

AAHP
AIDS Activist History Project

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Interviewee:	Roger Leclerc
Interviewers:	Alexis Shotwell & Jordan Arsenault
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Persons present: Roger Leclerc – RL
Alexis Shotwell – AS
Jordan Arseneault – JA

[START OF TRANSCRIPT]

JA: So it's Monday February 8, 2016, and I, Jordan Arseneault, am here with the director of the AIDSactivisthistory.ca project, Alexis Shotwell, and with our participant for today, Roger Leclerc, in Verdun more particularly. We're here to say first of all, as I may have explained over the phone already, that the project is really concentrated on the period from the 1980s to 1996, and that you are not obligated to answer any of the questions. You are free to substitute, modify, or ignore any of questions.

RL: One small question: why do you stop in '96? Is it when the drugs came out? Is that it? I mean it's fine [that way]; it has to end at some point.

AS: Yes that's correct, but we can talk about other things. There was a big change in activism [at that time].

RL: Yes. From then on, definitely.

JA: We see, even though it may vary, that it was a pivotal year for many reasons.

RL: Yes, certainly, the death rate fell, new medications came out.

AS: Exactly.

RL: Hope, something we didn't have at all [before].

JA: Establishing of non-governmental organizations (NGO's)

RL: Yes that's right.

JA: All of which you know basically better than I do.

RL: Structures were put into place formally, yes.

JA: So it is basically like that, but there will be questions at the end related to the post-HAART (Highly Active Antiretroviral Therapy) period.

RL: OK.

JA: So we are listening. The first question is: when did you first hear about AIDS?

RL: It was in the beginning of the 1980s, in the media. First of all, as “this disease killing gay men,” that was how they referred it, which had not yet been identified, but it was this plague that was destroying our community. It was at that time, that we started to see some cases in Montreal, not a lot. But really I first heard of AIDS when my partner died in 1980. AIDS had not yet been named. He died of pneumonia on the third floor of a hospital that must have been in Ville Lasalle, I think, I can’t recall. I no longer recall which hospital; I have memories of the hospital, of which floor he was on, where he was the only patient, with a nurse at reception who wore gloves and a mask. We also had to wear a mask in order to go into his room. So it was quite catastrophic because it was so sudden; he died within two months. He started getting sick and then two months later he was dead. He was 30 years old, he was going to be 30 – he died a week before his thirtieth birthday. We were partners, but we didn’t live together then. I was in the Eastern Townships and he was here in Montréal. The day after his death, the family, whom he had hardly seen for several years – he saw them from time to time, his mother mostly, but very rarely – his family arrived at the apartment to clear it out, whatever was of value. There was the issue of the lease, and they were eager to avoid having to pay another month’s rent needlessly. I think that what shocked me the most, beyond the grieving, was that the family had returned to reclaim their black sheep, the gay one, the cursed one; all of sudden because he was dead, they could reconnect with him and in so doing everything that was gay had to disappear. At the funeral, there was this priest who did his short speech for André’s death, and talked about him in way that seems... still so beautiful: “What a marvellous human being, blah blah blah,” he said. And I was sitting in the back, because I was no longer acknowledged by the family – I was nothing, just a friend among others. I heard all of that and it really made me angry to see his life negated, and that death was this way for the family to reclaim him. It hurt me enormously, it took me... well, anyway. So that was the first time that I felt really in contact with AIDS.

While he was still living, MARC/ARMS (Montreal AIDS Resource Committee/Association des Ressources Montréalaises contre le Sida) existed back then here in Montréal, but it was only the very beginning of this organization – they had no funding, nothing. They had a support group that André went to a few times, but he would come back saying “Nope, it’s just chatter, it’s worthless, I don’t belong there, and besides, I don’t have that plague, it’s not that.” So he stopped going. Those were my first encounters with the organization, which were not very positive, through André. André was dissatisfied, so I was dissatisfied, and I didn’t push my curiosity any further, and then he died. And it took several years for me to recover from that grief; the anger that festered in me, because that was the thing, to see him be negated, that his existence had been negated as a gay man, just as this disease’s existence was [negated], because he certainly could have died of “that plague.” Later I noticed that CSAM (the Comité sida aide Montréal) had come about at the time because MARC/ARMS had transformed into CSAM and had started getting trainings. This was

when the groups were starting up: there was CPAVIH (Comité des personnes atteintes du VIH du Québec) that started out as part of CSAM, but split off early on. I knew it existed but it didn't affect me, I didn't feel affected and I didn't want to be affected, it was too hard, too painful. Later on they started care homes for people affected, of which Chez Ma Cousine Evelyn was one. It was a home started by a friend of my then partner Ken Morrison, whom you have no doubt already tried reaching. Back then I was living with Ken, but I was still in the Eastern Townships and had moved to Montréal – but we didn't really live together. It was... my relationship with Ken was always quite special. [laughter]. Then at one point Ken said to me, "It looks like Chez Ma Cousine Evelyn will have to close and they need someone on their board of directors, do you want to go?" Because I had always worked in rights and advocacy organizations previously, though outside of the AIDS movement completely, I accepted with the understanding that Chez Ma Cousine Evelyn was going to close. So I was going to be in there to shut down the organization, in my mind that was it, so it was going to be quick.

JA: Was that because people didn't expect the epidemic to get worse?

RL: No, at that point we were in the middle of the crisis already. People were dying left and right and many were infected. People were dying in care homes, and there weren't many of those, I think there were two or three homes in existence in Montréal, not more than that, like Chez Ma Cousine Evelyn that had to close because there were no subsidies or funding. We started getting funding for AIDS in Québec only when a heterosexual woman caught it. Before that there was none, and then all of a sudden, the Health minister of the time, before the death of this nice straight lady – who had been infected by her husband who lived a gay life – that's when it became serious, it became a danger to society. As long as it was gays, and drug addicts and Blacks, it wasn't that important, but then all of a sudden it was. So there started to be a little money available, but Chez Ma Cousine Evelyn didn't have much and did not manage to obtain funding. The board and the company at the time probably didn't have the necessary skills to navigate this lovely world. They functioned more from a charitable model, which is to say, "the community will take care of its own." And here's where you see the core difference between the anglophone and francophone communities; on the francophone side, at the time of the Quiet Revolution, we had made a collective choice that the State was going to play this role. So we withdrew from the Church, which had been part of the support structure, as it continues to be in anglophone communities, in a notable way. In ethnic communities too, the Church is the support centre. While here [in Québec], the choice had been made rather clearly, I would say at the beginning of the 1970s, that it was up to the State to look after all this. Hence some money was made available for organizations, but Chez Ma Cousine Evelyn, which was culturally Anglophone, had never really looked into that side of things. So they were cut out; they had no money left and they had to close.

JA: And around what time did this happen, that you were asked to be part of the Board?

RL: CSAM existed, CPAVIH existed, there was a care home in existence in Montréal, oh my God – me and dates aren't really friends.

JA: It's because we have a series of questions to bring us to that point, Chez Ma Cousine Evelyn, as I recall [hearing] was perhaps around 1990?

RL: Historically speaking... it was '84-85 I'd say.

JA: Oh so even earlier, ok.

RL: Yes, along with other people we recreated Chez Ma Cousine Evelyn, which would serve the active drug addict and homeless population living with HIV, but that was much later. So when I arrived at Chez Ma Cousine it must have been around 84-85 or thereabouts, and we basically closed it down, but the corporation continued on. At that time there were two or three members on the board, including Evelyn, who had started to withdraw from it; she had kept the home going by the seat of her pants, for years, all the while attending McGill, I believe. So she said, "Ok I'll leave my name on it, but I'm fed up," and we kept the corporation going. And that's how I ended up at the board of CSAM. Once again, it was Ken Morrison who said to me, "CSAM is there, we have to look after it." From there, having been a part of Chez Ma Cousine, and being around the AIDS movement, I probably came to terms with André's death, but I still had the rage inside me saying, "It's just not possible that they negate me, it's not possible that my existence be negated because of my illness." Beyond that I'd say it happened in the same way that I had been married, had two children, and the day I became fully conscious of my homosexuality it was a rupture in my life; by that I mean that I came out as gay and would often joke that it was fantastic because in so doing "I cut out 90% of the idiots in my life," which was awesome. [Laughs]

It was entirely the same process I would say, as the one where I came out as gay around '75-76 by saying publicly, even in to my children, "That's it, that's the way it is, and if you don't like it, take a hike." In the same way, when I started getting involved in AIDS at Chez Me Cousine and then at CSAM as well, it became, "It's not true, I am right here, I exist and you're going to take me [as I am] or else *you'll* disappear; I cannot abide people negating who I am." For me, from that point forward, fighting for gay rights and the issue of HIV were always combined. In my mind there was always a direct connection, which was confirmed later by [studies such as] the Omega Cohort, which we could also talk about. But it was necessary for me, vital, that we fully recognize homosexuality if we wanted to prevent AIDS. Because there was still a palliative aspect that I looked after with Chez Ma Cousine Evelyn, and that continued, but I have always been very close to and concerned with the prevention and awareness aspect – of how and why it affects us gays, Blacks, and marginalized people, why already excluded people became even further excluded because of HIV. So my work was often focused on that. Every action I took was to obtain recognition of our rights as gays, as HIV positive people, to recognize our rights in order to take our dignity back, so that I'll then protect myself. It doesn't dismiss accidental cases and it doesn't

dismiss 52,000 other reasons, but at the time we were convinced – not in the ‘80s – but in ‘88-89-90 we were convinced that AIDS was a way of committing suicide. Marginalized people were so sick of being marginalized that we decided to kill ourselves and that AIDS was one of the ways; alcohol was another way, sex addiction was another; the whole phenomenon of being a *grande folle* (big queen) was an extravagant way to push the boundaries, if you will. Being a drag queen wasn’t a way of committing suicide, but it was a theatrical way of pushing homosexuality to its extreme, as if to say, “You think that I’m like this? Well, look, I’ll show you, yeah I’m like that and now it’s show time!” For me, the entire “suicide drive” per se wasn’t really that at all, that everyone was mistaken, that this death wish was related directly to low self-esteem. So that was my story, I came to this as someone first touched personally, overwhelmed, and then by accident – even though there are no accidents. They asked me to go sit on the board of a troubled organization, I said yes, but Ken knew what he was doing – he knew very well that if he got the gears in motion, and I got my hand caught in them, my whole body would be sucked in along with it.

JA: So just to clarify, André’s death was before the discovery...

RL: - of AIDS.

JA: And before the discovery of the virus?

RL: When he died, the word ‘AIDS’ started appearing in the news, but we were far from identifying HIV, we were far – we found a virus that we hadn’t named, we had identified a virus that was responsible for those illnesses. So when André died we were at that stage, it wasn’t HIV [yet], he had died of a virus, the gay plague, that’s what he died of.

JA: Do you recall then which publications were writing about AIDS? You spoke of the media, was that mainstream media, local press, the magazine *RG*?

RL: It was more *RG* and it was *Fugues* (the magazine for Quebec gays and lesbians).

JA: *Fugues* and *RG*.

RL: I was reading *Fugues* at the time. So it was more *Fugues* that dedicated more coverage and importance to the gay plague issue, that approached it more from a political slant, and above all in the dramatic sense, i.e. that we were watching people die. That was my main source; *La Presse*, *Le Devoir*, and then electronic media, but not many of those; there was a report now and again that would state, “Well, there are such-and-such number of people dead from the gay plague in California,” that was how they spoke of it. Mainstream media didn’t talk much about what was happening in Montréal – that was covered more in *Fugues*.

JA: So you spoke of coming out in 1975-76, which was before Truxx [the bar raid]; what were your experiences with political involvement before AIDS that may have informed your activism?

RL: There was a lot. I've always been involved in community organizations, my whole life. I worked a lot at the time, and from my earliest years, to how old I am now, it goes back quite a ways, when I started working in '67. I started working as a journalist, which I did for three years, but then I was sick of being a spectator, I wanted to be an actor, to not merely recount the world's miseries, but to intervene in them. And so I went to work right away in community organizations, in community television – which is what we called it at the time – it wasn't cable access then, it was really social groups that formed, people from the community who produced their own shows and content and we were hired as facilitators, not like TV announcers, but really like community facilitators. That was probably where I did my earliest work in concrete rights advocacy, advocating for people on welfare, for single mothers. At that time I was working a great deal with single mothers; I started a daycare to respond to their needs, a daycare cooperative. But this was back when my children were young and they would come home from school – and they were at an age when you had to put them in a daycare. Their mother was working and I was too, and there was no daycare, so I started one up. [Laughs].

JA: In Sherbrooke?

RL: At that point it was Victoriaville – I founded a daycare and a food coop (with other people of course) because it cost too much to feed ourselves, I couldn't afford it. That was really hellish, it's indescribable, but at the same time amazing because anything was possible. It was back when there was nothing so as soon as you had good will and were able to gather some people around you it was, "Go! Let's get started!" and we had no idea what we were getting involved in. Community television was a whole new thing, we had no idea what we were doing, so it was like a whole new field of engagement opening up and we could experiment however we wanted. Those were my first steps, after that I worked a lot, still in community organizations, which in turn led me to politics, because if you want to be an agent of change (back then as today), you go into politics, either partisan politics or you go into politics in the sense that you want to change something in this society – sure you can look after your own back yard and that's fine, but if it stops there... So it has to go beyond that, *you* have to go beyond that. I worked in the community sector non-stop, but because it paid poorly, I had at the same time – I always had two streams, a more business or commercial branch (you have to make a living), so I ran restaurants, I was a florist, I did 52 different things, which in turn allowed me to part of, president of, an organization. It was only much later that I came to make a living in community organizations.

So politics unleashed a lot of potential [for me], I'd say. At the time, I was in René Lévesque's Parti Québécois (PQ), and I was part of the national executive, so I was in direct contact with the party leaders. I sat in on meetings of the Council of Ministers in Quebec City every month. I was at the

centre of it all... not in the decision-making – I was a gadfly – I wasn't the one making decisions, but I got to witness all of the discussions, and not just the partisan ones, I mean. When you are part of a political party or organization, the only vision you have is the party's, you never get a view of the big picture, and you don't necessarily want to have one either, and that's ok. There are times when some activists push [the party] to an extreme, which is also ok because sometimes you need that in order to combat the other extreme. But back then I was really in the middle of decision making process with all the complexity that comes with it – and everything else that comes with it out of necessity: doubt, compromise, negotiation. At one point I withdrew from politics when I found that there had been too many compromises, that they had gone too far. I left the PQ when René Lévesque started talking about the “bold risk” with Brian Mulroney, which goes back many years, because for me the level of compromise was too high. It was a betrayal – and for me René Lévesque was a traitor. He was a tremendous politician, a genius, call him what you want, but in the end he was a traitor, he betrayed his own party.

JA: In 1976?

RL: Yes, in 1976. So at that point I quit partisan politics, let's call it that way, and I went back to coordinating community organizations, but rather than working on the front lines, it was on a more political level. Of course, that meant looking for subsidies, but overall it meant seeing that the government wasn't necessarily the enemy – rather, it has its own objectives, which I don't necessarily have to abide by, but I have to make sure that whatever activity I'm doing is in line with the government's goals, so to speak. Hence you necessarily find yourself making concessions and half-measures. You can't be pure when you get involved in this [area] – you can only be pure when you're in the streets. But when you're sitting at a negotiating table you can't be pure, it's over. So, either you accept that and you get into it, or you don't accept it and you stay on the streets, which is fine. We can come back to this position in regards to *Dire enfin à la violence*, where I never once accepted that we go protest in the streets. And that was because I was afraid there would be 10 of us [laughs] instead of 2,000, on the one hand, and on the other, because it just wasn't the goal of that committee. So I had to keep this distance, to participate in protests organized by other people – like the *Comité sur la violence*, whose demos I attended often – but it wasn't in our mission to organize one ourselves, as far I saw it. Coming back to ACT UP (the AIDS Coalition to Unleash Power), I attended two ACT UP meetings, but I quickly realized that it wasn't what I wanted to do; I wanted ACT UP to work out, and I attended their demos. Michael [Hendricks] and Douglas [Buckley-Couvrette] were hyperactive in that group and it was perfect for their “Let's go! Let's do this!” [attitude], but that wasn't how I worked. People who are out there protesting in the streets these days often don't understand the difference, to my dismay, as we saw in the student strike: very heated protests that died a beautiful death because they were satisfied with staying in the streets, and because no one among them agreed to step up to the negotiating table. Two of them did, and they were perceived as traitors, even though they were just switching chairs. You can't be in both chairs at the same time, but anyway, I'm done with my sermon – my sociology lecture.

JA: Did you have anything to interject, [Alexis]? Because I heard a few names, and this is the first time I hear some speak about MARC/ARMS in person...

RL: MARC/ARMS was the bilingual name, MARC was the French acronym: Mouvement action... for that you'll have to go look in the archives. ARMS was the English name, from when it was created.

JA: Ok.

RL: MARC/ARMS was founded by nurses from the Haitian community, by individuals from the gay community, but there were no drug addicts at the time. So it was really those two groups that founded MARC/ARMS in a state of urgency. Back then it was really like, "People are dying, what are we to do?" You know, people were getting evicted from their homes, that was the reality then. "What are we to do?" There wasn't a single resource for them, there was no where for them to turn. That was when Chez Ma Cousine Evelyn was founded, and why. Evelyn had friends who were actually dying and she was hosting them at her home. And as soon as a bed became free, as tragic as it is to say, but as soon as a bed freed up, there was someone [to take their place]. There was a waiting list. So that was how Chez Ma Cousine Evelyn was founded. Shortly thereafter she registered as a [non-profit] corporation in order to receive donations and her friends and entourage offered support. But this was undertaken on a charitable model, it was very, "We're going to use our own networks to make sure our community looks after [itself]." There were a lot of McGill students and a lot of people from the gay community, which is how Ken Morrison came to be a part of it, but it wasn't enough. The cooking was done by volunteers, who went to do groceries if there was any money. And the people who came there to die gave what they earned from social assistance, but it was a home like this one, you know, with three bedrooms, and you can't... Sure you can host six people but once you have six you're full and you [still] can't afford to pay any staff. MARC/ARMS came out of this because the Haitian community and the gay community were the ones most affected. But they rather quickly split off, and the name MARC/ARMS lingered on for a while and then became CSAM. Here you started to see the francophone element take control when CSAM was established and they sought funding from what was then the Centre des services sociaux, and meanwhile the Haitian community retreated to itself completely via their religious associations. Haitians were going to pass away with their families, either immediate or otherwise, with the support of their various church groups. Haitians extricated themselves on the one hand because it was shameful, and on the other hand, because their own religious community had the means to take them in. As far as gays were concerned, no such thing was possible, the immediate family wasn't there, and friends...

JA: Were just as disadvantaged as they were?

RL: For the most part just as disadvantaged, and that's where you started to realize that your sex-friends, or the friends you go out with on a Saturday night, they're not the ones who will change your diarrhoea diapers on a Sunday morning.

JA: So was CSAM founded primarily as a palliative care charitable organization?

RL: No.

JA: No? So were you part of founding CSAM then?

RL: No.

JA: Ok.

RL: When it came to AIDS I did not found anything. [Laughs]

JA: Alright then!

RL: On issues of gay rights advocacy yes, but regarding AIDS, no. I came to CSAM after it had already been founded. CPAVIH had split off and was autonomous by then, and there was a prevention wing, but it wasn't called Séro-Zéro at the time it was a CSAM sub-committee, which was headed by a heterosexual guy by the way, who conceived of it and formed it. It was only later that it became Séro-Zéro, which I founded in this case – well not really, I mean it's more like I took the reigns.

AS: [Laughs] Ok.

JA: I knew it!

RL: I took it over [from the predecessor].

JA: Ok.

RL: I took it over after the CSAM closed because at one point CSAM shut down because the director was committing fraud.

JA: Oh!

RL: So I came to CSAM via Ma Cousine Evelyn in the same way. "CSAM needs someone on their board of directors, someone who knows the ins and outs of the Health Ministry and is able to help them develop it." I got involved in CSAM because Ken told me, "they need some support over

there.” I wound up there more as a technical consultant for fundraising and subsidies to wade into the governmental murk, than as an activist per se. I was an activist, because of Chez Ma Cousine, but I didn’t want to be, I never wanted to be a gay activist – it sounds funny to say that but it happened by accident, it’s as if the gay community bumped into me. I didn’t find I had too much in common with the gay community. The only figures in the community that I liked at the time were the ones we called *les grandes folles* (the queens). The *grandes folles* and the drag queens were theatrical figures in my mind. I felt good when I was with them, I felt understood for who I was, but with a flamboyance that I found seductive. The rest of the gay community, whether it was the leather men or the bar scene, wasn’t for me. I didn’t relate to it. I wasn’t a gay activist; however at the time I wrote a few articles in *Fugues* and *RG* about the gay community, but it was from my perspective at the time: i.e. being a separated, gay, sometimes-single, sometimes-not (depending on what period we’re talking about), father with children. Back then showing up at my son’s school with my boyfriend was not accepted. Nowadays I’m doing it again because I have an 8-year-old child: my partner has a child, so we went to the parent-teacher meeting at the school, and it was like we were no different from any of the other parents. But back then it wasn’t like that. So I wrote a few articles that addressed that reality. Actually it was a way for me to cruise, it was a way to say, “Hey! I’m here!” that’s always part of it. So I got involved in CSAM and then we started managing CSAM.

JA: But who was there? If I might permit the question, that is, because we’re really finding that there were two parallel worlds here.

AS: Yes.

JA: That there were two parallel worlds that had a distinct chronology and different turning points. On the one hand we with Rock Hudson, the discovery of HIV virus in ’86, and then Joe Rose...

RL: Yes.

JA: Then the World AIDS Conference.

RL: Yes.

JA: ACT UP.

RL: Yes.

JA: On our side we’re coming to see these bubbles appear in the historical liquid.

RL: And that is the very important distinction that I tried to show to English Canada with the ministerial committee that came afterwards. “What does Quebec want?” is as pertinent a question as ever, since our social response to any given issue is always different from that of the anglophone community and the rest of Canada’s. There is always a difference that leads to disagreements, sometimes conflict, and that tends to baffle one side or the other. On the anglophone side, at the time there was ACT UP, which was a very anglophone activist movement – there were francophones involved, but it was very anglophone – and there was McGill. McGill University was an instigator, and later Concordia, but McGill primarily. The social teaching at McGill became very concentrated on... there was an AIDS focus there during all those years, and still to this day. This simply did not exist within the francophone universities. There has always been this tendency for anglophone and francophone communities to organize [differently], as you can see social services are organized on the French side in Quebec. From the Department of Youth Protection (DPJ), daycares (CPE), we have a very government-based, structured notion of a community organization: you incorporate, you manage to get funding, you propose projects, and you respond to needs, all with responding to needs in mind. One tends to forget about this when you’re further down line, but that is the way many of them started. So CSAM was *the* main group in Montréal at the time, and it was a francophone one. There was an anglophone wing that quickly split off to become ACCM (AIDS Community Care), which primarily served anglophone people living with AIDS. So there was some back and forth: the clientele didn’t care, they needed services and they went where they could get them, and that was fine. So then we had ACCM, which has always struggled to stay afloat, which has always had a different concept of internal organization from the rest with their egalitarian salary structure, i.e. where the director earns about the same as the janitor. That’s cute and all, but when you’re the janitor you can say, “Piss off it’s five o’clock and I’m going home,” whereas if I’m the director I’m still working come midnight. Hence you had two completely different ideas [of organizing], and I’m not saying that one was good and the other bad, but rather there were simply two strands that came out of it. MARC/ARMS, then, was initiated by anglophones with an attempt to create a bilingual organization, but it quickly split in two: ACCM and CSAM. From there, CSAM came out with various services: significantly, prevention, advocacy (also significantly), and out of that emerged other community groups, including hospices, temporary housing, support groups for parents or partners, etc. The latter didn’t necessarily emerge from CSAM but they benefited from the headway CSAM made with government in order to get in on that too.

JA: So do you recall...

RL: Who was there? You’re going to ask me names?

JA: Where there were [located] and how you first heard of CSAM?

RL: CSAM was on Prince Arthur, south of avenue des Pins.

JA: Ok.

RL: It was in a building owned by the city, and when I got there CSAM was already established. There were already subsidies coming in, a base. We were able to hire an executive director, a receptionist...

JA: The fraudster?

RL: Pardon me?

JA: The fraudulent one?

RL: Yes, the fraudster.

JA: Do you remember her name?

RL: Oh lord, Michael Hendricks could tell you all that.

JA: Ok, got it.

RL: Michael Hendricks would tell you all the names, he has a memory that has always impressed me, he can recall the whole, "Oh but in 1982, you said!" [laughs]. Phenomenal, that one, but I have no such skill.

JA: But was there a go-between who brought you there?

RL: Ken Morrison.

JA: So it was Ken Morrison. Can you talk about Ken Morrison?

AS: Yes.

JA: Because that's a name I'm less familiar with.

RL: Sure, Ken Morrison was a butterfly. He came from northern Saskatchewan, where he worked for something like a credit union as a bookkeeper or something like that. He came here, to Quebec where you can live more openly. He verged on being a flamboyant queen, at times he was one, when we really got him going [laughs]. But he was into everything, that Ken, he wrote, he painted, he did crafts, he repaired his own bike – he would go back and forth from being a vegetarian to not – he was a pastry chef, a gardener, he did everything. And he was an activist at heart. He's someone who wanted to fight for something, whatever it was, he would fight for it; it was

fundamental for him. Here he could really have fun. And then when the gay plague came... And the whole gay scene was fascinating to him, coming from northern Saskatchewan – we had saunas, bars, and it was like “wow!” So he availed himself of the saunas and bars, and parties at his place. Ken was the type of person who would put up posters on telephone poles saying “There’s a party at my place at this time on such a night.” [Laughs].

Back when I was with him, I was working freelance and I had my pied-a-terre in Montréal at his place. I had a place in Sherbrooke and in Quebec City, because I was going back and forth between the three, working like crazy. I remember one time arriving at his place at 2AM, exhausted, having woken up in Sherbrooke and worked all day in Quebec City and come home to Montréal to sleep. And when I got there, there must have been 50 people in his place. When I got there someone was sitting beside the front door completely stoned and I asked him, “Hey who are you? Huh?” but he was too out of it – I had a fit and kicked everyone out.

JA: Oh.

RL: Ken was furious with me, but it was like, “Seriously, can you just?!” [laughs]. Ken was the type of person who was, moreover, attractive, charming, intelligent, funny – he was a butterfly. Everyone would gather around him, but then he would gather people and then woops! He was off, he might come back, but only maybe, maybe not. He was at Chez Ma Cousine as volunteer, then he was at CSAM, but the whole administrative side of things bored him stiff; he’d say, “I just don’t want to do it.” But he definitely saw that there was something happening at CSAM. I don’t want to be mean, but I will be politically incorrect and say that in AIDS there are two types of people, the ones who worked and the ones who passed through. And there was a world between them. I was in the category those who worked, I passed through sometimes, but I would venture to say that I was in the worker lot. Ken is currently living in Mexico, and he’s an international consultant in I don’t know what. He worked for a Mexican government ministry, of what exactly? A guy from Saskatchewan who worked for a government ministry, as a special consultant, at the Ministry of Health in Mexico: “What the hell are you doing there?” But that was Ken. I am sure that he is doing his job, I cast no doubt on that. It was one of the reasons that we broke up, but I won’t get into that. I am not looking for and do not want recognition. Every time they have given me an award, I always say, “Well, that means you want me to leave then. Because if I’m doing my job right, you’d let me work.”

JA: It is like the watch you get when you retire?

RL: Exactly, like the watch you get when you retire.

JA: But can you tell us a bit more about CSAM? Because I’m fascinated by this nexus of people around CSAM.

RL: For the most part they went on to become internationals.

JA: But were they mostly white gays? Were there poz people? Were there any women? What was the level of diversity in your recollection?

RL: There were a lot of white gays, not a lot of seropositive people at CSAM.

JA: Yeah.

RL: When it came to CPAVIH it was different; at CPAVIH everyone was HIV positive.

JA: Right.

RL: And that may have been one of the reasons that it didn't work out, given that the success rate for *by and for* groups is quite slim, if you're talking about success as accomplishing given projects. If you're talking about success as in people learned to live, then in that sense it was success. So CSAM was mostly white gays. Not many women, but there were women who came from McGill, women university students who came and left. [Laughs]. It was ok, they came to attain certain skills, and we had a lot of expertise at the time. With CSAM and the people around CSAM back then, we created a section at the Health Ministry that had AIDS in the title. We brought about a budget to do prevention and care and special care housing, it was something.

JA: And it was CSAM that built all that?

RL: It started there; when we talk today about palliative care units, it was the AIDS care homes that created that, it wasn't the hospitals. And those who started them in hospitals had come from care homes. We became experts as much in funding research as in administration and service programming, as well as in the new approach that went, "I'm not someone who is stricken with VIH, I am a person who is living with HIV." That alone was an extraordinary change in the Quebec healthcare system. The mere fact that I have the right to ask my doctor questions, not just to question him, but also to tell him, "No I don't agree with you. I read in a magazine that XYZ," was a revolutionary act that we have lost now, or that we're losing. At that time we gave trainings to HIV positive people at CSAM, and we got them to do role-plays on how to talk to their doctor, how to argue with your doctor. "You're the one who controls your own life," [we told them]. And in the care homes we told them, "You're alive up until you die," [laughs], "so five minutes before you die, you are alive and you have the right to choose." I don't know how many times it happened in the care homes that someone would come down from their room, sit with us for dinner – of course they wouldn't eat that much – but they'd sit with us, look at us, engage to the degree that they could, then go back up to their room and die two hours later. I saw just that: he'd come downstairs dressed, he was alive. So that way of speaking, that approach, it's phenomenal, it was revolutionary. All of that came out of CSAM, refusing from the beginning to think of people living

with HIV as people stricken or infected by it. Refusing to have it turn us into victims came out of advocacy, it was part of gay rights to say, “You’re not guilty of being gay, you’re gay. Period.” And we were done with the question of, “Is it 10 per cent your fault, 15? Five? Fuck off, you’re gay, period.” The discussion was over, it stopped there. From the moment where you accept who you are, you have to own it. So that discourse came out of CSAM, because of HIV. We have made great progress with rights for the gay community because of HIV.

JA: So, let’s talk about the timeline.

RL: Yes, I was digressing.

JA: Not at all, it’s totally central for me because on this timeline we have Chez Ma Cousin Evelyn, which everyone talks about – Puelo Deir, Ken, Michael Hendricks – everyone I speak to talks about this care home, because it instigated a response to the urgency of the situation.

RL: Yes.

JA: For CSAM then, can you elaborate a little? I will surmise that it was between 1986 and 1992.

RL: Yes.

JA: So which [years] for CSAM?

RL: Yes, I think it was in 1992, somewhere around there.

JA: So we were at the high point of the Bourassa government.

RL: Yes.

JA: We were in the middle...

RL: Lavoie-Roux, Minister Lavoie-Roux.

JA: Lavoie-Roux, right. We were in the middle of Bourassa’s homophobic period.

RL: Yes.

JA: How did CSAM manage to convince the Bourassa government to create a bureau for AIDS? Do you remember these negotiations, how the financing [came about], what the mission was?

RL: It wasn't really negotiation, it was more like war [laughs], which is different. The power we had was that we were dying. It sounds ridiculous, but the only power we had was to say, "One of my brothers just died and these are the conditions he died in and that is untenable. We as a society cannot allow this." It's the language CSAM used more or less forcefully. And it was the language I used too, and with my fist banging the table. So I said, "As a society you don't have the choice, you cannot just allow people to die in these conditions, it's untenable, and when you say 'untenable' you mean we shouldn't take it, period. It's over, end of discussion." So it was in that sense that we weren't negotiating. We were at war. Back then I'd often say, "We are at war and I have a lot of dead people on my side, and there are none on yours." Even if that wasn't exactly fair, fine. We didn't have any other arguments. And the threat of the epidemic came out like, "Ah ha! We're dying but watch out! Because you're going to die too." So you had this unspoken threat, of which the government was well aware. And that's why I say that we got our money when a heterosexual, white woman died. From that point, Minister Lavoie-Roux suddenly released some funding, and from there the federal government followed suit. But before that, our statements had no value. We were running on charity, on the involvement of a few employees in the health system.

One example: I remember very clearly that Ken came back from a meeting with Santé publique one time with two stacks of white paper for the photocopier because we didn't have the means and everyone said, "Wow! Way to go!" We would steal pens from Santé publique, pens and shelving. So in the beginning, MARC/ARMS and CSAM's early days were a lot like that – the reality was that we had nothing but we were responding to emergencies. When someone is dying and he comes knocking at your door saying, "I'm dying," what do you do? You take him in, you have no other choice. At that point we had Chez Ma Cousine Evelyn, which was indeed the first organization to be called an AIDS care home (*maison d'hébergement sida*). There were many other people who were taking people in, but it was more like informal caregiving. Today, if your husband has Alzheimer's, what do you do? You wouldn't send him away, you would keep him [at home]. So that's what it was like back then. So in the gay community, people stayed at home, and friends would come and help them, but people died very quickly. The life expectancy was six months. I myself was diagnosed, I think it was in '88 or '89, and I was certain that I had six months to live, it was obvious to me, so how can I still be alive? Well, some say that it's because I'm an old fart that you just can't kill! But it was a death sentence for sure. So if I took him in to my home, I knew that it would not last for very long, especially if you were very sick, with Kaposi's sarcoma and two types of pneumonia – you would have a month to live.

JA: So perhaps we can talk about the World AIDS Conference in Montréal in June? July? of 1989.

RL: Yes.

JA: It wasn't in September? Some say September? It was in June, ok.

RL: Yes.

JA: We agree.

AS: I think so.

JA: I think so as well, I heard September but it was in June. The Conference was in June of 1989. At the time, you were volunteering for CSAM?

RL: I was a member of their board.

JA: And you kept the care home [open]?

RL: Did the home reopen? Maybe the home was reopened or I was in the process of opening a pilot project for homeless active drug addicts living with HIV.

JA: Ok.

RL: It was very particular. It was a pilot project because they were going to be allowed to use drugs in the home and we wouldn't ask any questions; and it was clear that they came in there to die, as it was in all the homes. You didn't go into a care home, as in palliative care homes nowadays, without coming out feet first. That's what Chez Ma Cousine Evelyn was at the time. And then there was the Conference.

JA: Were you present for it? Was CSAM there?

RL: I was...

JA: What happened?

RL: CSAM was present, and I was a panellist in one of the plenary sessions where I delivered my activist speech. I delivered a speech to say, "We are dying and you have no right to let us die this way." The language we were using at that time, and that we carried over later into rights advocacy, was a discourse about rights and not your *Please can you like us?* which had always been the gay community's tune before then; it was more like saying, "Yeah we're not that bad, look at me, as I am, yes I'm bit over the top, but look I'm normal, I'm ordinary, I have a dog."

JA: Like the GRIS (Groupe de Recherche et d’Intervention Sociale)

RL: Exactly. Whereas my line was always, “I have rights and you can’t get by me so fast, no way; you will *have* to see me and say that I exist and to recognize my rights.” That’s when I did my big speech about fighting for our rights and not just for charity. And that was when we turned our backs on the federal Health Minister who refused to recognize the gay community on the one hand, and refused to give money to AIDS groups in the rest of Canada. I remember this photo in *La Presse* with the three of us. It wasn’t planned, and we didn’t plan to sit side by side, it just happened like that. At that time I was not as close to Ken Morrison and I was less open to him, but that was in my personal life, and so the three of us were there. It happened spontaneously that we all got up and turned our backs to her. But we had seen that at the previous conference in Western Canada, in Vancouver and afterwards, I don’t recall where, but we had already seen people do it and we got up and turned our backs to her. I remember there were people in front of me who were yelling, “Sit down, I can’t see over you,” and I replied, “Go to hell, I’ll stay standing.”

JA: Because there were, of course, representations from the New York vanguard who were there, and they managed to get into the conference and also turned their backs.

RL: Well it was possibly planned, but personally, I was outside of that and I think Ken was too. Maybe they had planned it and we just followed along and the journalist took our photo naturally because we were the poster boys for Montréal.

JA: And at that time, was treatment and access to medication on the agenda?

RL: Oh lord no.

JA: It was not yet foreseen as a subject.

RL: First of all there were no medications, there was nothing; they didn’t know what to do with us. We were dying, period. In the best scenario, when you got to the hospital they would try and treat your pneumonia, but they didn’t know what to do afterwards. The health system did what it could, we knew the mode of transmission – that it was through sex – we had done away with it being air borne, which was a lot already. We knew that the gay community and the drug addict community were heavily affected, but the latter were never a very significant demographic, in terms of percentages. Even today, gays are the group most affected by AIDS. The statistics tend to be around the same proportion more or less – and we’re preoccupied with drug addicts because they figure it’s not as bad being an active drug addict as it is being gay. It’s extraordinary, really to think, “You are more deserving of our respect because you’re the victim of drug addiction, you were led into drug addiction in spite of yourself.” Compared to being gay, which you have made the choice to be. There is still a notion out there that it’s a choice. I always said, to police officers and others, “Do you think I would be so stupid as to choose to be part of this community? Do you

think I would want to be black in Montréal? Who wants to be black in Montréal? No one! Those who are, are just that, and that's it, they live with it. So I'm gay, and I'm gay, that all." But it remains in the collective consciousness that it's somehow a life choice.

JA: And for you this was meant to fight for funding and an acknowledgement of the epidemic?

RL: Yes.

JA: And the Conference in '89 was an opportunity to bring that up. Between '89 and the raid and protests around Sex Garage in '90, do you remember what happened in that year? Because we have seen something quintessential about how people describe this period, between the Conference and Sex Garage, it often seems like this period was a hotbed. Do you have any particular memories [of it]?

RL: Yes, it was a hotbed of a time. But even then I'd tell you that there were two communities, the anglophone community and the francophone community. Sex Garage was spearheaded by the anglophone community primarily: there were francophones, but it belonged to the anglophone community in my mind. But there was indeed a hotbed [of activity] in that period, on the one hand because several new groups had their start, in regional areas, and the COCQ-sida (Coalition des organismes communautaires québécois de lutte contre le sida) was born, was in its infancy. What was his name, the first executive director of the COCQ, who's gone international now? A heterosexual anglophone, not heterosexual, homosexual, white anglophone guy. [laughs].

JA: It wasn't Eric Smith?

RL: No.

JA: It was...

RL: Oh my lord! David...

JA: David Shannon?

AS: David Shannon?

RL: Shannon

JA: Thank you, yes.

RL: Who's now in...

AS: He lives in Toronto?

RL: He's not at the UN? Anyway, he's made a good career for himself. [Laughs].

JA: [Laughs].

RL: Good for him, if he likes that. So, it was indeed a hotbed period, and the Sex Garage event was very much in the media on the anglophone side, but on the francophone side, not so much. It was like, "There was a raid at Sex Garage." When the francophone community came to attention, it was thanks to Michael [Hendricks] and Douglas [Buckley-Couvrette]. At that time there was the Table de concertation des gais et lesbiennes du grand Montréal, which I sat on as a representative from CSAM, and which I joined once again by accident, because there was a meeting of the board of directors of CSAM and the Table de concertation was being created. At that point, in the CSAM board meeting they said, "CSAM should really be there, who wants to go?" No one wanted to go and they needed someone gay so in the end I said, "Ok fine I'll go," and that's how I ended up there. One evening Michael and Douglas arrived and there had just been a murder of a gay guy, who was by their estimate the 17th murder in three years. They had been able to – Michael surely has the documentation of this – they had been able to identify who, when, what, how, etc. and the Table de concertation decided to hold a press conference. So someone had to speak at the press conference and no one wanted to, of course, Douglas said yes, I had no problem doing it, since we needed a francophone. I thought it was abhorrent that we were the Table de concertation des gais et lesbiennes du grand Montréal and there wasn't a single francophone gay person who was willing to go in front of the cameras, it was fucking nonsense. So I accepted to go do it. After that, then, in spite of the resistance of the Table, Douglas, Michael, myself, and Elizabeth Neve (who was with us at the time), created the Comité sur la violence, in order to have a public voice outside of the Table. As far as the Table was concerned, whenever we fought for gay rights, it was unacceptable. They were still caught up in the, "I'm a good gay person, there are good gays, look at me blah, blah, blah," line of thinking. While for me that made me say, "No way! I will never stand for that." And so to that, the four of us created the Comité sur la violence, which never had more than four members. We did a lot of work. For me, creating the Comité sur la violence was also acting in AIDS prevention. Afterwards, I became one of the co-researchers of the Omega Cohort. One of the first discoveries of the Omega Cohort was, "No, you don't get AIDS because you have a death wish, on the contrary, you get AIDS because you feel invincible, because you want to party. I got a raise at my job, wow! I'm going out to the bathhouse that night and fuck condoms. Let's go!" This then changed the whole dynamic in terms of prevention.

JA: Because that was a study financed by the Quebec government?

RL: Yes.

JA: On gay men, on men who have sex with other men?

RL: Yes.

JA: from like '91 to '94?

RL: Exactly.

JA: Sort of?

RL: Well it lasted until '95-'96.

JA: And they surveyed how many....

RL: Two thousand gay men whom we met with every six months with questionnaires; and the questionnaire was, well, "Did you have sex, with whom?" Well, not who but "How?" Each time we had a questionnaire that lasts 45 minutes and that was psychosocial in nature. It was under Joanne Otis at the time. It was me and someone who had been the director of CPAVIH.

JA: Bruno?

RL: Non.

JA: Before Bruno.

RL: Bruno was the doctor who founded CPAVIH, when we closed CSAM, it was founded by Bruno, myself, that guy, and a nurse from Santé publique.

JA: Alright.

RL: It was the four of us who structured it.

JA: So just to come back to the Comité sur la violence, you were saying it was connected to or parallel to what was happening at CSAM?

RL: Yes.

JA: For me seemed that because of...

RL: CSAM disappeared that point because it had split into different things so there was no longer one flagship AIDS group – there was no longer a leader. There were a few groups, some were more

leaders and it would depend on who was in charge. In the AIDS sector the COCQ-sida became the political face.

JA: But the Comité sur la violence existed on the one hand to convince the SPVM (Service de Police de la Ville de Montréal) to end to police raids, but also to convince them to investigate more fully that series of murders?

RL: Rather, the Comité sur la violence was founded because of the urgency, once again, of the murders; we suspected that there was a serial killer. The police had to accept that there might be a serial killer. Hence, the Comité sur la violence was created to influence the SPVM. After that we gave trainings to the SPVM on the reality of homosexual [life]. Michael and Douglas went to crime scenes – I refused to – to determine if the person murdered was gay. Based on his wardrobe, could you determine which bar he would have gone to? They tried to guide the police on which places and locales this person might have gone to and met his killer, in parks or what have you. They were the ones who did that.

During this period I was also the president of the Centre des gais et lesbiennes, where once again I had arrived by accident because there was no one else, [laughs], and which survived on, was kept alive by, which had no funding. We were located under le Bloc on Ste-Catherine Street, and the Bloc was a little café that I had bought so I was the co-owner. At the Centre des gais they would organize potlucks, \$2-dinners, where people would arrive with \$2 and some food and we organized dance parties and that's how we financed ourselves. At that time the Halloween dance was put on by the Centre des gais et lesbiennes and it attracted I don't know how many thousands of people, 80% of them all dressed up, it was *the* night of the year where straight guys could dress as women and come have sex with a guy without being afraid. It died off after that when the bars started to build up. But in 1989 there weren't that many bars, the Village was just starting, the Village as we know it now, but there weren't that many bars. I'd say that there was one for every type of clientele, the old guys in one corner, the leather men in the other, the queens at another place and another place for the normals. So when we put on a Halloween dance we easily made \$2,000 profit.

JA: So it was a little like the predecessor of Black & Blue?

RL: Yes, yes indeed, the Black & Blue replaced our dance, in the same way that Divers/Cité replaced some of the activities at the Centre des gais et lesbiennes. All of that wound up diminishing the share for the Centre des gais et lesbiennes, which had no other [means of] self-financing. So we ended up financing ourselves completely. Back when the Comité sur la violence was founded, the community centre had moved to a tiny little space in the Marché St-Jacques; it was volunteer run, and we started to receive phone calls from victims of violence. We hadn't anticipated that, and we hadn't sought it out either. Very quickly, because the name existed and *Fugues* was talking about us, we started getting a lot of calls. I felt overwhelmed by this

phenomenon, we didn't know how to support people, and we didn't have anyone trained to deal with it – I didn't know what to do. So that was when we had the idea of starting the Comité sur la violence. We were lent staff by the government. I remember the discussions that we had with... who was the minister then? The PQ was in power, was Boisclair the minister then? Maybe not...

JA: No, not yet.

RL: Anyway, there was a Public Safety Minister.

JA: In '95?

RL: No, it was before then, maybe in '95. It was the minister of public health we were negotiating with anyway, who told us, "I don't have any money," but proceeded to lend us three civil service employees. There was one who came from that ministry, and another who worked really well, who was an archivist for some ministry or another. They were three gays, token civil gays! [*les gais de service*].

JA: Ha!

RL: He told us, "I don't have any money, but I can lend you two employees." So we had these three employees who started to set up a structure for the Comité sur la violence to be able to take those calls and to help orient those people. And that was when we started to keep statistics on which cases of violence, what kind, etc. We discovered two important things – firstly, that every single day in Montréal someone was a victim, and secondly – something that I tried to go public with but that the lesbians told me to shut up about – was that conjugal violence among lesbians was a very extensive, long-term, and significant issue. There was conjugal violence among gay men too, but less of it.

JA: And it was usually at the end of a relationship.

RL: At the end of a relationship and it tended to finish abruptly, like, "I'll smack you one on a given night and the next night you take off and that's the end of it." Very rarely was there a repeat occurrence. Whereas for lesbians, it was, "I'll smack you one, you stay, you leave, you come back, you leave, you come back and even after you leave, for years after, I'll keep harassing you, and so on." I went to give a talk about it to some lesbians once and the reactions in the room were very much, "Shut your mouth, you don't know what you're talking about, you don't have any business meddling in that, it's not your issue, etc." So I understood quickly that I had no business getting involved in that. I don't know if someone is looking after it now, but there was something very peculiar that people should look into, that says a lot about women's [degree of] tolerance of issues of violence. Whether it's heterosexual or homosexual women, for me there is this phenomenon of

women's tolerance that raises a lot of questions and that we should act on. There's a lot of blaming, but that's a whole other factor.

JA: Would it perhaps be a [good] time to take a break?

RL: A break.

AS: Yes.

JA: That's good I think.

RL: I sure talk a lot.

JA: It's good because here we're really getting at what CSAM was and what came out of that. You already answered the question of what came afterwards, and I think that leaves about a half hour to go?

RL: No problem for me.

JA: Alright!

RL: I talk too much.

JA: NOT AT ALL!

AS: No, no, no.

JA: Not true!

RL: You'll have to cut it down! [laughs].

JA: There's no way to talk too much, not at all, never too much, especially with this subject.

[...]

JA: Since I'm spending the rest of my afternoon at Concordia, I'll skip to questions that have come up in recent research interests. Do you recall doing any work with incarcerated people during this period?

RL: Very little, there was an off-shoot for that, which we had at the COCQ-sida, since I quickly got involved at the COCQ-sida board – and ended up as the director, but that was much later – and

there were people who looked after [prisoner issues], but myself only a little. I went a few times to a prison in Laval for parties, for Halloween or something like that, to meet with prisoners, but I never worked with HIV positive prisoners. It was clear that when I went, I was there as a gay HIV positive man, that's how I was introduced, as the HIV positive gay man from the COCQ-sida. But it was more for informal contact with prisoners. It's not a milieu that I visited often. The milieu actually frightened me, to be honest the two times I went to prison it was [knowing that] you're going to meet with people who had committed grave mistakes, these aren't misdemeanours – and some of them were very nice and to hear them you'd think none of them was guilty, it was always a case of mistaken justice, only that someone happened to have died. I don't know, it was like, well if you didn't kill the guy, you were around anyway. So no, it wasn't a milieu I got to know and so I can't very much more on that.

JA: Because it's kind of like the last meadow.

RL: Yes.

JA: For you, it was because you had to.

RL: Yes.

JA: Because there were already those who were in our networks already, meaning homeless [positive] people, intravenous drug users, who were being looked after...

RL: It [prison] was the very last place.

JA: It was the very last place and I think that's typical.

RL: I worked on the level of services that were *for* them. I worked with Santé publique to establish programs that would train nurses in prison. But I wasn't in direct contact, it was more removed, on the administrative level.

JA: Yes, but still, to convince them perhaps of the importance of needle [exchanges] and condoms?

RL: Yes, yes, yes, the distribution of needles. But by that point we were working with the health ministry, where there was a dedicated drug addiction chief, Richard... something or other... the head of drug addiction [services] and there was a prisoner wing to that. What I remember is that it was very complicated because there was HIV, but there was also hepatitis, there was the issue of drug addiction, so it was very complex. And then the family would get involved and it was always, "My poor child, I don't want to..." So I remember working more on training nurses on how to intervene. Indeed the importance of needle exchange inside prisons, those are issues that I fought

for, but it led nowhere, “Roger, could you come freak out over here and bang the table?” [laughs], because I had always been the bad boy. Michael and Douglas were always transparent about it, speaking in those terms, “Who’s going to be the bad boy? We’re holding a press conference, who’s going to be the bad boy?” And Michael always got to be the good boy [laughs]. Douglas and I were the bad boys, Douglas was worse than me. So there was Douglas raising hell, then Roger, if Roger is freaking out then it must be really serious, and then Michael was there playing the good boy and picking up after us. I remember once when we were recapping [the event] over dinner at Michael’s, it was always a dinner where the three of us ended up drunk, and Michael always said to me, “Well, listen, we’ve gotten this far in the negotiations, and that’s when I told them that if they didn’t concede, you were going to freak out and if they didn’t want you to raise hell they better give in,” and we ended up getting it, that’s how it went.

JA: Speaking of being the bad boy, I don’t know if it’s true, but I heard a story that there was one demand that had been made, either for funding or to be able to negotiate with the police, or with the justice ministry, and you threatened to out members of the Bourassa government.

RL: Right, right, we wanted a meeting with Minister Rémillard, then Minister of Justice, who had said in an interview in Germany at the time, when interviewed by journalists from here, he’d said, “You know, the gay community in Montréal is doing very well, no problems here.” So when the journalists asked me, I told them, “Well look, if it’s going that well, then gays should really know about it, it’s terrible that we don’t know. So we’re going to book the Olympic Stadium and we’re going to invite all the gays to come celebrate this extraordinary day of liberation. And in the invitations we’ll make sure to mention that the gays who are the most closeted will be invited to come out; we have to tell them, ‘Hey, kids! Come join us!’ So we’ll definitely ensure that those gays get invited.” And to that the journalist asked, “And will you make those names public?” and I replied, “Yes, if necessary.” And that’s where the headline “Leclerc plans to out gays” came about. The journalist then asked, “Who in particular? Politicians?” to which I said, “Yes, politicians, but also judges, police officers, nurses, everyone who is in a position of power who refuses to come out, and who makes sure they stay as hidden as possible by being the most homophobic people possible. We have to tell them, “Stop it, guys! You don’t need to do this anymore!” and that’s when we actually made the threat.

JA: And it was [necessary].

RL: It was for that same minister, I believe, was it Rémillard? It must have been Rémillard when we organized a press conference and had his lover standing behind me as if to say, “Look here!”

JA: His lover who wasn’t a civil servant, but rather?

RL: No.

JA: Like, a hairdresser or something?

RL: Yes.

JA: Yeah.

RL: And he wasn't shown as the guy's lover, he was just behind me; he didn't say a word, but we knew very well that he would be recognized. That was the story of outing, which we never actually wanted to do, but which we said we'd do – we got a lot of mileage out of the threat, which we never intended to act on, because once you act on it, you no longer have any power.

JA: And that led them to the negotiating table?

RL: Yes.

JA: And at “table” the exact purpose of the negotiation at that particular moment was what?

RL: Actually we wanted to get funding for the Comité sur la violence, on the one hand, and we continued to fight for the recognition of our rights, recognition of our spouses, etc. It was everything, but at that particular time, we wanted to get funding for the Comité sur la violence and we wanted to get a budget for gay [issues], not just an AIDS budget, which we had already received from the Health ministry – we wanted the government to recognise gay as a category at the health ministry, and not just in mental health, because we were always told, “Why don't you just make a funding request under mental health, and there would be no problem.” But it wasn't a mental health problem – *you* have problems with my homosexuality. So we wanted there to be a gay category, along with those demands. Funding for the Comité sur la violence, creation of a gay category, and recognition of our rights.

JA: Alright, so if we consider this timeline once more, there was an abrupt change: the end of the Bourassa administration, and the turn to the “heterosexualization” of AIDS, i.e. to say that it was a problem in society in general.

RL: When it came to drug addiction, quite strangely, by putting drug addicts in the forefront and us in the background, funding started to come.

JA: In the same way that haemophilia, the hemophiliac child in the United States created a shift...

RL: Exactly.

JA: ...in action on the part of political bodies.

RL: The Association des hémophiles du Québec was with the COCQ-sida, but very discretely, not wanting to be associated with the gay community, which was ok – they aren't gay, they're haemophiliacs. But for them the fight was coming to an end, because there were no more transmissions. They were fighting for the rights of those infected. But it was the end, once they got them, it was over, they didn't have any further interest in HIV per se.

JA: And speaking of the end, briefly, it's 1995, the PQ's "Malades sur pied" [legislation] is extended to AIDS and allows – you don't have to be on social assistance in order to get access to medication anymore.

RL: Well actually, there was a period where where the COCQ-sida was receiving funding to buy the medication with. So it wasn't for *all* medications across the board. We paid a pharmacist, and the pharmacist sent us a bill that was covered. It was funding that the PQ minister of Health at the time [accorded] because they were heading towards free medication for everyone, but we hadn't gotten there yet. There was about a year and a half where the COCQ-sida received money for all of Quebec and people who had it could be reimbursed.

JA: So they had...

AS: That's interesting.

JA: That's very interesting because that model, as far as I know is used a lot in the developing world.

RL: Yes.

JA: It has to be funnelled somewhere.

RL: Yes.

JA: You have a sort of fiduciary organization.

RL: Nowadays yes, if you look at Burkina Faso, AIDS groups receive the funding because your pharmacist is with the AIDS org. So that's where you go to get your prescription and the medication is paid through the org. Either they are given for free by the pharmas, not a lot, or the WHO (World Health Organization), subsidizes that country so that the medication can be free.

JA: It's fascinating because this part of the story completely escaped me, that there had been this year-and-a-half long [program]. With "Malades sur pied" people no longer had to go through the COCQ-sida to get their medication.

RL: Exactly.

JA: Then bam! '96, free *and* highly active treatment.

RL: Above all, the treatment, yes indeed.

JA: There you have a real wind change, with the start of a period that leads to gay marriage, everything changes in that respect.

RL: Yes.

JA: What activities were you involved in for HIV activism, say, from '96 to –

RL: I was no longer at Chez Ma Cousine Evelyn.

JA: You were no longer there?

RL: No, I left Chez Ma Cousin Evelyn fairly quickly – I'm the type who clears the field, not a gardener type [laughs]. So I cut down the trees – I don't do the weeding, that bores me. So when you get to that point in the management, I let go [laughs]. At that point I was primarily at the COCQ-sida as a member of the board, I was working, went back to freelancing, I worked a lot for and around AIDS; that was when I published two books of research on care homes, with federal financing, and I ended up as director of the COCQ-sida because Lise had left and decided to go elsewhere and the position was open. I applied and got the job. I was the director until 2002. It was the period, which you call a "wind change," sure, but for me it was the beginning of the end of AIDS. Not of the disease, the disease continues, but it was the beginning of the end for the needs of people living with HIV. You start seeing how the support groups where we had a lot of people going suddenly disappear like melting snow in the sun. There were no more deaths, or far fewer. Whereas we had 500 deaths per year before, we then had 60, and when you look at those 60, it was mostly immigrant women who were HIV positive when they got here and their cases were too advanced, or it was drug addicts, for whom you can only ask, "Was it an overdose or was it AIDS?" We knew that people died, but in their case, it was hard to tell.

I came in as director of the COCQ-sida at that point, and I focused particularly on prevention, and on care for people with HIV. That's when the COCQ-sida's information bulletin would talk about nutrition and give information on treatments, because then suddenly there were tonnes of treatments. You go from three pills to forty, and you know, there are interactions that allow for

treatment regimens that are no longer singular, they multiply infinitely, because you can combine them. It has the effect of making HIV positive people into – I was going to say – like diabetics because you take your insulin and that's that. Yes it's damn annoying and exhausting but that's what it is. In my case, I'm taking I don't know how many drugs, there are lots, but I am alive and healthy, so what distinguishes me from my partner who's HIV negative? For one, he's younger so he has a lot fewer old-man aches and pains, but he gets a lot more sinus infections than me. So we are at the beginning of the period where HIV positive people need us less and less, where people close to the HIV positive person have no need for us whatsoever, because the seropositive person has become autonomously healthy. What's left is for us to inform people on treatments – “Here's how they relate, these are the interactions, be careful” and so on – we ensure trainings for doctors because doctors went back to their role of God-the-father, i.e. “I hold the truth and you shut your mouth.” It's like being a vegetarian, you have to know nutrition in order to be a vegetarian and cut out meat, it's the same for HIV positive people. It's obvious that you can't expect every HIV positive person to know every drug. That's why we stopped holding protests – I had always said that it wasn't because I was gay that I had to be an activist. I can be gay and want to live with my boyfriend in the suburbs and have a dog and two cars and that's all, and adopt a child. Which is fine, I fought so that it would be possible, so it's a success since you can do that. We can argue, and we have argued, that before getting into the movement for gay liberation, we have discussions on, “What are we going to win? We are marginal right now, but there's comfort in the margins because we have made our own rules.” This whole notion of decency or indecency, when we were marginal, we made our own rules. These days I have to conform to the rules. At Divers/cité, you don't see any bare asses anymore, because we are more careful, because we get the front page.

JA: That's normalization. So in your mind, that was the impact that treatment had.

RL: Yes, that and prevention.

JA: And prevention of course, through Séro-Zéro which you founded.

RL: I let go, yeah, I let it go – you know, back then, when we started Séro-Zéro and I was at the Centre communautaire, I was in discussions with doctors to open – to buy that building on the corner of Amherst and Ste-Catherine, the old bank there that was a fabric store. I wanted us to buy that to make it into a community centre on the ground floor with a medical clinic downstairs because it was profitable – I could have paid for the building with the rent from the medical clinic. And then we really could have built something. It didn't work out. But I wanted a medical clinic that would have done research on gay health. For me, gay health was our relationship to alcohol, our relationship – our emotional wellbeing, whether plausible or not, or either way which had to be looked at, but everything else in gay health, on the feeling of shame that comes with it. It didn't work out – today Séro-Zéro talks about gay health but their concept of it is pretty limited compared to what it could be. So that leaves prevention, in Montréal, but also in regional areas. At the COCQ-sida we were very concerned with regional areas. But I quit the COCQ-sida because I

wanted to shut groups down. I wanted to shut down the care homes, to close them as institutions, transfer the skills to where it was needed – I wanted the funding to stay and see employees get transferred because they are the experts. It's not "Chez Ma Cousine Evelyn" the name that held the expertise: rather, it was the people who worked there. So I wanted those [experts] to go work where the people were.

When it came to Chez Ma Cousine, I wanted them to go to the Maison du Père, to the Old Brewery Mission, that's where they should be, because when they get there they have clients waiting. Stop making people come to your location, we should go find them [where they're at] and it was my employees who could do that. And in the AIDS care homes, typically, it was all about palliative care – take for example Maison d'Hérelle, where they had developed a whole skillset on palliative and alternative care, music therapy, but also herbalism. But I also recall there were two ladies there who were doing experimental [treatment], partially indigenous-based, part alternative, and so I wanted that expertise to go to other, more general, palliative care homes. From there, we also had the mental issue, the fact that many people came in who had mental health issues caused by substance use or HIV – or for whom that became apparent because of either circumstance, or immanently part of where they came from. I've always said that when you end up on the street, if you don't already have a mental health problem, for sure after a year you'll have one, because you can't go through that and come out on an even keel. I wanted us to close the care homes, the AIDS orgs, the gay AIDS groups, which no longer needed to exist, so that we could transfer these skills to the Centre des gais et lesbiennes or elsewhere to regional areas. We could have created gay outreach/accompagnement groups, which would use that expertise. The COCQ-sdia rejected it, rejected my idea and it was one of the reasons I left in 2002 to go to Burkina Faso because there, anything is possible.

JA: Perhaps it was that your ideas were ahead of their time?

RL: Well you could say...

JA: For them to understand given their...

RL: I did the same thing when it came to other non-AIDS groups. A community comes into the world to fill a need, so you have to make sure that the need is still there, and if it is no longer there, you have to have the courage to say, "That's awesome, we succeeded, let's close." But naturally, the problem is the employees, and I'd say that they're people who don't have any other reason to exist than the organization that was created, regardless of who founded it. And there were a lot of those. There were people back then who went to AIDS orgs because there was nowhere else that they felt they fit in. And that's fine, let's still help them, but let's stop calling it an AIDS org, it's false: let's have that funding serve to create a group that will respond to those people's needs. So let's determine what the needs are – but the problem was always the employees, what do you do with the employees? You don't want to make them lose their job.

JA: You don't want to be the bad guy.

RL: Well, actually, I've never had a problem being that, but you have to switch it up. You have to tell those employees, "Your skillset is valuable and we want to transpose to somewhere else."

JA: And that was because you saw a drop in demand?

RL: Well, yes of course. There is no longer a need for AIDS orgs, and I stand by that. It does not need to exist anymore – prevention, sure, medication, the whole treatment aspect, yes, though less and less so, but an AIDS org that offers discussion groups just doesn't exist anymore, because no one wants to discuss [it].

JA: [Laughs]. I was in a discussion group for HIV positive people on Saturday, so it exists, but it's true that the urgency has changed, the state of affairs has changed since back then.

RL: Well, you have to be careful with that, because the people we were serving, at least near the end of my time, came to us quite unwell in lots of ways. AIDS was one of the factors, so let's stop calling it AIDS, let's start calling it, I don't know, but let's find out what it is, once again let's determine the need. I don't have any trouble saying that those people need to move on. We managed to close to a care home in Sherbrooke. But it was a small care home, and I remember going to meet HIV positive people over there to tell them, "We guarantee that you will have services on the day you will need them, but we're not going to keep the home open with one resident just in case you might need it. I guarantee that the day you will need it there will be services for you that are adapted to your needs."

JA: In Sherbrooke.

RL: In Sherbrooke, but we don't have to keep the home open artificially. We came to an agreement with the minister at the Service de Santé publique, we said, "It's the employee at that place who has the skills, he's the one who will take care of you when the day comes that you will need it and who will lead the team to take care of you. Here's where we will send you, and he will make sure that the skillset he has will be maintained. And not just for you [the resident], but for all of the homes, it will become a palliative care home that will take people in, when you will need it, and that is where you will go. Here is no longer the place."

JA: We're far from the epidemic at this point.

RL: Precisely. In my mind, there is no longer an epidemic. There is still an epidemic in poor countries, but here in Quebec there are still people who are infected, but they can find answers without there needing to be an AIDS org. They can find a response that suits their needs. If you are

infected tomorrow, there are medical clinics where they will look after you, and you can get referred there and they'll help you when the, "Alright I have AIDS," realization settles in, but it's no longer a death sentence.

AS: We try to remember the people that we can't interview. So, if there is anyone, any stories that you would like to tell about, people who died, or who were active militants during that time.

RL: People who were there back then, that I remember, there's the guy who was director of CPAVIH, the lawyer, he was a redhead, he was diabetic...

JA: Who is no longer with us?

RL: No, he's still living.

JA: You mean Ken?

RL: No Ken is currently at the COCA-sida. There was Douglas who passed away, Michael, Elizabeth Neve, whom I worked with. But when it came to AIDS, there were not a lot of women working with us, there was no one from the black community. They found their answers elsewhere. In terms of drug addiction, there was Richard, who was an employee at the health ministry, oh Lord, I have no memory, really no memory, that's why I can travel light, I don't bring any luggage with me. Joanne Otis, who was at Omega – the gay community worked with her a lot.

JA: As far as people who passed away during this period or afterwards, even though they might not have died of AIDS, would you like to name anyone?

RL: I have so many flashes people in my mind. The director Maison Plein Coeur, a nice big chubby man, but then there was the founder of Maison Plein Coeur, who played a role, who had, my Lord, this is so terrible... This guy, when he found out, he had a large personal fortune, an inheritance, not a huge one, and when he found out he had AIDS, he said, "Well, I will live for this long, therefore I'll take my living expenses to live for that many years and the rest I'll give away," and that's how the Maison Plein Coeur was founded. He's the one who hired the first coordinator at the Maison Plein Coeur, which was in a small residence in the Village, it was him, his money that paid for it while they waited to get funding. What was his name? Good Lord... Michael could tell you all that, he's a library, he'll bring out some names for you. So there was the founder of Maison Plein Coeur, who died of AIDS, who was very involved, as much in the anglophone community that he came from as in the franophone community he got involved in when he created Maison Plein Coeur, after negotiating with Santé publique. There was Evelyn from Chez Ma Cousin Evelyn, I don't remember her last name, and Ken Morrison. Goddamn it I have no memory.

JA: And that's ok because we have run out of questions. Unless you [Alexis] have another? I am out of questions.

RL: It's catastrophic to have no memory like this, but I never really had a [good] memory.

JA: It's because you live in the present.

RL: Yes, and I travel light. [Laughs].

AS: That was fantastic.

RL: But what is lost in all the work we did, as much on the gay side as in the AIDS side, is on the one hand, in palliative care you lose expertise, which is a catastrophe, and then you lose the whole notion of the sick person not being a victim, which is also a catastrophe. I presume that it's because human beings are not able to be autonomous [in that way] – at my age, especially after everything I've seen, I have come to believe that human beings are lazy. Which is fine, as soon as someone [else] can take charge of things, a human being will fall back. A human being turns things over easily, which is where you get the two strains, the anglophone model, where I confide in a priest, the pastor, and I confide my problems to him so that he can look after them. And then there's the francophone side, where we turn things over to the State for our wellbeing. This morning, a rather typical morning, we were having breakfast, Guy on his cellphone, me on mine, and our little one on his computer, all of us looking at our devices. I'm not judging, as a father I can't get angry and say, "Look here, we need communication here!" But even if I'm not judging it, I still have to address that this is what it's come to. It was quite extraordinary, me there at breakfast looking at my cellphone looking at my cellphone watching a video about how catastrophic this all was! [laughs].

JA: Technology addiction. [Laughs].

RL: Yes, and the disintegration that comes with that and giving up on the collective. That's what might be the most catastrophic of all. The [notion of] the collective disappears and in its place we have a multitude of individuals, maybe more, it could be two of three people – here we're three, and I might feel endangered if the three of us are attacked, but that's all.

JA: But at the same time there were 110,000 people at Place des Arts yesterday apparently to fight cuts to daycare, right?

RL: Yes but during the Printemps Érablé [2011 student strike] there were 250,000 [people] in the streets and nothing came of it.

JA: Ok then.

AS: Ok.

RL: I'm just pointing that out.

[END OF TRANSCRIPT]