

# **A C T U P O R A L H I S T O R Y P R O J E C T**

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Interviewee: **Donald Grove**

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Interviewer: **Sarah Schulman**

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**SARAH SCHULMAN: So if you could start by saying your name, your age, today's date and where we are.**

DONALD GROVE: Okay. My name is Donald Grove. My age is forty-seven for at least six or seven more hours. It's July 1, 2008, and we are in my office here in Dumbo.

**SS: Okay. Where were you born, Donald?**

DG: I was born in Ione, California, a little – it used to be called Bedbug. It was a mining town, and then they got like pretentious and changed the name to Ione, and that's where I was born in 1960.

**SS: Where is it?**

DG: It's up – it's close to Lake Tahoe. It's right where, there's a sort of V or that angle in the two straight sides of California? {LAUGHS}

**JAMES WENTZY: Straight sides. {LAUGHS}**

DG: That's right in there.

**SS: How did your family come to be there? Are they old Californians?**

DG: My dad was working in a ceramics factory there, putting enough money together to go to grad school, and very shortly after, I was like two when we left Ione and proceeded to – then he was going to UCLA, and we lived in Westwood, which back then was not the pissy neighborhood it is now or we couldn't have lived there. I also lived in Binghamton, New York, and in Champaign, Illinois, and also in Mexico a lot.

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**SS: Where did you go to high school?**

DG: A combination of Urbana High School in Illinois, and there was this American High School in Cuernavaca down in Mexico that I also went to.

**SS: So what did your parents do that they were moving around so much?**

DG: My dad is an archaeologist. When he was getting his Ph.D., that's what it was in, and so all of his fieldwork was done in places – fieldwork, excavations, was done in places in and around Mexico City where there's been civilization for thousands of years, and all you have to do is move a rock and there it is. So that's where we would go, and I lived about half my childhood there.

**SS: So are you bilingual?**

DG: Kind of. I speak Spanish like a lot of cab drivers here in New York City speak English, like you can have fantastic conversations with them. But my Spanish is very broken and very thickly accented, yes.

**SS: So since your father was aware of the phenomenon of culture, were your parents interested in what was going on in the world, or were they just focused?**

DG: You know, I don't know at that time. My parents were very sort of Kennedy liberals. Both of them came from families where everyone was a straight-ticket Republican, and both of them, during the fifties said, we don't like what our parents think. I was raised by parents who hated Nixon and were against the war and all this kind of stuff, but they didn't want me to be a hippie. "Those people are dirty and have no

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respect for something,” because me and my brother and sister, we all wanted to be hippies. And I’m talking like when I was ten. But they were pretty progressive, but you toed the line. I was a communist when I was twelve, and I was told that was unacceptable.

**SS: What do you mean you were a communist?**

DG: I announced to my parents – because we were living in a house in Mexico, the owner of it had these stacks of *Life* magazines from the 1950s, and from reading *Life* magazine, which was this reactionary thing, I learned what communism was. Okay, fair distribution of wealth and living in Mexico, or like it’s even way worse than it is here, and I decided fair distribution of wealth, if that’s what communism is, then I’m all for it, and I was chastised for that, and I had to be secretly a communist.

**SS: Why do you think you became a communist when you were twelve?**

DG: Because, well, this is ironic. I think it’s because my parents had taught me this doctrine of fairness, and I saw something that was more fair, and even if my parents said that was Terribly wrong, it didn’t seem so terribly wrong to me.

Like I said, in Mexico the poor people there are really poor. Poor people in the U.S. have TVs and refrigerators and cars and all this kind of stuff, and in Mexico the poor people, their main concern is “How do I get enough to eat today for myself and my children.” Still is, it was that way then, it’s that way now. And Mexico is this astonishingly fabulous country where there’s lots of technology, there’s lot of education,

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there's lots of these kind of things, and these are what conditions are like there still.

Americans are very lucky and ruthlessly privileged about it.

**SS: So did you come out in high school?**

DG: Yeah, I did, although selectively. Selectively. I was out to my friends. So it's that weird thing. I think about that sometimes. I don't remember if I ever was claiming I was straight to anybody to protect myself, but the fact that I was gay was supposed to be something only certain people knew, and I was very comfortable with that, because it was dangerous.

**SS: What was it like to be gay in high school in Urbana, Illinois?**

DG: It wasn't easy, but by then I was such a little oddball flake anyway, like the fact that I was gay, I had no trouble accepting the fact that I was gay, partly because through the highly – *Mad* magazine used to run commentary about what was going on in the world at the time, or on in the U.S., and so I knew there was a Gay Liberation Movement, and because I was raised by good Kennedy liberals, people stand up for their freedoms, right? So even though everything *Mad* magazine did was very satirical about “look who's demanding to be liberated now” and very homophobic, that was enough for me when I had my first orgasm and realized who I was attracted to and stuff like that to say, “Aha, this is oppression to say this is wrong. Everything I've been told so far is stupid, because obviously this is very beautiful and very good.”

But I didn't have any tools. No one had any tools. There wasn't a gay community. This was like 1973 in a college town, so fortunately it was better than most places. But what I look back on now is that I didn't have the tools to deal with the fact

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that they were accusing me of what I was. They weren't accusing me of what I wasn't. When people said homophobic remarks about me, those were true, and that's what I was trying to navigate, because I wasn't going to say, "Don't call me that just because I'm queer." I wasn't going to say, "I'm queer" to them, but that was what I didn't know how to process. And like I said, I had my best girlfriend and a series of close male friends, none of whom did I sleep with, to my great frustration even to this day.

But it was confusing. It was confusing. But I was such an oddball already in so many ways, that wasn't – I wasn't just being rejected for being gay, I was rejected for being a theater fag and an opera queen and all of these kinds of things, and I was definitely a misfit for any kinds of sports activity. I was really into studying French, you know, stuff like that. I was already hopelessly stigmatized.

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**SS: Did you go to college?**

DG: Yes, I did. I went to University of Illinois. I went to the same town that Urbana High School was in and where my father was a professor, and I was in the theater department there.

**SS: Was there a gay community there?**

DG: It was better by 1978. Things were really changing, but it was still very selective there. By the time I graduated from college, there were two bars in Champaign, Illinois, instead of – I'll call it Champaign, I'll call it Urbana, they were these two towns right next to each other, and both the bars were in the Champaign half of the town. I mean, but that's about as far as it goes, and there was this group, the Gay Illini.

**SS: The gay what?**

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DG: The Gay Illini. Remember this is University of Illinois.

**SS: Illini.**

DG: So the team is the Fighting Illini, which has its icon as an Indian who somehow wasn't exterminated in the nineteenth century.

**SS: Can you spell that for me? What is Illini?**

DG: Illini, I don't know if that's actually the name of some Native American Nation which used to exist somewhere in Illinois for which the state of Illinois is called or whether someone made it up.

**SS: How do you spell it?**

DG: But the name of the team is the Fighting Illini. Their mascot was Chief Illiniwek.

**SS: How do you spell that?**

DG: I-L-L-I-N-I, which you're supposed to chant, "I-L-L-I-N-I!" But their mascot is, as I said, some Indian who presumably we did not manage to exterminate in the nineteenth century.

**SS: So were you involved in any kind of organized political activity?**

DG: Yes, I was, and what's funny is I was I contacted – I think I was a sophomore in high school or maybe even like in ninth grade when I found out there was a group called the Gay Illini, and I contacted them, and they didn't know what to make of me because I was this kid in school and they were all college students. But I went, I think when I was in ninth grade, I went to a coffeehouse that the Gay Illini was sponsoring in, it would be their space.

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But politically, yeah. Remember the whole horrible, well, of course, the whole Wounded Knee thing? In 1975 when I was a sophomore in high school, some apologist for the FBI was invited to speak to some right-wing group on the University of Illinois campus, and radicals at the University of Illinois campus organized to protest. They rented the auditorium at Urbana High School, and so they came and recruited at Urbana High School. I was like already the FBI is evil, what happened at Wounded Knee was clearly evil, and so I participated in a protest, which my parents said, "You could have gotten in trouble. You could have gotten expelled from school." They were Kennedy liberals, but they knew where they wanted me to land in things.

But I participated in that. I participated in – back then it was all about divesting from South Africa, and while I was in high school, I was participating in stuff on the campus, and we would go down and do things like shut down the meetings of the Board of Trustees of the University of Illinois. Looking at this now, it's funny you should ask. I hadn't even thought of that.

But when I was in college, actually in college, precious little. I did practically nothing. I'm not sure I protested anything while I was in college.

**SS: So what was your expectation of what your life was going to be like as a gay man when you left college?**

DG: Oh, god. As I said, I didn't have any role models when I came out, and what was available at the time was very pre-Stonewall. You could read books. You could see plays like *Boys in the Band*, which our local community theater group did, and the line, the sort of pre-Stonewall line about queer identity was that coming to terms with

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being “that way” was going to be this brutal initiation into this life of self-loathing and that you could never be what you really – a real man, and all this kind of stuff. And I didn’t really get the part about wanting to be a real man, but I definitely bought into the idea, which I see parallels with, you get young kids nowadays who like actually want to be HIV-infected or something like that. I see the same thing. I went through my own version of that, that it’s like whatever the rite of passage is, whatever I have to do to be on the other side and claim that I’m a part of it, well, then I wanted to already say, “I’ve been there. I’ve done that,” as bitter and as cynical and as jaded and as thick skinned as a character in *Boys in the Band*.

When I was in college, I have a friend who lives in my building now, who pointed out, he remembers when I said, “Oh, I’ll be dead by the time I’m twenty-five.” And that was just me parroting this garbage that was part of how queer men once upon a time constructed a dialogue around things they didn’t know how to handle about being queer. It was this really negative thing, and what’s funny to me is I bought into that dialogue because I wanted to be an adult, and I thought that’s what I had to do and be. That was total bullshit. And by the time I graduated from college, I don’t think I was thinking that way anymore, but I definitely remember thinking that way at eighteen or nineteen about, “Well, I guess I have to deal with–.” And in the theater department, where like everyone was a faggot in the theater department in 1979 in the University of Illinois, all kinds of homophobia, all kinds of homophobia, and you were supposed to know better than to think that sort of thing would be tolerated. Come, come.

**SS: So where did you go when you escaped?**

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DG: I fled to New York. I fled to New York.

**SS: New York City?**

DG: Yes.

**SS: 1979?**

DG: No, 1983.

**SS: Okay.**

DG: Like I said, things changed a lot. Over that decade, immensely things changed so much. From the time Stonewall till 1979, things changed radically. I got here in 1983. I arrived in August of 1983 with one friend. I knew this friend and he said, “Okay, come stay with me.” So we wound up living together for eight years.

I had come here to study voice and become an opera singer, and temperamentally I don’t think I was suited to that kind of thing at all. But I will say this—and this is really important to the role ACT UP played in my life—in order to believe in myself or have any faith or confidence in myself when I first came to the city, I became burningly committed to the idea that I was an artist and that this was my calling and this is what I must be. I like starved and did all of those kinds of things and worked very, very hard, and la, la, la, la, la, la. By 1990 or so, that was really crumbling around me and I wasn’t making it in any way as a singer or as a musician. And ACT UP was something that came along with a sort of religious intensity that could replace that, and it did, because I still needed at that time in my life, in order to feel that I was entitled to occupy space on the planet, I think it’s very typical of what was ultimately a very coded and very

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concealed fundamentalist upbringing, was that I had to have justification by faith in order to be allowed to exist, and so I had justification by faith.

Now, I think ACT UP and what it had to offer was far richer and more interesting than my own version of what it would take to be an opera singer. {LAUGHS} But nevertheless, I did not come to ACT UP solely because I had very radical beliefs; I came to ACT UP because I could be immersed in its sort of messianic fury, and I needed that in order to believe in any action that I took.

**SS: Now, since you came in '83, so AIDS was already operative, so were you aware that you were coming to New York and that there was an AIDS crisis, or was it –**

DG: Well, in '83, yes, and I remember the man who I moved in with was already saying, "Use a condom." In 1983, that was the word, "Don't swallow, and use a condom when you're getting fucked." We didn't have a word for it. I remember GRID. I remember ACIDS. I remember all these different –

**SS: What's ACIDS?**

DG: ACIDS, Acquired Community Immune Deficiency. And that was the one the battle was over, was people who still wanted to insist that there was something about queerness that had to do with that. There was something about being a junkie that had to do with that. That wasn't even on the table, and I think there were queer activists on both sides of that debate. There were queer people who wanted ownership of AIDS, and there were queer people who were bothered by that.

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But I remember reading the *New York Native*, and that was like – I love how Larry Kramer would go on and on about the paper of record. Well, back then, to my mind, that was the *New York Native*. That was the paper of record, and then they got sidetracked onto that whole African Swine Flu Virus thing and went down like digging in their heels with insistence. But I remember in 1984, trying to get my friends to care about the weird ways in which people's egos were becoming involved in identifying the virus, and the *New York Native* was right in the middle of all of that. So, yeah, it was definitely present. I was definitely already seeking for a radical critique on it but –

**SS: Were you afraid of AIDS?**

DG: {PAUSES} Yeah. Yeah, but I wasn't afraid of getting it. I was afraid of having it. And I'm glad you're nodding, because I don't know how to explain it except to say that I never drew a close association between anything I did and actually whether I might become infected or not, because it's just not the way I was thinking at the time.

But I do remember the last time, it was in 1984, that was the last time I got fucked without a condom was in 1984, and then the man who fucked me without a condom was in the hospital within a year, and I found out when I had a cold.

{LAUGHS} Remember how much we all used to go like this all the time? Jesus.

**SS: What do you mean? You found out he was in the hospital?**

DG: I found out he was in the hospital while I had a bad cold. "Oh, fuck, man." That was enough to guarantee very careful sexual behavior for a good year or so. But I mean we always sort of broke.

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Then in 1986 I started going out with this guy who – This is what it was like then. He put my dick in his mouth for ten seconds, I think, before I said, “This is wrong. This is wrong.” And I got a fucking infection from that. I got non-gonococcal urethritis from that. And he also gave me oral herpes, but that’s another story.

So it’s like these episodes would happen where it wasn’t even about having *truly* unsafe sex; it was just what ordinary sex could do in extraordinary times. So it was like what happened to John when he wound up in the hospital, that was enough to make me very cautious for a year. Then when I got uncautious and let somebody put my dick in his mouth, that lasted a while more. But never very long.

**SS: Did you decide to get tested?**

DG: Not until 1990 or 1991, I can’t remember when, which year. It was one of those two years I finally got tested.

**SS: Can you just explain for us what the decision was about getting tested in ’84 or ’86, like why you decided not to?**

DG: In ’84, I don’t think the test existed.

**SS: Okay.**

DG: By ’86, the test existed and I participated in this thing called The Study, which is the GMHC.

**SS: Can you explain what that is?**

DG: The Study, the idea – I was a subject of The Study, so I’m not entirely clear what the actual purpose of The Study was, but I think the idea was they were trying to find out what kind of information read best or was most comprehensible to people, and

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so I think I got a whole bunch of literature in the mail or something, and then I would go, I remember, once to the Veterans Hospital and another time to the Center, and I would answer questionnaires about what I had read. It was very structured. Since then I've learned a lot more about how behavioral studies are composed and all the follow-up and stuff like that that went on with it. And I have a confession, which is I don't think I ever finished it because there was so much "And now we want you to do this and now we want you to do that," and I was too disorganized to follow through with it.

**SS: Did they take blood?**

DG: No. No.

**SS: Okay.**

DG: At least if that was a part of "The Study," it was not part of the cohort I was in.

**SS: Okay. So how did AIDS appear in your personal life? You said your friend John was in the hospital.**

DG: John went in the hospital.

**SS: Did you have people close to you who had AIDS?**

DG: Yeah. Not super close to me at that particular time. That would come during this sort of weird period, sort of the pre-ACT UP period. I knew lots of people who had AIDS, and I knew lots of people who were dying or had died. But I was still building my relationships then and was not terribly close to any of them.

The man – oy, oy, oy, these are the stories. The man I was living with, though, he didn't get tested until 1993, partly because he was very certain he had the

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virus, and – no, even later than that. Even later. It might have been 1996 that he got tested. But I don't remember. Anyway, the problem wasn't the virus. The virus, he was on the meds eventually and that was all working fine, but because he was afraid to get tested for anything, he wound up dying of a case of syphilis which had gone untreated so long that it finally gave him strokes and killed him and was untreatable. So I mean, these are the times.

But by the time I got tested, I was actually pretty sure I didn't have the virus. It's just things would have been, seemed to me, happening differently if I did have the virus.

**SS: So when did you get involved in the AIDS community?**

DG: There were a couple waves of that, because in 1986, there was the *Hardwick* decision, and that was like the first time I got like really heavily involved in queer activism. Back then there was the Coalition for Lesbian and Gay Rights, and we organized this action where on the Fourth of July, when the Statue of Liberty was being rededicated and Ronald Reagan and everybody was there, we were there protesting the *Hardwick* decision. It was wonderful. Thousands of people came. And that was very inspiring to me.

The Pride March that year was this extraordinary experience because it felt like everybody in the Pride March was angry, and I didn't know very much about organizing back then, but I was very inspired by that. And remember, all this is happening right around – Pride always happens right close to my birthday, and so that was also a part of it. It was like this whole, "Wow! Now I'm going to be twenty-six and

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this is what the world is like.” When people would ask me what I did, I’d say, “I’m a radical gay activist.” That literally was my identity. But I wasn’t able to sustain it and I did not really understand what was going on around me. People in the Coalition for Lesbian and Gay Rights were much more directly affected by the virus. The politics of AIDS, the politics of the gay community, was really sort of shifting around then. Bill Bahlman was around back then. Bill Bahlman was big in the Coalition for Lesbian and Gay Rights. Eleanor Cooper, a man named Buddy Noro, Chris Mountain. Was that his name? But anyway, these were big people.

The next year, the Pride Parade was strangely lacking in energy, and I didn’t understand it. I was like, “What happened?” We had this sensational experience the year before. It was very motivating. We had demonstrations. We did all this stuff right around that time of year involving Pride, and it was very radical, and it was very strong feeling to me. Then the next year, there wasn’t a feeling of energy, and that was the first year I went to a march in Washington, D.C. That was 1987, and there was on the Mall it was the first time the quilt was ever there. So there was the quilt, and ACT UP already existed. By then it was obvious it had existed. “Silence = Death” and that little icon, “Silence = Death” icon was already very, very visible. But I didn’t really know what ACT UP was, and friends of mine were saying, “Oh, it’s just this radical chic thing.” Well, God forbid I should be involved in anything radical chic, and there they were. You could literally go back and forth between the – it was just really hard to look at the quilt, and there were people crouched down, writing the names of people. And I was sobbing, and it was horrible, and there was this group of people who were marching

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and saying, “No more shit! No more shit!” and I joined that fucking march. And that, to me, that’s still the best chant that ACT UP has ever had, is “No more shit!” And I never heard it again, or very rarely heard it. I don’t think I ever heard it again after 1987.

But I was very intimidated back then by ACT UP because I was very clear that this is people with AIDS activism. This is about people with AIDS fighting for their lives, and I was for it and I would go to some demonstrations, but I found the meetings very frightening, very intimidating, and I didn’t think I had a role in them. Honestly, there was a long stretch of time, and during that stretch of time I became very involved, because now friends that I was close to *were* dying, and I would go sporadically to ACT UP meetings and I would go to some ACT UP demonstrations. But I was still getting my bearings.

In 1988, incidentally, my friend Stephen—that’s the man I was living with—his best friend was an old Broadway chorine who was dying of AIDS in this beautiful apartment on 57<sup>th</sup> Street, and because of Broadway Cares, they paid for her homecare and all that kind of stuff, and after she died, two weeks later, she got her first SSI check, precisely for the issues that were being argued about by the Women’s Caucus and that kind of stuff. She didn’t get an AIDS diagnosis until she was at death’s door already, so that none of the care, none of the support, all these kinds of things were happening in my life, and I did not see it.

But I think it was the Gulf War that finally drove me to say, “Well, I have to get involved.” So late in 1990, early in 1991, I started regularly attending meetings; I started regularly going to demonstrations and became involved in the structural

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organization of the meetings. I was a meetings manager with Betsy Lenke and Ann Northrop and Mark Fisher. So you'd have to facilitate Coordinating Committee things – these very political things that I didn't understand.

**SS: What's a meeting manager? What was your–**

DG: A meeting manager, your job was like to make sure – it was like being a stage manager for the meeting. You had to make sure that everything was set up and everything was taken down. It wasn't a very elaborate thing, but you were also responsible for – there was a Coordinating Committee, it was called, and it was like the chairs of all these different committees in ACT UP would get together once a week and set the agenda for the meetings, and you were supposed to facilitate that, and that was very interesting.

**SS: Do you remember anything in particular?**

DG: I remember when Dan Williams, who I guess I'm supposed to say allegedly embezzled –

**SS: No, he already – we interviewed him, and he acknowledged that that happened.**

DG: Okay. So I facilitated the Coordinating Committee where I was shut down for saying, "Look, you stole the money. What are you going to do about it?" And I was told that was an ugly thing to say, because you weren't supposed to tell it a black person in recovery they had stolen something. I can see the politics of why that may be so, but he wasn't even denying that he stole it back then.

**SS: Who told you that?**

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DG: Who? Who shut me down on that? Emily Gordon. Emily Gordon – well, Dan Williams was the one who said, “That’s an ugly thing to say,” and Emily Gordon said, “No one’s telling you you stole anything, Dan.” Please. So this is what I mean. These were the kinds of things that were going on if you were a meetings manager. You were supposed to be sitting in these sort of weird tribunals.

**SS: Now, help us understand how Coordinating Committee worked a little bit. How did they approach it? I mean, were they just filtering stuff or were they trying to lead the organization in a certain direction?**

DG: Uh, there was some of that going on, some of that trying to lead the – there was no central structure to ACT UP, and the Coordinating Committee meetings were a very nominal gesture towards the idea that some body of people who ought to be planning things were planning things. All that was really happening was that the different committees and working groups would come to these meetings and say, “This is what we want to put on the agenda. We want this to be on the agenda,” and there was some, again, very nominal discussion of things like budget and stuff like that.

Robert Rygor and these kinds of people would tell us about what was happening in the workspace, like, oh, the pipes busted and washed out the filing cabinets or something, so now we need new filing cabinets, that kind of stuff. But what was funny, and the reason I say all that, is because it was very nominal, and then suddenly when something like this happened, and, Dan wasn’t the only one who embezzled money from ACT UP, suddenly the Coordinating Committee was supposed to be this body that was supposed to be in charge and know what to do and was supposed to be accountable

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to everyone else in ACT UP. And the Coordinating Committee wasn't anything except a handful of people who bothered to show up. A lot of the time the agenda got written ten minutes before the meeting.

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**SS: Two questions. If people came and said, "We want to put X on the agenda," were they almost always allowed to?**

DG: Yeah.

**SS: Or were things kept off the agenda?**

DG: It's funny you should ask that. Pretty much always allowed to. Sometimes it was a question of the order of things. Back then, remember lifesaving information. That was supposed to happen at the beginning of the meeting. First there was supposed to be announcements, then there was lifesaving information, and the idea was that there were people who needed to get home and get to bed, and the whole reason they came to this meeting was to find out about what was going on with clinical trials, what kind of treatment might now be available that wasn't literally last week, and that was lifesaving information, and that was sort of protected. It had a spot. But after that, if there was any debating in the Coordinating Committee, it was about the order that things were going to go in and the order of importance. There was some politics around that, but I honestly don't remember. I remember we put together the agenda, and there were people who always wanted to be on it, even if they didn't have anything to say. But they wound up on it. They just wound up in very late slots when no one was going to listen to them.

**SS: And who else embezzled money from ACT UP?**

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DG: I can't hear you. What?

**SS: Who else embezzled money from ACT UP?**

DG: I don't know if I should say names. I mean – you could do – what's his name, Scott Sawyer?

**SS: We already have. We have record on almost everybody now.**

DG: Yeah, yeah, that's the other one that stands out to me that I knew happened.

**SS: And was he treated the same way Dan Williams was treated?**

**Like did he –**

DG: I wasn't involved at all in the Coordinating Committee at that point, so I don't know.

**SS: Oh, okay.**

DG: I do know with Dan Williams that suddenly the Coordinating Committee was supposed to be like the board of ACT UP or something, which was ludicrous. There was no such thing. Most of the time Coordinating Committee meetings were – like I said, the agenda was actually usually put together ten minutes before the meeting. The Coordinating Committee, another thing you were supposed to have, you were supposed to have minutes, you were supposed to have minutes of the Coordinating Committee, minutes of the meetings. I don't know. I'm not sure anyone ever really took those things. I certainly didn't.

**SS: Let me just ask you a general question, and then we can go on to some more specifics. You said when you first came to ACT UP, you were**

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**intimidated by the meetings. But then when you came back, you got really involved in running the meetings. So what changed? What made you able to step up to leadership from being in a place of being intimidated?**

DG: {PAUSES} That I couldn't take it anymore and that I didn't – whatever it was I was afraid of, I wasn't afraid of anymore, and I think what I was ready to do was just take action, and getting involved in the meetings was just a way to do that, because I was still finding my way through what I actually wanted to get involved in. That's very hard to say. I think a lot of death, a lot of pain, but it was more a sense that now I understood, no, it really is grab the system by the throat and rip it out, that was when I became involved in meetings, that was my attitude, was this is no longer about trying to make something work or get people to understand. I didn't care whether people understood anymore or not, and that was literally where I was at with it.

**SS: Okay.**

DG: I guess it was more that – I think it's really that I was older, or maybe it was that more people had died that I knew. But I'm not sure. I can't say that.

**SS: Okay. So then where did you start to situate yourself after that?**

DG: Needle exchange.

**SS: Needle exchange.**

DG: Gay Wachman approached me and said, "You should get involved in this." I said, "Okay."

**SS: Why did she say that to you?**

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DG: I don't know. I really don't. And it turns out that I did have this enormous affinity for working with that group of people, and then when needle exchange became legal and funded and all this kind of stuff, I was one of the people who stayed when everybody else sort of thinned away.

**SS: Okay. Let's go back to the beginning of that. Did you have any kind of history with needle use yourself?**

DG: No. No, I did not, not at that time.

**SS: Okay. So when you first got involved with needle exchange, what was on the table? What was the issue?**

DG: It was doing it. I was after the Needle Exchange Six, and I didn't even know who most of them were. I guess one of them was Richard Elovich. I knew who he was, and I knew who Kathy Otter was. But the others are just names on a list to me. And I remember hearing about needle exchange in 1986, the same time as all that stuff around the Statute of Liberty action was going on, heard that this was being done in Holland and I thought, "Well, that's a good idea." And I totally bought the most stupid ideas about it. Well, of course, exchange means you're not giving them anything they don't already have, and somehow that has this protective effect around the idea that they're drug users. When I started doing needle exchange with ACT UP in 19 – I guess it was 1991, I still thought that way. I still thought there was somehow you're not supposed to let people have anything they don't already have.

**JAMES WENTZY: We have to stop for a second. Can you -**

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Tape II  
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DG: The one thing that was different was I realized why did I suddenly get more involved, was that I realized that it wasn't wrong for me that ACT UP wasn't just about people with AIDS and also that maybe people wanted me to do it. That was the other big piece of it. It's like I really could, I could be part of this, and part of this scary, sexy bunch of activists. I didn't believe it in 1987, and I did believe it in 1990.

**SS: Okay.**

DG: But anyway, so Gay Wachman came – well, go ahead, I'm sorry.

**SS: So, okay, so it was after the trial. ACT UP had won the right to do needle exchange.**

DG: No, it was before the decision. It was before the decision.

**SS: Oh, before the decision.**

DG: Yeah.

**SS: Okay. So you guys were operating. Was it illegal to do needle exchange?**

DG: Yeah. I don't think that – when the decision came down, I don't think it changed anything about what we were doing, though. It was very structured. It wasn't – I mean it wasn't like we had a building or something, but we tended to go to the same place, it tended to be the same people, and there was this whole “Look out for the cops thing” that was going on back then. But I don't think the cops were even paying attention to the fact that we were there, and, honestly, if there was a reason to look out for the cops, it's the same there is now, which the cops *are* looking for some of the people who are coming to you, and that's why you need to look out for the cops. But generally

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speaking, that was the most structured thing about it, was like trying to be aware that the people who were coming to you were facing enormous risks compared to what we were facing, and to try to make what we were doing as discreet as possible while also appearing regularly at the same time and the same place to do this thing which was being talked about in the news.

**SS: Okay. So can you tell us, take us through a typical day of doing needle exchange? What time did it start, what did you do?**

DG: Well, it started a couple days before, because each week you got your ration of works, which you had to mark. My god, now that may have happened after the court decision and while there was this sort of motion towards it becoming legal. Part of it was this crazy idea that you were supposed to, for some reason, know whether people were bringing back the syringes you gave them. Just idiotic. So you had to mark all the syringes.

**SS: Where did you get the syringes?**

DG: The syringes were shipped to – I don't know, shipped to [so-and-so's] house, and [so-and-so] said she was a doctor, and I believe, in fact, she was a Ph.D., and so the syringes would be shipped to her apartment where her doorman would receive them, and she would bring them to the rest of us on the site, and we would divvy them up and take them back to our places. So it's like you would get the works needed to mark at the end of when you were doing syringe exchange, and you would take them home, and sometime during the week you'd get out your little jar of paint and your little brush, and you would mark each syringe.

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**SS: How many a week?**

DG: Huh?

**SS: How many a week did you mark?**

DG: One hundred or two hundred at the start, and then by the time we became legal, I was doing thousands. It was funny, because I had cats. You'd lay out newspaper and you'd start to mark the syringes and lay them out on the newspapers, and, of course, cats are naturally attracted to anything that shouldn't be disturbed, and they'd wind up with paint on their paws and like all this kind of stuff, and that was not particularly sterile. You'd have to get rid of those syringes, and on and on and on and on. So at the beginning, it was very few. By the time we became legal, the marking was already becoming unmanageable, partly because it was stupid and there was no real reason behind it, except that some bureaucrat somewhere had justified the existence of his position by saying, "Well, of course it will have to meet some sort of procedural standard where syringes are marked." And marking was dispensed with within a year of us becoming legal.

Tape II  
00:05:00

By the time it was dispensed with, we had volunteers. We were using Magic Markers, and we had volunteers just going through – I think they – or even like cotton swabs dipped in ink or something like that and just like this, you know, {IMITATES}. It was finally the state, which is the authorizing body when we were legal, was convinced, because we were up in arms. We just didn't want to do it anymore. We're like, "We're not going to do this anymore," and it's unsanitary. Then the state decided, in its wisdom, "Oh, well, we have this position that it's unsanitary," and

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suddenly we didn't have to do it anymore. Suddenly all the scientific rationales for why it was being done were forgotten. I'm not sure what was ever behind that. But we were doing it before it was legal, and I can't remember whether it was before or after the Drager decision. We all refer to the Needle Exchange Six decision as the Drager decision.

**SS: Laura Drager.**

DG: It was the medical necessity is what it was declared.

**SS: So let's go through it. So you would get –**

DG: We would get the works before, you would take them and mark them all, and then you'd have to let them dry before you put them back in the box, and then you would schlep that box down to, in my case, the Lower East Side.

**SS: How many times a week did you do that?**

DG: Twice a week. There was Wednesdays and Saturdays, and I couldn't do Wednesdays while I was working, but I could do the Saturdays. It was around eleven in the morning or something, and then you would show up. Then I was part of the group that was called Walkabout. We had Gay Wachman and we had Allan Clear, and they came up with the idea that when you like actually wander around the neighborhood, it's called a walkabout. So we were the Walkabout, me and a couple other people, and which meant we would break away from the spot at Rivington and Attorney and go further downtown to around Canal Street and Allen Street, which I didn't know at the time, the reason there were so many people ready and waiting for us there, it was because it was right around the corner from the methadone program.

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This is an example of what things were like back then. There was a man named Jon Parker, who was sort of the Johnny Appleseed of needle exchange, and he was not affiliated with anybody except Jon Parker, and he had a group called the AIDS Brigade, and he was actually, years later, like 1998, he had people doing needle exchange in the name of the AIDS Brigade in four different cities in the U.S. But he himself had gone from city to city to city to city literally doing needle exchange, getting arrested, making a big stink about it in the press, and going to the next city. It was ingenious, really, and he didn't really have much to do with ACT UP, because I think there's certain kinds of people where when they're in the room, they're the only game in town, and there were already a lot of other people in ACT UP who were the only game in town. And Jon Parker wasn't going to be bothered. He was going to continue to go from city to city to city and do this.

So Jon Parker had the AIDS Brigade coming to the corner of Delancey and Essex, but some weeks they were there and some weeks they weren't there. So one week we saw that they weren't there, and so the Walkabout went and set up, and I think we were giving people two syringes. I mean, here's what exchange was like. You could get two for nothing, and you could exchange up to ten more. So you could leave with twelve. The least you would leave with was two. And I think nothing – I'm not sure this could have possibly changed anybody's injection practices. Nevertheless, that's what we did, and I wasn't questioning it at that time.

**SS: But how did you do it? Did you say, “Hey, want some free syringes?”**

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DG: People knew who we were and when we did the walkabout, no, people didn't necessarily know who we were, and we would sort of walk down the street muttering, "Clean needles. Clean needles. We've got clean works, and they're free." And we could do that because it was in the vicinity of the methadone program. And some people would actually stop us right there on the street, and some people would wait until we got to this fixed location or follow us until we got there.

Tape II  
00:10:00

Then there was also a shantytown. The Manhattan Bridge is right outside this window. There was a shantytown at the foot of the Manhattan Bridge where a lot of people lived, and we would go there every week and we would announce, "Here we are," and there the people would actually be ready for us. That continued after we were legal until that shantytown was bulldozed down. Ruth Messinger assured us, "These people need services. That's why we're bulldozing the place down." Fucked up.

**SS: Did anyone ever ask you for any other kind of services?**

DG: All the time. Yeah, all the time.

**SS: What did they ask you for?**

DG: No one asked for anything related to HIV, but a lot of people were interested in drug treatment and whether we could help them do that, and we had very limited resources, but we had some phone numbers and stuff like that. Sometimes doctors would come out with us, and that worked best when we were going to that shantytown because there, well, here's where people lived, so it's more likely that you're going to see them, it's more likely that they're going to know who you are. They've seen you on a regular basis and stuff like that. My friend, she's a good friend of mine to this

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day, Sharon Stancliff, is a doctor who's still involved in harm reduction and stuff like that to this day.

**SS: Now, are they ACT UP doctors? Or are they –**

DG: No, Sharon was not. Sharon was working for a small clinic called Betances, which operates down on the Lower East Side. It's a not-for-profit health program.

**SS: Did you feel bad when people asked about rehab and you didn't know what to do with them?**

DG: Kind of, but I also knew, well, I couldn't just like – yeah, I did, but it was more my thing was, it doesn't mean I can't talk to them and listen to what they have to say, and I began to learn a lot about drug treatment, too. But yeah, it felt bad, but it wasn't going to stop me from doing what I was doing. There wasn't an ethos that I'm unable to respond to these people's needs, so I shouldn't do anything. And that is big in the not-for-profit world. "We don't want to hear you talk about X, Y, Z because we only deliver X, this over here." So it doesn't mean you can't talk to a person.

**SS: Were any of the people working on a needle exchange active users?**

DG: That is a tricky question, because, yes, there were active users, and even to this day I'm not sure what it's appropriate for me to say or not say. A lot of people would ID as in recovery. We had some of the key people working, some of them are now dead. I think one in particular wound up being an executive director briefly of a Needle Exchange Program back in the early days. He died of AIDS. Another one wound

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up helping to found that program and then moved on to found another program, and he actually OD'ed in 1996. Yes.

**SS: Is that Rod?**

DG: Huh?

**SS: Is that Rod [Sorge]?**

DG: No, that was – Rod was the one who died of AIDS. Brian Weil OD'ed in 1996. And there were others. I mean, yes, the answer is yes. Daniel Raymond actually outted himself on the floor of ACT UP, and there was a long period, when needle exchange became legal and ACT UP sort of pulled out officially, there was still a Needle Exchange Committee. It wasn't very big, but by 1994, no one who was identifying as an active user was involved anymore, and people were able to just get away with the most stupid bullshit.

**SS: But how did you guys – did you guys talk about it among yourselves that some of you were active users?**

DG: Yeah, all the time, all the time.

**SS: Right. And what was that conversation like?**

DG: Back then, a lot of it had to do with what was the role of the user in what was becoming legal. Remember, this was now about a service agency and a structure. During the period before we were legal, I think it was just something we talked about, and it's like I would ask questions. It's like what's it like to have a habit? But afterwards, it was a big political topic and the idea of users should be in charge of this,

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definitely, and I completely believe that to this day, that nonusers are generally interfering with the whole process.

**SS: Did ACT UP also believe that?**

DG: I can't hear you.

**SS: What was ACT UP's position?**

DG: Oh, no, ACT UP was, had a really bourgeois position on the whole thing. ACT UP did not easily embrace the idea of needle exchange, although that was – I mean, when it was actually declared as an action that ACT UP would be doing, that was before I got involved. But, oh, yeah, it was all about recovery, and all about people in recovery understand what's going on, and stuff like this. Yeah, that's true to a certain extent. It's definitely true for people in recovery, that they know what's going on for them with their own issues. But the whole way that HIV prevention is modeled is based on what nonusers want or want to believe about themselves, and it's very sort of colonialist and patrician and doesn't really have a lot to do with what users could accomplish if they were given the room they need to make it happen, in terms of HIV prevention, in terms of Hep C prevention, in terms of care for people with AIDS, all of that.

**SS: So is this where the concept of harm reduction was born, in this ideological conflict?**

DG: Uh, well, that's tricky. Yes, for me, definitely, but it's not fair to say that for everyone in New York City. There were programs that were started by people

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who weren't involved in ACT UP, who were just as astute or involved in a dialogue around user organizing as the most radical people in ACT UP were.

**SS: Can you explain what harm reduction is, the idea of harm reduction?**

DG: Wow. It's tricky, because harm reduction, it is just an idea, and you have to sort of separate what policy is in terms of what the Health Department is going to pursue as a series of goals or steps towards those goals, and then what is really possible. Harm reduction is based on the idea that – before I finish that sentence, I want to say and then the other piece of it is this war on drugs and this war on drugs stigma, ideology of stigma and social division and stuff like that, and segregating society into a world of people who are good people and bad people based on whether they use drugs or not.

So Americans are *very* attached to the idea that people who use drugs are bad people, and what they need is to be made into good people, and that nothing short of that will ever solve any of the problems created by drugs. And that's bullshit. You know, a lot of problems created by drugs are solvable. Syringes are not inherently illegal, nor are they inherently infectious. I came up with this slogan. It's like what are you talking – it's like you can't get infected with a clean needle. You can't get AIDS from a clean needle. It's like you had to talk this way to people.

So, harm reduction was just about accepting the idea that there are ways to use drugs, ways to be a drug user that aren't about whether it's dangerous or not. It's very similar to the dialogue around sex and sexuality. I think the best comparison is really around driving. Driving is inherently far more dangerous than most drugs that are illegal

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are, certainly. Driving is way more dangerous than anything about pot. But driving is constructed as this sign of virtue. You're supposed to be a driver. When I was sixteen, I couldn't wait till my sixteenth birthday so I could get my driver's license and now I am a driver. All this didn't mean I was driving anything. But driving is very dangerous, and so they make cars safer and they have to have steel frames that work this way and a belt goes that way and the puffer bag comes out this way and all these things, and your baby must be in a seat like this, and on and on and on, and the glass must be shatterproof and on and on and on and on and on. People are dying by the zillions and, oh, it's the fault of those drugs and da da da da da, and all these things to make driving safer and make the roads safer. And the fact is, these machines are dangerous, and you're driving them very fast, and sometimes they get out of control or you get out of control and hit something and then you die. But everything that's done in the meantime, stoplights and traffic laws and licenses and all this kind of stuff, are all harm reduction around the fact that we're obsessed with the idea that this is what Americans must do and be. In fact, they drive in other countries, too. But that's a good example.

So I don't need to institutionalize drug users, say there should be licenses and laws and regulations and all this kind of stuff, but the fact is, people do drugs. They always have. They always will. Just like people have sex or people talk to each other, and you can try to restrict it or say it's bad, it's bad for people to talk to each other, it's bad for people to have sex, it's bad for people to take drugs, and none of those things will stop things about using the drugs or talking to each other or having sex, which can be stopped.

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I feel like I'm talking an awfully long time about what harm reduction is, but that's what it's about. It's like you don't have to use a sterile syringe. There's a big difference. It's a good example that a lot of people don't want to use condoms. A condom is a good idea, depending on the kind of sex you're having. But a lot of people just aren't going to do it. There's not a person in the world who's actually looking for a used syringe to inject with. That's how simple the equation is.

When I was talking about you can't get HIV from a sterile syringe, I put that in 1996 – no, it was 1998, and we were going after Donna Shalala. No longer part of ACT UP, now part of a different coalition of harm reduction activists, and we were targeting Shalala to lift the ban on federal funds for syringes. Jesse Helms successfully got a ban placed in 1988, the idea that no federal money is going to be used for needle exchange, and that ban has been renewed in one way or another ever since, every year, by all kinds of people who claim they believe in needle exchange, including Hillary Clinton and Barack Obama. So that being said, the ban also says that the Surgeon General could lift the ban, could go to Congress and say, "Remove this law." So because during the – in 1988, who was president? Clinton? '88? '98? '98. '98. '98, it was Clinton. There was no Surgeon General at that time, and we were going after Shalala, because she then had the authority, and putting a lot of pressure on her to lift the ban and going to different venues and stuff like that. I zapped her once in '98, I think it was '98, and Irene Diamond had just given a butt load of money to David Ho, and he was going to start a new Center for Research at Rockefeller University or something like that with the money Irene

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Diamond gave him. Great. And Donna Shalala was there, and there was a little press conference in some building on Third Avenue.

We got word of this press conference, and so I put on my necktie, and I put on my label that said I was from Point Publications. David Ho got up and talked about how grateful he was to Irene Diamond for giving him all this money, and now it's time for questions. So I asked David Ho, "Is it possible to become infected with HIV from a sterile syringe?" The answer he gave was so convoluted. I don't know why he couldn't just say no, but, no, he had to go on and on about how "I haven't really studied the matter" and, "There hasn't been a lot of research on the issue" and, "As far as I can tell, even though it hasn't been studied," and the blah, blah, blah, blah, blah. He said, "It seems to me unlikely that it would happen, but it really hasn't been studied." So he said, "So in effect, no."

"Well, wouldn't you agree that given that you can't get HIV from a sterile syringe, it would be a good idea to lift the ban on federal funding?" And I think I made some personal remarks to Donna Shalala at that point and was escorted out.

**SS: There's something I don't understand, and I just have to ask you. Okay, so I understand your argument about the sterile syringe.**

DG: Yes.

**SS: But are you saying that to be an injection drug user with a habit has no meaning, that that's a neutral thing to be?**

DG: Well, not for the injection drug user with a habit, and it definitely occurs in a social context, but I'm not going to say that it's wrong for that person to be

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that way. Drug use is really, really normal. Drug use is normal. It's happening all the time. People do it, and you pass laws against it and you can do all this kind of stuff and you can stigmatize it and make sure that people can't live in a house or have a job or feed their children or do any of these things because they use drugs, and they're still using it. These impositions, are we really supposed to believe that these are benefiting society?

**SS: No, I understand.**

DG: To drive people into homelessness or something like that. So I would say my conclusion is that drug use is pretty normal. Drug use is pretty normal, and habitual drug use is actually pretty normal, and so let's start approaching it from that aspect and look at within the context of how normal it is, what can we do to make sure that in spite of the fact that it's normal, the person doesn't die, fall off the face of the earth, wind up homeless, wind up in a situation where their children are homeless or these kinds of things. That's more my attitude about it. I stand neutral on whether it's good or bad for the person to be in that situation. Most people who want to stop have already struggled with it a lot, and I don't see any relationship between the fact that the person wants to stop and the fact that society is trying to make them stop, and whether they stop or not. So in the meantime, there are all these other problems that need to be addressed.

Tape II  
00:25:00

**SS: Okay.**

DG: Yeah. Is that more towards –

**SS: Well, I mean, obviously I'm not sophisticated to this. This is the first time I've had this kind of conversation in one of these interviews.**

DG: Oh, really?

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**SS: So it's like I completely understand the argument about stigma.**

**Stigma doesn't help anybody, it never has, and it doesn't change people's behavior.**

**It isolates them.**

DG: Yeah, yeah.

**SS: But when you said that it's like having sex, I'm not sure that I understand that why having a drug habit, regardless of all the stigma issues, which I do understand, but why that is neutral.**

DG: Well, I guess what I really do, I feel like drug use is normal. That's why. It's not normal for all people, but for the people who are doing it, it's normal. We can't assume that it shouldn't have happened, and I'm not denying that in many, many cases that drug use is related to all kinds of horrendous devastation. But I also feel like, you know what, it's like I've seen this happen enough that I'm no longer going to conclude that, for instance, this person didn't need it. I lived with a guy, my friend Jeff, for several years. I'm pretty convinced that he needs heroin. Other people may think, "No, that's the last thing he needs." I'm pretty certain he needs it. That's part of how he appreciates – appreciates?!? – part of how he connects to the world is through this drug.

**SS: So then within ACT UP, this harm reduction position that you've just articulated, was it in conflict with the recovery twelve-step position?**

DG: Oh, totally.

**SS: And how was that expressed?**

DG: That's a fallacy, but that has to do with the fact – I think you have to move away from the twelve steps for a minute, which I think let's move back into the

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realms of self-empowerment and talk about – we came up with this model where people with AIDS should be in charge of what they're doing. Twelve steps were really original when they came along, because up till then there were all kinds of experts who talked about the cure or talked about this or that, and twelve steps were created by the people who were actually having the problems. They created their own dialogue, their own terminology, which was so persuasive to themselves and to many others that now twelve-step terminology dominates American ways of talking and expressing ideas about drugs and drug use.

In the meantime, for people in the twelve-step programs, they serve this really, really vital purpose, and I'm not questioning that at all. There's a big difference between what twelve steps themselves identify as a fellowship, and they're not supposed to engage in controversy or debate. This is in their principles. They're supposed to work on being in the fellowship and engage with other people in the fellowship around those issues and talk to other people through persuasion, not coercion, to be part of that. And instead what we get is this zeitgeist where the twelve steps obviously are the solution, recovery is the cure, and a lot of people in recovery like start talking as though that is what drug use is.

**SS: Okay. But I'm asking about in ACT UP.**

DG: Yes.

**SS: Okay. So give me – tell me. Tell me.**

DG: Right. So in ACT UP, that attitude was the defining attitude. You were not allowed to challenge. In fact, you would be denounced for threatening

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someone's recovery. That was the kind of thing that could happen, and that's why I give it so much context, is that it's like, well, no, that's not really possible. If your recovery is being threatened, turn to other people in recovery to address that, and instead there's this blurring of boundaries, and that was definitely true in ACT UP. So everything that I just said about harm reduction, no, that would have been taboo in 1991 on the floor of ACT UP.

**SS: So if you could give me specific examples of how that happened in ACT UP, like was a specific thing debated on the floor, like how was –**

DG: Well, Dan Williams is a really good example.

**SS: Okay, go ahead.**

DG: The fact that he came wrapped in the penitence of, "I am a person with a disease, and this happened within the context of my disease. Therefore, no one can say anything about the fact that it was stealing, because it wasn't. It was something else." I don't remember anyone actually saying on the floor of ACT UP, "You are threatening my recovery." I do remember people saying that in needle exchange meetings, "You are threatening my recovery. You can't say that. You can't do that. You can't believe that." And back then, I was very naïve. I didn't understand it. It didn't make much sense to me, but I didn't know enough about the politics of all of this, how twelve-step ideas have broken their boundaries and seeped out into the rest of society. Well, no one wants to threaten somebody's recovery.

**SS: Okay. Well, so for historical facts, so you're saying that ACT UP itself supported needle exchange, but within the Needle Exchange Committee there was disagreement.**

DG: Oh, definitely. Huge disagreement around the whole meaning of what it was we were doing. Huge disagreement. And the word "harm reduction" didn't start getting used until very late in the equation. In terms of becoming legal. I'm talking about a zone of a couple years. But harm reduction only – I only began to hear the word "harm reduction" in 1992, a couple months before we became legal, as something the state was saying the model for the programs had to be, has to be harm reduction. And the state was not saying what that meant, and so we began to have dialogues around that in the needle exchange groups, and people were becoming more open about the drug use, their own drug use, and then you suddenly got into these things about people threatening each other's recovery largely around the formulation of the idea that drug users shouldn't be the ones defining the idea of the meaning behind this. I'm sorry if I wasn't following you before.

**SS: No, that's okay.**

DG: I have this like my own structure of how to say things, and I don't understand a lot that is outside of that.

**SS: So then when it became legal, who took it over?**

DG: Well, needle exchange within ACT UP had already – there were three sort of independently operating groups within needle exchange. There was Brooklyn, there was the Lower East Side, and there what was called Bronx-Harlem, and that was

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Rod Sorge's group and Brian Weil's group. So each one of them, I mean this is the kooky New York State model was it wasn't going to have the needle exchange initiative. It wasn't going to say, "Well, this is the scope of the epidemic among IDUs [injection drug users]." They weren't even going to look to see what the scope of the epidemic was among IDUs. What they were going to do was create a structure which would buy off activists and fit them into the not-for-profit industrial complex, and that's what happened.

The Brooklyn needle exchange got taken over by a group called ADAPT, which had been started – well, I can go into the history of ADAPT in a little bit. And so ADAPT was the not-for-profit that took over the ACT UP Brooklyn exchange. The Lower East Side ACT UP project became the Lower East Side Needle Exchange Program. The Bronx Harlem Needle Exchange Program became something called New York Harm Reduction Educators. In addition, Housing Works got an authorization, and an organization called FROST'D, which was a sex worker outreach organization, got authorization. So there were five programs that became legal in 1992.

**SS: And did ACT UP people get hired to run those programs?**

DG: In some ways, in some cases, Rod Sorge became the first executive director of Bronx-Harlem, but he didn't last long there. I got it wrong. It wasn't FROST'D; it was St. Ann's. St. Ann's up in the Bronx was the other one, and St. Ann's is an example of that was a grassroots community organization in the Bronx that started needle exchange and wasn't affiliated with ACT UP. FROST'D was another, and FROST'D was the next one to become authorized.

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In any case, Allan Clear was a member of ACT UP and became the executive director of the Lower East Side and remained then until like 1995, I think. And, no, in Brooklyn, ADAPT had its own staff and stuff like that already, and ACT UP really wasn't a part of that anymore. They moved in and took on the reins of needle exchange.

**SS: Now, did you keep working when Allan got appointed?**

DG: I never actually had a job in needle exchange until 1994. I was very involved in all kinds of, you know, painting the walls and doing the outreach and all this kind of stuff, but, no, I didn't have a job doing it until 1994. My first job came about because of ACT UP, though, because under Giuliani, I did not see that the reason more needle exchange participants were getting arrested and charged with syringe possession was because of quality of life law enforcement. I thought Giuliani's cops were targeting syringe exchange participants, and so I started documenting all these cases of people being busted for syringe possession and showing their ID cards and all this kind of stuff and how wrong it was, and documented hundreds and hundreds of cases of this.

**SS: With videocamera or –**

DG: No, no, no, no. I was like taking verbal accounts, and Allan Clear said [in British accent], "Oh, there's a form you're supposed to use for that," and so he gave me the form, and I started using the form. Eventually, I didn't know what to do with it, so someone suggested to me, and I talked to the state about it and I faxed them all the forms, and the state was like, "Well, gee, we have these regular meetings with the police

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and we don't know there's a problem just because you've documented it," and da da da da da da da da.

And someone suggested why isn't Peggy Hamburg involved, and that made more sense to me. I had a very tenuous understanding of the role of the state, which was the funder and the authorizer of needle exchange. It made much more sense to go after someone from New York City. So I went to the floor of ACT UP and called for a phone zap on Peggy Hamburg, and when I got called the next day by one of her deputy commissioners, like, "Why is everyone calling us? What is this going on? We didn't know anything about police harassment," I faxed him all these police things, and the next thing you know, we were having meetings with the health commissioner, and going down to One Police Plaza, which is really gross. Their orders got revised and the language on the cards got revised, and nothing changed.

But it was in the middle of that that Rod Sorge and Allan Clear and all these people, they had this money sitting around from some grant from somebody and said, "Why don't you do this?" And I said, "Sure." So I was the director of advocacy for the New York Needle Exchange Network for about a year, and so that was my first job. So that was for all the Needle Exchange Programs rather than any particular one.

I got a lot of support. Speaking of Joyce, who was not from ACT UP, Joyce Rivera, who runs the St. Ann's program, she was like the number one person backing me up. She was like, "Go forth. Go to One Police Plaza. Shake the foundations." I feel like, it's funny that I began to learn a lot about – and ACT UP was really fading from needle exchange at that time, and that in some ways there were people

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out there besides ACT UP who were really extraordinary allies. I had no idea up to then.

It was all just ACT UP to me.

**SS: Let me tell you what I want to know about this now, if you could.**

**I want to understand if, when the Lower East Side group got institutionalized and someone from ACT UP became a paid person, how that in the long term affected services and where those services are now.**

DG: That's a really sad tale, and it's far too long to tell here. Allan Clear, to his credit – I don't think Allan knew much about being the executive director of anything. Allan was a waiter who had a very strong opinion about drug user activism, and that was the best thing about the Lower East Side under Allan, was it was about drug user organizing and drug user self-representation, and we tried to really have what people were actively saying they wanted shape and inform the services with such money as we had. We had people who'd help you get into drug treatment and that kind of stuff. But there were endless attempts to try and create some sort of user organizing base while Allan was there, and none of them had any kind of longevity, but there was a lot of self-representation, and I would bring people from those user groups to the ACT UP meetings, and they would speak and stuff like that. And that was very helpful, especially in trying to maneuver around the cops.

But Allan left in 1995, and I certainly didn't know anything about how to be an executive director. I would say that the Lower East Side retained a strongly activist edge for a while, and one day, by 1995, I and a number of other people, we really couldn't look you in the eye anymore and just make you count syringes. The idea was, "Well, how

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many do you need, and that's what we should give you, and if you have difficulty figuring out how many syringes you need, let's talk about it and figure it out." And some people didn't like that either, and so you had to come up with a formula, like how many times a day do you inject, when's the next time you think you can come, and then even the bean counters were satisfied with that and satisfied that that was better than making people count their waste, that if all you're doing is replacing syringes, used syringes, when there aren't enough syringes out there already, then you're not really changing anybody's injection behavior. So why not make sure people have actually enough syringes to do what we recommend, which is use a sterile syringe for every injection. If you come in and last week we gave you ten, so this week you get ten again, and you actually injected fifty times, how are we preventing the spread of anything?

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So we pushed that through on the walkabout. I didn't even talk to the people at the storefront. There was one day on the walkabout where I was tired of the way one volunteer was talking to a participant, and I said, "We're not doing that anymore. This is how we're going to do it. We're going to start asking people what they want."

And I went and I told Allan, "Okay. This is how we're doing it on the walkabout now," and I went to the man who was – Allan was the E.D., but there was another man who was director of the needle exchange. I went to him, and everyone was like, "Great!" And the staff was like, "Great! That's a really great idea." So that's what we started doing.

In 1994, we had this influx of needle exchange people. There was a woman from – Naomi Brain from Chicago and Tim Santamore and Tony Perry from

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Buffalo, and they all wound up in New York. So who was doing the walkabout suddenly changed dramatically, and this is how we started doing it. And at that point, there was tenuous drug user involvement in actually doing the outreach. There were tricky problems about having people who were actually users in the community going out and doing the outreach, because a lot of them owed money to other people and this kind of stuff, and they were suddenly in this position where they have something that other people want. We were trying to smash that as much as possible and say, "He doesn't have anything you want. You can have anything this guy has," but it was awkward.

Tape III  
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DG: So in 1995, sometime in the spring of 1995, the walkabout stopped doing one for one. That's what we called it, one for one. No more one for one. We're moving to distribution, and we will help people dispose in whatever ways they need help. There was a period where if you came to the walkabout – you couldn't do this at the storefront. The storefront, things were a little more controlled, but on the walkabout, if you came and you said, "I want a case," we would give you a case. During that period also, some of the people who became involved in the walkabout were injectors themselves and stuff like that, and, like I said, there were tricky issues around that. But it did happen and it was pretty safe, no one was being threatened, and you'd get into weird issues like, yeah, sometimes they want to be able to cop while they're on the walkabout and stuff like that. But by and large, things were discreet.

That went on. I quit working at the Lower East Side in 1997, and at that time, the woman who eventually replaced Allan Clear as executive director, the entire staff was standing up to her saying, "We want you to leave." And she did leave, but then

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there was tension between the board and the staff as to who the next executive director was going to be, and the staff wanted Drew Kramer. {LAUGHS}

**SS: Who's Drew Kramer?**

DG: Drew Kramer, who was a member of ACT UP and had worked in Tom Duane's office and was a brilliant, brilliant man and wonderful, and the board had picked some man from Milwaukee who's also, to his credit, a very distinguished needle exchange person. But at that time, we were under horrible community attack. The community board was having regular meetings where they were voting sanctions on us, and undercover reporters were coming into the storefront with hidden cameras and filming people doing needle exchange. It was an attack, and the state was clamping down on us because the state was embarrassed by any press at all that wasn't generated by them. And on and on and on it went.

So we were very satisfied that Drew Kramer was the more qualified person to deal with that problem, plus he's from New York, he's an activist, he understands what we're doing. And the board, in its patrician smugness, regardless of the fact that they had been asleep at the wheel for more than a year and had allowed the woman who was at that time the executive director to nearly hand the agency over to another large service organization, the director of whom was on the Lower East Side board, despite the fact that they had let all that happen and then rallied to the cause and got rid of that woman from the board and sent that executive director packing and all of that kind of stuff, now they decided they knew who should be the executive director of the Lower East Side.

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So this bitter battle started between the Lower East Side and the board, and during that, division started among the staff. I was already no longer working for the Lower East Side, but the entire walkabout was purged, in the belief they somehow they were not truly protecting the interests of the Lower East Side. It wasn't about how they did needle exchange. Everyone thought that was great. But with them went needle exchange being done that way. It wasn't like, "Oh, here's this new group of volunteers who will now go out and do distribution at various points on the Lower East Side." Nothing of the kind. Now it was going to be peer educators who were only going to do what they were told.

So that, for me, that was the real collapse of user-based advocacy at the Lower East Side, and then after that, Drew was hired. The man from Wisconsin, a man named Scott Stokes, was great, and I wasn't against Scott Stokes, but I wanted Drew there. Drew did make the community board problem go away—within six months, boom, it was gone—and ran the organization beautifully for a number of years before he just, I think, got too burned out with the not-for-profit thing and left.

So there was this disintegration. First, the walkabout was sacked. The people who were doing distribution and the piece of the Lower East Side that drug users were actively involved in making happen and structuring how it happened was sacked. Then Drew came on after that. Drew didn't have anything to do with that directly. He didn't know that was happening. But still it was over time, old staff gets replaced by new staff, eventually Drew leaves, and then there was no executive director for a while, and the staff were trying to run the agency by themselves and were miserable, and eventually

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wound up in a situation where the executive director is someone with a social work background who doesn't know the history and is more concerned about budget issues than with the idea of radicalizing public health. And I'm being as generous as I can to a man that I still have to do work with from time to time, and that's where things are today.

I would say that it is not a particularly radical organization. The fact that needle exchange is still controversial doesn't make the ways in which the Lower East Side does anything particularly radical. Up in the Bronx, things were different until—oy, oy, oy. I feel like for the historical record they should be taken down, but there was a woman named Edith Springer, who's a good friend of Rod's, by the way, who was the messiah of harm reduction, open injector herself and a social worker who worked with Rod and this group called NYPAEC, it was New York Peer AIDS Education Coalition or something like that. They had worked with street drug users. You know the Ali Forney Center uptown? Ali Forney is named for a trans youth named Luscious, who died sometime in the nineties but was a client of Rod's and Edith's. They set up this whole thing around street youth, and eventually the Bronx Harlem program, New York Harm Reduction Educators, was being run by a man from Buffalo named Terry Ruefli, who became a woman named Terry Ruefli and who was Edith Springer's lover during all of this, and Edith Springer totally radicalized New York Harm Reduction Educators with Terry Ruefli, and they did have a staff of active users and non-users working together. Then Terry Ruefli became like seriously, seriously ill and eventually had to leave the organization.

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Since that time, I'm not going to say that isn't impressive, New York Harm Reduction Educators isn't still an impressive organization, but again it's people who make this happen. It's not ideology which makes things happen. And Edith worked her way into there, and Terry and Edith worked together to make this happen, because Terry wanted something like that to happen. Most people who want to be executive directors don't care whether they're an executive director of the Needle Exchange Program or some other kind of local clinic. They just want to be the executive director of something, because they have the degrees and the qualifications, and they believe they're entitled. And I think that's what we keep seeing happen, and I would say there are still some radicals, but so much of it has to do with who the executive directors are, so much of it.

**SS: Are more people being served after institutionalization or before?**

DG: Really kind of the same. In terms of needle exchange itself, the need hasn't changed one bit. The need hasn't changed one bit, and the climate for injectors hasn't changed very much in all that time. They're hunted by the cops with quality-of-life law enforcement just like they were.

**SS: Would you say, for example, the number of syringes distributed before it became institutionalized and the number after?**

DG: Oh, it was higher.

**SS: It's higher now?**

DG: But that's also because, okay, further now –

**SS: Are you saying it's higher now?**

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DG: Yeah.

**SS: Now or before?**

DG: Yeah.

**SS: Okay.**

DG: No. No, no. It was higher then. It was higher then.

**SS: So more syringes were –**

DG: More needles were going out then. Oh, definitely.

**SS: Before the city institutionalized it?**

DG: Oh, you mean – no. Before it was legal, we were giving out practically nothing. There's a long evolution where, okay, now it's receiving funding, now it's legal, where the peak period of needles going out was probably 1996, 1997, right in there, '98, and right around the time of the disintegration of the radical base of the number of needle exchange programs. Brian Weil OD'ed, Rod was long dead by then, and New York Harm Reduction Educators sort of held the vanguard of that for a while before Terry became ill. But the Lower East Side, frankly, after the walkabout, the old walkabout, was purged; their numbers dropped immediately and have never been the same.

**SS: So would you say that before legality it was basically symbolic?**

DG: Oh, yes, definitely. Completely symbolic. It was trying to twist the arm of public health, and public health's response was very political. It was, "Oh, we don't do this ourselves, of course. We're the Health Department. It doesn't mean we actually make sure that public health occurs, but we will make some money available to

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some not-for-profits, and if they jump through all these hoops and qualify, then they can do this, because they say they want to.”

**SS: So has needle exchange had an impact in New York City?**

DG: Huge. Huge.

**SS: Would you say that many people’s lives have been saved because of needle exchange?**

DG: Yes, I’d say – well, look at it this way. Back in 1992, one out of every two injectors was HIV-positive. Now it’s more like one out of every ten. But I said this back in 1997 at the ACT UP tenth anniversary thing. I’ll say it now. If there’s any reason that the pathetic amounts of needle exchange that have gone on in New York City made that kind of a difference, it’s because the injectors made it happen. Needle exchange doesn’t happen because the not-for-profits make it happen or because the state Health Department gives it money. There are people who are actually willing to walk up to needle exchange programs in front of the entire world, risking whatever it is they risk, and make needle exchange work. They’re the ones, if there’s sterile injection going on, it’s because they’re using sterile syringes, and they’re providing other people with sterile syringes, not because the programs exist per se.

Those syringes always could have been available. Those syringes always could have been legal. Gregg Bordowitz said it back in 1988, this is an epidemic created by force of law, and that is accurate. So it is injectors who are making this happen in spite of that. We could have, I’d say, zero HIV among – at least injection-related HIV infection if we stopped all this bullshit about counting, if we stopped all this bullshit

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about, well, syringes still ought to be illegal out there, but within the context of these programs, it's legal. That's all horseshit. This is injectors doing what they need to do. They were always willing to do it. No one wanted to use a used syringe. That's an invention of non-injectors. So if there were successes, it's not because of – It is because there has been some syringe exchange, but the injectors made it into much more than the programs ever could have.

**SS: You're saying that there was a change in the counterculture of users. There was a cultural shift?**

DG: No, that's the argument. It's what they needed were sterile syringes. There weren't injectors out there going, "I love using other people's works." That was a lie. That was something which was put forward by some groups which claimed to speak for users, was that it was a ritual, sharing syringes was a ritual. What might have been a ritual was you would use the syringes of people you trusted more than the syringes of people you didn't know, but that's a social thing. The bottom line is, you can't tell who's infected or who's not. And as soon as people had enough syringes, not even that they were going to use a sterile syringe for every injection but enough sterile syringes that at least I was only going to use my own syringes, boom, that was it, and there's the science to prove it, everything else.

No one wanted to reuse sterile syringes. No one was into the idea that that was some sort of bonding thing. The bonding thing was about "I have no choice but to use someone else's syringe. I might as well use my wife's, or my wife might as well use mine." You know what I mean? That was taken and turned by the war on drugs

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ideologues into, "People do this. That's part of being a junkie is you use each other's works and it brings you closer together." What a lie. As soon as they had an opportunity not to do it, they stopped. What's going on here?

So that's what I mean about what I said in 1997 is we gave them an inch and they made a mile out of it, and now let's give them the sterile syringes and stop the epidemic.

**SS: Okay. So are you still involved with this?**

DG: I can't hear you.

**SS: Are you still involved with it?**

DG: Yes.

**SS: Okay.**

DG: I mean, I feel like, I don't know, this is the historical record. I don't know what I want printed or not, because let's just say at the moment things are a little stymied, but for years I have used my historic relation to the programs and my access to some things programs have to make sure that other places which are technically not recognized as programs can continue to operate, and that if there is a reason I dislike the background and mentality of one of the executive directors that is currently in a program, it's because he has slammed the door on my fingers on that one, to the detriment of six or seven technically underground programs in various parts of the country and Puerto Rico, and there's not a goddamned thing I can do about it. There's no recourse. There's not a court I can argue this in front of. And I'm not sure that I want – I was getting my syringes from the basement of [a needle exchange program]. I would show up there with a

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shopping cart until last year and load it up and then go to Harm Reduction, Allan Clear's current organization, schlep the syringes up to Harm Reduction Coalition, wrap them up in brown paper, and ship them to all these different places, and Allan would pay for the shipping. My job was to do the legwork.

People say things to me like, "Well, you can't just save the world." Fuck saving the world. It was a fucking shopping cart. You know what I mean? It was four or five thousand syringes a week, but four or five thousand syringes a week is enough to keep Springfield, Massachusetts, and Salinas, California, and all these other kinds of places going, keep people who wanted to put sterile syringes in the hands of injectors able to do it. "Save the world." And this is the kind of shit that we get nowadays. "Well, you can't save the world." No one would have dared to say that on the floor of ACT UP. You know what I mean? That's where things are.

And yes, professionally, I manage data for these programs and I have a contract with the state, so I'm still up to my eyeballs in what goes on with a lot of them.

**SS: Okay. Do you mind if I move on to another topic?**

DG: Sure. I'm sorry I talk so much.

**SS: No, it's fine. I want to talk about Church Ladies for Choice.**

**JIM HUBBARD: Before we do that, I have an issue with batteries and I have to plug in.**

**SS: Go ahead, James.**

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**JAMES WENTZY: I just want to ask about the dynamic between New York State Harm – well, syringe exchange since New York decriminalized over-the-counter purchases.**

DG: Well, it, in theory, the cops have stopped busting for syringe possession, but I don't think that means the same people aren't getting busted just as often for something else. That's quality-of-life law enforcement. They come up with what the charges are after they've arrested you. So, we can say, "Yeah, look," I do, I go down to 100 Center [Street], because I'm in an argument with some people at the city Health Department about this, and look how many people are getting arraigned on syringe possession charges, and they're still there. But it's not like it used to be.

But I don't think that really says that syringes aren't still incriminating, and if syringes are incriminating, people aren't going to carry them, and if they're not going to carry them or they're only going to carry one, they're only going to have one. And what you need to be able is to carry around as many as you need and possibly be able to give some to other people and all that kind of stuff. Instead, you only have one, then if someone else doesn't have a syringe, and it's really time for them to get off, they're going to use yours if you let them.

So, over-the-counter sale, it's lightened the environment. It's lightened the dialogue, but mostly where it's lightened the dialogue on syringe exchange isn't in terms of how things play out for injectors, but how the state used to have a much more "circle the wagons" approach to the fact that they were authorizing this, and virtually

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anything that a needle exchange program did or said was supposed to be like filtered and approved by the state first, and now they're not quite so fussy about that.

**SS: Now, Church Ladies for Choice. How did that group get started?**

DG: Church Ladies for Choice got started when Operation – was it Operation Rescue? No, it was just when some anti-abortion religious people were picketing and demonstrating in front of abortion clinics in Westchester, and some of the people from Action Tours joined some of the women from WHAM and stuff like that.

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The actual origins, I was not at the very first things where the Church Ladies for Choice were, but by the time, it was in 1992 and there was a great big march, abortion march, abortion rights march, in Washington, and that's where the Church Ladies for Choice really began to gel, was like not all of us were even wearing dresses at that point. But that's where we began to sing our songs.

**SS: Who was in it?**

DG: Elizabeth Meixell was always part of it. Coe Perkinson was always part of it. Steve Quester, Brian Griffin, myself. Ed Ball back then was part of it. Rex Wasserman, who's gone now, was part of it. Those are the people that – Jon Winkleman, that's the other person that I remember as being the core group. There were other people who might have been involved I didn't know, but that was sort of the core group.

And in Buffalo in 1992, Operation Rescue came, and we got on a bus and headed to Buffalo. That was a really important moment for the Church Ladies, because we were just there to participate in the demonstrations that surrounded clinic defense. We knew we weren't going to actually defend any clinics, because that was well in hand.

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What we got there and realized was that the people from Buffalo had been standing out in the rain for a week at that point, and Operation Rescue was getting all the attention in the press. Even if they were getting arrested and they hadn't actually succeeded in shutting the clinics down, they had succeeded in terrorizing the women of Buffalo and making people who believe that women should be able to take care of whatever they need to take care of, including having abortions, making people who believed in that feel very, very frustrated and intimidated, and I think what the Church Ladies did is we showed up, here's a bunch of drag queens singing outrageous songs, like "God is a Lesbian," and stuff like that, and that this totally transformed the attitude, I think, in the rain on that horrible, horrible Friday or Saturday, whenever it was, and transformed our attitude, too. This was like, "Wow, this is really energizing. Let's keep doing this." And that was Buffalo in the rain, in the cold, cold awful rain in 1992.

That was the thing, which zapped the Church Ladies. And that was Elizabeth, Jon Winkleman, Steve Quester, Brian Griffin, and me, and that got us on Pat Robertson. Pat Robertson showed video footage of us singing in the rain in Buffalo, singing "God is a Lesbian." He was so scandalized by this, and showed us singing "God is a Dyke," and then Pat Robertson going, "That they would call God the Father a dyke is a sign clearly of satanic possession," or something like that. And no, actually, we were really wet and cold, but everyone else was enjoying themselves so much, we didn't care.

The funny aftermath to that was just that after Operation Rescue was cleared out for the day and carted away on the police buses to the jail, and all the women who were supposed to get abortions had been able to get into the clinics, we dispersed

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with all the demonstrators and we were left with a couple hours before our bus left. We literally checked into a hotel. We were shivering, we were so cold and wet, and we checked into a hotel for all of like an hour and a half, and we got warm again, because there was like no place else to go because it was the middle of Buffalo, which was this horribly depressed city. So that was the anticlimax to this event, was we were huddling around the little heater in the hotel room trying to get warm.

**SS: So you've been together for sixteen years.**

DG: Yes.

**SS: Can you sing one of your songs for us?**

DG: Well, which one would you like?

**SS: Your choice.**

DG: {SINGS TO THE TUNE OF "My Country 'Tis of Thee"} "God is a lesbian, she is a lesbian, God is a dyke," bah, bah, dah, dah, "Send her Victoria, Mary, and Gloria, she'll lick clit on the floor with ya, God is a Dyke."

**SS: Your opera training came – finally you got to use it.**

DG: Yeah, yeah, it comes in very, very handy, although it doesn't take long to shoot my voice out, like when it's in a crowd. But, yeah.

**SS: Well, you know, one of the things that we noticed in doing this project is that there was one issue, non-AIDS-related issue, that ACT UP supported without question, was never debated and nobody ever objected, and that was abortion rights.**

DG: Yeah. That's true.

Tape III  
00:25:00

**SS: Why do you think that is?**

DG: I know personally for me before I was ever in – while I was in high school, this was beginning the – I guess the Pat Buchanan plan went into operation during Nixon's first term or something like that, but it began to wash up onto the shores of high school, and all I thought of it was, honestly, even then, I thought of my mother and my sister, and I said, "Well, if they needed this, they should have it." That was my attitude about it. I didn't think in a more complex way than that, and so I was for it.

As to the rest of it after that, it took me a long time. I was not – I was ready to absorb all kind of ideas about feminism and stuff like that. Remember the seventies? Remember when it was called Women's Lib? My mom was right there. So that was in the house growing up. But I did not think in terms of women's bodies or something like that. I just thought this is stupid. You shouldn't have kids unless you want them. So that's my background before I was involved in radical organizing in ACT UP. I don't know. Is it because, I mean, it's –

**SS: I mean, no one ever objected ever.**

DG: It's queers, queer sex, and women having the ability to just control their own reproductive capacity seemed to me to be the two issues that everyone wants to draw the line around on the part of the right and say this is what must be held sacred. Is that why? I don't know.

**SS: Well, we don't know the answer, but I mean, one of the reasons I'm asking you is because everything – you know ACT UP. You've brought up already in this conversation many hugely contentious debated issues in ACT UP.**

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DG: Yeah.

**SS: This was never objected to by anybody ever. It was completely assumed, and, I mean, Church Ladies for Choice was basically an affinity group of ACT UP.**

DG: Yeah, well, right. It was a subgroup of Action Tours, which was an affinity group of ACT UP.

**SS: Yeah.**

DG: Yeah. Yeah, yeah. Can I tell her one – this is like this is a Church Ladies story because everyone involved in –

**SS: Go ahead.**

DG: – was a Church Lady, but it was not a Church Lady action. It was hanging the AIDS Hall of Shame banner. In 1994, one of the Church Ladies, the Jewish Church Lady, Phyllis Stein – my very good friend Rex, Rex Wasserman, worked for the Parks Department, and he was a landscape architect and a historian, and his whole thing till the day he died was to go to places like Prospect Park and try and restore it as much to what Frederick Olmstead had originally envisioned it. He was the guardian of Olmsteadness in New York City and was very respected and was a man with AIDS and an ACT UP activist and a Church Lady. He knew how to get onto the roof of City Hall, because the archives – there's that sort of little cupola thing up there, well, that is or was, I don't know if it still is, that was the archives of New York City or of certain – I can't imagine it was the only archives. But Rex knew how to get there.

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So Rex himself, actually, during the whole planning of this, this was during Target Rudy. When Rudy Giuliani was going to shut down Division of AIDS Services, DAS, and it was a huge Brooklyn Bridge march, and the week before that, we went into Dan Borden's apartment, and I mean all of this was done – all these people, these were artists, people like Dan Borden and Jamie Leo. They knew how to do this, and they unfurled this giant piece of black polyester and mapped out the letters AIDS Hall of Shame, and we all painted them in, and that was in Williamsburg.

Then it was packed into somebody's bag, like shoulder bag. I can't remember who it was, but it was Jon Winkleman, Dan Borden, me, and Karen Ramspacher, who were all Church Ladies and all Action Tourists, and we went to City Hall right around lunchtime, posing as architects. We were architects, and we were there to see the roof. What's really funny to me, some gay guy was the secretary. Everyone was out to lunch when we did this, and there was some guy, librarian or something, was sitting at the desk. I don't know what Dan Borden said to him, but this guy fucking floated to the door and said, "Right this way." I have no doubt, Dan Borden was very handsome and very sexy, flirted with him in some way that inspired him to help us in any way he could.

Tape III  
00:30:00

So then we went up onto the roof. We were on the roof of City Hall. We went over to the edge and tied the thing and pushed the banner off. And then the game was get the hell out of there as fast as we could, and, of course, the whole way coming down, all the steps onto that rotunda, going down as fast as I could, trying not to look like we're running or anything like that, just get the hell out of here. And nothing happened to

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us. We were not touched, and we made it all the way down to the foot of City Hall Park, where we could turn around and watch it for about ten minutes before it was gone. The great thing about that, aside what always happened, is the *New York Times* covering the closing of DAS [Division of AIDS Services] or any of that, no, but we get the photo op on the inside of the *Times* cover, which was the strategy in those days. That was enough for us.

But to put it all into context, because I watched on the website Steve Quester talk about the Condoms Save Lives thing. Rex had been terribly, terribly ill, and he was the mastermind of this whole thing, and he had been in the hospital during the whole implementation of it, and he had terrible – he had bad KS, and his legs had swollen up terribly. The big deal was that he had gotten out of the hospital a few days before, and he had actually ridden his bike down to the foot of City Hall Park and was there waiting for us. This is making me very emotional. And then the same thing. He was in the hospital. He was dying in the hospital when they hung that Condoms Save Lives thing for the pope. All of that time period like very much was also about, you look at this stuff, and then we're talking about actions on the website, it's like these actions were happening with people who were sick and stuff like that. And Rex, that was spring of 1994 we hung the AIDS Hall of Shame banner, and Rex died in the fall of 1995, but it was all just sort of, of a piece.

Originally, we had envisioned – we weren't sure what we were going to do. We thought we were going to all do a die-in or something like that on City Hall, and

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it turned into, “Well, let’s hang this banner there.” That was the only time I ever did a banner drop or anything like that, and that was it.

**SS: Okay.**

DG: And that was Church Ladies.

**SS: We want to know about ACT UP Live.**

DG: Oh, god.

**SS: We have nothing on it, so if you could really tell us everything about it.**

DG: God bless David Buckingham and James Wentzy and a few people were all for getting stuff on ACT UP Live. I don’t have a lot to say about it, except this is – this is what it’s like, though. I would bring people from the Lower East Side, and they’d like come on TV, and some of them would actually appear on TV, and some of them would appear off screen and stuff like that. But they would talk about their issues. They would say, “This is where I am with needle exchange. This is how I feel about it. This is what I like about it, I don’t like about it. This is how I feel about being a junkie in the context of this discussion,” stuff like that. And that was because James, who is standing behind that camera right there, and David Buckingham, that’s who I remember, were just like, “Let’s do this.” Then when we did it, “Let’s do it again.” I was kind of overwhelmed by it, but –

**SS: What was it? What was ACT UP Live?**

DG: ACT UP Live was a weekly cable TV show on Public Access where people who were doing actions in ACT UP would go and talk about them. I remember in

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1994 during – was it World AIDS Day? It was World AIDS Day, and me and George Carter and Mark Hannay were like, “Thou shalt sit in front of the camera and talk for three hours,” or something like that, and so we did, and we just kept saying things, just to contextualize it again. Again, Rex was in the hospital, and there had been this horrible – the day all that happened, I was doing arrest support for the people who were chaining themselves to the gates of Gracie Mansion that morning. I was in the ACT UP workspace at like five-thirty in the morning or something like that to do arrest support, and in the meantime there had been this – this was while I was still doing that whole negotiating between the cops and the needle exchange programs things, and the needle exchange programs were fighting each other and fighting me. And I was doing arrest support, and I was on the phone and sending faxes and stuff like that to the programs and calling up Rex and he’s all, “Come to the hospital at such and such a day,” and all of this was going on. Then at the end of it–this is exhausting when I think about how much I did–and fighting with Dana Beal and Johann Moore in the workspace about like, “No, you can’t do this and you can’t say that and stop it,” all of this kind of stuff, and at the end of it, go and sit in front of the cameras. I’m surprised they didn’t bring us on on stretchers.

Tape III  
00:35:00

Mark Hannay, who I believe had gotten arrested, I’m not sure, I can’t remember. But I think Mark Hannay had been arrested, and so there we were, and this is what it was like, even in 1994. I think of 1994 as being sort of the waning of it all, but as I recall, it may have been waning, but ACT UP may not have had the numbers it had in like 1990 or ’92 or something, but it was still an incredibly absorbing thing, and my life was entirely dominated by that.

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So DIVA TV, just to put it in context, that's what it was like. You're doing activism all day, and then you're going on the TV and talking about it at night. DIVA TV, I just called it, but that is ACT UP Live, right? Yeah, same thing. But it used to be live and then continued to be called Live even when it was archived shows. But it was great because there was a man named Stephen Shapiro as well, and these were the people who were involved, and you would go. I was also involved in regularly going to the AIDS Advisory Council or to this or that meeting of the Harm Reduction Unit of the AIDS Institute, and just screaming everybody's heads off and stuff like that at these meetings and just basically saying, "No, this is what we want, and this is what you will give us," and sometimes actually getting it, and DIVA TV would be there, and whatever we did that morning would be on TV that night, which was sometimes kind of shocking and embarrassing.

But I remember there was a meeting at the AIDS Institute where in the middle, it would have been right around the same time as I was just talking about, where this whole thing with the cops was going on, and we had documented all this stuff, and there was some meeting at the AIDS Institute. I think it was an AIDS Advisory Council meeting where I handed out everybody at the desk, "Here's what's going on. Here's what the needle exchanges want. Here's what's happening," blah, blah, blah. Of course, the AIDS Institute did not have it on the agenda. The AIDS Institute wasn't going to bring it up. So I brought it up. I wasn't on the agenda either. And DIVA TV was there and filmed the whole thing. I don't know, I'm assuming it must have made the state want to talk to us a little more than they did before, but the state was very shifty.

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**SS: When did you leave ACT UP, Donald?**

DG: When did I leave ACT UP? I stopped going to meetings regularly sometime during 1995.

**SS: Why was that?**

DG: Because I was such a workaholic and so overwhelmed by what was going on in the Lower East Side, and I did not understand the dialogue that was happening in ACT UP anymore. At that point, even by 1995, the way I saw it was whatever is the second item on the agenda; that is where the meeting will shut down and everyone will have to talk and everyone will have to debate and no one will agree. And it wasn't because it mattered or not. It matters, probably, whatever that second item on the agenda was, but no one was going to stop debating or deciding this now is the time for them to say what they thought, and it just became this place where people were holding forth. I didn't understand it anymore. I think ACT UP was going to be reborn within a couple years in the hands of wonderful people like Sharon Ann Lynch and Susie Lee Coren, and I want to name all of them, but I'm not going to. I'm just going to leave it at that. Sharon Ann was the one who really impressed me that, okay, so it's not going to be ACT UP the way it was, it doesn't mean it can't be ACT UP in a new form and be equally fabulous and astounding.

But in 1995, things had reached that point, and that was my way of saying it was like whatever the second item on the agenda is, is going to shut the meeting down, and it was draining and confusing. Why do people want to talk like this? So I stopped going regularly. I still went sometimes. I still went sometimes.

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But, for instance, there was a Needle Exchange Conference in Puerto Rico in 1995, and ACT UP had actually paid for Tim Santamore and Nora Gibbons, another hardcore walkabout person who would give you whatever you'd ask for. I just talked to her. Nora called and wished me a happy birthday today. But just talked to Nora.

They were paid for by ACT UP to go. ACT UP couldn't find the time to even hear what had happened at the conference or anything like that. They had a report to make. Week after week it was on the agenda. "Oh, this week, we'll get to you." Never got to them. And I'm not sure it mattered. If that's what it was like, I'm not sure it mattered.

Tape IV  
00:00:00

DG: I think that there would have always been sort of the charity approach to AIDS, but it would have been far smaller and not nearly so useful as what actually happened, and it wasn't just ACT UP New York, it was a lot of radical AIDS activism happening all over. So that I don't want to deny the utility of what people like Elton John or Elizabeth Taylor were doing, but it kind of like shored that up and it put this sort of "or else" on it, and for people with AIDS it was incalculably important because people with AIDS, they knew what was needed. Up till that point the doctors really were claiming ownership of what was needed. The doctors in the hospitals and such funding as there was from the government was claiming ownership of defining what was needed and using homophobia as the protective barrier between them and the people with AIDS, and that was changed and it can't go back. They can't put it back in the box. They've tried, and the funding is being cut all over the place, and, indeed, the lives of people with AIDS are now completely in the hands of pharmaceutical companies, but the government will pay

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and pay and pay rather than the doctors saying, “Well, these are the worthy and these are the unworthy,” and stuff like that. And I believe that that is the great accomplishment of ACT UP. It was about, for a time, who was going to define what AIDS meant, and not in terms of what John Q. Public thinks. John Q. Public, the voting public in America, they are a bunch of assholes. But what it means in terms of what you can get, how you get what you need was radically changed by ACT UP. That is its greatest accomplishment.

What drives me crazy to this day, and I didn't see it coming, I was not any smarter or any better, there are two things. One is the lack of understanding about what I like to call the not-for-profit industrial complex, and a way in which not-for-profit organizations and community-based organizations perpetuate a patrician class system and allow the government, which is more interested in underwriting corporate America, allow the government to buy off entire communities with scraps and really shut things up with scraps, and that is what happened. And I don't think that's what happened in all cases, nor do I think – and this is the other part that ACT UP didn't get. ACT UP was always – there was always people in it, people of color in ACT UP, pointing it out, talking about it, and it did not ever change the fact that the power dynamic in ACT UP was a white power dynamic and that its legacy was ultimately a white legacy in many, many ways. I see that playing out because starting in 1990, I was involved largely in doing activism with people of color in communities of color, and I'm still having to continually educate myself about what that means, and I feel ACT UP is still somewhere around in my head and in my memory of how things played out, somewhere around 1992 when – and it's like they just didn't get it.

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I feel different people have different points of view, but I feel like ACT UP began to split up over those issues, that the people who broke off into TAG were openly contemptuous of the idea that other issues than what they said mattered mattered. They were like, "No, they don't matter, and we don't need to listen to you, and we'll start our own organization," and that kind of stuff. And the end result is a white person with AIDS' version of what matters is largely what was accomplished, not a person with AIDS who's in jail or a person with AIDS who's poor necessarily. And I know people are going to hate this and people are going to just hate it that I said these things, but that's where ACT UP fell apart. It was largely a bunch of white guys who were calling the shots, and the things that were accomplished were the things that white guys would envision and accomplish and don't necessarily reflect the scope of what was needed or what could have been accomplished.

Tape IV  
00:05:00

**SS: Okay. Thank you, Donald.**