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Interviewee: **Allan Clear**

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Interviewer: **Sarah Schulman**

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ACT UP Oral History Project
Interview of Allan Clear
March 1, 2015

SARAH SCHULMAN: So we start, you tell us your name, your age, today's date, and where we are.

ALLAN CLEAR: Okay. So my name is Allan Clear. My name's Allan Clear. I'm the Executive Director of the Harm Reduction Coalition. That's where my—that's where I go to next. I was born 2/22, 1960. We're at my house in Inwood in Upper Manhattan.

SS: And today's date is?

AC: Is first of March 2015.

SS: Right, exactly. And so I guess you were born in England?

AC: Yeah. Mm-hmm.

SS: Where were you born?

AC: Born in Portsmouth, which is a big city on the south coast, but then we moved to the west country of England when I was a teenager.

SS: And what is the west country?

AC: It's Cornwall, which is—so I moved from a very—Portsmouth is supposedly the most densely packed city in England just because it's an island. It's a real working-class city. And then we moved to the middle of nowhere from being in this condensed, dense city to miles from anywhere.

SS: How did that go?

AC: I guess it went as well as it could be expected. I had just reached the age where I was going to discos and going to concerts and then had to leave, and there was nothing there at the other end. But it was also a—it was the hippie place back in the

late sixties, so there was a lot of hippie residue down there. And we were also so rural that when the Sex Pistols toured and they were banned everywhere else, no one knew who the Sex Pistols were, so they weren't banned in Cornwall. So I got to see the Sex Pistols, and we actually saw lots of punk bands in 1977 or so.

SS: Now, were your parents part of the hippie thing?

AC: No. No, my mum and dad were, I mean, real—my dad did everything that was sort of manual, a mechanic, postal worker. He worked on the buses. He worked in factories. And my mum answered telephones in a bicycle store and then a gas station and weren't connected in any way to any kind of counterculture of any kind, not hippies, not anything.

SS: Were they politically oriented at all?

AC: Not at all. My mum wouldn't even tell me who they would vote for. Actually, I asked her about this recently when I was at home in England at Christmas, and I asked her who she voted for in, I think it was the 1963 election, and she was telling me about her next-door neighbor who asked her about it back then in the early sixties, and my mum said she wasn't going to vote, and my next-door neighbor said that she was a suffragette and she went to bat so that people like my mum could vote, and that my mum should go and vote. She said that was the first time she went and voted.

SS: Oh, wow.

AC: But I still don't know who she voted for.

SS: So where do you think you got your sense of community power or community accountability?

AC: I think it was really sort of coming out of literature and coming out of music and coming out of—you know, I can't even say we caught the tail end of the hippie era—we didn't—but coming out, for me it was like glam rock, which then turned into punk rock. So Britain in the mid-seventies was a wreck, really. You know, when we moved to Cornwall, my dad didn't work for years. He was unemployed for years. The jobs were—the economy tanked in England. So when you were hearing about the Pistols and The Clash and the rise of punk and all of that, it really resonated because, (a), it was a response against what was happening in England at that time. It was something I could identify with. It was also somewhat rebellious. It was after—I mean, I loved all the hippie-music-type things, but then I liked what the Pistols and The Clash and everyone was doing, and that became a sense of not so much identity, but something to have an investment in in terms of a counterculture, as in terms of its political resonance, because it was very political. It was about—

SS: What were the politics?

AC: It was generally left wing or anarchist, and for a sixteen-year-old, I mean, it made you think about those things. And English politics has always been a lot more polarized—well, I shouldn't say that, looking at what's happening in Washington nowadays. But you had two distinct parties to vote for, you had Conservatives and Labour, and you identified generally by class. For a lot of people, it was by class, although by the mid-seventies it was beginning to get mixed up, which is how Margaret Thatcher got elected. But it really was the roots of punk, and the most politically active punks were sort of left wing and anarchist.

SS: But did they have a concept of organizing campaigns or setting goals?

AC: No and yes. Not the ones I was particularly interested in, but then we had, like, the Right to Work campaign. We had Rock Against Racism. All of that was energized by the music at that time. That was sort of late seventies, early eighties. And so there were things that you—you would go to Rock Against Racism gigs quite frequently. I moved to London probably in 1979, I think, and that was the greatest time to be in London for music. It was just an amazing time.

SS: So were you involved with making music or were you listening to music?

AC: Both, sort of. I mean, I wasn't really—I have no talent as a musician, but all the—as I say, I moved to Cornwall. And if you remember the film *Trainspotting*—

SS: Mm-hmm.

AC: —in *Trainspotting*, all the Scots guys or the guys from wherever they were, Glasgow, moved to London at some point. Well, that's what everyone did. Anyone who wanted to get out of where they lived moved to London. So there were about eight of us all living in two apartments, one above the other, and most of them were all in one band, so we all hung around together. And in that time we talked about collective bands, and, you know, I could be a nonplaying member of this band. I don't know that I actually contributed anything whatsoever.

SS: So what were you doing?

AC: What was I doing? I was working in insurance. I had no exams, no qualifications. I left school just after eighteen. I had failed pretty much all my exams except for one English exam, and got a job working in an insurance company.

SS: How did that go?

AC: It was easy. It was incredibly easy. I spent most of my time going to see music and hanging out, and after about a year and a half of that, I decided I was going to move to Europe or travel, and that's what I did. I sort of went in and out of England from that point on. I went to France, worked in France, slept on the beach, did the grape-picking for a while and whatever was in season there. Came back to England. I'd work in Harrods wrapping toys, carrying carpets. I was a porter. And then I moved to a kibbutz in Israel.

SS: This is when you were in your late twenties?

AC: Oh, no. This is late teens.

SS: Oh, still?

AC: Yeah, yeah.

SS: Okay. Because you said you moved to London when you were, like, nineteen.

AC: Yeah. It was 1979. Moved to London. And so then I moved to Israel.

SS: Now, why did you go to Israel? Are you Jewish?

AC: No.

SS: Okay. This was, like, a non-Jewish thing that Europeans did, right, was go to Israel.

AC: The reason why is because it was hard to—like, I found it hard to just, like, sleep rough or move from one place to another in France or in Europe, so it was nice to have a base. So my intent was to go to Egypt, for some reason. So I thought I would go stay on a kibbutz for a few months and then I'd have somewhere to stay, and then move on to Egypt, but I never did that.

SS: So how long did you stay in the kibbutz?

AC: Just three months. And we left, and when we arrived in Greece, it would have been 1982, I guess, is that right? It was the Israeli invasion of Lebanon and—

00:10:00

SS: In Sabra and Shatila.

AC: That's right. And at that point I vowed I would never go back there until something changed. And I did go back in the early nineties during the Intifada, and it was actually during the first Gulf War, so I picked a good time to go.

SS: What were you doing there?

AC: Photographing. I photographed on the West Bank and in Gaza and photographed—what I did is go and photograph the local economy, with the unrealistic expectation if the Palestinians got to have Palestine, what would their local economy consist of and what would it look like, and there was certainly not very much of it.

SS: So when did the photographing start? When you came back from Greece?

AC: No. I mean, after that I moved to—the kibbutz I lived on, which completely by coincidence was a fairly left-wing kibbutz, and—

SS: What was it called?

AC: Metzger. And actually, it was interesting because I've sort of been around three global terrorist attacks. One was in Jerusalem when I was out there, and I was in the Dome of the Rock when it got attacked by a right-wing American Jew who was in the reserves.

SS: Baruch Goldstein.

AC: Was it?

SS: Yeah.

AC: He shot up the Dome of the Rock, and I was inside at the time. But the energy in Israel, even though it was 40 years old, still felt a lot fresher than what I was used to coming from England, and I thought what I would do next is go down to Nicaragua, and—what do they call the folks that went and joined the Sandinistas? There was name for them.

SS: There was like a brigade of some kind.

AC: Yeah. But you could go down and volunteer and you could teach and things like that. I guess we have baristas now.

SS: Baristas. Cuba was Venceremos, but I forget what Nicaragua was.

AC: Yeah. It was something like *voluntaristas* or something. So I left Israel with someone, and then I decided I was going to move with her to Colorado at the same time as I was going to go to Nicaragua. And when I arrived in Colorado—and this was in 1983—she said, “What are you doing here?”

And I said, “I’ve come to live with you.” So she was surprised, and then I never made it to Nicaragua either, and by June 1993, I’d moved to New York.

SS: Okay. And then the drama begins. Where did you live in New York?

AC: First place was 110th and Amsterdam. It was an old SDS building. A lot of SDS people lived in there.

SS: Were some of them future ACT UP-ers?

AC: I don't know. I can't—

SS: Like Mike Spiegel or any of those people?

AC: I don't know. I don't know. It was just the guy who owned my apartment or had my apartment or let my room told me about it. It was so full of cockroaches, and I thought that's what New York meant was just—I mean, you'd be sleeping, there'd be cockroaches crawling over you, and I thought that was just how people lived in New York.

SS: Well—

AC: Oh, it is. That's how I lived. You couldn't go in the kitchen because everything moved. As soon as you went in there, billions of cockroaches just ran away. I liked it, though. I liked that area. And then I moved down to 49th and Seventh right off of Times Square, which was—that was a great apartment, back when Time Square had character.

SS: Right. Before the redevelopment.

AC: Yeah. And I just remember you'd smoke a joint and you'd walk out and you'd go in Times Square, and it was just this amazing thing of walking down 42nd Street, and then you'd go the other way and you'd be on Sixth Avenue, and it was just deserted, and it was just this amazing sort of—all the skyscrapers, and it was dark except

for all the lights of the skyscrapers. It was just two different worlds, turn right one way and left down the other way. I loved that.

00:15:00 But when I moved back to New York, I started working in restaurants and was a busboy in a bar on 55th Street between Eighth and Broadway, and went from being a busboy to being a bartender. It was the eighties, so we sold so many drugs out of that bar. It was just a cocaine bar and an alcohol bar, but it was a known place for getting drugs.

SS: Why do you think New York went crazy for cocaine? I mean, what's your analysis of how that happened?

AC: I don't know, really. I mean, it was just the fashionable drug at that time for—

SS: So you don't believe in Iran-Contra.

AC: Oh, yeah, yeah, yeah. Well, that was crack as much as anything. No, absolutely the CIA certainly, whether or not they—I don't believe it was an actual conspiracy where the CIA shipped cocaine in, but they just allowed such an influx of cheap coke into the country that it was easy to turn that into crack, and then it started off the whole crack epidemic. Yeah, yeah. No, no, I think that's real.

SS: The transition from heroin and coke to crack is a really significant transition, and it affected everything in the city. So if you were involved in dealing cocaine and doing cocaine, and then you saw that transition, like, how did you experience it from one to the other?

AC: I experienced it—it was sort of all these—the bar I worked in, you would have eight or nine dealers in there at a time, all selling little packets of coke. And

then somewhere around '86, maybe, some of those guys began to wig out, and at first I didn't know what was going on, because they would come in and they would be completely different from how they were normally. And then they would disappear for long—they just would disappear, and my best friends just disappeared in a cloud of smoke, basically.

I remember a good friend of mine who was also a dealer, he lived out in Queens and he was Colombian—or he is Colombian, and even he wasn't sure what was going on. He said, "These kids are selling something called base." I guess that was the beginning of the crack epidemic.

But even I remember—I guess we'll get to this in a minute, but when I started doing needle exchange on the Lower East Side—well, actually all of New York, wasn't it—there'd always be these streets where the sidewalks were just littered with crack vials. It was like you were walking on broken glass just walking down the street, and it was extraordinary, really.

SS: That's a song, "Walking on Broken Glass." Isn't that a Blondie song?

AC: Is it?

SS: No, it's Annie Lennox.

AC: Yeah, I was going to say like the Eurythmics or something.

SS: Okay, so this is '89. So HIV starts in '81, and it's identified. We know that it preexisted that. So how did these two things meet when you were working in that bar?

AC: Yeah. And they did. And this is where—I mean, this is how I got involved in doing AIDS activism. Probably the first friend of mine that got AIDS and then died, he was a maître d' at Café des Artistes, a guy called Chuck Roberts. And he would come into the bar—I mean he would come in after his shifts, so he'd be coming by like maybe one or two o'clock in the morning, and he would sit in the bar until we closed, and that was a regular thing. And we used to hang out. He was probably the—as far as I know, he's the first person I know that died of AIDS.

But by '87 or so, I had quit drugs. I started going to AA, and most of the meetings—I switched from being a bartender to a waiter, and so I went from a drug bar to sort of more higher-end sort of restaurants, and very often I was the only straight waiter there. Sometimes there were a couple of straight waiters. And so I was going to AA meetings, occasionally NA meetings, but in New York it didn't really make any difference because everyone was there for drugs. And I'd be going to meetings in the West Village and I'd go to meetings in the East Village, and literally, literally, literally every other person that spoke would say something like, "I've been sober for ninety days and just diagnosed with AIDS." And it was every other person. I actually—I remember thinking, "I can't take this anymore. I can't take the pain of listening to this." I was just—I felt lucky, in a sense, that if it was like one out of every two, then I was a person who didn't have HIV. And just listening to those stories over and over again was what made me think I had to do something.

00:20:00

SS: Okay. I just want to go back a little bit. The period that you described of these, like, open-drug marketplaces, I mean, the police were absent. They were paid off or they were lax—

AC: They were in my bar.

SS: They were getting high or whatever.

AC: I would get drugs for them. Not a lot of them. But they were eventually banned from our bar because it was known as a drug bar.

SS: But I mean the police presence and the police control on people's daily lives was so different. This kind of open-drug dealing in the middle of Midtown, I mean, when do you perceive the police culture really changing?

AC: Well, I would probably guess under Giuliani, but the drug markets I was in was very different from the street-drug markets I worked in when I was doing needle exchange. I mean, even now you can walk around the corner from here and there are drug spots which are so open right now, and you think, why aren't these closed down? They're so open.

And the police work out their own compromises, and I don't think it's always about being paid off. It's just, like, if we know where the drug market is, then we don't need to worry about pushing it around. We know where it is. We know what's happening. We know who's using it. And they tolerate it. I think there's a tolerance for drug spots, certain drug spots and drug activities. It's just a matter of convenience for them.

SS: Okay. That's interesting.

AC: Yeah. But the bar I worked in, finally it was busted. It was raided. But that was long after I left.

SS: Okay. So now you're sober, you're going to meetings, you're working with a lot of gay men.

AC: Yeah.

SS: You're hearing a lot about HIV in the meetings and at work.

AC: Mm-hmm.

SS: When did you make the connection to start becoming an activist?

AC: Primarily it was when people at work began to—a guy called Tom Fatsi, he was the first person I worked with that started going to ACT UP meetings, and I'd be reading—there was *NYQ*. What was the other magazine?

SS: What was his last name?

AC: Fatsi, F-a-t-s-i.

SS: Is he still alive?

AC: Yeah, yeah.

SS: Oh, I don't know him. Okay.

AC: He's on Facebook with me. And there were two magazines. What were the magazines? There was *NYQ*.

SS: *OutWeek* and *QW*.

AC: *QW*? Wasn't there *NYQ* as well?

SS: There was an *NYQ* also, yeah.

AC: And I'd be reading about ACT UP at that point, and what really resonated with me with me, going back to the punk stuff, was like when people were outraged by what punks said or what punks did, when really it was only language and words and it was really about winding people up, and there'd be headlines in the newspapers and people theoretically kicked in their TVs because they were so outraged

by what someone said on television. And that's when I—it's like it made me laugh when I saw what ACT UP were doing in terms of aggravating people with the signs.

I probably have the sign wrong, but I'm pretty sure it was Walter Armstrong holding up a sign in Providence, I think it was. It was like "Legalize Butt-Fucking," and apparently it upset people. And I just thought that's so funny and that's so clever. And it just resonated that it was using media to get your message over, and that's what, you know, people like Malcolm McLaren and people like that were doing back in the seventies. That's what everyone—I mean, the good social movements use the media, and that was what was happening.

So Tom would go to meetings and he would tell me about them, and I didn't know how I actually fitted in, because it was a gay organization, and like, well, would I be welcome? Which, after going there, you're like, "Why did I even think that?" But at the time, it was like, "Wow. I don't know. Do you get vetted at the door or something?"

00:25:00 And so, I mean, I guess I heard about it for a few months, and then finally—actually, I went to Stop the Church. I went to Stop the Church, and that was—yeah, that's what got me to the first action. And just the brilliance, I mean just everyone in the East Village and West Village, everyone with a leather jacket with a little sticker on their back, just the amount of Stop the Church stuff, and you knew it was going to be this big event at St. Patrick's, and I went along. I took my camera, and that was the first ACT UP action I went to. So it was late '89, I think, right?

SS: Yeah.

AC: And there was also—I mean, I’ve been to demonstrations before, but there was a—like I had a realization in that—

SS: I think we’re going to take a little tea. Let’s just stop for a second. Good idea, James

JW: Dry throat.

ACT: Dry throat?

JW: What was the photographers’ collective that you were in?

AC: Impact Visuals. Actually, that came afterwards.

SS: Okay. So you went to Stop the Church and then you came to ACT UP, and they didn’t hate you for being straight.

AC: No, they didn’t. But at Stop the Church there was this tussle, as there often are at demonstrations, that people were trying to pull the barricade up, and the police were pulling it the other way and ACT UP was pulling this way, and I thought, “Let’s just jump the barricade.” So I did. I jumped the barricade, thinking everyone’s going to follow me, and they didn’t. I was just on the other side of the barricade and everyone was on the other side. I realized that demonstrations are actually just theatrical events, and no one was really interested in jumping over the barricade.

But, of course, there was lots of—you know, people were doing actions at that point, and everyone was in their affinity groups. So I sort of walked between the police barricades and I watched what was going on, took pictures. And then I went to my first meeting probably in early 1990, because I think the CDC action was probably January 1990, I think.

SS: Oh, you went to the CDC?

AC: Yeah. But I thought it was going to be like Stop the Church. I thought there was going to be five thousand people going to Atlanta, and there was like 100 or something. So I immediately went from not going to a meeting to being, like, one of the 100 people that went to Atlanta and got arrested at the CDC as well.

SS: It's amazing how easy it was to get involved in ACT UP, actually.

AC: Oh, it was just—I mean, you look back on it, and it was just such a fertile learning ground for everything. It was so—it felt egalitarian to someone like me, that you had all these people that seemed to know what they were talking about and talking about things I didn't really know what they were talking about it. But it was fascinating. You could get up and talk, and if you had something to say, you could get up and do it, and no one—well, generally people didn't shoot you down.

I remember we did the San Francisco AIDS Conference, and the Immigration—whatever we called ourselves, Immigration Working Group or whatever it was, we opposed the San Francisco conference, and I remember Paul O'Dwyer spoke in front of everyone and proposed boycotting it. And I was sitting next to or very close to Peter Staley, who shouted out, "That's the stupidest thing I've ever heard!" As I seconded the motion from the floor. So I guess people weren't beyond criticism. But you could get up there and pretty much if you had something that you wanted to say and it was relevant, then there was this—yeah.

SS: So how did you make contact with the other ex-addicts in the group?

AC: Actually, I got up—if I remember correctly, I got up and started a caucus, I think. I think.

SS: What was it called?

00:30:00

AC: It was called the Addicts Rights Caucus, and it probably lasted a few months, I guess. It was Maya Salovitz, Ed O'Shaughnessy, Jane Auerbach. I can't remember who else. We met in Sylvia Heisel's factory. She's a fashion designer or she was. We met in her factory. And then one week Dana Beal showed up with a whole bunch of people. Trying to get us to— probably a take on ibogaine, I'm guessing, and that sort of basically ended it. I was like, "Oh, no. I'm not going to have more meetings with Dana Beal's showing up." And now where I work now, Dana Beal shows up probably three or four times a week.

SS: Is he still on ibogaine?

AC: Yeah, yeah, that's his big thing. We actually—I shouldn't say much to my poor judgment, but much to my poor judgment, I channel money—he channels money through our organization to help—there's an activist who's in—he's on his way now to Kabul to set up an ibogaine clinic in Afghanistan, although depending on which day of the week it is, he's either going to Kabul or he's going to Nepal. And I see Dana maybe three or four times a week.

SS: Oh, wow.

AC: Yeah.

SS: We all use the word "harm reduction" really easily, but what was the origin of harm reduction ideology, or who coined the phrase?

AC: It's European originally, but it's interesting, because at work, because I worked for the Harm Reduction Coalition, and at one point we had a staff meeting where full staff came, and we actually had to talk about when we first heard the words

“harm reduction,” and those of us that had been there the longest and are probably the oldest couldn’t remember when we first the words “harm reduction.” And the only reason I know that we were using it back then and that it was used was because I had a picture of a sign where someone was saying “Harm Reduction Saves Lives,” or something like that, but I can’t remember when I first became aware when it became a term that we use all the time, because it was needle exchange and then it was harm reduction.

SS: Harm reduction is a very deep, emotionally advanced concept that can be applied to every element of life because it’s against perfectionism and it recognizes that people are complex and have contradictions. There’s something incredibly humanizing about “harm reduction.”

AC: Yeah, and it’s compassionate, it’s realistic, it’s humane. It’s a brilliant concept. And the origins of it, they go back to England in the mid-eighties. I tend to think there’s like two phases of harm reduction. One, before it was called “harm reduction” and then when it became “harm reduction.” “Harm reduction” really emerged out of HIV. But in Rotterdam in the early eighties, drug users from the Junkie Bonds — actually, there was an outbreak of Hepatitis B in Rotterdam, and drug users there requested that they give them syringes, and I think they got them from the police station, if I remember correctly. So that was really the first syringe exchange as we sort of think about it.

And then it was Margaret Thatcher’s England, and even though the Thatcher government sort of gets recognition for it, but there were all these whatever they call nonprofits over there, like charity organizations that were asking for this. But she

saw it as an economic thing and felt it was much—there's actually a famous document that's—it's a government document that says it's much, much more important to stop the spread of HIV than it is to address drug abuse, something like that, and that's where it starts to get canonized, I guess, in terms of this is the harm-reduction approach.

Liverpool is given the credit of being the cradle of harm reduction because they had syringe exchange, they had heroin prescribing, which they still do in England, but they had doctors who have really taken on and saying people should be given the drug of their choice if they're going to use drugs. You had parents giving out syringes. You had outreach components. Even things like outreach weren't that well known and weren't common. So Merseyside, it got named the Mersey Model. And Holland was the other place where it emerged. Do you want to ask a question?

SS: Yeah. Go ahead, though.

00:35:00 AC: So in this country, even though there's a whole lot of political wrangling that took place around syringe exchange, it was as early as 1985 it was being discussed at the health department here, and it was actually the Commissioner of Health before Stephen Joseph that started talking about it, but it's Stephen Joseph that tried to implement it in the late eighties in New York City.

SS: Margaret Hamburg?

AC: She was the early nineties. She got David Dinkins to authorize—or get out of the way.

SS: So I want to go back a little bit. It's interesting because ACT UP was similar in a way to a twelve-step meeting in that you have people from all different kinds of backgrounds, and their backgrounds are irrelevant, and that

they're there for a common purpose, and the fact of difference is built in. So there you are with all the people you just described who are very different from each other and from you. What was the cultural push inside ACT UP? Were people in ACT UP open to this?

AC: Open to syringe exchange and harm reduction?

SS: Yeah. Were they prejudiced about it?

AC: Was anyone in ACT UP ever prejudiced against anything? Yes, they were, I guess, but, no, no one ever—not as far as I know. If they were, it was like water off a duck's back. I mean, so much of ACT UP was about the work you did with certain people.

I believe it was Richard Elovich that came to the floor of ACT UP and talked about doing syringe exchange, and he was probably—I can't remember who, but he was probably there with Dan Williams, maybe, and there was one or two people, and they met in the back room down at the Center, and Richard started saying we were going to do syringe exchange in New York City, and I went to that meeting. And I realized at some point, because I did contemplate how do I fit in within ACT UP, what do I do, what is my purpose of being here, apart from the fact there are things you can do about HIV, and I'm not going to sit back and not do something because I couldn't live with myself if I did that, but what was it that I was going to do? And it became apparent pretty quickly that I wanted to do something around people who use drugs because that's where I came from. I wasn't a drug injector, but I used drugs in my teens onwards, and that's why I wanted to give back and that's what I wanted to do.

Actually, it was Richard. It was probably actually Richard Elovich who I think I—now I don't know which order this came in and I don't know that he remembers either. I saw him speak at a twelve-step meeting and he talked about being in ACT UP, and giving – man I might, “Yeah, that's it.” That's the information I needed for me to be able to recognize where I was.

So Richard had this meeting, and everyone gave him their phone numbers or whatever and they were supposed to call me, call everyone, and I never got a phone call.

But there were also issues around green-card holders in ACT UP too. So when we got arrested at the CDC, it's myself and Illith Rosenblum, who also had a green card. We were told not to get arrested on federal property. I didn't plan on getting arrested. I got arrested for just pushing my luck, really. Tracy Morgan was being arrested, and I took her picture, and I was so in the face of cops, they said, “He's one of them. Take him too.”

But then it was issues around crimes of moral turpitude. I could be actually deported for crimes of moral turpitude, and if they wanted to interpret the law of giving out syringes, encouraging people to shoot drugs, that could be classed as a crime of moral turpitude, theoretically. So I wasn't willing to do syringe exchange when folks first went out, but when no one really got arrested or harassed, I started doing syringe exchange in the fall of 1990, I guess.

SS: Now, what was the big plan at the time? Were you already looking to do a test case or were you actually doing service provisions?

00:40:00 AC: There was – I don't know if people—I don't know if we thought of it as service provision. I mean, that was interesting for me in terms of the way I did things. I had no connection to social services at all in my whole life. I was here illegally for years, and I certainly wasn't going to use a social services here. I never got sick. I never had a need for anything. So the concept of what social service was was alien to me, and I also came from a country, of course, where you had national healthcare, so issues around accessing a doctor or something, I couldn't understand how it worked in this country. I still don't understand how it works in this country, and I'm still appalled by this country. It's horrible. So it may be that people thought they were doing social services. I never thought of it as social services. I thought of it as activism when we started doing syringe exchange.

SS: So how do you decide where to begin?

AC: It was already set up by the time I started doing it, really. I mean, Richard was—it was Richard and Rod Sorge, and the early gang of folks that were doing it. Jon Parker from AIDS Brigade was already coming into New York City and doing syringe exchange, so Jon Parker would drive down on a weekend, usually. So he would start in Boston, do needles in Boston, down to New Haven, down to the South Bronx, down to East Harlem, down to Lower East Side, down to Williamsburg, and I don't know if he went beyond Williamsburg. And the folks that went with him or joined up with him, like Richard, would meet him in the Bronx and then they would travel around with Jon and see how he was doing it.

So then there was a Needle Exchange Caucus, I guess, and we used to – people used to meet to make bleach kits, and it became like a global—not global shift.

What is that thing like Pangaea? Where is it when—global drift. Is that right?

Continental drift. Continental drift, right? So you had people doing the Bronx, and then suddenly one drifted off into Lower East Side, Bronx/Harlem, Brooklyn.

SS: Where did you get the needles?

AC: From a doctor on the West Coast, I believe. They used to go to Gay Wachmann. Gay was the person who received all the needles. So they would be shipped to Dr. Gay Wachmann. Actually, I guess it wouldn't be a doctor who was shipping them. It would be like Medical Services or whatever. So she would just have them, which is illegal. You cannot move syringes across states.

SS: You never got in trouble for that part of it.

AC: No. The only bust, really, in New York was the one on Essex and Delancey.

SS: We'll get to that in a minute. So can you just explain for the viewers or readers or whomever for the future what a typical needle exchange event would look like? So you would make your bleach kits.

AC: People would make bleach kits on a Friday night, normally, and Saturday they would—on Lower East Side you'd go down to Attorney and Rivington, and there were chess tables there, and people would have these bags with bleach kits in, and the bleach kit consisted of a plastic bottle of bleach, plastic bottle of water, a cooker, cotton, condoms, instructions on how to bleach a set of works. And people would come along and they could exchange up to—if they gave them ten syringes, they'd get two back—I mean—I'm sorry. If they gave them ten syringes, they'd get twelve back, so

they got a bonus of two, which in terms of actual public health or even HIV prevention is pretty useless, but it was what we had. We didn't have enough syringes, I don't think.

In actual fact, there were so many people—what I did fairly quickly is on Saturdays there were so many, so many people doing syringe exchange, I thought it was silly. You'd go down to Attorney and there'd be like—seemed like twenty people there all in black leather jackets and black boots and tight black pants, and they would be gathered around as one person came up to get their syringes. And I said, "I can't do this."

00:45:00 So I started doing the exchange on Wednesdays, and I started doing exchange—I did a mobile exchange with—and I decided the way to do it was to keep it really small, and there was never more than about four of us doing it, and we would do it—one of the drug users from Lower East Side took around. She was called A.B., and she probably still is called A.B. And she showed us where we should go, and—who was there first? I think it was Juan Mendez, actually. Myself, Juan Mendez. The core at some point became myself, Donna Binder, Debbie Gavito. Juan was there, I think. And we would make our own bleach kits, we would get our own syringes, and we would do our own walkabout on a Wednesday lunch.

SS: So how did the addicts respond to you guys?

AC: It was mostly with—

SS: In Lower East Side, are most people Latino or who were you serving?

AC: It was a mix. If you remember Tompkins Square Park in those days and the abandoned lots, you had shantytowns in there. So there were shanty towns under

the Manhattan Bridge, there were shanty towns where Housing Works is now on, like, Avenue C between—8th Street between C and D was just an open lot, and people built houses on there, and Tompkins Square Park, people built shelters. They'd sleep on the benches and build shelters over them. And then within those encampments were you'd have the drug injectors in one place, and you'd have other people, like maybe people who drank more in another place, and so we would know which places to go to. And mostly, I mean, we built relationships with people, and we'd walk around and we'd say, "Free works. Syringes, syringes. Free works. Needles, needles."

And people would say, "Wait up."

And then we'd say, "This is what we got."

SS: Were they concerned about HIV?

AC: Mostly, yeah. I mean, people had AIDS. People were dying. It wasn't sort of a stranger. I remember one guy—this is the only time I remember a negative reaction when someone just—we were outside his tent or this thing. He told us to fuck off, because we were the people who'd started it to begin with.

But, yeah, people were pretty grateful. And what happens—and this is one of the things about syringe exchange I don't think is—I still explain it in the work I do. People, when they hear—"syringe exchange" is shorthand, because when you hear "syringe exchange," you think it's me giving you a syringe and you can get one back. It's just one piece of it, because as soon as you do that, the first or second person you ever give it to is going to ask you for something else. They're going to say, "You see this here? What's this?"

And then you go, “I don’t know. I should find a doctor, and we’ll get you a doctor and find out what this is.” So immediately you start getting into things like referrals and healthcare and housing and food and care. really.

SS: But where can you refer people?

AC: Back then? Well, this is what the—I mean, none of this was—but there was an organizing model to it, really. It was classic community organizing, ultimately, that was going on, whether I knew it or anyone else knew it at the time. When you look at someone like Saul Alinsky and you go, “Oh, we did that.”

Because I did it on Wednesday, it meant that social service providers were actually open and working, and, like I say, I think it was Juan Mendez—what happened once is we’re in Tompkins Square Park this guy comes running along, he jumps over the fence, asks for a needle, and, if remember correctly, he was Polish, and he said, “So I inject the bleach, right?”

And I’m like, “No, no, you don’t inject the bleach.” And we weren’t going to find a Polish person to go in with us, but I thought that so many people we see are Latinos, I’m not going to do this without a Spanish speaker. We had to have Spanish speakers. David Cabrero was actually one of the other stalwarts of this Wednesdays.

Actually, we used to—I should go back to this is a minute. But we used to use Tony Feher’s basement on Ludlow Street. That was like the center for ACT UP needle exchange for the supplies and everything. But I think it was when Juan—Juan worked for Lower East Side Family Union, if I remember, which was a social service agency, and he said, “I’m going to introduce you to this woman from the health department.” And that was Raquel Algarin who then worked at Lower East Side Harm

00:50:00 Reduction Center, Lower East Side Needle Exchange for many, many years. But she started—actually, this will show you the attitude. We used to meet in a restaurant called the Daffodil on 7th Street, just off of Avenue A or B—A, I think—and we’d have breakfast there. And the health department decided they wanted to visit, and they were going to come out with us. There was Chuck Eaton, who used to run the city program that had closed in 1980—started in 1988 and closed in 1990, and he came with Chris Schalk, both from the health—well, they came dressed in suits. And I’m like, “What are you guys doing?”

He said, “Well, we’re not actually allowed to go out with you. We can talk to you, but we can’t go out with you.” And Chuck—this was really bitter as well, because Chuck loved the work he did running the needle exchange for the city. No matter how compromised that program was, Chuck was just the guy who really had the passion for doing this. He did what he could, given the circumstances and the politics at the time. But they weren’t allowed to go with us. When Raquel who worked—she worked for the Department of Health—she was told she had to walk one block behind us to do referrals, which, of course, she never did, because that’s absurd.

SS: But also, honestly, there was nothing to refer people to.

AC: Well, there were. You had NENA, which wasn’t Ryan-NENA. It was NENA Health Center at that time. It was on 3rd Street. You had Lower East Side Family Union.

SS: But, I mean, Latino people living in East Village already knew that those places existed.

AC: Yeah, but if you're a drug user and you're a homeless person, accessing those places wasn't always the easiest.

SS: So you could get people appointments?

AC: We could try. I mean, that's part of what we did, and I was very naive as well at that time, too, because part of my motivation then, I was trying to get people into recovery as well. That was sort of my orientation at that point, and I gave up on that really quickly because it was stupid.

SS: Let me ask you – this is a tough question. But some of the people you mentioned died using drugs, like—

AC: Like Rod.

SS: Rod Sorge and Juan Mendez also. So how did you deal with people from ACT UP who were using while you were doing this?

AC: Never really considered it, really.

SS: You guys didn't talk about it? You never tried to twelve-step Rod?

AC: Oh, no, no. Why would I? That's the absurdity of it all. No. Certainly the street folks that we were working with weren't strangers to treatment. They weren't strangers to most things. So I wasn't really introducing them to very much, and what would happen is I would walk people to a meeting or something like that, and I'd turn around and they'd be gone. But then at the same time, people I wasn't talking to would be at that same meeting. So it's like it's nothing to do with me. It's nothing to do with me. All I am –

And the interesting thing I found was, you know, as this got sort of more institutionalized over time, you theoretically were supposed to be talking to people about HIV. I never talked to people about HIV. I never talked to people about anything that I was supposed to talk to people about. I talked to them about the Knicks. I talked to them about the weather. I talked to them about politics. I became that same bartender that I was when I was in the bar, and that was my role. I was a facilitator in some ways, and people would talk to me and they'd say, "Where can I get – "

And, "You should talk to this person here and then talk to this person here."

And what people really wanted as much as anything is—and this is what harm reduction's all about as well. It's not solely about providing help or social services. It's about treating people like people. And one of the things after we opened up the Lower East Side Needle Exchange and moved inside, it was a Community Center. It wasn't—well, it was social services, but it was a community center. It was a place where people who spent a lot of time on the street doing whatever they did to get drugs, were using drugs, where this was a neutral territory where they didn't have to do any of that stuff. They could come in, they could chat, have a cup of coffee, watch a film. It was a breathing space, a safe space, something away from the streets, something where they didn't have to hide who they were. They didn't have to hide their track marks. They didn't have to hide the fact that they had AIDS. No one knew what Hep C was then. It was non-A, non-B. No one talked about that. They'd be away from violence. It was an amazing place once we got going.

00:55:00

SS: So before we get into the test case, I just want to ask you—this is a stupid question, but you’ve been in this business for a long time. Given everything that everyone knows, what makes somebody use a needle for the first time?

AC: I think it really varies, I think. Some people—there are so many different reasons. Some because it’s there, because they want to, really, I think. For some people it’s economics. For some people it’s like—and you hear that a lot nowadays as people transition from using expensive pills to street heroin—it’s just cheaper. And the same as if you snorted heroin and you develop a habit, you’re actually going to get more for your money if you inject it. There’s also a different kind of rush if you inject drugs. When I started, I was interested in drugs way before I ever used drugs. It was always a—

SS: Right. I think I’m asking it the wrong way. I had a friend in ACT UP who had a really bad crystal meth problem, and I ran into him and I was like, “What’s been happening to you? You look—.” He looked very unwell.

And he said, “I’ve been shooting drugs for two years.”

And I said, “Why?”

And he said, “Because I was arrogant.” What is the thing that makes people think that it’s not going to change their lives?

AC: Yeah, I know, I know, I know, I know, I know, I know. It’s like people think you can outthink a substance or you can outthink a chemical, and you can’t. You can’t have a dialogue with a chemical. Some people—well, they won’t have this dialogue, but some people have a different relationship to drugs than others. I don’t think

it's very simple. I don't think drug use, I don't think drug addiction, I don't think any of those things are really, really straightforward.

Nora Volkow, who is head of NIDA, who does all this brain imaging, and the whole story that addiction is a disease, it might be for some people. I don't think it is for everyone else. I mean, there's genetics that are involved, and so some people use drugs and don't necessarily develop a habit, and then other people, it's just the best thing they've ever done and then slowly or quickly develop a habit. I don't think you can predict it and I don't think there's clear pathways. I mean, there are certain indicators as to why you're going to get strung out or get into problematic drug use. There are indicators, but most people don't. Most people who use drugs will just stop using or never get into a serious, bad relationship with drugs. They just don't. And that's what makes it all silly that this is totally a brain disease kind of thing because it doesn't affect—well, maybe that—it just doesn't affect people all in the same way.

But there is that arrogance. We see it in harm reduction. I find it's one of the most disturbing aspects of working in harm reduction, where you get people who think because you are working in harm reduction, because you know something about drugs, that you can actually do something safely. And it's a risky behavior. I mean, it's a life-and-death behavior for people, and you think you can work out what you're going to do and you're going to be safe. Harm reduction is not safe use; it's harm reduction.

There is a harm involved in drugs, and I think that's the difference, actually, between drug policy and harm reduction. Drug policy tends to be that most of what happens to people that—I mean, the serious, biggest, probably the biggest harm now maybe that we have AIDS medications, is the prison system, the fact that so many

people and lives and communities and families are being destroyed by the prison system. That is policy. That mass incarceration arrest, that's drug policy. And people would be incredibly—I mean, we need to change that policy. But drugs in and of themselves cause problems for people, and if they were really that simple, we wouldn't have people with the problems that they get, that they fall into.

SS: So how did the idea evolve to do this test case?

01:00:00

AC: I don't know. That would have been—I don't know, to be honest, because I don't remember if this—I don't think this was the first test case in the country. I don't think it was. And it didn't work. And I guess you'd have to look at the interview with Richard Elovich to see what he says.

But it was—yeah, I don't know. I mean, the idea was that if the judge decided that it was more important to break the law than to uphold the law, then you'd have a precedent, and if you had that precedent, then you could build upon that precedent to institutionalize syringe exchange or make it much easier to authorize it, legalize it, fund it. And the judge didn't do that in the end. They just acquitted the defendants. It wasn't precedent. But it was in other parts of the country like Oakland was a place it was.

SS: I didn't realize that. So it didn't change anything.

AC: No. But it did. It didn't but it did.

SS: Now, you were not a defendant, right?

AC: I wasn't a defendant.

SS: Because you weren't a citizen.

AC: No. I took some great pictures that day, though. It was down on Essex and Delancey, which wasn't a place where we did syringe exchange. It was completely a fabricated event, and that's just another one of those brilliant things that ACT UP did. We'd been doing syringe exchange. Syringe exchange had been going on, has taken place in different parts of the city, but you just arrange this arrest. Rod was arrested in Jersey City with people. We went down to Wilmington, Delaware, and got arrested down there too.

SS: With Zoe Leonard and Gail –

AC: Yeah, yeah, that's right. One of my favorite pictures is of Zoe Leonard being arrested down there. There were three members of the AIDS Brigade on the—we rented, like, a van, and then the rest of us were from ACT UP. So Gay Wachmann was there; Illith Rosenblum was there; Rod was there; Zoe was there; Jean-Claude, I think he was called. But anyway, they get arrested and we went back to our van. We were doing their support for them to be there when they came out and see them through the system, and our van had been surrounded and impounded by the police, and Jon Parker, being Jon Parker, decided—he brought this veterinary syringes with him, like things you inject horses with, whatever you inject horses with, and there were these massive syringes. And I looked at them and said, “We're not going to be arrested for these. No, we can't give out these syringes. We'll leave them in the van.” So we left then in the van. So when the police surrounded the van, we weren't going to give them entry into the van because then the van would be taken away because it had syringes in it because of Jon Parker.

So instead of being down in the precinct or whatever we were supposed to do for them, we spent the whole day trying to get our van back, negotiating with the cops. We refused to let them into the van. They refused to give it back. Eventually they gave it back, minus the syringes. So we didn't give them permission to go in, they went in, took them, and gave us back our van. But that was also a case where I think everyone pleaded nolo contendere because no one wanted to actually go back to Wilmington to do this case.

SS: So basically these test cases did not make good law; they made media events.

AC: They changed the law in places like Oakland. They may have done something up in Boston, maybe, I'm not sure, because they must have started somewhere. But it made good media, yeah, and it gave a platform to argue. And if you look at the people that testified at the trial, so there'd be like Velmanette Montgomery was there, and I would say Dick Gottfried, don't know. You'd have people like Ron Johnson as well, and Yolanda Serrano. So you'd have these people who would begin to amass evidence or, like, testimonies, and it was sort of an organizing tool as well, in a sense, because you had to go—I wasn't involved in the trial that much. I mean, 01:05:00 obviously, I knew about it and I was there for the demonstrations. I was there outside. But it became an organizing tool because you had to gather up all these people who were going to talk in defense of the defendants and in defense of needle exchange and were talking about HIV and were talking about AIDS, and so that made a difference.

Also we didn't talk about the health department's program, but it was such a controversial program, especially within the African American community, that there

were restrictions put on where you could place a syringe exchange program, and it couldn't be within a thousand feet of a school, and it seemed like the only place you could do that was down at the Department of Health, which was on Worth Street, and that was not a good neighborhood for — I mean, Wall Street's a drug-user neighborhood, but Worth Street was probably not a great drug-user neighborhood, and people had to be trucked down there, and they had to agree to go into drug treatment or they had to be on a drug treatment waiting list. They had to have ID to get into the building and everything like that. And I think they saw something like 345 people in eighteen months. And when we would do an exchange on Lower East Side, you'd see that many people in a couple of hours.

So it was a very compromised program, but it was the pilot in the city. So when we started doing syringe exchange, it was very, very important it was community-based, it was in communities where drug users use drugs. So there'd been this conversation going on for six or seven years already in the city about syringe exchange. It was very, very polarized. And to an extent, we look back on it and like, yeah, I understand where communities that were hard hit by drug use would be objecting to syringes being given out.

SS: Right.

AC: And still to this day, you know, you'd hear these arguments about, "Well, we don't need to have our people facilitated in their drug use. We want drug treatment," and you'll hear that from the right and the conservatives still, and still no one has come up with a system of funding drug treatment or drug treatment on demand. It was all hollow talk. I think healthcare reform actually does provide better access now to

treatment than probably ever before. But it was such a sham to say, “We want drug treatment before you can do syringe exchange,” when no one, no one went out and tried to get drug treatment.

SS: I just want to ask a little bit about the experience of being in ACT UP. So here you are spending all your time—

AC: It was all of the time too.

SS: —with all these queer people and HIV-positive people and everything. I mean, it sounds like it took over your life.

AC: Oh, it did, didn't it? Because in that period when you're there—I mean, what was it? I don't know. Three or four or five years, it was every Monday, and then you had committee meetings and then you had making bleach kits. Then you'd do syringe exchange and then you'd go to an action. It was a full-time job, but it wasn't. But it was a lot of times, nearly every night or every day, and I was working as a waiter as well until I got fired. Actually, I was on *Charlie Rose*.

SS: Why was that?

AC: I was on *Charlie Rose* when we legalized needle exchange in the city, and there I was waiting on tables in Claire, which was on Seventh Avenue, and they had the television on. So I'm waiting tables in the back, and there I was on *Charlie Rose* at the same time.

SS: But that's so interesting, because that's what it is when you're an effective political movement, like anybody can make change, you know, including your waiter, yeah.

AC: Yeah. Oh, absolutely. I mean, that was the brilliance of ACT UP. It really was.

SS: So were you ever involved in a care group in ACT UP?

AC: A care group?

SS: Like did you ever have a friend or someone you worked with who got sick and—

AC: Did I take care—you mean like a formal care group?

SS: Did you have friends in ACT UP who got sick and died while you working there?

AC: Yeah, yeah, yeah, yeah, yeah, my best friends.

SS: Is there anyone in particular that you—

AC: David Montgomery. When we talk about Tom Fatsi, it was me and David and Tom. The restaurant we were working in at that time was Carolina on Restaurant Row, and out of all of us, it was me and David and Tom that used to go to ACT UP. And David died in the middle of—I mean, I don't know when it was, '92, '93. But, I mean, everyone died. That's a stupid thing to say, but it just seems like that. I mean, if I say that, it's because that's what it felt like. Of course, not everyone died because we're all here.

But, yeah, I mean, I've had that experience that everyone's had of going to the hospital and you wait a day because you didn't want to go, and you go and the bed is empty. Yeah. Or you see someone's name on a wall, and, "When did they die?" Yeah. I mean, but there's sort of—I mean, what do you mean by that? Do you mean did I actually go and bathe him and stuff? I was with him all the time.

SS: No. I mean, like were you witnessing people's care? Were you talking to people about the fact that they were dying?

AC: No, I don't think so. I thought about that too. But even with David, I don't know that we all sat around and talked about his fears or my fears. We talked about his record collection, and he wanted me to take his record collection. I mean, he talked to me about—

SS: Is that it right there?

AC: No, I didn't take it because he wasn't going to die. And he had a great Beach Boys collection. But he said, "Please take my records. I'm going to die."

And I said, "No, I won't. Not now." And then he died and his records went somewhere else.

SS: Was there anything else that you worked on in ACT UP that you want to talk about?

AC: Immigration. I mean, immigration was the first thing because of the HIV travel ban. I can't even remember how I got involved in that, but—

SS: That's how you worked with Paul O'Dwyer.

AC: Yeah. So we worked on that. There was an immigration working group as well, which I'm not sure—I know in ACT UP the initial name was like Aliens from Mars or something. I can't remember what it was. And initially that included Latinos in there, so, like, Cesar Carrasco and Cándido Negrón and folks, they split off to form the Latino Caucus and left us.

We did a number of actions, but there was also a working group that involved immigration lawyers from outside of ACT UP that worked on different issues.

So, yeah, and that's why we opposed the conference in San Francisco. Also there was the Florence AIDS Conference. I was at the Florence AIDS Conference, and there was a big issue about being—Boston was going to be the next year, next conference, and we protested throughout the Florence Conference. And I'm spacing on his name—there were two—I want to say Fernando, maybe. Tomás. Tomás. There was two guys from San Francisco ACT UP—maybe it was Tomás Fabregas.

JH: Yeah.

AC: It was? All right. Jeff [Brooks] was his boyfriend, and Tomas was—we organized—we ended up doing a march from the conference site to the U.S. mission, I guess, in Florence. So there was me and, I guess, Tomás and Jeffrey, I guess, I don't know, and someone else. We all went into the mission and talked to the U.S. officials in there, protesting the HIV travel ban. Yeah, we did that, I guess.

SS: It's such an absurd thing, a country with so many HIV-positive people, to have an HIV travel ban. It's like the moral turpitude thing.

AC: Yeah. Well, I find myself in the same position now. I protested at the AIDS conference in Washington because—so the HIV travel ban gets lifted, but all the—

SS: Sex workers.

AC: Yeah, sex workers, drug users, and you can add trans folks in there, too, because they're often drug users and sex workers too. They can't—they couldn't—it was a double bind. If you actually declared that you had used drugs or you were a sex worker, you would be denied a visa. If you didn't put on your visa and they found out, then you'd be denied entry in the future. So, I mean, it's such an anachronistic law. It

01:15:00 doesn't need to exist. So we disrupted the AIDS conference in Washington because of this.

SS: They must have loved you. What kind of reaction did you get?

AC: Well, check this out, Andy Velez. So Andy is now the liaison to the activist community. You know, I guess the AIDS conference—I didn't go to the Japan conference because—it's a fact. It's in Japan, you can't travel to Japan, it's too far away. So I was in Berlin, Amsterdam, and Florence, and it sort of meant something to disrupt those conferences and to destroy the exhibit hall. And now when you go to an AIDS conference, it's controlled. I can't get into that, the notion that you're actually going to go on stage, you're allowed to go on stage for five minutes, and you jump up and down, and then you're supposed to leave the stage. What is that?

Anyway, yeah, we disrupted the opening press conference in Washington. Oh, that's right. So it was disrupted once and then they all left, and then I got up and disrupted, and then Andy Velez comes and sits down in front of me, and he leans back, he puts his hand on my knee, says, "You okay, Allan?"

And I says, "Yes, thank you, Andy."

He says, "Are you going to do this again?"

I said, "I don't know, Andy. I don't know what I'm going to do next."

He said, "Because if you do it again, you'll be thrown out."

SS: Wow.

AC: Yeah. So, the next one, I guess the AIDS conference after this one, whatever the next one is, it was nearly in San Francisco again. We met with the IAS back in October or November, October, just to protest again that you can—what have you

done since the last conference in Washington to assure that drug users and sex workers and trans folks and key populations can actually be involved in the conference? Now it's going to go to Amsterdam. But it's just pathetic that we're dealing with the same kind of issue twenty years later.

SS: Are you going to go? When is it?

AC: In Amsterdam? It's in a couple years. After the Washington one, I feel like I don't want to ever go to an AIDS conference again. It doesn't mean I won't. I mean, I was involved in—yeah, I felt if I was going to do—I was much more involved in the Washington conference than any other AIDS conference. I put myself forward to be on the Community Planning Committee for that, so I was one of the U.S. reps on that and advocated for a drug user to be one of the keynote speakers at the conference.

And I don't know if you know this, but there was a shadow, Friends of AIDS 2012, I think it was called. So it was all the politicians behind the scenes that were assuring that this was not going to go wrong. And what we heard back was that, because at one point they were hoping to have President Obama there, “There's no way that President Obama's going to go on the same stage as a drug user.” It's a disgrace. And what they did is they had—it was great plenary, but they had the sex worker and the drug user and the man who has sex with men all on one plenary. But it's just—

SS: Let's just step back for—I mean, early on, the rumor was that someone high up on Obama's cabinet had a brother who had died of AIDS, and that that's why the travel ban got lifted, and then I guess that person was gone and then the priority slipped.

AC: I met with—I'm spacing on his name. He's at amfAR now, and he's a super guy. But now I probably shouldn't say that, but—well, I mean, people who work in AIDS, we would—I remember my conversation with—and I am spacing on his name, but it was about the fact that drug users were—he was at CDC at that time, I think. I said the drug users were going to be restricted coming to the conference. He said, "Well, it's in Vienna. There don't seem to be too many there."

01:20:00 At a meeting of AIDS advocates in Washington, someone said, "Well, how many people does this affect, anyway?" If it affects one person, then that's too many. And it did affect people. I mean, it's actually real.

SS: But also it's more than the numbers of people that you're excluding. It means that you don't understand the problem and you can't approach the problem intelligently.

AC: Yeah, yeah. And to me, going back to the larger issue is that ACT UP was so much more than just HIV and AIDS. It magnified social injustice. And when it came to the trajectory of what I took on afterwards or the trajectory of my life since then, the people we worked with were so hurt by the War on Drugs and so caught by the system and so caught by being criminalized for being poor, for being black, for being Latino. I think harm reduction is as much about social justice as it is about public health, and the two go together hand-in-hand, because you can't fight one without addressing the other.

Of course, that was the split in ACT UP as well, when T&D went off and you had the Women's Caucus, Latino Caucus, the needle exchange people, and housing people sort of—and, of course, there was overlap. And I understand why it went that

way, but there was a social justice piece that I thought was incredibly important. I mean, it's such a great crucible for learning all of that stuff, too, not just learning social justice, but learning how to address it and think about it and what we do about it.

SS: I only have one more question. Is there anything that—go ahead.

Jim or James?

JW: When they legally—maybe I'm wrong in phrasing it this way.

When they legally decriminalized syringe possession, what is the ramification of that in ACT UP?

AC: For what?

JW: Over-the-counter purchases.

AC: Oh, yeah, yeah, yeah. So maybe I'll just give it a quick timeline because in—what we should say, actually, is if there's been—as far as I'm concerned, there's been two major successes in AIDS in the United States. One is mother-to-child transmission and the other is amongst drug injectors. And you look at what we've done in New York City as—programs never did anything. I can offer you a syringe. You don't have to take it. Drug users actually did it for themselves. They came in. They collected the syringes. We created an environment where it was worthwhile for them to come to it, because people aren't going to go to a service or a place if they don't feel comfortable, especially if you're a criminalized population. And when we started doing this, New York City was the global epicenter of HIV injection drug use, the global epicenter. People don't talk about New York City in that way anymore. You cannot find a bloodborne HIV transmission pretty much in New York City anymore because of what we've done around—

SS: Because you're saying that nobody shares needles in New York City?

AC: I'm sure people share needles, but not to the extent that it was. It's barely a blip on the radar screen in terms of HIV transmission among people who share syringes now. It's really, really rare.

SS: Because why? Because they're virally suppressed or because they're not HIV-positive?

AC: No, no, because of syringe exchange.

SS: So they're not sharing needles.

AC: Right, right. I was being totally factual when you said to me, "No one is sharing syringes?" Well, I'm sure someone is sharing a syringe, but it's really—people used to say it's a culture. "They" like to do that. And it's like, no, no, no. It's like when you have a pot of spaghetti and you've only got one fork, you'll share that fork, but if you have two forks, you use your own. It's not cultural and it's not a death wish. It's not any of those things. It's just the fact there were not enough syringes in circulation, and that was a policy thing.

01:25:00 So anyway, the fact that we did that as ACT UP and the fact that many of the syringe exchange programs around the country came out of ACT UP is not something that's really—it's not at the top of the list when people say what were the accomplishments of ACT UP, but we actually changed the trajectory of HIV in many parts of the country, and by extension, we still have an impact on the rest of world as well.

So in 1992, syringe exchange was legalized so that you could collect your syringes and you had an ID card, and if you had the ID card, you couldn't be prosecuted. You could still be arrested, but you couldn't be prosecuted. And what we kept on doing after that is doing one thing after another to make syringes more and more available and make them more and more accessible to people who inject drugs. And State Department of Health agents really need an enormous amount of credit for supporting this throughout the years. I mean, if it wasn't for the agents, we wouldn't be where we are now.

But we did get expanded syringe access programs, which is over-the-counter and pharmacies, and what the impact of that is, the police now—the laws exist, but the police are so tired of trying to enforce something where there's so many loopholes in these laws—you can syringes from a doctor, you can get them from a pharmacy, you can get them from a healthcare provider, you can get them from a syringe exchange program—they've given up. So we created one exemption after another in terms of who can carry a syringe.

SS: You think that the average heroin user in New York knows where to get clean needles?

AC: In New York City, yeah, yeah. It's younger injectors who always—I mean, in New York City, we've changed the culture.

SS: What about crystal meth?

AC: You mean crystal meth injectors, do they know where to get syringes from? I would like to think so. I mean, you look at the more street-based exchange programs, unless you come from a street-based experience, you might not feel comfortable using them. So, yeah, there's going to be exceptions, I think, for people.

There aren't specialized outreach programs necessarily to giving out syringes, and there should be. So there's going to be pockets. Were you thinking of a particular club or your friend? Where did he get his syringes from?

SS: No idea.

AC: Yeah. Probably got them from a pharmacy, probably. Did he share?

SS: I don't know.

AC: Because you can get them from pharmacies. The reaction early on was, especially if you were an African American person going into a pharmacy, you'd get questioned a lot more.

SS: That was racial profiling.

AC: Yeah. And in certain neighborhoods, pharmacies wouldn't sell them. But then the flipside of that is what ends up happening in that case is the African Americans less frequently went and tried to get them, so it became a self-fulfilling prophecy.

SS: That's really interesting.

AC: But that's changed. One of the very first things I saw at Lower East Side was that we actually looked at who exchanged syringes most successfully, and white women were the most successful exchangers. They exchanged the most. And it totally makes sense. If you're an African American man walking through a drug-using neighborhood, why would you carry syringes? If you're a white woman, you're going to pass a lot more easily. And that's where you get your HIV risk. That's where you get Hepatitis C risk. That's where you get your risk of dying of an overdose. Because if you feel like you—you don't feel like you have a target. You are a target if you're a black

man walking through a drug-using neighborhood. You would rather run the risk of having to share a syringe at some point than to carry syringes and end up in Rikers that day. So the whole culture around the War on Drugs, racial profiling, criminalization, it—

SS: Well, the police and the state have always been the greatest obstacle to HIV prevention from day one.

01:30:00 AC: Yeah. Well, I was just on the Governor's End AIDS Task Force thing, and most of the stuff that was recommended has been approved. There's a couple of ones that we put in there. Safe injection facilities is one, and legalizing, completely, syringes. Both of those got put into the section of the report where they're backburnered a little bit because they will receive pushback, and they'll get pushback from the police associations.

SS: So I only have one more question. Is there anything we haven't covered?

AC: I can't think of anything.

SS: So just looking back, what do think was ACT UP's greatest achievement and what do you think was its biggest disappointment?

AC: Biggest disappointment. I don't know if there were big disappointments, in a sense, because I think ACT UP did change the world. It was a really intense part of my life, and I think—very intense. It was sort of like, especially for me, I guess, because being a straight person going into ACT UP, it got more and more and more to the center of the response to AIDS in that time. I remember being on the bus going down to the NIH and being in my affinity group, and realizing for the first time that everyone had HIV. I said to David, "Everyone's got HIV."

He goes, “Why do you think we’re here?”

And I, “Oh. Yeah, I guess so.” It wasn’t just—I mean, those things only came to me—I mean, they came quickly, didn’t they, really, but they seemed slow at the time. It was incredibly—for all the divisions and the acrimony at different times, there was so much mutual admiration for people at the same time. I remember watching Mark Harrington talk at the AIDS conference—and I can’t remember which; it was either Florence or Berlin or—probably Berlin or maybe Amsterdam.

JW: Amsterdam.

AC: What was it?

JH: Amsterdam.

AC: Amsterdam. It was just the most incredible—to watch him talk about how he—I mean, he knew he had HIV but had never been tested, and to look at his lymph nodes and to see this guy up there talking about this, and to think that’s—I mean, it’s like you said earlier, whatever you did say earlier. Anyone could do anything if they had that passion, and so many people were so brilliant in—whether it was the media piece, the video piece, the photography piece, we didn’t talk about the fact that so many artists were involved in ACT UP. I was part of Impact Visuals, which was a photo collective. There was Magnum and there was Impact Visuals were the actual photo collectives. And so many photographers in ACT UP were part of Impact Visuals.

SS: Why did they choose Impact Visuals?

AC: Because we did it ourselves. It was basically a—it was a left-wing collective.

SS: So you’re talking, like, Donna Binder—

AC: Donna.

SS: Ellen Neipris, Tracy Litt—

AC: Yeah, Tracy Litt.

SS: —you. Who were the other—

AC: Oh, gosh. I can't even recall. There was Tom McKitterick. There were so many that weren't in ACT UP as well. Andrew Lichtenstein, he used to photograph ACT UP later on, I think. I'm picturing someone in my mind. I can't remember his name. But if a demonstration was taking place and we'd be walking in front, there'd be like five or six Impact Visual photographers all there, and I think what marked us out differently was that any one of those could be also arrested as well and were willing to be arrested.

When I was doing needle exchange, I actually made the decision not to document it completely because I felt voyeuristic when it's people. I mean, in a demonstration, it's a different thing or when you're photographing activism within ACT UP, it's a different thing. But if you're photographing people's lives on the street, that's a different thing altogether, and that's actually how I ended up running a needle exchange program, because I thought I would get to know people before I photographed them, but I blew it, and I ended up doing the work for so long, I ended up in a job. And that actually worked to my benefit because I really didn't give a shit. So if you wanted to fire me, you could fire me. So it meant that I could continue as an activist within my job.

01:35:00

SS: I want to ask you one last thing. I'm sorry. How did you feel when Rod died? Did you have a sense of regret or did you feel like—what was your reaction?

AC: When Rod died, I mean, I probably saw—I saw Rod that week. I think—I was thinking about this earlier. The residual feelings you have around the impact of someone like Rod dying is as clear to me now as it ever were. I mean, Rod, for all his brilliance—we worked together. We worked together at the Harm Reduction Coalition. We worked together. When he did needle exchange in Bronx/Harlem, I did it on Lower East Side. We were part of the Needle Exchange Caucus. We were very close. I had breakfast with him, like, a couple of days before he died. But he also didn't take care of his health. He had something like fifteen T-cells before he even went to a doctor, and he was also killed—I mean, there's that responsibility he had around that. The medical system screwed him over in the end.

SS: You mean the bureaucracy or the meds themselves?

AC: No, no. I mean I don't know.

JH: Did he die of drugs or of HIV?

SS: He died of HIV, but he crashed his health because he wouldn't get off heroin, right?

AC: No. What it was was he was seeing a doctor who—to get meth—I mean, this is part of the system too. To get methadone, you go through a clinic system, but you can get methadone for pain. So his doctor kindly—and this is a good piece of it—prescribed him methadone and said it was for neuropathy or something. That stabilized Rod. I'd worked with Rod when he was using heroin. He was at work at eight o'clock in the morning. He had his drugs delivered to the office. He wrote beautiful, beautiful—if you look at the history of our organization, someone who was actively injecting drugs, raised the money. Do you know Henry van Ameringen?

SS: Yeah.

AC: So me and Rod wrote to Henry. Henry said, "I'm going to send you a check for \$50,000," and he did. Rod wrote on Thursday, and Henry sent us a check on a Monday. Henry took us to the Rainbow Room, and me and Rod show up to the Rainbow Room. We don't have jackets. Rod had blood all over his sleeves, and we had to borrow the jackets. We didn't know how to behave in the Rainbow Room either.

So Rod is prescribed methadone, which stabilized him, but he wasn't out of control then. It was just helpful to him so he didn't have to go and score drugs. He then got misdiagnosed with spinal meningitis and—is it meningitis? Hang on. No, it's spinal TB. I'm sorry. He was then prescribed Rifampin to deal with his spinal TB. Rifampin metabolizes methadone at a much quicker rate. The doctor then had to raise the amount of methadone that Rod was on, and then the doctor said, "I cannot prescribe you any more methadone." He just cut him off with no notice, no tapering, no nothing. Rod was suddenly left to have to go and scramble and buy a shitload of heroin that he didn't need to do before his methadone was being raised and raised and raised. He was left with a habit he had to go and deal with, and that crashed his healthcare system.

SS: Okay.

AC: And I don't actually—I don't think anyone knows what actually killed him. He died after injecting—I don't know if he died of a drug overdose or I don't know if he died just because he was sick. But I was with Derek Hodel the other day, and we did this whole planning thing together. And we had to say why we were doing this, and Derek named Rod. And it took me by surprise, and it just—that's what I mean about

01:40:00

the impact of losing someone like Rod. It's still there fifteen, twenty years later. And I think that's true of, like, all of our folks.

So it goes back to your question about the care thing. It's—I don't know. The way I deal with it, probably, is to not remember those things sometimes. Like I say, I mean, I had a conversation with David about dying. I don't remember—I mean, I was with him while he was taking his medications, injecting his medications. It's true for a lot of my friends. I don't remember some of those conversations.

SS: Some of these people's deaths are seared on us permanently. I mean, Lee Chou has Rod's ashes in his studio apartment still, and these people have been gone a really long time, and those deaths don't—the feeling doesn't taper.

AC: No. I mean, there's no difference between what happened to us and what happened to people in Vietnam, because we were not supposed to lose people our own ages at that time, and people weren't supposed to just go suddenly, and people did go suddenly. It was long and then it was short. The work I do is sort of—it's not interesting at all, but after—people were dying all the time, and they were dying of AIDS, and then suddenly there were medications, and people were still dying, and they were dying of drug overdose, and it started making me think, well, actually some of those people maybe weren't dying of AIDS; they died of drug overdose. And in the harm reduction world, we're still seeing people die way too frequently because of drug overdose. So it still continues. Someone like Keith Cylar —

SS: But that's like that's the second wave. I mean, there's all these guys in ACT UP who, after the big threat was over, just went out on crystal or—

AC: Yeah, yeah. Like Spence Cox and people. Yeah, yeah. No, no. I mean, it's just that that roller—"rollercoaster" is such an inept term. But I just—

SS: Well, there's an anxiety in the express—it has to express somewhere.

AC: Mm-hmm. Yeah. No, it all makes sense. All makes sense. But I think the—what was the question? What was the disappointment? Because I certainly said the disappointment.

SS: What was ACT UP's greatest achievement?

AC: I don't know, because there were so many great achievements. I mean, I mentioned needle exchange. We reversed an HIV epidemic in the city. So many of the needle exchange programs in this country were started by ACT UP. You look at Housing Works and you look at that kind of program. You look at the access to AIDS meds. You look of the brilliance of people who—I mean, just on a personal level, you witness people who were not physicians, had not been trained, but taught themselves and understood things better than the experts. The clarity of thought. Just the arrogance of what we did as well and the pig-headedness and the things that we did that were immature some of the times.

It was creative. It was funny. It was high drama. It was sad. It was intense. I mean, there were so many good things that came out of ACT UP, and, like I said before, you look at history as like—those things do end, not just the AIDS epidemic, but a group like ACT UP burns and at some point flames out at some point. You can't possibly maintain that. So you can't say it's a disappointment that it didn't keep going. It had its cycle. People will say, well, ACT UP still exists, and it does, I guess, but that

01:45:00 period at the end of the nineties—I mean end of eighties into the nineties, it changed the world, and that’s just a fact. It changed it in lots of different ways.

JH: One last thing. Does Brian Weil fit in here somewhere?

AC: Yeah. It’s funny, I mean, I feel like Zelig, right? So I was supposed to see Brian the night he died. Brian was part of Bronx/Harlem needle exchange, and we used to think of him and Jon Parker as sort of like cowboys. They were a little bit macho, a lot of testosterone, and we didn’t really like each other particularly, but then we got to be friends. Brian started CitiWide. He wanted to be the McDonald’s of needle exchange, was what he said. He was very clear about what he wanted. He wasn’t interested in conferences. He wasn’t interested in services. He wanted to give out syringes.

We ended up being neighbors, and so we were—I don’t know. Like I say, I remember calling up on a pay phone and saying, “I’m waiting downstairs for you.”

He says, “I don’t feel well. I’m not coming out tonight.”

So I went home, and he died that weekend.

You asked earlier—I mean, I think that drug use was secret as well. I screamed at someone from the AIDS Institute when they told me he died of a drug overdose. I said, “That’s just not true.” Someone had told me he died in a road accident. No one knew, I suppose, in the first few hours afterwards. I said, “That’s ridiculous. Don’t spread rumors like that.” And, of course, he did die of drug overdose, and that’s part of the nature of drug use.

SS: Do you think that was relapse or do you think he was ongoing using the whole time?

AC: Well, it would only be a relapse if he actually had tried to stop, and I don't know how much he used and I don't know how frequently he used. I never felt the—same with Rod. It's like I didn't see his drug use as being debilitating, and that's why I wouldn't say—I've gone to people and said, "Look. Your drug use is a problem." I never saw that with Rod. I didn't see that with Brian.

SS: So somebody can die without ever having gotten into trouble?

AC: Yeah. Oh, absolutely. That's how they die. I mean, overdoses are accidents very often. It's not that you have a long, long-term habit. I mean, anyone could die of a drug overdose. And I don't know how long Brian had been using. Same with John Watters, a researcher from San Francisco, died of drug overdose. And we've had staff people die of an overdose. People quit afterwards because they said, "How could I possibly not have known that this person was in trouble with their drug use?" Because they concealed it. Actually, they felt guilty about it because they'd stopped using, then started again, and drugs or the stigma around drug use is so intense that people conceal it so often. And I assume that's what happened to Brian.

But Brian, yeah, was one of the—you know, I don't know. I mean, this is a history to an extent of not just ACT UP, but a little bit of needle exchange, but I find it sort of sad in some ways that some of the people that put this together will only—they won't even be footnotes because no one ever wrote a history of it, and there should be a history of this.

SS: Well, we're trying to make that record as much as possible—

AC: Yeah, I know, I know. I appreciate that.

SS: —but that’s about it, yeah. Because the people who remember them are few and far between and become fewer as the time goes by.

AC: Yeah. That’s the thing about, I mean, someone like Rod. You know, not enough people knew Rod or remember. I came out to Rod. I came out to Rod because I’m like—down in Atlanta when we went down to—me and Rod were walking over to, I guess—would it be the Martin Luther King Memorial or something like that? And I thought I would pick the roughest, toughest-looking guy in ACT UP, because I should tell him I’m straight. And there was Rod with his big nose ring—

01:50:00

SS: Big queen.

AC: What?

SS: Rod was a huge queen.

AC: But to me, he was the roughest, toughest guy because he had this big nose ring and these boots on. And so we’re walking. I said, “Rod, you know I’m straight.”

“Oh, good.” And that was it. Because, I mean, I didn’t look any different to anyone else. I always looked the same way. I had a black leather jacket, big black combat boots, black jeans, and earrings, and so did everyone else. That was our uniform, and short cropped hair.

JW: And British.

AC: And British. That’s right.

SS: There you go.

AC: That’s how I always dressed. So, yeah, as time goes by, people just won’t be known or remembered.

SS: All right. Thank you, Allan.

AC: Thank you.

SS: That was great. I learned a lot. Thank you. I hope someone is reading these interviews. They are. I know they are.