AAHP
AIDS Activist History Project

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Interviewee:	Bob Fredrickson
Interviewers:	Alexis Shotwell & Gary Kinsman
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Persons present: Bob Fredrickson – BF
Alexis Shotwell – AS
Gary Kinsman – GK

[START OF TRANSCRIPT]

AS: It's August 5th, 2015, and we're talking to Dr. Bob Fredrickson.

GK: We start these questions with most people with some fairly standard questions. So, do you remember thinking back to when you first heard about AIDS, and what you heard?

BF: Yeah. It came upon all of a sudden. It would have been – I'm trying to remember if it was '82 or '83.

AS: And you were in practice then already?

BF: Yeah. I had a guy come in, a young guy, and he had a cough. And you know, healthy guy, so you heard some rattles in his chest and you gave him some medicine, and he didn't seem to get any better. In fact, he kept getting worse. And it struck me as very strange. At that point, I don't even think I had heard of HIV, or if I had it was such a distant thing. And of course, the province kept telling everybody – they didn't say anything, they just wouldn't mention at that point. Anyway, this guy got sicker and sicker. And finally, I got him admitted to the hospital and he got into respiratory distress and went into ICU. And I remember one of his friends came up to me very concerned in the ICU, and said, "What's going on?" and I said, "Don't worry about it. Nobody dies of pneumonia," you know? And I'll never forget saying that, because the guy was dead within two or three days. It was pneumocystis. He was the first AIDS death in town. There had been one other patient who was AIDS related, but it had not been publicized. He was a fancy person from a fancy family in town, but he continued to live. Anyway, so all of a sudden it gets to the media. And so we have this AIDS related death.

AS: And how did that happen, do you remember?

BF: That it got to the media?

AS: Yes.

BF: [sigh] I kind of think I know. I shouldn't intimate that. But one of his lovers' best friends was a local reporter. So, that's how that happened. Anyway, he was from – again I don't know how we throw this in – but he was from PEI. His family came and obviously were distressed... His parents were quite religious, and wanted a funeral and viewing. And the family funeral director, you know, a little bit of a farm-town, they got funeral directors generations after generations, would not touch the body. And so it ended up that his brother said to the funeral director, "You stand there

and tell me how to do it. I will embalm him so my parents can have the funeral they want." So this guy had to embalm his own brother because nobody would touch him.

And it was at that point that there was a physician group, started in 1981 or '82, in San Francisco, called the Bay Area Physicians for Human Rights, which was a closeted sort of gay thing. And Bruce Elliot and I went out to their conference – I think it was the first conference. It was in San Francisco, so it was probably '82, because it was first described in '81, but I think it was '82. And actually, the guy wouldn't have died until '83. So, I actually had gone to a conference and had just sort of heard about this. And at that point, I remember there was something like 2000 cases or 2100 cases in the US, and there had been… 800-900 deaths in the year after that. Anyway, so we went to that. Bruce, he was another physician in town. Then, I came back and this was it. Because I remember then, the next conference was in Denver, and it was during that conference, I went to Denver, that this guy was sick. And so I remember calling back and forth from that conference – that would have been '84. So, that happened then. And then I got on the radio, having come back from this conference, saying that there's something coming here, we have to be careful, we have to figure it out. And I got complete pushback from the Department of Health, who was saying, "Well, that guy had gone to Miami and it was from there and he vacationed down there. And frankly, if it only hits 10 or 15% of the gay people anyway, we're only talking 10 or 15 people in Nova Scotia, so we don't have to worry about that," and that was the Department of Health's concept. [laughter] Then, I called up a couple of friends from the gay community and said, "We have to get together and do something." I remember… Joan Hurlburg, Scott MacNeill, Greg Rossey… Anyway, I pulled them together down at that place, it was called Rumours.

GK: Right. Was it on Gottingen then?

BF: No, it was on the other one. No, no, it was below it. There was a tour and then Rumours went down to Granville Street I think. Something like that. So it was in that one on Granville Street. So and then there was also *Wayves* publishing sort of a mimeographed newspaper every month. And I remember writing an article for that and saying that the gay community has to do something about this, but again, the public health people just poo-pooed it. It wasn't a problem; these are only people from away, we don't have to worry about them... So, it was difficult to get a whole bunch of stuff happening until we started getting a couple of other deaths. Then, the *Daily News* became, "Gay Plague Hits Metro" as their headline.

GK: They actually used that as a headline?

BF: Oh, it was a big headline, yes.

GK: Because the *Toronto Star* used that as a headline, too.

BF: And you're dealing with an unorganized gay population, a closeted gay population, so it was really difficult to make anything happen. Anyway… I'm trying to get chronology here…

AS: And when the other deaths were happening, were there doctors in town, and were you one of the doctors, that was like, "This person's attending to this?" Were those your patients always? Or were they more dispersed…?

BF: No, no. The press came to me because it was my patient who died first. The other doctor was not wanting to be a part of it. I mean, I was already part of it because the press came to me because Ivan knew me… I'm trying to think when things started happening and coming together. I think '85 was when the first test… As it came out, because my name was identified in the press, I started getting calls and patients from all over the Maritimes, because there was no one else that was identified in the press that was dealing with this. And you know, as a GP there wasn't much you can do anyway. Because in Halifax you have Dalhousie politics, so I can't even admit to hospital. If I have to admit to hospital I have to give it to someone else in the hospital, and that's still the case. That's Dalhousie politics. So then it became, who's going to deal with this? And then of course it becomes Infectious Disease, because Infectious Disease [ID] was handling it over the rest of the country.

Interesting dynamic there. I always found this was really interesting. There are various types of people who go into various specialties in medical school. And chances are, when you're in medical school, after the first month you can tell who's going to go into what. Infectious Disease was always the knight in shining armour. When we'd treat patients and we couldn't find out what was going on, you'd call ID and they'd come riding in, find the bug, find the drug and cure the patient, or the patient died. So it was a quick reward situation. And it attracted people who were into that. It didn't attract people who were into chronic disease. And it certainly didn't attract people who wanted to deal with chronic disease leading to death. So, all of a sudden you have a whole discipline of people who are being thrown this disease, which is totally different from what they wanted to do in their choice of specialty. And luckily here, we had really good people, and I will never say a bad thing about any of them, they were wonderful. But they weren't of the mindset… and nobody in infectious disease at that point were in the mindset to deal with this. They were completely caught off-guard. And I think that was one of the things that fed some of the animosity that went between patients and doctors in the early stages of this, because when doctors who are so achievement-oriented can't figure something out, sometimes it comes negatively about the patients, you know? And there's patient-blaming... And interestingly enough, now the newer generation of ID people have obviously had to deal with this, so you're getting a whole different group of people going into infectious disease. All of a sudden these people come – Wally Schlech and Lynn Johnson and Dave Haas, Tom Herring – wonderful, wonderful people. But what do they do? We can't do anything. You simply treat symptomatically and hope they don't die, but they do.

Anyway, I'm going to skip to about… Well, we had no tests until I think it was '85, if I recall. Yes.

AS: So, you would just have people arrive with symptoms and say, "Probably this is what it is…"

BF: Yes.

AS: By that time – like, '83-'84 – was there a fairly stable, that you can remember, cluster of things that you were like, "Okay, this is…"

BF: Well, at that point, most people got pneumocystis. Because nobody lived beyond it, by and large. There wasn't prophylaxis or anything like that, it was just… I think KS [Kaposi's Sarcoma] was occasionally there. I remember going down to Florida at that point, and going to an art fair and seeing completely purple people. They'd just walk out without there shirts on. And it's like, nobody's seen that these days.

AS: But, mostly people would come in when they started getting…

BF: They'd come in worried. And there was nothing you could do. You'd feel for lymph nodes, and if you found them you'd say, "Well, we'll just follow you," and whatever. So, you can't do anything.

AS: So, then the test comes out.

BF: The test comes out. And it's interesting because there was a test… I think that the Red Cross was doing before it became generally publicly used. And I remember having a patient, a lovely man, who constantly donated blood. And what happened was his blood was used for eight or nine different people. And probably, when the test came out, the Red Cross retroactively tested some blood on him and found that he had been positive. And they had used his blood in eight or nine other people, and they were going to bring charges against him. And you know, it's like, "Well duhh! What do you do with that?" And he was devastated, you know? And went to Anne Derrick and we paid for her and all that stuff, or I did basically.

GK: Can you tell us more about Anne Derrick.

BF: Anne Derek was a… Buchon, Derrick and Ring were the three women who had kind of a left-wing law firm. And Buckham and Derek are both judges now. And Anne is married to Wayne MacKay, who's one of the human rights guys at Dal, one of the professors of law... So, they're all kind of left wing. And Dawna Ring was one of the main attorneys in the whole long HIV blood case. And she's wonderful.

AS: So, you went to Anne Derrick?

BF: Yeah, I think I paid for her, because he didn't have any money. And we just said, "Well we can't do anything about it. We'll just wait and see what happens." And it was a long time, and finally the Red Cross finally let the case go, but it was a year and a half. And so the guy was devastated. You know, like what's going on? And he was conscientiously giving blood, but at that point if there was anything anyone could blame… And he eventually got sick and is no longer with us. But I remember getting people from all over Newfoundland and New Brunswick… So, you had a whole bunch of people on your patient roster that you started losing contact. As the disease spread, other people in more local areas started taking people over. But then, all of a sudden you get the tests coming out. And of course, the government did not want to make the tests anonymous. And that became an issue, because I wasn't going to give people's names. And what I would do first, is I

would tell the people if they wanted the test to get their disability insurance before they had the test, because they were going to start to make it mandatory, but they weren't yet. And if you're going to have the tests, go to Maine. Go away from here. Don't have it here.

AS: Right, get out of this system…

BF: Yeah, get out of the system. And then I started sending the test under the name of John Buchanan, he was the premier at that point. [laughter] So, everybody… Poor John Buchanan, is he still alive? Anyway, I just said fuck you, you know? [laughter] I would number them separately in my office on post-it notes, so that they could never get it anyway. Obviously, I'm the provocateur in this situation and the Health Department didn't like me. But interestingly enough, the ID people did because, of course, they were under the politics of Dal and can't make this noise, and I was completely autonomous, and so I could make this shit. So anyway, it's hard to go through all this…

Another thing that happened about that time, this is only Nova Scotia – it's perfect, it's so Nova Scotian. There was a guy who was hooking on the triangle, and it turned out that he was bisexual and he had a girlfriend. And the girlfriend actually was the daughter of the chief of police. But also the girlfriend was the goddaughter of the only woman in Nova Scotia who did STD contact tracing. I mean this is only Nova Scotia. [laughter] So anyway, Doreen Murphy her name was, bless her heart, lovely old lady, space shoes… You know, those white nurses shoes? No salt on her tail, but she was like, the public health nurse. So, she called me and said, "Scott…" whatever his name is.

GK: Wentzell.

BF: Wentzell, yes. I said "Yeah," and she goes, "Well, he is my goddaughter's boyfriend." [laughter] What do you do with that? So, of course, then he was charged. And I had done the test on Scott. And what would always happen is – and it was stupid – the province would do the first test, the preliminary test, on Mondays through Thursdays. And the ones that were positive that needed the western block, were collected on Thursday at noon and run and given the results on Friday at noon. So, people got the results on Friday afternoon – lovely time to tell somebody, when they're going away from you for the weekend. So anyway, I remember bringing Scott in and telling him the story, and saying "You have to be careful..." But, we all know that nobody, when they first get that news, hears a fucking thing you say after that. Of course then, he was in court. I was called and testified – did I counsel him, and did he ignore my counseling? I said, "Well, you can't expect anybody who is given a *death* diagnosis to absorb everything you say after that," but he got thrown in jail. And he's dead, but I think he died in jail. .

GK: And this is the case where the *Chronicle Herald*, which I call the Chronically Horrid, had that headline, "AIDS Fiend Strikes Again?"

BF: Something like that, yeah.

GK: I remember it really clearly.

BF: [laughter] And it would only fucking happen in Nova Scotia – it's so perfect, you know? Anyway, so there was that. Once the tests started coming out and when we finally got non-nominal. So, I didn't have to put Buchanan on them anymore, I just put a number on it. And I can't remember when that happened, but it took a long fight.

AS: And were you involved in that? Was that something you worked on?

BF: I mean I was always in… The media and I had a really nice relationship, because I could always give them their salty crap, right? And I think what happened was, I did not want to be known as a gay physician, because I never thought the word "gay" modified "physician," but that's another story. But I also knew that if that became the situation, then that's all they'll know you as. And so it was well figured out by the media that I would give them the stories they wanted, but that was never going to be used. Not that I minded being out, but I didn't want to have… Because it would colour everything you'd say. And they were very good about that. The people who… And we had years of multiple interviews and all that stuff. Anyway, so I was constantly on them saying, "This is crazy! How are you going to get a handle on this disease?!" and "We can only get a handle on it if we know who's...!!" And I said, "Well, we need numbers. You have to know treatment, but there's differences there." So anyway, and then AZT [zidovudine] came out. And as a GP, because the government was paying for it, I could not prescribe it. All that prescribing had to come from infectious disease, so everybody had to be referred to infectious disease. Now, that didn't matter really because ID and I loved each other. There was not a hassle. We followed people together, so that wasn't an issue. There was an issue at one point with Wally, because Wally Schlech was…

AS: He was an Infectious Disease guy?

BF: He was infectious disease. I think he was head of it, or assistant head at that point. Anyway, he was the guy who saw most HIV people – and a wonderful, wonderful man. I would never have anything bad to say about how Wally treated people. But, Wally was a United Church goer. And United Church at that point – in '87, I think – decided to ordain homosexuals, and so the United Church split into two groups, and Wally chose to go with the one that wouldn't ordain homosexuals. So, even though I never saw Wally have anything but absolute care for people – I loved him. But, in the eyes of the population, when you're going to somebody who has obviously chosen this religious thing against who you are, it created quite an issue with a lot of the people. And that was a more difficult thing. But it was the game in town, and what do you do with that? So, that didn't help the situation let's put it that way.

I think when they started AZT, to get AZT the name had to go. But to get testing at that point, you could make it non-nominal, but if it was positive and someone needed the drugs, because the province was paying for it. And I continued to go to every American Association for Human Rights group every year for the conference because it was the only support I got. There was nobody in this town, nobody in the fucking province that you could deal with. Bruce Elliot didn't want to talk about anything. It turns out Bruce had the disease. So the only time I had where I could go and feel halfway any support, was that one-week a year conference in wherever it was. And it was wonderful.

GK: And there were no other general GPs doing similar work to…?

BF: Not here. No, no. And at that point, the Canadian organization hadn't been really well figured out. And there wasn't much of a Canadian thing until extra research started happening with the drugs, because that was being supported by drug companies. We really didn't have much of a Canadian thing until… god, I'd say early '90s or something like that.

GK: I think you're right.

BF: But I continued to at that point… Okay. I'm thinking about your organizations. MACAIDS was the first group that met to deal with this. We didn't have a name to begin with that. MACAIDS, unfortunately, was my design. [laughter]

GK: Wasn't it called the Gay Health Association first?

BF: Gay Man's Health Association? Yeah, because we didn't have a name for it.

GK: But then people didn't want the word "gay" in it, I think.

BF: That's right. So anyway, it became, well MACAIDS being Nova Scotian… the Metro Area Committee on AIDS, we called it. And that was Lesley Barnes, Bill Hart … Who was sitting around that table? Who was there? Bill became very active. I don't know if you have Bill's name or not, but Bill became really active. And Leslie Barnes was very active in it. It's hard to think, because then there was a whole bunch of people that became the PWA Coalition. And the two never coincided. The other people that were publicly speaking were the Conners. And, of course, they were the innocent bystanders, and Janet could turn on her tears. Bless her heart, but anyway.

GK: We're going to talk to Janet.

BF: She's sweet, but at that point … Mind you, I wasn't going through what she was going through. And no doubt, with the anti-women shit, she had a whole bunch of problems … And Randy was dying. You know, stuff. Bless her heart. She did a lot. She was a little bit overdramatic and knew how to work that part of the room, but that doesn't take away from the fact that she did some very good things.

And so we'd meet like once a month. Isn't that funny, I know where we sat but I can't think of who was around there.

AS: Where would you meet?

BF: We met in TUNS [Technical University of Nova Scotia]. In the main building at TUNS, if you go to the left of it, there' a little brick building and we'd go in there and there was a conference room in there.

AS: And someone had a connection there, or it was a…?

BF: Bill Hart. He was a professor at TUNS.

AS: And so it just arose as, "We need to start getting together to talk about this and…"

BF: Yes. And I'm trying to think… What do you do with that? Isn't that bizarre. Leslie would probably have the minutes of all those meetings, because she's the Dal professor, I don't know if you know her, but lovely woman. And organized it and she was one of the people that brought the quilt around and stuff like that. She would probably have, she'd be organized enough to have most of that stuff… Do you know when that PWA Coalition actually happened?

GK: Well, I mean there was The Eric Smith situation. And my understanding is that the PWA Coalition… I would say the people, I mean some of them, were associated with MACAIDS.

BF: Some of us were in both of them.

GK: Yes. But, '87 I would say is when it starts.

BF: Yes, I remember what happened with Eric, but I don't remember the actual dates of that.

GK: But, it's toward the end of the AIDS Task Force that gets set up. It is after, the Eric situation really hits the media that the PWA Coalition starts to get together… And Bruce and Dale and Peter, and other people… Frank.

BF: Oh yes! Frank Morton! Bless his heart. What a sweetie. Anyway, and then AZT happened. Interesting. Because when Burroughs Wellcome in Britain made it, they made enough for Britain and they had more, but they couldn't make enough for everybody. I remember there being some international conference, I think it was in Zimbabwe or something like that. What do you do with the extra? Who gets it? Do you give it to an underdeveloped country, in which case you're seen as using them as guinea pigs, or do you give it to a Western country, in which case you're dividing the underprivileged. So, it was a real… What do you do with that? And my impression, what I was told, was that Canada got it because Canada volunteered to be the dosage guinea pigs. And dosage being one of the most dangerous parts of any experimentation, Canada got AZT fairly early because it volunteered us for that. So, we got that and it didn't help. We had nothing else. It helped for a while, but it doesn't help much because it gets resistant very, very quickly. But it was the only game in town.

AS: I'm curious about the mechanics. If Canada was one of the places that was tracking and reporting dosage, how would you have done that?

BF: That was done through ID, because I didn't do it.

AS: Okay. So, you'd have a patient and you'd refer to ID and they would prescribe the medication.

BF: That's right.

AS: And then they would…

BF: What usually happened was they'd go to ID and a week later they'd come to me, and I'd look at ID's report and we'd go over it...

AS: Right, and you would explain, "This is what they're saying, and these are what the drugs are."

BF: Yes, so it became that. Or, if something changed in the person's whatever between when they went to the ID then, I would obviously see them and they'd go back there or whatever needed to happen.

AS: So, in that moment, it sounded like there were no drugs. There was nothing, and then there's just this moment… Do you remember anything about this moment when there started to be drugs or when AZT came out?

BF: I think it would have happened with going to those conferences because, of course, the US was always on the cutting edge of that stuff. And these guys were all on the cutting edge. They were all the AIDS researchers and everything like that. My sense of it was, my first sense of the possibility of AZT would have come from hearing what the US was doing with it, because we were very slow. And we continued to be incredibly slow.

AS: How did that manifest? Just things not getting to people, or learning about them?

BF: It was difficult getting the province to fund anything. And then as time went on and combination therapy became the treatment, Nova Scotia was the only province that would not fund combination therapy, for probably a good couple of years. And I'd go to conferences and I'd be the laughing stock – no point in asking Frederickson what they can do in Nova Scotia, because they cannot do anything! It's true. Everyone else is getting combination therapy and we would not let it happen. And when your patients are reading that stuff and they know what's going on, and you're sitting there trying to have some sort of confidence level with them, and you know and they know that you're not giving them the best treatment. And what do you do? And that happened for a good couple or three years. It was just crazy.

AS: It's awful. It must have been so hard.

BF: Ugh!

GK: Just around that, in terms of opportunistic infections, given that pneumocystis pneumonia was the major cause of death for a lot of people at that time, was there any effort here to get access to aerosolized pentamidine or anything like that? That was the big struggle in Toronto.

BF: Yes I mean, wow. That's a good question. When did we first…

GK: I don't remember hearing anything about that.

BF: I don't either, to be honest with you. I mean, a lot of Septra was used. That was the drug of choice at that point for it, before pentamidine.

AS: And that was inhaled?

BF: No, it was just a pill. And it's a drug they used for prophylaxis from then on. Anybody with a CD [Ccd4 T lymphocytes] count of less than two hundred got put on Septra, which prevents them from getting pneumocystis. And it was pretty effective that way. Then a real problem came, and again the chronology of this is all fucked up, but anyway. Once people started living longer they started getting worse. So, there was a period of time when you look back at it, that we probably should have let people die. It sounds terrible, but we let them live to become demented, blind, completely covered in KS, suicidally depressed... And when we kept them alive, it was just a question of… I mean you didn't know it then, because you were being as optimistic as you could be, but when you're looking back and you're seeing the advances that happened after HAART [highly active antiretroviral therapy], you think, "Oh my fuck. We kept these people miserable." Anyway, they kept alive. But that was one of the hardest parts. Again, one, because it took us long to get combination therapy, so we had that, and then that happened.

Now, going to community organizations then, because I'm trying to remember. I wasn't originally on the board of PWA because they only wanted PWAs. And then they tried to merge and there were fights and people got up and stormed out of the room. And then if the PWA Coalition was aware that they weren't going to get their way, they would bring enough people out of the room so they wouldn't have a quorum, so we couldn't take the vote. You know, you worked for three or four hours on trying to negotiate something and then [whooshing noise]. And it was like, uhhh. I mean at that point I think I was on both boards, so it became like, "I don't know what to do at this point," you know? And then of course what happened at that point was because funding became competitive, so that causes trouble. And I think that's why they tried to unite.

GK: Oh yeah, they were told they had to in terms of funding from '93 on.

BF: Yes. At one point it just became ridiculous. [laughter]

GK: Maybe just to go a little bit earlier. So, you were involved in MACAIDS. There's the rupture that leads to the formation of the PWA Coalition…

BF: Yes, I'm trying to remember if any of those people were on… Bruce might have been on MACAIDS. Frank Morton probably was too, originally. And then they did the PWA. And I think Frank and Peter were two of the main people that decided they wanted their own PWA organization – cool. At that point, funding was easily granted no matter what. But obviously, it was going to become an issue at one point, and that's what probably happened.

GK: The PWA Coalition sets up an advisory board, which I think is how you got connected. Like, an advisory board of people that were not HIV-positive…

BF: That's right.

GK: Brenda Richard and Mary Petty… Other people would have been on it, and I think you were on it.

BF: I think that was even after I left. There was a certain amount of time when you start to think, one, you're burning out. Two, these places need new blood, you know? And as valid as the points I thought I was making, I was also very aware that this is an old ship. And people were coming in that had different ideas. And they were wonderfully enriching, so I just thought, "Well you know, I need to get out of here." And I think those people came on after I had left. I think I finally gave up the night when the whole, waiting for three hours and then Janet and a couple other people were walking out so we wouldn't be able to take a vote, even though we had agreed on what we would – that was a compromise. It was like, "What the fuck!!" [laughter] And I think at that point I just said, "Well this is crazy," you know? And that was all before HAART. That was all before good news came. And it was those three or four years before HAART that were just awful.

You know, I remember… [laughter] It sounds terrible. I remember wakes, and I remember funerals and … I used to make homemade baked beans. One of my favourite dishes that I would [laughter] I would take them after funerals. One time I just thought to myself, "All I'm doing is carrying a cast iron pot of homemade baked beans from one house to another." It became crazy! And another thing, another dimension for me was that the emotional toll it takes on you as a physician, you're ignoring because you're so busy. You'd get a call from the hospital, "Such-and-such and so-and-so expired," and it's like, [sigh]. And you've got ten people in the waiting room. And often times, I would go over to the hospital with a very sick or dying patient and the patient would die while I was there. And the family would be there and there'd be such a kerfuffle. Where do you process this? And there was one… As I walked out of the Victoria General [VG] where I would park my car, there was one corridor that just seemed to be in the right time that I could cry. And it became my tearful corridor, I would just walk down and I just knew it was time I could cry in this corridor, because it was an empty hall in the hospital. And you kept thinking, "This is just crazy." And there was nothing to care for the caregiver at that point. We tried – the physicians – to have a monthly support group for us. And Donna Ross was part of it, Dianne MacDonald, both psychiatrists, the ID people, myself. And I think at that point Bruce would come, but Bruce was always so difficult to plug into.

GK: Bruce…?

BF: Bruce Elliot, I'm sorry. He was the doctor who died.

AS: Who'd come with you at the first…

BF: Well, he first told me about it. Anyway.

AS: So, a monthly support group...

BF: Yes, we met and it worked for probably four or five months. And then the Infectious Disease [ID] people felt they were too busy and didn't want to do it anymore, so there wasn't a group anymore. And so we're the two odd men out. And Bruce and I weren't that close. So, it was like, again, you're really alone. Anyway, thank god I had the nurse, who worked with me in my office. We are wonderfully close to this day.

AS: And she would have been really experiencing that?

BF: Oh, very knowledgeable RN [registered nurse]. Knew her stuff and was very interested. And we were each other's godsends.

AS: Yes, because you're experiencing all this loss and futility and still having to care for people.

BF: Yes. And, you know, it wasn't what I went to med school for. I think my first ten years of practice I had like, six deaths because you're a young doctor and you have young patients. And the second ten years – several hundred.

AS: Also, young patients.

BF: All young patients. Gay. People you knew. It wasn't just distant people, because usually it was older people you didn't know dying earlier on and stuff, you know? So, it was really lonely.

AS: You were saying about the type of people that go into infectious diseases, do you think there's a type of doctor that does general practice?

BF: See, when I went to medical school we weren't allowed to have that. That wasn't an option – I'm a Yank. And so we weren't given the option of GP [general practice] when I graduated medical school in Ohio. And I came up to do psychiatry in Vancouver. I came to Canada for socialized medicine, I didn't want to practice in the US system. Left-wing hippie... You know what those are about.

AS: I do! [laughter]

BF: So, I came up here and then all of a sudden my friends who were doing psych residency were moonlighting as GPs. I said, "How can you do that?" and they said, "Well, you can do that." And it turned out they wouldn't take my US license. I had to do an extra year of internship. And I didn't decide to do that until later in the year, so the only two places I could do it that were available were Halifax and Newfoundland. And I didn't know, so I just came to Halifax. I bargained with Halifax because I didn't have to do a whole year. Anyway, so I came here thinking I could go right back to Vancouver because it was gorgeous, but after you live here for three months, I could never

live in Vancouver again, so I've been here ever since. And the job opened up for me. It was a street clinic that I first started on Barrington Street in the Khyber building.

AS: And what kind of clinic was it?

BF: It was called the Halifax Youth Clinic. And it was a clinic for disenfranchised kids and whatever, and other disenfranchised adults. It would have a burlap couch and it was very, whatever. And it was a hippie clinic, right? And, you know, it was interesting because – this is such an old boy network, Dalhousie and Halifax – so to break into it from away was difficult. But, this will come out wrong but I'll say it. Dalhousie could accept me because one, I was white. I was English speaking without much of an accent. Ivy league. They also saw all the people who were travelling and not covered by whatever provincial stuff, so it was completely… They didn't want to see them! It was all the druggies, all the fucked up, you know, the people from Byrony house, I saw all Ada's girls every week.

GK: Ada's girls?

BF: Ada was the main Madame in town here for 75 years. Everybody knows Ada – 425-5505. [laughter]

AS: I knew friends who lived in a former house of hers, anyway.

BF: Oh, on Windsor Street? That one?

AS: Yes.

BF: Who's living there now? That's right. There's somebody I just talked to who was there or next door to it maybe.

AS: So, you could carve out a way to be in a relationship…

BF: Yes, and because I saw the people they didn't want to see. And, you know, my resume was at least what they could accept. And that clinic had been in business for a year or six months, or something like that, so there was a little bit of an established group there, going bankrupt. My association with them ended after about a year and a half on not the nicest of terms. About three weeks after, I told one of the women I worked with that I was having a relationship with a man. I was called in by the Board of Directors. I was good, they negotiating my contract. I didn't know whether to ask for another week's holiday, so I got as many holiday weeks as the social worker in the clinic. Or, whether I should as for a little raise, more than $18,000 a year, which they already still owed me $6,000 from past wages. So, I went into my new contract and they told me that I was being let go, because I was stealing patients for my own practice, which I didn't have, and that I was having sex with patients – never had happened. It happened to the doctor before me. I was completely dumbfounded. So, I ended up suing them. They thought I'd go right back to the States. Well, three weeks later I started my own practice on Spring Garden Road and my patients came to me. And anyway, I won the lawsuit, got $400 out of it, whatever they owed. And I paid the lawyer

$200, but it was alright. That was the mentality of the town. And Jim Smith, who was a legislator and doctor, supported me all the time but never would come to the meetings – all this kind of crap.

AS: So, that was early '80s?

BF: '78. And they went out of business, like six months later. That has nothing to do with this, but its just part of the mentality of the town at that point. Now, let me just look at some of these questions to see what I haven't gotten involved in. You let me know.

AS: Well, let me pick up one of the threads. Okay, so we were just talking about not having a physician support group. And I just wonder if there were other places that you were finding political support, emotional support, or how it felt in the community here?

BF: Okay, there were a couple of things. Not around here, the community… There wasn't much here. I went to that conference in the States, but then… It's interesting. There were a couple of women from Montreal who were working in one of those market research kind of things. And Sharon Wonesly – who is a doctor in Toronto, I think, an AIDS doctor – Infectious Disease – was a good friend of one of them. Anyway, so these two women got really involved in doing market research around some of the HIV stuff. And so they would come out here, and I got to know them. And through all of that they would get people together for a meeting in Montreal or Toronto, a lot of the AIDS doctors, so you'd start to meet each other that way. And so most AIDS GPs in the country knew who each other were. Was there much support? You knew they were there, but there wasn't any active sort of, let's get together type of thing. But we would support each other in sending people here and there, so there was that kind of networking. Emotional support, I guess not. Which eventually led to my burnout. Once HAART happened… And the question was how quickly were we able to get people on HAART after HAART happened. That's the other issue. And that chronology escapes me a bit.

GK: HAART's about 1996.

BF: '95 it came out, and the question is, when were we allowed to get it? The first two protease inhibitors we got fairly rapidly. Yeah, I think we did. And they made a big dent. As with anything, the early ones had all sorts of side effects. In fact, I think we had one of our doctors die of AIDS from protease inhibitors. Had a heart attack at 42, which is like, you know, this just isn't going to happen, he was healthy otherwise. And at that time, Bruce had already died.

AS: Bruce?

BF: Elliot. He had died theoretically in a scuba diving accident. But nobody knows.

AS: So, in talking to people in Toronto that were involved in AIDS ACTION NOW! and then CATIE [Community AIDS Treatment Information Exchange] … We were talking to Sean Hosein, who was doing some of the compiling of research, and one of the things that I'm always interested in is the way that now, talking about things and hearing about them, I do

basically picture everyone looking on the internet, right? Which of course no one was. [laughter] So, I've been asking people…

BF: We were lucky to have faxes.

AS: Yeah! So I know that like, TIE [Treatment Information Exchange] and then CATIE would send out bulletins. Did any of those come to you?

BF: Yes. You'd join that, and I remember getting all the CATIE stuff. And one of my patients went up at Casey House and he would come back … Yes, I mean there was an attempted network, but you know, we're outliers. When Canada talks about dealing with the East, they go to Montreal and that's it. We're really far away. I mean, Philip Berger and those guys, you'd know them and they'd know who you were, and you'd meet at various market research kind of things, which was fine. Any excuse for getting together. And of course, there are other things that happened. You have to deal with patients who don't want to come to your office anymore if they have to sit next to a purple person. You have to deal with the fact that you're going to lose 30% of your income no matter what.

AS: Why is that?

BF: Because you get paid the same amount for seeing a kid with an ear infection as you get paid for seeing a person with HIV that takes 40 minutes, because they've got 20 things wrong with them. So, for many AIDS physicians, besides the emotional burnout, it's financially a huge hit. And if I needed money I would have stayed in the States. I mean I'm not wealthy, but money isn't my issue.

AS: Right. You on purpose came to Canada.

BF: Yes. And as a gay man without kids, you know, I don't have horseback riding lessons I have to put anybody through. [laughter] But, other people did and certainly, that was a huge amount of resistance. Well, one – AIDS is a fascinating, fascinating disease. I mean, because it's so multi-system, you know? And it requires a whole re-study and re-kindling of whatever you learned in medical school, the panoply of stuff and that takes a lot of extra work. I mean I was fascinated. It's a fascinating, fascinating disease. And I went into medicine because I was fascinated by disease. So, that part was okay for me, but I mean for a general practitioner who's had a group of people who were, like at Gladstone they're calling you on the carpet if they don't see 60-70 people a day, because they're not doing their fair share for the corporation. And then you go home and you've got all this stuff to read, you know? They can't do it! And so nobody wanted them. And they made it fairly obvious. And just in terms of closing their practices or whatever, and doing interviews and stuff like that. So anyway, it became more and more isolated as time went on.

AS: And more and more burdened too, it sounds like.

BF: Yes, because you saw more and more people. Then you got the worried well to deal with, that's an issue. And then aside from that, all the public stuff – huge public stuff. Constantly trying to be trumped by the government saying, "It's not a problem. You're just a shit-disturber." I mean public

health hated me. [laughter] I could book my analyst, they paid for that. [laughter] So, there are so many facets, not just medically but socially. Because you were, I mean I was doing most of the social and political fighting that groups of people were doing in other parts of the country, because there wasn't anybody else to do it! I don't mean that in any way except that it was really lonely. And you'd see other groups organizing… You had the PWA, and they were understandably so angry, you know, that whatever they said became almost tossed out for a while, because all the public heard was Peter Wood being angry, you know? Validly angry in some ways, but Peter wasn't always the best way to express it. PWA almost lost some of its value because of their anger, so that the actual ability to approach the public became almost… I was the, you know, the fair-haired boy in that way at times. And that was okay. I mean I started out as an actor.

AS: Right, you could talk to the media. Did you feel like you'd be able to speak in terms of like, "I'm a doctor, and this is…"

BF: Well yeah, that gave me credibility and that was important. There was a time when there were people in the PWA Coalition that were just really angry at me. Because you'd have to kind of talk around what they were doing, it was a weird sort of thing. And they were then starting to see me, I think, as part of the establishment. It was me versus them, but it was like, it wasn't that, you know? But they were all my patients! So, it was very weird to have that. Like, "I don't know what to do here!" You know, ACT-UP was ACT-UP for a reason.

GK: Can you remember anything about the ACT-UP group here?

BF: I think they were pretty much just PWA Coalition. I don't know that they actually had… Did they actually have one they called that?

GK: Yes, for a while.

BF: Yes.

AS: Dan Hart was one of them, we haven't talked to him yet…

GK: He was at Dal.

BF: I think once HAART came on the line, I had my cadre of people then. And when I think back on it, I haven't talked about this before. But, given the fact that I couldn't prescribe any of that stuff, there may have been less new people coming my way. I never thought about that until now, but it may very well have been. Because you talk about people and obviously there's whole generations of people now who I don't have any clue. I haven't done it since 2000, so it's been ten or twelve years since I actually did it. Some of those later things I'm not sure, I cannot give you very much information on that, to be honest with you. You still see so many people, but… I'm losing my train of thought… Take me somewhere. [laughter]

AS: I still don't quite understand why, structurally, you couldn't prescribe AZT.

BF: Because the province paid for it.

AS: But, doesn't…

BF: No, because AIDS drugs came under… Well, part of that was probably the government wanting to have control over it and knowledge of who did whatever, but it was never allowed. First of all, there were experimental protocols at some point. So, there was a certain amount of stuff that had to happen with the protocols and the drugs so that statistically the ID people, who were obviously they're faster at doing research and publishing it. And frankly I wouldn't have the ability or the interest to do that. But more of it, I think, was to keep tabs on who got what. And you know, I'm not even sure to this day… Well, I think you can now, you can probably prescribe stuff., but when I did it you couldn't. It had to come out of ID.

AS: Were there any other drugs that were like that? I mean if there was a malaria outbreak would people have been able to prescribe… Like, do you know what I mean?

BF: I'm trying to think. It was pretty special, you're right. Did we have to get special permission from a neurologist or something like that? I think any drug on an experimental protocol, certainly GPs can't get. And there may have been some MS [multiple sclerosis] drugs that were being done like, Betaseron or something like that, which you'd have knowledge of, but we couldn't get. Most GPs aren't equipped to do that kind of studying anyway. And I don't have the interest because that's more pedantic, more neat and organized than I could ever be. So, I think part of it was government needing to be on top of it. That's all I can say on that.

AS: I'm just always so interested in the different ways that the practices of medicine produce or interact with the experience of illness. And so that's just really interesting. So, HIV/AIDS would have made it really obvious – this is how drug testing happens.

BF: Oh yes, and frankly it made a huge difference in other diseases. Some of the stuff that came from the AIDS research has been used in all sorts of other diseases and treatments. So I mean, AIDS is awful, but in terms of what it did for the field of medicine, it was huge. And I think it also gave a certain more exposure and maybe credibility to alternative interventions. Because I mean, when you have nothing to do, you'll do anything, you know? I mean people were drinking horse urine for it, at some point. So, it was like, okay. And some of that was part of the ACT-UP original stuff. You were just pawns of the drug companies trying to make money. And, you know, when you saw people with terrible side effects of the drugs and you saw that they were starting to get resistances and they weren't working, that fed more of that, so it became just another one of these moneymakers.

If I did my career again, which I don't think I will… I liked it, but I want to be a dancer when I come back. [laughter] In terms of keeping interest in the incredible beauty of medicine, it was a godsend. That sounds terrible, but it was in that way in terms of the fascination of medicine. Devastation, but it certainly fed my intellectual curiosity, which is a warped way of saying it. That dimension of it was true, you know?

GK: Just to come back to a strand that you started to tell us about but didn't fully finish. You talked about getting burnt out. And you talked, I think, about moving away from dealing with AIDS and HIV at a certain point, in terms of your practice. So, if you wanted to say anything more about that… It sounds like the burnout led to less direct involvement.

BF: Well, there are two things there. One was, I think what I was talking about, once HAART happened and the spectrum of drugs changed and they all had to be done by ID, I think that my involvement with them was more supportive than it was medical, so I may not have gotten as many of the newer people. The younger people maybe just disappeared. After I burnt out I took a year and a half off.

AS: Off of your practice?

BF: Oh yeah. I couldn't. I couldn't do it. I hadn't had a holiday for like three years because there was nobody to take your place. There were no locums around. And finally, it would have been about the last week of July one time, I came in… I took a week off… I saw my sick people before and I took a week off. And I went back in on Sunday to read the mail that had come in that week to prepare going in for Monday, and I was down on Queen Street and, very visible to the street – even more visible now that the house has been torn down – some people came by and saw me in there and they walked in, because it was a nice day. And they started telling me what was going on with them, and it's the most amazing thing. I could hear them talk, but I could not process a thing they were saying. It was the most scary thing. And I said, "this is really weird," you know? I went home and I called Dianne MacDonald, who was a psychiatrist I had been seeing. And she said, "You can't go to work." So, I took that and then I took some more time off, and I found somebody who would eventually take my place for a while. I couldn't do it. I just couldn't do it. And that was devastating.

AS: And it sounds like taking a week off allowed something in your system to be like, "Actually…"

BF: "Can't do it." You know, if you don't have any emotional outlet – at least, I found this the further my career went on – most type A personalities just work harder. If you don't deal with your emotions you just work harder. We all saw the doctor who was in the hospital at 10 o'clock at night reading notes, those people, and the nurse would be like, "Ah, he's so dedicated, he's so dedicated." Well, we knew fucking well he had an awful home life, that type of stuff. It's that kind of thing. And for a while you'd just work harder and harder and harder. And I think that we all just probably [wooshing noise] made it happen. Anyway, so I in fact, the scariest thing… And this is so perfect. I don't know what this has to do with it, but. When you burnout and you go on a disability, the average length of time that a physician goes on a burnout is somewhere between 9 and 12 months. Invariably, you get disbelieved by your disability people, so every month you get a thing to fill out on how bad you are, and your psychiatrist gets that. I mean Dianne said she's never had this many forms to fill out. And I kept thinking, you know, if the hardest part in getting treatment is for physicians to accept the fact that they have an illness, why don't you just say it's going to go on for 9 months, we'll contact you then, instead of trying to tell them they're not sick every month? How stupid is that, right? I took the time off and then I couldn't go back to my practice. I went back to a walk-in clinic. And then the other thing I did was I took over the physician health programme

at the Medical Society. So, my last ten years of practice were basically dealing with doctors, dentists, and vets who were burnt out or having drug and alcohol troubles, or license hassles. And started a national organization. With two other people we started the Physicians' Health Coalition, nationally. And we got funding from Ottawa and we'd meet once a year and had conferences on physicians' health and stuff like that. So, that was the end product of what happened to me, which was actually helpful.

AS: Right, so that actually came out of AIDS?

BF: Yes, in a way! Yeah, that's right. [laughter] And I couldn't go back to it, so that was the end of me on that. It's almost sad, because I missed a lot of the good news times, you know? I hit most of the bad news times.

AS: Yeah, you had all those years where all of your patients would just come in and then die.

BF: Yes. Fascinating now to listen and to see how… I mean there's no safe sex going on now. Young guys have never seen a purple person. I keep saying, "You haven't seen a purple person! You don't know what it's like!" And I don't need to. They have TRUVADA. Well, the question is, do they need they need to. You know, in Canada we haven't even allowed TRUVADA to be used much at all. I think I know one person who is on it here, and it's actually cheaper here than it is in the States. If you get it at Costco it's like, $850 a month. It's like, $1,500 in the States. Of course, most of them are paid for. But anyway, you know, you have that aspect. There are treatments, so it's weird. And it's interesting, because now the stats are stacked toward TRUVADA and you don't know how much of this is drug company stuff. Because now they're publishing studies that say, "Condom use is maybe 65% effective, but TRUVADA, if used well, is much more effective." You know? So, it's a question of how much of that is like… Because, you know, condoms aren't used as much, or not universally, so it's all this manufactured shit, you know? Well, it's all business.

GK: So, one of the questions, because we're also interested in remembering people who are not with us anymore, is whether you have any memories of… You talked about how many of the people in the PWA Coalition were people you knew both as a doctor and being involved in it, but maybe other people…

BF: Well, it's a small town and you know most people.

GK: I can mention names, if that's helpful.

BF: One guy, Michel Lecoursière. Did you know Michel? Oh, a sweetheart. I remember one day he came in. He was just this lovely man. It had a particularly hard day in the office and he just comes in and goes, "You look like *you* need a hug today." And so he just came over and hugged me. And I'll never forget that, it was so neat. He was one of the people in the hospice… It was the Frank Morton house, you know? We had a whole lot of caring, 24-hours a day, people taking shifts for him. I mean you can't single out one person. All these incredibly wonderful, young people, who had to live with all the shit from the non-gay acceptance, and then the parents – phewf! Emotionally, the really difficult was, as you came to know the parents, which you obviously did over a period of

time, being with them around the death. Then, a month later you'd see them. I remember seeing them at Planet Earth or Planet Organic, whatever that place is… You say hi and they don't speak to you. You're the memory. And so, all of a sudden, you had this huge emotional thing with them as you're going through the death, and then you're nobody.

AS: Wow. So, this real intimacy and then...

BF: Whoa. That was hard. And then you started to become immune to it. It's like, the transiency of it all is like, whoa. I remember at Graham's, which is the first guy who's dying, we were all hovering over – his lover was Bob Mackay, and a bunch of us were all friends. We were all at a gathering after he died. And Ivan Cobert is still alive. And I think Scott MacNeill is the only other one of the whole people in that room – they're all dead. Well, you know that. It alienated gay people anyway, and then to lose the people that you've been with, you know? I don't mean sexually, just your group.

AS: Your community. Yes.

BF: It's huge. And you [to GK] have probably had the same sort of… I don't know whether you've travelled. I mean, we've lost a lot of people, but you think of people who live in New York City. How would you? One, it's got to change how you emotionally deal with people, two, how you sexually deal with people. You probably lived in the time when I did, when every time you may have wanted to have sex you had to equate it with death. It was like, there was an element of that. [laughter] Phew!

GK: I really do identify with you talking about all of these funerals and wakes. It was just quite intense in Toronto for a period of time when I was there, so that's pretty heavy duty.

BF: And I'd be very curious to see – and I don't know how to do this – but I'd be fascinated to know what it's done to the sexuality of our age. I mean we had years before that we could fuck around, you know? And the most you'd get was penicillin or gamma globulin. And then, all of a sudden, sex or death – choose. And every dimension of sex you had at that point. I almost gave up sex for 20 years, which just was not my style at all. [laughter] And then all of a sudden coming back into it now, and you come back into it with the attitude toward sex is totally different than the fear. It's almost a cavalier sense to it. And I don't do that well. I haven't recovered from that. And I'm very aware of how it's… I mean I'm 67 so we're not talking about, you know, spontaneous woodies every night. But it has changed my sense of my genital sexuality. And it's made it really difficult to put that into how you live today. Now, versus people who grew up ten or fifteen years later who never had the time before, right? So, it's a weird thing. I find it really difficult myself, personally, to incorporate a freedom of sexuality, which has scared me forever, into wanting to have that now. And I would be curious if that's a part of or a dimension of our group of people. I mean you're probably much younger than I am.

GK: I'm 59. So yeah, I am younger but not...

BF: You're just a pup.

AS: Just a little… But it's true, and we've talked to a lot of people for whom their coming into sexuality was completely coincident with HIV/AIDS. Like, when I was thirteen and fourteen some of my friends were positive and so I had this sense of, a little bit heightened awareness. I'm 40, and so my generation of people never had any understanding or experience of what sex was pre-HIV/AIDS. Then, I talk to my students now, people that are 20 years younger than me, and they don't remember what it was to eroticize latex. … It's very interesting.

BF: Touching on women, and I'm trying to think... I had a couple of women, not many. One was an IV drug user. The other was a teller at the bank across the hall from me. I don't know, I think she's still around. And that was a difficult thing, because here was a married straight woman, and her husband ended up being infected, too. All of a sudden, you know, chronic yeast infections that women get, but all of a sudden like something's different here, and whoa! And she had a kid already. And she joined the PWA Coalition and she got a lot of support from them. And my impression was she was treated well by the infectious disease people. I saw her because I had known her before as a teller. And then I had another woman and she was angry, understandably. And she was PWA Coalition. I may have had… No, at that point there weren't that many women because it wasn't an index of suspicion. They had been there, but it wasn't generally, you know?

AS: And would you connect… Like, when patients came to you and maybe didn't have any kind of political orientation towards AIDS, would you connect them to the PWA Coalition? Or, would they find that on their own?

BF: I would generally throw that out, yeah. You know, one of my favourite people in the world, Bill Sooter – it's another terrible story. He had a lymph node and he was positive. And he went in for a biopsy, and this surgeon nicked his artery and they didn't do a whole lot to save him and he went into a coma. He was one of my favourite people in the world – and died. Now, there's a reason I brought him up.

AS: Connecting him to the PWA Coalition?

BF: No… Part of it was, I think, the medical community's fear of it, too. I wrote the surgeon, I was livid. You know? I said, you can't do that. There's another point of that, but I forget what it was. He was such a sweetie. Anyway, sorry! Those come and go.

GK: Maybe when you read the transcript over you'll remember what the connection was.

BF: Yes. Okay.

AS: Were you involved with setting up Morton House?

BF: Only through the involvement with, when I think I was on the board of the PWA or something like that. Loved Frank, you know. He was…

AS: Do you want to say anything about Frank? I mean people have mentioned him, but just what he was like, how he came to…?

BF: I don't know if you've seen a picture of him, but he was a lovely, wizened older looking man. And just had a nice sense of humour and sense of… This is it, you know? And just he was lovely and wonderfully supportive of Barbara. And he, I think, was the… What's a good word for it? He was a positive spirit for those guys. He had an older, wiser look to him, you know? And he just had a lovely way of dealing with people. So, he was kind of the guys'… Mentor is not the right word, but just emotional sort of support. Yes, he was a huge loss.

GK: And that was pretty early on, too.

BF: Yes. I'm trying to think of… Oh my god, there were so many. And then when their parents didn't know they were gay, so you'd have that double-whammy to give to parents. That was not easy.

GK: Are there any of the other people who would have been involved in the PWA Coalition that you want to remember or say anything about?

BF: At the end I don't know who was involved in PWA anymore. Fred Wells might have been.

GK: Fred was involved for at least a while.

BF: And Ron… What was his partner's name? Yes, Fred became… And his brother Mike… Fred was more active in it. What was Ron's last name? Isn't that funny? I'll have to go over those names, and I'm sure every one of them would bring a memory. And some of them weren't in there. I mean Tony Batton and Scott Foley were lovely, lovely people. There weren't many you didn't like. There were some obnoxious assholes, but they were obnoxious before they got AIDS. Always said it doesn't cure you of being an asshole. [laughter] I'm trying to think who else was… Bruce. Oh, Dale…

GK: Dale Oxford.

BF: Yes [laughter] Dale Oxford. A sweetie. And Allan… What was the guy's name that was the head of it?

GK: Oh, are you talking about Robert Allan?

BF: Well, he could schmooze well. He's got the face and he has the gift of gab that would put him places, you know? And that's a compliment. He did good organizing work.

Now, Chris Aucoin – huge, positive influence on people. Has a certain… You know, understandably angry. But he's been around with it for quite some time. He was part of a mixed couple, you know,

seroconverted. And he's still doing really nice stuff. I like Chris. Who else was in there? I'm trying to think…

GK: Just in terms of some of the names of people, we talked about Frank, there's Dale, there's Bruce… Do you remember Raymond MacDougall?

BF: Oh my goodness, yes! Round head. Really round head. [laughter] Yeah, I didn't get a sense that he was that active in it.

GK: He was also someone who died fairly early on, too.

BF: Could have been… And there was Hazen.

GK: Hazen, for sure.

BF: I knew Hazen well, but I don't know… Some of those guys were there just because it was their organization. I don't think they were the people that were actively doing stuff. You know, it was good support for them. Yes, absolutely. At least they had something. [laughter] More than I had! They did stuff, which was neat. Bless their hearts. And then Janet Conners was part of it. And I think Randy was before he died. And they brought the sense of innocence to it for the public need. [laughter]

GK: So, you did mention Peter earlier? If you wanted to say anything…

BF: Peter Wood?

GK: Yes.

BF: [laughter] Oh, Peter … I liked Peter. We would laugh. He constantly fought the medical people. Constantly fought them. And had a reason to be angry at everything. Brilliant man. Brilliant man. I loved talking with Peter, because he was right there. And we liked each other, we did. I mean even before he was HIV-positive he was angry, but he was so eloquent in his anger, and so bang-on in his line of thought. Once it veered off you couldn't change it, but then again, we're all like that, I suppose. No, he was the thorn in the side of a lot of the medical professions because he would fight them and everything, you know? And he survived. He was a longtime survivor to a great extent. Peter was wonderful. He made the Coalition alive, because he breathes fire everywhere, you know? And some of the guys who would not have been as deeply involved intellectually with the disease got a lot of emotional support from him fighting for them. He was huge. Bless his heart. And his brother committed suicide. Was it before or after Peter's death? Anyway, his brother was a patient, too. So, Peter was there.

And then… I can picture him. I think you mentioned his name before. Bruce. What was Bruce's last name?

GK: Davidson.

BF: Yeah! That's right, yeah. Their actual roles and what they did there I don't know. And who is the other guy, there's another guy who is still in this. And his name is… He used to run the education thing, but Chris does that now. He did the public outreach at one point. I can see him cruising… Oh! Never mind that's a different story! [laughter] Anyway, where are we here? Have we missed anything?

GK: One of the things that we ask everyone as we're getting to the end of the discussion is whether there are other things that have cropped up for you that you haven't had an opportunity to talk about.

BF: Yes, if I did I'd have already said them because you don't have to pull things out of me, generally. [laughter]

GK: No, you've been quite forthcoming. The real final question, and you've already told us a whole bunch about this, but are there particular people you think we should try to talk to? You mentioned a whole number of names and have been very helpful that way already.

BF: You probably already talked to them. Chris Aucoin would be someone.

GK: We're going to talk to Chris.

BF: Umm… Who's still around? Did you get Bill? You might get Bill Hart.

AS: No.

GK: So, that's someone…

BF: And Leslie, would be two people to talk about the early days. Leslie Barnes. She lives on Davison. Leslie Barnes, her name is. If I think of it, I'll email you names, too.

GK: We've talked to Eric Smith, Robert Allan… These are all up now, so it's public information. Mary Petty, who is now in Vancouver. Who else? We have an interview from Mary Ganong, I don't know if you remember her, but she died about a year and a half ago. She lived in the Valley… She wasn't infected. Her partner was infected through the blood supply.

AS: Simon Thwaites, we talked to…

GK: Yes, Simon Thwaites.

BF: Oh yes!

GK: Just trying to think of who else.

BF: That was an interesting case, wasn't it? That court case he was in.

AS: Yes. One of the things that has been fascinating as someone who lived here, my family is here, is just seeing Simon's case and Eric's case and how actually central they are to certain types of employment law and discrimination.

BF: Because it was Eric's medical secretary who told Fred or something like that, wasn't it? Yeah. Isn't that bizarre?

AS: Yes, so it's really…

BF: Then the whole thing with the blood hearing with Dawna. Dawna Ring, you should talk to. Have you talked to her?

AS: No.

BF: Oh, talk to Dawna. D-A-W-N-A is her name. Dawna Ring. She's one of the major attorneys that dealt with the whole Hepatitis Red Cross thing. She's incredibly well versed.

GK: We still have lots of people to talk to. We also, of course, can't do everything.

BF: But Dawna would have a whole different tact, because she had to deal with the courts and all that stuff, with the settlement with Red Cross. And it was a huge kerfuffle. Well, obviously you can imagine the corporate Red Cross, you know?

AS: Alright! This is wonderful.

GK: I think you've given us tons and tons of stuff. This is great.

BF: Sure!

[END OF TRANSCRIPT]