I was kind of smack dab in the middle in some ways. Here I was part of the pro-choice women's movement that was a socialist feminist led movement that did include the anti-oppression language.

The pro-choice movement altered and changed once we won the Supreme Court ruling. A lot of people kind of said, "Okay, I'm done." The struggle didn't continue and change to take on other forms of reproductive health issues such as women and AIDS like they did in parts of the States. It was never argued, "We now have to really take this issue on and build a new reproductive rights movement and struggle around women," which was AIDS. And of course, there were other activists who did. The lesbian and gay and queer movement did. So it was interesting, the transformation, for me, being kind of in the middle of both camps and trying to reach this niche to say to the AIDS movement, "You've gotta take this up and you gotta let us take this up. If you're not going to, you gotta at least support us to do it," and it needs to come out of, AIDS ACTION NOW!, struggle." And the pro-choice movement just didn't – we just weren't able to transform that. At the end of the day it belonged in the AIDS movement

AS: And we can come back to it, but we talked to Brent Southin about getting Trillium Drug Funding and I was so interested because one of the things he talked about was that, they kind of offered to say, "Okay, we'll make Trillium" – what's now Trillium wasn't then "available for AIDS patients." And Brent said, "And we said, no. What about all the people living in poverty?" It felt to me so amazing, this kind of bringing together. You know, really appreciating the way the oppressions intersect and interlock.

JB: Yeah. We were pretty conscious of it, a lot of us. Like, not so much everywhere, but Toronto particularly. And I think it had a lot to do with the socialist feminist groups that had impacted or influenced a number of AIDS activists. Even if we didn't get it right as socialist feminists, because I don't think we totally did. Like, you could look back now and we would speak to anti-oppression and we named it much more so than other tendencies did, but did we truly integrate it to heart? Not well enough, and you know we made a lot of mistakes doing that. I mean, I recall some of the debates going on in the pro-choice movement when women of colour came to criticize and it was really top-down heavy reaction to it by white feminist leaders; even though they were the socialist feminist leaders that we look up today and work

with politically and all that. So that intersection was quite interesting at the time. It was before it was written about and it was at a time when identity politics was really just starting to emerge.

AS: So, there was active discussion and debates specifically talking about identity politics and about AIDS?

JB: Yeah, there was a lot of that discussion and there was a lot of reaction to it. And I mean, I recall being literally outside the front of the Morgentaler Clinic defending it, and our gay, or our AIDS ACTION NOW! comrades would come and we'd be having all these discussions out there about the need to take up each others issues and how we'd do that. And those were strategy discussions, not organized strategy discussions, but really having a dialogue. And the best symbolic part was making that button. Like, seriously. You know, when I think of the "Marxist Mafia, the Lavender Left" because it was exactly what the right wing was calling us. So, that's the symbolic button for me. AIDS ACTION NOW! had organized discussions about coverage and Trillium for sure can't recall the other identity politics debates if they were organized internally at AAN meetings.

GK: Was there an actual button?

JB: Oh yeah.

GK: Do you have one?

JB: Oh yeah.

GK: Oh, we'd love to have it.

JB: You've got to see it. So, that "Marxist Mafia, of the Lavender Left," it was hilarious. All these gay boys coming out to the pro-choice movement clinic defense rallies while the anti-choice picketers with their dead baby placards accusing the gay movement of controlling the prochoice movement like mafiosa. There was a lot of laughs at those rallies.

AS: So, who came up with that phrase?

JB: The right-wing did.

AS: The right-wing did.

JB: Yeah. So, they would call us this on the lines and we all yelled, “Thank you! I’m proud and we got the buttons!” [laughter]

GK: That’s great. I don’t remember that, but that’s great.

JB: Yeah. So, if you think of the symbolic... you know, the t-shirts are symbolic and all that too, but that button really was a reaction to taking up each other’s political demands in an unconscious, organized way.

GK: So, you set out some of the terrain. Just to come back to some of it, there’s two things I wanted to mention. You’ve talked about how the AIDS Committee of Toronto was not interested in taking up these types of concerns.

JB: They were really a struggle. Including PWA [People with HIV/AIDS].

GK: PWA Foundation.

JB: Yeah, in the beginning.

GK: Yeah. And then AIDS ACTION NOW! was obviously much more treatment focused. It was really treatment driven, especially at the beginning. So, you might just want to tell us a little bit more about how AIDS ACTION NOW!, perhaps with your input and influence, got interested in dealing with some of these questions in terms of prisoners or in terms of harm reduction strategies, those sorts of things.

JB: Well, there was I think a combination of forces, of course, as always. But I think one, AIDS ACTION NOW! was willing to take up political demands that the service organizations just were kind of beginning already move away from the early days. And AIDS ACTION NOW! was the place where activists went to converge and to put forward a political strategy, primarily a comprehensive AIDS strategy. And so when we went to AIDS ACTION NOW! talking about that comprehensive AIDS strategy for us was about, you know, how do you include action now that would demand, and demand now, but what does that comprehensive strategy look like? Well, we supported public funding for an education and prevention component, treatment and access, and taking up political demands that needed to be taken up. So, for some of us that would be calling for needle exchange programs, funding for needle

exchange and services, because those of us who went public around the needle exchange knew we needed the support and backing by AIDS ACTION NOW! We weren't convinced that the AIDS service organizations or from our paid organizations that would be supported due to the issue being too political or because of fear of funding issues. So, those of us that did take up needle exchange now and went and bought syringes and would distribute them publicly AAN would back us.

I remember going with Wendell Block, who was a physician at what is now Queen West Community Health Centre. We would go into the pharmacies, and Wendell looked like a hippie and I looked like a hippie. We'd looked like Grateful Deadheads, you know. We'd go into the pharmacy because the argument always given to us by officials was, "Well, you could always go and purchase your own syringes." Okay, we thought let's test that statement. So, we would go in to several pharmacies and see if we could purchase syringes. And of course, I really did need syringes because I was distributing them in Alexandra Park. And Wendell was very supportive. So, after the fifth pharmacy that wouldn't sell us syringes I said, "Wendell, you've got to show them your medical card because I really do need the syringes. I have to go out there and do an outreach shift. I really do need the spikes." And so, we'd go in and they'd say, "We really can't," and Wendell would say, "Can I please speak to the pharmacist?" And the pharmacist would come and he would say to the pharmacist, "I really would like to purchase some syringes. We need to have access to them." And the pharmacist would say no, and he would say, "But I'm Doctor Wendell Black," and he'd show them his medical ID. Of course there was a "I'm so sorry. Sure you can have some syringes." So, you think about the blatant discrimination of lesbians and gays around AIDS, this was a perfect example of the blatant discrimination against injection drug users because of their drug use and AIDS. So, it was this whole interconnection I was trying to argue for.

AS: Yeah. You can't take it apart.

JB: That was happening at the same time as we were forming PASAN and prisoners' issues because, when I was working at Street Outreach Services, Youth involved in the Sex Trade, and we were doing outreach. There was a number of my youth who were now being incarcerated in the Don or the West, and they were threatening to quarantine them if they were HIV-positive. And then I got a phone call from Kyle, and I can't remember Kyle's last name now, but he was the one who was being charged with biting the guards at the Don. And so AIDS ACTION NOW! got the call and then they called me and said, "What do we do?" I said, "Oh, we should protest outside of the Don and say not only condoms and all that, but education for the

guards. Better treatment of HIV-positive prisoners." So, that was a part of the comprehensive AIDS strategy piece that AIDS ACTION NOW! didn't always focus on, but we were able to make the link to discrimination, the facts, and the rights of prisoners. We focused on giving access to immediate release, but it was also for us who were providing services to speak out for further funding for counseling to be part of a comprehensive AIDS strategy that also included access to prevention and materials, access to treatment, and access to counseling and services for people living with HIV. That's how I kind of remember that piece happening. So, we would have more and more incidents happening with the Don, and people being incarcerated, and then people hearing about me and others at Street Outreach Services, like Bill Downer and Scott Beveridge, who was in the midst of organizing Queer Nation and engaging in that emerging movement. But I was still organizing around the hustlers and the drug users and the injection drug users, and building what I was calling at the time, a comprehensive harm reduction strategy.

AS: Was that language out there yet?

JB: No. We were the first.

AS: Really cool.

JB: Yeah. Harm reduction and needle exchange started with us. Like, we were it. So, here are AIDS ACTION NOW! activists, knowing that that's where we get our base of political support, having to push the gay voice constantly into question, always keeping them on their toes about that. And then at the same time, you know, pushing this model using/integrating the AIDS ACTION NOW model, I think, as a real concrete example of what we're calling as a comprehensive AIDS strategy both provincially, within the prison system. And right around that time is when we kept pushing the Board of Health to take responsibility for saving the lives of injection drug users as well as providing AIDS prevention materials to organizations for free, so that people don't have to buy condoms. And that's when they passed – the Board of Health passed, I think in '88-89 the first needle exchange and that's when Toronto Public Health - "The Works" was formed. They wouldn't hire me; I was too radical. There were a lot of people like us, even though we were the firecrackers under their ass to start the program. That's when they opened their first needle exchange on Dundas Street across the street from Alexandra Park, because I was in Alexandra Park. And that was a key location for needle exchange in the city. 662 Dundas Street as I recall was the first needle exchange run by TPH [Toronto Public Health] as The Works, not 277 Victoria where it is today the head office of Toronto Public Health.

GK: Right. So, my memory from being within AIDS ACTION NOW! was that the Don Jail stuff was sort of the intersecting point around prisoners and some of these other issues. How did PASAN [Prisoners' HIV/AIDS Support Action Network]... maybe there's stuff earlier?

JB: Well, there was one other I think key piece for me there and it was George.

GK: George Smith?

JB: Yeah. George Smith. He and I would get together. Like, here's two opposite poles of the world, but this is where I think a key piece that, George made it really clear, was that it is the responsibility of the state. Like, he really was able to really get that piece ingrained for me, when I was putting forward the comprehensive prison strategy was that it is the state's responsibility to keep people healthy, and it's their responsibility to make sure that people have access to equal health care while in prison – access to drugs and treatments for cancer, for AIDS, for diabetes, etc. If a person ever tests positive while in the prison system, it will be the state, you know, the provincial government's fault that they didn't do something, and that's where legally you could make some other legal arguments. And so, I always took that conversation with George as key because, what did we mean by a comprehensive AIDS strategy in the prison system? So, one, it was always the responsibility of the state to keep prisoners healthy regardless of their behavior because they're always going to behave the way they behave. What's going on in prison is not a lot different than what's going on in the streets. So, we put that political package together and I remember having long conversations with Bob Gardner too around what was the provincial strategy that AIDS ACTION NOW! had when it came to trials and treatments and access to whatever we were demanding at the time; to really shadow it completely, to make the links. The next chapter in the book was prisons and this is the comprehensive AIDS strategy in the prisons, and this is what it looks like – education, training, comprehensive access to treatments and services and nutritional food and early release. And of course, needle exchange, which has always been the demand. So, this was way before Rick Lyons and before Ralf Jurgen came up with their research and the legal network. But this was what we created as a result of being part of AIDS ACTION NOW! as a strategy.

GK: That's actually really important.

JB: Yeah. That was a key piece.

GK: So, as it emerges, what is the relationship between AIDS ACTION NOW! and PASAN?

JB: So, this is, again, this weirdness is that we did want to, in the early days, we wanted to come together with a network of a wide range of people. So, we got Black CAP...

GK: Black CAP?

JB: The Black Coalition for AIDS Prevention. We also got the aboriginal communities together, because we knew this reached a farther group of people than the gay community alone. Even though we needed and wanted that piece and we knew that the women's organization were going to come, but there were women's committees, caucuses and stuff, that needed to be part of that. And Hassle Free was a key organization because they were the only ones doing anonymous testing for injection drug users and folks who were the most marginal and they were the ones going to the Hassle Free Clinic. So, when we formed PASAN it was, again, me being in the middle of these movements always being kind of, having feet in both camps. It was that, here I was working in an organization that called for the rights of sex trade workers on the one hand and the rights for youth to have access to harm reduction and all this, and yet they were also trying to get them off the street. So, it was kind of a bit complicated, but we were always pushing the envelope there; and then, for sex trade workers rights and decriminalization and all that stuff; then also for harm reduction. And our youth were the ones who were getting targeted constantly in the prisons.

And we were also the AIDS ACTION NOW! activists, and that's where I think Mike Smith was really key because he was a gay activist, queer activist, in AIDS ACTION NOW! and always spoke about the marginal and the ones who weren't going to have a voice. And here I was. So we became great allies immediately in that struggle because we were saying that AIDS ACTION NOW! has to continue to keep putting this in their language and in their materials, and it was always a struggle to do that. But we made it really clear that we were going to organize this autonomous service/action. So, we didn't want PASAN to become an AIDS Service Organization only, and it had to have its roots based in prisoner justice and in AIDS justice. So, that's what was unique about PASAN and still is to this day. They do not receive funding from the Ministry of Corrections. They might get it from Health, but they do not get it from the Ministry of Corrections or from CSC [Correctional Services Canada], which is the federal level of Corrections. So, that piece has always been key

in terms of prisoners' justice, and some were abolitionists, some were not. And always the key being a comprehensive AIDS strategy in the prison system, which was fully comprehensive, including treatments and access, and early release and needle exchange.

AS: Were those priorities... like, was it delineating between provincial and federal level prisons?

JB: Well, we had to because there's provincial, two years less a day. And so, what you would do at a provincial prison system, two years less a day, and what you would call for at the federal level, with people being in there 25 years and programming. So, yeah, we had to do that.

AS: So, did different people take on those things in PASAN or do they now?

JB: Oh yeah. Those early days we decided to stick with a comprehensive provincial strategy. One, because you could target the provincial easier in Ontario than on the federal level and still call for federal demands. We did. And we had allies across the country about that, when they started hearing about us, and starting prisoner's programs, like in BC. We went out there and spoke with the folks in BC. We were some of the first to criticize or be critical of the Vancouver needle exchange, because it was extremely limited. They had a limit of ten syringes a day, and how many times you could go. We thought it was absolutely ridiculous. So, we were able to do that through PASAN, and AIDS ACTION NOW!

GK: How did PASAN develop?

JB: It developed because as a worker at Street Outreach Services wanting to advocate for youth that we were working with, and as an AIDS ACTION NOW! activist, I argued we can't just have service organizations and services. We also had to have systemic change. And I remember having those discussions even with you, Gary, about how do you balance between calling for a comprehensive strategy and be providing direct service delivery to those living with HIV in prisons, because they're not on the street and they can't go to a meeting at the 519. How do you do it? There were no blueprints because no one else was doing it. Like, the AIDS Service Organizations were clearly a service. PWA at this point was now starting to work with much more marginal populations, much more so than the AIDS Committee of Toronto at the time. So, they were getting it. They were kind of starting to really get the fact that a lot of people were getting services at PASAN and at Street Outreach

Services are clients at the PWA Foundation. So, they were starting to work in partnership and working from a more anti-oppression framework.

So, at PASAN we knew, what it meant to have a comprehensive AIDS strategy provincially. And what did it mean to have a comprehensive AIDS program? And so, people were really committed to AIDS activism and AIDS ACTION NOW! who were in PASAN, so there was that balance. And there were those who were involved in the network, the PASAN network, because they were working with more marginalized populations within the AIDS community. That's what brought it together was always demanding a comprehensive strategy – 1) to stay with and provide prevention and services, and 2) to call for systematic change that was an actual strategy for change on the other. And I think that's what kept PASAN as a unique entity and still today. Even though it's still marginal, and it has just lost significant funding. That's going to really hurt the organization. It's working with a population that most people don't give a shit about. It's the prison population. And it still does. So, it still has some very clear principles and policies that it sticks to.

GK: Do you remember any difficulties that PASAN had as it was getting going in terms of getting access to prisoners? I imagine that was one front of the struggle, so I was wondering if you wanted to tell us.

JB: Where we did do some alliance building was with some folks... of course, it was difficult to get into prisons and so we'd end up having to keep meeting. I remember meeting often with John Humphrey was his name, was the provincial corrections Minister responsible for prison health. There were constant struggles to get into the prison. Many of us got in from our other work-related titles. So, we got in that way. And then there was also trying to talk to Toronto Public Health, who was calling for exist programming such as condoms and bleach when leaving prison at the time, which was not our strategy.

AS: So useful, right?

JB: Yeah. It was useful, yeah. Certainly, when they come out. [laughter] Yeah, it was the contradiction. So, that wasn't good enough. And then the bleach campaign; you know, the question of getting the bleach bottles and stuff like that into the prisons. And at this point, this is when The Works was just starting to get those bleach bottles, and now we don't even ask for the bleach bottles. But, at the time, it was trying to force the powers that be... make the Ministry at that time, the Ministry funders, say, "Hey. Prisoners are an issue and if you don't look at it, the majority are coming in and out of the prison system. They're coming out. They're not staying in.

And if those who are staying in are staying in, they're going to stay in for longer – two years plus a day because they got federal sentences. What are you going to do about a federal prison strategy?" So, that's what we kept pushing – that provincial strategy that PASAN came up with, with the Ministry. So, we would pressure the Ministry of Health and the Ministry of Corrections simultaneously.

AS: What were the kinds of pressures you put? What would you do?

JB: Oh, we would demand meetings. We would have press conferences, and then they would call us. You know, kind of using the strategies and tactics that AIDS ACTION NOW! did but with the prisons. So, constant meetings, press conferences I remember having an interview on the CBC. We would sometimes get on the tail end of AIDS ACTION NOW! press conferences and then we would have our own because anything that's coming up in the media around prisoners and safety and getting rid of the stereotypes of how you get HIV and stuff. It was on the tail wings often, and then our own. And then once we had our own comprehensive strategy, because it did take about a year to pull that one together. Once we got that together then we were getting it out and always getting AIDS ACTION NOW! support to help with that, and all the different folks at AIDS Service Organizations and key people, too. We knew we weren't going to get full support from the whole of organizations, but we'd get key people and that's what we would do.

GK: So, two questions I was going to ask and you can respond to them in whatever way you want. One question I think that's interesting is that in PASAN there were obviously people who were prison abolitionists and who weren't. That's just interesting, to see how that worked. The other thing would be eventually PASAN has staff people and office space. So, maybe a bit about how that developed?

JB: Two things: Some were for prison abolition and there were others who said, "Well, a more humane prison system," whatever the various perspectives and differences. I do think people did agree to not agree on what the state of the prison system was in terms of what is the answer to crime and punishment. I mean, obviously everyone was opposed to the death penalty. So, that was like, a basis. But, I think, instead of spending time on what we thought around the prison industrial complex... I mean some of us had an analysis of the prison industrial complex. We had that. But we didn't have to have an agreement on abolition and I think that was smart because a lot of people in the prison abolitionist movement didn't have a clue about AIDS and the issues of AIDS, and they needed to. And a lot of the people in the

AIDS movement hadn't given much thought about the whole prison system. So, for me instead of focusing on that so much, I felt we should take the best of both these worlds. We want a humane experience for those living with HIV/AIDS, regardless of their time or crime inside and that it's the State's responsibility to be responsible for their health conditions. So, I think that was the basis.

The other was that having a comprehensive AIDS strategy meant that everyone would have access to education, prevention, treatment. And it was also an opportunity that of course most don't want to spend time on, but, you know, the population in the prison system being homophobic and heterosexist and that people's practices changes in the prison system. Men are having sex with men in prison, some by choice. Women are having sex with each other in the prison system. And so, it was an opportunity for those of us to try to break down some homophobia in the prison system too. When we say a comprehensive strategy, that education piece and prevention piece is key. And I think we were also some of the first to address issues of the transgender community because many of our youth were, and many of them were in a male prison setting. So, it was doing a lot of education on trans issues way before others were doing that. We were some of the first to do a study with Laurie Bell and Rob Travers and others at CTYS [Central Toronto Youth Services] around the transgender community and access to the shelters and access to drop-ins for LGBTQ youth. And it was a lot of our youth who were getting kicked out of shelters, ending up in prison instead. And if they had access to a youth shelter at night, they probably wouldn't have been engaging in as much at-risk activities or ending up in prison in the day time.

AS: How did the study happen?

JB: Well, we were working at Street Outreach Services with a lot of the youth. We were putting pressure on CTYS to do something because, not only were we fighting to get AIDS services and health care for our youth, but getting them into shelters. So, it happened that they decided to do a study. Laurie Bell and Rob Travers and I forget who else was part of that now. Sorry. We all know them. They ended getting funding and doing a study, and what did it show? That a disproportionate number of transgender youth, and lesbian and gay youth, and queer youth were getting kicked out of shelters and had a higher rate of suicide. That's where those first studies came out of. Our youth were being locked up and not having access to appropriate services.

AS: And then trans-women would have been experiencing most harm in that?

JB: They were for sure. It's a really contradictory thing in the prison, too. On the one hand, they were being the most discriminated against, but on the other hand they were being some of the most protected because they have partners in the prison. So, it was real contradictory. And it was probably based on very gendered, biased relations and violence. You know, when we think about violence against women or violence against trans people. That was probably happening simultaneously. So yeah, we were in the middle of that one too.

GK: That's great that you were raising all these issues earlier than many other people.

JB: Yeah, it's very interesting in retrospect.

AS: I was having a conversation with David Gilbert, because he and his partner, Cathy, in the US were working on this stuff a long time ago, and he said the same thing. He said he did a review of *Captive Genders*, that book about trans issues in the Southern US, and he said, "We were working on this a long time before anyone else was because it was really obvious and really present." So yeah, so far ahead.

JB: Yeah. And those folks weren't going to the AIDS Committee of Toronto or the PWA Foundation. They were going to PWA to get whatever they had to, but then they didn't have a place to go. And so, often, many of them were going to Street Outreach Services, but then they'd get cut off after 24-25 years old. So, once PASAN became an organization for those who'd been in prison or not, a lot of the trans community would go there because they were incarcerated a lot. So, they felt safe there, and they still do.

GK: So, PASAN had an office?

JB: Well, we got our first office on College Street. We made some early mistakes it was based on good intentions. The good intentions was we wanted to hire someone who'd been incarcerated, who might be HIV-positive and who, because we're activist-based, to hire somebody who had all those lived experiences. The problem though we did hire a person who was HIV-positive, had been in prison, and who was very dedicated to PASAN.

Here was a woman who'd been in prison. Here was a woman who's HIV-positive. Here was a woman who's completely committed to the cause. But didn't have, I think, the leadership capacity that was needed to move the organization

along. She remained a member and active participant in PASAN. PASAN did hire Anne Marie DiCenso, who was a committed social activist, feminist, and who had worked at the Elizabeth Fry Society, was a social worker, and had compassion and commitment to all of the above causes – harm reduction and prisoner’s rights and women’s rights and the AIDS struggle. She participated in the original PASAN network and helped shape the comprehensive AIDS Strategy in Prisons. Only recently has she left after 19 years of paid work with PASAN and over 12 years as Executive Director. So, our first person who we had hired didn’t work out as a coordinator; and I look back today, it was an unfair choice. But the intention at the time was based on the roots and the grassroots of what we were trying to do and not be a service organization, all that stuff. All those intentions were good, but it didn’t help her. It didn’t support her in the way that she needed it.

AS: And how to have this capacity to do that kind of institutional work when you don’t have the privilege of being a white, middle class professional, right? How to build this capacity without replicating the professional? It’s a really hard problem.

JB: Really hard, really hard. So instead, what we did was we really built the board to have a certain political framework in order to participate on the board. And I don’t know if we ended up with a quota system, but we absolutely made it clear that the board had to have components of being positive and having been in prison. You know, those fundamentals were then implemented in that.

GK: So, it was an office out on College Street.

JB: We had an office on College Street, and another office on College Street for a while. We went from one – a small office, one room office – to a larger space on College Street. And then they moved down to Jarvis and they were there for many years. And they just moved recently to a larger place that they’re now sharing with APA [Africans in Partnership Against AIDS] and, again, some of the more, marginal organizations in the AIDS movement – the African movement and another prison organization called Britton House.

AS: And those College offices, were they the same as a bunch of...

JB: AIDS ACTION NOW! was in the building, and CATIE [Canadian AIDS Treatment Information Exchange].

GK: Yeah, and Voices of Positive Women.

JB: And CATIE. [laughter] We were all in the same building.

GK: Where did the funding for this come from?

JB: A positive partnership with AIDS Committee of Toronto. In the beginning, they were our main sponsor/trustee, and so were CATIE. So, there was support that way. And then we got our first, I think, AIDS grant through the Ministry of Health and probably the City. Ann-Marie would be much more up on that. Our first funding was from the Ministry of Health, which was difficult to get but we got it. Oh yeah, it was hard to balance applying for a grant and still make sure we still kept our voice, that whole thing. That whole funding piece changes things, right? For example, there's a lot of paid staff at PASAN and now we're back to almost where we started in that we're losing funding because they're defunding the AIDS programs and, you know, prisoners – who cares about them? So, that's a big piece that we're really careful about and scared about. And certainly Ann-Marie could tell you the whole funding piece. But it's been a constant struggle to get funding, differently than other organizations. And yet, it's still the same population, the most vulnerable.

GK: At one point we're going to move off PASAN and harm reduction and all of these related things, but is there more stuff you wanted to add in around that?

JB: Well, I think it's interesting that we started as a grassroots, organizing, activism, AIDS ACTION NOW! rooted framework.

Academics started doing research on prisons, because it was like the cool thing to do. [laughter] They would take our comprehensive strategy and then they would alter it and change it, and then they now became these spokespeople for the movement. And it was really some sexist stuff too. Anyways, it was interesting how some of the males excerpted some of the things that we were saying that came out of a socialist feminist politic and then all of a sudden they were like, the heroes of the comprehensive harm reduction strategy, and it just isn't true. They excerpted it and they were academics. It happens a lot, in different ways, in different movements. But what did happen was PASAN with key partners such as legal support, with HALCO [HIV & AIDS Legal Clinic Ontario], put in a lawsuit against the prison system and that's still pending right now. PASAN is still in the middle of that.

So, it's taken many years and use of the legal framework as well as a political framework to make changes. We still don't have a needle exchange in the prison system. Is it likely we're going to get it? I don't know but we can't stop struggling for

it. There's a lot of things we do have that we didn't have before because of the struggle. I mean we were able to get early releases for some. We did win some treatment and methadone, access to methadone – that all came from our struggles calling for that comprehensive strategy in the prison system. And I never had any illusions that we were going to win all our demands in the prison system. What I wanted to win was whatever gains we could make within the context of calling for that comprehensive political strategy and never let that go, because if we do we'll never get anything. That's still today. Like, if you look through the strategy, of course it's limited now and it was in the context of the day, there should've been more in there, obviously. But in the day, and at the time, and the fact that we were all working full time and that this was done outside of even the supports of the broader AIDS movement, the comprehensive strategies AIDS ACTION NOW! was committed to – not bad. Kudos to the prison and AIDS movement.

GK: Do you have a copy of this?

JB: Oh yeah. PASAN would have it.

GK: I remember it, but I don't think we have a copy.

JB: It has been rewritten since then. We even have a women's strategy to really speak to women's issues as well. It has metamorphosed since the main one because we didn't focus too much; it was the bare basics. Yeah. It has its own history.

GK: My last question relating to PASAN – we'll obviously talk to Ann-Marie and other people – is in terms of your involvement. There must've been some sort of shift from that early period when PASAN was tied into other forms of AIDS activism with sort of the disappearance of that type of AIDS activism. Did that have any impact on PASAN?

JB: Yeah. I think what was happening with PASAN was having its growing pains with the board. You know, there's people who stayed with the organization for a long time, and then moved on at times caused problems for the organization. So, there were some really clear identity politics going on with one particular person in PASAN who's now passed away. She made life very, very difficult. I did not want to expose her politics. I was about to. I felt it was really problematic politics. It was really personalized attacks on myself and a few others on the board. I thought, "Do I stay and fight this out with this person, or do I feel that the board – the people that are there – are strong enough to get through this without me there? Do I step down

from that and allow the organization to be?” You know, you can be mama, or let the kid go off to either the university, or the shrink. [laughter] And for me it was like, the kid’s going to figure it out because the kid’s grown up enough to do it. So, it was about letting go. I still always have a link to PASAN. I’m still very close to a lot of the players there. People still come to me for really complicated questions and I feel like I have a place there, but I don’t need to be on the board or to have an official role. PASAN is still the primary AIDS service organization that will speak up and out on various issues.

AS: Institutional.

JB: Yeah. And it’s a service organization, so my politics also have moved from that. But the organization has had very committed people at the helm, and at the ground level, and the frontline staff – have been great at preserving the roots. So, I moved on from there. And I moved on also because I was hired by Public Health to expand needle exchange in other parts of Toronto and that was a struggle. I was starting the needle exchange at the former City York by then, before we amalgamated. So, that was going on at that time and I thought, “Oh, it’s probably good to move on and still give support.”

I don’t know if that answers your question, but also AIDS activism was starting to dissipate in the same way the women’s movement had already for some time been not as present on the streets. Not to say that people aren’t active, but people were now in the academy or doing other forms of organizing. Anyways, things had altered and changed and I wanted to do other political stuff too. So, I think it was a combination of all those factors.

GK: The other area we want to move into is to talk more specifically about AIDS ACTION NOW! and women’s questions, which is not unrelated to what you were talking about. I thought maybe one way to move towards that would be – you talked about how PASAN developed a particular position around women in the prisons and some of its specific features might be useful. Then, moving into your involvement in AIDS ACTION NOW! and to speak about women’s questions more generally.

JB: Yeah. So, even with the women’s... [laughter] I laugh because I’m always coming from the same, but equally different, place it seems. I absolutely supported the women’s caucus, was involved in it and truly believed that obviously we want to get women’s issues front and centre, and naming the terms of “women get AIDS too.” The fact that women get it and a lot of them are lesbians, a lot of them are injection

drug using women, the marginalized. So, that always was this piece for me that... a number of the women who were the most vocal – Darien Taylor and other excellent women. They are really great women who are were HIV-positive, often were the most vocal, the most articulate, and they were women who had unprotected sex with men who were positive. These were not the women who were testing positive in huge numbers as in the States, like Black women and Latino women, or the majority of women testing positive here. This is where there was a bit of a contradictory thing. On the one hand, I absolutely supported the women’s caucus because we really... I felt it always so unfortunate that the women’s movement didn’t move from the abortion struggle into that broader reproductive rights struggle of women and AIDS.

Those women just kind of left or didn’t take it up, or did it only very, very so marginally that it didn’t have any impact whatsoever. And it was right around the same time that this was shifting. The abortion struggle, for all intents and purposes, had been won, or at least that piece of the struggle had been won, but then it didn’t move on or take up new critical demands. And so, here were those of us who were involved in both were like, “Whoa.” These are the most marginal women, the homeless women, and the women who are, you know, injection drug users – the so called “crack hos,” who are testing positive who are falling through the cracks. It had to be done through AIDS Service Organizations or health organizations, or AAN where the women were feminists and great, but it wasn’t coming from that struggle. It didn’t have to either. And I had to learn that. Like, that’s okay too. But it’s really too bad that we weren’t able to take it up.

So, yes the women’s caucus of AIDS ACTION NOW! was strong and created a space to be heard. It really brought light and breath, certainly to our male comrades in the struggle of what women were facing. The caucus called for women specific affordable treatments and early screening and made sure that people understood that women’s symptoms, in order to have early testing and access those treatments were specific to women – even the struggle for women who were testing positive; and making the links of women, HIV, and pregnancy, and those issues. The caucus did this in very creative ways. Again, who were the women who were going to be the most targeted by the state or by the medical community? It was going to be the most marginal women who were pregnant and using and it wasn’t just going to be the women who are coming in for a normal exam and they have access to health care resources already. It was the most marginal and racialized women that needed access and free treatments. So, I absolutely respected and looked up to the positive women in AAN, like Darien Taylor and Maggie, who were outspoken and having to fight for their health and voice. It was still the same women that I was talking about and working with that didn’t have a voice, and the movement didn’t take up their

issues in the same way. So, there was always a real lack of, what I would say, a multilevel anti-oppression framework about that. And that, for me, was always a difficult balance.

GK: But you did work with some of the women around...

JB: Totally supported the caucus. Totally supported the demands, because it was true. They were leading and creating a framework. And I think, Voices of Positive Women got it because look who was coming – it wasn't the lawyers or the very articulate activists who had a lot of gay male friends. It was women who were on the margins, experiencing violence, substance use, incarceration, isolation, poverty, child welfare. Other organizations ended up taking up where ACT didn't. And so, Voices ended up getting a large range of those women who were testing and it's unfortunate how it ended up getting defunded and not getting the support it needed to survive. So, it was a fragile project. I truly believe some of the reasons for that fragility is because there wasn't a strong women's movement to really take on that reproductive health framework of women and AIDS.

AS: And there wasn't that shift. It's interesting, isn't it? I also moved to Canada from the US and one of the things that I think about is that there was actually a socialist feminist tendency in Canada in a way that there wasn't in the US at that time.

JB: I know. R2N2 was there. But yeah, it was kind of weird because the women's movement did shift. A lot of the women's groups in the States did shift, but here a lot of the organizations have become services rather than activist based.

AS: Reproductive justice more. It was doing more centering women in poverty. It's really interesting.

JB: It's a real contradictory thing.

GK: I think part of it is actually, and I have wonderful things to say about the Ontario Coalition for Abortion Clinics (OCAC), but it was informed by a different politics. It actually was really around abortion rights and freestanding abortion clinics, which was a really useful tactic, but once that was actually won there wasn't any movement beyond it.

JB: And part of it was, even though they would have speakers from other movements and would have dossiers that would talk about other struggles or rural women, women of colour – it was talk. There wasn't any other form of mobilizing around those issues for women. And you raised that with some of the leaders and their knickers got right in a knot, "Well, why didn't you speak up at the time?" "We did try, you didn't listen to us." We were young at the time and we didn't have the same articulation as you, was my answer.

GK: So, just around AIDS ACTION NOW! and women's needs and concerns, in some ways did you feel like there was any progress that was made within AIDS ACTION NOW! on some of these understandings, or perhaps what were some of the blockages?

JB: There was a strong core of AAN women who had a strong voice in the organization and played a leadership role. I don't want to ever deny that. Women who were positive and had leadership roles. Well, we were still working with primarily white, males. Not just white males, but pretty privileged white males. They got it when it came to access to treatments for all. It wasn't just about that. And it probably did have an impact on a lot of the guys in terms of making greater connections. They did, and you know, people really took that to heart. That part was integrated. Did we have a major impact on women? I think we really did give a face and a name to a lot of the issues that women were facing when testing positive or even being put on the agenda to get tested. Naming the fact that women do get HIV and they're all kinds of women who get it. Did we have a whole integrated piece? I'm not so sure. It was mostly primarily white activists, who have access to resources, mostly. I think we tried to speak to women's issues. But the focus was on treatment and early detection.

Voices of Positive Women was on the outset the service component of women and AIDS. AAN did take on the vital issue of the Unwilling and unable and it connected issues of racism, sexism and legal intervention and legislation. But as an organization I don't feel they had an integrated framework with the various components of women living with HIV and what they needed – a lens of anti-racism, anti poverty, women's immigration, and dependency on male partners, etc. Now, later they did. AIDS ACTION NOW! did take up a lot of the issues around sex trade worker's rights, Harm Reduction/Drug Policy Reform, anti-poverty, immigration laws. Individual activists in AAN always had an integrated analysis. I guess I could say it was uneven.

GK: Can you talk a little bit about that?

JB: I wasn't as involved in AIDS ACTION NOW! by then, so I don't think it would be fair to do that. I mean, again, the movement had altered and shifted by then. And by then, for instance, the harm reduction community had become a lot stronger. We had our own coalitions, a number of those activists were key in expanding the harm reduction services from public health. I was involved in that. Those coalitions had been built outside of AIDS ACTION NOW! And AIDS ACTION NOW! supported it and there is now a more integrated politic within both communities. So, I think, you know, some of it with the International AIDS Conferences, there was a lot of coalition building there, and those were good, like for sex trade workers rights and, you know, expanding treatment in Africa for generics. All that stuff came up, but I wasn't involved in the internal discussions of AAN.

GK: When you were more involved in AIDS ACTION NOW!, can you remember anything about the specific concerns of sex workers getting discussed and worked through?

JB: By then, I think I had been kind of moving. I was so busy with the other stuff.

GK: Ok, that happens later then.

JB: But there was sex trade worker solidarity. So, when there were rallies or when there were speak-outs in favour of decriminalization, AIDS ACTION NOW! was there. There's no question about it.

AS: One of the questions that I get is that AIDS ACTION NOW! came together and then people would come and be involved. And then it seems, just listening to people's stories and learning about it a little bit, people would also have bridges and connections, but then build autonomous organizations, like Voices.

JB: Yeah, and committees and stuff.

AS: And I wonder, and my impression from outside is that a lot of that would get organized around different identity categories – so, you'd have Black CAP, and you don't have to say anything about this if it just feels speculative – but one of the things that I've wondered is whether that meant that Black CAP is going to deal with...

JB: Black issues.

AS: Or PASAN's going to deal with prisons.

JB: I know that Black CAP was also a response to their experience with the AIDS Committee of Toronto, not to AIDS ACTION NOW! so much. They actually felt very supported by AIDS ACTION NOW! So, I think PASAN definitely became a subcommittee of AIDS ACTION NOW! because we knew if we didn't do that that it wasn't going to happen in AIDS ACTION NOW! – treatment and access and trials, and all that. And I didn't want to take away from that because that, to me, was primary for the organization. I supported that. But we did need to have our own autonomy and have the support. So, does that make sense?

AS: Yeah.

JB: I can't speak for all the other organizations. I know Black CAP because of why Doug Stewart was organizing Black CAP. And I think Voices needed to organize on its own, because women needed specifics. So, I don't know if it was just as a reaction to AIDS ACTION NOW! not doing it, that we ended up organizing autonomously because there were more issues on that topic than AIDS ACTION NOW! could probably take on at the time.

AS: And maybe the way I said it sounded more critical than I meant it. The sense that I get is that there's people who take up specific issues that then are still in conversation with and supported by AIDS ACTION NOW!, but being nourished and holding those...

JB: I think people wanted AIDS ACTION NOW! to be their base. Because it was AIDS ACTION NOW!'s strategy and political activism that distinguished itself from the rest of the AIDS community, or even the gay community. It was action-oriented. It was comprehensive. There were clear strategic frameworks to go from. I wanted that as my, starting point I didn't want to have to start something new, I don't want to start from scratch! [laughter]. So I thought, "Well, I needed that." I needed that alliance, but we also needed our autonomy.

GK: Yeah.

JB: And that's how I think it was. And Black CAP didn't come out of AIDS ACTION NOW! at all. I think if they wanted and needed support for issues that the Black

community was facing, they knew they could get it from AIDS ACTION NOW! regardless of how intertwined it was.

GK: First, any further reflections you have on when you left AIDS ACTION NOW!? But also perhaps talk about memories and reflections of people who were involved who passed away, if there were any of those sorts of people who you wanted to talk about? You've mentioned Michael. You've mentioned George. I'm sure there's lots of other people.

JB: Yes. There is a lot.

GK: It's entirely up to you, who you would want to talk about. My sense is that you're basically moving away from AIDS ACTION NOW! by probably the mid-1990s or slightly later than that, which is also the time...

JB: Yeah. Well, the PASAN strategy came out in '91-92 and we got funding in the early '90s. By then we had gotten the needle-exchange expanded and were continuing to expand. I also was away for about a year in 89-90. I was in England during the amalgamation, when the City was amalgamating. I was there and I started a needle exchange in some of the estates there. [laughter]

GK: They couldn't stop you from doing it there, eh?

JB: Yeah. So, we had that going there. Okay, so moving away... The piece around PASAN and getting that going, Michael Smith and I were probably the two most outspoken at AIDS ACTION NOW! members at meetings, and out in the prison abolition community. I mean, I wasn't as involved in prison abolition, but people like Jim Campbell who was very active in the anarchist community, and then Rick Lyons and those folks came out of the anarchist community that did prison support work.

Jim died within the last 10 years from a heart attack. But Michael being in both camps, he was in the anarchist camp, he was in the AIDS ACTION NOW! gay, queer camp; and then around prison abolition through his anarchist work. So, his identity was made of this triangle. So, his and my paths would cross because of the prison stuff, and he said, "You know, Julia, you gotta take this on. I'm getting sick, but I'll help you and I'll support you, and I'll get others to do that. You gotta keep the torch going." Then I said, "Okay, We'll do that," and we would talk about the strategy. And I would come to back to him after talking with the AIDS ACTION NOW! folks saying, "It's the comprehensive AIDS strategy. We've got to get that really, really figured out. What do we mean by a comprehensive AIDS strategy in the prisons? Not out on the

street. What does it look like?” And he would support it completely. Well, he died early in the PASAN struggle and in the AIDS ACTION NOW! struggle. He never got to live to see the strategy, but he certainly shaped it and the principles around it. Like, the principles of never taking funding from the CSC [Correctional Services Canada] – health was one thing, CSC is another. Not just being a service organization. So, it was PASAN who ended up taking on the struggle around Prisoner’s Justice Day with Gay Bell and other artists and activists who were directly or indirectly involved in prisoners rights and the AIDS struggle, because they did all the Prisoner’s Justice Day organizing... So yeah, things like that.

AS: Was Michael Smith...? He was involved in anarchist organizations that were doing...

JB: He was an anarchist. I don’t know what exactly he was linked to.

GK: He was in one of the Cathedrals.

JB: Yeah. He was in one of the Cathedrals.

AS: Can you describe what were the Cathedrals?

GK: Particular anarchist communes.

JB: Yeah.

GK: Cathedral A and Cathedral B, but I don’t know which one.

JB: And his very good friend, I can’t remember.

GK: Kenn Quayle was one of his good friends, but he had a whole bunch.

JB: Kenn Quayle was also key because he was working at Youth Link Inner-city and they had started the first needle exchange for youth services and I was doing the needle exchange in Alexandra Park. So, this is how we all kind of knew each other. So, we were all grassroots activists that happened to also have paid work in the same area of work... You know what I mean? It was kind of coincidental, and then obvious why we would be working with the youth. Kenn was key in that and so was, and she’s now a lawyer, Karen...

GK: Pearlston.

JB: Karen Pearlston. Karen Pearlston was best friends with Michael. And Karen was just going into law school. She was a bit of an anarchist lawyer. At different times she was in Marxist, anarchist circles. And she was going to law school, and she was leaving Toronto, but she would call and say, “Mike expects you to do this.” [laughter] And we would say, “We’re doing it, we’re doing it.” And so we would keep in touch. I haven’t talked to Karen in years, but I know she’s doing great because she’s a mutual friend of someone else.

You see what I mean? It’s that tight circle of people at a particular political period. I wasn’t coming out of a traditional Marxist context. They weren’t coming out of this like, only anarchist context. What we were saying is how do we figure this out in the AIDS context? Marxists weren’t going to do anything when it comes to AIDS, except for the Marxists who were the activists and were AIDS activists, but none of the other organized left was doing any on this. Like, no one did. So, we’re doing this. We’re figuring it out. We’re tripping over ourselves and trying to make sure we’re doing it right and accountable to the people who were affected. Anyway, it was fun and hard and difficult and sad.

This was also the difference that I raised about the women’s movement versus being in the AIDS movement. In the women’s movement, there were women who had been friends for life, for generations almost together. They were raising their kids together. They would be organizing day cares, because they had a lot of kids at the same time. And then they’re growing into, what I’m saying, older age now together too, some of those women. And so, the women’s movement was based on building support circles for each other and moving forward with it, and they’re still lifetime friends. Well, with the AIDS struggle, a lot of us came together because people were sick and dying. And you would be organizing and strategizing. There were no blueprints to this movement, and you’re still fighting the state. And then people were dying. So, these comrades of yours, who you became so intimate friends with, some became lovers, or lovers had died and now they are merging with new partners – and then they die. So, keeping on that long-term trajectory was hard because people died who you were having these intense political experiences with. That had a huge impact for me, because I certainly wasn’t getting it from my socialist friends. They didn’t have a clue what the fuck was going on. And they still don’t, like around sexual politics. And I did. I felt like I still had it. I still carry it. But that was a huge part to it being hard. And then with the prisoner activists, you’d have prisoner activist friends who were really good activists internally to the prisons, and if they came out, some suffered and couldn’t find their way out of the prison system. They couldn’t get back to an activist base here because survival and

living just was too hard and challenging. And then others would die in the prison. So, not only were you isolated, it was already difficult to see them or communicate regularly with them, but then they'd get sick and die.

AS: Inside?

JB: Inside or out, mostly they would be out and didn't have a base or couldn't keep up the struggle here because their lives were too difficult and life was too hard for them. That kind of sustainable organizing is hard in a period of political shift to the right, where long-term sustainable fight backs – as we're living it now – are so difficult and complicated.

AS: It's extra-amazing listening to that, that there is that consistent refusal to have CSC funding.

JB: Yeah. Even in the middle of that.

AS: Right, in the middle of that.

JB: And then organizations, like John Howard, at the time, you didn't even want to think about partnering with because they just didn't get it. They didn't have the sexual or gender, harm-reduction, integration... they had the prisoner piece. But they've come a long way – like the old saying for Virginia Slims, "you've come a long way baby" – because John Howard has come a long way. Do you know what I mean? And they're in the midst of organizing now a whole new reintegration centre that's opening across the street from the new super prison. The Don's closing and the new prison is in Etobicoke SW Mimico. Services and supports are minimal, and it's huge based on a US prison model there. New times require new ways of responding. We'll have to see as things metamorphose, where things go.

GK: It's all great. Any other memories of people who you were close to in AIDS ACTION NOW! who might've passed away during that time? You mentioned George.

JB: There were so many good people.

GK: I know. And if nothing specific comes up, that's fine too.

AS: Also, if you think of people later.

JB: You know. I have a folder that I keep from all the memorials, so I don't forget names. But I need to go to that folder because there were so many good people.

GK: As I said, we may also organize an event with the AIDS ACTION NOW! people that's more based on trying to remember people and telling stories about them because we really want to build that into the project.

AS: It's been amazing to look at... Alex from AIDS ACTION NOW! sent some photos, just past photos, and it's just amazing. I can tell that if we have a couple people in a room together and we just talk about that.

JB: That [pointing to documents] just brought up... like, oh my god.

GK: Either of those things, yeah. If you have any memories of those things, that'd be great to hear about it. I've seen the picture, but not the cut line.

JB: Right. The three of us gals. Yeah. I have these and I have to... And, you know, Brian Farlinger was very supportive at CATIE to help take on PASAN. He didn't have a clue about the community, but supported us, definitely.

GK: Are you talking about Brian in relation to AIDS ACTION NOW!?

JB: Well, Brian. Wasn't he also...?

GK: He may very well have been involved in CATIE.

JB: I thought he was. Okay, but Brian supported us. I remember that. I mean, there was a lot of verbal support, and insightfulness that I didn't have when it came to briefings and the legislation because I'm an activist, but they had skills and capacity that I just didn't have; the lawyers, the ones who knew how to do the legal piece. Wow, I felt like I learned so much from them. They really helped us because we had to deal with the whole legal system here – it was the whole provincial system.

AS: Just reading this, this is amazing. People have put this together. How did those kinds of things happen?

JB: Well, we would have these meetings. [pointing to document] This is the piece that was written, it was excerpted from them. We would have these network

meetings before PASAN got funded, and we would say, “Who’s willing to work on this piece and who’s willing to work on that piece?” And then we’d get a volunteer and we’d all meet and start writing things up. And I would interview my youth. See, that was the piece for me. Half the time they wouldn’t be available and they’d be stoned, and didn’t want to talk to others. Or they’d be in prison. That’s when I really captured them. I’d go and visit them. I’d say, “Okay. What do you want in prison? If you had your choice, your golden choice, what would your demands be?” The answer was “Well, tell the fuckers to...” and then I’d get it. So, I could go back and say, “Oh, this is what they’re saying.” That’s what guided me. Not this whole analysis of the state and who should be doing what. It was all about, “Well, what you do want? And if we could demand this and take it to the street, what would you do right now?” And so, I’d get a whole bunch of things, but that’s what we’d put together – really grassroots, you know?

GK: They didn’t have cell phones.

JB: Or even a typewriter. We’d have a computer maybe, but we would try to get it whipped out. Yeah.

AS: And so, when PASAN put out flyers would people be walking around handing them out? Would they be in central places?

JB: We’d have them in central places. We’d have it at AIDS ACTION NOW! meetings. I’m trying to remember, the demonstrations.

AS: Would they have to go through a committee?

JB: No. We were the committee. The committee was the ones writing it. We’d say, “Oh, we have to talk to so and so at AIDS ACTION NOW! and see what they say about that” and then we would put it in. But it was really bare basics – do it. I would love to get photocopies of this, just in case I don’t have this. AIDS ACTION NOW! written materials went through committees and a process.

GK: Sure. And if we come across other stuff related to PASAN or related specifically to you, like a picture.

JB: Yeah. And what I’m going to do is I’ll definitely get the video for you from the CBC.

AS: That'd be great.

GK: Our last two questions are usually: Is there anything else you wanted to mention that you haven't had the opportunity to do so far?

JB: I would say that – you know the term “the best of times and the worst of times”? It was a political period of time where... some have made the accusation that it wasn't a political period of time at all in the '80s, and I'm like, “Where the fuck were you?” And I don't come out of the '60s or '70s, I come out of the organizing in the '80s around Central America solidarity work. Some of the most political movements and social demands were won a number of reforms, was during that period. So, for me, it was Central America. It was the women's movement. And it was AIDS action – it was the AIDS movement that shaped my anti-oppression framework. It wasn't books. It wasn't Marxism or whatever, socialist feminism. I mean, it was socialist feminism because I felt like I was practicing what I believed was socialist feminism at the time. And it was truly building an anti-oppressive movement for change – both in terms of the state, but also in terms of people's beliefs. I don't know if I'm making myself clear, but. For me, AIDS ACTION NOW! and the AIDS movement and the harm reduction movement – I find those were my pillars of political change or action in a period of time that was starting to shift to the right. So, it wasn't the '60s or '70s; I was born in the '60s. It was after high school. I graduated high school in '83 and I became politicized in high school around Central America and the ERA [Equal Rights Amendment] rally. It wasn't socialists and books or going to a university classroom.

I went to the largest ERA rally and didn't know what the fuck was going on except, “Oh yeah, why aren't we in the constitution? It's kind of stupid. [laughter] And why is everyone all wearing white at this rally?” So, that was kind of weird. But, you learn. So, it was those movements, organizing for change and having worked with the most marginalized. And still, in terms of the work I do. And that's why I don't fit some political circles because I just don't relate. I don't know how. I spent four years on a campus at night because I was working full-time. Anyway, so that's me as the individual that a lot of people don't know, because if you don't know me, right.

But the struggle, the AIDS struggle, in all of its manifestations... to me, the AIDS struggle, still to this day, is the complete and utter capitalist crisis, that's not of the market alone. It's the result. It's the capitalist crises of humanity. AIDS is symbolic to me of that. It's gender, race, class, sexuality, desire, and economics intertwined, and all of that has shaped me and my politics. That's what the AIDS movement has done for me or what I was part of, and still I see allying to it, or an

allegiance to it. To me, it's still the same crisis and it's only worse today than it ever was before because of how many who are impacted.

AS: Yeah. And there are places where that impact has really intensified, like in prisons and with people who are doing sex work.

JB: Oh and globally, whole entire communities and villages of grandmothers raising children from AIDS. Yeah. So, to me, when the left sometimes jokes around, "Oh, that's the epitome of capitalism." You know, that irony that AIDS is the symbolic epitome of capitalist society gone array. So, that's my piece.

AS: There's this quality of, what do you do and what kind of person do you become from doing that work, you know?

JB: Yeah. I like to think that struggles shape a greater insight. If I had not been part of that struggle, I don't think it would have given me any greater insight to where I am today or what I believe in today. And that would've been a huge, huge loss for me as an individual. And certainly a loss to anyone I might be mentoring.

GK: So, the very last thing is – you mentioned Ann-Marie and a couple of other names of other people that we should talk. Is there anyone who you remember was in and around AIDS ACTION NOW!, PASAN, or any of things you mentioned, who we should definitely be speaking to? I mean, we have a whole list of people to talk to, but we're still also trying to collect.

JB: Rick Lyons and Ann-Marie and Walter Cavaliari

GK: He used to email me all the time.

JB: Oh, okay. He does the harm reduction task now. We had a lot of political differences, he and I, around the strategy, but he is a key person in the harm reduction community. Just like Raffi Balian is, even though those two were not active in AIDS ACTION NOW! per se. But they were key in the needle exchange, drug user union. So, Raffi Balin is the harm reduction worker and activist at Riverdale Community Health Centre. And Walter Cavalieri was at Parkdale at one point, was at Street Outreach Services before me, and he's been key in the international harm reduction community stuff through Canada.

GK: Part of our method is to start with particular organizations or networks of people. In Toronto it's AIDS ACTION NOW!, but it radiates into a whole bunch of other groups. So, that's the same method we use in other places. In Halifax, the PWA Coalition and ACT UP chapter, which radiates into other things. That's the method we're using, so we're not just narrowly interested in AIDS ACTION NOW!

AS: And so, a connected question, are there any campaigns or victories that you think we should really try to ask other people about, or things that you feel like, "I wasn't involved with that, but it was really important and someone should talk about it?"

JB: Well, I think the harm reduction piece. I didn't even talk about that whole struggle, except in terms of the relationship to AIDS ACTION NOW! But I think, the struggle in Toronto around harm reduction and the needle exchange movement and how it expanded out. And how many organizations have been funded as a result of that struggle. I think the Safer Crack Use Coalition people are key, like Zoe Dodd Lorraine Barnaby

GK: Okay. Zoe I know.

JB: Yeah. Zoe Dodd was key in the Safer Crack Use Coalition, and we got expansion for safer crack materials. Lorie Steer. Again, you may not want to talk to all these people, but I'm just letting you know. They're key because that's an offshoot of AIDS ACTION NOW! to a certain degree, but the real need for needle exchange and harm reduction in this community, and expanding Harm Reduction. And that's what made us very different in Toronto than like, in Vancouver – how that needle exchange was created. It was like going into a welfare office and getting your needles. Whereas we expanded harm reduction services across the city, rather than it just be under Public Health. So, there's 30-something plus organizations funded to do needle exchange across the city, and harm reduction, especially for safer crack use.

GK: That's great. Anything else? Do you want to add anything?

JB: I think I'm good right now.

GK: Okay.

AS: Yeah. That's wonderful. Thank you.

JB: Thank you.

[END OF TRANSCRIPT]