

AAHP
AIDS Activist History Project

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Interviewee:	Barry Deeprise
Interviewers:	Alexis Shotwell
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Persons present: Barry Deeprise – BD
Alexis Shotwell – AS

[START OF TRANSCRIPT]

AS: It is October 25th, and I'm talking to Barry Deeprise in Ottawa. So, how we always start with everyone is by asking how you first heard about AIDS. Do you remember when you first heard about it?

BD: I know that for sure. It's probably a bit different with me -- I was born and raised in Calgary, went to Saskatchewan, University of Saskatchewan, taught English. Went to grad school – and that's when I came out – in 1968. And then I went to Seattle, to the University of Washington, and did graduate work. I couldn't get a job in teaching any longer; the market had closed. So I moved to Vancouver for two years, waiting on tables. And then I moved to Ottawa for a job in public service. And I moved here in 1975, and I truly thought that I had stepped back to Calgary in the 1950s, when I was raised. It was a very closeted community. Some people had two names; they had their gay name and their straight name. Often we had "weekend gays," who would go to Montreal or Toronto, which were very nearby, where they could be gay, and up here they were closeted. And then I subsequently did a lot of research into the Lavender Scare and the witch-hunts, which were in the 60s, and even early 70s. So I met many people here who knew someone who had been fired. And so there was that sort of paranoia here, and it held me down for a couple of years.

But finally I did join Gays of Ottawa [GO], because Gays of Ottawa was one of the leading, and first, gay groups in Canada. And very active, very politically astute. It had the Gay Line running, which was a peer-counseling service for—it was, I think, 80% of all our calls were from gay men. It had a speaker's bureau, it had a newspaper, *GO Info*, which I think still has the record for the longest-running newspaper in Canada, 25 years. And they were very politically astute. And they scared everyone from the closet – who was in the closet – of course. I remember we had a supporter, a good guy, too. And he would give us money by using postal orders, because you didn't have to use your cheque, you know? So, he was caught between his own moral support for the organization, and his fears. Anyway, I gathered up my courage and joined it, joined the Gay Line, because I really thought it served a wonderful purpose of peer counseling, information giving, and later people came in for face-to-face support. The number was called as many as 60,000 times a year. Now, two thirds of those calls were harassment calls and threats. But even then, in our three hours at night, we would talk – we always thought it was a good talk if we had three legit calls a night. So, I loved it. I sometimes worked two nights a week, because it was very much affirming of who I was, in my experience. And I could help other people, even just strategically, you know, if they wanted to come out, or if they wanted to know what was in the community. So I did that.

In 1981, we were located at 175 Lisgar Street, above a Chinese restaurant, and the Gay Line was right as you entered the room, in a separate room with a Dutch door. I can remember going in there, I don't know if it was the 3rd of July, 1981, or the 4th or the 5th, but someone had cut out the copy of the story from the *New York Times*, and had just pinned it on the bulletin board outside the room. So, I knew from the get-go, initially, and obviously someone in the community thought we should know about this.

I think I recognized very early that something really serious had gone wrong. Because this was the story—first of all, it was the story on PCP [pneumocystis carinii pneumonia], and then I think on KS [Kaposi's sarcoma]. But they came within days of one another. And I thought, "Well, I don't know what it is." And I didn't know. You couldn't! And what bothered me is that people were calling us, and we were telling them where the saunas were, where the bars were, and if they were sophisticated enough, then where the outside cruising areas were—so we were facilitating people meeting people. And my concern was that we were putting people at risk without any information. I think by then I was the coordinator of the Gay Line. And we pooled our knowledge, which was *nothing*. And people were calling looking for information on this.

AS: People were asking about it?

BD: Oh yeah. I can remember – and I always read the *New York Native*, which was a gay newspaper out of New York that was in from day one with the epidemic, with a weird slant. Their editor thought it was a variation of the African swine fever. Nevertheless, they had really strong and good stories. And there was nothing else! We could get nothing from Public Health; Health Canada didn't even know, they just weren't interested. It seems to me, and I'm not sure if Perrin Beatty was the Minister of Health at that point, but he couldn't even say the word "AIDS" or "gay." So, I got in touch with the Gay Men's Health Crisis as soon as it was formed. And to their credit, they wrote back immediately, "Here is our buddy's programme, this is what we do." I got a copy of Michael Callen's "How to Have Sex in an Epidemic." So we could begin to inform ourselves. But we just didn't know. The advice was, "Limit your number of partners." What does that mean? "Make sure your partners have no lesions." Yeah, Kaposi's sarcoma is full-blown AIDS. "Get to know your partners," "Shower often," like, the big thing about showering. And we gave people what information we could. And even Gays of Ottawa, which was basically a political organization, I think we had, twice, Dr. Jessamine in from LCDC, the Laboratory Centre for Disease Control, and asked him—he couldn't tell us any more, really. And this would have been about '83, maybe. It was before they found the virus. So, I began to follow this very assiduously, and would read the *New York Native*, the *Advocate*, trying to find something to give a coherent story. Well, in the midst of this, just politically speaking, in town, a group of us from Gays of Ottawa formed Pink Triangle Services [PTS].

AS: Can you say a little bit about how that came about in Ottawa?

DB: It came about because Gays of Ottawa brought it into existence. How we made our money was on monthly dances. And I mean, it was always a relief after the dance to count up the money and find that we could pay our rent. And I would always work the dances, too. So, what we decided on the board of Gays of Ottawa, which I was on at the time then, was that we might be wise to take

out the charitable parts of Gays of Ottawa, to get charitable status, and then people would be encouraged to give more, and it would give us a gloss of respectability as well. And so, I thought this was a great idea. And we decided what we would do: we would take out the Gay Line, we would take out the library – we had a library, it was two shelves. One whole shelf was saying, “This is homophobic, do not read it!” That was our library of the time. We had a speaker’s bureau, who went out and did speaks at schools of social work, not usually high schools —we couldn’t get in. But it was if anyone wanted to have a meeting, we’d say, “Hey, we’ve got a live one!” [laughter] “Here, come on in!” So we did our speaking engagements. And then on the other side, there was the political action committee, *GO Info*, which was also very political, and there might have been more. Oh, we sponsored drop-ins. I started Friday night drop-ins for gay men, and the lesbians dropped in on Saturdays. And so, we went ahead and formed Pink Triangle Services, and we were the first gay organization to get charitable status in Canada.

And so there’s this wonderful story, you know Marie Robertson?

AS: Yes

BD: Well, Marie is a lipstick lesbian. I mean, even more so than I am told by our mutual friend, Judy Girard, a lesbian. We got a very good lawyer in town, who gave us advice on this, showed us how to do it, came up with our goals, because we would have the services I told you, as well as educating people to be good consumers. And they were called to Revenue Canada for more information.

AS: Judy and Marie?

BD: Yeah, because I think they had signed, amongst others, I think I had signed it too. At any rate, off they went. Judy tells this story, that in comes Marie with her nylons and her high heels and her makeup and her earrings, and just sat there. And there’s Judy, who is unmistakably and proudly a dyke. The poor guy, the official from Revenue Canada, just had nowhere to look, having these two women there, knowing they’re both lesbians. [laughter] I think we scared him into approving this! So, and that’s how Pink Triangle Services got going, and the Gay Line switched over seamlessly. It was very good. We went to 318 Lisgar, above a Laundromat, largely because lesbian dances were making too much noise for the Chinese restaurant [laughter]. But at any rate, that got sorted out. And the crisis of course had not gone away. So Pink Triangle Services became sub-tenants to Gays of Ottawa and we would pay them the rent, which kept them going. And it’s not that we were getting huge donations – another story about that later, which really doesn’t apply to what we’re talking about.

But any rate, no one was doing anything about this. And in the meantime, people kept calling the Gay Line and asking for information and we had nothing else—no one cared! Public Health didn’t really care; they wanted to start controlling our sexuality. That was their concern. And we had a homophobic Associate Medical Officer of Health in Ottawa. There was simply nothing available. It was so frustrating. And then people were calling in with symptoms, because we then began to learn about the symptoms—about the swollen glands, and what have you... and the Kaposi sarcoma, the swollen glands, the PCP cough, which is a very distinct cough, if you’ve heard anyone

with it. I don't think anyone's had it for years now, but you could almost diagnose from that, plus a plethora of other things. People were calling us with symptoms like, "what do we do?" In the meantime, right around then, a doctor had moved to Ottawa, who has never got his due credit for his contribution in those early days, Dr. Gilles Melanson. He had moved here from Shediac, and was the first openly gay doctor in Ottawa. He began to diagnose people with the swollen glands. He didn't stay long with the AIDS committee, but he was our first president, because he had the gravitas of being a doctor. He then became a psychiatrist and moved off to Montreal. And the last thing I heard, he has retired to Shediac. So I don't know if you want to pursue that. But he is someone who has never really got his due for his courage.

AS: I'm so interested in this, because I'm finding that there are a number of places where doctors were involved at the very earliest AIDS organizing, so it's definitely true in Vancouver, it's true in Halifax...

BD: Yes. We later had another doctor in town, Kelly McGinnis, who was very much involved. He was on the board of the AIDS Committee as it came about, and then he died of AIDS. One of our volunteers on the AIDS committee, Don Briggs, was a doctor who died of AIDS in Toronto, he moved on. He had a huge practice in Toronto, because he was openly gay.

So, all this turmoil was going on, and on a personal note, I had a dear friend, Tony Ibbitson, who was becoming sicker by the day. And I diagnosed him. I know the history about his trips to New York. He was becoming more and more ill, thin as a rail, he had the cough, he was having infections in his eyes, Cytomegalovirus, I think, I don't know *why* I remember these things. He died in September 85.

I have to say, quite frankly, I was hoping someone else would do something about AIDS in Ottawa. Because I never thought of myself as an activist, those were the political people out there. And then I thought, no one's going to do this. And so this, in July 1985, by then I was the secretary of the board of Pink Triangle Services, and I had just started the gay men's discussion group, a coming out discussion group. And I just said, I moved that we found the AIDS Committee of Ottawa as a sub-committee of PTS. And Bob Read, who was a good friend, and on the board as well, seconded my motion. That's how we got started. And our goal was two-fold: one was prevention, and the other was care and treatment, because people were not getting care. And the Gay Line would be the point of contact. We had our first community meeting, and I just... I should look at my notes here, because I think it was in '85, it might have been '86. I can't find it right off the top of my head. Yes we did, we did have it the 9th of October, 1985, at our headquarters. And people were so hungry for information, they literally were lined up, it was on the second floor, down the stairs trying to hear this. And Gilles Melanson was the expert speaker and tried to give what he knew. People were hanging out from the back room, the need was so desperately there for information, for someone to pay any attention.

And that same year, the Ministry of Health in Ontario had a provincial conference and got those of us who were interested together. I remember giving a workshop on telephone counseling there, and meeting Yvette Perreault, who you definitely want to talk with. And so the, let's see...

AS: Well let's back up a little bit. So when you proposed starting the AIDS Committee, was everyone immediately just like, "Sounds great"

BD: Of course, oh yes.

AS: How, so there was already this system where there were subgroups...

BD: We had an infrastructure there. The fact is that people, you know, we're also a lot of bureaucrats in Ottawa, and so Pink Triangle Services had a post-office address; it had, of course, the Gay Line, it had offices, so there was something there

AS: Infrastructure

BD: Yeah, infrastructure, and God that's just so important. A place for people to go to meet people. And we could actually say, "Come down here!" I remember one guy, his partner had driven down from Petawawa, he was so sick. And we really had nothing for him. We were trying to start a support group but people wouldn't show up to a support group because of the stigma. And what I, I guess it was during, yeah it was '85, I thought, Bob said he would take the education part, the prevention, and it was funny, we took our medical officer of health on a tour of the baths, and he was surprisingly supportive. It was his assistant who was not. I got together a group and would train the buddies to help people within their homes or the hospital. They would go uncared for in the hospital because the nurses didn't want to touch them, and their meals would be left on the floor outside their door. And they would be given plastic instruments—it was just, I mean, fear does terrible things. I remember in that fall, I had the guidelines from New York, I read some other books on palliative care and helping, and fortunately, we had Ron Bergeron, who was the Metropolitan Community of Health, very charismatic reverend, and a wonderful man. He later died of AIDS. And Sally Eaton, Reverend Sally Eaton, who was one of the first female Anglican priests, later came out as a lesbian, but she was a palliative care chaplain in the hospitals. And so she saw what was going on in the hospitals, and knew palliative care. And then we trained our first group of buddies, who were anxious to be involved. We went into business in 1986. And at any given time in those first four years, we would have maybe twenty clients, of greater or lesser degree of assistance from us, and of course clients were dying every month.

AS: It was so fast, then.

BD: Oh yes, people would be diagnosed and then die within weeks or months. Or would have dreadful illnesses. I mean the scenes were out of a horror movie. Someone literally, *literally* coughing up their lungs on their deathbed. I remember coming home from the funeral of my friend Tony, and I got a call from, actually, Barb Freeman at Carleton, who I think is retired now, from Journalism, but she said, "Barry, I have a good friend who has AIDS, Mitch Jacobson," who I knew, partly because he was a model, in fact. Sweet man, to boot. And what can you do for him? And so we got him to the hospital. Within days he had Candidiasis, all through his throat it was thick as cottage cheese, and the only thing they could give him was a vaginal suppository, because it's the same thing that causes yeast infections. And then, within weeks, he lost his eyesight, and we got him into Elizabeth Bruyère, the palliative care facility in town here, and that was a whole learning

experience for them. They were mostly nuns, still, they weren't in garb, but they had a very strong Catholic upbringing. And I have to say they were wonderful. They didn't understand us, but they cared for people. And several, I just can't even guess how many, maybe up to a couple dozen gay men died there. But they didn't last long. I remember two cases, where the guys died the day after they were there.

So that was all going on in the background. So, here we are.

AS: I find it really poignant, this sense of, “I’m not an activist, but no one’s doing anything.” And then this all happening simultaneously when people are getting sick and dying very fast, and the government is moving very slowly...

BD: They weren't moving at all! And people kept calling, I remember. I had an extremely demanding job, I was literally holding down the whole job. And I remember, this is typical of what happened: I get a call from work, it could have been from any one of those military bases in Canada (I worked in DND), but no—someone was calling me, I think, from the YMCA, and said that someone, Andre, I can't remember his last name, had come back to Gatineau or Hull as it was then, from San Francisco, where he had been enjoying the gay life, he was dreadfully sick, so the Gatineau hospital gave him forty tabs of Valium and sent him on his way. He turned up at the YMCA for cheap accommodation, bought a bottle of vodka, and set out to kill himself. And I couldn't break away—would you do something? So I remember calling Ron, saying, “Ron, I can't get away from work, could you do something?” And he went over and literally rescued, I mean got the guy, he was in awful shape, his room was in awful shape, because people often got diarrhea, you can imagine. I think we got him into a hospital and he died very quickly. But there was just this shameful way people were treated. And one of the things that happened, then a group said, “We'll do something about AIDS” and everything was done—the hospital was calling us, I was giving educational sessions to doctors based on what I was learning in the gay press in New York! I spoke to homecare people, they were really good, you know about wearing gloves, all those universal precautions. Here was me talking about universal precautions. So... the medical system not responding at all. So, we had no funding at that point. We had no funding at all.

AS: It was entirely donations?

BD: Donations. I mean, we weren't a high priced group at that point anyway; we were all volunteers, Pink Triangle Services, of course furnished meeting spaces and everything. And they would hold money in trust if people donated money in memory of someone with AIDS. And they were extremely good about it. And actually, even gave us money. There's nothing wrong with it, it certainly a charitable cause, and we actually were their sub-committee. So, this was all going on '85, '86, those times were incredible turmoil. And I just noticed here that one of your questions is about the Ontario AIDS Network [OAN], and indeed, it was founded in '86. And it was twenty and up to thirty groups around the province that met quarterly, sponsored by the Ministry of Health in Ontario, which was a leader in Canada, I would say. Jay Brown, let's see, he was, I think, a Deputy Minister there. At any rate, he immediately realized what was going on. And they had these tear sheet information things in eleven languages.

AS: Wow.

BD: Yeah, it was quite amazing. And so they sponsored the meeting so that OAN, we could get together and share information, do joint projects. But what I remember, before the meeting, we would have a moment of remembrance, and we would, I can see it now—say the name of the people who had died since the last meeting three months ago. [crying] It would go on for half an hour. Anyway, I'll compose myself. But there was that degree of intensity about this. And later, what happened, the Ontario AIDS Network – actually, I was the first chair of it – it later became incorporated, and later was the branch of the AIDS bureau that dealt with ASOs [AIDS service organizations] that now I think distributes the funding. I saw it through the incorporation phase, but then when I left the AIDS Committee of Ottawa in '92, I could not longer represent it at the OAN. But it's still going strong.

AS: And so, the OAN functioned to tie together different groups and organizations that were working on AIDS. Do you remember how that awareness, that there needed to be a provincial body came?

BD: Oh yes. I mean, it was different—Toronto, of course, was leading the pack, and then probably Ottawa. Thunder Bay was an important leader as well. I was mentioning Michael Sobota, who was doing a similar project to yours, he was the ED [executive director] there, and a leader. But these new groups were being formed, and they didn't have materials, they didn't have bylaws, they didn't have programmes, but they needed to do things. So this was a chance to really pool our resources and say, "This is what we're doing," "Oh, where'd you hear about all that?" and "This is the fundraiser we're holding," "We've developed a pamphlet on this, would you like copies?" And Ottawa could say, "We've developed a pamphlet, it's in French, would you like copies?" and that was what it was for. And God, they were intense meetings. We became, Ottawa, it was a few years later, more around '89 I think, by that time I was the chair of the AIDS Committee, Ottawa lead the fight for anonymous testing. And I remember making a press release – I couldn't believe I was doing this – making a press release in... I think it was North Bay, because we used to meet in various cities, and that was good, particularly for the smaller centers. So I'd go blazing on after work on Friday night, fly into London or Thunder Bay or whatever, and work all day Saturday and Sunday, and then fly back to work and think, "Gee, I'm tired!" Monday morning, why—

AS: "Why am I so tired?" [laughter]

BD: Yes! "Why am I tired? I'm emotionally exhausted, and I'm also just physically tired." But at any rate, we led that fight, and it wasn't won until 1992. It was fought very much by Ian Gemmill, the Associate Medical Officer of Health in Ottawa, who also was responsible for all the Section 22s in Ottawa—that was just a shocking scandal.

So, we've really left...

AS: It's fine for us to jump around! Will you just say something a little bit about why anonymous testing was something that was identified as important by—

BD: Oh, yes! Because, now, take a step back. The test became available in '86. No, '85. They identified the virus in '84. And in '85, in the spring, the United States put in a test. It wasn't the western blot, it was the other one, but any rate, the ELISA [enzyme-linked immunosorbent assay] test, I think. It had a lot of false positives. And then Canada didn't do it for six more months, which meant literally *thousands* of people were infected in this country, for no good reason. I mean, Health Canada just wouldn't take the word of the United States, and that's where so many of the hemophiliacs got infected, and that's why they got settlement; it was sheer negligence. And no one has looked into the issue of why gay men weren't given access at the beginning, to know that they're positive, because then a lot of gay men got infected. And also, with the discovery of the virus, we knew what precautions to take, and basically, wear a condom when you fucked. And also, that other things were relatively safe. So all that was going on in the background.

AS: And so, when the push for anonymous testing started, what was important there?

BD: Well, because of the fear... The thing is, it was—okay, it was listed as a sexual disease, therefore if you got a test, you had to report it. It had to be reported to the Medical Officer of Health, contacts had to be traced, and if you did anything unsafe, which our Medical Officer of Health believed that any insertive sex, or any – I think he might have expanded it to any sex, like a blow job – that you were a criminal. And so, there was no point in—people didn't want their names on the list, because it limited their sex life, and also there was no treatment. So, why would you bother? You were safer. Ignorance was, in fact, bliss for a time there. Now, by '92, I think AZT [zidovudine] was being used, with horrendous side effects, but it did seem to slow things down. And so, there was a reason to get treated. And by that time, the Ministry of Health in Ontario brought in anonymous testing. I remember fighting for it, there were several panels, and it was finally accepted. I mean really, it goes against all Public Health precepts. But, we got it.

AS: Except, you know, now, with the increased criminalization of HIV, you're seeing again this move where people are not getting tested, because they can't be charged if they didn't know they were positive. It's so messed up.

BD: Exactly! You were better not to know. And there was no reason you would want to know. And so then what we could use was, "Get yourself tested. No names. Get yourself into treatment."

AS: And, you know, change your behavior anyhow...

BD: Yes, of course.

AS: And so will you talk about what – because Section 22s have also been starting to come back.

BD: Really?

AS: Yeah, so can you talk about what they were then? What was happening?

BD: I think Ottawa issued thirty-seven. Four were issued in the rest of Ontario. It just stands out in my mind. That was one of the things we said when we complained to the Minister about our associate medical officer.

AS: So it was the associate medical officer who would issue it?

BD: Yes.

AS: Could you just say what a Section 22 was?

BD: Oh, Section 22. It gives the Medical Officer of Health the authority, up to remand – it's not imprisonment, it's remand or control – of someone who is putting other people at risk. So it can entail a criminal record.

AS: And he was basically putting Section 22s out on people if they were having sex while positive?

BD: Yes. Yeah. Or if they were in contact, right? Because of course then people were giving the names of their contacts.

AS: So, when ACO identified that as an important struggle, were people coming to the Gay Line? Was the Gay Line still functioning?

BD: Oh god yeah. The Gay Line—I was on the Gay Line for twenty-two years. It just closed in 2002. Overtaken by the internet.

AS: So, would people be calling and saying, "I have a Section 22 and I don't know..."

BD: I don't know. I don't remember. I don't know. I don't think so. There's nothing they could do anyway. But they were scared. And I'm not sure all the Section 22—by no means were they all gay men.

AS: Right.

BD: But it was just showing, I think, how AIDS in gay men really changed the way Public Health worked. Because the whole context of anonymous testing then just took it out of their hands, out of control. And I remember here in town - and also, it gave the people so much more power, because you didn't have to go to the sexual health clinic. In Ottawa, I suggested that every one of the thirteen community health centres be a place where someone could be tested - and it was done! You know? And people just then walked in. They could be walking in for any purpose. And they had good, trained, values-based staff. And so it became a medical issue, a legal issue.

AS: It's amazing.

BD: One of the big fights – I mean, the intensity of all this going on while people were becoming more ill – where people would call the Gay Line is, they had just tested positive, and this means they're going to die. And for many years there was not a lot we could tell them. It wasn't only until '96 that the anti-retrovirals came in.

AS: What would you tell people?

BD: Oh, usual line of attack is, "Look, you're no more sick today than you were yesterday." That after '92 we could say "There are drugs, and we know that it's a long—you know, eleven years until people get really sick." And, "Look at these things. Take care of yourself. Get yourself to a knowledgeable doctor. Go to Module G at the General." We could give them a couple of doctors around town who were good. But, yeah, they've got a – unmanageable at that point – chronic disease. Those were hard calls.

AS: Yeah. Yeah, there's a lot of emotional work of just being the one who receives those calls, you know? It's something I think we don't think about as much.

BD: Oh, yes. I know. Then we have to talk each other down from them.

AS: Yeah. So, backing up, I wanted to hear about...

BD: You wanted to know about Dr. Alistair Clayton, his competing committee. It just shows you what we had to—the barriers that were put before us. Suddenly, we had been going for over a year, well over a year, I think two years, were known in the community, had advertised the AIDS Committee of Ottawa, and suddenly we were invited to a meeting of the AIDS Committee of Ottawa [laughter], as founded by Dr. Alistair Clayton, and Health Canada.

AS: He called it also the AIDS Committee of Ottawa?

BD: Yes! And that's what caught our attention. And we were invited to meet with them. He had been prevailed upon by the family of a guy by the name of Kay Gladon, who was a straight man who got contaminated blood. I think it was in a heart bypass or something like that. And they were furious. They were *furious*. They were furious at the gay community for contaminating the blood. At any rate, he bought into this, and set up this committee. And they were lined up – I can still see it, on a rainy night – they were lined up along the table, *glaring* at us. And there he was, with his Departmental secretary, and there was the Associate Medical Officer of Health, Ian Gemmill, who had joined the committee immediately. And they really said they were concerned with the innocent victims, the babies. It grabs me, because I'm like, "We're the guilty victims, by the way." So we had this rather tense meeting, in which we pointed out that we've established the name, we have not – though I don't think that we were at that point incorporated, but I think we had done a search, because you have to do a search of names. And so we left there. It was not very happy. It was not openly hostile. But I just said, "Is this not a conflict of interest? Because you could be funding committees." Had I thought about it, I could really have gone on, because my whole area was human resources policy in the public service. I said, "Will we get minutes of this meeting?" "Oh yes, of course, Barry. Of course." And so, within two or three days I called the office, talked the

secretary, I said, “Could you please send me a copy of the minutes?” “There are none.” It disappeared. Never to be heard of again...

AS: The whole thing just, never happened?

BD: It never happened. I mean, *he* knew that he was in trouble, is my interpretation of it. But it just shows there was such resistance. It’s homophobia. I mean, let’s call it what it truly was. And also the willingness to make gays suffer. We had brought this upon everyone. And so much of that arises from gay sexuality and the extreme discomfort around male sexuality, particularly anal sex.

So, the other thing that came up here... We got funded then, by the Ministry of Health, in November of ’87. We got \$164,000 a year, which was good. And we set out then to hire an executive director, finally hiring David Hoe, who you must talk to, who is in Vancouver.

AS: We’ll be in Vancouver next September!

BD: Super. Tell him you were talking with me. He remained executive director until May 1992, from the 21st of March ’88. Just before he was taken on, though, you were asking me about a couple of things. One was about...I’ve got four things. First of all, ACT UP was founded in New York in ’87, AIDS ACTION NOW! was founded in Toronto. We never had a similar group in Ottawa.

AS: Do you have any thoughts about why?

BD: Yeah, Ottawa is... It remained closeted. I think that the people who were activists were probably caught up in the AIDS Committee as it evolved. And I don’t think people wanted the visibility. It’s just, there just was not that activist bent here. And I think a lot of the activism was still drawn onto looking at legal... getting inclusion under the Human Rights Act, that was in there. I mean all the other agenda was taking up a lot of time of the people who I would have seen as activists behind this.

AS: Well, and there are a lot of things that ACO is doing that are the same things that groups in other places that we’ve talked to say, “This is the activist work that was...”

BD: Right.

AS: This is one of the other things that I’ve just been thinking about. I mean, there are ways that it doesn’t seem like ACO was doing direct action. You weren’t burning ministers of health in effigy, right? But these things, like agitating for anonymous testing, really confronting and opposing the Section 22s, these are the same things that are happening under an activist rubric in other places.

BD: Yes. And there was attention in it, too. And then also what happened in, after David had gone, it must have been in the next year that – oh, not until 1990 – that we established a PHA [People Living with HIV/AIDS] group. Early in ’87 there was a group established in town of PHAs called 5662 Services, the last numbers of the phone call of the founder, Brian Wilson, who died. And this

was set up anonymously for a support group to meet in his home, because people with AIDS would not be associated with the AIDS Committee of Ottawa. It was kind of a rivalry, because they would go, “Well, what are you doing? We’ve got all the people who have AIDS coming here.” I don’t think they ever got funding. Brian died in 1990, so it was relatively short-lived. But he was another, certainly, a pioneer.

AS: But had Brian Wilson been involved with ACO?

BD: No, not at all. He came right out of the blue.

AS: Huh. Was he in Ottawa?

BD: Mhmm. And he got a diagnosis. He was quite thin. He wanted nothing to do with the AIDS Committee. He didn’t want people to know he had AIDS.

AS: But he was organizing the PHA group. That’s really interesting.

BD: Yeah, but his name, you’d have trouble associating his name with it in anything. I mean, after his death, yes of course. So it was rather ephemeral. But it was powerful.

AS: Was he a public servant?

BD: You know, I really don’t know. I don’t think so.

AS: Yeah. So interesting.

BD: Yeah.

AS: But it was powerful that he was bringing people together?

BD: Mhmm! Yeah, because, under the cloak of anonymity. And of course, when we named this the AIDS Committee of Ottawa, we never thought about that. And I mean, even when you think about it, even in Toronto, there’s a PHA, or PWA [persons living with AIDS/HIV], I think it started PWA, foundation. It didn’t say AIDS. So, you know? But yeah, our type of activism was just not in your face. That’s just not in the Ottawa character. And when we went to the Chairman of the Regional Council, Andy Haydon, he just said, “Well, a specific group got this.” And no, he wouldn’t fund anything. We actually were going to brief him to say that, “You have a health crisis here in your region. What are you going to do about it?” And he just came in, I can still see him just coming in, and saying, “I’m not giving you a thing. After all, AIDS does only reach a certain group.” And then shortly after, the mayor, Jacquelin Holzman, said, “It’s up to people to assume responsibility for their own health. And people with AIDS are just going to die anyway.” And then she said, “Well, it was taken out of context.” Bullshit! How can you take a comment like that out of context? Boy, it was a firestorm. And later, Andy Haydon came out to say that HIV could be transmitted by skin-to-skin contact and kissing, and that *all* gay people must be tested.

AS: Yeah. I mean this is, you know, when you tell the kids these days that Schabas was fully like, “Let’s quarantine,” right? Or that quarantine legislation *passed* in Vancouver. It’s like, people just don’t believe it. And it’s like, well, it happened.

BD: Well, BC had identified an island off the coast.

AS: Nova Scotia, also.

BD: Oh really? I didn’t know that. So, these were the barriers. I mean so much energy was wasted fighting these barriers that were thrown up against us. We just wanted people not to die, or get sick, or get infected. Or, if they were infected, be treated like other patients. And now, I have to say that the hospitals did come around. I mean it took them about five years. But at one point, you know, you could tell where the AIDS patient was, because there would be this huge trolley with caps and gowns and booties and masks, that you had to gown up to see a friend. And at some point, that was replaced by a small little sign saying, “Blood Precaution.” So, they were slow, but—

AS: Eventually.

BD: Eventually. And that was always my goal, was to push the system to respond. *Not* to set a parallel system. Mine always was, “I pay my taxes once.” But I think our community got – the AIDS community, to the extent you can use that expression – got quite enamored of being service providers, which they didn’t have the money or the skills to do. I wanted to push inside the system to make change. And I think it largely has, even Public Health, changed.

And then you were asking about Bruce House, and that I do remember. Sally Eaton, who was one of the buddy trainers with me, heard about this woman whose son was killed, his name was Bruce, or it might have been the last name, I forget. And she just said, “Well, I’ve got a house here. You can have it.” And I can remember going to Sally and looking at this house, it was down here on Flora, and peering in the windows, and everything was little rooms and staircases. And I said, “Sally, you can’t put dying people in here!” Any rate, she and a couple of others wanted ACO, which was stretched beyond means, to take this over. And fortunately, the board went to Sally and just said, “No. Found your own organization. We can’t take this on.” And actually they did, to their credit, found the AIDS Housing Group of Ottawa, and really were only in that house for a short time, and found a much better house. But, it was very attractive for donors, as well. And they had a couple of MDs on the board, and good people. And it has been a—it played a key role in those years. Almost everyone there now are IV drug users. So, it’s not, they portray themselves as the gay community, but it really isn’t. The staff are gay. But that’s how that decision got made, is that the AIDS Committee simply couldn’t take it on, and we knew that.

AS: So, when we started talking about the 5662 group, you were about to say about when the PHA group started with ACO...

BD: Yeah, it started after David Hoe arrived. Okay, in 1990, we got a person on the board who was our first person with HIV on the board. His name was Don Walker. He came out late in life, and I think he had been a teacher. And he had been very sick.

AS: He was from Ottawa? He was here...

BD: He was from a small town near Ottawa, but he was comfortable in Ottawa. And then he said, “We really have to have a support group for PHAs.” And David and the board totally supported him on this. He was a solid person. He resigned from the board and we hired him with the committee, to set up a proposal. And so he sorted it out, and we decided a room would be staffed, and it would be called—mm, I think they called it the Living Room, even from the beginning. You know, it was nice in French also. The only problem was we were up two flights of stairs. And another, ongoing problem, was many of the PHAs were smokers. You wouldn’t *believe* the smokers. So finally, they moved across—this is when we were, I believe it’s 267 Dalhousie. And then David, to his credit, thought, “This is not working.” So, right across the street there was a little storefront, and that became the Living Room, totally supported by the AIDS Committee of Ottawa, and staffed, and they had lunches and dinners, and it was very active. And doing well, it’s what we really needed. And later, when the AIDS Committee moved – Denis Leblanc is someone who can tell you about the Living Room – when the AIDS Committee moved over to Queen Street, Queen and Bank, it became more and more popular. But as it got more and more popular, there were more and more drug users using it. People with AIDS who were gay did not feel comfortable there. And so, once again, there’s almost no gay presence there. You see where I am in all this? Whatever happened, there was just this tendency to push gays off the table. And this is exactly what happened in the AIDS Committee of Ottawa, is that over the years – I resigned in ’92, I said, “You’ve abandoned the gay community, you’ve abandoned prevention. There are all sorts of programmes being developed for drug users.” There was already Oasis, well funded by the Ministry of Health for drug users and women and children, but ACO wanted to continue to serve this group at the expense of gay men. And what happened with the money that was devoted to prevention was moved from core funding to project funding, when it failed there was no money. And so, after Michael Graydon, who was the last effective prevention worker there, after he left – I think in ’95 – to go back to school and all this, there was nothing. And so, that’s about it. I’m just looking at your questions. I don’t know...

AS: Well, I have some sort of specific things.

BD: Okay. Why don’t you ask a question?

AS: So, just going back a bit into the ‘80s, there are these two little flashpoints that I wanted to hear you tell stories about. One was the condom blitz in ’86, so this is pretty early, and I just wanted to hear why there was a condom blitz distribution and how did that come about?

BD: Well, we’d never had one and we decided we were going to do one! [laughter] We got T-shirts made, they’re all gone now, with a checkered flag, and it said, “Play Safely.” And about six of us piled into a checkered cab that a local artist in town drove, Evergon was his name, I don’t know if you’ve ever heard of him, he’s well known. And we went to every bar, and we had produced the first pamphlet in Ottawa. It was so dense, I don’t think a PhD could’ve read it and understood it. But we had our pamphlet in both languages, and we went to the bars, and I think it was either a

Friday or Saturday night, handing these out. And no one had ever seen this. I remember going through Centretown Pub, and we were saying, “Here, play safely. Play safely.” And people were just shocked - we were very, very positively received. In the back of my mind, I thought, “I’m not sure. I’m not sure that people wouldn’t react, like, ‘You’re not telling me what to do!’” No. It was very positively received. And then, so we were basking in our success. I remember one guy grabbed me at the Centretown Pub, and I thought, “Uh oh!” And he just said, “Thank you.” So, what we didn’t know, that DVA, Veteran’s Affairs, they do the War Amps, had a whole big campaign for children’s safety, and wouldn’t you know, it was called “Play Safely.” They were *furious* that we had stolen their slogan. And they just would not be associated with us. And they were going to take us to court. I mean, it was just homophobia writ huge. I mean, there was no overlap. We thought, “Best not.” We didn’t have the money, we didn’t have a lawyer or anything, and so what we did was send an apology, and that we wouldn’t further use it - and we weren’t going to use it anyway. But anyway, we were constantly being tripped up. And it was by homophobia. Let’s just call it what it is. So, that was our condom blitz.

AS: So would that have been the first time that there would have been widespread condom distro in the...?

BD: Oh yes. And we did get parts going, distribution. But also in the baths—regular presence in the baths. But our whole point was to use these as information-giving, as well. And we actually convinced the Medical Officer of Health, not the Associate, not to try to close the baths, because it’s a point where people can be educated. And he, strangely, agreed.

AS: Yeah, and I think—I mean, it’s one of the things that Gary and I talk about sometimes, is this shift from saying, “You individually have to take care of your personal health,” to saying, “We all need to be having sexual practices, and finding condoms hot, and talking about it openly,” you know? That was a really meaningful and important—

BD: Oh yeah. But then when we talked about it openly, you probably want to ask me about this, this was the big complaint about the explicit ads. Waste of time and effort!

AS: Yes, I do want to ask about the explicit ads [laughter]

BD: I mean, ACO—I didn’t even pay attention. They put an ad in *GO Info* of a condom on an erect penis, a very ordinary penis. And this, largely to lesbians, was *so offensive!* As though we set out to offend people. You know, I would have just said, “Go to hell.” But no, no, no, no. We wanted to massage this, and wanted [sigh] to maintain some sort of unity in the community—I think we wasted over a year on absolutely *fruitless* discussion. And it did waste a year. There was no resolution, finally, except we had no more explicit ads going forward in Ottawa.

AS: But so, it was actually from within the community that people were...?

BD: Yes. And this is not unusual, this is a point to be made. Is there are two things: internalized homophobia, people who would have nothing to do with the AIDS community, I lost a whack of friends, who quite—I didn’t set out for this role, but every time something happened around AIDS,

it seemed to me that I was the one; I guess I was on speed dial [laughter]. A lot of reporters. And I usually had something to say. But I think there was a certain amount of internalized homophobia. “Just don’t. This will make us less respectable; less respectable for marriage. And the other, I think, is a kind of horizontal discrimination you find in minority groups. And what was happening, I think, here, is that it was from within. I mean the enemy is out *there*. So, it was constantly swimming up stream, as I look back on this.

AS: I mean, it’s dreadfully sad, you know? I think sometimes it’s easier for us to snip at each other and get a response than it is to get something effective happening to work with the actual situations we’re fighting.

BD: Yeah, exactly. I think this is why so many people burnt out. Finally, when I could no longer stay with the AIDS Committee, I didn’t even send a copy of my letter to the press or anything. I just went, “I’m out of here, these are the reasons.” They tried to talk me back; I don’t play those games.

AS: Yeah, you weren’t doing it to make a scene, you were leaving—

BD: No, I had been extremely—and I continued, Khaled and I have a lot of, a mutual respect, but I’ve been extremely critical. I mean, that AIDS Committee right now is producing nothing, and it gets a million and one a year, unquestioned support from the AIDS Bureau. Any rate. What else did you want to ask me?

AS: So, I guess we’re transitioning into this moment where you move away from ACO. Did you, I mean, a few years after that, for a lot of people the terrain of AIDS changes completely, because of antiretrovirals in ’96. Did you keep doing AIDS work in the community? Can you talk about that?

BD: Oh yeah. I continued on the Gay Line. I went back to being president of Pink Triangle Services for ten years.

AS: Interesting.

BD: And I was a highly vocal, visible critic of the AIDS Committee of Ottawa. And I still believe it should have been closed down. It was no longer fulfilling a mandate, with the exception of the Living Room, but there was money at Oasis to do that, because gay people wouldn’t go there, not after 1995, say, I can’t remember. Denis would know about that, because he was very active there, for a short time. Organizationally, the AIDS Committee of Ottawa was squandering money. And currently what they’re left with, basically, is the Living Room. They have some men’s outreach workers, but what we have found is that once you mention ACO or AIDS Committee of Ottawa, people just turn off—gay men just turn off. So I remained on the Gay Line, which was one of the best things I’ve ever done. I mean, the number of people who have since said, “You’re Barry, aren’t you?”

AS: Right, “I talked to you.”

BD: They said, “I’ve talked with you” [laughter] Now, they would say, “Twenty years ago!” [laughter] More than twenty...

AS: And you went back to PTS.

BD: And I went back to PTS as the president, we were doing amazing work. But just before I went back there, I worked with PTS and we did the first national conference for Gay Lines, in 1993, I think. We got a grant from Health Canada because we said “Almost every city in Canada has a Gay Line at that point. This is an ideal chance to inform people about prevention.” And so the name of the conference, I named it, it was called “And now can we talk about AIDS?” And we brought people in here from all over the country. I think we had 130 people.

AS: To Ottawa?

BD: Yeah, at the Minto Place Hotel. It was one of the most dynamic conferences I’d seen, besides it was a national conference of gay organizations—queer organizations, LGBT, whatever we’re calling this. And I thought it was very good, it put people in contact, it’s where I met people from right across the country, like Gens Hellquist, he’s now dead, from Saskatoon, I met people from Vancouver, I met people from Winnipeg, I think I met Bill Ryan, who you might know from Montreal, he’s a professor at the school of social work. Anyway, that was one thing I did. Then I continued to facilitate men’s discussion groups. And then I began to attend the Local Coalition on AIDS, as a representative of Pink Triangle Services, and a very *vocal* critic of the AIDS Committee, which was doing nothing around gay men’s health. I mean, literally, quite often they didn’t even have a position doing this. And the rates were just going like this, if you’ve ever seen on the charts, you’ll see it maybe peaked in ’95, then went down, but around 2000 it began to climb pretty radically. And syphilis began to rise. So we got a new manager for the Healthy Sexuality Clinic, Orhan Hassan, I think his name was. Very comfortable around issues, sexually. When he got in the job he had key client interviews with leaders in the community. He and I had quite a talk! And he was appalled, of course, that the AIDS Committee was doing nothing, and getting all this money. So he called a meeting in, I think it was about 2002, of interested people, including a rep from the AIDS Committee, about what we’re going to do about syphilis. Because Public Health didn’t know what tactic to take, what would work with the gay community, and so we discussed this and discussed it. And I was saying, “First of all, it’s easily caught and easily cured. It’s not like HIV.” Because Public Health was saying, “People who are practicing unsafe sex, they’re getting syphilis.” And I said, “No, no, no. All you doctors, please tell me, you can get syphilis if you’re wearing a condom. Of course you can, you can get it from your lip, you can get it from any old thing going.” And so I said, “Don’t conflate those. It’ll confuse...” And they were really good about that, they just hadn’t thought about it. Then we got this, we produced a retro...PSA, a video, called “Guess who’s back? Sylphie!” And this old music put to it. Because syphilis had pretty much, there were cases, but—

AS: Yeah, it was done.

BD: Then we suddenly jumped from zero to thirty-five cases in a year. And most of them are associated with the steam baths. And of course, Public Health, I said, “Look, if someone’s a real

busy body in the steam baths one night, he could infect twenty people!” “Ohh!” I mean, they needed our advice.

AS: It’s kind of sweet [laughter] but worrying!

BD: Exactly! They’re in control of our health! So we said, “There’s so much important work to do here. Let’s continue our work here as a coalition of concerned individuals, professionals, and organizations.” And Orhan said, “Well, Barry, this can’t be chaired by someone from my office. Would you chair?” So, sure, why not? So, I became the chair of the Ottawa Gay Men’s Wellness Initiative from 2002 until this spring.

AS: Wow. And then you just stepped down?

BD: Well yes, there’s a story behind it. We did really good work, all without any money. But we have Centretown Community Health Centre, the AIDS Committee, the Men’s Project— a lot of it. And then a couple physicians. And we did the first gay-specific smoking cessation class in Canada. It was like, a quit rate of 50%, which is very high. It was called “Stop Dragging your Butt.” Kathy Collette, at Centretown, a lesbian, named it for us. And Christianne Bouchard, who’s a lesbian who works with Public Health, she was a facilitator. And two things were very interesting on this, aside from the quit rate is the attendance rate, I think it was over 80% for the whole eight weeks. And in the evaluation, 90% of people said they would not have gone to a smoking cessation class for straights. We published a paper on it, actually. So, that was one of the things we accomplished. We got them to use user-friendly penicillin, so that people didn’t hobble out from the treatment. And then, I guess, the biggest thing we did was, in 2008, we were very worried, because, 179 Clarence, I don’t know if you know it, was so busy, you’d go down there and they had a protocol, and when the place was filled up, they’d lock the doors. And, obviously you can’t expect them to stay overtime every night. So, I got together as chair of Gay Men’s Wellness, and wrote a letter to the Medical Officer of Health, Dave Cushman, and I said, “The most at-risk are the least treated, with the least accessibility...” And I knew cases, people had complained to us that they had taken an afternoon off work to go there, responsibly, just to get tested—just for a check-up. So they got there and found the doors locked. And so, it wasn’t – I write a good letter – it wasn’t a bitchy letter, but it was a well-founded letter. And I said, “We want a dedicated service.” And at the same time, my friend Kathy, who was the manager of Medical Services at Centertown, said, “Well you know, we’ve got a transitional home for male street youth, right across the street,” in the old Icon bar, in case you happen to know about it. It was a gay disco for years, and then they turned it into a place for young boys off the street; many of them were gay. And she said, “We’ve got to be sure that they have access to treatment, because we’re bringing them all there. We’re right across the street, we have no funds—we have no funding to do this. What can we do? We have a facility.” They had the whole clinic. So, we met with the Medical Officer of Health, and he said, “Look, I don’t have any more money, but I can reallocate.” Good. So he said, “There’s no reason we couldn’t put a satellite clinic there.” So we went away, worked like anything for about three months, and trained staff to be gay positive, gay sexual-health habits, “Don’t be surprised where you find piercings, whatever!” and all this stuff. But people wanted to work there, because there were enough gays in the system. We had, let’s see, one, two, three gay doctors who volunteered. And so they said Centertown would extend its hours one night a week, Thursday night, and we could take over the centre, with

all the clinical facilities. Plus, the meeting rooms for health promotion activities—that still hasn't caught on yet, but it'll soon be ten years that it was opened. And I thought, "This would be good if we could get five people in a night." Well, they were waiting for us when it opened. Because I had—we were looking for a name, what would we call this? And I said, "It's gotta be... there has to be a sense of safety there. It has to be bilingual." And I insisted we had the word "gay" in. And I said, "How about Gay Zone?" And Gay in French is "G-A-I-E" So, ah! Everyone thought it was a bar when it was opening! [laughter] We had these chic little cards, with these images of beguiling them as, "A health centre and more," "A health clinic and more." And then we advertised among the chatrooms in town, we said, "We've got to put money to where people are going." It doubled the next night after we put this on. And so we were to capacity, treating fifty people a night.

AS: That's amazing.

BD: And we want to expand it, and I've spoken with the Medical Officer of Health currently, he's totally positive about it, we just don't have the money. We're managing. We have a whole thing set up, if someone comes in and it's late you can say, "Look, you can make an appointment here, it's at 179 Clarence, and guaranteed you will get in the minute that you set it up." So we have a clear... and we're managing the PrEP [pre-exposure prophylaxis] there. And we even give people the month supply of anti-retrovirals. And we have the city's pilot project on PrEP, which—

AS: Which is happening out of there?

BD: Yeah.

AS: Amazing.

BD: Yeah. And so that was a real triumph. But boy, it really just took it out of us, Gay Men's Wellness. And the other thing we were pushing on is anal cancer. Anal cancer is epidemic. It's an epidemic, and it won't be talked about. I kept pushing and pushing on it. So, a few more people joined us, and we thought, "Well, Gay Men's Wellness Initiative really probably should get incorporated and find funding." So, we got incorporated, and charitable—no, we don't have charitable status yet. But, we incorporated just last year, and in the meantime I, quite frankly, was getting tired, and the only funding we could get was, guess what? The AIDS Bureau. And, to their credit, they're funding us to the extent of \$275,000 a year. I first stepped down as President, then I quit. So, I resigned. I'm still with Senior Pride. And I guess that's about it.

AS: Yeah.

BD: So, that was the rest of the story. I remain very active.

AS: Yeah, you continue.

BD: On the upside, which is kind of good. And you know, Gary, I'm sure you are aware of it, wrote a really good document on partnership, and how it – this is my interpretation – how it appropriates the community activist lens—and it's so true. I mean, Health Canada's not smart enough to think

of this as a strategy, but that's what they did. And then, all the community organizations were sucking at the teats of the federal government—how could we criticize them then, where they'd take our funding away?

AS: Well then just – and Gary and I talk a lot about this move, and there was just an event in Toronto a year and a half ago – about, so, the shift away from focusing on gay health, right, to focusing on like, what are the different various vectors of transmission and vulnerability. But then now, this move that's happening where you can't say that you're focusing on AIDS, you have to say, "We're focusing on AIDS, Hep-C..."

BD: Oh, right. Oh yeah, they've linked it with Hep-C, so it's diluted.

AS: Yeah, so that there's these, you know, and you're going to not get funding if you don't have meaningful—and then it's, how can people have meaningful programmes about everything?

BD: Exactly! Exactly. The same organization is trying to do, you know, cutting edge programmes on a huge variety of things.

AS: In all different groups, right? So, you can't actually effectively speak to just everyone.

BD: And this did happen with ACO, you know, I have to say that all through the '90s if you asked for funding and had "gay" in it, it was an automatic refusal. And so they were clutching, "Oh, yeah, we have Aboriginal women! We have to have a programme for them!" But it's like—this *reticence* to support the health of gay men. Now, where we want to take this is to go upstream, so the determinants of health are what is making gay men vulnerable. Because we find, in Ottawa, I mean statistics still are, the last I looked, probably 1-2 gay men a week is infected. You don't hear a thing about it, I don't know what happens to those people, I think some go and see their GP or go to maybe Gay Zone and get referred. But people continue—it's still the highest population, it's out there and not a word is said. And our point is, if you can go upstream to look at the vulnerabilities, it's the same vulnerabilities probably that have gay men more subject to drug use, alcohol use, depression, da da da da. You have to start treating this systemically. So, I was in favour of this in my talk about gay men's health, is not using their serostatus as a marker of good health—just because you're negative doesn't mean you're necessarily really healthy! Or, vice-versa, you could be really healthy and get infected! And so, what do we do now? And whether the Gay Men's Wellness Initiative can now do this or not, I don't know. Not my fight.

AS: It does seem like you might continue fighting about various things... [laughter] So, we're wrapping up.

BD: Yeah, I'm just looking at your questions.

AS: I think we've covered a lot of it. And just the two sort of last things that we ask people about—

BD: Oh, yeah. The people. I think that it would be very good if you could talk to Gilles Melanson about memories of people who died. If we're talking about the AIDS Committee of Ottawa in those years, Bob Read played a key role, Bob Read.

AS: Do you want to say anything about him?

BD: Well, he was such an effervescent personality, and gave so much in real help to the committee. He was a computer nerd. And he put the Quilt online. Just such a generous spirit. And he died, I think, in 2000. And, it's just his role in those early days was key. And Ron Bergeron. Sally Eaton, in her own way. But one of the things that David Hoe mentioned about ACO was that, in their thirty-year history, and I'm a little bit responsible for this because it's not too much in my history, is that Bob Read and Gilles Melanson were really kind of left out of it. And Don Walker, of the Living Room, as well. He got it established and going, and was an inspiration, but then he died shortly thereafter. And his name is written out of the history. Another guy by the name of George Mitchell, also dead, had established a group following Brian Wilson's group, called Girls' Night Out. And this was a fun group for guys with AIDS – closeted – but they would at least go out to restaurants, that sort of thing. And he brought them into the Living Room, so that's where the groups kind of merged. And he is often credited with founding the Living Room, but he didn't. He was a great guy—

AS: But Don...

BD: Don Walker is the person who had the vision for it.

AS: It's one of the things that we really struggle with, is just the impossibility of actually capturing all of these people that should not have died.

BD: Yeah. Well, it was such a complicated time. And there are gaps, because people left or died. Organizations—many of the ASOs have closed. So it's hard to put it together at this point. That's why I was urging you, I got the note from Gary that, I don't know if you'd known about Michael Sobota...

AS: No.

BD: He got a chunk of money to do this, and if it were to be used publicly, and I don't know why it wouldn't, but if either of you get in touch with him, you can always say that I recommended you talk. He's got an unusual last name, so you can find him I'm sure. Or the other one up there that would know how to get ahold of him is David Belrose who is probably still fairly active, I don't think in the ACT-B, but for a while he was active in the Rainbow Health Ontario.

AS: Okay. Yeah, and so then you've mentioned a couple of people to talk to. You've mentioned a couple of other people who were involved early on, who died, and if you just want to say anything about them, Kelly McGinnis?

BD: Well, Kelly McGinnis was kind of the first, after Gilles Melanson, bright young doctor in town, and he was openly gay as well. He was on the board of the AIDS Committee. We always knew we had access to him. And then he became progressively ill. And as it turned out, he knew that he had been positive for some time, but could not seek treatment. I mean, he was treated in Montreal is my understanding. I mean, he was just a wonderful man.

AS: And Don Briggs?

BD: He was really from Toronto, but I worked with him on the Gay Line. I think he had actually left before AIDS. And then I ran into him in Toronto, and he was very busy there, and the next thing I knew he was dead.

AS: I feel like someone in Toronto maybe has mentioned him, too. I'll double-check our Toronto interviews.

BD: Maybe. I don't know how public he was there—he happened to be the doctor of a good friend of mine there, so somehow the connections were made.

AS: Thank you. And just, an opening for if there's anything that's come to mind that you didn't say that you want to mention now?

BD: No. You asked me also what I did. Health Canada—and I don't know what started this—they decided they had to review gay men's prevention. And they funded a project for over two years, called the National Reference Group, that I was part of. There were about twelve of us, we went from city to city, almost, and hired Bill Ryan to write our report. And the first report was gay men's health set in a population health discourse. And that was the move away from defining gay men's health as whether or not they had AIDS, to a broader picture in the determinants of health. Because we found this would be a very useful thing to do, it just hadn't been done. And then the final report with recommendations was called "Valuing Gay Men's Lives," simply because they weren't. And those came out about 2002. But you'll probably talk with Bill Ryan, because he was the chair of the board of Sero Zero, and responsible for shifting the organization to the RÉZO, which it is now. And he's done all sorts of other research on aging in the queer population, and others. I have great respect for him.

AS: Yeah, he seems amazing. I haven't met him yet. Good.

BD: And I think that's about it. There's a lot!

AS: There's a lot. Thank you so much.

BD: Yes.

AS: Perfect. Okay, if you can promise not to say anything else interesting, I'll turn it off.

BD: I'll try.

[END OF TRANSCRIPT]