

AAHP  
**AIDS Activist History Project**

**Interview Transcript 2016.006**

<b>Interviewee:</b>	Douglas Stewart
<b>Interviewers:</b>	Alexis Shotwell & Gary Kinsman
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2 April 2016

Persons present: Douglas Stewart – DS  
Alexis Shotwell – AS  
Gary Kinsman – GK

[START OF TRANSCRIPT]

**AS: One of the things that I do is say is that we're talking to Douglas Stewart in Toronto and it's Saturday, April 2<sup>nd</sup> 2016.**

**GK: The usual question we ask everyone is, thinking back on it, when do you first remember hearing about AIDS and what do you remember hearing?**

DS: There are different moments that pop in my head. One of them is just that people began to talk about this gay cancer. That was the word I remember hearing. There's this gay cancer and we've got to be careful. And then stuff started to appear in the paper. It was the *Body Politic*, I think, and *Rites Magazine* at the time. So, this stuff began to appear about GRID [Gay Related Immune Deficiency]. That's my early memory. That's the language I had for it. And then within Black queer communities was a whole conversation around who you can get it from and where the scare and the fear was coming from. There was a whole idea, in the context of gay culture, that being with Americans was risky – especially within the Toronto Black queer community - the critical mass of the numbers of Black people from America coming to a lot of parties here often created excitement to meet Black men, "The American guys are coming." Because HIV had started to show up and be tracked (statistics were kept) in African American communities the initial conversation that began to happen about AIDS was about them. And I would have to say mostly it was America in the early days; I don't remember a Canadian conversation. I just remember there were stories about San Francisco and then eventually New York. So, then there became this whole thing about one of the ways to protect yourself from getting this thing was to be careful with American guys, so the whole idea was "no Americans." Then, of course, there was the Haitian piece, and the African piece began to emerge over time. But, I would say the earliest memories I have is the whole idea of gay cancer and then GRID, and that was about mid-80s if I'm remembering right. Yeah, it would be early or mid-80s that I remember that started to emerge.

**AS: Were you here in Toronto?**

DS: I was in Toronto, yes. I've lived in Toronto since 1978.

**GK: I remember because I was one of the first three employees of the AIDS Committee of Toronto [ACT] that one of the first suggestions around safe sex was**

**to avoid sex with men from New York City or San Francisco. I mean that was actually credibly talked about.**

DS: Quite specific. Well yes, I remember it was just “Americans.”

**GK: That would be around 1983 when I was working for the AIDS Committee of Toronto.**

DS: Yes.

**GK: So, do you want to talk a little bit more about the Haitian piece and the African piece?**

DS: Yes. I think that began to become part of what was in the media and part of what, even for myself and a lot of people of African descent, was a whole sense of, “Whoa.” Like, real suspicion and concern about that. Like, what was that about or what was that constructing or creating in terms of this idea of us as diseased people, and harking back to the historically stereotypical idea of more wantonness and irresponsibility in Black sexuality. And very specifically concerning as a person of Caribbean heritage, there was this idea of Haiti as a particular place, a sort of ground zero, if you will. And then the African piece went up. Haiti was, I think, earlier as a place that was cited. And so I think what it really created was a sense of, “Hold on now. What’s going on here? Where is this going?” So in terms of my own activism within Black queer and Black communities it was largely really that concern about what’s starting to happen with these racialized ideas now in this conversation, either within the media, but also within the larger gay community as a whole.

**AS: What had you been involved with?**

DS: My entry into the whole culture of activism was with a group of folks building an organization called Zami at the time. It was for Black and West Indian gays and lesbians in Toronto, and then over the years a number of different initiatives, actually. And it’s funny because recently there’s been this conversation around the evolution of activism within Black queer communities in Toronto and how there’s a certain point where there seems to be a lull, but what we began to realize was that at the time of the lull, there was a real shift and increase in our activity efforts around HIV/AIDS awareness promotion. And really, part of what happened was an evolution into initiatives through some linking with the AIDS Committee of Toronto. Partly this was because I began to work at the AIDS Committee of Toronto, initially volunteering, and then shortly after getting into the AIDS support department, and then always linking with the education department to look at what was going on for Black communities. And then through that some initiatives like BBGLAD, which is the Black, Bisexual, Gay and Lesbian AIDS Discussion group, which a few of us started. And then it evolved into the Black Coalition for AIDS Prevention, actually it was the Black AIDS Advisory Committee because we were still working with ACT, and then eventually it evolved into the Black

Coalition for AIDS Prevention. And so a lot of work went into that, so that's where the organizing began to happen. I mean there were efforts within the Black queer community to keep doing things and really, part of what happened was some of the seeds planted by organizations like Zami... You know, this is where it's going to be important to talk to some other people to fill in some of the gaps and even the names, but there was an organization for Black lesbians that was also doing some work. Sister Vision Press was in those conversations, the Black Woman's Collective, all these different groups were doing organizing, so that kept happening to keep the conversation alive. And I think that all those groups planted some of the seeds, and that meant that lots of young people began to do their own community building through throwing parties, being promoters or DJs, or whatever. So, that kept the community energy going while the HIV/ AIDS work was going on. More so the political activism was around that HIV/AIDS conversation as opposed to the larger conversation, but integrated.

**AS: Can you just say a little more about what Zami was and what it did?**

DS: Zami was a group that was initially a support group. Really, we started the group because we would be kind of wandering around Pride and various places and seeing disconnected Black folks. We kept talking about how we should do something. Initially it was, "Oh, we should have a bar or have a space that we could go to," like in America. Because a lot of us would go to the States to find that sense of community in that sort of organized, structured way. And then over time a group of us were sitting around a table at Dewson Street – you'll probably hear this several times – 101 Dewson, and we then said, "Hey, why don't we..." There was, I remember Makeda Silvera, Debbie Douglas, Stephanie Martin, Deryck Glodon, and we said, "Hey, we should start a group. Let's start a group, let's start meeting." And that's how Zami started. And initially it was just for support, but out of that came opportunities to be involved in all kinds of things. Like, eventually the Simon Nkodi Anti-Apartheid Committee, which a number of us got involved with. And then the larger anti-apartheid activism, and then eventually some of the work with HIV/AIDS, but things like the GCDC [Gay Community Dance Committee] dances that were at the Masonic Temple, Pride, you know, wherever. And then also within Black communities, so being invited to sit at the table of certain larger Black community initiatives. So, it just snowballed in terms of what was possible. Suddenly we were an organized, structured group that people could connect with and say, "What's happening? How can we work with you?" How do you enter the conversation in different places within queer communities, within Black communities, and in Toronto generally?

**GK: For sure.**

**AS: Do you want to say a little bit more about the Simon Nkodi group?**

DS: The Simon Nkodi Anti-Apartheid Committee... I forget who it was. Was that Richard or Tim?

**GK: I was involved in it too, but Tim instigated it.**

DS: Yes, and it was for Simon Nkodi, who was an activist in South Africa and a queer-identified man who was out and open, with lots of risk, and, I think, was jailed at one point. That was our entry into the conversation around, or at least the queer community's entry into, the conversation around anti-apartheid movements in South Africa, because here was this fierce man who was standing up and naming himself and being very vulnerable in ways that required support, and globally there was all kinds of efforts, and that was our effort in Toronto, to support him. And that added to the larger conversation that many of us were already involved with. Because, many of us, as queer people, were probably not naming ourselves queer in the anti-apartheid movement, but we were there already. So, that was an important piece for people like Tim and Gary. We were already there supporting anti-apartheid movements and activism... wherever we were advocating and being involved at protests and so on. But, suddenly here comes Simon and there was this distinct way that we could also be in the conversation, identifying as queer, and start to explicitly name and unpack all of those related intersections.

**AS: That there was a reason for queer people to be supporting anti-apartheid work.**

DS: Yes, or it was the spin, right? Because there were lots of reasons to be involved, but there was something of a spin for people who might have been less motivated who suddenly could go, "Oh!" to some of us who would have been in the conversation, "Why are you doing that? What are you doing over there?" and they'd look at you like, "Hmm..." but suddenly you say, "I'm also over here because of *this*," and they'd go, "Oh, what? Queer people..." You know, it's the thing that makes some people get engaged, whereas some of us are engaged regardless.

**GK: You talked about being involved in Zami and being involved in queer organizing around people of colour. You begin to get connected with the AIDS Committee of Toronto through that process. Do you want to just describe how that happened for you and what your feelings were about mainstream AIDS Service Organizations [ASOs] that existed, which must have at that time been pretty white in character?**

DS: Yes. I think it's interesting because part of the larger context here is trying to identify a space for Black queer people to be able to name and identify our own experience, and to figure out what life can look like beyond that. Let me just say, personally, that's why I got involved. And then other people came with some of that, but other interests as well in terms of being in those spaces for those conversations. And so I think that part of that was also really figuring out where and when and what that looks like in relation to different kinds of movements that are part of my identities, so being queer, being Black. What's also important is that that's what I and others were

interested in doing, but it was not necessarily what other people were interested in. Also, what those movements were interested in doing with us. And so it was really about being able to look at some of those spaces and be able to challenge those spaces. And part of that is to be there, to go in there and knock and say, “Hey, what are you doing around this? And what’s happening with this because here’s a conversation we are interested in having.”

Also, adding to the conversations that exist now around what’s missing, if we’re talking about liberation, what that looks like, whether that’s Black liberation or queer liberation, or whatever. And so I think then one of those institutions was the AIDS Committee of Toronto, among many other things. There were other organizations such as Lesbian and Gay Youth Toronto, the GCDC Dance Committee as well as all these different AIDS organizations. All those community institutions/organizations were existing, so the idea was if they’re saying they’re gay and we’re also gay, where are the racialized people? Where are the Black people? And that’s the thing like at Pride – what kind of music are you playing? Is it going to speak to our interests and experience? Who are you putting on the stages to perform? It’s those kinds of things that we’re interested in, so that when we’re there we’re also part of what’s happening.

And it’s interesting. I’m having this conversation having just watched a video this morning about Michael Sam. Michael Sam is an NFL football player, who is the first out gay man to be drafted by a team, and he just did a cover article for *Attitude Magazine* in England about his experience of racism in the gay community versus his experience of homophobia in the Black community. The question he gets is, “There must be so much homophobia in Black community!” And he’s saying that actually, no, he experiences more racism in the gay community. That’s what’s much more key for him and really hitting him as significant. “Wow, I thought that the community would be much more embracing, but I experienced all this other stuff.” So, there’s this panel that I was watching this morning by a number of Black queer activists in the States – they’re supposed to put up a part three, which I’m waiting to see – and somebody began to really trouble this whole idea of intersectionality. This idea of when you’re a part of movements are you assimilating into the movement, or are you provoking it to be broader and more complex in terms of thinking about who’s missing and who’s there when new people add to it. And so I thought, “Oh, this is really interesting!” because it’s made me reflect back on my own activism in terms of how have I entered into certain spaces. One person said, who was also interesting because part of the idea is that we can’t not acknowledge that part of what power does is power constructs itself to force the rest of us to figure out how we can be a part of it. So, it is a troubling piece for people who are fighting to change things. You know, in a funny way it’s like, what are we trying to do? And that’s something that I’ve been thinking about lately is in terms of, when we say we’re trying to do something in the world, what are we actually trying to do? Are we trying to transform it? Or, are we trying to make it work as it is for us? Which is a thing that I think, a lot of us who are doing this work are struggling with constantly. Sometimes part of what we end up doing is strategically saying, “Well okay, we’re going to try to make peace and try to get in there,” and getting in there is being

part of it. And then, hopefully, we're going to figure out a way to then "grrr!" change it around. But then unfortunately, historically what we've noticed is that most often we get either lost or you get in there and think, "Holy shit, it's so fucking complex," in terms of how it is the beast it's meant to be to keep things the way it is. And then you get into it and you're like, "Holy shit!" And then suddenly some people who are along side you also go, "Wait! Hold on. I can pay my own mortgage?! I can secure certain things?! I get some things here?! Oh, things don't really change because it's marginalizing some group continually? But, now I'm in it and it actually feels a bit better, and it looks a bit better." ...Yes. So, anyway, I'm interested in that ongoing conversation because, going back to your question, I think, part of going into some of these organizations was really this goal of how do we add to the conversation? And, hopefully, things have shifted and changed so it's more accountable to our communities. But, again, I'm still wrestling with that piece around, from a vision perspective, were we radicalizing as much as it should have been or were we trying to fit in? And it's probably a larger conversation for us as queer people in terms of how we're trying to get into those systems, and how much have we made them different?

I mean the whole gay marriage conversation was one that was exactly that. Suddenly, we have gay marriage and then suddenly I'm sitting in meetings or at parties where people are saying, "Oh, my husband, my husband..." And I'm going, "Why is that grating on me so much?" because I understand the idea of it, but now it feels like there's a new way that people who have husbands and wives fit into a power structure that they can wield around. Anyway, I'm probably going on a tangent, [laughter] but it's this funny thing. So, within those organizations part of the challenge always is – yes, you get in them and then you hit upon the fact that there's a structural system and a piece that also gets interpreted in queer community structures, which is what power looks like. And so what power looks like and who's the dominant audience that's targeted for campaigns, for interventions, for support, what does it look like?

It's all intersectional in terms of also research. So, who's the research being done on? When you think about women and AIDS, when that became part of the conversation; you think about trans folks, you think about all the layers of folks that were not part of that conversation. Even in terms of my own vision, because part of how I want to be counted in the world is about sometimes, my own socialization and my navigation of privileges that means that I have also not always seen, or known, or recognized how I also inhabit spaces that are more entitled in terms of what people get and don't get. And so in that conversation, I think for me at least from what I can see, is where are Black people? Where's the interest in that? Even still today the term endemic makes me nuts. Why is it not endemic here? When I hear endemic I always think that's really a code word for the places that have less resources and have historically been fucked up in terms of how patterns of colonization and imperialism have structured the world that means that we get to look at certain places and target them in particular ways for particular kinds of treatment. But, you know, really and truly it's about resources at the end of the day.

So, I would say in those early days I think there were the seeds of that kind of conversation. I think what some of us, at least in Canada – I would say in the States there was probably a much more structured and more resource-based attack on this within Black communities than here. And part of that is just because of what America looks like in terms of communities, and the openness about naming that tension in a certain way that we haven't here. And I think with HIV/AIDS you began to have to name that. So, simple things like why don't we have data that tells us statistics of who's being affected and how? Yes, it was thrown out that we have to be careful of Haitians, be careful of people from Africa, we have to be careful of Black people, but we had no actual stats to back that up. And then when we had to have the conversation about, "Yes, those communities are being adversely affected. Where were the statistics?" because funders were beginning to say, "Well, how do we know that's for sure? Why should we throw resources there?" And so one of the difficult conversations in all of this was always about, how were our resources being allocated, so how funding and all that's been structured, that means that some communities are playing catch up even now. And that goes beyond race; it's also gender. Like, women were being adversely affected for a long time and that conversation was not on the table in the same way. I mean the real initial response was, "Let's take care of the gay boys," and really that meant gay, white, middle class boys and not guys on the street, not substance using folks. It didn't have that complexity.

I would sit in meetings and hear some of the people who would talk about this, and really their entry into activism was really through HIV/AIDS. Beyond that, they weren't fighting gay rights struggles, they weren't on the front of any of those movements, but suddenly they had this illness and, "Oh! I'm angry about that!" And so here they were, but many of them were, when you hear what they did in their lives they already were quite privileged in terms of jobs they were able to get, the kinds of communities they lived in, the way they lived. And so their anger was more about frustration with the fact that that was being challenged. And so you're in the room and these are supposed to be our allies in this work, right? And so they struggled sometimes with being open to hearing, because they still had all those layers of power and privilege that they couldn't see through. "What do you mean race? What do you mean poverty? What do you mean substance abuse? What do you mean sex work? You know, trans what?! And women... How are women...?" So, there was that kind of response that I think all the different groups that were marginalized had to be constantly fighting. But I have to say initially we were there to say, "Yes, their lives were also valuable." Because what we were trying to say was that all kinds of people's lives are valuable that are being missed. And so I think that was a frustration: that we're all there doing the work, making sure that the systems were beginning to shift and change, but for a lot of us it was very slow, and I don't know that it has shifted yet.

**AS: I think sometimes about the ways that the difference between the US and Canada in terms of some of the attention in the US to who is dying, how quickly, was partially about having health care here and not having it there... That there was a certain way maybe in the US the activism understood a bit more what does**

**poverty do, what does racism and racialization do? Partially because there was less access to...**

DS: Yes. I think, for me, it's a layered conversation because it's all those things. I mean, for me, I think it starts with the foundations that America at least has had historically many people who have not allowed it to forget that there's a basis of its foundation which is oppression and genocide of Indigenous peoples, First Nations, Aboriginal – called Native-Americans there – and then slavery. That's a potent, clear piece that many people there will not allow them to forget. There's this long history with a profile of Black activists who have said that as well as Aboriginal activists, as well as all kinds of activists. There's "otheredness," and they have been clear about that. ...The other thing is in America they have a long history documented of all that experience and history. Here, we began to engage that conversation much later and that began because of the wave of migration of large numbers of people adding to the racialized people already here attempting to have that conversation to be pushing for and taking up space. I would say it's why we have Black Lives Matter Toronto now in that way that we have it – Idle No More – I think it's also about newer generations coming up and saying, "Wait a minute! What the hell?" and who are really clear in insisting that, "No, there's no other home place." Also, who are resourced? But, it's also about time and it's also about the starkness of certain realities and the contrast of realities of some people who were very privileged. We're hearing about the housing crisis and people can't even put food on their table. I think that extreme makes people go, "What?!" And then parallels in the world, the parallel conversation in the States, but also other parts of the world that we're now more, through our little devices, we can quickly see and go, "Whoa," and can organize in that way. That's the other thing; this also allows us to organize. It brings people together to name issues in a way that, I think, America has had just because of their documented, their vocal history that we're beginning to pick up on. Not just here, but I think in all parts of the world.

**AS: Yes, I like so much of what you said about, with what kind of space that you're in, what kind of scope of imagination is it possible to have? Thinking back before we started the tapes rolling we were talking about the bathhouse raids and the ways that the response did open space to connect with the particular anti-Black police violence that was happening at that moment. So, when activist work allows there to be space to see those connections and when it doesn't seems really...**

DS: And it's funny to think about even when we were having the conversation about the lull in the activism in queer Black communities, and so on. We were so focused on HIV/AIDS that I think largely, too, a lot of our attention was on fighting this monster of a system that responded so slowly and sludgily and deceptively, and frankly, manipulatively. And I think that it is something about how systems of power work is that they keep us doing this dance to try to figure it out, and they sometimes distract us down certain paths. And I think that's so true across the board in terms of even now ... It's like when you have that world - like, it's what's happening with Trump – where you

have that being possible and you realize that's how the whole dance is. And Trump isn't new, we've had all kinds of people like that historically who have suddenly jumped up and said all kinds of things and done whatever, and you watch other people go, "Yeah! We won!!" and you realize, "Whoa!" It kind of pricks our bubbles because we all live in these lovely bubbles of, "We're organizing and people are being nice and polite. And, oh, the world is changing," and suddenly BOOM over here and you realize, "Whoa!" It's the reason for the important message. ...You know, people always say, "Let's put it to a vote and let the majority determine," but historically we wouldn't be anywhere even near where we are if we had done that. It's not even just in terms of electoral politics. It's about, yes, if you put it to the larger vote, the masses really would rather destroy lots of minorities in terms of the idea of what those issues are. It's constantly pushing our sense of having to get up and wake up and go, "Yeah, you've got to organize." But you've also got to make the systems work in a way that isn't just about the majority, but also about what are some principles, what are some values, what are some goals, some things that need to be named and changed and those things are never historically popular. Sometimes even the very people who it might affect and have more meaning for, including myself historically, the ways that I understand certain things about my own interests have had to evolve over time. I think it's an ongoing conversation that we've got to keep troubling or checking in on ourselves.

This is why I was interested in this piece around intersectionality because I use the term all of the time and I think it's really important. We were at a meeting the other day and they were talking about the word "inclusion," but even then we talked about the word "access" and then we were talking about the words... There was "inclusion," "access," and somebody said "affirmation." For each of those words we realized it was still identifying that there was some power source that was either going to do the including, doing the accepting, and doing the affirmation. And so we were struggling with, well, what's the language that would identify what we're trying to achieve? I don't know if you guys have thoughts on that...

**GK: Well, it's always crucial to ask who is being included, who is doing the including...? I mean we can ask the same types of questions around affirmation and all of those other terms too. But also to recognize that words that come out of the movement that may have a particular meaning for us get shifted and changed and become part of neoliberal administrative technology. So like, consultation now is something that is really completely colonized by neoliberalism. We consult people to death, but nothing actually changes. I think it's really important for us to begin to define ways of moving and ways of talking that push beyond those boundaries, and that's hard. And it moves all the time. Like, we could actually say that this word is really good and we're going to hold on to it, but at a certain point it may actually shift over to the other side.**

**AS: And then a lot of those things that don't have that power conferring, that sense of empowerment, on someone that are things like claiming space or asserting, end up getting folded back into this idea that it's an individual thing**

**that someone's just going to be able to do. But that it is the case that there are lots of – like, Black Lives Matter right now – is asserting a collective power that's still in formation ...And everyone's very shivery around what to do when they're not asking for a particular recognition or a particular set of things that can slot into these, you know, this is how we're going to manage you.**

**GK: So, in terms of proceeding, obviously we want this type of conversation to continue, but to loop back to grounding it some of your own history and some of your own memories. I think where we were at, and how we got into this conversation, was you were involved in Zami and then you also get connected with the AIDS Committee of Toronto.**

DS: Yes.

**GK: So, do you want to tell us a little bit more about what that experience was like for you?**

DS: Yes, I think the work with the AIDS Committee of Toronto... it was the institution in Toronto around doing HIV/AIDS work and so, again, it's that thing about finding those spaces, and how do we intersect with those spaces to really look at what's happened for Black folks, and what does this look like, and then how could we be part of it? And I think eventually that was how Zami got connected and how, in my role at Zami, I got connected to the AIDS Committee of Toronto. So, initially it was volunteering and supporting the work around thinking about, how are Black people involved? And at that time our idea was that the AIDS Committee of Toronto was working with gay communities, so, for us, how are you working with gay Black people? And then that conversation began to be, "Oh, it's the gay men talking!" Because, Public Health – I don't even know what they were doing at that time. And certainly I began to realize, "Oh, this has to be a bigger conversation about Black people in general." And there were other groups and I'm blocking on the name of this group, but I remember... I think her name was Jackie?

**GK: Oh, it was COMBAT [Community Organizations Mutually Battling AIDS Together] you're talking about.**

DS: COMBAT! Thank you. Jackie Wilson?

**GK: We can't find her anywhere.**

DS: Yes, for years I haven't seen her. I think I ran into her a few times at Pride, actually, years ago. I haven't heard her or seen her. I'm sure if we knock about we might find her. And now, looking back, she was saying very important, relevant things. Really, it was the way she was saying it and, again, it's all our evolutions around having to hear things in certain ways and really recognizing how that was an important part of the conversation as well. And so our work with ACT at that time was really to begin to be

part of the conversation around what was happening for queer folks, but also what was happening in communities. Also, to look at informing some of the campaigns and some of the initiatives to at least do some education at that time. And then part of what I got involved with was the conversation about support, so as Black people and their families were showing up.

And that was a thing also, to recognize that the way Black people showed up may not be the same, but it added other nuances to what has been seen before. So, people came with their families, people who were not necessarily out... you know, the idea that people were connected internationally, so the conversation wasn't simply here. And then you had other issues like... you had a diversity of status, so undocumented refugees, or people who were landed waiting for their status to change, those kinds of things. They were in a legal process and suddenly they found this out and the fears around how this could affect their immigration status and so forth. And then even just simply people who were traveling, who came here for a visit and suddenly through some illness found out they were positive and then suddenly freaked out about what would that mean for them to go back to another country where the awareness and some of the work that was being done was at a different place in terms of how people were thinking about these issues. And so there were concerns about, "What's going to happen to me?" I think that began to be some of the conversations that I got involved in, so I eventually started working, there as an AIDS support counselor part time and then I eventually went full time, and that was my role. As I was in that role I was consistently part of the education department's initiatives, also some outreach work.

And so from there I remember we started the – I'm blanking on all these names of these groups – Alliance of South Asian AIDS Prevention [ASAAP] was actually a group that began to be formed through some of the work with Khush, which was a group for gay South Asian men at that time. And then also Gay Asians Toronto [GAT] began to have some conversations with us around Asian community AIDS services initially, which is now East Asian Community AIDS services; then, Black CAP [Coalition for AIDS Prevention], of course the Black Coalition for AIDS Prevention. And then there was another group that we started, the AIDS Cultural Network which was also a group of people with different cultural backgrounds who would come together to talk about what were the implications of what's happening for all those communities, and what are some of the issues that will be important, and what do we need to be aware of in terms of addressing some of those issues?

So, I think that it became a place where at least one of the conversations that was happening in that place was that conversation about what needs to happen. It wasn't always easy, because part of where the frustration was for us was it seemed – there was what the mainstream, what ACT was doing then, "What do we need to do about these groups over here?" Rather than how do you... It's integral, right? This is the queer community. This is the community. And I think it's still an ongoing conversation around what that needs to look like. And, of course, their argument sometimes is that there are reasons why you might have to focus between the populations. But, it wasn't

that you were saying, “Here’s the complexity of who we all are, and here are certain, either statistical reasons or certain ways in which this presents that might mean that we might need to look in this direction.” It really became, “Oh no, who we are is gay, white, middle class men,” and then, “Oh, women over here! Oh, Deaf community over here...” And we always thought that was ass backward and that was frustrating. And then they set up weird dynamics, so, for example, Jackie was doing her thing with COMBAT and, yes, challenging the way it was done... So, there’s all these different moving parts. There are funders, there’s Public Health, there’s the AIDS Committee of Toronto, there was communities, there were different people with different interests about how they wanted to do this, there was the academic arena that started to say, “Oh, this is interesting stuff!”

**AS: You had personalities...**

DS: And then individuals were involved, right? [laughter] So yes, this was all happening. And around here is this epidemic, which suddenly raises to the fore all these historically undesirable people and communities in ways that meant that – unlike say something like cancer, for example – this was about sex and sexuality, but also it was about “lifestyle.” And then it raises all this about morality. So, “You got this because you were doing this thing.” And it’s funny because if you push it all the way, it challenges all these constructs around this idea of how you should be living your life from a sort of religious code, which is “Well, if you didn’t have sex until you met that one person who then you are committed to for the rest of your life to have sex with forever, none of this would be happening.” So, I think that was the jump off point from which then everything else, the reactions to it were... So, even people who didn’t live that way and didn’t do any of that suddenly went to that place. It always became that. Even, I think, some of us in the work ourselves in queer communities, we began to play out some of those ideas of, “Well, you got that because you were more promiscuous,” and even in those terms. Or, “you have too many partners,” or “you’ve had too many boyfriends,” or “you do certain kinds of sex that’s weird and out there.” So, suddenly all of those things got intertwined into different communities. I think that also impacted who would want to do the work, one, just to be part of it, who would support it financially, and who would even listen to the message? Because a lot of us didn’t want to think that was us. And I think that’s one of the issues and challenges still to this day is about who sees themselves as potentially at risk? And what it would mean to also live with HIV and AIDS, which is something else that still people are struggling with and challenged by, because what does that look like now with PrEP [pre-exposure prophylaxis]? There’s all this stuff that people are navigating.

**GK: So, out of that set of relationships Black CAP emerges. Do you want to tell us a little bit more about how that happens?**

DS: Yes, Black CAP emerged because as we were doing some work through ACT it became really clear for a number of the reasons I talked about earlier: one, needing to focus; two, needing clear designated resources; but three, the difficulty of being in an

organization where you were this marginal conversation. So, we needed to be somewhere where we *were* the conversation and we could actually then organize and make things happen. And there were enough partners at that time, at least in the advisory board we had created that felt that we could have that conversation. And it was important for, again, some of the reasons I just talked about in terms of the barriers to people even being engaged in HIV and AIDS, where the conversation was situated, where it was seen as coming from, and who was part of that conversation? So, part of it was to partner with a respected Black community organization. At that time it was Harambee, and it was a social service community organization. And so we were based in their offices. Also, they were the trustees for the funding. And so that, optically anyway, people saw this was coming... So, it's now a Black community conversation.

**AS: It's coming out of Harambee.**

DS: Exactly. It's not an AIDS conversation; it's a Black community conversation. Then also, who we brought around the table were people who were known or involved in different kinds of activism within the Black community that then could also carry the message and start to talk about us, being who we are and what we could do.

**AS: And so at that point when it started was it a coalition model? People who were involved in other groups would come?**

DS: Not so much a coalition. It was more that different people came and volunteered. It was never like you were here from this or that organization, but certainly we tried to recruit people who were, or let people know, who were involved in wider conversations and say we'd love to have you participate and support us, and then got more of those people around the table. It was important to have people who had positions of power strategically, so I think of people like Camille Orridge who was then at Home Care, which became Community Care Access Centres, and at a high level. It would be good to talk to her, actually. Camille Orridge. Yes, and young activists like Dionne Falconer, who was involved in the Black Woman's Collective, for example. You know, we were in a sense able to still get some of the more mainstream Black community activists [laughter], but we at least went on the radio, we went to community groups, we wanted to be everywhere. We were in barbershops, we were in community housing ... It was really important for us to be wherever and anywhere that we could get the message out. And when I say message out, I like the word "conversation" because I felt it was always mutual. Sometimes people yelled at us and told us, "Get out of our community!" And sometimes that was about where they were. And I'd always think that was... people would say that's wrong, and that they're not getting the message, but no, it's maybe their reality of how this conversation lands for them and where they're at, at the time. And so it felt like it was this continuing, "Let's at least keep talking. And we'll come with what resources we have and information, ideas, and certainly want to meet with what's going on for you." And we also had to be open to learning, that the way that we came with the message... I mean one of the things that I remember doing is that we'd go into the community, and we had this thing about the

dildo. I remember we brought a black one and we'd put it right on the table and some people would go ballistic, "You're disrespecting us. Get out of here!" And so we started to learn, well, that strategy is not going to get you anywhere, as much as it's important that we do condom demonstrations, and "let's put sex on the table," but the way you're doing it... The engagement is critical because it might mean that people won't hear you at all, because all they're looking at is, they're just being faced by, "You're disrespecting us. Would you go to the Prime Minister's house and put that down on the table?" So, simple things like that you have to start to learn and figure out and understand.

**AS: You could put sex on the table more easily without the dildo, possibly.**  
[laughter]

DS: There you go! [laughter] Exactly.

**GK: So, how does Black CAP evolve and how are you involved in it?**

DS: Black CAP evolves... It's funny because initially I was still at the AIDS Committee of Toronto and we hired our first executive director [ED], which we then called a project manager because, at the time, it still wasn't its own fully formed organization. And, in fact, I don't think we called it Black CAP then. I think it was called the Black AIDS Advisory Committee, or Group. And then eventually, this first hired ED wanted to move, got another opportunity and actually had a frank conversation with me to say, at the time anyway, in terms of my experience and my involvement, that I should really consider the role. And so I had to make a decision about what do I do? Do I stay at ACT or do I move on? And eventually I decided to move on and became the executive director, and I think in that process we renamed the organization the Black Coalition for AIDS Prevention. We then became independent and got our own offices, got our own funding, and developed our own programming and staffing. Then it began to evolve into an independent entity doing work in the community, so we were no longer under another organization. And I think that also evolved over time, to there was more currency in the conversation in the community of, "So, AIDS is here. We're here." And, in fact, people began looking at this group of people – Black CAP – and so we had a distinct identity to go out into the community and start to do the work.

**AS: And so people would know what Black CAP was and what it was doing?**

DS: They knew what Black CAP was, AIDS was on the table, and not just from us but just generally. And I think generally, because I remember it was like a slow burn, and then eventually it was this huge conversation. And so direction from the community wasn't just about what we were doing, but they were also reacting to what was going on in media around us. Then, calling us and saying, "You're the folks doing this work. What's going on?!" in anger, right. Like, why is this being painted as a Black thing? Also, questioning: are we also perpetuating this by the fact that we exist, the way we're doing it... And this has also historically been an issue around where you do very community specific initiatives, some people think, "Well, why do you need to do that?"

In fact, why isn't the mainstream being more accountable around how it's doing its work?" I remember going to a couple of Black business group meetings and some of the Black businessmen saying, "Why do we need to be giving our money...? We'd rather give our money to the group that's going to take care of everyone." Even though they didn't go as far as saying they should then be accountable to Black folks, but that's part of what they were actually saying, that those groups should be for all of us, and so they weren't sure about us. And being concerned that by actually having a separate organization, we were perpetuating the idea that there was a particular issue with Black communities. Because at that point there weren't many other population-specific initiatives, and so we were one of the first groups there, so I think there was a concern.

Because at the same time there was this idea that AIDS comes from Africa. That began to be more so than Haiti or even San Francisco or New York. It began to be like, "Oh yeah. It's really from Africa." The whole fear about the African monkeys origin began to emerge. And so we had a community that began to close in and say, "Whoa! What a minute," so anything that we were doing was really questioned. Like, "Why do that because that perpetuates that message or that idea." So, that was one of the things that I would say continues to be a struggle for Black CAP and anybody doing AIDS work with Black communities, because there is still that term "endemic" running around. And not only that but you have to always intersect any of these initiatives with what's going on at large with Black communities. It's not in a vacuum that these conversations are happening. There's the whole issue of police violence, there's still poverty rates, there's still the whole idea of what's happening to Black youth, employment, all those kinds of things. So, in the context of that, Black people's position still is tenuous. And so as soon as you throw AIDS in the mix there's a suspicion around what's that trying to do and what's that about? So, that continued to be part of what was happening.

I would say about its evolution, structurally Black CAP got larger over time – I think if you talk to some of the people there now they could tell you a bit more about that recent history. But the work itself, in terms of the issues... What I would say is that what Black CAP's intervention did was it put HIV/AIDS at least on the map in terms of the community conversations, in the Black community. It helped to do that. But, for all kinds of complex reasons, it's not just about, "Oh, there's AIDS and it's a risk to us," but it's also the way that AIDS came to be positioned as being something that came from us. And so the struggle has been, one, to make sure that people got what they needed in terms of their care and their own prevention messages, but also, two, that there's a conversation with the larger communities and powers that be around really challenging those ideas and pushing against that role. But, also, in some ways also to protect us from that rhetoric that was really misguided in terms of how it positioned all of that, that conversation.

**AS: Do you think looking back... In some of the organizing in other groups that we've talked to, like in ACT UP groups or in PWA [People living With AIDS] groups, there's a real distinction between work that focused on prevention and work that focused on care and on supporting the lives of people living with HIV,**

**and it doesn't sound like that was an organizing dichotomy in Black CAP. That, "Oh, we're focusing on people living with AIDS," or "We're focusing on prevention," but it sounds, from what you're saying, those were actually integrated.**

DS: We were in a soup and a stew, and it was whatever people presented and needed, we responded to. I don't think we had the luxury of that division because we didn't have many resources. We had to just make it work in terms of what people presented with. I mean it might be over time, as people got into the more mainstream services and systems ... Which, is true in terms of where resources were allocated. Also, we often had to work with partners, so that was a larger conversation that certainly would have an impact. But in terms of what we were doing on the ground in the early days of organizing most of what we did was care. Because initially it was about people getting sick and that was how it showed up before we began to understand and get more information to help with – how do we understand what's happening and how are people becoming sick like this? So, what can we do to intervene in that? And so that conversation began over time. Then, I think funders began to play games with us around who/what they would fund, and what rationale you had to make to get the funding. That you had to have an element of this happening versus that happening. And then that sets up all kinds of dynamics, about where do we put our energy?

And for different folks it was about where was the voice of PHAs [People living with HIV/AIDS] in that, which is why it becomes really important because PHAs were having that impact, and sometimes suffering in silence and having to navigate systems to get their care and support, and that that wasn't also visible in the conversation. Even for us doing the work because we were sometimes on the outside helping people, but then they were the ones sitting in waiting rooms. They were the ones not being able to get appointments, or going one place and getting one element of service and being told you have to go somewhere else to get the other element. And sometimes they navigated that in silence. And then themselves feeling like, already these systems are trying to do what it can do for them, and how dare I come back with more on the table? So, I think that some of that meant that the way it looked was really being shaped by those of us who were least affected. And some of us would go, "Well, I'm affected because I'm doing the work," but you weren't in the systems and trying to navigate them on your own. We worked with the systems. And I think that the more the PHAs tried to be in the conversation, we began to get in a sense the challenge of having that dichotomy. But I think also when more communities who just had to respond and be with people all along the way were in the conversation that we had to challenge that idea of a dichotomy, and then challenge funders around that as well, which has shifted and shaped some things.

**AS: We haven't heard about COMBAT that much as an organization and it sounds also like they existed around the same time that Black CAP was starting to come into the picture. And the people that have talked about COMBAT have just kind of**

**said it was Jackie. Do you know anything about whether it was a bigger organization or if it was...?**

DS: ...Jackie, as far as I know. I mean it would be important if you could get her and talk to her to be a part of this. It would be interesting. The thing that's interesting about COMBAT, was my memories are that it was more dramatic, and looking back now on the learnings over time, very important. It was more radicalizing things about what was happening. It's interesting when I think about, my own personal journey in terms of, again this thing of like, what are we fighting to do and are we fitting in or are pushing against it? And I would argue that she was pushing against it. She was saying, "Fuck the whole thing." This needs to be radicalized in a way that, of course, the systems went, "Ahh!" And I think even those of us who recognized it as important felt like strategically [snaps fingers], and some would say, "Yeah! But strategically it's not going to happen." All of us know that from any activism nothing suddenly goes [snaps fingers] this way. And she was pretty much saying, "No! It has to go that way right now!" And it got met with a lot of push back and hostility, including from some of us who were fighting for the same outcomes who found that challenging ourselves. Partly because then her frustration was sometimes: how we were navigating those systems meant that it became quite challenging to work with. And that's true of any of us in any movements. There are those of us who want to go in and take down the system, just get in there! And then others of us go, "Well, we've got to..." you know. And you're in academia [laughter] so you know what I'm talking about.

I was actually just reading something recently, Humans of New York – I don't know if any of you follow this on Facebook – and there's this guy doing research, actually around HIV/AIDS, and he said, "Initially, I went into research because I wanted to do interesting, innovative things and get information that I think will make a shift, but then suddenly I'm in this system where a lot of dollars to support your funding don't support that kind of research. So, you've got to make peace with what you can get. And so you're constantly on this track of just trying to get money to fund things that keep you away from what you really want to do." And he said, "I was starting to get disenchanted because these were my mentors who had been doing this for a long time. That's kind of how they've survived." He said, "I don't know if that's where I want to end up twenty years from now." So, anyway, I think it's all of these things where you get in there and you realize, "Holy shit, if I'm going to really shift this I'm going to have to play some games here." And I think the people who seem to get the farthest are the ones who figure out how to play those games, but I don't know if they don't often get lost in those games. And then, where are we?

**AS: Yes. It's complicated.**

DS: Yes. So, with COMBAT... I would say it would probably be good if you could get a hold of COMBAT, because I think it was an important voice that, a lot of what was being said and the message was important. And I think it made some of us, even when it was delivered with terrible medicine, it does make you go, "Hmm, yeah. Let's think about

that and what that means, and how we're positioning this and what does need to happen. How we need to shift this stuff?" So, I'm hoping you do get to talk with her [Jackie], because it *was her*. I actually can't think of anybody else that was working with her. I don't know if there was anyone else ever working with her. I don't remember anybody else.

**AS: Yes, it's interesting. We've taken this approach of focusing on organizations and collectives that did work, and I think that that's a legitimate way to try to capture this history. And then there are just these little moments where there will be a couple of people who will say, "Oh, there was this one person who was really hard to listen to or was really oppositional." So, they by definition couldn't be part of this, Black CAP celebrating 25 years. But having that voice, was important and valuable.**

DS: Yes. I don't know that a lot of my colleagues back then would say this, but I think it's important. All of us have been part of movements where some of those folks suddenly get marginalized in this conversation as being, "Oh, they were crazy," or "They were out there or too difficult or too radical," or "weren't being reasonable, not making sense and didn't get the strategy," you know, this whole thing. But I think sometimes that helps the strategy. It's almost like that thing where people were over there and people were over here, and you land somewhere. Even though, I think that maybe we need to land over there somewhere as opposed to... I hate that in the middle because I think that's where we begin fitting into the system. So, somehow this tension needs to push us. Like, I always felt it needs to be like one of those slingshots where the tension of the two should be... It's not actually linear; it should be like this, [hand gesture] right? The tension is there and it's pulling you and then you should be able to spring somewhere out there that's just totally, who knows where it's going to land? And I always think that back in the '80s – actually around mid-80s, late '80s – when all these different movements were happening, it felt like that was where we were heading. We were headed to this new transformative place where we were really questioning everything. You know, what's that academic? She was very polarizing and she had these very... I can't think of her name now.

**GK: There are many polarizing academics.** [laughter]

**AS: Yes, there's many of them!** [laughter]

DS: Anyway, I remember she used to say things like, "What's wrong with beauty? What's wrong with saying something is beautiful? Or something's perfect, or something's ideal?" And some of us who were trying to question all that were "nuts" and "crazy," and "Why can't you see a beautiful man and think he's beautiful?" And I remember thinking, "But, that is what we want to provoke! We want to take that apart!" There's something about that that I miss, and that I felt got lost over time, especially when I'm in the queer community now and I think, even these ideas of beauty and these ideas of the ideal life... Even in the gay marriage conversation, before

I thought we had more of a recipe we were working on, which was about that marriage wouldn't even be of value because it's not what we were aiming for. I remember when my young nieces were growing up and there was this thing about the "revirginization"...I remember when people were doing these pacts about being a virgin until you get married, and I remember saying to my nieces, "That's nonsense! I don't care! That's not part of the conversation. Your value as a person in the world is not about whether you had sex or not. In fact, go have sex! Just make sure it's with who you want, when you want it, and how you want it. That's the one condition. It's not this idea that you have to protect and not do it until some right guy and right time or right person comes along!" because, it was about the right guy for them anyways, as heterosexual-identifying females. And so, for me, it's that notion that got lost over time somehow, this idea that we could reimagine what all of this looks like because we realized that what we have constructed is so messy. And is, in fact, part of what creates a marginalization effect. And instead, I think, some of us have just gone in and reinterpreted it. As long as we can be a part of what exists as it is, just put us in it. And that's including in the Black communities, because sometimes I have argued with a lot Black men, it's like they just want to be in the same power place as white men have, but you're going to do the same kinds of things. That's not what we're fighting for! Is that what we're fighting for, is to just replace the people? And everything is the same, that model always marginalizes someone. Anyways, it just feels like that's the opportunity that I think that, to me, the idea of the slingshot could create, is this idea that you pull, pull, pull that tension between the people who are going, "Grrr!!" and those who go, "Oh, we're trying to figure this out..." Because we're already stepping back and saying, "Wait! No. That conservative piece... Maybe that way of... That's a bit, okay" And maybe the tension is leaning towards that, but then you figure something that's "Grrr!" Because, for me, the idea is that there's something about tradition and all that that has been fucked, but there's some things about it that even I kind of find... mmmm! [puts hands to chest] How do you reinterpret that and not reinforce those same ideas?

**GK: That's great. So, just to come back to Black CAP for a little bit, coming out of the conversation we were having just a few minutes ago, did Black CAP itself deal very much with treatment related issues? We did talk to Dionne yesterday, so we've got a little bit of information from her, but I thought I'd ask you that as well. Also, was there any relationship between Black CAP and AIDS ACTION NOW! during this period of time?**

DS: I would say... And remember, by then I'd probably moved on with some of this in terms of the evolution and turn over to Dionne's ED period. I can't say it was significant, because a lot of what we'd do is referrals. That was important that we referred to other resources. In terms of AIDS ACTION NOW!, I wouldn't say we were active, at least when I was there, but I think they were connected with us; we were connected with them. We supported certain kinds of protests, but I can't remember a major active engagement. Like, being at rallies to speak and any of those kinds of things. Maybe by the time people like, Dionne and Juanita were there that began to happen. Do you have Juanita Smith's name?

**GK: I think Dionne mentioned it, but I'm not sure.**

DS: Juanita Smith.

**AS: Okay.**

DS: She'd be important to speak to.

**AS: Good.**

DS: Because at one point, I think, she was the interim executive director.

**GK: While you were involved with Black CAP... out of AIDS ACTION NOW! emerges some of the basis for PASAN – Prisoners with HIV/AIDS Support Action Network. Did Black CAP have any relationship to them?**

DS: That would be after me.

**GK That would all be after you, okay.**

DS: Yes.

**GK: Alright.**

**AS: How long were you ED for Black CAP?**

DS: I would have been... Do I want to say maybe '91 to '94? Something like that?

**AS: Three years.**

DS: Yes.

**AS: It officially started in '91? Anyway, this information exists in the world.**

DS: Yes, old age is like... I remember when I was a child [laughter], that older memory. I'm sure those specifics we can find out.

**GK: Oh yes.**

DS: Dionne is good at details. She would probably have some of those dates.

**GK: She told us that we should talk to you about all the details and dates.**

DS: Did she?! [laughter] Oh jeez! Dionne! She's the detailed one!

**GK: We're not trying to provoke conflict, but she did say something like, "Oh yes, Doug will know that for sure." [laughter]**

DS: Oh, stories. I have memories of stories... I understand that part of what you're wanting to get a sense of is the activism and the work, and sometimes the tensions. You know, and I think that I don't want to lose the fact that some of what played out, and I think that maybe trying to remember the specifics is sometimes a challenge, but certainly what played out is the power. You know, the dynamic – and I don't know if this is true when you go across the country in different cities – around when you've got that big mainstream group, when you have an ACT in relation to everybody else, all kinds of power dynamics play out. And I think that certainly that happened. I'm having memories of certain moments of tension. I mean you know about some of the campaigns, like the cowboy ad. I forget what it was called now.

**AS: Can you talk about that?**

DS: What was the one with the cowboy? It was always for their Fashion Cares.

**GK: If you could tell us anything about that that would be good because we don't have anything on that.**

DS: What was the campaign name? Anyway, ACT had this campaign and at different points they got feedback in the advisory groups around it. I think it was something to do with cowboys... And I think there had been two, one following the other, where communities of colour said, "Hey, this is a messy thing." Of course, cowboys in the North American imagination and in racialized Indigenous communities—it's this idea of who conquered whom and all this kind of stuff, cowboys and Indians. And they still went ahead with this campaign and I remember people... I'm surprised no one's talked about this yet. Yes, I remember that was a huge thing within AIDS organizations in the city and just in the community, and there was a huge backlash. And there is this history – and, you know, I want to position ACT like any big power organization that sometimes can't see how they're impacting other people because they're so into their own thing. And I would say that ACT had also many moving parts, and I know that the folks who were also working on the Fashion Cares were also a subcommittee, sort of board-appointed. And they had a foundation and were doing their thing for a while, and so were disconnected from some of the more politically active folks in the mainstream organization. And I would say a lot of the front line staff, like myself at one point, which is part of my history as well in terms of being there, is that decisions are also being made at other levels that you also found challenging and you would also protest against. So, I remember this campaign that was on billboards all around the city and that people just cringed every time they saw it because it was so not the kind of message... Partly because AIDS ACTION NOW! at that time was sitting, apparently in good faith, in coalitions, at community tables with some of the others saying, "Okay, how do we work together? How do make this happen?" Part of it was also because

fundere were saying they had to do that, because it's about how to manage resources to make sure populations that were being affected are being reached and supported. But, at different turns they would do their thing even with all the advice. And so you kind of felt like what's the point? And here's this perpetuation again of their wonderful words "consultation" and advisory. Like, you're on an advisory committee or you're on a consulting group, so you consult and you give input, but then they still do what they want. And so it's like you're being used to look good. Like, "Oh, we consulted with these groups." It's actually still happening, but what did they say? People who hold people accountable, that's what I always find they never ask. What did they say? And then what did you do? They say, "Oh good! You had them? Oh great, it's good that you had them!" Well, no. What was the feedback? So, that's one of the pieces – that campaign, among a number of other things, and sometimes even individual moments as well. Is your research up to current day? Is that something you're doing, or are you cutting off?

**GK: We have very loose boundaries, but were mostly focusing up until '96.**

DS: Okay, because I was thinking about in the last few years, a number of initiatives similarly have been implemented that have also been frustrated by a certain response. And then you think about how sometimes we all get set up in this thing in terms of what resources you have to work with. Also, how other players are impacting what's happening, so it looks like here's the big, bad wolf doing this thing, but sometimes they're also being set up to do this thing in terms of how you're told about who should be controlling and who should run things, and how you have people at the table. And part of it's about how we have to always own and acknowledge how white supremacy and racism and heterosexism is still integral in how these systems are set up...

**AS: ...organizes the systems.**

DS: Exactly. And so even when we have these initiatives that are somehow supposed to be pushing against that, we're always negotiating and making deals with all of that, at all kinds of levels. And so it just feels like we're in this messy game continually. We get a little bit and we keep going, and we get a little bit more and we keep going.

**AS: Yes.**

DS: And some of us understand that. And, apparently, I've heard that from powers that be who have held on there that that's the game. And then you get the BLM Toronto's – the Black Lives Matter Toronto – saying, "Enough!" and other groups before them who said, "Enough!" and I'm hoping that they don't get crushed, because AIDS ACTION NOW! also said, "Enough!" And then unfortunately sometimes some of that messiness gets inside those organizing efforts and messes them up. Because, some of those ideas we struggled internally within those places as well.

**GK: There's some really good analyses that people have done, in particular I'm thinking of the work of Roxana Ng – on how groups that get set up in**

**communities that start off as being community-based groups end up getting transformed through processes of funding, getting charitable tax status, having professionalized staff, how the character of those groups just gets dramatically transformed. I mean it happens over and over again. We need to think about that, not in a moralistic fashion, “Those people sold out,” but in some ways once you enter into that process it’s going to lead you in a certain direction... And people are going to locate themselves differently in that situation. Some people will say, and AIDS ACTION NOW! said this, “It’s best to just not participate in those types of processes at all. And we’ll get funds in other ways.” And other people think we can actually negotiate that somehow. And sometimes people can do it more effectively than other groups, but it’s actually a process that people get entered into that transforms the project that they were involved in. I think often times people interpret that as that individual sold out, and I think that’s an unproductive way of thinking about it. But it’s that terrain that I think is quite difficult, but it’s something that we have to pay more attention to. That happened to all of the AIDS service organizations that started off as being much more community-based. Like, when I joined ACT it was referred to as a community-based AIDS organization. Three years later it’s an ASO and it’s become simply a service organization. So, that’s part of the transformation.**

DS: And it’s interesting that some of those still will call themselves community-based, even though, and I think, to your point, Gary, that is more what they’ve become. They are service organizations, but they would say from a community-based level... which is the thing to say. And one of the things that you’ve made me think about is also how you get busy. How you’re made busy by all that structural and administrative work that you’ve now got to take care of. So, if you have charitable status there’s work you have to do around that, you know. If you’re incorporated, if you’re getting funding, if you are in certain parts of the country in terms of what the laws are and all those kinds of things that you’ve got to take care of. Now, what also happens in lots of different campaigns is that there’s all these strategies that you have to sign on to, and that you’ve got to make work and figure out. And so there’s this constant layering of different things now that make you an effective organization, but also an effective ASO – service organization. And then you’ve got to meet numbers, statistics, you’ve got to keep your numbers up in terms of who you’re serving and who you’re reaching. And so it starts to become busy because you’ve now become a structured entity that’s beyond just like, “We’ve got to respond to what’s going on out there in the community and the street.” You’ve now got to meet certain outcomes and certain objectives and certain measures, so you’ve got to hire more people and you’ve got staff to supervise, and you’ve got things like supervision. There’s all this kind of stuff that now enters into it. So, to your point about when you get into that kind of structure, you naturally start to lose some of those kinds of potency, I think, in terms of how you’re able to be an activist and a collective, which is why some people start to say that once you become that you no longer “fall into an activist model.” Some of us, and even I said this, even when I’ve been doing some of my consulting work, is that it’s about how some people are in organizations as activists, and they’re not as accountable, and they’re not paying

attention to some of the things. So, you have to tell them, “You’ve got to pay attention!” because there are accountabilities now, and that’s the big word. We’re accountable to the legislation, to the funder, to the community, and then, if you’re incorporated, to your members, and your membership, and then you get machinations around power plays and who wants to come in. And so it becomes less about the issue. It becomes about the work or about the organization and the organizing politics.

**GK: And “accountability” is another term that is used pervasively within neoliberal frameworks. So, who are you actually accountable to? Well, you’re accountable to the funders and, in some ways, the state agencies. Rather than the communities of people you were set up to try and address concerns with, you’re actually accountable to a completely different set of relevancies.**

**AS: I feel like these dynamics have become so entrenched and they so typify work that’s happening, especially maybe in the Canadian context, but were some of these things also happening in those very early days? Because Black CAP was getting funding, was it right away that struggle to engage and attract with the state...? Do you feel that in the early days when it was happening that it was less present?**

DS: It’s so funny. I would say that those of us who were organizing with Black CAP... what were we concerned about was: are Black people getting services? And those servicing included, and most critically at that time – you know, going back to your question about the tension between care and prevention – I would say probably the push was: are there enough prevention initiatives out there for Black communities? And then, of course, because there were Black folks who were present among us who needed support and care, where are those? Not so much that Black CAP had to provide them, but how do we make sure that people have access to those? And we had a lot of women and children that we were seeing or in touch with. And, in fact, initially we did a lot of work with Sick Kids, and I remember Dr. Stan Reid – hopefully you’re going to talk to him – Stan Reid was there.

**GK: Well, we’re aware of him, yes.**

DS: He was doing some work and parallel initiatives in the Caribbean looking at particularly pediatric HIV/AIDS and so on, and the link to their mothers, more so than the fathers, if the parents were often around. And so I think that that was more... really, if anything we were thinking about accountability in terms of the state like, where are the dollars? Where’s the funding? And then accountability to initiatives like ACT – what are you doing? And what does it look like? And if we were going to work with you, how are you going to support us to do this? So, I would say that was more of the basic concern that we had. It didn’t get as complicated yet around what deal are we making with the state at that time. It was more simply that the state has to pony up. “You’ve got money, you’re responsible for public health. How are those dollars actually helping Black communities?” And then, for us, it began to become broadened out to helping

communities who needed it. That was certainly my work at ACT. I began to see not just Black folks. I began to see racialized people and people of colour, which tended, among my team, when that came up, we'd have case conferences and conversations and we'd talk about where it was helpful for me to talk to somebody, or even finding things out in the community, I would connect that in.

That's how the story about how the South Asian prevention group [ASAAP] really began with a particular individual from Sri Lanka, who I began to work with and who had a challenge in terms of language and having difficulty understanding each other. And I offered to find someone and he said, "Oh, that would be great." And so I knew about Khush and I contacted Khush and said, "Hey, do you have somebody who speaks Sinhalese?" And one of the guy's mother offered that she'd volunteer, and she came in and I met with him ... And then we had this amazing... And I think she continued to be connected with this gentleman afterwards, and it just opened everything up because with her interpretation there was so much more communication. And then we used to have a buddy program, and she went on to be his buddy and got involved, and then offered to be involved however else she could... I think Khush began to talk to other people in the community and the early version of ASAAP happened. Usually, that's how it happened. Somebody needs help and how do we find resources to help, and then from that what else will help to keep that happening and make it more consistently available and possible for people? Because the idea was that if there's one, there's more... That was the other thing, people would be out there in the community and we wouldn't see them. There was not a way for them to enter the conversation either because something wasn't present where they were, or they did not identify with anything, so it might be present but they didn't identify with that. But, suddenly I see my face or somebody that looks like me or I hear language, "Okay, I can connect to that." So, that was what was important. I would say the conversation was simply about – back to accountability – what's the accountability of those entities for making sure that our communities get what they need around this issue.

**GK: So, after your stint as the executive director of Black CAP, what did you do then in relation to AIDS stuff?**

DS: Nothing.

**GK: Nothing. Okay, really?** [laughter]

DS: Literally, because I think there was a burnout thing that happened to a lot of us. Literally, you worked non-stop weekends, nights, as you know. And then beyond what I was doing structurally as part of Black CAP, there was my own stuff that I was doing and being involved with. But, I would say around HIV/AIDS, I really stepped away for a bit and was not as involved. I mean there was a few months of the transition, it took a while, but after I just went kind of clear. I mean I went off into community health centers and worked mostly with youth engagement programs, which always included connecting into HIV/AIDS and Black CAP, and all those different groups and resources.

But I was centered in my own activism around that. I mean I supported things, I went to protests, whatever... So yes, I shouldn't say nothing, of course, I did things. But, you know, in terms of a structured work, it was more of a voluntary kind of being involved with the activism, supporting Black CAP events and whatever.

**AS: This is so common. We've talked to a lot of people who were on their weekends, nights, 24/7 working on AIDS constantly and then, through either transitioning out of the job, or a relationship ending, that suddenly... So yes, we've heard this a lot. Like, "Oh wait, it turns out there are thousands of people who have not spent every week thinking about AIDS and they're talking about movies and stuff." [laughter]**

DS: I love that you just said that because it made me think about the personal piece. I hadn't thought of that, but yes, the personal impact. You know, it's funny because there's so much, but there's a piece around, too, when you spoke about the toll of death and dying ...Even that whole thing around the folks who came here for a visit and had an illness and suddenly we were seeing them. There are multiple stories, but there's this one story of this young man who was, at that time, with family, who just couldn't deal. He was here vacationing and he ended up being sick and he was hospitalized and, of course, there was an incredible debt racking up because he didn't have coverage then. And he was scheduled to leave the country ...he was actually at university in the States and he was originally from a Caribbean country, and he was the first in his family ever to go to higher education. There was this amazing scholarship opportunity at an "ivy league" university there. He was just here vacationing, got sick ...The Americans were like, "You're not coming back to America." And, ideally, he was to go back to his home country, but then he was freaked out because there were not many resources there that he knew of, and he was worried to be back there with HIV. And, at that time, he wasn't able to travel, he was very sick. But, already when they explored the possibility of him going home there were all these barriers that were put up around him. He was kind of in limbo. Where would he go? And his family here was not being very supportive. It makes you realize what services were not available, so there weren't any shelters or places that he could go as somebody with HIV at that time. His brother had a painting business and his brother had a little, like, an office way out there where it's all just industrial buildings, and he ended up in his brother's office; I think there was a washroom, but no kitchen. And I remember we had to take him a space heater because it was in the winter, and that was where he was recovering. And we got a buddy for him, and then we'd go visit him. But there were no shelters, there was nowhere for him to go. That's the best he could do. He was on this little sofa in his brother's office in an isolated area with nothing around him except for being able to call us. There was a phone, so he could call or reach out if he needed to and that was where he was with nowhere to go. I think occasionally people visited him, but people would go with a gown and mask and not touch him, sit far away, and all of this, so I was one of the few people who would sit with him.

I have many of those stories of being the person sitting there with people and having those last conversations. His buddy program was also great ...I don't know if ACT still runs it. I don't know if they talk about anybody who still runs it, but the buddy program was a great program. People could volunteer and just be there. Some amazing people came through. His buddy was amazing and was there almost all the time, was always there with him as much as he could. And then he died. He eventually ended up at Casey House. He died at Casey House. Then, of course, all his family came to the funeral. They even came from abroad. I saw that a lot, not just with people that came to visit, but even here. I remember this one guy who was one of my clients at ACT, a white man, who was from New Brunswick, I think. Similarly, where his family disowned him and he was in the last stages of his illness that they came to see him. It was interesting with this guy; he was actually quite privileged. He was one of those gay, white, middle class guys, which is why it's important because you have this homonationalist story that says everything in Canada is great and we have to go and help those other people. But, here was this guy; he had a partner who was very wealthy. He was a very accomplished professional, was very well off. They lived in Forest Hill, somewhere in there, very affluent. In fact, that bear that you're [to AS] sitting next to is his.

**AS: Oh yes.**

DS: That was his. That was actually the bear that he would have with him all the time. That's the one thing I got. The family gave me that when he died. I remember his story was that his family had disowned him because he was gay, and he hadn't gone home for decades. And when he got sick he reached out to them because he felt that he wanted to be in touch with them. And I think I had to do some detective work or something to find them. Initially they were like, "Oh okay. He's very ill. Okay." Nothing for a long time, and eventually his mother came. He had one cousin here who had got to his sister and then the sister came, and then his mother followed. And then his father was a hold out. His father was, you know, "He went and he chose that life. Tough, he's got to pay the price." And, you know, that man held on and held on. He was supposed to have died maybe three weeks before. Apparently there's this thing that people do, he held on. Even when he was lying there, you know, his nose was bloody and everything, and he started to talk about people out the window that he could see. Apparently, it's something with people who are dying, they start to see, and he started to see, and he said, "You see them?" The doctors would say, he won't be here tomorrow morning, and then he'd there. He would just hang on. And then his father came, his father actually eventually came, and then within a day or two after that he died. So, they said that he waited for his father, and his father was still a bear when he came. But, he came and he was in the room with him, he would be there with him, and then he eventually passed. Yes, so I held on to the little memories. His name [the bear] is Parsons, which is the last name of the gentleman. That was the nickname that we gave him. So yes, little elements are around this apartment. And that was when I was at ACT between 1987 and 1991. I was at ACT when it happened and he was one of my first guys. So, even among the middle class, gay, white boys they also had some terrible stories of their own pain of

being marginalized. Financially, resource-wise he was well taken care of, but emotionally... I mean, the ways in which homophobia and heterosexism affect our lives.

**GK: You've moved into one of our last questions that we often ask people, because part of what we're trying to document are not just the people we can talk to who are still around, but also people who passed. Are there any stories of anyone you would have known in that period of time who died of AIDS related conditions that you would want to share with us? I mean you've already told us of a couple.**

DS: It's so funny. Are you thinking more colleagues, or it doesn't matter?

**AS: Well, also I'm curious about whether there was... Was there a presence of people living with HIV and AIDS who worked for Black CAP? Was that something that was important?**

DS: Yes, and interestingly ...a few volunteers have passed, but a lot of the people who were more core to staffing and very active volunteers, and even around the table of the advisory board, most of them, in fact, all of them are still alive. I think they benefitted from the treatments that came along eventually. Yes ...I mean in my life there are people who have HIV who are still alive. And, in fact, I have quite a few friends who had their T-cell counts really low, had given up their jobs, were preparing to die, and then the treatments came along and they went on them and they began to do very well and they went back to work. So, they literally had retired, they got a little package, they were no longer working, and then they are back at work and are now working until their retirement. And they will often say, "Do you remember when I took those years off?" and some of them have said, "In some ways, those were the worst years and the best years," because it was time off, they did all kinds of things, you know, travelled. Even though there were travel bans, many of them figured out a way to travel and kind of lived their lives, even though some of them weren't supposed to do those things because they were on fixed incomes. But, they figured out ways around that. So yes, I think more so it's the clients that I had who passed.

It's interesting, because I think part of this story around the activism around HIV/AIDS in Black communities is that, because I was doing this work and people began to know about it ... So, even as an individual doing this work – and it's probably true for many of us who initially did this work – people who were uncomfortable or nervous or afraid of HIV/AIDS would know and they would engage you, would ask you questions. And I remember running into people who, from how they presented, I would think, "Oh, you don't look well. I wonder..." and then they would engage me and they'd tell me things like, "Oh, I went to my doctor and I have this. I know you work in this thing. What do you know about this?" and I would say, "Based on what you're telling me you probably should go check it out and get tested." But, many people would say, "I don't want to get tested!" And, in fact, there was this belief system that, this one guy said to me, "Oh no. Once you get tested, then you know that's the end." A lot of people had this idea that if

you don't know, you just live your life, but somehow they understood that when people knew, was when they died. And there was something about not knowing. As though if you knew you'd give in like, "Oh, I have AIDS and now I'm going to die." And even this misnomer around being HIV-positive and having AIDS. People didn't feel empowered by knowing their status because, for them, knowing you status was, you're dead or you're dying, or you're going to die. And to be fair to them, at that time with what we knew and what was available to us, that was part of what happened, and so there was a lot of that. Unfortunately, I had a few friends that I had known over the years who I'd run into and say, "How are doing? What's happening?" and they'd chat with me, but then say, "You know..." They wouldn't get tested until they were on their deathbeds and then it was clear that they had pneumocystis, or some other kind of condition that eventually took their lives. And some of them even died without ever testing because they wouldn't let their doctors test them. So, there were some of those kinds of stories. I also had this interesting thing where people would run into me and say, "So, I'm dating this guy and his name is so-and-so, and you work in this... Do you know if he has AIDS?" [laughter] You know, like, that was their vetting. And I'd say, "No, I can't tell you. If I knew I can't tell you that! And actually what you should do is practice safer sex, so let me tell you about what that can look like in terms of the kinds of things you can do and the kinds of protection you can use, and ra-ra-ra..." So, that was always a funny one, where people would say to me, "Oh, I know this guy and his name is so-and-so. Do you know if he has AIDS?" Or, "We know this person in common and I've seen them at parties, and he doesn't look too good. Has he come to see you?" [laughter] You know, that kind of thing. So, there's that kind of element that happened.

I mean, there are lots and lots of stories of people. One other one I had was a family, my first family. It was a social worker who contacted us and, at the time, they had two young sons and the mother had just recently passed. And, apparently, the mother had shown up as being HIV-positive and she was eventually diagnosed with AIDS. And it was found that her eldest son, who was maybe about four at the time, also had AIDS. So, when I entered the family picture the eldest son was ill in hospital and then within, I think a week of my knowing them, he died. But the father wouldn't get tested. The youngest son they also identified eventually... I think initially the test wasn't clear, and so they did multiple tests and eventually he was also HIV-positive. He was about two, two and a half. But the dad just wouldn't get tested and the dad got really sick ...He had a sister and his mother lived here, but when he got sick and he was looking for them to take the child they wouldn't, because they weren't comfortable, so I took the child home. Me and my partner had the child for a few days until we got a foster situation arranged. The family was like, "No, we can't. Also, he's HIV-positive and we don't want to have him around us."

**AS: He was two.**

DS: Two or two and a half, yes. Eventually, the foster parents adopted him and have raised him since. He's actually still alive and apparently doing really well and healthy, and has benefitted from the treatments. He's living his life like everyone else. He would

probably be in his twenties, or maybe his thirties, by now. Yes, but the father at the time eventually did succumb, did pass away. But, you know, the thing about when you do that work is it's not even the stuff about connecting people to resources and supports. A lot of the burnout stuff is the time spent and the kinds of conversations you have to have. The support. I find with guys too, especially straight identifying guys – like, the guy in the industrial park, the father here – it's kind of a place that they never thought they'd be, so it's interesting talking to them about it because part of it was also initially denial. So, even when the gentleman in the industrial park was sick in the hospital and he had these symptoms, and it clicked ...he did agree to get tested and then it was clear that he was positive. Part of him was just like, "Isn't this what gay people get? I couldn't... I haven't slept with men!" Even though they would find out that they kind of maybe did, because this was pre-"men who have sex with men" as language. With the gentleman in the industrial park, we found out that in his sexual activity he had been part of swinging. That's what he did with a friend of his, and lots of it. One of my friends has this thing about your public/private secret life. That was his secret life that no one knew. He had not shared that until he shared that with me, what was happening. And when it became blurry was whether or not when we was doing it if he was having sex with different genders. But there was this face of, "How could I...? I'm a straight guy." With the father it was similar. And then there are stories about morbidity, or just about death and dying and about what that means. The biggest thing was the secrecy and the not being able to connect with people in their lives around this. Well, except for the industrial park gentleman, whose family eventually knew but even then still unavailable to him.

**AS: I was just thinking again about the way that when you're working with a lot of people that have these secret lives, and then in virtue of being involved in an organization and doing that work, you become the person who holds those secrets. And maybe being the only person in the world who holds that, and the people are dead...**

DS: Yes, and I do. I still have many and, in fact, I have many that are held in relation to lots of people I know in the community now, who were partners with people that I know who never ever were disclosed, even as they passed. And there's a phenomena generally around people who died and then in the paper it said that they had cancer or something else. There wasn't a truth told about their illness. So, in the community there were many people who did want that, they didn't want people to know. There were people who were in relationships with people ...I mean, confidentiality is important to the integrity of the work we did, ethically, and importantly so. Which is why the whole criminalization stuff now is crazy-making to me because it's like, "Yes, I just met you. Why am I going to tell all my...?" Like, we're responsible for protecting ourselves. Anyway, I have my own personal position with that. That somehow other people are responsible for your behaviour, you know, in terms of all this kind of stuff, and not recognizing the complication of what it means to live with HIV and how you share that information, and with whom. So, there's a lot of that, and it's tough because sometimes you're in environments where you're talking and sometimes you realize

that you know a whole other nuance or context to that and you have to be careful about how you enter into that conversation. I was even thinking that earlier, “Oh, what can I actually talk about here.”

But, something I didn't want to lose from the earlier piece was one of the moments I remember having with the gentleman who was with the family. I remember he had just buried his son. So, his wife had passed and I entered their life and then in a week and half or so, his son died. I remember the funeral and, of course, it was all hush-hush because people couldn't really know. I think a few family members came, but his community really... He lived in an inner city community as well, a housing development. I remember after he buried his son... a lot of them didn't know. Like, he had stopped communicating as a way of not having to share information, so a lot of people who had been good friends and were around him, they knew stuff wasn't okay because they knew his wife had died, they knew his son was sick... I mean, they kind of heard, but there was never a confirmation. So, there was sympathy towards him because his family's dying. I remember the day he buried his son and we went back to the neighbourhood and he said, “Oh, let's go for a drink,” because he didn't want to be alone and the little baby was there. And I remember when we went to the bar a lot of the men he knew in the community were around. It was a funny moment where these are men who clearly had been his friends, but he wasn't open to them. So, he went from being clearly down about burying his son, and then he went into this sort of mode [snaps fingers]. But the men knew, so they were kind of, “Oh...” but he was just like, “Oh yeah, you know, life...” [snaps fingers] But, it was almost like he didn't want to be available to any real engagement to get into any depth, so he went to a surface. He went from, with me, being, “Oh...” to just, “Oh yeah!” And it's so funny because the men seemed prepared to be a little bit more available to him, but in his protection of himself was he just went into this mode.

And there was something about that that was really, more than him being sad, was more sad to me, that he just suddenly couldn't access support. Because I was this guy who was just really there as his counselor, it was my business, which I was eventually going to leave and this is who his community was, but he wasn't able to be available to them. And so I just thought about the interruption of the actual support and it would have been important and it would have been helpful. Even simple things like his kid needs babysitting or whatever, and he just went to a shut down place and just like, “Oh yeah. Everything's cool...” Even with his own stuff because he was also, at that point anyway, he was physically okay, but impending illness was coming. I mean, he eventually did die. And at that point the whole community did know and were aware of it. So, anyways, you navigate that.

But the other piece that I didn't want to lose was the personal. Of course, I was in a relationship then and I have to say activism takes it toll [laughter], this stuff, because you're 24/7. Also, because you're having to be so emotionally present for clients and for the work, you don't have a lot left. So, you come home thinking, “Just be there and put up with whatever,” but, of course, they can't. It's not fair to them. And I didn't have

a lot left and, you know, poor Deryck Glodon [laughter]. He had to... And he's okay; he's actually pretty good now. You [to GK] know Deryck, right? Yes, Deryck's married. Married to a man...

**GK: Oh, married to a man. Okay.**

DS: [laughter] I know! It's funny! You still say "married" and we go [makes confused face]. Because, back in the day that's what we would have meant, "They got married." "Oh! They're straight now!" or no longer identifying as queer. No, no. He's married to a guy and he's very happy and settled. I don't know if other people have talked about this, but it's draining, you don't have a lot left. It requires a lot of the partner to be available to you and support you and to understand, and you're not as available to do social things and party. And there's no light conversation anymore, including with family. My poor family, I kept bringing home dildos and, you know, [laughter] because I'd come from a safe sex workshop and I'd put them out. All my nieces grew up, "Oh yeah, dildos and condoms..." And then I'd have to harp on the women in my life around, "I don't care how straight he says he is, have the conversation, still use a condom," And then I evolved to the point of saying, "Well, nobody's straight-straight anyway and everybody's a little bit fluid. And be prepared that even if your man says, yes, he sleeps with men too, he still can be with you and attracted to you and love you..." It's funny, my poor family. I was always on [snaps fingers], "Oh! Let me share this thing because it's so critical." So, along with being an activist, which we're not fun people all the time and you're already in that mode, but then when HIV/AIDS was a whole... Critically, it's life and death. And because we saw this stuff, you always wanted to try to say to people in your life that you cared about, "Here's how you can prevent or protect, or be supportive. I'm here for you, you know that. You can be whoever you are." And sometimes it exhausted everybody around you. So, that personal toll or the personal impact is quite significant. And I love what you said earlier about once you step away you're suddenly, "Oh wow! There's this world out here. There's this other stuff and this other way to live in it," which is so, in a funny way, the seduction from sometimes the activist route where we also want peace, we also want stability and happiness and settlement, but the deal you might have to make is with the systems that aren't shifting or changing. You've got to go get that job, you've got to go be in those institutions, you've got to go start doing that. And you feel sometimes icky because, "Oh god, I'm in the model, the thing that I fought against, that I wanted to radicalize. But, I'm so exhausted and I'm so tired, and I want some peace and I want to sleep and I want joy." [laughter] And it seems that the price to pay is I've got to deal with this. Ugh! Here we are.

**AS: I mean we just need a fundamental transformation of the whole situation, so that it's possible to do the work and have ease and joy, and not have to turn it on and turn it off.**

DS: And what I always add to that is that, unfortunately, I didn't have a good base to begin with because I got raised with ...Inside there's all this stuff that wants *stuff*. So,

my work lately has been to start to let go of wanting ...So, even how I've been an activist... To the point again that comes about how are we really radicalizing or trying to assimilate? But when I came to this I thought, "Holy shit! Yes, that's in there." And somehow even how I've navigated my politics has been about, "But I still want to hang on to the stuff!" You know, as James Baldwin would say, you can't change anything unless you face it. Sometimes we in the movements have to face it—that we also bring that with us. Anyway, I know I do and I've got to work on that, so I'm thankful that the next generations are coming along who are continuing the conversation and pushing people like me in systems that are maybe propping them up still. And I'm not new, there were people before me. Remember the '60s activists? And all the radical people before who were hippies and this and that, they are now the people who are sometimes the gatekeepers of these systems now that they used to also rail against. So, here we are. I didn't want to lose that piece.

**GK: So, the second to last question is simply, are there other things that you wanted to talk about that you haven't had an opportunity to talk about yet? Those last two things seem to be some of those things.**

DS: You know what I always find when I do these? I always feel like when we do these, it's almost like I think, "Oh! Now I've got to go away and really think about this," but maybe that's when you can send this transcript. Because now I go, "Huh, now I want to go away." Now that I've been in the thought process of it to kind of really pull my head together and put it together more succinctly and to the point. But, I can't think of anything else.

**GK: So, the very last question we usually ask is... I mean you've already mentioned a number of people who you think we should talk to. Are there any other people who you think we should talk to? In relationship to Black CAP or any other experiences you've been talking about.**

DS: It's interesting because there's more people, but Debbie Douglas – I don't know if her name has come up – and her partner Gabriella Micallef, who's now passed, left us. They had made a video about women and AIDS, particularly they had done some work with us, they had come to Black CAP. People did that all the time. So, Debbie was part of that – Debbie Douglas. You know Debbie?

**GK: Yes, I know Debbie.**

DS: It would be great to talk to her. And I think Debbie also has been around, and even because of Debbie's role now as the executive director at OCASI [Ontario Council of Agencies Serving Immigrants]. I think she has a perspective that would be really helpful. And she was around the table when we pulled Zami together, and certainly has been in and out of the conversations along the way. But, she was part of that project they did back then, and I know there were a lot of navigation of how they were having

to have that conversation. And then who else was I thinking of? Rhonda Hackett? Have you ever heard that name?

**GK: That name is really familiar.**

DS: Rhonda used to work at ACT. She, in fact, was part of the black bisexual, gay, lesbian, AIDS discussion group with me back then. She was one of the people in the movement who began to be part of the conversation. Stefan Collins, has that name come up?

**AS: No.**

DS: Stefan was one of the first people who identified as a PHA [Person Having HIV/AIDS] openly, who was very active with Black CAP and a volunteer of ACT. And I would say Stefan's important because he was one of the first out Black PHAs that I know of.

**AS: Other people might have contact with him.**

DS: Yes. Stefan Collins. Dionne didn't mention him at all?

**AS: No.**

DS: Stefan Collins... I'm just thinking of early people who were out as PHAs. Bentley Ball... Do you know Bentley?

**GK: Yes. I saw him a couple of years ago. He was at an AIDS ACTION NOW! event.**

DS: Bentley was involved in all those kinds of, yes, AIDS ACTION NOW!... Anthony Mohamed...

**GK: Yes, we're talking to him tomorrow. You can also add people when you see the transcript.**

DS: Camille was important... You know who else was really important? I think in terms of the staff at Black CAP, there was a woman named Tessa Chaderton Shaw. Tessa's interesting because Tessa was our first education coordinator at Black CAP. She actually now lives in Barbados. Let's see how many people are there. Let's see if we can recruit a few people. But, Tessa is there and she'd be able to do it by phone. She's great. Tessa would add a great perspective. Juanita Smith, I had mentioned her earlier. Christine Leonard. I'm just thinking of the Black CAP people because I think they have important parts of this history. Christine Leonard, she's around Toronto. Just thinking of staff. And Tony Caines? He used to be involved with Youth Link.

**AS: Yes, Dionne mentioned him.**

DS: Yes, Tony Caines was very much around. That's all I've got.

**GK: That's been really helpful.**

**AS: That's brilliant.**

DS: Just thinking of people who were very actively either on the Board or on the staff. I mean, there were lots of people who were volunteers. But, I'm just thinking about people who were part of the movement and very active in all kinds of other ways. They could fill in blanks, I think. In my head I'm trying to think, "Okay, not Black community activism, AIDS-specific," because there were Black queer activist people around. Yes, that's who I can think of at the moment.

**AS: That's great.**

**GK: Okay, well this has been really, really helpful so thanks so much.**

[END OF TRANSCRIPT]