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Interviewee: **Gedalia Braverman**

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ACT UP ORAL HISTORY PROJECT

Interview of Gedalia Braverman

April 20, 2003

GEDALIA BRAVERMAN: I'm Gedalia Braverman, I'm 43. We're in San Francisco, in my home. Today is April 20, 2003.

SARAH SCHULMAN: **Do you remember the first time you heard the word AIDS?**

GB: Well, sure, yeah. Well, actually, I have to backtrack. I don't know that I remember the first time I heard the word AIDS, but I remember the first the time I heard about GRID, because I was 21, I'd moved into Manhattan after college, and I was living on West 71st Street. And the apartment next to mine, in the brownstone – there was a wonderful gay guy who was a neurosurgeon and he, by chance, saw some of the first cases of KS that came in. He was at NYU, at the time. And, I remember him saying to me, something is going on, and I think it's going to revolutionize the way we look at the gay community, and that was in August of '81.

SS: **So, who were you at that moment? What were you expecting for your life?**

GB: I was expecting to be a businessman, to maybe go back to graduate school, study law.

SS: **Were you out?**

GB: Yeah, yeah, I was.

SS: **So, you'd come out before you moved to New York?**

GB: Yeah, I was out during college, and I came to New York and I was out. And, in fact, my brother and I started a business in 1981, as soon as I came out of school. And, interestingly, we had this office on 5th Avenue, and it was a raw space and we needed to have it designed. So, we found some architects and just looking at all the

AIDS connections, in those really early years, in the '80s, there was a guy named Jerry Johnson. I don't know that his name would appear anywhere, in the history of all of this, but he lost a friend very early on, in '81, to AIDS. We didn't know what it was at the time. And he was one of the original people involved in GMHC, with Larry. And there were then maybe seven or eight people. I don't even remember the people's names – Kenny Weinberg – and it was almost like a support group that most of them had lost lovers early on. Jerry was friends with all these people, and I started doing outreach with what wasn't even then GMHC in '82. So, I was very out. I was standing on street corners, at like 72nd and Columbus, handing out flyers.

SS: Had you ever been politically active before?

GB: I was politically minded, but I wouldn't say that I was necessarily politically active when I was in college. I was clearly a leftist and I was in this Jesuit University – I went to Georgetown. I was out and flamboyant.

SS: So, what compelled you to get involved with these seven people who were concerned about something that you didn't even know what it was?

GB: I think the connection that my next-door neighbor, who was in medicine, and was constantly updating me on the very early epidemiology – the early cases, and then the coincidence that Jerry came into my life. Essentially, he was a pillow designer. He designed the pillows for our office and there was just something so compelling about these two men and the stories that they were bringing forth to me. And, I just had this sense that we needed to do something. I used to stand at Sheridan Square – and this in the winter of '82, or even earlier. I can remember we had an outreach table with flyers, pamphlets, and we would run over to Chelsea to what was then the office, which was just

00:05:00 a storage room in a brownstone, to pick up materials and set up tables. And gay men never stopped to collect the information or to make donations. It was a very interesting time.

SS: What were you telling them? What was in the information?

GB: The fact sheets were very basic – that there was some sort of an epidemic that was in progress, and that there were a few hundred people who had died already. I remember the day that we changed our little poster that said, “999 Dead,” to a thousand. It was unbelievable that nothing was happening. The posters were – talked about safe sex, essentially, before we really had an idea of what safe sex was. But it was just about being careful.

SS: So, how did you become persuaded that it was sexually transmitted?

GB: Because the people that were in Larry’s circle at the time, I think felt pretty strongly that it was sexually transmitted, even though there was no data. It was just sort of incidental information. That was the sense, back then.

SS: So, was this before or after the Sonnabend, Michael Callen, safe sex?

GB: This was before.

SS: So, was condom use in place yet?

GB: Condom use was not in place. It was discussed, but it was not in place. It was during the period where the city was looking at whether to close the bathhouses or not. So, that was one of the controversial themes that sort of people galvanized around at that time.

SS: What was your feeling?

GB: At the time, that the bathhouses should be closed. And there was a bit of a

split, even within the small group that existed back then, as to whether or not that should happen. I was 22, and I think there was a lot of youthful idealism. I hadn't been phenomenally sexually active at that time, and I felt that there were problems with the hypersexual activity of the late '70s, and that we were probably seeing something that was somehow related to that.

SS: So, you didn't have a personal, emotional relationship to the baths?

GB: No.

SS: And was this group now called GMHC at that point?

GB: I don't remember – whether, back in '82, it was. I think it was already.

SS: So, you were standing in Sheridan Square, asking gay men to have safe sex and advocating closing the bathhouses in 1982?

GB: And asking them to contribute funds towards this fledgling organization.

SS: That must have been a little alienating.

GB: I wasn't really afraid of feeling alienated, because I didn't feel wholly a part of the gay community then. I felt somewhat outside.

SS: Why do you think that was?

GB: I think it was partially cultural issues. I was raised in a family – we lived, in America, but my family was original from Israel, and I think there were a lot of very traditional, European kinds of values that I was raised with. And I was a bit prudish. So, I think as a youth, I was somewhat judgmental of what I saw in the gay community. I shed much of that as the years went on, but that's just who I was at that point.

SS: So, then, GMHC just grew.

GB: Yes.

SS: Did you stay in the organization?

00:10:00 GB: No, in 1983 – I stayed with the organization for probably about a year. In 1983, I met my then lover and I became involved in my first serious relationship with a man, a boy – we were both boys. He was then 22, and I was 23. And then, about a year later, he became ill. He was diagnosed with KS, and he died seven months to the day from the time of his diagnosis. So, my life became, essentially taking care of him and I lived in the hospital and that took over my life.

SS: When he got diagnosed, had you already had intimate friends who had AIDS, died of AIDS?

GB: No, I knew of people from '82 and '83 in ACT UP – not ACT UP, but in GMHC, but I wasn't intimately close with those people.

SS: So, what was your support network?

GB: At the time that Roy became ill? We didn't really have a support network. I'm sure you remember, it was a very odd time. Even if you had a group of gay friends – for the most part, people ran scared. And people died so rapidly then that you just went into rapid crisis mode. But, we didn't really have a support network. All of his friends disappeared. Only one consistently came to the hospital. I didn't tell my family, at the time. My brother knew, but not my parents, because I knew that I was probably infected, and I didn't want them to freak out, because I wanted to focus on taking care of him, as opposed to having to deal with taking care of them, around my health.

SS: So, where did you go for treatment information?

GB: Well, you know, in '84, there really wasn't any treatment information. I mean an antibody hadn't even been detected. And, he was diagnosed, of course, through

his dermatologist – Dr. [N. Patrick] Hennessey, who I think may still be practicing at NYU. There was nothing really, to know. All you knew was that it was a waiting game, and he was in and out of the hospital a few times over the course of the first four months, and then he was essentially hospitalized for the last three months of his life and so I lived on the 15th Floor.

SS: What hospital were you in?

GB: NYU.

SS: And what was your experience there, at NYU?

GB: It was a phenomenally interesting time. I was fortunate in that my brother and I had our own business, and we were already relatively successful – or, successful enough that I could provide myself with a lot leeway around going to work.

But, for the most part, my experience was that I would leave work at 5:00. I would walk from Rockefeller Center to the hospital. I had a bed in the room. He had a private room. And I slept there, and I would wake up in the morning at 7:00, and walk to my apartment on 36th and Park, take a shower and go home. The nighttime – the nights there were very interesting and very sad – very difficult nights. It was 1985, a period where, in a lot of hospitals there were reports of the staff leaving food outside of the doors and the nurses not wanting to attend to the people who were diagnosed. A lot of young gay men, appearing at the hospital, lying in the emergency rooms until they could get a room – with no family and no friends.

I developed a very close relationship with the nursing staff – all of the nursing staffs for all three shifts. And I developed this strategy of bringing them a lot of gifts – chocolates, foods, whatever – and endearing them to us, so that Roy would get good care

00:15:00 during the daytime hours when I wasn't there. And they developed a relationship with me, where they would wake me, in the middle of the night, when new cases came in, because they were generally boys my age – in their early '20s, leading very, sort of, last days of abandoned existences. And I would sit with these other boys, while Roy was sleeping and talk to them about life, whatever. So I was, over the course of those last three months, making a lot of friendships with boys who lived for a few days. And it was a surreal time.

SS: You can't generalize from the whole the hospital community, but did you think that people were angry about what they were experiencing or overwhelmed?

GB: The patients?

SS: Yeah.

GB: I think that they were mostly in shock and overwhelmed. They came in such what we would later call "late stage" conditions, that they would generally only have a few days of consciousness before they would end up in respiratory failure, whatever. The more angry and dire cases were the ones who arrived with massive, rapidly progressive KS, and you would see boys who you could barely ascertain where their eyes were on their face. Their features became just mottled.

SS: How do you understand the kind of abandonment that people with AIDS experienced at that time?

GB: Well, you know, I think everything – life boils down to just a few things and fear is one of those overriding emotions that drives people, and I think that, that's what all the abandonment was about. It was about fear, and depending on which

community you stood in, I think for gay people, watching their peers die, it was just like – you know, you might as well be standing at the bakery, getting your next number to be served. So, nobody wanted to be anywhere near that next number, and nobody knew whose number was going to get called, so it was easier to disappear.

SS: So, looking back with hindsight, what were the kinds of personalities who emerged from that to try to create solutions, as opposed to the people who – why would certain – in a sea of so much fear and abandonment and so many people dying without anybody caring, why were there a small group of people who acted the opposite way? How do you understand that?

GB: Well, you know, I think it took a few years of just catastrophe and the lack of any solution for the shock-based complacency to begin dissipating. So, I don't think that there was a forum for it to happen, really, before 1987, because people were sort of just dealing with the constancy of loss, and not really having a history around solution-based stuff or crises.

I think that what happened in 1987 was the AZT story. I think as there was a glimmer of hope that there might be some cure-all, that that galvanized people, because they wanted to reach for that brass ring, and I think that was a critical turning point. I think the other thing that happened was that we started feeling the randomness – those of us who survived – felt the randomness of the loss and realized that we might be here for another year. I don't think we thought past that, but we thought, we might be here for another year, so what is it that I'm going to do with that next year, or that next chunk of time, that I might be able to exist through. So, I think that those were some of the galvanizing forces. And then, of course, I think Larry was a galvanizing voice.

SS: So, you already had a relationship with him, through GMHC.

GB: Very passingly. Larry wasn't really ever out on the streets in those early days in '82. I never saw him at an outreach table. I think he was dealing with a lot of the behind-the-scenes coordination of creating an organization. So, I really re-met Larry in '88, in ACT UP.

SS: So, what made you come to ACT UP?

00:20:00

GB: Well, after my lover died, which was in December of '85, I sort of hid from life a little bit. For a couple of years, I just wanted to be an audience. I wanted to go to the theater; I wanted to escape what I'd experienced, in my lover's loss and all these other people that I'd met, who died rapidly. And my love for the arts was what I wanted to pursue, in what I believed might be the last couple of years of my life. After a couple of years, when I wasn't dead yet, I remember seeing ACT UP at Gay Pride and seeing the force of it, and thinking – I just immediately knew, that's where I needed to be.

SS: Had you tested at this point?

GB: Yeah, yeah, I had. I knew, of course, I was HIV-positive from the time that Roy was diagnosed in '84. So, yeah. And I was out. In the early days of ACT UP, I think, there were not a lot of us who were out about being HIV-positive, and I was one of those people.

SS: Why did you make that decision?

GB: Because I felt that the invisibility of people with HIV, based on the kind of fear that I had seen back in '84 and '85, was really detrimental, and it was critical to put a face on AIDS.

SS: Let me ask you a general question about the relationship between

people who were HIV-positive and people who weren't inside ACT UP. Did ideas about policy and politics ever come down along those lines?

GB: Could you repeat the question? (Doorbell rings. Dog barks) Someone's at the door.

SS: I'm just asking generally if the fact of being HIV-positive or not made a difference inside ACT UP in terms of people's political directions?

GB: You know, I think in the early period – in 1987, '88 – it didn't make a difference, because it was clear that everybody was there for the same reason. And there were so few people that were out about HIV-positive that it wasn't like you had this massive group of HIV-positive people who were going to begin pitting themselves against the HIV-negatives, or the assumed HIV-negatives. I think it was only in later years that it became a point of division.

SS: But the people – you said that people weren't out, but did people who were positive – did people talk to each other? Was there a secret language?

GB: No, not really.

SS: Okay. And, what about people who were in ACT UP, who had HIV and people who were outside of ACT UP – what was that kind of relationship?

GB: Well, I think, for starters, anybody who was in ACT UP versus outside of ACT UP – those were two diametrically opposed worlds. I think it was very difficult to co-exist in both, at least as a gay person or even as a gay or a lesbian, because you became so rapidly politicized and propagandized by the objectives of the organization, that as you looked at the outside world, in general – and particularly the gay world, outside of the activist movement – you felt that those people were leading very banal

lives and were asleep in the middle of a storm.

SS: Did you get in fights with old friends and that kind of thing?

GB: No, I think, mostly I found that I drifted from them. Some of them were afraid of me, because I was out and I could be seen on television or in print and they were somehow afraid of that affiliation.

I had gone to a bereavement support group after Roy died, and I was in that support group for three months. It was Sister Theresa's. I don't know if you know about her, but she was at St. Vincent's Hospital. She was a nun who, in the very early days, started putting together these bereavement groups for gay men whose partners had died. So, during this intense three-month period of weekly meetings, the people in the group would get very close to each other. So, I had developed this group of about eight guys, who I became friendly with, because we had this common experience that other people didn't talk about in the general populace. But then, when I sort of became an activist, those people weren't really ready to make that leap, and there was a lot of conflict in that.

00:25:00

SS: Would people call you when they got diagnosed, or if they needed treatment information?

GB: You know, in the early days of my being in ACT UP, in New York, from '88-'90, I wasn't working on treatment issues. It wasn't until I moved to San Francisco that I sort of became one of the pivotal people around treatment issues. So, no, they wouldn't, because they I think associated me with housing issues, for the most part.

SS: Okay, so let's go back to when you first came to ACT UP – so, you saw the concentration camp going down the street on Fifth Avenue and decided that you wanted to come to the group. So, did you just go to a meeting after that?

GB: Yup. I went to the next Monday night meeting.

SS: And what did you see?

GB: Well, the bodies were pressed up against the door outside of the Center, and it was just packed and swelteringly hot and packed with people and there was this incredible energy – just like nothing I'd ever experienced before.

SS: Do you remember some of the personalities that stood out for you when you first came in?

GB: Sure. I mean, someone who always comes to mind for me is Bob Rafsky. He was, sort of, quintessentially angry and loud and articulate. Of course, Maxine Wolfe – so many people. Peter [Staley] and Mark [Harrington] and Eric Sawyer and a lot of people that I became closer to in housing.

SS: Were there people that you recognized from other parts of your life?

GB: Almost never.

SS: Not from the business community?

GB: No.

SS: So, what was your first activity?

GB: That's a good question. I don't remember what the very first activity was. It was probably a zap. It may have been one of the zaps at St. Vincent's – one of those kiss-in, block the front of the building zaps. Or, it might have been – there was a demonstration that was on the Upper West Side, where we blocked off Broadway at 86th. Do you remember that one by any chance? We blocked off that area – it was a full block that just got shut down. I don't even remember what that demo was about. It was so intense, and there were so many weekly zaps and actions and activities that it's hard to

recall. But one of my first general activities was probably going to the earliest housing meeting.

SS: Why did you choose housing as a place to put your energies?

00:30:00 GB: I think, in part, because Roy – who was my lover, that died – was doing graduate work in – I guess it was public housing, was his specialty. And he was always interested in housing and disenfranchised populations. And I think I sort of took that on. It sounds hokey, but sort of in his memory. But I also – somehow, I think, I identified more with issues that dealt with minority populations and populations that were just, what we later called “disenfranchised” or “harder to reach” people who really had the least opportunities to survive.

SS: Why was that your point of identification?

GB: Maybe because of the months that I’d spent in the hospital, looking at these abandoned young men, who really would have been homeless, if they hadn’t come to the hospital.

SS: Okay, so tell us about that first meeting of Housing Works – do you remember who called it?

GB: Bill Bloom. The meeting was in the West Village. I think there were probably about 20 of us there, and it was in order to decide what was going to happen with the Trump demonstration which was for Thanksgiving of 1988 – to begin creating affinity groups, to look at how to orchestrate the action.

SS: You want to give a little background about what this action was?

GB: Yeah. At the time, New York was at the tail end of a boom – a general boom, but certainly, a real estate boom. And, Trump had developed several properties

and received tax abatements from the city, and the overall feeling from the activist community was that instead of these wealthy landlords getting tax abatements and incentives to develop housing for rich people, that the city should be providing funds and services to target people who were homeless or on the verge of becoming homeless, because of the conglomeration of problems that occurred as people became ill and lost jobs. So, the idea was to target the Trump Tower which was, probably, at the time, the symbol of real estate gigantic-ness in Manhattan, and to, essentially, shut down the Tower at 56th and Fifth, and call attention to the fact that people were already homeless and living with AIDS. So, that was the real purpose.

SS: So, what was the action like?

GB: Oh, it was great. I think at that time, it was probably one of the largest actions that ACT UP had participated in. There were, God knows, how many affinity groups, and it was the first major action for the Housing Committee, which then went onto to become the Caucus To House Homeless People With AIDS, which I think was the worst name for a group or a committee. But it was very well attended. Several groups got into the building and I think the affinity group that I was involved in went into the mezzanine area and flung paper plates down.

SS: What was your affinity group called?

GB: I was just with the housing group at that point. We didn't have a name. The first affinity group that I was involved with, that did have a name was the FDA affinity group. You know what – so, my memory has failed me. That happened, actually, after the FDA – it was the month after FDA, so it was the same affinity group, which was CD-915 – Civil Disobedience and then September 15th, the day that we

formed the group. It's probably CD-918, or something like that.

SS: Do you remember who else was in your affinity group?

GB: Adam Ralston, Richard Hoffman – there were several other people who disappeared, who didn't stay in ACT UP for more than a year after that. I don't remember the last names of some of the people.

SS: What was the demand of the Trump action?

00:35:00

GB: The demand was upon the city, to provide funding for what we then called “scattered site housing” and “independent housing” for people with HIV, as well as group homes. The focus was to try to get people out of skilled nursing facilities, and to have housing interventions, prior to that stage of people's disease.

SS: And how many people were involved at this point, in terms of the constituency of people who needed housing?

GB: In '88, there are already 5,000 homeless people with AIDS, living in the city.

SS: Were they mostly just living in the shelters?

GB: They were living in the streets and in the shelters, yeah.

SS: And how much housing was available?

GB: A hundred units or less, less than that. There was basically almost nothing available at the time.

SS: Okay, so can you take me through the campaign a little bit? How you guys developed?

GB: I wish I could remember all the people's names, but the critical people were Eric Sawyer, Charles King, Keith Cylar, Lei Chou and myself, and there were other

people who became more involved within a few months after the creation of the committee – Sharon Tramutola and some others.

So, what we began doing was targeting the Dinkins Administration and targeting Housing Preservation and Development. The Director of the city's Housing Authority then was a Hasidic Jewish man – [Abraham] Biderman [Commissioner – HPD]. He was very unapproachable. So, we of course stormed his offices, demanded meetings and came up with a series of proposals for scattered site housing. And, within the first six months, we were able to get the Housing Authority to earmark – I think it was five or 600 units and we had demonstrations that were very creative. We set up house outside of the HPD offices building, where we had beds, sofas, desks. You know, we just brought in furniture, and chained ourselves to the furniture and set ourselves up in front of the building, until we embarrassed Biderman, sufficiently, that we were able to get meetings. And, interestingly, there were some gay and lesbians on his staff who were sort of our inside moles, who would feed us information as to what his level of flexibility was, and how we should next approach his weak spots.

SS: Did he know they were gay?

GB: Yes, he did. So, those were some of the earlier demonstrations. And then, once we were able to get the city to start moving on some of the housing issues that we were addressing, we then targeted the Catholic Archdiocese, which I believe, at the time, was the single largest property holder in the city and had also received tax incentives and abatements for development of skilled nursing facilities.

In fact, there was a building that opened in, I think, it was late '88, early '89, in the East Village. It had been an abandoned building. The city gave the Archdiocese a

99-year lease. It was one of those programs where they paid a dollar a year or something ridiculous like that. And, it was to be a skilled nursing facility, specifically for people with AIDS, which we thought was rather heinous, given the fact that at the time – not that it's that different now – but the Vatican and the Archdiocese would not – they obstructed anything that was done in terms of safe sex education, condom distribution, educational programs in high schools. And we thought it was just a great slap in the face to gay people who might be homeless, to have to spend their last days in a nursing facility that was run by the Archdiocese, where they'd be dying and judged simultaneously, and where the state and the city were providing funds to the Catholic Archdiocese for these people's care. So, from that point, we started targeting Cardinal O'Connor, as well, and I remember several demonstrations where –

SS: Let's go back to the city giving 500 units. Now, were there people in Housing Works who really knew a lot about housing?

GB: Oh yeah.

SS: What were their backgrounds?

GB: I don't know what Charles' background was, but he had been working with homeless people for quite some time, prior to getting involved in ACT UP. So, essentially, what happened was there was this person who appeared at ACT UP, who already had this interest and this experience in housing and homelessness, who had begun dealing with the HIV population simultaneously, and ACT UP was the logical place for him to go, to begin doing advocacy work. So, he was very sophisticated already, around the issues.

SS: How extensive were the proposals you would bring to the city?

GB: They were relatively extensive. They were specific about what the actual, physical layout of a unit or a site should be – what were the needs of a person living with HIV, in terms of making sure that there were kitchenettes and that there was refrigeration for food and that these places allowed for independent living – that you wouldn't be monitored in terms of coming and going and that there'd be certain sanitary standards and minimum square footage, and that these not be congregated in one location – that we didn't need a building for people to go and die, that the units be identified from around the city the same way low income units weren't all en masse just in one location in the city.

SS: Were you working with an architect?

GB: No, no, we weren't. But we knew that the city had X number of units – a stock of units, and we knew that there was a certain turnover, in terms of how many units would be vacant at any given time and that, therefore, there actually were already, at any given time, at least 500 units that were just sitting there empty and that could be utilized for this purpose.

SS: Why was the city keeping them empty?

GB: I don't know. It's hard to say why bureaucracy functions the way it does, but that's just how it is.

SS: So, the concept was based on the idea that people would eventually die.

GB: The concept was based on the fact that people would eventually die, but that as their health deteriorated, that they would have different needs in terms of living facilities – when they were healthier, that they could live independently – that, as they

began dealing with health crises, they should go to a health-related care facility, where they might get interim care, and still be able to go back to their independent living situation, if necessary, and that those units should be held for them – that, if they deteriorated, that they would then go to a skilled nursing facility. And we didn't really talk about hospices at that time. There wasn't really an AIDS hospice model. So, that was sort of the continuum of care.

SS: Ideologically, you were in a city that didn't care about homeless people at all, and you were asking for this very idealistic kind of housing for homeless people with AIDS, whereas homeless people who didn't have AIDS had absolutely nothing.

GB: Right.

SS: So, what made you feel that you could win that?

00:45:00 GB: I think there were several reasons that we felt that we could win it. One, was that by '88, the tide had turned so dramatically, in terms of media interest in AIDS, in general, that you could gain enough media attention on any HIV or AIDS issue, and that we could create what would be a marketable issue to the New York public. I think that was one of the things.

What would have, otherwise, seemed to be peripheral issues at the time were media worthy. So, that gave us a lot of confidence. I think the other thing was that some people were beginning to do cost analyses around HIV and AIDS, and it was clear that the cost of hospitalization was so high and we were also beginning to see tuberculosis cases – predominantly, amongst homeless people, that if we began creating interventions, like housing, that would help keep people healthier longer, you could keep them out of

hospitals and out of more expensive facilities like skilled nursing facilities, for a longer period. So, we were able to provide some sort of cost benefit analysis to the city at the same time.

SS: Who were the people in the city government who really supported you?

GB: There were, actually, several people in the Dinkins Administration who were supportive. You know, the Koch Administration was the worst. There was no one to talk to. Anybody who was gay was homophobic in that administration. I can't remember the names of the people in the Dinkins Administration, but there were several people who were helpful.

SS: But was anybody working with you intimately to develop these?

GB: Yes – Charles and Keith might remember some of those people's names.

SS: So, when you got the 500 units, who gave them to you?

GB: Technically, it was given to us by HPD.

SS: And that was this guy Biderman?

GB: Biderman, yeah.

SS: So, in other words, you went in with a proposal, and first they said no, and then you did actions?

GB: Well, first they said, we won't meet with you at all. We have no need to talk to you, and you have no authority to engage us, and then we went with actions and phone zaps and fax zaps and all of the basic tools of ACT UP.

SS: So, how long did it take from the first time they said, no, until they said, okay, 500 units?

GB: I think it was a couple of months.

SS: I just want to ask you a general question about this – most people are raised that if someone says, no, it means, no. What did it take personally, to become a person who just absolutely refused to accept no?

GB: Well, for me, I think there are a few cultural issues that I identify with that made it easier for me to be a person who says no. One is, that my parents were in the underground, in Palestine, for the creation of the Israeli state and they were politically involved at very young ages – at 15, 16. So, I was sort of raised with that consciousness of – the idea that you could stand up for whatever you believed in and you could push towards achieving that end.

I think the second thing was, that as a Jew, I was always raised to question. We were taught that we could question, God, so if I can question God, why can't I question a human being? And not accept de facto that whatever I'm being told is true or right. So, I really came into my early days of activism with those ideas in mind. And then, the injustices were so blatant and the barriers were so obvious, that it was just – I found it very easy to say, I don't accept your response. So much of it was, really, I think, based on the model of straight white male dominance.

SS: And the Irgun. Were there other gay people, outside of ACT UP, who criticized this tactic or this way of –

00:50:00 GB: Oh yeah, it was very widely criticized. I think that, for the most part, the gay male community felt that these tactics were harmful. That the general population would see us as more of a fringe community, that we would alienate straight people, that any progress that we had made in terms of gay liberation would be set back. I think there

was a phenomenal amount of negative feeling about the activist movement – certainly in the first years.

SS: And why do you think you were able to succeed with that first proposal?

GB: Why were we able to succeed with the first proposals? Because we were right, and that ultimately, the bureaucrats saw that there was just so much lying that they could do, and the facts spoke from themselves.

SS: Okay, so where were these 500 units?

GB: They were all over the city. I didn't really get involved in the implementation around people being assigned to units. I didn't follow up on that aspect of it. I had already started working more on issues around the Archdiocese, and I was also beginning, by '89, when these advances were made, I was beginning to prepare for my move to San Francisco, so I'd become involved in a lot of different committees.

SS: Okay, let's talk about the Archdiocese issue. Who was the first person that you approached in the Archdiocese?

GB: You know, we never really asked for meetings or approached anyone. It was clear that we were persona non grata and that we would have to push our way in. The early meetings that we attempted to have were with Koch – if I remember correctly. Because Koch and O'Connor were good bed partners, and they always had this tag-a-long media campaign going on, where any event that they could show up together and sort of pat each other on the back, they would. So, we always tried to find out where they were going to be together, and in '88-89, there were a few of these nursing facilities that were being opened, and so they'd have ribbon cutting ceremonies or media events to

present these grand schemes.

SS: So, these facilities were operating with city money administered by the Catholic Church?

GB: Yes.

SS: And you wanted them to continue to operate, but the Catholic Church being removed from it?

GB: Yes, we felt that community organizations should be given the buildings and provided funds by the city, to create the facilities – that the standards for care should be established by the affected community, and that contracts should not be set up with organizations like the Catholic Archdiocese.

SS: These are profoundly radical demands. I mean, these are demands that have no parallel anywhere else in American society.

GB: Right.

SS: And, how successful were you?

GB: We weren't really successful in terms of getting the city to provide us facilities. What did happen then was that Housing Works – housing was created, and that essentially, like all areas of HIV and the outgrowths of ACT UP, different non-profit organizations were founded by people who were key in ACT UP, that went on to become the service providers. So, whether it was Treatment and Data, going off to create clinical trials, or whether it was Housing Works that actually started providing direct services and providing housing and setting up, later, the thrift shop as fundraising, you know –

SS: Let's go back to the Catholic Church issue – so, you guys were, basically, following around O'Connor and Koch?

GB: Mm hmm.

SS: And what would you do?

00:55:00

GB: We would arrive at whatever event they were at, and we would always sort of wear whatever was the appropriate garb to sneak into these events and sit quietly, until we were sure that all of the appropriate media was there, and then wait for the right opportunity when one or the other of them was speaking or in front of the cameras – to stand up and scream.

SS: Can you describe one of them, specifically?

GB: Sure, there was an event – I don't remember, exactly, the date, but it must have been in '89, that was on the Upper East Side – I think it was on Fifth Avenue in the 80s, at one of the Archdiocese locations. And the media had been invited to hear about the new skilled nursing facility that was opening up on the Lower East Side, and O'Connor had invited all of his cronies, as had Koch – and I may be exaggerating, but I even remember that it always seemed as though wherever O'Connor was, that there was always someone with a major handicap or disability, that was there for the photo opportunity, you know? Some wheelchair bound child with muscular dystrophy or something, that just made him look like he was bringing the Virgin Mary's light upon the world, or something.

So, they would begin talking. In this particular case, they started talking about how the city and the Archdiocese had worked together for the creation of this facility and how revolutionary it was, and we just stood up and would start screaming about the lies, the hypocrisy, the inner machinations of the administration and the need for people with HIV to create the agenda and the facilities. And then, we'd get dragged away.

SS: Do they still run these facilities?

GB: I don't know. I imagine that they probably do, unless they contract it out with other organizations.

SS: Now, this was one of the early ACT UP actions aimed at the Catholic Church – maybe the first, I'm not sure. Was there discussion on the floor, about going after the Church? Was there any controversy?

GB: There was some controversy about the big action in '89, which was December of '89, at St. Patrick's cathedral.

SS: Right, but I'm talking about prior –

GB: Prior to that – no, not really.

SS: So, there was no problem for the floor.

GB: No.

SS: This is a weird question, but there were so many Jews in ACT UP, do you think that contributed to our attitudes towards the Catholic Church?

GB: Yes, I do. I think – well, there were a lot of Jews in ACT UP, but I think what was more important was that many of the Jews in ACT UP, were Jews who had been involved in the Students for a Democratic Society, and the early anti-war movements in the late '60s. So, there were Jews who came to this next generation of activism with a lot of experience and general knowledge. And I think that they were also Jews who were probably raised at a time where they dealt with a lot more anti-Semitism, in their youth than I might have as someone growing up, in the early '70s. So, they may have brought some of that. I don't think that there was a lot of propaganda that was just sort of flippantly thrown around in dialogue during meetings, but I think that there was

some historical basis around both the presence of many Jews, as early AIDS activists in ACT UP, and the interest in the archdiocese, as somewhat of a target.

SS: So, why did Housing Works – what was the thing that made Housing Works decide to become an independent agency?

01:00:00

GB: I think we all realized that the idea of representing the needs of the community was only the tip of the iceberg – that, unless you created the agencies to actually provide the services, that these people would fall through the gaps in a way, and that we really couldn't rely on the city, just because they might be providing funding or sites to administrate those programs appropriately.

SS: Now, was this a discussion inside ACT UP, since ACT UP was about direct action and not service provision? Was there any conflict about that? Or did everyone –

GB: No, I think for the most part, people understood that it was the natural next step, so there wasn't a lot of conflict. Many things were clearly delineated in the early days, I think, for the safety of the organization. And one of those things was that are about direct action, and not about service provision and that, therefore, we're not going to necessarily provide funding to the individuals who want to go off and create these organizations, and that they need to carefully wear their ACT UP hat when they're at ACT UP and not, necessarily, come as the Executive Director of this new agency or whatever, and that there needs to be a sort of separation of those two. So, I don't think that there was a lot of conflict early on about that.

SS: So, did you leave ACT UP to go work at Housing Works or did you stay?

GB: No, Housing Works really came into its own after I left New York. I left New York in March of 1990 – late March. I moved to San Francisco to be here, a few months before the International Conference that was then scheduled for San Francisco that year – in June of 1990.

SS: Okay, let's get into that in a minute – I just wanted to ask you, so you personally were diagnosed in '85?

GB: Yeah.

SS: Okay, so, know we're in 1990 – what treatments had you been following in those five years?

GB: Well, you know, in '88 or '89, we only really had AZT and ddI. And I had not started treatment at that time. So, I didn't start taking treatments until – late in 1990, '91. I tried AZT. I was completely unable to tolerate it. I was very sick. I would pass out. I had tried the pediatric formulation, which was a suspensional liquid – and even at those minute doses, I wasn't able to tolerate it. So, until ddC came along, in 1990, I was on no treatment.

SS: What was the discussion about AZT inside of ACT UP? Did you talk with other people about whether or not to take it? Whether they were taking it?

GB: Yeah. I think in the early days, the feeling was that, if you could take it – if you get it and you could take it, you should, and that in the absence of any other treatment, that it may prolong life. So, there was always a buzz about who was taking it amongst the few people that were out, and that were taking it, and who was able to tolerate it. But, the general feeling was very pro treatment, in the early days. If it's there, we want it, it's ours, we deserve it and we should take it. There was not a lot of dialogue

around treatment deferral or treatment optimization. We didn't have those options.

SS: So, when you started to consider some of the new drugs, where were you getting your information? Were you also going to the treatment meetings while you were in ACT UP?

01:05:00 GB: I wasn't going to treatment meetings in '88-'89. When I moved to San Francisco in 1990, I was dismayed by the state of the organization here and the political make-up of it. There was really only one person in San Francisco who was working on treatment issues, and that was Jesse Dobson, and he was such a controversial figure that he wasn't really able to galvanize people to work in treatment issues, and he had such great opposition from the earlier, original founders of ACT UP/San Francisco, that it was going nowhere. And I sort of saw this underdog situation and became involved. So, I essentially trained myself – like most of the treatment activists did around treatment – and relied on myself for treatment information.

SS: What was the tension about treatment here? Was it between treatment versus prevention? Or was it a personality thing?

GB: The tension, in general, in San Francisco was a greater one than just treatment versus anything. There was a group of about five or six people who were some of the founding members of the organization, whose real agenda was the International Revolutionary Worker's Party. It was a very, sort of – not even communist, sort of Marxist idealistic kind of ideology. And these people essentially saw what was happening in New York in '88, '89, and the power that ACT UP could muster, per se. So, they took up the banner of ACT UP to create a community for their political interactions. Therefore, anyone who came into ACT UP, who really had an AIDS agenda

was put down and pushed away. And so, issues like treatment never grew, and the organization was just very odd.

SS: How did somebody get to be an ACT UP chapter? Did you just say, I'm ACT UP, or did ACT UP/New York have to approve of something?

GB: I don't believe that ACT UP/New York had to approve anything. It just meant, a few people congregating and attaching the name of a city to ACT UP and having weekly meetings and that was how the network sort of grew.

SS: So, it was a trust system?

GB: Um hmm.

SS: And this violated that in some way.

GB: I felt strongly that it violated it. It was the only ACT UP, at that time, also, that worked on a consensus model. We all worked, I think, on a 2/3 majority vote, if I'm not mistaken. Some sites worked at greater than 50 percent, for something to pass the floor. So, the consensus model allowed for any individual to block what someone else, or what some committee might propose, and create just an obstructive environment.

SS: Let's talk about the conference. What was your job when you came out here, in relationship to that?

GB: Well, the rumor was that I came out to buy ACT UP/San Francisco. That I had been given a large sum of money from – I think it was Larry [Kramer] and Peter [Staley] – to come out here and essentially re-create the organization, which was an interesting tidbit, that I hadn't heard about until later on.

What I saw my role as, was being this liaison between ACT UP/New York and ACT UP/San Francisco that already had a very conflicted relationship, because of the

different make-up of the organizations. So, I came here and quickly studied how the organization functioned here, looked at what ACT UP/New York would need in order to function well, for the conference. I helped set up the media room, or media site. I rented all the equipment. I did provide loans and financial backing for some of the stuff that happened during the conference. I provided a lot of logistical support, helped people with housing also, during the conference. And, by that time, I had been in San Francisco for a couple of months and had, I guess, in a way, created my own following of AIDS activists, who were people that I felt were in it for the right reasons, and I sort of created communication links between these people who went on to become critical West Coast activists and New York. That was, I think, my main role.

01:10:00

SS: And is that what became ACT UP/Golden Gate?

GB: That is what became ACT UP/Golden Gate. Shortly after the conference, in August of 1990, the split occurred – or the beginnings of the split occurred. By September, ACT UP/Golden Gate existed. Myself and four other people were the founding members of ACT UP/Golden Gate.

SS: Does it still exist?

GB: ACT UP/Golden Gate is now under the name of Survive AIDS, because, unfortunately, a few years ago, some individuals came and were using the old name of ACT UP/San Francisco and doing things that were really counter-productive to the movement. So, eventually, ACT UP/Golden Gate felt that it was important to split itself from the name of ACT UP, in order for it to get away from bad press and confusion over the name.

SS: Does Survive AIDS still exist?

GB: It still exists, but essentially, it's just a two-person organization that does some good work.

SS: I don't want to spend too much time on all this, I just have one more question about it. Okay, the people who came in and used the name and did things that were not in the interest of the larger movement – what do you think their motive is?

GB: You know, I don't know that much about the history of the United States in the last 100 years, and activist or reform movements, but it's hard to imagine that there were too many instances, aside from the late '60s and what we saw in the late '80s, where you could rapidly see the effect and power of an organization under a relatively small number of people. And I think that was so obvious to some people, who had their causes, but were in very fringe communities or dealing with fringe issues – whether it was environmentalism or whether it was – I don't know, what other issues.

SS: Do you think it was simply opportunism for another agenda?

GB: Completely, completely.

SS: Okay. Let's get back to the conference. Can you describe what the conference was and what was at stake that year?

GB: There was a lot at stake that year, in 1990. One of the main targets was Louis Sullivan, who was the – what was his title Sarah? The Director of Health and Human Services?

SS: He was, not the Director – the Secretary of Health and Human Services.

GB: God, there were so many issues. Of course, what was really at stake at

that time, I think, was where treatment was going to go. What was the future, in terms of progress around the science? I think that that was a major issue. Issues around immigration and the ability of people with HIV to live across borders was also a critical issue, and would come to a head two years later, in 1992, but that was the beginning of those issues. But I think it was the pivotal period, really, around treatment issues – when we began seeing that there several drugs in the pipeline that, how they were being researched and developed was questionable and moreover, how the drug delivery, drug approval and delivery system of the United States needed to be reformed. So, health care reform –

SS: Can you give a specific example of a particular drug that you felt was being mismanaged at the time?

01:15:00 GB: Oh yeah. I think the drug of the day, then, was really ddC. AZT and ddI had already been approved by 1990. There were some very small, early studies of ddC, in combination with AZT, that Margaret Fischl was conducting, out of the University of Miami, and I forget what the sample was on that study. I think the total sample might have been something like 65 patients. They had early data on 13 patients – which seemed to indicate that the CD-4 increase in the patients who've been randomized to AZT, ddC, over AZT was significantly higher. And, at that time, what's important to remember is that many of the patients who were in these studies were enrolled with very low CD-4's. So, seeing a CD-4 jump of, hypothetically, 50 to 60 – never mind 20 to 60, was considered a phenomenal benefit, and we felt very strongly then that combination therapy was going to be the wave of the future – that these drugs should be approved rapidly for combination use and that was one of the critical issues.

SS: Was there opposition to that?

GB: The researchers, of course, at the time, were reticent to talk to activists at all. This was before we'd actually infiltrated the ACTG, the AIDS Clinical Trial Group, before we had any say in how research was conducted or how research sites were selected. This was before LY-18 – do you remember that? It was the 18-month countdown. It was Countdown 18 Months with Garance [Franke-Ruta].

So, we saw that there were all of these drugs in pre-clinical testing and in Phase One. And, we already had an idea of how they should be moved through the research process. In the case of ddC, what was happening was that the researchers didn't want any of the interim data to be released, and the FDA wasn't ready to look at combination therapies. So, there was a demonstration that we had at the Masonic temple – and this was actually – there was a bit of a schism between myself and some of the Treatment and Data gurus at the time – Peter [Staley] and some of the others. There'd been a decision made in New York that any research presentations should not be interrupted, and that we should reserve all demonstrations, interruptions, heckling, whatever – for outside of actual presentations. This was an off-site presentation that I think was the day before the conference started, and it was a special presentation that Hoffman-La Roche put together for Margaret Fischl to present some of the early data. And, we had made an independent decision in San Francisco, that we felt that Fischl should be called to task for some of her earlier work. She'd done some research around Bactrim and PCP prophylaxis and some studies that we felt had been unethical, in terms of withholding what we knew, clearly, was a preventative for pneumocystis, which was the number one killer at the time.

So, Fischl was a clear target, and ddC/AZT combination therapy was her baby.

So, I orchestrated, basically, an interruption of her presentation at the Masonic temple, and that was the first action.

GB: That's so weird, I feel so sedate in talking about all this, and I think back to how loud I was. Did you find that with a lot of the people you interviewed?

SS: Well, we're all older. And it's a different time, and we've lived through that. Let me just be sure that I understand this – your conflict with Margaret Fischl was that she was still using placebo?

01:20:00

GB: I believe that that was one of the conflicts.

SS: And, then ACT UP had talked to her about that before and she had said, go away.

GB: Right.

SS: Okay, so what was the interruption?

GB: Basically, I jumped up on the stage. The Masonic temple is used for large concerts and jazz festival and what-not – and interrupted her, and started talking about her history around research, and I guess it was the placebo issue, as well. And, you know, through all of the standard slogans of genocide and that the fact that the research needed to be reformed and that she was in the pockets of Hoffman-La Roche and whatnot. And, interestingly, Hoffman was prepared for this. And what they did was, they turned off all the mikes, so at a certain point, I simply had to be screaming rather loudly for the audience to hear all the points that we'd put out. Simultaneously, there were about a half dozen other people, who were passing out fact sheets, and interacting with the crowd. And Hoffman dropped a large screen with a projection of her with her own microphone, continuing the presentation. And, eventually, we, the activists, were

ushered out.

SS: So, was ACT UP opposed to the use of placebo?

GB: Yeah.

SS: Across the board?

GB: Yeah, pretty much across the board. We felt that it was antediluvian science.

SS: So, okay, you had violated this decision that had been made in New York, and what were the repercussions?

GB: Oh, a few of the activists were a bit angry with me, but that passed rather quickly. I think that we quickly saw that the presentations were nothing more than hobnobbing and propaganda that the research institutes had the opportunity to present. It was just this inner world of them talking to each other, and that, therefore, we really needed to interrupt when necessary and to force our voices into these forums.

SS: Was this the first International AIDS Conference?

GB: No. I'm trying to remember what the first International AIDS Conference was? It's escaping me.

SS: Who ran this? Who was in charge of it?

GB: I don't know, I don't know.

SS: So, Sullivan was there as a representative of the U.S. government, but it was not a government event.

GB: No.

SS: And people with AIDS were not allowed to get visas to come to it – from other countries?

GB: That's right, yeah.

SS: So, what happened when Sullivan gave his speech?

GB: Well, he was booed loudly. We had a large banner we pulled out, and we had decided that we were going to also turn our backs to him. And, basically, we continued to scream and to drown him out. And a large group of us approached the stage and faced the cameras. We were always very media savvy and positioned ourselves with our T-shirts and propaganda and screamed shame and drowned him out.

SS: And how many people came from ACT UP/New York?

GB: Gosh, there must have been a few hundred.

SS: And who paid for all of this?

GB: ACT UP/New York would fund all of the actions and the trips. So, whether people were going to the CDC in South Carolina in buses or coming here – there was a certain dollar amount that would be allocated within that budget, and many people would be sponsored.

SS: So, you had a few hundred people. Were there activities coordinated?

Did you all get together and decide who was going to do what?

01:25:00 GB: There were action meetings every night, where the targets for the following day were identified. Some of those were already identified in advance, once we knew the set up of the conference. But, those action meetings would result in people being assigned specific tasks, so there was already the Media Committee that was there. And then, there were people who would be dealing with visuals – putting together posters, or people who dealt specifically with getting fact sheets printed and passed out. There were people who dealt with other logistical issues.

SS: Where were the meetings held?

GB: Meetings were held mostly at the media room, at the conference site.

That's where most people met – although, there were many people who were staying in hotel rooms in and around the conference site, so, affinity group meetings would happen at those locations.

SS: And where was the conference site?

GB: Down at the Moscone Center, south of Market.

SS: So, was there a Coordinating Committee at ACT UP there? Who was coordinating all of these action meetings?

GB: I don't exactly remember. I think, for the most part, the meetings were called by the individuals who had identified the target issue. So, if the target issue was a specific drug or specific drug company, there was already somebody who'd been working on that issue prior to the conference, and they would be the lead person and they would call a meeting.

SS: Do you remember any specific actions that really stand out for you, from that conference?

GB: You know, there was so much activity, so constant, that aside from the Sullivan action, it's hard to remember. Most of the actions were happening right outside of the Moscone Center. Almost every day there were marches that might originate from another part of the city that would descend upon the conference center and there were police barricades outside of the conference center, and anyone who didn't have a badge, couldn't get in. So, there were hundreds and hundreds of people pushing themselves up against the barricades.

SS: And what did ACT UP win at this conference?

GB: I think it was the beginning of really opening the doors for a reforming of how the research was conducted. Getting involved directly in the clinical trial group, in terms of sitting on protocol teams, sitting on all of the major committees for the opportunistic infections and oncology and immunology and all the specialties and medicine – and revolutionizing how research was conducted. I think it was also – certainly, in 1988, the FDA demonstration was pivotal in terms of reforming the way the FDA began looking at patient involvement in advocacy and drug approval. But, I think, in 1990, it was really sort of the heyday of the movement, around any areas around drug approval and research.

SS: Did you personally have any contact with any of the researchers, besides yelling at Margaret Fischl, during the conference?

GB: Yeah, by that time, I was already comfortable enough that I'd started interacting with researchers from different pharmaceutical companies.

SS: Who were some of the people that you had constructive experiences with?

GB: Well, I had begun with Jesse Dobson, Brenda Lien, Tomas Rodriguez and Michael Wright. We'd begun setting up meetings with some of the local pharmaceuticals. We were lucky enough to have locally, Chiron, which was then working on Interleukin-2. It was shortly after that, that we approached Gilead, which was developing some CMV drugs. Those were just a couple that I can think of, off the top of my head. There were a lot of smaller companies that have since been absorbed by other companies as well, that no longer exist. But, certainly, by 1992, I was working

with all of them – not working with, but I had forced my way into meetings with almost all of the major pharmaceuticals.

SS: Okay, now before we start talking about all the fun you had in ACT UP – one of the things we’ve been asking everyone we’ve interviewed who has AIDS – since it is an historical document – would you be willing to tell us what treatments you’re taking now?

GB: Oh, sure. Well, I’ve been on treatment since 1990. I am on Septra – as my PCP prophylaxis. I’m currently on ddI – the new formulation enteric-coated. It’s not so new; it’s been out for a few years. I wasn’t able to tolerate ddI prior to that. Many people were unable to, because of its formulation and the gastrointestinal complications and massive diarrhea. I’m still on 3TC. I think it’s been 10 years that I’ve been on 3TC. I’ve always believed in its placebo effect, and subsequently, we’ve seen that some of the resistant patterns of 3TC are important. I am also on Kaletra and Amprenavir (Agenerase). So, I’m on two protease, two nucleoside analogs and PCP prophylaxis. I’ve been on Acyclovir for about 15 years now, as well, as a herpes suppressive treatment. And I also take supplements.

SS: Is there any drug that’s coming up that you have your eye on?

GB: I’ve sort of stepped away from my treatment work over the last four years. But, I would have to say that everybody has their eye on T20 – is it T20?

SS: It’s what Bill Snow’s on?

GB: Bill’s been on it for a few years. It’s funny – I barely even know the names of up-and-coming drugs.

SS: So, let’s talk about fun. You said before that ACT UP just really took

over your whole life and everyone you knew was in ACT UP. Did you socialize in ACT UP? Did you have sex in ACT UP? Go to parties? Was that part of it?

GB: I was very rigid in some ways. When I came into ACT UP, I'd had eight years as a businessman in New York, and I came in with a very businesslike attitude – that this was serious stuff, and I needed to attend to it as business, and that I wasn't going to, per se, "shit where I ate" – in that, this wasn't a place for sexual exploits and to get laid all the time and to meet cute guys. And, on the housing caucus – we sort of saw ourselves, initially, as a non-glamorous issue, and we would joke about – there was an affinity group that was fondly called the Swim Team. I'm sure you know and remember it. And those were all the really cute guys with great bodies. And we didn't see ourselves as that, and I saw myself as very serious and I didn't want to date within ACT UP, and I just wanted to work and do my thing.

But, the meetings were always fun, because they were brilliant people and great brainstormers, and you'd end up laughing so hard that you cried when you'd come up with slogans for posters and chants and sound bites. Every night was another meeting for another committee, or for another demonstration. So, there were a lot of fun nights. And, a lot of times, when we would joke about things that, I think, other people would have been horrified. There were several of us who, at large demonstrations, would always chant – you got to a point where there were so many people, you couldn't even understand what people were screaming. So, "ACT UP, Fight Back, Fight AIDS!" was frequently: "ACT UP, Fight Back, Fried Eggs!" And "Housing for People with Maids!" not "Condos for People with AIDS!" – things like that. We would love chanting those. And I can't even remember some of the other ones, but they were really funny.

01:35:00 And I remember – one time, the housing caucus, early on, decided that we would have an affinity group action that would just be for general educational purposes. And we would go to Rockefeller Center to the rink – this was during Christmas season, when the tree was all lit up. It's such a touristic, spectacular place to be. And, that we would wear placards saying, "5,000 Homeless People With AIDS" on the front and, on the back, they would say things like, "ACT UP, Fight Back, Fight AIDS" or "Housing For People With AIDS Now." And I thought that we had actually scheduled this to happen on this specific Saturday, and apparently, I was mistaken, and I showed up at the ice rink, with my placard all rolled up, under my parka jacket and rented my skates and waited for other people to show, and no one showed up. And, I thought, well, I might as well do it anyway. So, I went out on the ice and unrolled my placard and sandwiched it on myself and skated around. They have the restaurants there, and people were sitting in there lunching and watching all their kids in their little skating outfits.

SS: You were so sure of that identity that you could just to that by yourself.

GB: Yeah, and I think there was this sense of war – that the battle still needed to go on.

SS: Where were the hang outs? Where did people go to have fun?

GB: Benny's Burritos, after any meeting, was a popular spot. I never went out and socialized. I went to parties every once in awhile – I'd show up at some party, but for the most part, not – but the hangouts were wherever you went to eat after a meeting. And, inevitably, the hangouts would only be hangouts for a few months because if too many people realized it was a hangout, then they couldn't accommodate people after the

meetings. So, for the Housing Caucus, we used to go to some diner on 7th Avenue. And there was also a diner on 8th Avenue like around 22nd that we used to go to. Nothing glamorous, you know.

SS: So, you didn't go dancing or go to Crow Bar or any of that?

GB: Never. I never went to any of those places. I was really outside. And, I think, in some ways, it really served me well, because I didn't fall into a clique and people didn't sort of pigeonhole me or identify me with one kind of group of activists. And it allowed me to sort of move through different committees or speak on the floor, I think, with a kind of confidence, because there was a kind of credibility that – maybe it was foolish, but I felt that, somehow, when you knew that someone was sleeping with a lot of other people, when they'd sit in front of the room, it was one of the things that you thought about, as they were talking. Oh, yeah, who did I just hear that he just had an affair with? And I liked that level of independence, as well.

SS: Are you involved in anything now, related to this?

GB: In terms of activism?

SS: Yeah.

GB: No. I stay in touch with a fair number of people – a handful. But, after 10 years of non-stop activism and advocacy, I really felt that I needed to step away. And, when I kept not dying, year after year, I kept thinking about what I wanted the next phase of my life to be. So, after about seven or eight years of really über-time activism, I went to work for an agency, finally. I had anticipated dying, so when I moved to San Francisco, I had X number of dollars, and when you're not working and doing full time activism, you eat that money up. After seven years, I realized, I needed to be somewhat –

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even non-gainfully – but employed. So, I worked for the Asian Pacific Islander Wellness Center, which was – it may still be the largest AIDS agency in the country dealing with Asian Pacific Islanders. And created a pilot program there that got NIH funding to essentially bring treatment activism information to a case worker or case manager level and turn caseworkers in minority non-profit organizations into, essentially, medical case workers. So, it took me three years to set up that program, the curriculum and the materials and then, at the end of that, I said, I'm done. So, that was 10 years.

SS: So, I only have one last question for you, G'dali. Looking back, what would say was ACT UP's greatest achievement, and what would you say was its most disappointing miss?

GB: Well, I would say there are two significant achievements. One is what we've talked about already, which was, really, I think, a reform of both healthcare and research – not only in this country, but research internationally. And with that, married to that, really, is the idea that patients can self-advocate and that doctors need to recognize patients' right to do so.

I think the other, most significant achievement was, galvanizing the gay and lesbian community around an issue that made those communities so visible and so empowered, to use a cliché term, that there was no turning back the clock, in terms of where we could go in the future. And, amazingly, doing that through – around an issue of health crisis – what I think is so interesting is that, certainly gay rights could have been what ACT UP turned into within a year or two of its creation. But it didn't. And there was such a strong allegiance to the idea that we will put that issue aside for now, because AIDS is going to kill us, before we have to deal with anyone taking away our rights. But,

so much grew out of that, in terms of where we've come as a community. I think those are two more significant achievements. In terms of myths?

SS: Misses. Something that we reached for, but weren't able to –

GB: I think – I think it's hard for me to think in terms of what we missed. What we missed, I think, was much more of an internal thing, than something external. There were certainly periods where, I think, there was some factional elements of the organization that felt that maybe we were missing issues around women, or issues around minority communities, or around injection drug use, and that we, as predominantly gay white men, are not addressing those concerns. I don't really think that we failed in those respects, because I think all those issues rose and that very capable people created service organizations that took many of those issues where they needed to go. I think where we missed was the implosion of what happened. I think that there came a time when we really needed to have, maybe even some sort of a hierarchical kind of administration to hold the organization together as it grew and started spreading and people began feeling maybe a sense of competition around their issues.

01:45:00 Maybe it's a natural part of the evolution of an activist movement for it to sort of become too powerful for itself and to just begin dissipating energetically. I think it would have been in our best interest to have formulated some sort of a structure that would have allowed ACT UP to continue existing in ways that would have made it more functional through the mid-'90s. I think that that's where we missed.

SS: Okay. Thank you, G'dali.

01:45:34 **GB:** You're welcome. Thank you.