

AAHP
AIDS Activist History Project

Interview Transcript 2014.026

Interviewee:	Tim McCaskell
Interviewers:	Alexis Shotwell & Gary Kinsman
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Persons present: Tim McCaskell – TM
Alexis Shotwell – AS
Gary Kinsman – GK

[START OF TRANSCRIPT]

AS: It's November 14th 2014 and we're talking to Tim McCaskell.

GK: So, we ask a couple of questions at the beginning that we ask everyone. Our first question is when did you first hear about AIDS?

TM: I used to do the International News for *The Body Politic* [TBP] and therefore I had to read all of the American newspapers. It would have been in the summer of 1981, I guess. And the CDC [Centres for Disease Control] had released its report. I guess the *New York Times* had covered it, and I dealt with it as one of three bizarre media stories, one of which was this so-called "gay disease." There were two other stories that were about crazy things that the media would pick up about gay people in those days. By the next issue, more and more reports started coming in, and so the reporting that I was doing started getting a bit more serious. As well, Michael Lynch and gang were back and forth to New York all the time, so they started coming back and saying, "Oh, there's something really going on... there's like, heavy shit going on here." And so that's how the paper began to become more involved. My first encounter was through this story in a paper that basically, we thought was funny.

GK: So, given that you already talked a little bit about *The Body Politic*, maybe talk a little bit more about what you were reading during that period of time related to AIDS that might have been helpful or insightful. Also, what was going on in *The Body Politic* around AIDS?

TM: Well, there was nothing particularly helpful or insightful unfortunately, in those early days. The American gay media was trying to do factual reporting, but the panic broke out there pretty early. And so you were getting all sorts of wild and wonderful stuff. AIDS was this blank slate, so everybody was projecting on it whatever they wanted. So, if you were an environmentalist, it was dioxin poisoning; if you were a fundamentalist it was because, these people were breaking god's will; other people thought it was too much sex, drugs, and rock-n-roll; people who didn't like poppers would claim it was poppers. In each of these streams there would be different ways to solve this problem, which would spin off in different directions.

Basically, I read all the American papers in those days; things like the *New York Native*, the *Washington Blade*, the one from Philadelphia, several from San Francisco – the *Sentinel*; others from Los Angeles. And they tended to reprint the same stories over and over again, with a slightly different twist. Sometimes there was some local coverage. There was no scientific stuff at this point. It was all just gay papers reacting. Now, Michael was the one of the first who realized the real potential dangers of the panic that was building. Certainly, from a sexual liberation perspective – since this thing as time went on seemed to be more connected to sex, what was this

going to mean for sex. It was about that time that *TBP* had taken what I would call a sexual turn. It was a shift from that classic liberation politics that had a socialist framing, like the politics of women's liberation, black liberation, third-world liberation. It was about horizontal alliances, "the system can't budge, we can only overthrow it." And then the *TBP* had taken this sexual turn where it became much more interested in the way sexual networks actually produce community and how the sexual experiences of gay men largely shaped their consciousness. Ken Popert made that famous statement about "the baths and the bars are to gay people what factories are to the working class." And this is where we get constituted somehow.

So, with that framework in mind, this disease seemed like this could kill the community. At that point all of our eggs were in that basket, and all of a sudden this is going to tip over the basket because everybody was terrified of having sex. So, Michael began writing these things; the most famous one was, I think, called "Against Panic." I don't remember the exact year. Bill Lewis who was his partner, who was a molecular biologist, was actually doing research and was able to give it a scientific gloss. The kinds of things that he was saying from a scientific perspective were reasonable, but some of them turned out to be wrong – you know, things like, "In all epidemics they burn themselves out" and "only a fraction of those people who are actually infected are actually going to get sick." Those were plausible; looking at other diseases it made perfect sense, but didn't turn out that way. Anyway, so the *TBP* really tried to rise above the nonsense that was happening in a lot of the American media, and the panic that was happening – you know, nonsense-driven panic, panic-driven nonsense – and to think about how this was going to actually affect the gay liberation struggle, the gay struggle, gay people in general. Those were the issues that were important to the collective in terms of the politics that was in place when the epidemic started happening.

GK: It's in this context that you also, at some point during this period, discovered that you are HIV-positive?

TM: Well, nobody knew what they were. HIV isn't identified until '85. All of the papers were talking about this list of symptoms, – and I was thinking, "Yeah, I've got a lot of those stomach problems." And I had traveled to India and I always prided myself on my cast-iron stomach. I had little rashes and I remember scratching the back of my head and thinking, "That feels like a lymph gland." Like, what the fuck is a lymph gland? So, at that point I realised whatever it is that's going around I think I probably got it. Richard and I both entered the U of T [University of Toronto] epidemiological study. I think that started in '83, which is once again before HIV had been identified. Somehow around that they did a CD-4 test, or a T-cell test really early on, and I can remember the doctor saying my results were at that point around 200 or something and that they should be a lot higher; so there's something going on with your immune system. At the same time suddenly the bottom dropped out of my platelet levels. And so, the doctors thought I was going to haemorrhage and that became associated with HIV as well. So, all of that shit happened before I knew for sure. The way that I found out was through the epidemiological study in late '86 or maybe early '87. We had to go in once every six months and they would ask this battery of questions, and they would also take blood and, do a physical.

At this point they had the test; but the service organizations; it was basically ACT [AIDS Committee of Toronto] – it was the only thing around – was recommending that people not take the test because they said that stress was not good for your immune system, there were no

treatments, and you were going to end up on a government list. Where is the up side? Why would you do this? And so I said to the doctor when I went in, “You’ve been taking all this blood. Have you ever tested me for this virus?” And he looked uncomfortable. I suppose I had signed a release form, but not a specific release form around HIV because, when I signed it, it wasn’t there. And he said, “Yes, we have.” And there was this silence, so I said, “Well, what was the result?” and he said, “Do you really want to know?” “Fuck. Now you know, the government knows. Everybody in the world knows but me. Yes, I want to know.” And he said, “You’re positive.” That was my pre- and post-test counselling. [laughter] But, it wasn’t a shock because, by that point, I would have been stunned if I didn’t have whatever it was.

AS: What was the feeling of epidemiological study? Like, a lot people participated.

TM: Yeah, lots.

AS: Did it feel dignified? Did it feel like a good experience?

TM: Yeah, it was okay. What they really wanted to know was who stuck what into who and how many times. That’s all they really wanted to know.

AS: That’s what they put on the grant application.

TM: Yeah. Like, where did it go? What did you get stuck into you? Who’d you stick into what? There was a whole battery of questions and you’d have to do the numbers and stuff, because they were trying to look for patterns. So, it’s always fun to go and talk about your sex life. I finally got pissed off with them, and it was one of these realisations that happened much later when – I guess maybe George had already been talking about it –the difference between research and treatment. I remember going in and I had this rash on my chest, it was itchy. And it lasted and lasted and lasted. And every time I would go in they would look at it and they would measure it. And that was it. And then, I would go away and the rash would continue. You know, because I was going to them thinking that I’m getting the best possible medical care, I wasn’t even going to my family doctor about stuff. I finally went to Philip and said, “Is there anything that I can do about this rash. It’s really bothering me.” He said, “Well, here’s a cream.” The rash was gone in four days and I had lived with it for a year and a half. And I thought, “These fuckers!” They didn’t even say you can get cream for that rash. They were more interested in monitoring the development of my illness than they were in making me better. And, at that point, I think I might have stopped going. I think they were closing down about that time anyway, but I just said, “Okay, I’m going to my doctor. I’m not going to you guys. I want care and treatment, not to be a research subject.” But I was really confused about this.

GK: Clearly you brought a lot to your involvement in AIDS organizing from your experience in other movements. Maybe you could just tell us a little bit about that. How did that inform your involvement in AIDS activism?

TM: Oh, it’s a biography you’re asking for.

GK: We want the shorter version not your extended version.

TM: You know, I was a child of '68. I mean that was my last year in high school. So, there was the anti-war movement, there was the cultural revolution, there was May '68, there was the student movement. And so I got involved in the gay movement when I came out in '74. I had already been doing Latin American solidarity work, anti-war stuff. I knew how to marshal demonstrations – all of those very practical skills. I had written for *Guerrilla* newspaper, so I had some basic journalism skills. I had been involved with the Marxist Institute and taught there and, done their stuff and helped develop, with you Gary, that first study group and then the series on sexuality that we did – the lecture series. And then there was all the gay work from *The Body Politic*. All the anti-censorship work, the Free the Press fund; dealing with the cops and the anti-police stuff, and trying to get police reform and community control of the police. So, I was seasoned, I guess. I had probably fifteen years of concerted activism under my belt when I started getting involved in AIDS in '87.

GK: But at first it seems, just from reading other things, including your interview with Ann Silversides, that you didn't really see AIDS or what was happening to you as an individual as something that you could do political activism around.

TM: No. All of our work had been focused on things like police and censorship and human rights, and dealing with the state around the repression of lesbians and gay men. And when this disease started happening it was like – well, this is a disease. Nobody thought about medicine as a political terrain. That just wasn't anything that we had ever been involved in. Certainly there was the choice movement, and the women's health movement, which peripherally abutted on dealing with the medical system and how it could be biased. And we knew how the medical system was biased in terms of psychiatry and all those kinds of things. But politics regarding disease was something that I certainly hadn't ever really thought about. As well, the people who flocked to the early AIDS organizing, tended to be people who were interested in social services because all of a sudden people were dying, and you needed people to take care of people. It was social services and education. I was working in education, but they were doing a good job so I never got involved. It wasn't until those first AIDS ACTION NOW! meetings when we began to realise that what was happening in the hospitals was atrocious and there was no money for research, and there was no funding for education, and nobody was talking about this; and public health was not interested in us at all because we weren't a significant group until suddenly it occurred to them that we could infect other people. We realised, "Shit. These are political issues and there is political stuff that needs to be done here." It's not just a matter of curing the disease; it's looking at the social context in which this disease is developing and figuring out what we can do at this point to try to stop, or slow down at least, the dying that's taking place.

GK: So, in that context, before we get into AIDS ACTION NOW!, you must have, through *The Body Politic* or some other connection, heard about the emergence of ACT UP [AIDS Coalition to Unleash Power] groups in the States.

TM: No. ACT UP didn't form until March '87. *The Body Politic* died in February '86 and I had left the collective, three or four months before. I had been in the collective for twelve years at that point,

and my job with the board of education was becoming more and more encompassing. And I was also working on a black belt in Karate. And I just thought, “Okay. I’ve done my bit here. I’m moving on.” So, when the *Body Politic* was gone there was no real source of international news. *Rites* did a little bit of stuff, but suddenly it wasn’t something I was immersed in. So, I didn’t know much about ACT UP until I bumped into Michael that fateful day in, probably, September or October ’87 in front of the Board of Education building. He had just come back from one of the big demonstrations that they had organized in New York, and said, “Have you heard of ACT UP?” And I said, “Very peripherally. I know there’s something going on there, but I don’t know anything about it.” And he said, “Well, we need to do something political around AIDS here in Toronto. So, will you come to a meeting?” That’s when I first began to realize what ACT UP was all about.

AS: And you had known Michael and worked with him?

TM: Yeah, Michael and I worked on *The Body Politic* collective for years. When I came out in ’74 and started working on the collective, he was in and out because he was married – therefore, he was not quite to be trusted. He was married to a woman, but he was having sex with men. But it was like, “This Michael Lynch guy... who is he kidding?” But he soon evolved and became properly gay. [laughter] Yeah, so we worked together for years and years and years. And I had a great deal of respect for him.

AS: Something I have been thinking about and noticing is this question of how all of that work with *The Body Politic* and with the Right to Privacy Committee [RTPC], all of those things, seemed to have created this context that was a political context, but also a context of solidarity.

TM: Yeah, networks of activists. I think it’s probably really crucial that the bath raids happened in February and AIDS gets announced in June of ’81. So, in Toronto all of this organizing was going on around the bath raids, which is really foundational for what happened in AIDS ACTION NOW! afterwards.

Foundational too for groups like ACT. If you look at the original ACT constitution, they just rewrote the Right to Privacy constitution. They had no idea what they were doing. This was like a very different thing that they were embarking on. So, the Right to Privacy Committee had emerged as ‘the’ gay organization in the city and we spun off the Gay Community Council as an attempt to actually pull in the less politicized groups and keep them involved in the politics. That petered out by the mid-80s. That was also a really important piece in the activism – the notion of mass action. The Right to Privacy and the bath raids actually bridged that huge divide that had existed between the common and garden gays who weren’t “properly out” and just went to bars and had lots of sex, and the politically correct virtuous activists who were leading the revolution. A mutual contempt had existed. And then when the bath raids happened, suddenly, they realised they needed our organizing skills and we realised they were our community. These were the people that were going to be out on the streets. We realized that politics was more than just saying the correct phrases, but, in fact, if you concentrated on what people’s immediate concerns were, you could produce a mass movement. And so that became also a fundamental understanding that was around in those early days of AIDS ACTION NOW!

AS: And that really came together around this collective, direct...

TM: Yeah, that direct action stuff.

AS: It's so interesting.

GK: So, Michael talks to you and convinces you to go to a meeting. Maybe you could you just tell us a bit about those early meetings – who was at them, what was talked about?

TM: Well, they were very exploratory and it was a very odd cast of characters. There were people like Michael and me, who'd been around *The Body Politic* and around the Left, yourself (GK) started coming. I don't think you were there at the first, but you started coming in, and George Smith. I had talked George into coming because he'd been involved in the Right to Privacy Committee, and so he was there from the beginning. And then there were people like, Allan Dewar, he had been a Tory all his life and had run for the Tory party. He had been a municipal counsellor in Oshawa for the Conservatives. And I thought of him as old too, although he was only 46 when he died. His boyfriend was James McPhee who had worked for Glad Day and but hadn't been around the Left at all, but certainly was around the anti-censorship politics. Who else was at those very early ones? Chuck Grochmal started coming. Chuck was the coat check boy at The Barn and so, had a real grassroots network. He knew everybody, and was quite a feisty character. We were almost all men; there was one woman I remember, who seemed to be the partner of a man who must have been bisexual or something. He died very fast and she was dealing with the trauma so, she didn't stick with the group very long at all. We had a series of meetings where we just tried to figure things out, those things that I was talking to you before – how the medical system worked, because nobody had a clue... I guess, Bill Lewis would have been there too, but Bill was a researcher; he wasn't a doctor. But there were a couple of doctors. Michael Hulton was there, who actually had a license to practice in the States, which proved very, very useful. And another doctor too, blonde guy, was there from the beginning. And then, assorted characters like John Scythes drifted in and out of the group. It wasn't very big. There was only maybe a dozen at the most.

AS: And were you meeting in people's houses?

TM: Yes. I don't remember if the first one was at Michael's house or in Allan Dewar's house, but they were all downtown.

GK: Were either Max Allen or Coleman coming to any of those earlier meetings?

TM: Max might have been. Coleman I don't think came on the scene until later. Yeah, Max was more involved earlier on, but I don't think he was at the very beginning meetings. He started doing work for, documentaries for CBC, which began to get the word out a little bit. So, we continued to meet through that fall. And by the winter the group was in that frustration period like, "Okay, we've been talking and talking and talking; now we've got to do something." And so then we decided that we would organize this meeting in February at Jarvis Collegiate. The meeting was modeled on the RTPC's big meeting after the bath raids at Jarvis. George orchestrated the agenda and it was very, very similar. So, it wasn't going to be a bunch of experts talking to people. It was

going to be people from the audience talking about what was happening in their lives. That produced a momentum in the meeting so that people were ready to say, “This is really fucked. We’ve got to start doing stuff.”

AS: Do you remember anything about, this is totally minor, but how that initial flyer, which was the Thor figure – “Too Damn Slow.” Do you remember anything about how that got decided?

TM: Yeah, that was Allan Miller’s partner.

GK: Gram Campbell.

TM: Gram Campbell, who was a designer and organized that. We had to unveil what we were going to call the organization and, I don’t remember... Gary you were there then. Who came up with AIDS ACTION NOW!?

GK: It was George and he said it had to be a slogan. I remember George very distinctively saying it had to be a name, but it also had to be a slogan. So, that’s why it had an exclamation mark at the end. [laughter]

TM: So, we came up with the name. I forget who came up with “Too Damn Slow”, but I mean it was a brilliant slogan because it really captured what people were feeling because everybody was getting sick and nothing was happening. So, it was ambiguous enough that everyone could read whatever they wanted into it and come to the meeting, but somehow captured the zeitgeist of the moment.

AS: And so what was that meeting like?

TM: It was very powerful. It was like the Right to Privacy one. You started hearing all of these stories. By that point we had figured out what these stories would be. And we organized them into demands. The basic demands were a consensus conference on standards of care; access to experimental treatments; and specifically, immediate access to aerosolized pentamidine. Those are the three major demands. I think there might have been some peripheral ones as well. It was, from the masses to the masses, and back and forth. I mean, it took all these experiences that they’d had and said, “These are the three things that we need to worry about. This is what we need to make happen.” There was also a breaking out point. As well as the political demands, then there had to be an organizational structure. So, people went off then into smaller rooms – those who wanted to do media stuff, those who wanted to do research, those who wanted to do education, those who wanted to do fundraising. We broke into working groups, and I guess there must have been a public action one as well. Those working groups coalesced and then a steering committee emerged. It was unelected at that point, but it was basically those of us who had been involved in those earlier meetings, and then the notion was that each working group also would send somebody to the steering committee, so that would broaden it out.

AS: It would be a way to go back and forth.

TM: Yeah. And they wouldn't fly off on their own. As well, thanks to Michael's knowledge of what was happening in New York, we benefited a bit from the ACT UP experience. ACT UP and Gay Men's Health Crisis at that point were in full-scale civil war. At our Jarvis Street meeting a lot of anger was expressed about ACT. People were really pissed off at ACT, because it was the only thing in town and why weren't they doing something? ACT was a social service organization – it's trying to do counselling; it's trying to do referrals; trying to do education. We realized that we had to avoid infighting like was happening in New York. This is too small a community. We can't afford the fights they have in New York. We've got to figure out a division of labour. We'll work together whenever we can, and ask for each other's support, but we will not trash each other in public. AAN's first demonstration was held in March, and was aimed at Toronto General Hospital. It was one of the sites for the pentamidine trial. By this point, by the way, we had figured out what a double-blind placebo trial was. At the beginning we wouldn't have known. The trial required that a whole bunch of people who had already had PCP [pneumocystis pneumonia] once, were going to be getting a placebo and were going to get PCP again. We knew the mortality rate for a second bout of PCP and figured out that 10-15 people, our friends, were going to die, so that this company could get approval for a drug that we already knew worked. So, we marched on the TGH, Toronto General Hospital to protest the trial. But, of course, this was way too much for ACT.

AS: They couldn't.

TM: Michael apparently had this really angry meeting with the chair of ACT, Art Wood, who wouldn't support the demonstration. The word had gotten out and as we were marching over to the TGH we had to go past the ACT offices. We were really worried that people were going to throw stones through the windows or something because of the anger in the crowd; people were pissed. ACT's absence as an endorser of this thing was glaring. But we had strong marshals, and just hustled them past. Nothing happened and we managed to avoid that stuff.

GK: My memory of that action is that it started at The 519.

TM: Yeah.

GK: Did we go by – was it David McDonald's office?

TM: David Crombie's office, was at the Cherwell Centre at the corner of Church and Wellesley.

GK: Did Michael Lynch speak there?

TM: Michael spoke there and we taped the door with red tape so people couldn't go in and out. Then, I guess, the ACT office was still on Wellesley at that point.

GK: I don't remember.

TM: I think it was. So, then we went from there, west along Wellesley past the ACT office and then, I don't remember the exact route, but we ended up at the TGH at College. We might have just gone

continuing down... I can't remember the route. I know we went past the ACT office anyway. We ended up at the TGH at College and West of University.

GK: And you remember the caskets we were carrying?

TM: I remember the caskets, yes, because, they were going to kill people and so our stunt was, "You're going to need these caskets because you're going to kill our friends."

AS: Do you remember how the caskets... who did them or how that happened?

TM: David Marriage was the one who put them together. He was a carpenter.

GK: But I think Danny Ogilvie also helped.

TM: And Danny Ogilvie probably helped, yeah, because there was more than one.

GK: There were four of them; I think, three or four.

TM: The accounts seem to differ on that. I don't know, I really don't know.

AS: You had to learn what a double-blind placebo was; was it easy for people to get that?

TM: Well, I don't know in the general community, but certainly in that small group. We were all fairly clever people even if we didn't know anything about research. And so once the concept gets explained, and we saw how it worked and what double-blind means, it's like, 'cling.' So, we got it. And it was at that point that we realised that we couldn't just spend our time demonstrating and complaining about the trial, but we needed to actually get people pentamidine. So, there Michael Hulton became important because he had a license to practice in New York and could write prescriptions in New York and you could buy pentamidine over the counter in Buffalo. So, we set up a car lift and figured out a way to make sure that people who couldn't pay for it, could get their costs covered, and we set up a clinic in one of the doctor's offices where people could go in and take it. Basically, we had sixty or so people in that, I think. The details are in *AIDS Action News*. But that continued until the trial collapsed at the beginning of '89.

AS: Because then people would be not participating. They wouldn't need to participate in the trial.

TM: Then people could just get it. You'd get pentamidine and you wouldn't need to apply.

AS: And so you were also writing openly about that in *AIDS Action News*?

TM: Yeah. There's like, twenty issues. So, all that early history is pretty well covered.

AS: Well, I'm asking that mostly because one of the things that's really amazing is these moments where there's this direct... like, here are all the drugs. "We're going to take all of these drugs in front of you because it's necessary."

GK: Just around aerosolized pentamidine, one thing I remember, and read about this in Ann's interview with you, is you had a friend who had been denied aerosolized pentamidine. That's also an important thing.

TM: Yes. He was a Japanese guy, a fuck buddy of mine, and started getting sicker and sicker, and then got PCP.

AS: It was the first time he had PCP?

TM: The first time, yeah. So, he was hospitalised for PCP and he was being given pentamidine intravenously because that you could do. And it was like fucking mainlining Drano; it was awful shit.

AS: It made you really sick.

TM: It made you really, really sick, so we were doling out aerosolized pentamidine. And I said like, "Why can't we..." "No, we can't do this in a hospital. This is illegal" and he couldn't get it. So, there was all this back and forth and fights. And then, he survived the first bout and got out. But then the problem was because he had been so traumatized by the whole medical experience that his boyfriend found this homeopath who said, "Oh, I can cure AIDS. No problem." And so I said, "You've got to be taking this stuff because you're a really high risk" and he said, "No, no. I'm just taking the little pills, these little homeopathic pills and he can cure it." I said, "Uhh..." And it wasn't like in those days we were talking about alternative medicine. We managed to shift the frame to complementary medicine, so that people who want to do whatever stuff could do it, but they wouldn't give up on stuff that had actually been tested and that we knew in a scientific way would work. But of course homeopaths were not into complementary at all. It was like, "No, if you take anything else it will destroy the effect of the homeopathy and therefore it won't work." He got PCP again and died.

GK: Just around aerosolized pentamidine, to step back again for a moment, how did people in AIDS ACTION NOW! learn about it being an effective prophylactic?

TM: They had done a couple of studies in San Francisco and Los Angeles, I think. So, we had results. They had done rough and ready things, not double-blind placebo studies. But they knew who was getting PCP and they knew that when people started inhaling this stuff once every... well, that was the problem. We didn't know, once every two weeks, once every week, once every month. I mean, dosage – all those kinds of things were unclear. But it certainly was dramatically reducing the incidence of PCP in people that were doing it. I don't know whether they were doing it in New York. So, I don't know where Michael made that connection, but Michael was one of the earlier people who started it, and Chuck Grochmal as well. They would go to Michael's house because they shared a nebulizer before we managed to get the clinic open.

AS: And then, once the clinic was open, there was doctors that were involved and then also people just tracking... how did people think and talk about, “Okay, so we’re going to try taking it every two weeks,” you know?

TM: They established...

AS: They had some protocol?

TM: No, not really a protocol. They had advice. The doctor gave advice. But since people were buying it on their own, you know, it was up to you. You could figure that out for yourself. If some people wanted to try it more often than less, or whatever, then they could do that. I think it came to once every two weeks, generally. Most people got into the same rhythm. It was every Wednesday or every Thursday afternoon, everybody could get together. And then other people, you know, didn’t want to do that, because you could buy a nebulizer relatively cheaply, so people bought their own and bought their own pentamidine and did it in their homes. They did it with their own doctors. It was all over the map. But this was a way for people who maybe didn’t have the wherewithal to set that up for themselves to turn it into a communal experience.

GK: So, around the trial at TGH around aerosolized pentamidine, this also was AIDS ACTION NOW!’s first confrontation with clinical trials and their limitations. I was wondering if you might tell us more about the discussions that took place in AIDS ACTION NOW! and the differentiation you talked a little bit about already between research and treatment.

TM: Well, George had really begun to conceptualize that treatment and research as two very different things and that, for research to be ethical, people had to be voluntary participants. The purpose of research was to find out stuff. It wasn’t to treat people. It wasn’t to make people better. That was completely incidental. On the other hand, the purpose of treatment and care was to make people better or reduce their pain, or whatever you thought you could manage, not to find out stuff. Still, that concept is so hard for people to grasp. I mean there was a guy at the gym, who had had a heart attack and he was on these heart meds. And I said, “Well, you know, there are these other kinds of things that you can do too, – maybe lower your lipid levels and stuff, you know things you could take. Maybe you should try that as well.” And he said to me, “Oh yeah, but I wouldn’t want to do that because then, if it worked, I wouldn’t know which one worked and which one did it.” I thought, “You asshole. You’re not doing research here. You’re trying to keep alive. And if it doesn’t work and you die, does it give you any consolation to know?” It was a hard thing for people to pull apart and George was the one that conceptually mapped that out and would hammer that in over and over again. What the corollary of that was that, since there weren’t any effective treatments, to be ethical every clinical trial must have a compassionate arm, because if it didn’t, then people were in fact being coerced into the trial to try to get treatment that they needed, and to play Russian roulette. That was not only unethical but it also produced really bad results because then people would play the system. They’d share their drugs. They’d test their drugs, and do all these kinds of things to find out which arm they were on. Then, you weren’t getting research and you weren’t getting proper treatment. To make that distinction was absolutely fundamental. That was one of the big contributions, I think, that George made. And

then, we were lucky. I think he somehow managed to get an early draft. A guy named Dixon wrote a book out of Vancouver called...

GK: Catastrophic Rights.

TM: Catastrophic Rights, yeah, which was a nice way of putting it. It was actually too long a phrase for a slogan; too many syllables. [laughter] That also helped formulate George's thinking.

GK: One of the next things that relates directly to treatment access is the action at Parliament Hill with people taking – and you hinted at that already – unauthorised treatments. Can you tell us a little bit about how that got put together?

TM: I noticed when I read over the questions is that the chronology is a little out of whack here, because first what happened was the demonstration at the Canadian AIDS Society conference here in Toronto and the burning of Jake Epp, which caught their attention. The media loves a fire, and so there was Jake Epp burning. Also, interestingly, one of the precursors to later tensions was that the anarchists got the job of producing the effigy.

GK: You're talking about Michael and Kenn, then.

TM: Yeah. And there were more of them. There was a whole little nest of anarchists back there. They would run off and do these kinds of things. And so, they produced this effigy. And obviously, you know, it wasn't a nice effigy. It wasn't up to the standards of design that gay men would expect. They had put this sign on the front that said, "KKKanada," which had nothing the fuck to do with anything. It was, you know, like, "The state is bad. They're all nasty. They're all Klansmen." It should have said Jake Epp. And I remember George being pissed because that was the picture in the media – the fire burning an effigy labeled "KKKanada." He said, "That confuses people. You can't give anything to those damn anarchists! They keep running off in all different fucking directions. Why don't they just focus?"

AS: That was one of the things I wondered was whether that was an approved emblem. Whether that came to the steering committee...

TM: No, it wasn't. One of the things about anarchists, they always arrive late. And so the first thing you know there's the damn effigy, there's the KKKanada, and we've got to light it on fire. They're taking pictures of it and it's too late, we're stuck with it.

AS: So, the effigy was approved though. It was like, "Go make an effigy."

TM: Yeah, the idea of an effigy. "You're the effigy committee, and off we go." What is the focus of this politics going to be?

AS: "Ding."

TM: Yeah. "Ding."

AS: I just want to hear a little bit more about how that whole action got organized and what the back-story to it was.

TM: Well, the CAS, which we didn't know much about, the Canadian AIDS Society, is the umbrella group of all the service organizations. And by '88 there were AIDS service organizations scattered throughout the country. I think it was their second conference or something. The ASOs [AIDS Service Organizations] were, of course, so milquetoast. They didn't want to upset anybody. And so we really wanted to try to get them to think about the fact that this is a fucking crisis. And they knew it was a crisis. It wasn't like they didn't know what was going on or didn't even sympathize with it. They just publicly didn't want to say anything. They had organizational imperatives like, funding – that's what they have to think about. So, when we did a little die-in outside and you guys got inside with the big banner saying "Epp = Death" and when the representative from the Ministry of Health spoke you ran to the front of the room and unfurled this banner.

GK: Greg and me.

AS: So, Epp wasn't actually there.

TM: No, it was just a lackey. And so the next day – or was it the same day?

GK: I think it was the next day.

TM: The next day. Yeah. The first day was the die-in and then the next day at the lunch hour we called for this demonstration and marched.

GK: It was the hotel across from City Hall.

TM: So, we went around the block, across Richmond and back up, and then to Nathan Philips Square where we did the burning. We had learned from the Right to Privacy to never ask for permits because they wouldn't give you any. So, we just did it, and disrupted a lot of traffic, and blocked the streets. And so the police were pissed. I was up at the front and the police said, "If you go on Nathan Philips Square we're going to arrest all of you." And like, they were going to, because they were mad. They were there with their horses and all this shit. But luckily Jack Layton was marching with us. And so I scurried back to Jack and said, "Okay, Jack. We're going to have a blow-up here do you want the police to start beating up the scientists and the ASOs?" because there were medical people there too.

AS: Because they had come out from the conference.

TM: Yeah. So, almost everybody from the conference came out. Yeah, it was good.

AS: Amazing. So, people who were really depoliticized in their professional life were able to...

TM: I guess when they thought everyone was doing it. So, there was the safety in numbers. Jack managed to run up to the front and tell the police that he was a city counsellor and we had every right to go on Nathan Philips Square and to back off. So, the cops backed off and we did our little speech and burning.

AS: How many people were there? Was it big?

TM: A couple of hundred, I think.

AS: So, it would have felt actually quite big.

TM: It was a good crowd. Yeah.

GK: It worked well. We weren't sure at all, but it really did work well – doing the die-in and the banner. There was a lot of anger coming from a lot of people in ASOs too it was just able to capture.

AS: Okay, so that was the two days for the CAS conference protest.

TM: And so then a week later or so, certainly afterwards, there was the Parliament Hill thing where people took unapproved drugs. I didn't actually go to that. I think I had to work. But, Michael and Chuck and Bill Greenaway were there and I can't remember who else. They set up card tables on Parliament Hill and some people had pentamidine, some people took dextran sulphate, and some had god knows what. And did that for the photo op with the Peace Tower in the back. And then they organized a press conference at the National Press Gallery that the NDP managed to free up somehow, to complain about the fact that people could not get experimental treatment and the whole range of issues. It was a very successful action as well.

AS: So, the point of that action – had there been an explicit conversation about whether this was aimed of compassionate release or was it more at the Emergency Drug Release Program [EDRP]?

TM: Yeah, we had learned about EDRP, which is one of those other discoveries. Who knew about the EDRP? There was already an institution in place whose job it was to do just what we wanted it to do, but they wouldn't do it, for no apparent reason. Because it was a federal department and there was an election was that fall, every time Mulroney came to town we were there with the AIDS ACTION NOW! banner. We managed to get some really good media coverage of Michael Hulton phoning the EDRP and asking for a drug for a patient, and the guy from the EDRP on the other end of the line, swearing at him and telling him to leave him alone. "I told you that before, we won't do it" Finally, he just said, "Fuck off," or whatever, but it was very bad press for the EDRP and for the Mulroney government. So, as soon as they got re-elected, the first thing that the new Minister of Health did was to announce that the EDRP would be open for a number of experimental AIDS drugs and then it got expanded. So, even though this was the "free trade" election, and there were bigger fish than AIDS swimming in the sea, we clearly caught their attention.

AS: It would have been a shift, because there's mostly a Toronto focus that then gets expanded out because it seems like AIDS ACTION NOW! becomes something that people in other parts of the country are really looking to, but then it sounds like there's an expansion then to say the EDRP is a federal issue. Was that an easy transition to make – to be doing the federal work?

TM: For us our focus was, "How do we keep people alive?" We always said we were a Toronto-based group. We were accountable to our communities here in Toronto, but we need the EDRP; everybody needed it. So it wasn't a big stretch for us to say that we have to go after the government in Ottawa to get this. It wasn't like we were focused on municipal issues, we're focused on keeping people alive and were willing to do whatever it took. Whatever level of government that was affecting people in Toronto was within our purview.

AS: It's audacious. If you have any reflections on how you all were able to shape yourselves into people who could...

TM: This was still very much a gay issue and a gay organization. And gay organizations had always dealt with municipal, provincial, and federal issues because, there were the federal laws, there was the provincial application of the laws, and there were municipal issues too like, the police and non-discrimination clauses and things like that. At the centre of all of that work there had always been Toronto. There was stuff going on in other places to be absolutely sure, but Toronto was a constant in the equation because we had the largest and most organized gay community in the country. Vancouver was, a third the size and Montreal was divided between French and English and had two communities that did and did not talk to each other depending on the situation. Toronto was a focal point. For us, it wasn't a stretch to find ourselves in Ottawa because we'd always been shifting between those levels of government.

GK: So, just to come back to Jake Epp for a moment, do you remember whether people in AIDS ACTION NOW! heard rumours coming from Ottawa about the burning of Epp in effigy? It's certainly a memory I have.

TM: Well, that's true. I'm not sure whether I read it in Silversides book or not, but there was scuttlebutt that after that burning, Mulroney called Jake Epp and said, "What the fuck is going on that my cabinet minister is being burned in public and it's front-page news?" "You need to deal with this." And Epp, who was like, old school Conservative homophobe, with no idea about anything, was gobsmacked, because he didn't know how to deal with this shit. But the message got through that this was a political issue and that it's going to blow up in your face if you don't deal with it.

GK: Do some of these actions start to create a space where – the federal government shifts its orientation a bit, you've already mentioned around the EDRP – but it's shortly after these actions that Perrin Beatty comes in and there's some talk about developing a National AIDS Strategy. Could you tell us a little bit about how AIDS ACTION NOW! related to that?

TM: Yeah. I don't know where the actual idea of the National AIDS Strategy came from. I think once we'd been in Ottawa, we began to say that research is part of this; it's not just the EDRP. We do need a national strategy for dealing with this, because this is a national emergency. So, there were some meetings – one where George and Brent Southin and Greg Pavelich, and I think Ross Laycock actually went and got a meeting with Beatty. So, there was this back and forth, and Beatty was a pink Tory. He was on the more progressive end of the Mulroney cabinet and so, he didn't want this headache either, and he was quite willing to accommodate. It took longer for the National AIDS Strategy to happen than we'd hoped. He promised it by April, but it didn't come out until April of 1990.

GK: I'm not sure because I think it's after the Montreal conference that it actually comes out.

TM: Yeah, because the Montreal conference was...

GK: June of '89.

TM: I'm trying to think, yeah. So, June '89... ddi... 1990... the National AIDS Strategy is April 1990. So, it took that long.

AS: Two years.

TM: Yeah. It took that long to get... you know, because it was supposed to deal with questions of treatment information; it was supposed to deal with funding of ASOs; it was supposed to deal with research. It was a big package that was being demanded. And our assessment of the strategy was mixed. We did a report card on it and, we certainly credited them for this notion of a national treatment registry because that was one of the major ideas that we promoted. The other stuff they didn't really go far enough to get our approval, but it was certainly considered an important step forward. Yeah. I think it was at the conference he had promised it within a year that they would have a strategy and he more or less was able to do that.

GK: Do you remember, in the context of the discussions of the National AIDS Strategy, how AIDS ACTION NOW! pushed for the Treatment Registry? Because that seemed to be, from my memory, the central thing that we were pushing for.

TM: I think that was the centre of our Ottawa meeting, but we also developed a flowchart in *AIDS Action News* about what it needed to encompass and how it needed to work. And we passed that on and said, "This is what you need to do." It was like Smith's famous slogan, Documents and Demos. You had to have the capacity to frame things and shape it in a way that bureaucrats could understand it and figure how it could become actionable, as well as providing the political pressure on the street to make sure that they didn't forget about the whole thing. It was Dr. Nathaniel Pier who was the first one, who raised it as a possibility and that's what I think gave George the idea. There is the meeting with Beatty – what's the date on that? Of course, we never had fucking dates for things... so, that's September '89 that we actually met with him. Yes, we wanted a "Federal Centre for AIDS to deal with treatment and the establishment of a treatment registry and treatment standards."

AS: And at that point, the Treatment Information Exchange had it already switched into being CATIE [Canadian AIDS Treatment Information Exchange]?

TM: No, not yet. It was still... the TIE [Treatment Information Exchange] project started in the spring of 1990.

AS: Oh, interesting. So, it's later and it's coming out...

TM: Yeah, so what happened was we had made these proposals, but once again – it was slow. So, we said we need it now in Toronto. We can't do it for the whole world, but we'll do it for Toronto. So, that's what we set up. We started on our own to set up TIE.

GK: And then got some Trillium funding for it.

TM: And got some Trillium funding for I guess, one person. That was the TIE project in the winter of 1990. So, June 1990, there's the flowchart in *AIDS Action News*.

GK: Okay, switching tact a little bit to more your involvement in AIDS ACTION NOW! So, you're a member of the Steering Committee initially. Michael is clearly the first chair of AIDS ACTION NOW!, but at some point you become chair.

TM: Michael was *de facto* chair. And then throughout '88 first, his health got worse and so he was in and out for that, and then he also got more interested in the AIDS Memorial Project and was working really hard on that. And so he just was missing meetings. And my role often – in many organizations, around *The Body Politic* especially – has been the conciliator, the one that keeps the children from fighting and gets them all to move forward. It was a pretty fractious group, you know, because it was people from all over the place, and under a lot of stress, and people were dying, and they were sick, and, grumpy – grumpy all around. So, I just started doing it and did it for most of '88 when Michael wasn't there. And then in October '88 we had our first real annual general meeting and our first real elected steering committee and I got elected as the first chair of AIDS ACTION NOW! and continued on.

GK: What would you have done as chair? I mean, you already described some aspects of it.

TM: Well, you organized the meetings and chaired them. So, you had to have the agendas. And so this is the conciliation stuff – being chair meant that when people fucked up you were always the bottom line. You were the one that had to do it if somebody else hadn't done it, so there was that backstop stuff. Then, there was the public voice dealing with media. You became a spokesperson for the organization. And then conceptualising things, and seeing where things were seemingly going off the rails and bringing them back in. Group management basically.

GK: So, you already mentioned the first annual general meeting in the fall. Was there any further definition of what AIDS ACITON NOW! was trying to do?

TM: By that point, we're starting to work on our constitution, and in the fall we came up with a whole plan, what do you call it? Like, a program. There was the Catastrophic Rights stuff around drug trials and placebos, anonymous testing, which is also an issue. Hassle Free Clinic was leading the way on that, but since they were a service organization we often had to do a lot of the public stuff. The question of PWA [People with HIV/AIDS] representation on boards and committees – because nothing about us without us. The treatment registry, which was a key thing, and then the ongoing question of hospital care and then there was home care thrown in there as well. So, it was beginning to become more treatment and care focused. Those are the key points adopted by the general meeting in October '88.

GK: There's some other stuff that happens in '88, or early '89. I'm not quite sure on how to place some of the stuff, but there is a conference on clinical trials in London, Ontario. I can't remember if you go to that or not.

TM: I didn't go to that because the other thing was I was working and doing all this other stuff. That was the famous one where Chuck Grochmal put the fear of the lord into them, right. Because there were all these researchers, it was a medical conference, and Chuck got up and said very clearly, didn't scream at them but said, "You know, we can close down any clinical trial in this country if we don't like it." And then sat down. It was like, whoof! Then they suddenly realised, if you have the patients who you need for your trials being organized in a massive way, if we tell people not to go into the trial, there's no trial. I think it was probably an idle threat, I don't think we really had that much muscle. I closed down a trial once and then Brian Farlinger built on that and threatened to close down a trial and got what we wanted. So, that threat lingered on that we needed to be there and that if you didn't meet our demands, we were going to give you trouble.

AS: ...and you couldn't do any of your research. What trial did you close down?

TM: It was a trial on the immediate HIV test that they had just developed; this was somewhat later on. Because by that time they had to have poz people at the table, I got appointed to the ethics committee. And the trial was whether this new immediate HIV test was affected by alcohol. They wanted to give someone the test to see what the result was, and then get them really drunk, and when they were really plastered they took the test again to see if the results were the same as the first test. And I said, "Hold on a second here. The only reason to want to know this is if you're going to be testing people who are really drunk. And if they're really drunk they can't give informed consent and therefore that's testing without consent and therefore you're setting this thing up for unethical use. And so I am not approving this trial." And they went, "What?" Nobody had ever said such a thing before. I'm not approving this trial. No. Everyone always said yes, especially someone from the community. And so, I said no and they were completely flabbergasted. So they called together another meeting where they brought in all these higher up people to try to convince me because they were stuck. I was on the committee, they had to have unanimous agreement on the committee. But I said, "Sorry. Not happening. There is nothing to be negotiated here." And so it didn't happen. And then later on, I remember, what drug it was... it was the Protease, maybe Saquinavir, and Brian Farlinger was on the committee. They had no compassionate arm. And Brian said, "No arm. No trial." And they blinked and put in a compassionate arm.

AS: Amazing. So, Chuck, when he stands up and says this. What was his position? How did he come to have that capacity?

TM: He was on the Steering Committee of AIDS ACTION NOW! and he had been one of the first people to get pentamidine and had been involved from the ground up. So, yeah, he spoke with the authority of the organization. It hadn't been planned I don't think. We hadn't discussed it in the Steering Committee but we discussed around it and all he did was conceptualize it in a very clear way for these people to understand that, they needed to be attentive here, because otherwise we could cause them trouble.

AS: Did he have a medical background? He was an activist?

TM: He was the coat check boy at The Barn.

AS: Okay, yeah.

TM: No, he had no... he probably had high school.

GK: He wrote a column in *Xtra*.

TM: He wrote a column in *Xtra* about living with AIDS, but no training.

GK: Chuck was amazing.

AS: That's just a beautiful story.

GK: So, another thing that happened, one of the things that AIDS ACTION NOW! had called for...

AS: Wait. Actually, can I back up? So, in that conference on clinical trials – sometimes there's inside/outside things. Was that a situation where Chuck went and was there also a demonstration happening outside?

TM: Did we have demonstration outside that time or not?

GK: I went there and I was not in the conference, so I'm assuming that we must've done something outside.

TM: I think we did do something outside and it was like, talk about inside/outside. One of the people who turned out to be quite an ally was Michele Brill-Edwards, who was one of the uppity-ups in the department that basically approved drugs, the drug approval process. I can't remember her exact position. And she was a thoughtful and honest researcher. She understood. When we were doing all that stuff in Montreal in '89 we had meetings with her and she was our inside mole. She was finally fired because – as the neoliberal progression – drug companies started to pay for

their own approval processes, and she blew the whistle and said things are not being properly tested here. And so they fired her. That was farther down the line.

GK: So, another event that takes place that I remember was, we had been calling for a consensus conference, and I think it was a conference they called a consensus conference, but wasn't really one, in Scarborough that a number of us went out to. We had a flyer saying "No Consensus Without Our Consent" and we had a die-in outside. Do you have any memories of that?

TM: Oh, I have memories of that because – the anarchists. Michael Smith offered to get a car and drive us up and of course he arrived late with the car, so myself and the other anarchists piled in the car because we have to be at this damn die-in in the middle of nowhere and we're racing up the Don Valley Parkway and the car runs out of gas. The anarchists hadn't thought to put gas in the car.

AS: Because you should just be able to run on conviction. [laughter]

TM: And so here we are, late in the cold on the Don Valley Parkway. Somebody managed to get a can and find a gas station and get back. We arrived in time for the die-in I must say. I think they held it for us because we probably had the crucial signs or something. [laughter] So, yes, I do remember that. And we weren't very happy with the outcome of the conference because it didn't really seem to accomplish much at all.

GK: So, some of us must have already been there because I got there some other way.

TM: Yeah. People were going in different ways. And so we were the last to arrive.

AS: This is a constant dynamic with me and Gary where the only way I get to places on time is because of Gary. But can you talk about what the consensus... what was the demand for?

TM: It was standard of care. The problem was that you went into one hospital and they had one protocol and then you would go to another hospital and you get some completely different treatment, and people would be transferred from hospital to hospital. It was all over the map. There were some places where the nurses were still wearing space suits and slipping people's food under the door and refusing to feed them. And these are people who are malnourished and starving to death basically because they can't digest food. Some places were using parenteral feeding, some places weren't. It was just we needed a bottom line, what should be happening to people once they get into the medical system. That was what we were trying to accomplish.

AS: To have a consensus on the standard of care, basic standard of care.

TM: Yeah.

AS: And so when you went to make that intervention at the conference there was just no uptake?

TM: Well, there was. I mean they talked about stuff. I don't remember the final outcome except that it was disappointing. You know, we wanted something very concrete – that was like, "Hospitals, this is what you've got to do."

AS: And it seems like hospitals would have been into that idea in theory.

TM: Could have been, but they were all in a panic crisis mode in those days. Nobody knew what the fuck was going on. And they were all scared. I mean people were scared. There hadn't been a lot of AIDS education, nobody knew. It's like the Ebola stuff now, where North Korea doesn't let tourists in because of Ebola. It was like that. Everybody was hunkering in and trying to do what they thought would keep them safe.

GK: Shifting back to your involvement in AIDS ACTION NOW! – at some point you also become a co-chair; you were no longer the chair.

TM: After another year – because I had done like half a year with Michael and a year on my own, and trying to work full time – and I was asked to do it again and I said, "Fuck, no." It's too much. It was just too much. I was dealing with my own health; I was dealing with all this crap. And so I said, "I will do it again for continuity, but only if somebody comes on as a co-chair so that we can split this work and people can take different responsibilities for different things," and so that I could get somebody who I could actually talk to. Like, how are we supposed to figure this out? Because when you're the chair and you're managing all these people there's no one to actually talk to... unless you start to have a kitchen collective in the back, and that produces other problems. So Glen Brown came on. That also established a bit of an idea that one of the co-chairs would be positive and the other would be negative. Another problem was that people would get sick and then if your co-chair got sick then you're really fucked – as it happened to Michael. So, he and I did it for another year and then I retired and he stayed on, and we established this idea that one of the co-chairs would alternate. So, one would continue for continuity and then we'd get a new one on. Then, so the organization didn't become really individual personality focused. It got shifted around. So, I continued to work with the group obviously, but I didn't have that responsibility anymore.

AS: Yeah. Also, it's surprisingly rare that there's that institutional memory and thread of continuity, you know? It makes so much sense.

TM: You absolutely need that. Absolutely.

GK: I was going to dive back into 1989 now and the International AIDS Conference. So, we already learned some things about this, but how did work for this take place in terms of relations with ACT UP in New York City and plans for the Montreal Manifesto?

TM: My memory about the Montreal Manifesto was that AIDS ACTION NOW! had developed it and sent it to New York. And I have been corrected to say that Herb Spiers developed it in New York and sent it to us. Anyway, it went back and forth many times. And, you know, George Smith was

like the details guy. He wanted every fucking comma corrected. I would just get so bored with that wordsmithing. I remember these long meetings in our house on Euclid Street at the time where George was just like, thrashing this out and then it has to go back to New York and they're going to thrash more. So, that's how the Manifesto got developed. It was, for me, a painful process. For George, it was like, the universe unfolding. [laughter] I went off to Montreal in the March break on a reconnaissance mission to try to find out who on the ground would support us. I met with a couple of the AIDS service organizations, which were... nothing. Nothing was what they were going to do. They did introduce me to one young activist who was a sex worker, who had become a *de facto* patient advocate, but very individualist, no organizing capacity there at all. And I just missed the boat because the week before I went, or maybe the same week, but after I had come home, Joe Rose, a young gay man with HIV, was murdered on the Montreal subway. And so that produced this reaction in Montreal that produced a group called Réaction SIDA. But they hadn't existed, when I was there. I missed them by a week or so.

The most important thing was that I got to meet a couple of times with a gay city counsellor, Raymond Blain. He managed to get the floor plan of conference centre, through the City Hall and said, "Don't ever tell where you got this." So, we knew exactly how the conference centre was organized, like, with the big room, all of that inside stuff. We shared the floor plans with ACT UP, and the plot began to be hatched in New York. We didn't know about the plot to take over the conference. They hadn't shared that with us. Then we began to build up to it and we had a decent delegation there. We had a whole bunch of people and crashed in people's living rooms. Réaction SIDA managed to get us a space, on Rue Parc I think it was. So, it wasn't close to the conference centre but it was a bus ride away. It had photocopy machines, and telephones, and all this stuff. I don't know how they managed to pull that together but they did. That was an activist nerve centre. That's when the signs were made and the press releases were produced and all that shit happened. So, ACT UP showed up and we showed up and there were meetings going on long into the night. Then the conference started at eight o'clock the next morning.

AS: Do you remember any of the people in Réaction SIDA? Like, we haven't started working on this yet but...

TM: I don't. I really don't. I knew them by face and I probably knew them by first name then, but that period was such a whirlwind. And, as we know, when you're sleep deprived, short-term memory doesn't form very well at all. So, I don't remember. I don't even remember the ACT UP people's names. I remember faces and things. I mean, some of them, like Peter Staley, who I then met later so I remember that, "Oh yeah, they were there."

AS: I mean it's a lot of infrastructure actually to set up for something like that.

GK: I think some of the money must have come from ACT UP to set up the centre.

TM: I thought that they got it for free but I don't know. I really don't know.

GK: Yeah, I don't either, but we'll talk to people in Montreal about that.

AS: There are some various people that we know.

GK: Yeah, we know people.

TM: Glen Murray was there too. That's where I met Glen Murray for the first time, from Winnipeg.

GK: In terms of the first day of activism at the conference, could you tell us a little bit about that and how you came to actually unofficially open the conference?

TM: Yes. So, the plan, as far as we knew, was that as the conference was supposed to start and the delegates were coming in, we'd do a demonstration in front of the main entrance. There were a couple of speakers and I was going to be the Canadian speaker. I think there had been a speaker from ACT UP first; I can't remember exactly how it worked. But I took the podium and started to launch into my prepared speech and all of a sudden there was this rush in behind me and I thought, "What the fuck is going on?" I looked back and the ACT UP people were barging through the doors. This is before 9/11 and security is two eighty year-old men who had been hired part-time and they were like, "What?" And all of a sudden ACT UP was in. So I turned to Glen who was standing beside me – there was like, a makeshift podium, I think he was holding the mic – and this is his memory, I looked at him, and he said, "What the fuck are we supposed to do here?" and Glen said that I had said, "I guess we should lead them." So, we followed behind.

There were a couple of huge escalators that went up to the floor where the major meeting hall was, and we barrelled up the escalators and into the meeting hall and took the stage. Nobody was on at that point. We got there a little bit early. Mulroney and Kenneth Kaunda and all these people were waiting back in the green room and all of sudden there were a hundred crazy people on the stage. And because ACT UP had not discussed it with us, once we were on stage nobody knew what to do. There was no plan. No plan A, no plan B, just no plan at all. Just shouting, waving of fists at this audience that was coming into the room and didn't know what the hell was going on. They'd turned off the mics, and it was a huge hall so they knew these crazy people were shouting something, but nobody knew what it was. And so then negotiations went on, and somehow or other it was agreed that they would turn on the mics and let us say our speech and then we would let them get on with the conference. I can't remember who brokered that deal, but anyway, as the Canadian person who was supposed to make the speech outside, somebody pushed me up. I had this ten minute speech and I thought, "No, this is not appropriate," so I just ad-libbed it and said, "On behalf of people with AIDS and HIV I'm going to open this 5th International Conference on AIDS." And then I did a couple of sideswipes at Mulroney and talked about what an asshole he was, and then finished. And then like, what do we do? Because the ACT UP people didn't want to leave – they were having too good a time. I began to feel uncomfortable because I guess I must have brokered this deal about the mics to get to speak, and so they had done their part and now we were not doing our part. And so, at a certain point I decided to lead the Canadians off the stage. I thought maybe, we followed them maybe they'll follow us, but they didn't. They stayed on and it was decent too because what they did was to read the Manifeste de Montreal in both French and English.

GK: They might have it done in Spanish too.

TM: They might have it done in Spanish too, yes, because there were people who were very good in all three languages in ACT UP. And so they read that out through the mics to the whole conference. And then, after a while they realised that they couldn't go on forever and they came down. We took the front rows like, the special seats for VIPs so they couldn't take them. They wanted to move us out of those seats but we said, "No, we're special people. We're staying here." When Mulroney came on, we held up watches and turned our backs and I think there was a banner there too? There was a banner there too that we unrolled. And so we became the news story about the opening of the conference.

GK: Yeah, the original idea was that we would be outside; some of us had press passes. And Bernard had something to do with the pressroom, if I remember. So, we were going to unfurl the banner when Mulroney was speaking – "Mulroney, you have left us to die." There was a debate over whether to still do that, and we did do it. But I think there was some discussion about, "We've already done it we don't need to do this now" and that, but we did it.

TM: Yeah, we did it. And the other thing about that... I loved it in those days when security was so lax because I couldn't afford \$300 for this damn conference. But ACT UP had found a colour Xerox machine and we were visibly churning out conference passes for everybody. But luckily, I didn't have one of theirs because I had been to the little pre-conference before. There had been a community conference before at McGill [University], and there'd been a delegate there, an African guy named like, you know, an African name this long, who then wasn't able to stay. And so somehow or other I ended up with his pass. I was doing some negotiations in the pressroom and the press people were so pissed because they were also in charge of producing the passes. And all of a sudden my pass got confiscated because they thought that I had one of the ACT UP things. But mine was a real legitimate one, and so they had to give it back to me. [laughter]

GK: Just around the Montreal conference, do you remember other things that happened during that week after the main...

TM: Well, we organized the thing so that every day there was a different demonstration. So, there was a day on sex work, a day on women, a day on the developing world, a day on IV drug users; and there was a demonstration on anonymous testing.

AS: Anonymous testing?

TM: Yeah, I can't remember all of the issues. Anyway, there were all stacked up and one of the things we did in the meetings was figure out who was going to do which because we didn't want everybody doing everything at the same time. One of them – I don't remember which one – that I'd organized, we actually got a permit because the cops were really pissed after the take over. And Montreal cops are nasty ones. And so I got this permit that actually said, "use of amplification." But when we got there and set up the thing that we had rented the cops said, "no amplification," and I said, "I've got the permit," and they said, "no." Anyway, they ended up not letting us use amplification. I guess we used a blow-horn so, that certainly happened. What else? We wanted to do a thing at the closing. That didn't work very well at all because people actually left by a back

entrance that was down below. The conference centre was on two levels and one goes out to the highway, so our closing thing didn't work very well. But in terms of the media messaging about the negligence of the Canadian government, we certainly got our point across. And we also got our point across to conference organizers that these things would no longer, be medical conferences where people with AIDS were trotted out as medical subjects and, and talked about. That people needed to be on the organizing committee. And they actually did have a person with AIDS speak at the end.

GK: From the Vancouver PWA Society.

TM: Yeah. So, that changed the mindset of the conferences. And I guess it was also the first conference that had an activist nerve centre as well. And so that became a standard thing that whoever was hosting the conference, the activists in that city would have to come up with a place to do that. And then the International AIDS Society itself took that on and began to provide a space to try to manage the activism a bit more.

AS: Were people able to stay for the whole series of events from Toronto?

TM: Yeah, I don't know how. I took the week off work. I don't know what happened.

GK: Most of the ACT UP people left before the end of the conference, which was one of the other reasons why some of the later activities weren't as successful, because there just weren't as many people. They had by far the largest number of people.

AS: Just if you remember any reflection that happened in AIDS ACTION NOW! about the Montreal conference – how it had gone or what people thought about it?

TM: Yeah, there was a crucial moment I think. We came back and we were all as high as kites, because we've had our fifteen minutes of fame, plus. And so we organized a community meeting, a report back and we were talking about the take over... oh, and the other thing I should have mentioned was that the signage for all of this stuff was the arts imitate life imitates art. John Greyson was doing a movie. And so he produced all of these signs for the demonstrations that he wanted in his movie, so in fact all the signage was produced for the simulacrum that happened afterwards, which was really a lovely looping. So anyway, we had this meeting at 519 – a full house, packed house – and we're talking about the take over, we're talking about this demonstration and that demonstration, and this demonstration - going on. And then towards the end of the meeting this man at the back, who I didn't know, puts up his hand and says, "Now that's all really nice, but is there any treatments that are going to stop us from dying?" And it was for me, one of those "A-ha" moments. Yeah. I mean we need to focus here guys. I mean these things are really, you know, uplifting, but if you look at our base in Toronto, people want to keep alive and we hadn't given them any treatment information from this damn conference. We hadn't even thought of that because we had been so focused on the political stuff that we'd been doing. That was another one of those penny drop moments for me.

GK: Which is unfortunate also given that the Treatment Action Group was still a central part of ACT UP then, so one of the things that ACT UP did that probably does deserve some mention is they released their own alternate treatment agenda at the conference.

AS: What needs to happen.

GK: So, there could have actually been stuff that could have been communicated to people even if that wasn't what we actually did at the conference. Any further reflections that you remember within AIDS ACTION NOW! about the activism at the Montreal conference?

TM: I was too tired to get laid very much. [laughter]

GK: That was your evaluation, okay. So, the thing that happens in the summer after that is the mobilizations around ddi [didanosine] and access to it.

TM: One of the new things that was announced at the conference was ddi, and ddi was the second drug. The AZT [zidovudine] trials had been fucked, they were unethical trials, some people were sharing their drugs others were taking too much and it was making them sicker, it didn't work very well, and also it wasn't a very good drug. It burns out after a while. So, people were really desperate to get ddi. Bristol Myers was testing the drug; we now have the EDRP, so people applied through the EDRP, but Bristol Myers said no. And there was nothing the government could do. The EDRP allowed you to use it but it didn't require anybody to give it to you. So, that was a problem and there was this feisty little old Hungarian-Jewish woman, who I thought was a million years old, but was probably only in her forties as well, whose name was Eva Halpert – and her son Ivan had burned through AZT and desperately needed something else. He was going downhill really fast and she wanted ddi for him and she was going to fucking get it. Ivan had actually been involved in AIDS ACTION NOW! peripherally. He'd done some work with us before he started getting really sick, so she knew where to come. And so she came to AAN! and said, "Well, what can we do about this?" And so she and her father, who I thought must have been at least 110, organized themselves to start doing a picket in front of Bristol Myers offices, which was just across from City Hall in summer, and it was like, a really hot summer. And these two old people were out there every day with their signs saying, "My son is dying. Save my son." And we gave them support. They were the most unlikely AIDS activists that they became this media sensation... an international one. Their picture was all over the place. Bristol Myers was getting a really black eye, but towards the end of the summer we were getting worried. I mean these were older people, and it's really fucking hot and they're doing it everyday. Like, one of them is going to die, before Ivan. And so we organized a press conference at City Hall, which as the spokesperson I was speaking at, and simultaneously the plan was to go up and occupy the Bristol Myers office. The idea was we gathered the press at City Hall and then said, "But the real fun is happening just across the street, let's go over." Somehow or other they seemed to catch wind of it and so when the group got there the office door was locked.

AS: ...maybe you should go over there.

TM: So, then we all marched across the street to see the occupation.

GK: We did a blockade.

TM: But instead of an occupation the group did a blockade in front of the office. And then the cops were called and so, by the time the cops were called, the media was there. And then the cops started dragging people away and the media got all the pictures. So, that became a huge news story as well that amplified what that they had been doing before. Shortly afterwards Bristol Myers agreed to compassionate use in the ddi trial.

AS: And was Ivan in hospital?

TM: Ivan died.

AS: Ivan died.

TM: He got the drug for a while but, you know, by that point... and ddi wasn't a very good drug either.

AS: And that was the first time that people in AIDS ACTION NOW! did an action more or less with the understanding that there would be arrests, or had there been other times?

TM: Yeah, that was the first... well, yeah, really that was the first one that, you know, we knew there was a potential for arrests. We didn't know whether we would... I mean occupations don't always lead to arrests.

AS: And lots of other things had happened that could have led to arrests.

TM: I mean we could of have all been busted at the demonstration with CAS. In this case people were charged with trespassing and then released, and then the charges were ultimately dropped I think.

GK: No, we ended up pleading guilty. I mean I didn't, and neither did Russell, because they didn't file the charges against us properly, but the rest... because we had decided that, if they had released it, it was not worthwhile to proceed with a court case. And Bob Kellerman was giving us the legal advice. That's how it happened, and Steven Maynard did the civil disobedience training. So, that's actually a significant victory for AIDS ACTION NOW!

TM: Oh, huge.

AS: And it really highlights that link that it doesn't matter... I mean it matters that you have the EDRP, but if you have the EDRP and you don't have compassionate release or if the drug companies aren't doing it, that there's all these layers that need to be... and so you were working on all of those layers.

TM: And we're playing this game too. Because we've got a government block, we've got a Pharma block, we've got a researchers block, and so we played them off. So, Pharma was quite happy with expedited release from the government. So, we'd use Pharma to go after the government. You know, the government didn't want to see the EDRP screwed up because companies didn't give it. So, you know, they would go the other way. When we wanted to demand that compassionate release be in trials, we would make that argument to the government that this should be a standard part of research. So, we were always jockeying and trying to form alliances of convenience with whatever seemed to push the struggle forward at any particular moment.

AS: And at this point though, there aren't so many doctors involved.

TM: At this point there are many fewer doctors. Doctors have now organized themselves into the HIV physicians group. And so they had their own issues – compensation for one, because the AIDS patients take a lot longer. So, we worked with them demanding more training of doctors around HIV issues and also higher compensation for doctors who were focusing on HIV because it demanded special expertise, more time with patients, and all those kinds of things.

AS: And would they also have been happy about having TIE and CATIE to... so, that that was a piece that would also have been...

TM: Yeah. We worked with physician groups around educationals and things for doctors at CATIE. I mean CATIE did a lot of educational work both with the community and among doctors.

GK: So, there is a history of having retreats in AIDS ACTION NOW!, but I think the first one is the one at Hart House farm. So, that occurs at the end of the summer of '89. Do you have any sense of what happened there?

TM: Yeah, they were long, long days of meetings, but the tension that you described earlier, once again around the focus of the group. Bernard Courte did a little article in the *AIDS Action News*. What he said was, "It became evident as the discussion progressed that a fault line was developing – the direct needs and interests of people with HIV infection versus those more general political issues of membership qualification and democratic processes within the organization. Furthermore, the group lead by people living with HIV expressed some frustration that the organizational goals being proposed were moving us away from our primary goal, which was to make treatments available to those PHAs who want them. If in that struggle for access to treatments or quality healthcare, social change occurs, we will all be happy but, those of us who are fighting for our lives see this – access to treatment – as the primary objective of this organization, it's *raison d'être*." So, that was the fault line that was beginning to develop in the organization.

AS: And how did access to treatment get talked about in that retreat? Was that the way that people would talk about it? Because another way that I could imagine it would be to say, "Let's centre the needs and concerns of people living with HIV," which is slightly different.

TM: Yes, slightly different and it's more complex as well. The way that I conceptualized it was that treatment was the unifying issue for people living with AIDS and HIV. That affected the middle class downtown fag, the rich downtown fag, the sex worker, you know, the homeless... I mean all of us were going to die, we're all in exactly the same boat, no matter what our social status, colour, gender; we were all going to die.

AS: And it affects the Hungarian mom that wants treatment for her son.

TM: So, that's the focus. There was another legitimate argument that said, "Well, we've got to look at the social conditions of health of sex workers, of women, what about racialized people?" But what that meant was that you would end up focusing on issues that were of concern to particular parts of that the community. The concerns of people in prison were not the same as the concerns for somebody else. It was a matter of deciding if this organization was going to be broad or is it going to be focused? And that ended up coming down to – is it going to accept the leadership of people with HIV or is it going to accept the leadership of people with long term development on the Left? And not to say that those were mutually exclusive, but generally it was people living with AIDS and HIV who were arguing for the focus, and it was the (HIV) negative people who – and I could be uncharitable – saw AIDS as an opportunity for pushing social change, that were arguing for the broader focus. There were exceptions like Michael Smith, who would be certainly in the latter group. We were also looking at the statement of principles and all this bloody organizational stuff that bores me to tears, and George, always the conciliator, managed to produce something that was more or less accepted. It was like, focused enough that those of us with HIV were happy with it, but it was also vague enough that you could probably do other things as well and nobody was going to react. We thought, "Okay, we've done that." And then that fateful meeting, which is the annual general meeting.

AS: So, this is after the retreat?

TM: This is after the retreat. The fateful meeting was in October. And what happens is that it's an annual general meeting. I think it took place in the Church Street school, and we were electing the Steering Committee and all of a sudden there was this motion from the floor and a document produced and distributed saying that the Steering Committee should not have decision-making power. Only the general meeting should have decision-making power. The Steering Committee's only job will be to implement those decisions between meetings. This was completely out of the blue. George was apoplectic. I never saw that man so angry, because he felt he'd done this compromise and he was stabbed in the back. It hadn't been discussed with the Steering Committee and people were there and there was all sorts of opportunity to do that, and this was a change in the organizational structure. And for those of us with HIV, what that meant was that anybody walking in off the street could come to those general meetings. Toronto was not New York. We didn't have a million people with HIV. There was no way of assuring the focus of the organization was going to be on the needs of people living with HIV and AIDS. It was an attempt by negative people basically to take over the organization for their political purposes using this ultra-democratic model. Just the idea that a general group could make the complicated strategic decisions we needed to make. We talked about bouncing off government and Pharma and City Hall and Public Health. The knowledge that you needed to have to make some of those decisions was

complex. The idea that anybody off the street was going to be able to walk in and make these decisions and then send off the Steering Committee to do it. It was an utter fucking disaster. So, I was chairing and I...

AS: And you'd had no whisper of this.

TM: No, not a whisper. Just like, bang! Blind-sided. So, what I said was this, "Obviously, this amendment needs a lot more discussion and thought and therefore I would propose we not deal with it now, but organize another meeting in a month's time. When people begin to think about the implications of this, then we'll return to it." And in that month we started organizing. And so when the other meeting happened about a month later in December – I guess more than a month later – there was like one person who voted for this motion. And so it was gone.

AS: And the people who had brought it?

TM: They were gone. A lot of them moved to Queer Nation.

AS: Okay.

TM: Because Queer Nation came up about the same time, and that was the model they liked – big meetings where everybody talked. And, of course, Queer Nation burned itself out after about six months. People couldn't stand each other anymore. AIDS ACTION NOW! went on for another twelve years. Well, went on until today. In a certain way it predated a split that happened in ACT UP.

AS: Yeah, I mean this is a really consistent...

TM: It was a different split in ACT UP slightly, but a group of people who had been doing a lot of the negotiations with Pharma and had developed expertise, became increasingly frustrated by the large general meetings where people who didn't know anything were spending all this time talking and they needed to get something done so they ended up splitting from ACT UP and forming the Treatment Action Group – Peter Staley and a bunch of people like that. The way that it played out in New York however, was that it was seen as these privileged white boys who had vertical access to government and Pharma, who were going to go off and do their own thing and didn't need to deal with the messiness of democracy and local people. So, it seriously damaged ACT UP. Whereas in our case, since those elements didn't line up in that same way, we managed to reassert the control of HIV-positive people and the focus on treatment. And a year later we actually formalized that by changing the constitution to ensure that 51% of the steering committee always had to be HIV-positive. That way people with consistency in the organization would be able to bring themselves up to speed and begin to make the strategic decisions that needed to be made.

AS: I don't quite know how to ask this question. Was there a lot of side talk and did it feel like a contentious time, or did it feel like just a recalibration?

TM: It was... at which point?

AS: I guess I'm just thinking about that whole fall between the Hart House retreat and then this surprising experience in the October general meeting.

TM: Bernard put his finger on the contradiction that was developing. We didn't realize how antagonistic that contradiction might actually become. George had tried to deal with it in a non-antagonistic manner. But all of a sudden this bang happened. So, what's also going on simultaneously is the increasing establishment of a poz identity and a movement away from AIDS being a gay disease to AIDS being a disease that positive people needed to control, which also then meant that women could begin to enter the organization. So, Darien Taylor enters, and becomes co-chair afterwards and then Maggie Atkinson. There's a whole other group of women that, as we shift away towards a poz-identity, suddenly have access to this organization that had initially been completely gay. But it had its class ramifications, it certainly did, because in focusing on treatment issues it meant that vertical alliances, or vertical conversations anyway, with government and Pharma and researchers became increasingly central to the organization. And to be able to engage in those kinds of conversations you needed a certain educational level that comes with class privilege. And so the people who didn't have that then found themselves less and less useful in the organization, and would begin to drift away. There were still unifying issues – like when Schabas started talking about quarantine – that would bring people together. And it wasn't like a completely uniform, focused organization. I mean if you look at it, we did a huge amount of work at International Women's Day year after year which was about prevention largely, and a bit of work around women's need to be involved with clinical trials. And there were still connections with PASAN around prisons and, when the racialized groups started feeling themselves really excluded in the Canadian AIDS Society, we began to help them organize so that they could begin to have a more forceful voice there.

AS: And have ASOs that actually did have a political cause because of...

TM: Exactly.

AS: Also, AIDS ACTION NOW! I remember went to the Don Valley Jail; there was a Don Valley Jail action.

TM: That was our action.

AS: Okay.

GK: PASAN's [Prisoners' HIV/AIDS Support Action Network] later.

AS: Oh, PASAN hadn't existed yet.

TM: PASAN was a subcommittee of AIDS ACTION NOW!

AS: Oh, okay.

GK: Yeah, Michael Smith was involved in that.

TM: Michael was involved in that. PASAN was a subcommittee like CATIE was a subcommittee. The Community Research Initiative Toronto came out of the same early meetings. So, it wasn't exactly a subcommittee, but it was very close, the same people. What else did we spawn? There's another organization too.

AS: There's this quality of AIDS ACTION NOW! incubating a little bit and then other groups start saying, "Okay, now we're going to take this and go in this direction."

TM: Once that notice of the division of labour was developed, when you realized that, okay, the work around the prisons is going to involve daily work, going in there, counselling, all this stuff – a volunteer organization can't do that. So, it needs to be established, it needs to be funded; the same thing with the TIE project. Certain things we need to spin them off, there's important work to be done there. And then that leaves us free to do the activism that we need to do as a volunteer community-based grassroots organization.

AS: And actually to be responsible to the prison work you need to have that steady...

TM: Exactly.

GK: Also, Voices of Positive Women, which was a somewhat different history, but Darien is obviously connected and involved. I don't think it would have actually happened without Darien's initiative in AIDS ACTION NOW!, so that's certainly true. We're moving, in terms of the questions, towards the time when you were less centrally involved, but still involved, in AIDS ACTION NOW!

AS: But it would be great to talk about the Schabas stuff.

GK: Yes, if you could talk...

TM: Richard Schabas, Chief Medical Officer of Health, who I'm told in terms of funding and stuff wasn't so bad, got a bee in his bonnet around transmission – he is a Public Health guy. This is the precursor to the criminalisation stuff that we're fighting now; this is the first instalment. And so he's talking about quarantine. And they'd been talking about quarantine as well in British Columbia and other places, and at this point, it's not also far from the time when Alastair Clayton was talking about isolating the reservoir of infection. So, like, all of a sudden this becomes quite serious. I don't remember the tuberculosis quarantines, but my parents certainly did, and the stigma that was attached if somebody got tuberculosis and to go to sanatorium. I remember those stories, and thought like, "Oh, Jesus." So, that became a key issue for us to say, "No way José, this can't go through." We were able to unite with all of the ASOs, all of the AIDS Service Organizations, in the province to call for his resignation. And demanded it of the NDP, even though they did fuck all, but we set that back. I mean suddenly talking about that became impossible for Schabas. And so he didn't resign or anything but he stopped talking about it.

AS: Yeah, and there was the demonstration.

TM: There was a big demonstration that went over to Queen's Park.

GK: Another major area of activity for AIDS ACTION NOW! as we move into the 1990s is, people had been fighting for treatment access, but questions get raised about how are people going to pay for these treatments? How are they going to get coverage? So, that becomes another major area of organizing.

TM: So, that's the second stage. The NDP gets elected in 1990 and they've got pharmacare in the party platform. At this point we're realising that now there are more things coming on, and it's not just anti-virals but all these other expensive medicines that you need to deal with opportunistic infections. And if you're like me and got a job at the board of education, I've got a medical plan; but we're talking about the gay male community, the waiters and actors and actors pretending to be waiters and waiters pretending to be actors and, you know, all this service industry stuff where people don't have fucking benefits. The only way you can get a card – a drug card – is to go on welfare. And so that means you have to give up your job and you have to get rid of all your savings and you have to basically impoverish yourself. So, then you've got a drug card but you can't afford to live. You can't afford food. So, it's like which should I have first. So we began to say to the NDP, this is a crucial issue. We started off talking about a catastrophic drug plan to pay for catastrophic drugs, and it was open-ended; we were originally talking about AIDS, but generally, as we thought it through more and more, we realised that it would make a lot more sense to deal with a general plan that would deal with anybody dealing with any catastrophic illness whatever it may be, because why should people with AIDS get drugs and other people not? Or what happens when people with AIDS got cancer and cancer wasn't covered; you know, like that, you're fucked.

AS: So, it didn't make sense to have it just cohere around this particular medical identity because it was a bigger...

TM: No, it had to be general. And so we tried some organizing with other disease groups. And then quickly realised that other disease groups were organized as charities and the people that were sent to the meetings wouldn't have the disease. They'd all be nice young men in suits. They didn't have a clue what we were talking about, and didn't want to get involved in politics and all of those kinds of things. So, we did two or three of those meetings. I remember booking a room in the Board of Education, the boardroom, so it was a nice corporate looking room, not some crappy, little thing at the 519. No, it did not impress them. They were not going to go there. So, we ended up basically doing the campaign on our own and that became the Trillium drug plan. One of the major moments was when James Thatcher... James had worked with the AIDS Bureau and with Jay Browne.

AS: So, James Thatcher had worked with him.

TM: James Thatcher worked with him and they put together a plan for a catastrophic drug plan. And since the AIDS Bureau was part of the Ministry of Health, they managed to get it signed off

from all sorts of other people in the Ministry to say, “This is feasible. This will actually work.” And we presented the document to the Minister and said, “Here’s what it’s got to look like. Go for it.” But it went off into the blue. Finally, after six or eight months we got a meeting with somebody who was supposed to be in charge of something, and they hadn’t even read the fucking document. It was just like, so infuriating. So, James by this point was getting really sick. He had neurodegenerative stuff going on, probably from the CMV [cytomegalovirus] in his nervous system. CMV could be controlled by Acyclovir at very, very high doses, but Acyclovir was very expensive in those days, and James had been a corporate head-hunter, self-employed, so he didn’t have a medical plan. He was one of these neoliberal entrepreneurs. Who’d have thought?

AS: So, he had money while he was doing that.

TM: Yeah, he had money; he had a nice apartment, but all of a sudden he was faced with the fact that he can’t get welfare unless he impoverishes himself and, you know, he’s not going to... James was not the guy that is going to give up his nice apartment. But his savings are going down and he can’t afford it. He just couldn’t pay for the drug. So, the end of December he was getting quite bad. He could hardly talk because he had lost control of all the muscles in his face, but he gave this twelve minute monologue about the work he had done with the AIDS Bureau, the plan they developed, his diagnosis, the fact that he was dying, not because of the virus but because he could not afford the drugs. He died three days later. So, we released the video and that became another media sensation, thoroughly embarrassing the NDP. By that point they were into the mess around spousal benefits; they made these promises, they didn’t have the support in caucus, and they completely blew it. They thought they had the support of the Liberals; they didn’t have the support of the Liberals – they lost the bill. People were just furious at them. So, the Pride day after that – that happened in June and Pride day was at the end of June – Pride actually marched to Queen’s Park on two issues 1) the betrayal around the spousal issues and the other was the catastrophic drug plan that never happened. We organized a truck that had Brent Southin in a Bob Rae mask spinning a big wheel of fortune and had a bunch of Steering Committee members in drag being Vanna Whites, and explaining the issue to people as we went around. And at that point we’d also done a couple of major die-ins at Pride so that the linking of AIDS issues and Pride was probably well established and those things had produced a lot of public education. So, that fall, it was getting close to the end of the NDP reign, which is why people were so furious about the spousal benefits thing because it wasn’t going to happen now.

AS: Yeah. And when else could it...?

TM: And so I wasn’t there but the NDP had its convention in Hamilton. And a bunch of people went down and stormed the stage and got held back, and half the people wanted to let the people speak and the other half didn’t want it and it was a huge debacle. And Bob Rae said, “If you leave the stage, I’ll meet with you.” They met with him and he said, “What do you want?” [laughter] “Hello?” and I guess at that point you know, he was just desperate. I mean he knew he’d burned all his bridges in the gay communities and he had nothing to lose. He’s going to the election. I mean, like, what the fuck, if somebody else is going to have to pay for it? And so, he said, “Okay. You got it.” The one thing he was good to his word on was that by the following April Trillium was announced and in place. The election was in June and the NDP was obliterated. But the program was there,

and then another one of these serendipitous singularities took place. When the Tories came in, they started slashing everything, you know, and everything, everything, everything.

AS: Yeah, it was the Harris years.

TM: So, we thought, “Oh Christ, this program that has just barely got off the ground. This is prime fruit.” But Brian Farlinger had just died. He was the son of Bill Farlinger, who was the major conduit between Harris and Bay Street. Brian Farlinger had been the spokesperson for the Canadian Bankers Association before he became an AIDS activist.

AS: Wow.

TM: Yeah. Wow. He came to the first meetings wearing suits. And everybody was like, “What the fuck is that?”

AS: He’s obviously not a plant because no plant would be so...

TM: ...no plant would ever wear that. But he warmed into it. And we never talked about economics. Well, we did once and it was like – okay, we’re not doing that anymore.

AS: ...we won’t do that again.

TM: But he had these incredible organizational, analytical skills, and his daddy was the best friend to Mike Harris and Mike came to his funeral. And Brian told daddy, “You tell your buddy Mike you don’t fucking touch AIDS.” And daddy did. And so I got this off an interview with Frank McGee when the AIDS Bureau, had its first meeting with the new Minister of Health and also thought it was going to be slashed. The minister walked in and said, “Huh. So, you’re the guys I’m not allowed to touch I guess.” That’s what he actually said. So, Trillium survived and the AIDS Bureau survived thanks to class alliances.

AS: That is amazing. And then as a result of that everyone has Trillium funding still.

GK: You’ve already told us a fair bit about what you were involved in with AIDS ACTION NOW! during the 1990s, but is there anything more that you wanted to tell us about? We’re largely going up to about 1996. I think you may have actually gone to the Vancouver AIDS conference?

TM: Yes, I did.

GK: Anything else you remember from that time period? For us, once you are no longer a co-chair it seems harder to find out from documentary materials what you were involved in, and we know you were very involved, so if there’s other things you wanted to mention...

TM: As soon as we got the Trillium drug plan I worked more with the Treatment Access and Research Committee. We had two major committees. One was the Provincial committee, which

was the one that was putting pressure on the NDP, and then the other was the Treatment Access and Research committee [TARC]. Brian and I and Darien were more in that. And so we were working more on direct treatment questions. That meant going after the pharmaceutical companies when they weren't providing compassionate release and there was a number of them that had to learn that lesson over and over and over again. Also, dealing with drug approvals; very technical stuff. And just trying to keep ourselves up to date on the research and the new drugs and what were they promising and what should we be telling people about. We organized a national conference for AIDS activists around treatment issues and developed papers; we did booklets on the tests that people needed to know about, what people needed to know about clinical trials and other stuff. So, we were constantly producing material like that both for the community, but also amping up the pressure on government.

By 1995... so, now we're into the Harris years, most of the group's work is spent on defensive work – like, trying to stop these guys. Because even though the direct AIDS things didn't get cut, everything else was, and that was all the social determinants of health. So, we were involved in trying to keep Wellesley hospital from being closed, to no avail. You know, talking about social service cuts, trying to make sure that, since public health got all downloaded on the municipalities, trying to make sure the municipalities didn't end up getting rid of this thing. This was no longer moving forward, this was trying to hold on. And then in '95 it became more and more obvious that the Federal government, which was the Liberals at the time, didn't want to extend the National AIDS strategy. They were shifting to a population health approach; so they would no longer have disease-specific money. And what that would mean that AIDS service organizations would be fighting with the Cancer Society for money. You know who's going to get the biggest grant. Who do you think?" And so we figured this has got to be a focus. So, we ended up focusing more on federal stuff and began to develop a campaign around the renewal of the strategy. Making all the arguments, getting the ASOs involved. This is another place we could unite with ASOs because a lot of their funding depended on it, and with researchers because they had funding involved. And even Pharma to a certain extent, because Pharma was developing AIDS drugs and if all of this infrastructure started falling apart then it was going to be harder for them.

So, our first action was when dear old David Dingwall, who was the Minister of Health, came to Toronto to unveil a stamp. They were doing a stamp in honour of the International AIDS Conference, which was going to be in Vancouver. We were very lucky to have that conference as a target point. And so he came and we did a demonstration and disrupted his photo op, "We need a strategy, not stamps," that kind of stuff. He had scheduled some meetings with ASOs and so we were suddenly swept into a meeting that was held at the CATIE office with Dingwall, to explain why we were so concerned about this. Now, Dingwall was a completely obstreperous character, and he just said, "If you guys ever blind-side me like that again, you will suffer." This is not part of everyday language, this is a fucking threat from the Minister of Health. I wish we had it taped. We were taken aback. Since then every now and then I'll wake up in the middle of the night and think, "What I should have said was..." [laughter] But, you know, like, "You shouldn't use the word 'blind-sided' with a bunch of gay men, people don't follow sports, nobody knows what that means." Glen Brown, as everyone else was gobsmacked – like, what the fuck – said, "Well, first of all we've been talking about this for some time and if you've been blind-sided you really ought to change your aides."

AS: ...it's not our responsibility because we've been saying.

TM: And then went through the reasons. It was good. Glen was very laid back. He didn't make the rhetorical point that you'd want, but anyway. So, Dingwall left and he said, "I can't. There's no way that I can do anything before the conference," and we said, "You better do something before the conference. This is our window. You don't have an AIDS strategy by the conference all hell is going to break loose. And you better have the Prime Minister there too." And so he went away in a huff. And Chretien announced that he wasn't going to attend the conference. And so that pissed off all the people who were organizing the conference because when the head of state doesn't show up that means no other head of state can come in too. And they hoped to get Mandela, but Mandela was President of South Africa at the time still and he couldn't – protocol. A foreign head of state couldn't speak when the Prime Minister wasn't there. So, the conference people were livid by this snub by Chretien who wanted to go on holiday some place.

GK: He was at a Boy Scout conference in the Annapolis Valley in Nova Scotia.

AS: For real?

GK: Remember when Eric told us about this demonstration they organized? That was one of the largest AIDS...

AS: That's what Chretien was doing instead?

GK: Or maybe it was Girl Guides, I can't remember.

TM: Anyway, so I ended up taking the lead in organizing an ad campaign for the *Globe and Mail*, buying the full page ad in the *Globe*, which cost I don't know how many thousands of dollars. And so the idea was that you had to develop a very simple clear message and then you had to get people to agree with it and sign on, and then they gave you some money and then their name would appear around this message. So, the idea is you've got this wallpaper of names in tiny, tiny, tiny print and then the message is in the centre. I've done it twice before. I did one for *The Body Politic* and then another one for the Right to Privacy Committee. So, I knew how these things worked. But this time we started working on it probably in March and, you know, the conference was in June. *The Body Politic* one had taken 8 months, the Right to Privacy one had taken more than a year because it takes a long time to collect all the money to pay for the *Globe* and we couldn't pay for it ourselves. So, I was doing that and we did manage to pull it together. At least one pharmaceutical company agreed to sign and gave us something like a thousand bucks or which was like, really, really, helpful. But then they chickened out. They gave us some money, but didn't put their name on it. That was fine because we were always saying AIDS ACTION NOW! did not receive money from pharmaceutical companies and the spin I gave to the Steering Committee was, "Well, this isn't just for AIDS ACTION NOW! this is for the *Globe and Mail*." I knew I was on thin ice, but still I had to get the money together for this. So, that actually was good for us. We were glad they didn't want to put their name on it. And then, the St. Michael's Hospital ED also gave us like a whack of money under the table. And so we managed to just get over the top and do this. And so we managed to get published on the opening day of the conference when the delegates

were arriving and everybody was opening the *Globe and Mail* and there's the National AIDS Strategy.

AS: And what was the message? What did it say?

TM: It was like, "Renew the National AIDS Strategy, AIDS isn't over." The people in Vancouver had been organizing and they managed to get an activist hub as usual. And they had done t-shirts about the National AIDS Strategy. Dingwall had to be there – since the Prime Minister wasn't there, he was the highest-ranking official and therefore had to be at the Opening Ceremonies. So, the organizers, who were so pissed off, blocked off the whole front section of seats for AIDS activists. And we got everybody to go in and when Dingwall got up to speak, we all turned our backs on him and started shouting trying to drown him out. He had the amplification so we couldn't do that. I don't know if you do public speaking, but this was a huge hall. It was like a stadium and the people that you can see and you can hear are the ones sitting in front. And so he came on, you could tell he was shaking he was so nervous. At one point he tried to talk about the tragedy of AIDS and he said the *strategy* of AIDS. [laughter] At which point the entire auditorium started laughing at him like, just laughing at him. And he was red as beet and stumbled through the rest of the speech and scuttled away; and left the conference two days later saying he was ill.

And at the closing of the conference the organizers managed to get a young PHA in a wheelchair to roll onto the stage with a big condolence card for David Dingwall saying he knew how bad it must feel to be under the weather. So, you know, they were completely screwed. I mean this could have been this moment for them. This is before homonationalism had been invented, and they completely fucked it up. Dingwall did say in a couple of meetings before he left to some ASOs that yes, they were working on a strategy, but it was nothing clear. And then there was an election campaign that following fall and Maggie Atkinson and Louise Binder, who were two AIDS ACTION NOW! people, dressed in their business suits and got themselves into this Liberal fundraiser in Toronto for Chretien's opening speech of the election campaign, and they jumped up and started screaming at him about the National AIDS Strategy in the middle of his speech. The goons had to come and drag out these two proper looking ladies out of the place and a day later they announced the National AIDS Strategy would be continued.

GK: Something we've talked about with a number of people is that moment, I guess, it's probably 1995-96, when it becomes clear that there is actually the new regiment of drugs.

TM: People stopped dying.

GK: And what is that impact on AIDS ACTION NOW! or AIDS activists more generally?

TM: Well, what it does is that the people whose only needs were the drugs went off home. A lot of us are dead, first of all. We've lost like, dozens and dozens and dozens of activists, and that's a cultural-intellectual capital that can't simply be replaced. So, that's a factor. But then other people like, after ten years of crisis, if your needs are met, you want to go back to living your life, and so people began to drift away. So, the core of expertise that we had developed around AIDS ACTION NOW! really begins to dissipate. We continued with this idea that nobody served as chair more than two terms, for all those reasons. And Maggie Atkinson had been the Chair with Peter Amenta

in '95 and '96, and then again in '96-97. In '97-98 there were two other chairs and then by '98-99 nobody wanted to be chair anymore. So, Maggie rolled back into the third term, which was unprecedented. You could tell, okay, this is getting weak. And then the following year her co-chair, Greg Robinson did just two terms and he wasn't willing to do it anymore. And so I had to go back and do another term. And at that point, Maggie and I just looked at each other and said, "Okay, this is winding down." I mean we had achieved most, almost everything that we had set out to achieve in terms of compassionate arms, in terms of Trillium, in terms of access to experimental treatments, continuing with the strategy, the ASOs were still funded. So, at a certain point we realised that that this must be it.

But we didn't want to just kill the organization so in 2000 we established an administrative committee, and three people – Louise, Ron Rosenes and Tony De Pedi who'd been involved but not centrally involved, said, "Okay, we'll do our bit and what we'll do is we'll receive the banks statements and, incidentals that come up and that have to happen to keep the organization alive. And if a crisis emerges then we'll reconstitute and do something just on an ad hoc basis." So, we came together around things like the Romanow commission where it looked like they wanted to privatize public healthcare and we did a big thing at Pride and handed out thousands of placards about "Support public healthcare." The whole Pride parade turned into this giant demonstration in support of Medicare, and other things like that. At that point international issues kept popping up. The big South Africa, pharmaceutical companies suits against the South African government for using generics, so we organized demonstrations and support work around that here, when things popped up.

And so we did that until 2006 when the third AIDS conference in Canada happened in Toronto. That produced a new breath of life. So AAN! came back together but took on this very different character. By that point neoliberalism is in full swing and we ended up doing work about healthcare cuts or what's happening in prisons or Aboriginal communities, or that piece of legislation that was supposed to provide Canadian generics cheap to developing countries that never worked. So the issues were no longer focused on treatment. They were focused on things like IV drug use in prisons and international questions. And also, by that point, I mean, the notion of poz identity had failed as far as I was concerned. It had been ripped apart by its own class contradictions. People with HIV were no longer all in the same boat. We were in very different boats depending on where you lived and what colour your skin was and all those kinds of things meant that the meaning of having HIV was different. And so the basis of unity that had coalesced around a poz identity in the early '80s just began to disappear. It is still there when the ASOs go through the motions and talk about GIPA [Greater Involvement of People with HIV/AIDS]. But it's all window dressing. I mean, really, there was a point a poz identity because we did have something in common – impending death. That was removed, gone. So, you get political people who have a social analysis who want to do stuff around AIDS and the AIDS ACTION NOW! Steering Committee now is very as hoc and made up of those kinds of people and nobody hardly knows who's positive or negative anymore. I mean, it's still a pretty decent mix but we deal with issues as best we can. We've been involved with criminalisation, both through the Ontario working group on criminalization and HIV exposure but also our own stuff, the Think Twice campaign. The second phase of that is launching on Tuesday night.

GK: So, one final question. In thinking particularly about the period of AIDS ACTION NOW! from its formation to 1996, thinking about its contributions and perhaps limitations – your reflections on that.

TM: I always say – when people ask me that – that the biggest contribution is Trillium because that changed the landscape for drug access in Ontario for everybody fundamentally. It was AIDS ACTION NOW!'s gift to Ontario because if we hadn't pushed for it, it would have never, never, never, never happened. The things like the institutions that were left in its wake – PASAN does good work; CATIE does good work. These are institutions that were left by AIDS ACTION NOW! Some things like Voices of Positive Women collapsed; the Community Research Initiative collapsed. We did not change the culture of pharmaceutical research. They're a bit more on their toes in terms of compassionate release here, largely because they've realized that it's a market seeding strategy. You get people on your drugs before it's approved, then they've already told their friends about it when it does get approved. So, we made a bit of an impact but you still see pharmaceutical companies don't think of compassionate access when they're producing a trial.

For a while it looked like we were changing the relationship between research and community, but that was a brief period when it was still possible for community people to know as much as scientists and doctors. But now, the level of knowledge around HIV/AIDS has like, gone off into the stratosphere. So, one of the little groups that I worked with is the ethno-cultural treatment support network, which is organizing for accessible AIDS treatment, which is about training people to try to be treatment advocates in their own communities – marginalized people like, new immigrants basically – new immigrants and undocumented people. I was thinking to myself like, the list of drugs that we're asking people – many of them don't have basic literacy in English – to memorize and understand the interactions, the difference between Protease and Integrase and reverse transcriptase. It's like, you know, people... they really don't get it. It tends to be empowering for them, but the knowledge, you don't teach that in a six-month course. It takes years of being immersed in it over time and nobody is anymore, unless you're a doctor or a researcher. So, that we didn't have much impact on that. We probably provided a bit of a cover for neoliberal attacks on the drug approval process because of our pushing for expedited release. Well, we've got expedited release now. The companies test their own drugs and pay the bureaucrat to put a rubber stamp on it. So, it doesn't take as long because nobody's fucking looking at stuff anymore. In an attempt to deal with that, we fought for post-approval surveillance in some coherent way. Now if you have a side effect you're supposed to tell your doctor and your doctor is supposed to tell the company. But there's no government agency involved in saying this is a new drug; we're now using it for the first time in this population; we need to be monitoring systematically how this works.

We passed the torch in a certain way. The treatment activist group in South Africa, which is probably the most important AIDS activist group in the world – largest certainly, mass-based. You know, they can pull out thousands of people to a demonstration. I mean that committee was formed by Zaki Ahmed and friends at Simon Nkoli's funeral, which has to do with the fact that... we did a lot of work around solidarity for Simon. His death after Protease inhibitors were released made me really angry. I suddenly realised like, "Okay, it's all OK for us. Not for people over there." So, there was a real interchange. Not so much within AIDS ACTION NOW!, but between ACT UP – former people from ACT UP, who went over there and continued to work for the AIDS Law Project and TAC [Treatment Action Campaign] in South Africa. So, you know, there was a certain amount

of passing on the torch to other places where the issues that we faced twenty years ago are still very much live ones. I guess those are the major contributions.

AS: One of the things we were trying to do, because there are so many amazing people who did this work and who died, is maintain some connection or some resonance with them in the project, and so you knew a lot of people who we don't know about and if you want to just bring anything about them.

TM: You have a list?

GK: Yeah, but what might be most interesting is people we might not have put on the list.

TM: Let me look at the list. So, we talked about David Marriage...

GK: Not much though, you just mentioned him.

TM: David was fairly early on. Unlike many of us, he wasn't one of these gay politicians. He was an openly gay man. But I do remember the first time I saw him before I knew him, I was coming out of a movie and he was going in and he had KS [Kaposi's sarcoma], all over his face. Happy as a lark going into this movie and it was like really shocking because people hid in those days. And so in a very personal way like, not going into the closet around AIDS was really important. Bob Gardner for example, who just died he was working at the time in the provincial legislative library doing research for parliamentarians, so he knew what people were talking about in Parliament. So, he was our conduit like, our back door, our mole. But he also produced documents for us and knew how those documents needed to look to be accepted at different levels. He was an incredible resource. Doug Wilson, who we didn't talk about at all, came from this incredible gay liberation background and was at first really reluctant to identify as HIV-positive because he was involved in all these other issues. He was like, one of these broad activists.

AS: He as from Toronto?

TM: He was from Saskatchewan and he moved to Toronto.

AS: And got hooked into all these other...

TM: And got hooked in. He was working with Project Ploughshares or something like that, because he was like, really...

AS: So, he was part of that anti-nuke...

TM: Yeah, that stuff. And was also very involved at the Board of Education. He helped with the anti-apartheid conference that we used to organize. He ended up being an outside person that would come in and organize that conference and did our newsletter for the equity department dealing with racism and sexism. And then, he was running for the NDP when in the middle of the campaign – this was in the '88 election I guess – he came down with PCP. I don't know if he had

known he was positive or not but his t-cells were relatively high, you know. But anyway, he almost died of PCP in the middle of the campaign and the NDP, of course, kept it under the rug because he was, not only the first gay candidate running for them, but in the middle of a campaign gets AIDS. Like, talk about a publicity nightmare. But at that same meeting that we were talking about before, I mean that was when he finally embraced the fact that he was HIV-positive... this pos-identity, and began to make that central, and he became the person who took on the task to try and organize a national network of people with AIDS and HIV.

GK: Can you just mention that a bit more because that comes up in other interviews we've done in other places.

TM: So, the idea was that, you know, AIDS ACTION NOW! was doing this federal stuff, as you mentioned, but it was a local organization and if we were actually going to be competent with this we needed people with AIDS and HIV across the country organized. And we didn't want to do it through the ASOs because they were largely not controlled by people with AIDS and HIV. So, we wanted an independent network of activists. The Canadian AIDS Society did not want this, it was a national organization also dealing with AIDS – and they saw it as competition. And so they fought tooth and nail and I remember Doug being so angry at Joan Anderson, who was the head of the CAS at the time. He could have strangled her. It finally got blocked and it never went anywhere, but the pressure was so great that the CAS had to change its constitution and – I don't remember exactly the numbers – include people with HIV from all the regions and a certain percentage, and all this stuff. Before they'd had one token or something like that. And so even though he didn't get what he wanted, he did manage to, in fact, do a shift in terms of being at the table among other groups.

AS: So, he was someone that was a political actor.

TM: Yeah, he was very much a political actor. He was a cover boy in *The Body Politic* in 1977 because he had been at teacher's college and he was supervising, training teachers. When he started working with a gay group at the university, the administration had found out and said he could no longer supervise because he was gay. And so he took them to the Human Rights Commission and it was a big, huge campaign. So, he had all of this progressive Saskatchewan background. And then George, we talked about George off and on, who was, the intellectual core of not only the Right to Privacy Committee, but also AIDS ACTION NOW! through those days. I mean towards the end he started getting sick and he suffered from depression. And when he'd get really depressed he'd get paranoid and he became problematic, but somehow despite all of that he still managed to contribute. He left AIDS ACTION NOW! when CATIE spun off as a separate organization and really threw himself into all of that painstaking, horrible, boring work of establishing this institution, . Making sure that it was going to work and, you know, as difficult as he was, I mean he certainly laid the foundation for CATIE at the end. He died in what?

GK: 1994.

TM: 1994. Yeah. Who else?

GK: You mentioned Ross Laycock.

TM: Ross?

GK: No one, I think, has talked about him.

TM: No one's talked about him at all? I don't know what his background is... I think he might even have been American. He also was one of these people with KS on his face who did not flinch from anything. And he had this artistic streak, which we didn't mention at all – the involvement of people in the arts like John Greyson. I remember once we were doing a meeting, and it was supposed to be about a report back from one of the conferences, and he showed up with this long poem of acronyms on, you know, different drugs and I thought like, "Weird stuff." But people loved it. He was very creative and very involved in that very early period as well.

AS: And do you want to say anything else about Chuck? I mean we talked about what he did, but what he was like?

TM: Chuck was grassroots. That's the word that comes to mind. He was embedded. He was your ordinary, go-to-the-bar, gay man. He had not been involved in gay liberation stuff before, or any political organizing before, as far as I know, but AIDS radicalized him. He had his rough edges. I remember being really pissed off at him once early on. I was acting chair when Michael was away, there had been some young man in one hospital and he'd been really difficult, and he had been thrown out. And another hospital refused to treat him because he had been thrown out of this other hospital, and we were trying to figure how to get this guy support and get him into a hospital because he was really sick. And then, Chuck had been talking to a doctor in the first hospital and said, "You know, this guy's really difficult and the doctor says this and that and the other about him," and he's saying this at the AIDS ACTION NOW! Steering Committee. I said, "Chuck, for fuck's sake. That doctor has just broken patient confidentiality to you and now you're spreading it and badmouthing this patient to people in the community. You cannot fucking do this in a group." I mean, like, get a grip!

AS: ...someone's taking notes.

TM: Someone's taking notes like, Jesus. So, you know, there were things like that, but when the G-7 was in town, the first one, he ended up being our speaker at the demonstration and was able to pull it together – like, international development issues, all this stuff. He went through this incredible education and transformation. Just as an AIDS activist with nothing before that. He was also the person that put the fear of the lord into the researchers. Anne Silverside documented how he told them that organized AIDS patients could close down any trial in the country so they better have us at the table.

AS: So, it really illustrates that quality of how the bar as actually a site of formation.

TM: Absolutely.

GK: I think we're probably just about out of time. So, we end by thanking you.

[END OF TRANSCRIPT]