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Interviewee: **Gregg Bordowitz**

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Interviewer: **Sarah Schulman**

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**ACT UP Oral History Project
Interview of Gregg Bordowitz
December 17, 2002**

00:00:12 **SARAH SCHULMAN: Let's just start by you saying your name, where we are, today's date, and your age.**

GREGG BORDOWITZ: My name is Gregg Bordowitz. Today's date is December 17th, 2002. And I am thirty-eight years old.

SS: So let's just start with do you remember the first time you heard the word "AIDS?"

GB: I have an earlier memory of the first time I heard the term "gay cancer."

SS: When was that?

GB: I was in high school. It was in 1982, I guess. I had befriended my high school art teacher, who was a gay man, and who was really good to me, and was very friendly. We used to talk about gay issues without ever saying the word "gay." This was out on Long Island. He used to take me into the city and he introduced me to the Village. We used to walk around. He was kind of introducing me to gay culture. Upon my graduation, he said to me, "Gregg, when you go to New York, there will be people who tell you that you can get cancer from certain kinds of gay sex. That's not true. They just want us not to be able to have sex. So you can't get cancer from anal sex. There's no such thing as gay cancer."

So I came to New York with that information in my head. Then I came to New York around the time of GRID, I guess, although I didn't really know what that was. I don't remember when I had heard that. I might have even heard that retrospectively,

after I was aware of AIDS. When was I first aware of AIDS? It was around, I think, 1983/1984. It was like after a year after I came into Manhattan. I moved from Long Island to Manhattan and quickly found my way through the East Village. There was some buzz around the bars, and there were people who knew people who were getting sick. But I don't really remember the first time I heard the word "AIDS." I had a consciousness about AIDS, was worried about HIV infection, certainly by 1984/1985. By 1985, I was most certainly aware of AIDS, to the extent that I thought I might have contracted AIDS from having unprotected sex with men.

SS: So where do you think you got that information?

GB: I didn't know much about—I went out seeking it. In 1985—I think it was 1985, maybe it was 1986, it's all very hazy to me. I moved to Manhattan, I was hanging out in the East Village, and I was going to bars, mostly gay bars. I was also living with a girlfriend, living a kind of bisexual downtown hip existence. I didn't know anyone who was identified as gay, although I knew plenty of guys who had sex with other guys and women who had sex with other women. But my scene, or the scene I was involved in, was young, and among the men gay identity was for clones that had their culture going on on the other side of town. We were free of labels. I didn't know anyone who was identified as gay.

But I did become aware, either through knowing people who were getting sick, or television reports on the news, maybe some early reporting going on in the *Voice*. I became aware that I might have exposed myself to a virus through unprotected sex, anal intercourse, with men. So I went to the Gay Community Center. How did I know to go to the Gay Community Center? I don't really know, but that was the only place you

00:05:00 could go at that time—1986—to get information. And that was a profound experience for me. I went and they directed me upstairs to the Community Health Project. I was given a free examination and much needed education, and this was all done without any judgment, whatsoever. And I felt that I could talk freely there. There was nowhere else—nowhere in the East Village, certainly, and nowhere among my friends, at that time—where I could ask the kinds of questions about the information that I needed.

That was a very profound experience for me and it changed a lot of things. First, it was then and there that I decided I would become a citizen of this gay community, whatever that meant. I felt very indebted to the gay community. I remember looking up at the sign, pondering what the notion of community was, and realizing that a community is a group of people who need each other. The people at the Community Center and the Community Health Project didn't know me, but I could tell that they had dealt with a lot of people like me. So I felt very indebted to the information and support that they gave me, and decided that I would join this community and make a contribution to this community. That was the pivotal turning point in my life around that time. That is when I started to get more politicized about issues of identity and became much more knowledgeable about AIDS issues. Then, for my peer group in the East Village, I became very knowledgeable about safer-sex, and started telling people about safer-sex, and passing out information, and things like that.

SS: So did you discuss with your girlfriend that you were going to go there?

GB: Yeah. Yeah. She knew that I had other partners—men and women. She had other partners—men and women. We had an open relationship, to the extent that

teenagers can have an open relationship. We were just like teenagers, basically, or in our early twenties.

SS: So what was the action of becoming part of this community?

GB: Well, things started to fall into place after that. I became very interested in AIDS issues, and there was most certainly reporting going on. I remember there was a key article by [Richard] Goldstein in 1986 about AIDS and its political—the way in which the AIDS crisis was unfolding politically. It was specifically about—I don't know what it was specifically about. I can't remember exactly. I know that some part of it was about AIDS in Africa and the disproportionate numbers of AIDS cases around the world. Even then we knew that. So things started to come up around that. I started to make my first videotape as a video artist, which was about this experience. So I made a tape called *Some Aspect of a Shared Lifestyle*, which is a title that's taken from the *Morbidity and Mortality Rate Reports*, the first reports of those gay men in New York and San Francisco who had cancer and pneumonia.

In the *Morbidity Reports*, it says—I'm paraphrasing—"We don't know exactly why this cohort has these symptoms, but it must be some aspect of a shared lifestyle." So I made this tape called *Some Aspect of a Shared Lifestyle*, which was about those reports, and medical discourses, and being—at that time—identified as a bisexual, and what that meant, and certain kinds of tensions. I had some conversation with a friend of mind who said that since I was bisexual and I could have sex with a woman, why wouldn't I stop having sex with men. So that became all part of the soup of this tape. I made that tape in 1986.

So I was developing this consciousness, becoming part of this discussion. And through making that tape, I met David Meieran, who was a videomaker and had gone through the Whitney Museum Independent Study Program where I also had gone. We were these young gay artists who were interested in doing serious video work about the growing AIDS crisis. That's when *Hardwick* hit. I remember David and I started doing work around *Hardwick*. We started showing up to the protests around *Hardwick* in the Village, with cameras, and we started documenting those. That's where and how we met Phil Zwickler, and a whole group of people who were running around with cameras.

00:10:00

That was when I started identifying as gay, even though I was still living a kind of bisexual life. I decided that I was going to identify as gay, and be a part of the gay community, and make a contribution. And I started documenting the vibrant protests that arose around the *Hardwick* decision.

SS: Had you been tested at this point?

GB: No. And I wouldn't test for two, three more years. I tested in 1988.

SS: So how did you get to ACT UP?

GB: David and I saw a poster at the Christopher Street subway stop for a protest at Wall Street. We said, "We're gonna go there with cameras. That's the next step. That's what the *Hardwick* protests are leading us to. This is the most important issue that's confronting the gay community." And *Hardwick* also was framed—I'm sure you remember *Hardwick* was framed in terms of AIDS issues. One of the opinions—I forget whose opinion it was—but one of the opinions said that in the context of the AIDS epidemic it was legitimate to intervene in the sex lives of gay men because of the dangers

of spreading HIV. It was implied. I forget how specific it was, but AIDS was mentioned in the context of the sodomy case.

So we had been making these links. We were aware of the growing homophobia around us. Certainly at that time also the *New York Native* had covers that were talking about the threat of quarantine and mass mandatory testing, which was a legitimate fear at the time.

SS: What was your feeling about the *New York Native*?

GB: At that time, I looked to the *Native* as an alternative source of news. And at that time, a lot of its questioning of the dominant view about the disease seemed certainly interesting, provocative, and had some kind of credibility. It wasn't until later that I would see it to be as completely discredited and untrustworthy. Somewhere when they insisted on dolphins—there was a period when dolphins were on the cover of the *Native* almost every other week. There was some kind of connection between dolphins and HIV. Clearly, that's when I became alienated from the *Native*.

SS: So you got to Wall Street.

GB: We got to Wall Street. I met Jean Carlomusto there, who I would later collaborate with a great deal. The protest was amazing, and very moving, and scary. I remember I was concerned because a lot of people were chanting "You could get it, too." So here we were, a small group by the church on Wall Street. I remember meeting Bradley Ball there, and a few other people. Everyone clustered together. The passers-by were just like quickly running by us. They didn't want to have anything to do with us or what was going on. A few people would shout some epithets, or something like that. I don't remember exactly what they shouted at us, but I remember at one point the entire

crowd got into this chant of, “You could get it too, you could get it too.” I remember feeling very weird about that and not knowing how to deal with the emotions around me. I was new to AIDS activist politics. I had been doing other kinds of activism.

SS: Like what?

00:15:00 GB: I was involved with anti-interventionist—I was a member of CISPES [Committee in Solidarity with the People of El Salvador]. I was involved with protesting U.S. involvement in Guatemala and Nicaragua, and was part of the anti-interventionist in Central and Latin America movement, and was part of the group that shipped medical supplies to Sandinista hospitals on the Lower East Side. So I was very interested in doing activism, and always wanted to do something. I joined that group, the Sister Cities Project on the Lower East Side, to become more involved with my neighborhood—this white, Jewish kid from Long Island living in the East Village, a primarily Spanish-speaking neighborhood at that time. I kind of wanted to connect with my neighborhood and my neighbors. I actually just met more Jews. I met other people, too, but it was like I met more people like me, and realized that there was something very abstract about what we were doing. I never really quite knew if the medical supplies we sent got to the hospitals, and these kinds of things.

SS: So did you have anybody in your life who had AIDS until you came to the Wall Street action?

GB: I did not know anyone. As it turns out, I did. But they wouldn't express symptoms or get sick until later.

SS: But did you know at the time?

GB: No. There is something else I wanted to say about the Wall Street action—the anger. I didn't know quite how to deal with that kind of anger. Actually, I was upset that people were shouting, "You could get it, too." I thought it was politically bad. I thought it would be politically alienating.

SS: Did you think it wasn't true?

GB: I did think it was true. I haven't thought about this in years. I'm just trying to tell everything here. So I just remember that it was my introduction to AIDS politics, and it was a kind of anger, and vibrancy, and honesty that I hadn't encountered yet in other kinds of activism or protest.

SS: Well, what about in your experience as a gay—

GB: It seemed very personal. I'm sorry.

SS: Well, as a gay man before this, did you ever feel any kind of anger at what your experiences were and how you were treated?

GB: Yes and no. You know, when I came to the East Village at that time, it seemed like I could do anything I wanted. I didn't really experience any stigma. I did from friends. And there was the weirdness around some straight friends who were questioning what I was doing, particularly at this moment, by having relationships with men. So there were homophobic responses from friends of mine. But I also had this enormous explosion of freedom when I got to Manhattan. I remember earlier, on Long Island, being kind of threatened and getting into fights for being kind of a faggy teen, because of the things I was interested in, like punk music. I was one of these art geeks who used to get picked on all the time. As a child, I remembered experiences and had experiences of homophobia, or reactions by family members about certain things that I

liked, or ways that I acted, or whatever likes I expressed. But no, when I got to New York there was this explosion of freedom and I could do anything I wanted. I was really very immature. It's the kind of thing, like I used to eat ice cream for breakfast because I could. It was that kind of thing. Sex was like that.

SS: How was your family?

GB: I didn't talk to my family—I didn't come out to my family until 1988, when I tested positive. When I tested positive I came out to them as gay, and I didn't talk to them about my being HIV-positive because I didn't want to have the two things confused. I don't know what was going on for me, but in my head I wanted to be proud about being gay and I didn't want to have to go through the whole conversation about what it meant to have HIV in the same context. That was basically a narrative. I wanted a pre-AIDS coming out narrative; I guess is what it was. I've never vocalized it that way before, but I guess that's what it is. I wanted a pre-AIDS coming out narrative, so I went out there and didn't talk about HIV or AIDS, whatsoever. I just talked about how if they wanted to be closer to me then they would have to acknowledge my homosexuality.

So I came out in 1988. And then a year later I told them about being positive. On balance, they went through their process of shock and voiced various kinds of clichés. But I have to say, on balance, they were then and have been very, very supportive.

SS: Okay, so you went to this demonstration. It was really exciting. You were a little taken aback by the anger and the confrontational chanting. So why did you go back?

00:20:00

GB: Because I knew that the issue was extremely important. I knew it was my issue. I knew it was the issue that affected my life that directly spoke to my life. It was

very compelling and very exciting. So David and I showed up to the next ACT UP meeting immediately following that action.

SS: What did you find?

GB: We went as documentarians. Of course, we called ourselves documentarians. Now I can see us. Then I was deeply insulted because Larry Kramer wouldn't talk to us. Tim Sweeney wouldn't really give us much time. We wanted to tape, and they wouldn't let us tape because of issues of confidentiality. We were sensitive to that, but people were really treating us like *pishers* and we really wanted to do the documentarian thing. Well, we couldn't use the cameras so we turned them off. No one would talk to us, so we just kind of sat there like bodies in the room and got caught up in the excitement.

SS: How many people were there?

GB: It was small. I think there might have been like fifty people, which could be large. But if you remember the heyday of ACT UP, as you do, then fifty people was small. But at that time it was fifty people. There was a kind of like plenary table up front. I think there was Tim, and Larry, and I don't remember who else was there.

SS: Was Tim Sweeney active in ACT UP?

GB: I don't know if he was active a lot, or long, but he was there at the beginning. I remember him being there.

SS: So you would just come to the meeting for a while?

GB: I think I went to the meetings every week until 1993, or something like that.

SS: So what was the first activity or action that you got involved in?

GB: I was part of the group of people that got arrested on the New York Supreme Court steps. I don't know what the issue was. I remember going through this kind of haphazard training, and Marty Robinson talking about how to deal with the police and the negotiations that had gone on around how the arrests were going to happen. I remember I met people like Stephen Gendin and Anthony Viti, and a whole bunch of people who got arrested with me.

SS: What did you feel about the organization of getting arrested, the way it was—

GB: That's when it was all very new to me. It didn't bother me. It was something new and I was just following these older folks. I didn't have a politics around it.

SS: So what did it feel like to get arrested?

GB: It was scary and fun. They put us on a bus and we listened to, like, Motown, I think. It was a completely Marty Robinson production, so it was all very coordinated. I actually don't remember that arrest very much. There are images of it in *Testing the Limits*. I'm really embarrassed to admit I don't remember what the issue was. I just remember it being my first, and sitting next to Steve [Webb]. I forget his name, but he was this really beautiful, big guy who was the first body-builder gay man I had met. He was Avram [Finkelstein]'s boyfriend. Do you remember his name? He committed suicide.

SS: Oh yeah, I know who you mean.

GB: I remember sitting next to him and just being really happy I was sitting next to him. And just the energy. My heart was pounding. I had never put myself out there

like that. I don't remember much about the early meetings, except it took me a while to get to a place where I could talk within them. The stuff that I remember that I got involved with—it was still documenting stuff. We would go, David and I, and joined by others by this time—Hilery Kipnis and Robyn Hutt and Sandra Elgear. We formed this collective, the Testing the Limits Collective, which was formed to document early activism. That happened very fast. We used to go to any ACT UP demonstration that was happening. So we went to the post office on tax day and documented that action, which was one of the early actions I remember.

SS: How was Testing the Limits organized? Who paid for it and how did you guys make decisions?

00:25:00 GB: No one paid for it. We organized it like a Soviet-style collective. It was a consensus-driven collective. It was a collective of lesbians, gays, and straights formed to document emerging activism among government inaction around AIDS. We got some grant money, and I don't remember, some NYSCA money. I'm not quite sure.

SS: So what would be a typical—like say you had all went to a demonstration. What would happen?

GB: Not all of us would go all the time. David and I would go. At that time, David and I were doing a lot of taping. Then others—Hilery would tape.

SS: After you had gone out and shot something for Testing the Limits, then how did the structure of Testing the Limits work? What would the process be? Would you all view the footage?

GB: Yes, we would all view the footage.

SS: Where?

GB: I remember we did this enormous amount of taping. At a certain point, we came up with the policy that everyone had to tape and everyone had to do an equal amount of the same kinds of labor. David was working with a couple of ex-college buddies. A couple of ex-Oberlin people had set up a video/audio studio on White Street—somewhere below Canal, around White and Franklin. They had video equipment and they were trying to do a business, a kind of alternative video production house. They were actually—one of the people that was working there was working on some PBS-like, maybe PBS, anti-apartheid documentary. So there was other stuff going on there. So we used to work there a lot, off-hours, late at night, and at other peoples' houses. We would all sit down and watch footage. When we edited, all six members of the collective would be in the editing room and we would argue about every cut.

When it came time to actually make *Testing the Limits*, which was a half an hour documentary, we got a huge roll of white paper—one of these industrial rolls of white paper, maybe four feet wide and twelve, twenty feet long. We just kind of unrolled it in a loft that Robin and Sandra were living in way out in Brooklyn, in Red Hook, I think. We had marked all these kind of time-code numbers down on index cards, and we sectioned the huge piece of paper up into three sections. Our documentary was set up according to three categories that Simon Watney had talked about in his book, *Policing Desire*, which was civil rights, education, and treatment/activism. That was the kind of framing. Those were the three categories of AIDS issues. Everything fell within those three categories, so we just threw all of the index cards within the category. Then we kind of ordered it from there. It was this painstaking—I think it went on for like a week, and then we

finally had this huge piece of paper with all these time code numbers arranged. Then we all went into the studio and then edited it.

SS: So did you all have a kind of theory background, or some kind of theoretical sophistication?

GB: Yes. All of us, except for Hilery, had been through the Whitney Museum Independent Study Program, which was a kind of high-end theory program run by the Whitney Museum.

SS: And looking back, do you think that that was a positive place to come from for *Testing the Limits*?

GB: It was great for us. My whole generation of video activists—not everybody, of course, but Catherine Saalfield had gone through the program. Ray Navarro had gone through the program. Ellen Spiro had gone through that program. So not everyone. But this large group of people who I was involved with and associated with, who made video, had gone through that program. And yeah, we were reading Foucault and the *Birth of the Clinic*, and all these texts that spoke directly to the epidemic. We were kind of eggheads, so books like *Policing Desire* were really important books to me. *Sex and Germs* by Cindy Patton was a really important book to me, and Marx—I was a Marxist—and Gramsci. There was a lot of stuff about media politics that we had in our head. The whole notion that you could be this revolutionary filmmaker, like Dziga Vertov – Vertov made the film *Man With the Movie Camera*. We were like folks with video cameras. We just had this idea that we could go out and be these revolutionary filmmakers of the people and just document the everyday, and provide this valuable service to the growing AIDS activist movement.

00:30:00

SS: So what did you do with the final product?

GB: *Testing the Limits*—actually, *Testing the Limits* was an organizing tape. We went around to all five boroughs to document various kinds of AIDS activism. ACT UP was only one part of that. The idea was to create a tape that showed or made the connections between these disparate activities going on all over New York. And the idea was then to bring the people in who were involved with these efforts and show how they were all connected, and they would see themselves in the space of an edit connected to each other. But most of them hadn't met each other at this point, yet. So there was Yolanda Serrano, who was doing needle exchange in the Bronx, and Suki Ports, who was working up in Harlem. And that kind of worked, actually. We did *Testing the Limits* screenings where people made those connections, and do various kinds of community screenings. It had a life that was surprising to us. The American Film Institute showed it. It was on television. I remember it was on WNET.

SS: And how were you earning a living at this time?

GB: Good question. I was not being subsidized by anybody. I did various things, from construction, house painting, artist assistant. I lived with a cocaine dealer for a while, so I was part of that business. In various ways, I pieced it together. In New York, at that time, you could be very bohemian, which was what I was trying to do anyway. You could work two days. Someone would call you up and say, "We need an extra hand on this painting job," or "Come out to Brooklyn and tear down some walls for two days." Then you wouldn't have to work for the rest of the week. I was only interested—I never wanted to work more than two days a week. And I didn't, during those years. Actually, later though, when I was going to school—by the mid-1980s, I

was going to school at NYU by that point. I came to New York to go to the School of Visual Arts, dropped out, went to Europe for a few months as the assistant to an artist named Joseph Kosuth, who was a well-known conceptual artist. I then got a job at the Leo Castelli Gallery being their preparator.

By that time—that was in 1985—I had become a professional art installer. That was the way I was making most of my money by 1985. I worked at the Castelli Gallery, hanging their shows. I was going to NYU. And I was doing this activist stuff. At a certain point, something had to go. So I actually dropped out of school. I never got my degree. I dropped out of NYU, where I was studying in the anthropology department. That was in 1987, so I started doing ACT UP activist full-time. In fact, the five-minute trailer for *Testing the Limits*—we made a five-minute fundraising trailer—was my thesis project for my ethnographic film class. I dropped out of school after that. Is this coherent?

SS: Extremely. It's very valuable. So you did *Testing the Limits*. What were some of the other campaigns that you were involved in?

GB: I quickly became involved—I think I was a little bit frustrated with the large group meeting thing and was starting to develop a politics or an idea of what were the kinds of things I wanted to be involved with. I don't remember how this got—I became part of MHA, which never stood for anything. Sometimes it was the Metropolitan Health Association. That's what we called it, the Metropolitan Health Association. But MHA stood for anything we needed it to stand for. That was Ortez Alderson and Charles Stimson. It was the group of men, we decided to get together—Adam [Hassuck?] – to do

a kind of activism that was not necessarily authorized by the large group. We were kind of annoyed with the slow pace of the group.

00:35:00 So MHA got a meeting with Stephen Joseph, the then-health commissioner of New York. We got arrested in his office for protesting. It was a very hysterical action, actually. It sounded very official, this Metropolitan Health Association, so we showed up. We said, “We’re the Metropolitan Health Association.” They said, “Please come in.” We were in this big conference room with Stephen Joseph. It quickly became apparent that we were not any kind of inter-borough health consortium, as we had represented ourselves. We started asking him why the slow pace. At that time, he was also talking about various kinds of punitive measures against prostitutes. He had engaged in some very panic-causing kinds of rhetoric about the threat that people with AIDS caused to the general public, particularly around tuberculosis. He was talking about a kind of internment for people who had tuberculosis, and a bunch of repressive measures he was considering out loud for New York City at that time.

SS: Now there was a big ACT UP campaign against Stephen Joseph.

GB: That was later, though.

SS: So this was before that?

GB: This was years before that.

SS: So how did ACT UP respond to you guys getting arrested?

GB: They were really into it. I remember going to the meeting. By this time, I was comfortable with being vocal. I stood up and said, “We did this,” and “Look, you can just do this. You don’t have to go to the large group to get authorization. In fact, it’s better that the large group is not involved with these kinds of actions because they don’t

have to be held accountable. So you can just do stuff. ACT UP is just this place we all meet on a weekly basis to talk about strategy and prioritize issues.” I remember just saying over and over again, “You can just do this. Just go out and do this.” And people were very enthusiastic. They had seen—I think there was some small picture in the newspaper, and they had heard about it. I remember it being very exciting.

SS: Do you think that that contributed to the affinity group?

GB: Yes.

SS: Would you say that that happened right after, or consequently?

GB: I think it co-arose with that, but I think it certainly lent legitimacy to the notion of the affinity groups. Now we learned about affinity groups—you can’t underestimate the importance of the *Hardwick* decision and all the organizing that arose around that. Actually, my first arrest ever was on the Supreme Court steps in Washington at the March for Lesbian and Gay Rights. And as part of that civil disobedience, I went through a civil disobedience training that was run by Vicki Rovere of the War Resisters League. So the War Resisters League did training for the lesbian and gay rights organizations that were sponsoring the demonstration. This was 1986, right? So I went through those trainings and learned about affinity groups through the War Resisters League. So then by the time I was being involved with ACT UP, I had this background of what an affinity group is and how you organize it. So a lot of people in ACT UP had been through the March on Washington experience. The March on Washington experience, and all the things that rose around *Hardwick*, kind of laid a groundwork for a lot of people who I encountered in ACT UP at that time—people my

age. People older had had other experiences, like anti-war experiences, or certainly gay activism of the late-1970s and early-1980s.

SS: Marty Robinson.

GB: Marty Robinson, right. That was another key thing that was really important to me. I interviewed the Lavender Hill Mob as part of my being a documentarian. They returned my call. Larry Kramer would not return my call, but Bradley Ball and Marty Robinson were more than happy to sit down and speak to me for as long as I would talk to them. So I remember Henry—I forget his last name. It was Bradley Ball, Henry, Marty Robinson, and a few others. I remember having a Sunday brunch with them at—what's the place where you get great hamburgers on—it's kind of a legendary place.

SS: Julius's?

00:40:00

GB: Yeah. I met them for brunch. They had to test me out. They didn't know if I was like—who I was with, police, FBI, whatever. So I show up, I'm like a twenty-two year old kid, and I'm fine. They liked me and they were very flirtatious with me. It was nice. No, it wasn't Bradley Ball. I'm sorry, I made a mistake. It wasn't Bradley Ball. What was his name?

SS: Mark Rubin?

GB: No. It was definitely not Bradley Ball. What was his name? I can't remember. I went back to one of their houses and interviewed all of them. Eric Perez was part of that. And they had just done this action at the CDC—I think it was at the CDC. That was very pivotal for me. I forget exactly—they kissed each other. They stood, and they said, "You have to deal with AIDS." It was like the first kiss-in that I had heard of. And they unfurled these banners.

JAMES WENTZY: We have to change tapes.

SS: Okay.

GB: I would just like to correct what I said before. The Lavender Hill Mob was Bill Bahlman, Marty Robinson, and Henry who's name I'm forgetting. Eric Perez was at that meeting as well.

SS: Could you tell a little bit about Ortez [Alderson], because he was such an important person.

GB: Ortez was a huge figure for me. I don't remember the first time I met Ortez, but we did a lot of work together early on.

SS: What was his background?

GB: Ortez was an actor who'd come from Chicago to do acting work in New York.

SS: Do you remember any of the things he was in?

GB: He played Napoleon. He was very proud that he had played Napoleon, I think at a production at La Mama. I might be mistaken about that, because I didn't see the production.

SS: What was his political background?

GB: You know, I don't know. He had been involved politically in Chicago. You know, I live in Chicago now so I moved to Chicago and know people who knew Ortez in all different circumstances, from AIDS activism to gay liberation activism. But I don't really know that much about it. I had seen Ortez perform. He was a wonderful performer in Assotto Saint's work. Actually, Jean and I documented some performances that Ortez was part of in Assotto's work.

SS: Okay, so you were in MHA. Then the affinity group system began. Did you have an affinity group?

GB: I was in a lot of different ones. MHA was together for a while and we did a whole bunch of things. We used to meet every week. A lot of people were in that. Neil was in that.

SS: Neil who?

GB: I'm really beginning to feel old, because I don't have all this recall anymore. I don't remember Neil's last name. Mike Frisch. Mike Frisch and I were really close. Mike Frisch was a Quaker—probably still is a Quaker—who had had much experience with Quaker activism and non-violent activism. He taught me a lot about non-violent civil disobedience. And actually, he—and I helped him—organized the non-violent trainings for ACT UP through Quakers. We organized a weekend training for trainers, and we got the Quakers to come in and train us how to train others to do civil disobedience. And Mike and I did a lot of the MHA work together, and kind of really were a part of as—I understood that group to be a kind of consciousness-raising support group. Other than that, I was involved in various affinity groups when I was getting arrested.

00:45:00

I went to an ACT UP meeting every night of the week for the longest time, from very early on until many years later. I was part of the Actions Committee. I never went in for Treatment and Data, or things like that. I was always part of any Action Committee.

SS: What were some of the big actions that you worked on, or the ones that you remember?

GB: Well, the most important one to me, and it was the first, was I was a principal organizer of the non-violent takeover of the Food and Drug Administration. How that happened was David Barr and Mickey Wheatley invited me out to lunch, and they said, “Gregg, you’re becoming a very visible leader within ACT UP. When you speak, people listen to you and your opinion carries a lot of weight within the group.” By this time, I had become very comfortable with speaking within the group and spoke often about issues that I thought were important. And I realized actually, consciously, that your opinion would be heard if you didn’t ramble. I remember having this kind of conscious realization that if you stood up and said exactly what you meant and didn’t trail off into some kind of rambling, incoherence, which is often the style of many people in meetings, that actually your opinion would be respected or at least heard. So that’s what I used to do. I used to stand up and, in two or three sentences, explain exactly what I thought with my opinion. It’s true that people did listen, at least. If I didn’t sway them, they at least listened to what I had to say.

So David Barr and Mickey Wheatley had picked up on this. They said, “Look, we have this idea for a strategy that would be very different than things that have been tried before in activism. Millions of groups, not millions that’s an exaggeration, but many groups have gone to Washington and protested in front of the White House. Many groups have protested in front of Congress. For our movement, we need to go to the Food and Drug Administration. This is very specific. This is an institution that is very specific to the issues that we’re facing.”

SS: What was the demand that they had in mind?

GB: Cut through the red tape. The idea was to cut through the bureaucratic red tape of the Food and Drug Administration. But more than that, that people with AIDS should be involved in every level of decision-making concerning research for a treatment and a cure for our disease.

SS: Now had they gone to the FDA?

GB: No.

SS: They had never approached them on any level? They had no discussions with them?

GB: They might have. Actually, no they had not, because the FDA was not—there was no way to get into the FDA. The FDA was not interested, and I don't think there was any way to get in at that point. The door seemed closed.

SS: So it wasn't like they said, "Listen FDA, what about fast-track," and they said "fuck you" and they said, "Okay, we're going to have this demonstration." They started with the action.

GB: There was a history of—there was a history that predated the action, which had to do with sluggishness on drugs. There was an unwillingness to test HIV drugs. There were like thirty drugs in the pipeline that we thought were promising, that the FDA had back-burnered and not pushed through to the testing process. So there was a history of slow response. I think it was on the basis of that history that they—I really think it was David and Mickey who had the idea, as far as I know.

SS: So they came to you.

GB: David and Mickey came to me. I was kind of reluctant. I knew I had this idea about how you say something meaningfully within a large group, but I didn't think I

00:50:00 was a leader or anything like that at that point. They said, “No, you’re really like one of the up-and-coming leaders and you have to take responsibility for that. We want to do this. We want to approach the group to do this.” So they convinced me. I think I made an announcement that a working group would form around this idea. Then because I was going to at least one meeting, sometimes two meetings, a night, the idea got filtered out pretty quickly among the various smaller groups that were meeting—the Treatment and Data group. I think David was part of Treatment and Data, so he was working in the Treatment and Data group to gain consensus about the FDA being the target. I was working through the various action committees to gain consensus for the idea.

We got consensus for the idea. Then the job was to try to get national consensus among other ACT UPs, because the other piece of it that we thought would be great would be if all the ACT UPs got together and did an action. So me, and Robert Vazquez, and Deb Levine got sent by ACT UP to San Francisco to meet with all the other ACT UPs. Mary Patton and Ferd Eggan of Chicago were there. LA ACT UP was represented. San Francisco ACT UP was represented, and a few other groups. We did this three-day process where we just basically, through repetition and will, convinced everybody that the Food and Drug Administration was the place to be. The things that David and Mickey were really smart about—there was a contingent of people that thought we should go to Congress, that we should be demonstrating in front of Congress, why bother with this regulatory institution, the FDA, and go to the White House, the president. We had to battle and work through again with the national folks that no, to make the AIDS activist movement significant, and singular, and directly address the

issues that were specific to us demanded a new kind of thinking, a savvier notion of what the target should be, a savvier way of dealing with the media.

So basically, to make a long story short, we convinced the national group. We came back and I remember being very excited and ecstatic that we had convinced all the national groups that we would all go to the FDA. We went directly from the airport to the ACT UP meeting. I thought we would announce it and it would be great, but the ACT UP meeting couldn't find time on the agenda. We had to wait until the next week. But pretty soon a national organization was put in place. ACT-NOW was formed. I was the first representative from ACT UP New York in ACT-NOW, which was the national group.

SS: Where was that centered?

GB: It had no center. We always spoke on the phone in these conference calls.

SS: And how many ACT UPs were there?

GB: Yeah, I don't remember. I just remember there being New York, Chicago, LA, and San Francisco, frankly. I'm sure there were others. I know there was a Florida, although Florida wasn't represented. I have recently become friends with someone who was involved with ACT UP Florida. I think there was a Philadelphia, but I don't remember that Philadelphia was represented at that ACT-NOW meeting.

SS: Let me just ask you some questions. Why would David Barr ask you to do it instead of him doing it himself?

GB: I don't know. That was the thing. It was very strange. It was like a pitch, or some kind of Hollywood pitch. They literally took me out to lunch at the Cloisters and

they said, “You, you’re the new leader. Don’t you understand? People listen to you. When you stand up, people listen to you.” It was very much—

SS: Was that part of the culture of ACT UP, taking people to lunch to—?

GB: No. I don’t know. That never happened again.

SS: Treatment and Data had a need for cooperation with the FDA. So the organization as a whole had an action to force the FDA to cooperate with us for treatment needs. Would you say that that was a standard structure inside ACT UP?

00:55:00 GB: There were a lot of different informal structures within ACT UP. The group was very intimate. Like all groups, there were lines of communication, various loops—you know, popularity, credibility, all these things played a role in terms of what role you could play within the group. The group also had a very kind of anarchic quality to it. I could talk about this later. I was a leader in ACT UP, but for very shortly. I realized that, at a certain point, the group just was chewing and spitting out its leadership on a regular basis.

SS: What did you experience with that?

GB: I didn’t fight it. I did the FDA action. The FDA action meant that I stood up every week in front of the group and talked up the action, built up support for the action, dramatized it. I came up with the idea that I would start counting the days until we took over the Food and Drug Administration, because it didn’t seem real. It didn’t seem real to people. It was the largest thing we tried. It was the first time we were going to be bussing people to another city, and it just didn’t seam real. From the organizational standpoint, people weren’t really jumping into action. There were housing things that needed to be done, and posters, and signing up people on the busses. Were we really

going to deliver a significant contingent? How were we going to interact with all the other ACT UPs? Could we do something coordinated?

In the end, we kind of adopted the kind of brilliant strategy of the decentralized model, the affinity group model. So affinity groups could do anything they wanted, within parameters. That cellular model worked for ACT UP New York and it worked for all the other ACT UPs. So there was a lot of difference within the groups and among the groups. But there was a kind of sluggishness about the tasks that needed to be done for this takeover of the Food and Drug Administration. I also had started using a kind of language—I had a kind of fantasy about what kind of activist language it should be. So I had come up with this slogan, “Seize Control of the FDA.” That was frightening to many people, this notion of seizing control. But I was very insistent: “This is what has to be. It has to be that we are just going to take over the agency. The agency is not being run in our interests. People with AIDS are going to take over the agency and run it in our own interests.” This is very much the idea, which I think was the lasting historical contribution of ACT UP, that people with AIDS be in control of all decisions concerning our health. It was very significant and it’s very consistent within the history of civil rights movements. Primarily, the core principle is self-determination. So this is self-determination for people with a disease. But it’s also the heart of the union movement: self-determination for workers to run their work life; the civil rights movement, self-determination of people of color; feminism; gay and lesbian liberation. It’s consistent, and you can see actually our demand, as activists, as people with AIDS, or supporters of people with AIDS in the AIDS activist movement is completely consistent with the history of civil rights.

SS: I just want to get back to the theory/action relationship. So a committee or a constituency would have a need, and then the organization as whole would do the action to facilitate that need?

GB: Not necessarily. Sometimes ideas came from the floor on Monday night. As the group got more established, it became more formal in its informal institutionalization, meaning that the people like me and others, who went to meetings on a nightly basis, were in a position to do consensus-building among smaller groups before the large meeting would happen. So I became aware of this, and I'm sure other people were aware of this as well, that if you wanted to present an idea to the group, and you wanted to win consensus, then you had to do a certain amount of campaigning within the group. You couldn't just come up with a speech that would sway hearts and minds on the floor on Monday night. You had to develop that speech, you had to develop that rhetoric, and you had to do a lot of face-to-face politicking along the way in order to gain consensus.

I don't think there's anything ominous about this. This is how grassroots, democratic politics work. To a certain extent, this is how democratic politics is supposed to work in general. You convince people of the validity of your ideas. You have to go out there and convince people.

SS: So in the culture of ACT UP, what would be something that would be persuasive?

01:00:00

GB: In the culture of ACT UP, I can't come up with anything specific about—in relation to the FDA, it had to do with explaining why the FDA was an issue that would address the different constituencies affected by AIDS. Why would it be important for

people of color to go to the FDA? Why would it be important for women? What would be the issues for people of color? What would be the issues for women? What would be the issues for gay men? What would be the issues for people with AIDS, in general? It was a constant process, this process of ideas having to meet the test of consensus. Even though it wasn't a consensus-driven group, we voted. But in order to get votes, you had to develop a certain amount of foundational consensus. And in order to get foundational consensus, the ideas had to meet a series of tests on what were the concerns of the group. And the concerns of the group were coalition politics, feminist politics, race politics, sexual politics, the cause of the members of the groups and their various interests and needs.

So things came from committees. Things came from individuals on the floor. The great thing about ACT UP, the brilliant thing, was that it really was—I remember explaining this to a judge in the needle exchange case—was that ACT UP was not one monolithic institution. It was a group of people who met every Monday night. Many of them were parts of smaller groups, or cells, or affinity groups within the larger group. And those affinity groups to some extent had, if not a separate life, a life outside the group. So it was much more molecular in structure. The meetings were very interesting. Once I really got in the inside of ACT UP, I never sat—there was a period where I never sat on the large meeting. I was always doing business on the side. I would check in and see, when something came up that I was interested in. Or I would make sure that I was listening, so that when they talked about the FDA I would get up and make my presentation on the FDA. But I was in a back room, or a side room somewhere in the

community center, talking to David or other people, addressing whatever needed to be addressed.

It was roiling. The feeling of ACT UP in its heyday—this was like 1988—when the room was packed, and you could hardly get into the ground floor of the Gay Community Center. If the weather was nice, the meeting spills out into the courtyard. There is business happening all over the place. It's very difficult for the people who are actually running the meeting to get the attention of the group. There is all kinds of sexiness going on, as well. There is all kinds of cruising going on on the sides, and eye catching, and chattiness. There was an energy in the group that was amazing, because it was filled with people who had ideas, filled with people who had energies, filled with a kind of erotic energy. And all that came together. It was in some ways like a bazaar of desires. So it was amazing that anything got done. An enormous amount got done.

SS: What did get won by the FDA action?

GB: The FDA action—well, here's a bunch of things. ACT UP was at first a defensive group. ACT UP was organized as a group that was freed to do direct action in a way that GMHC and other organizations that had arisen could not, any longer, because of funding issues—non-profit status, things like this. Also, GMHC had its hands full with taking care of people in Chelsea at that time. The job of providing care to our own was huge and absolutely necessary. I know, historically, there is supposed to be some kind of antinomy between GMHC and ACT UP. The legend is Larry founded GMHC, and then it doesn't rise to his expectations of an activist group, so he forms ACT UP. That's Larry's story. I think it's much more complicated than that. And GMHC was

preoccupied with necessary work, which is also activist work. ACT UP wasn't going to be a service organization; it was going to do something else.

01:05:00 But ACT UP initially was defensive. In 1985—people don't realize that in the mid-1980s, at very high levels within the Reagan administration, quarantine and mandatory HIV testing were considered viable policy options. You had people like [William F.] Buckley, who said that gay men should be tattooed on their ass, and drug users should be tattooed on their arms, so the invisible threats would be rendered visible. We were aware of the history of internment of the Japanese during World War II. The *Native* had a cover, I remember, that was very significant to me. I remember clearly it was a picture of Japanese interned during World War II. We were very scared that the Reagan administration was going to put people with AIDS in internment camps. And I think we can close to that in this country. I do not think we were simply panicking or engaging in some kind of conspiratorial fantasy.

So ACT UP's very first—I don't know if it was the very first, it all gets jumbled up in my head. But a really important, significant action was the Gay Pride; it must have been summer of 1987 or 1988. ACT UP had a concentration camp float in Gay Pride. It was in *Testing the Limits*, so it must have been 1987, because I shot video of that. So it must have been summer of 1987. Our first charge was to awaken the community to the possibilities of some very serious repressive actions against us, and to defend ourselves. I remember I wrote my first essay, called "Picture A Coalition," which was a kind of theoretical essay about the *Testing the Limits* experience. I wrote it for *October Magazine*, and I remember writing in it that armed resistance would be a justifiable response to quarantine. I remember thinking through those problems, and what would be

a legitimate response. How could we defend ourselves from being put into camps? I remember thinking aloud that perhaps armed resistance would be one justifiable means. Now, I've never shot a gun, and I don't plan on shooting guns. I have since become very much involved with the politics of non-violence. But that's how serious the threat seemed to me at that time.

What the FDA did was shift the group away from a defensive posture to an offensive posture. The FDA action put us on the offense and enabled us to come up with a vision for the way that healthcare should be done in this country, the way that drugs should be researched, and sold, and made available. Most importantly—and I keep returning to this—was the idea that people with AIDS should be at the center of the public discussion on AIDS. The FDA might not have been the only reason this happened, but it coincided with a shift. We had wrested control of the public discussion on AIDS away from the hands of the right wing in this country and towards the direction of, or in the hands of, people with the disease itself.

That was a conscious strategy on our part. I mean, I think when we were organizing the FDA we knew that this was different, that we were going on the offensive. We weren't just making statements that responded to assaults from the right. We had our agenda. We were just going to seize control of the FDA and run the fucking thing ourselves. We knew that we weren't actually going to do that, but this was it. We were just going to seize control. This was why it was so important, even though many people found that frightening—I was told, “Gregg, back off of that rhetoric.” But I just thought it was incredibly important to stay on point with that rhetoric.

SS: Who told you to back off? Do you remember?

GB: I don't remember, exactly.

SS: So when you got diagnosed in 1988, did that change what kind of actions you—did it change your participation in ACT UP?

01:10:00 GB: I did a crazy thing. I tested positive in the afternoon, on a Monday, and I went directly to the meeting and announced that I had tested positive. I have spent many years thinking about why I did that, particularly since I had sexual partners in the room. There was a number of people I was sleeping with at that time, who were in the room, whom I hadn't told before I announced it to the group. In the end, I think it had to do with fear—and economy. I didn't want to go through this alone, and I also didn't want to have face-to-face meetings with anybody. I was just like, "I'll announce it and it will go through the rumor mill. And I just won't have to tell anybody. Everyone will know who needs to know, and that's it."

But also, it coincided with something else. I was explaining this to someone the other day that there was a period in ACT UP where it was taboo to identify as a person with HIV within the group. It's hard to imagine, but you'd be sitting in this room and you would assume that most of the men in this room were positive or had lovers who were positive. But no one—I only remember Michael Callen and Griffin Gold were the two people who would announce that they were people with AIDS before they spoke. No one else—I don't remember anyone else doing that in ACT UP at any of the early meetings.

I decided that it was really important that people in the group be honest about their status to each other, that we couldn't have this stigma, this secrecy within the group.

There was no need within the group to internalize the stigma attached to being a person with AIDS out in the world. It was nothing to be ashamed of.

SS: So what was the reaction to your announcement?

GB: I remember stunned, a few gasps. A few people rolled their eyes. Later Mark Harrington told me he thought it was the cheapest, most manipulative way to get people to come to my action. It was in the context of some needle exchange I was organizing. But a lot of people came up afterwards and asked if they could be of any help. You know, at that time I was crazed. I was told that I had like a year or two to live, statistically. I knew through ACT UP that there were people with AIDS who were living longer than that, but statistically at that time in history I had a year or so. I was twenty-four or twenty-three. I didn't know what to do with this news. So I wasn't going to live with it, I was just going to make other people live with it. Or at least I wasn't going to live with it alone. So that's why I did that crazy thing.

In the end, ACT UP became a much—I'm not crediting myself with this, but it co-arose with a shift in the group. I don't even know if I was the first person that—I'm not trying to claim that. Around that time people started coming out about their status within the group and breaking this taboo within the group.

SS: Why did you get involved in needle exchange?

GB: I did a lot of drugs. I never shot drugs, but I did a lot of coke and a lot of speed. I was slightly involved with even dealing coke at a certain point. When I tested positive they asked me some questions at the STD clinic, and then later at the Community Health Project when I went to seek advice about what to do. They asked me questions like, "How much do you drink? Do you do drugs?" I answered those questions honestly,

because they were in environments where I felt safe to answer those questions. And they were somewhat alarmed by how much I was drinking and how much drugs I was doing. I was not alarmed. Everyone else I knew was drinking and doing that much drugs. They said, “It would probably be a good idea, since you have HIV, that you probably shouldn’t drink and do drugs anymore.”

01:15:00 I didn’t know how to turn that button off, so it was suggested that I should go to AA. I remember Barbara Warren, at the Community Health Project. She was not with the Community Health Project. It was probably the substance abuse services at the Gay Community Services Center. She said, “Just go to a meeting. You don’t have to identify as anything. Just go. You’ll hear other peoples’ stories.” So I went. I started going to AA because I just needed to turn that off pretty fast. And I was panicked. To this day, frankly, I don’t know. I could have gone either way, I guess. I could have just started doing a lot more drugs. I don’t really know why I made that choice. I guess I have a very strong desire to survive or preserve myself. I know other people who went, after testing positive, in that other direction, where they just did more drugs, or sought comfort in what they were doing.

So I stopped. I went to AA and became part of that culture. Through that culture, started to think about AIDS issues for drug users. Now, because I wasn’t a needle user, I wasn’t involved with the stigma around needles. A lot of the early people who I talked about—a lot of other people in AA/NA were very, very, first of all hesitant about becoming activists. But they were also really hesitant about the idea of distributing needles, because AA/NA is an abstinence model of treatment. It was interesting, I guess, because I didn’t do needles that I didn’t have this charged relationship to them, and I

wasn't afraid that necessarily distributing them was condoning drug use. I was sensitive to the idea, and always thought, and was very much involved with the needle exchange politics, that needle exchange was never sufficient, and we should always be fighting for more treatment slots and much more funding for treatment, and that needle exchange was just part of it.

What I wanted to get ACT UP hooked up with—I was always very interested in coalition politics. I wanted ACT UP to join what was going on in the South Bronx. I wanted ACT UP to be larger than just Downtown Manhattan. I thought it should be a place where drug users would feel comfortable coming. There were a lot of issues for drug users that weren't being addressed. I forgot the question, sorry.

SS: How did you get involved in needle exchange? How did ACT UP get involved in needle exchange?

GB: I, and a bunch of others, formed a committee.

SS: Who were the others?

GB: Richard Elovich was the one—there was a lot of people, but Richard Elovich was the one. That's when I met Richard and we became very close friends. Richard had many years behind shooting drugs and had been in recovery. That happened later. There were stages of process in the group about the discussion. There was resistance within the group about issues like needle exchange issues.

SS: Why?

GB: I think it had to do with fear of addicts. I think that there was enough stigma. It was enough that this was a gay group during the AIDS crisis—do we have to bring in addicts too?

SS: So you're saying they were afraid of the stigma of how other people viewed addicts?

GB: No, I think people in the group had phobias of their own of addicts.

SS: But weren't there a lot of drug users in the group?

GB: Not then, and certainly not out. I think there were a lot in the group, but also like this process of people coming out about their own status there was also a kind of parallel process of people coming out about their drug use. Yeah, of course there were a lot of people who used drugs in the group. Now, not everyone would necessarily consider themselves addicts and maybe many were not. Were there a lot of needle users in the group? I don't know how many needle users there were. Of course, it was one thing to do drugs dancing. It was another thing to be involved with the needle culture. Now, of course there was probably some overlap, but no one was talking about it. So
01:20:00 there was a process within the group where a few people who had been involved with drugs had to come out. That was a long process.

When I tested positive in 1988 and was organizing a needle exchange and then demonstration, it was part of an effort to get the group to work with Yolanda Serrano's group, just to form this coalition, and to sign on to—

SS: That was ADAPT [Association for Drug Abuse Prevention and Treatment]?

GB: Yeah, ADAPT.

SS: What did that stand for?

GB: I have no idea.

JW: AIDS Drug Assistance Program and Treatment.

GB: Yeah. It was about this coalition effort. We hadn't even gotten to the place where we were going to hand out needles. We wanted to, actually, but the ADAPT people and the other people who were actually working on this didn't think it was appropriate at that moment.

SS: For them to do it or for you to do it?

GB: For anyone to do it. The city wasn't there enough. It would be too alienating. And the people who were doing work among drug users in the South Bronx or anywhere else, also—there was not consensus about needle exchange as a form of harm reduction. Now we were like using our privilege in ACT UP. Part of ACT UP was about privilege. There were a lot of people who were poor in ACT UP, but those of us who got arrested, we worked in such a way or we didn't work, or we had jobs where it didn't really matter if we got arrested. I was always really into the idea that if you had privilege then you could use it in this way. So we were willing to pass out needles because we had nothing to lose. But the other groups who were involved weren't ready to go that step. They didn't want to be trumped by ACT UP, or it could have backfired.

There was a lot of resistance, so out of respect we listened to those groups. We were still arguing. It was still legitimate to argue for a needle exchange, but no one was willing to go that step to actually hand out needles. And it wouldn't be for three years later that we in ACT UP would do that.

SS: We just remembered another person.

GB: Neil Broome, the Neil I referred to in MHA. Neil Broome, who I adored.

SS: Now what about the contingent of women with AIDS who came into ACT UP, some of whom came out of Bedford Hills? I'm thinking of Katrina Haslip,

and Marina Alvarez, and Iris de la Cruz. What was their relationship to the needle exchange program?

GB: I don't remember working with them. They came in later than what I am talking about. What I am talking about is 1988. We didn't do the needle exchange thing until like 1991, I think, is when we finally said that we could do this. No one was doing it. Even the groups that we were listening to earlier in 1988 still hadn't done it. We still felt like we had the privilege. We had the kind of currency in the straight world—that's a weird thing to say in this context, but the non-drug using world—to be able to put ourselves out there. I don't remember their involvement in that. Certainly, they were not among the ten people that got arrested handing out needles.

SS: So then the people who came into ACT UP from a drug background, those women did not connect with you guys on this subject?

GB: Other people did, but not those women, that I remember. Other people did, for sure. After a while, it was a welcoming place for drug users and it was a comfortable place for drug users to identify as such. That had a lot to do with the stages that we went through that I was describing earlier, about people within the group talking about their drug use.

SS: So in the three years before, since you were formed, and before the actual needle exchange case, what were you guys doing?

GB: Well, it was on and off. We did that. It was the Nine Days of Action, which we called "nine days of rain" because it rained all nine days. My one day was the needle exchange thing, and we did this demonstration at city hall. Then I don't remember dealing with needle exchange for a while after that. I went on to something else, because

01:25:00 we had done it and the goal of that was to get needle exchange and drug users' issues on the agenda of ACT UP, and to raise the consciousness within ACT UP to accept those issues as our own. That was successful, I think. The issues were still there, but we weren't really working on that.

SS: So tell how the actual needle exchange case came to be.

GB: The needle exchange case, we started going out—Richard Elovich, and I, and a bunch of others—started going out with Parker. I think his name is Parker, Richard Parker—not the Parker up at Columbia, another guy from Boston, a drug user who had gotten arrested in Boston for passing out needles and came to New York to do the same thing. We got hooked up with him. He was doing a needle exchange thing. He was on his own, and we kind of hooked up with him and started making the rounds with him, and figured out how to get needles.

SS: How did you get them?

GB: People drove to Pennsylvania with a prescription, and people who had prescriptions for needles went to a state where it was legal to get them if you needed them for being diabetic or something like that, and bought cases of them and drove them back. And a bunch of us used to go out with Parker, and go out to Brooklyn SROs and started handing out needles on Delancey Street. They weren't banned. It wasn't really an exchange. We would ask for needles back, but we rarely ever got them and we would still give clean needles out—with bleach kits, and condoms, and education material in Spanish and English.

SS: And what was the purpose?

GB: The purpose was just to start doing it, because no one was doing it. But we also realized quickly that we were not in the position to do it for the city. So we realized that what we were doing was largely symbolic—symbolic for ourselves and to no one else. Therefore, we should call attention to ourselves doing it.

SS: How did people receive the needles?

GB: What do you mean?

SS: People in the street, when you would offer them needles, what was their reception?

GB: Well, first there would be suspicion. You know, you would walk around down on Delancey Street, and if you would see someone—it's like dealing, basically. If you see someone who you think might use needles, you just kind of whispered to them as they passed, "Do you get high?" They would stop, maybe, because they didn't know necessarily what you were offering.

SS: So you didn't have like a big booth?

GB: No. No one would come to a big booth. No, we had them in our pockets. We would walk around and approach people. Often the question would be, "Do you get high? Do you use clean needles? Do you know why it's important to use clean needles?"

SS: Would you do it once a week?

GB: Yeah. We didn't do it that much when we realized we needed to call attention to what we were doing, because we needed the city to do it.

SS: And did people know about AIDS, the people you were giving needles to?

GB: Some did, some didn't. Everyone needed clean needles. I think we were like hanging out around the corner from where there was a methadone clinic, or something like that.

SS: Okay, so how did you get the attention?

01:30:00 GB: The police knew what we were doing, actually, and they weren't arresting us. We thought we would get arrested and we would take the case to court. But no one was going to arrest us, because the police actually didn't think it was a bad idea. So we had to tell the press. So I think Richard called someone up at *Newsday* who he had been talking to, who had been following the issue. Some reporter, I forget her name, she came out to an SRO in Brooklyn that we went to, where we were passing out needles. That was an interesting situation, because we did that with Parker and he would always go and get like two rotisserie chickens. We would walk into this SRO and he would just plunk these rotisserie chickens down on the communal table, and the smell would like fill the hall. People would come to get food. Then we would just start working the room, basically: "Do you need needles? Do you know about AIDS? Do you get clean needles? Do you know how to clean a needle?" At that time, we had this idea that bleach could clean needles. We know now that's not really a very good strategy.

SS: Oh, it's not true?

GB: That's not a very good strategy. Sterile needles are much better than cleaning your own.

SS: Are you saying that the bleach wasn't effective?

GB: You would have to ask someone like Richard about that. I think in the end it wasn't deemed as effective as we thought at that time. And we always thought bleach

was stupid, anyway. I mean, getting people to clean the needles with bleach was just really stupid anyway. The needles get dull, and you need a fresh needle anyway if you are going to shoot regularly. I guess. Again, I was not a needle user, but I was really interested in these issues. I knew enough about drugs, and the drug world, and dealing. I also knew how to cop drugs. So I knew enough, but I was not in the needle world. But in the end, sterile needles are the best solution.

SS: So he called *Newsday*.

GB: So Richard called *Newsday*, this reporter who had been following us around, and said, “Look, we’re going to announce that we’re going to be on such and such a corner—Delancey and Essex, on such and such a day, and we’ll be passing out needles.” Then we had like a banner, and a table, and all the things that we would never do when we were actually doing a needle exchange, because no one would come over to something with a banner. This was a very well coordinated thing, because as soon as we announced it, and *Newsday* announced it, we got calls from the police, and Richard spoke to the police. We promised we wouldn’t have any needles. This was a huge deal for the police. It freaked them out to arrest people with needles. So we promised there wouldn’t be any needles on us, bodily, that we would have a sharps container with needles in it, and we would have packages of clean, sterile needles out on the table. But no person arrested—we promised that no one would be stuck with a needle when they were searching us for the arrest. You understand the concern here?

SS: The police didn’t want to be stuck with needles.

GB: The police didn’t want to be stuck with needles, so we coordinated the arrest because we wanted to address the concerns of the police. We thought that in this

instance, since it was ten people getting arrested, and it was really all about getting the press—saying, “There’s a group of ten people down on Delancey and Essex handing out sterile needles.” It wasn’t really about the arrest. It was about the court case. So we all walked into the vans. They searched us. Well, we showed up at Delancey and Essex. I forget what time—like ten o’clock in the morning. What day, I don’t really know. There was some counterprotest by the Guardian Angels across the street, against us handing out needles. I remember ACT UP had its own supportive protest across from the Guardian Angels protest. It was all over in like ten minutes—lots of press, lots of pictures. We handed over our sharps container, our few token containers of clean needles. Ten of us walked into the police vans, and that was it. Then we were in court for like a year.

SS: Did the ACT UP Media Committee—were they involved in this?

GB: Yes.

SS: Do you remember who that was?

GB: I don’t remember who was involved. It could have been Michelangelo [Signorile]; I’m not quite sure.

SS: And the floor supported this action?

GB: Yes.

SS: Okay, so then what happened? You went to court.

GB: We were in court for a long time. I can’t remember if I’m exaggerating this in my head or not, but it seemed like a year. I don’t quite know. It was a very long trial. We kept having dates and then coming back. And then there would be a period where we wouldn’t have dates. It wasn’t a jury trial. Jill Harris was one of our lawyers. Who was our other lawyer? Why am I forgetting his name?

SS: It wasn't David Barr?

GB: No. Eventually Deb Levine and he would get married.

SS: Mike.

GB: Mike Spiegel, right. Jill Harris and Mike Spiegel were our lawyers. Richard Elovich represented himself, and the rest of us were represented by either Jill or Mike Spiegel.

SS: Why did Richard represent himself?

01:35:00 GB: I think he was really interested in the idea. We were all really interested in these ideas of how you represent yourself. You should ask him, but I think at the time he felt like he wanted to be able to say whatever he wanted to say. And also, Richard was the only one among us—I don't know if he was the only one, but he was the most visible person who was willing to say that he used needles. It was really interesting to have someone representing themselves who had been a former needle user in that instance, which you couldn't say for the other nine people, necessarily. Maybe they did. Actually, I don't know the drug histories of a lot of the people who were involved with the needle exchange, the ten people. You see, the ten people who decided to get arrested weren't necessarily the ten people who were going out and giving out needles. They were people from the floor of ACT UP who were willing to take this arrest.

SS: Do you remember who else was there, besides you and Richard?

GB: I'm embarrassed to say that I remember faces, but I don't really remember names. It's terrible.

SS: So what was the demand in the courtroom? What were you arguing for?

GB: The demand was—oh, this was why the needle exchange case was such a success. We won on the grounds of necessity, which was that we were arguing that we were committing a wrong, breaking the law, to prevent a greater wrong. That greater wrong was not providing needles and treatment to drug users. We won. That's the Holy Grail of activists, to win a necessity defense. That's what we won.

SS: What was the consequence?

GB: The consequences were interesting. Needle exchange was not legalized, per se. What we risked by being arrested with needles in our possession was a misdemeanor crime that carried up to a year in jail as its consequence. Now most people who get arrested with needles on them don't spend a year in jail. It's something that cops were using. It's like they were harassing a homeless person, or if they arrested a homeless person and that homeless person had a needle in his or her pocket they could put that person in jail overnight, or whatever, or give them jail time, or something like that. But possession of a needle carried as much as one year in prison, a maximum. That's what we risked. Our demand was for there to be needle exchange. So they didn't legalize needles. To my knowledge needles are still considered paraphernalia, which would carry a charge if the police or the city decided to press one against people. What was allowed to go into law was an exception that allowed for people who were doing authorized needle exchange work to carry needles.

SS: And is there currently a needle exchange program?

GB: Yeah. To my knowledge there is, although I haven't kept up with it.

SS: And it's funded by the city, as far as you know?

GB: I'm not quite sure if it's funded by the city, or AmFAR. There are various funders that have done it. There were three needle exchanges at one time. I don't know where any of them are at. Actually, I did not get involved with the—Rod Sorge did, a bunch of other people did—with the day-to-day administration of the Lower East Side needle exchange program. I wasn't really involved with the Lower East Side needle exchange program. My involvement was around this court case and creating the ground for that to happen. But I didn't go in that direction. Richard did. You should talk to Richard about it, because Richard was involved with all those things.

SS: Was there discussion in ACT UP about court cases in general, about the question of pursuing court cases?

GB: Yeah, there were always kinds of discussions about it informally and formally. You would have to through a case-by-case basis. I think ours was a good outcome. The Stephen Joseph harassment was vexing. I think people are a lot more ambivalent about that.

SS: Were you involved in that?

GB: No.

SS: So, when you were trying to make treatment decisions for yourself, did you go to people inside ACT UP?

01:40:00 GB: I went to my friends who happened to be inside ACT UP. I was involved with many different committees in ACT UP, but I was never involved with Treatment and Data. It has to do with my own specific idiosyncrasy. I'm an academic and I read enormous amounts of theory and very difficult texts, but I have never been able get myself to focus on medical texts. I never developed the talent of a Mark Harrington,

someone who studied literature at Harvard but managed to teach himself biology. I can never do it. I think to some extent it's an unconscious block. I just cannot read treatment literature. So I have always had to rely on people like Mark, and David, and others to help me negotiate information about my treatment decisions.

SS: So what were your first treatment decisions?

GB: Some of them were parallel to the history of crazy treatment decisions. When I was at GMHC—you know I worked at GMHC from 1988 to 1993. That's how, basically, I supported myself. You asked me how I supported myself, though in the early days there was this kind of bohemian thing. Then there was the art preparator thing. But from 1988, Jean Carlomusto hired me at the Gay Men's Health Crisis. And from 1988 to 1993, I worked at the Gay Men's Health Crisis producing their video education materials. Jean and I had a weekly cable show called *Living With AIDS*, which was a show by and for people with AIDS.

SS: Let me just ask you about that for a second. Did you have guidelines from GMHC, or were you allowed to do whatever you wanted?

GB: It was a city contract that GMHC had gotten. GMHC had gotten money from the city to do a weekly cable show for people with AIDS as its audience. First it was just Jean, and then she brought me on. There might have been someone before Jean that she was working with, but Jean brought me on. Then it was me and Jean for a long time, and then we brought others on later. We did the show. A lot of it was we were interested and involved with ACT UP, so we shot and showed a lot of ACT UP demonstrations. But we also did a lot of interviews and we made some educational tapes. "Work Your Body" was a tape for people who just tested HIV-positive. "PWA Power"

was about the PWA Coalition, and was an empowerment tape for people with AIDS. We made tapes about thinking about death. We made tapes about women and AIDS. We made safer-sex porn. And all these things ended up going on the cable show, more or less.

SS: So what were your treatment decisions, your first ones?

GB: I remember going on this—I forget the name of this drug, but it was a Japanese blood thinner. It was a Japanese product that was a blood thinner, that everyone was taking at the time. I remember it was being imported maybe through the—what was it?

SS: The buyers' club?

GB: The buyers' club, yes.

SS: I forget the name of it.

JH: PWA Health Group?

GB: PWA Health Group. So I took those. It gave me diarrhea. In the end, it didn't do anything great for me.

SS: Were you working with a doctor, or were you making your decisions with the T and D guys?

GB: At that time, I didn't have—I had a lot of different people available to me. I remember going into Barry's office. I forget Barry's last name. Barry was a very big figure in ACT UP early on. Barry Gingell. I remember walking into Dr. Barry Gingell's office and saying, "Look, I just tested positive. What do you think I should do?" And Barry really not knowing. I said, "What do you think about me going on this drug that's

being imported from Japan?” He said, “It can’t kill you. It won’t hurt you.” So it was basically kinds of things like that.

I didn’t go on treatment until later, really, because it had to do with numbers. Initially when I tested positive, the Community Health Project was my major health care provider because I didn’t have insurance. Then when I got hired at GMHC, it was a big deal because I got health insurance. So then I started seeing Dr. Howard Grossman. He was my doctor for years. So between him and others—in the end, there weren’t that many treatment decisions to make in those days. It was AZT or not AZT. Now it’s really—you have three different classes, and which ones work synergistically with which, which ones do you have a resistance to, which ones were you naïve to? There is a lot more to mix and match, but at that time there weren’t that many decisions to make.

01:45:00

SS: Did you get in on any of the experimental drug trials that some people in ACT UP were part of?

GB: No I didn’t, because I wasn’t feeling particularly bad. My numbers weren’t—I can’t remember when I first started getting numbers. It must have been when I went to Howard, or something. Or maybe Community Health Project might have done it. No, of course not, because the T-cell test wasn’t—people didn’t do the T-cell test then, right? So I don’t remember when I first got my first t-cells. It must have been in the 1990s when I first got my first t-cell test. No, there was nothing to make treatment decisions based on anything, because there were no numbers to crunch or anything. We were really kind of flying blind at that time.

And the drugs were such that they were harsh, so you had to decide on the basis of how you were feeling whether or not it was worth it for you to go on these drugs. And

going on AZT at the doses—I went on AZT when it was the huge AZT dose, and you had to get a pill box with an alarm and you had to take it three times a day. I remember after I was taking AZT they cut the dose in half, basically. But I went on the first, very large dose. That was terrible, awful—jittery, diarrhea. There was this awful feeling of “blech” throughout your entire body. But it wasn’t until later, in the early 1990s, that it was necessary for me to make those kinds of treatment decisions.

SS: Did you use ACT UP as a resource for making those decisions?

GB: The reason why that’s a hard question for me to answer is because—yes, is the short answer. The longer answer is that there was nothing outside of ACT UP for me. ACT UP was my life, so yes I used ACT UP. Where else would I go? But it wasn’t like I used ACT UP, in particular. It was Mark, and David, and many other people who were knowledgeable. You didn’t have to go anywhere else to consult people.

SS: Did you use experimental drugs?

GB: No. Like Compound Q and those kinds of things?

SS: Or even the protease inhibitors in the early stages?

GB: No. I was never on a drug trial. I did take these early drugs, like I said, that were like the kind of health group drugs, out of panic and not knowing what to do, and out of a feeling like I should do something. But no. And I didn’t do a lot of those, as well.

SS: Do you mind telling us what meds you are taking now?

GB: I guess I can tell you. I usually don’t tell people in interviews, because I don’t like to do a product placement or anything like that.

SS: It’s for historical records.

GB: Yeah, it's for historical records so it's different. But in my film, my most recent film, I purposely avoided—because I show myself taking drugs—but I purposely avoided showing the drugs. In fact, I used vitamins just so people wouldn't know what drugs I'm on. But the drug I'm on at the moment—I'm on Kaletra, and Tenofovir, and a bunch of other things. Acyclovir to prevent my herpes from getting out of control. Asacol, which I've been taking for years, which helps with my lymphadenopathy, which I have in my intestinal track. I was taking Bactrim, but my t-cells have gone up above 200 consistently now, for a while, so I have to stop taking the Bactrim for a while. Now I have to take all these other things. I'm diabetic now, as an effect of the pills I'm on. So I have to take a drug called Glyburide, which is a drug for diabetes. I am, at the moment, trying to stay off of insulin. My diabetes is kind of getting out of control, so I'm trying not to have to go to insulin. But I might have to very soon. I take this other drug called Tricor, which is for cholesterol, because the drugs make your cholesterol out of control. I take Paxil. I take an anti-depressant. I take Prevacid, which is for acid reflux, because all of the pills have given me acid reflux and terrible heartburn.

I think that's it. I could just look in my pocket and see if I have forgotten anything. Oh yeah, of course I have to take Imodium every day because the pills give you terrible diarrhea. So I take Imodium. And I also take niacin, too, which is very strange, because I used to take that when I was using coke. It just kind of flushes out your system.

01:50:00

SS: Let's talk about the social world of ACT UP. You were really, in some ways, one of the Romeos of ACT UP. When we interview people, it's like, "Oh,

Gregg Bordowitz.” You were a heartthrob in ACT UP. What was that experience like for you?

GB: Thinking back on it now, it was a place you could have romance. Well, everybody was in love with everybody. There was this intense sense of comradeship and closeness. We were all brought together and felt close because of the meaningfulness of the work, and the fact that people were dying, and people in the group were getting sick. It created this feeling, a heightened intensity. Emotions were very powerful within the group, and they were on the surface of the group. Often people would cry in meetings, or people would get enraged in meetings. It was intense that way. And also, that fuels Eros. That fueled attraction that—people clung to each other, not necessarily in a desperate way, but people found comfort in each other. They enjoyed each other. It was very physical. I would walk through a meeting—you couldn’t walk into the room without having to kiss twenty people.

The culture of the group—first of all, we had developed this thing unconsciously. I don’t remember anyone ever saying this consciously. But in ACT UP, you had to kiss everybody, because you couldn’t be afraid of people with AIDS. So you had to demonstrate that you were not afraid of people with AIDS. So you had to kiss everyone you met. I don’t do that anymore, except for people from that time. But I remember for years, you would see people and you would have to hug and kiss them, no matter where you were. It wasn’t a burden. We liked doing it. I loved doing it. Even people you didn’t even know very well. So there was a physical demonstrability that was part of the culture of ACT UP that had to do with not fearing infection. It was also one of the only

places in the world I can imagine at that where it was possible, where it was acknowledged and encouraged, that people with AIDS should have sex.

SS: But how did you negotiate all your break-ups, and multiple relationships, and everything inside the same room?

GB: I had been, even before ACT UP, living a very messy life that way. There was just an extension. It was easier in ACT UP, because it was so large.

SS: Also, you were the lesbian boyfriend.

GB: I was only one of a number. I don't know how the others got—

SS: What was that?

GB: What was that?

SS: You were a boyfriend of a number of lesbians in ACT UP.

GB: Yes, it's true.

SS: What do you think that was?

GB: I had a lot of boyfriends and I had a few girlfriends in ACT UP. Many people noted that it was interesting that there were lesbians and gay men working together, which, from what I understand historically, was rare. Aside from that, I think peoples' sexualities are varied and broadly defined. I think the names and labels that we, of necessity, use to define us are impoverished in relationship to our actual sexual lives. I think that I formed very close, intimate relationships with a couple of lesbians in the group, and that led to sex.

SS: But why you, more than anyone else?

GB: I have no idea why me. First of all, it couldn't happen with other gay men in the group who don't have sex with women, right? There is nothing unique about me,

01:55:00 except in that context I was a gay-identified man who actually had sex with women. There weren't that many in the group. This was not like a movement within the group. For the most part, the group was gay men who only have sex with men, and lesbians who only have sex with women. Then there was this kind of Venn-diagram overlap of men and women identified as gay or lesbian. No one identified as bisexual, because the radical sexual culture of ACT UP was pro-gay and lesbian. I always understood that. I never really thought it was very interesting to identify as bisexual, because what are you actually doing when you identify as bisexual? You're just kind of—it's seen in that context, in a gay context, to identify as bisexual was just to affirm your heterosexuality, which didn't need to be affirmed in that context, because it was affirmed everywhere else. So if you're in a gay context and you're a homosexual or a bisexual, then what you are going to do is affirm that homosexuality, because that's what needs to be affirmed in that context. You don't need to make a point out of the fact that you also have heterosexual sex. It didn't seem culturally interesting. It didn't seem politically interesting. It didn't seem politically necessary. It wasn't a big issue for me.

My cultural politics, the point of that story before, about wanting to be a citizen of the gay community, there's a story that's interesting to me because for me it's about how being part of a community is not necessarily consistent with a specific identity. You could make a contribution. Now, looking back on it and being thirty-eight, it's interesting that I could make a contribution to the gay community, be part of the gay community, still to some extent be part of a gay world, even though now I've been in a relationship with a woman for several years—community is much more broadly defined

than a specific identity. It can't be reduced to a specific identity, or I don't believe it should be.

It's not that mystifying. The only reason why I had more relationships with women than other gay men in the group was because I was actually interested in sexual relationships with women as well as men.

SS: Another part of the culture of ACT UP was the constant death, and dying, and illness of everyone around you constantly. Yet, now when we talk about it, that kind of gets sort of glossed over or forgotten on some level. Do you remember how that affected you or how you handled that?

GB: I didn't know how to—I never had death before in my life like that. Then, after one person died, then people just kept dying. I was writing about Charles Barber. I hadn't been thinking about Charles in a while, and I was asked to write this piece for *ArtForum* about art and AIDS in the 1980s. I remembered this moment when Charles gave a speech at the first kiss-in. That was an important action for me. I helped organize that. That was probably one of the first actions I organized where I took a visible role. MHA organized that action, actually. We had an affinity group meeting. I'll get back to Charles Barber in a second, and I'll get back to death too. But MHA decided it would be great to do a kiss-in. There was all this talk about stigma, and passing the virus, all this fear about infection. What could we do visibly that would demonstrate that we're not afraid?

So we took this kissing culture idea, and decided we would do a kiss-in, and brought it to the group. There was an enormous amount of resistance to it, but we finally convinced people that it was a good idea to do. And I remember we did like a kissing

training, where we got everyone to kiss the person on the left. So it kind of went along in a kind of chain. At the kiss-in, we had a bunch of speakers to inaugurate the kiss-in. So we were all going to kiss each other on—it was like Sixth Avenue.

SS: It was in the park.

GB: Yeah.

SS: Sheridan Square.

GB: It was at Sheridan Square and then we marched down to Sixth Avenue. We stopped traffic and kissed. It was pouring rain. Jewelle Gomez spoke and gave a really great speech, I remember, on the birthday of the zipper. And Charles Barber spoke as a member of the group, but also a visible person with AIDS. He talked about AIDS being an “Acquired Internal Doubt of Self.” Charles was a poet. But I remember Charlie Barber being one of the first visibly ill people I was close to. He was certainly the first visibly ill person who I had sex with. I remember not knowing how to deal with that—as his friend and also as his lover. I was freaked out by it. And I remember that enormous ambivalence around that, and feeling young and suffocated by the possibility of death, and wanting to be sexual but not really trusting safer-sex, and in the end trusting safer-sex but still having these lingering doubts in my head. And also, being sexual with someone I found really attractive, but whose body was visibly ill. The ambivalence of that—obviously seeing the sexiness there. He was a beautiful man, but also seeing this other thing which represented death.

Having both of those things going on for me at the same time was very new. And then just every week it would be announced that one to three people had died that week. That was part of every meeting.

SS: Who were some of the people who you were really involved with around their illness and death?

GB: I wasn't involved closely with many people as a care team until Ray Navarro. Ray Navarro was my best friend at the time. I don't know what that means. I said that to someone the other day: "It was the anniversary of the death of my best friend, November 9th." They said, "Oh, were you friends with him since childhood?" And then I realized, Ray's been dead longer than I actually knew him. He's been dead twice as long as the amount of years that I knew him. But at that time, if you had asked me "Who's your best friend?" I would have said, "Ray Navarro's my best friend." We hung out together all the time. He was a video maker and an artist, like me. He got sick in—when was the Montreal AIDS conference? 1989. He got sick right after the Montreal AIDS conference in 1989. Actually, his lover got sick and then he got sick. They couldn't get back from Montreal. Finally, we got them back from Montreal. Then, for two years that Ray and his lover, Anthony [Ledesma], were still alive, I moved into that world. And frankly, that's what I did largely, for those years. I mean, people saw I had pulled away from doing work within the group. People were angry because I wasn't as present within ACT UP. I was more involved with cooking dinner for Ray and Anthony. So I just got completely involved with taking care of them.

SS: So when did you leave ACT UP?

GB: 1993. Around 1993.

SS: Why was that?

GB: I started getting alienated from ACT UP around the Stop the Church action.

SS: Why?

GB: Because I didn't think that we could gain anything from the Church. The Church is not a governmental institution. The Church has some contracts to do service work, but the Church by and large is not a body that makes policy about AIDS that I have to live under. And I really wanted us—I felt that ACT UP was a healthcare movement and that ACT UP could achieve universal healthcare within New York State. That's where all of my organizing went. So we did the FDA action, right? On the bus down to the FDA, we planned the City Hall action. I was sitting there with David, and Peter Staley, and a bunch of other people. I think it was me—I said, "Look, we have to go to city hall. Make it local. That's the next action." Michael Nesline was there. I remember because Michael Nesline was teasing us that we were some kind of cabal, or something like that. But I said, "That has to be the next action."

02:05:00 When we got back from the FDA, I immediately started working on the Target City Hall action and started building consensus for that within the group in the way I talked about going to individual meetings and saying that this is our next target, probably the best next target. So that's the action that we did. And from there, I was involved in a number of actions. But I was interested in organizing an action up in Albany. I traveled up to Albany. It wasn't very successful. It didn't get a lot of press. It was a lot of effort and there wasn't much that we got back from it. But my vision or idea for the group at that time was that we would just keep hammering on Albany.

It was significant enough. I remember Mark Aurigemma. We passed by the governor's mansion and Cuomo came out and had a conversation with us. Mark Aurigemma was the point person who took the governor on. The governor was very responsive. Of course, he's kind of a brilliant guy, Cuomo. So that was actually

successful. So my idea was, “Okay, enough of this we’re all over the place. Now it’s time to kind of dig in for a long campaign, because we really have the opportunity here to get universal healthcare for the state.” That brought me into tensions with a whole bunch of people.

By this time, I’m an out person with HIV within the group. And yet, that goes against the grain of the position of being an out person with HIV within the group, because to be out with HIV within the group you are really a kind of drugs-into-bodies first and foremost as a politic. I guess it had to do with treatment decisions and stuff like that. I didn’t really feel like there were a lot of treatment decisions in front of me. I don’t know if I had faith or not faith that there would be a cure in my lifetime. I pretty much thought that I was going to die from this thing. And I felt that it was pretty clear that ACT UP and the AIDS movement was a catalyst for the growing healthcare movement at that time. So I was very much interested in that, and that ACT UP could join unions, and the unions could come together. It was this coalition politics idea that sexual politics, and race politics, and feminist politics could come together in such a way with the unions. I really wrote myself quite a *Film International Cuba* script. That increasingly brought me into alienation with the group, because the group was going in another direction. The group did not want to slow down for a long campaign.

SS: What was the other direction?

GB: Pretty much all over the place. The group was very much kind of chasing its own energy, of flash, of big media events. The FDA was beautiful because the media following the FDA was amazing. You had Peter Staley on Crossfire that night. We completely won. Like I said before, we shifted the ground and wrested the discussion on

AIDS out of the hands of the right wing. All of a sudden, we had people from the group representing people with AIDS in the conversation. The door to the FDA broke down quickly and meetings followed. And all kinds of tensions unfolded from that.

SS: Looking back, do you think that it would have been possible for ACT UP to have won universal healthcare in New York State?

GB: I don't know. The group wasn't up for that kind of campaign, anyway. The energy of the group—the group kind of fed off this energy of response from the media. I was becoming disenchanted with those politics of—in the beginning, it was really important to gain access to the media, because I was part of the video groups, like DIVA and the other affinity groups that were organized around producing our own media. I always knew that it was important to produce your own representation. And I was always leery of politics that led to doing everything possible to get two minutes on the local news. I thought that was a dead end.

SS: Did you argue against Stop the Church?

GB: Yes, I did. It was the first action where I stood up and argued against it.

SS: On these grounds?

GB: Yeah.

SS: And did you go to it?

GB: Well, I was still so caught up in the culture that I respected the group. Remember, I had this—Mike Frisch, the Quakers—I had this whole thing about the will of the group. So maybe I'm out of touch with the will of the group, but I'll still go with the will of the group because I love this group. Maybe they know something I don't. I chose not to get arrested, but I documented. Jean and I went there with a camera. Picked

up Ray and Ray dressed as Christ for that action, so I interviewed Ray as Christ in front of St. Patrick's Cathedral.

SS: So do you think it was a successful action?

02:10:00 GB: No. People point to it as a success because we got an enormous amount of press. But no, it got us nothing. It might have broken the symbolic taboo. My Catholic brothers and sisters, I know, were exorcising an enormous amount of shame and guilt that they had been made to feel through the Church. And I'm very sympathetic to that. I was sympathetic to that, but I really don't know from that, being Jewish and having a different frame of reference for my shame and guilt. I could never imagine going to a synagogue. But the Church is different—as hierarchically organized—it's very different than going to like Temple Beth Israel of New Hyde Park, or something like that. So I understood and was sympathetic. But no, in the end we didn't get anything. And we exhausted an enormous amount of resources. And we were lost after that, because I don't think we knew what to do after that. We were trying to produce a spectacular achievement that didn't really work.

It was becoming apparent to everyone then, after that, that this kind of politics of the spectacular were not necessarily going to carry us forward. My decision, immediately after that, was to get into needle exchange. That's when I decided that it was important to be involved with a small group of people. I was still in love with the group, can't leave the group, can't possibly think of living my life outside this group. In 1991, I still can't leave this group. But I'm going to do something smaller. I'm going to work with a small group of people. We're going to do this. It's targeted. It's specific. It'll accomplish something. It's not symbolic. That's why I turned to needle exchange.

Also the leadership thing—I wanted to talk about that before. I pulled out, somewhat consciously, of the limelight. Not that I had too much of a choice about that, but after the Target City Hall action I could sense that my capital within the group had been exhausted.

SS: Why?

GB: I don't know why, except that I think—and I think this is perhaps a healthy thing—ACT UP chewed up its leaders pretty fast. If you actually look through the history, like whose stock was high when, you can see that there is like waves of people who were like the visible people for certain periods. But the group really did, very quickly, start to distrust and take apart its leaders and look for newer, sexier versions. Actually, I don't know if that's bad or not. I mean, I think in some ways it was really healthy in that you couldn't get one charismatic leader. There was never one charismatic leader of ACT UP. Larry asserts himself and he's credited with it, but within the group Larry was never a charismatic leader except in the beginning.

Actually, there is one story about that. The first time I spoke at ACT UP was against Larry Kramer. That was a really interesting experience. I noticed that if you wanted to say something, you had to raise your hand. Then someone like Bradley would call on you—Bradley Ball, or Mike Nesline. Mike Nesline ran the meetings then. So if you wanted to speak, you had to raise your hand and Mike Nesline would call on you. But if you were Larry, all you had to do was start speaking and everyone would stop. The first time I ever spoke at an ACT UP meeting, I stood up and I said, “Why does this guy get to speak any time he goddamn pleases and I have to wait for you to call on my hand?” Immediately around me, people got really angry. It was like, “Don't do that to

Larry. This is his group. What are you talking about? He's the leader of this group. We owe him everything. Stop that. It's wrong." And I remember people afterwards came up to me and said, "That's absurd. Why did you show such disrespect to Larry?" I was like, "Who is he? Fuck him. Who is he?" I didn't really know. He wasn't like this major figure to me. He was just like this really annoying person who I didn't agree with half the time, or more. Anyway, there's an anecdote about leadership.

But the leadership changed quickly. Then Larry left us. Larry was always leaving us and then coming back. Then there were various leaders. Avram was an early leader. He was always a respected voice. He remained a kind of respected voice. There were a lot of early people who were just gone. I remember this was one guy, this leather queen—a huge guy named Tom who had this booming voice. He was like the most electrifying thing in the early meetings, and then he just disappeared. I don't know what happened to him. Leadership just rotated like that a lot. Then I think, as the group's demographic changed, also then there was the era of Maxine [Wolfe] and Marion [Banzhaf], and these very visible, strong female leaders within the group. And Ortez, and the arising of the People of Color Caucus. Robert Vazquez. There was never one person.

02:15:00

Because of the coalition politics of the group, there could never be one leader. There always had to be a diverse group of leaders. That happened after 1988. I mean, I think that happened after the group's success of 1988. A huge number of people came in. Oh, maybe before 1988. Robert Vazquez and I were boyfriends at the time. We went to the FDA together. So he was in the group, then. The diversity in the group created the demand for a diverse group of leaders. The group itself demanded a high turnover of leaders. I think that was a healthy thing.

SS: So when did you actually leave?

GB: 1993, I guess.

SS: And how was that?

GB: By that time, I was ready to leave. You didn't leave ACT UP. It was like a relationship. You left ACT UP in the dishonest way you left a relationship you didn't want to actually acknowledge was breaking up. You just stopped showing up. Or you showed up occasionally. And you would make excuses to your friends, like, "Oh, I had something to do. I couldn't be at the meeting." "I haven't seen you around in a while, what's going on?" "Oh, nothing. Everything's fine. I've just been really busy." So you'd skip a meeting, and then you'd skip another couple meetings. Then maybe a month would go by and you would check in. You would show up, but you would stay in the back. Finally, at some point I stopped going. But I don't remember exactly what point that was.

It was very painful. It was very hard. The group had structured my entire life from 1987 to 1993. It was my life. It was all I did. Every meaningful relationship I had was with people who were in ACT UP. There was nothing else outside of it. Other people were leaving, too. That crowd of people who I was involved with were also playing their little game of showing up, not showing up. We would talk amongst ourselves about how things had changed. We were tired.

SS: Why?

GB: I think the election had changed. I really fooled myself into thinking that Clinton was going to make a difference, because it was the end of the Bush/Reagan years. It seemed like our kind of politics—the media stopped showing up to our demonstrations.

They had enough file footage of ACT UP. They didn't need any real footage of ACT UP. The most spectacular stuff that we had done had already happened. They didn't need any more footage. And people were moving in. They were just trying to decide whether or not they were going to do this stuff for the rest of their lives professionally. Small groups were forming—the Treatment Action Group. If people were going to continue doing work, they were going to do it in such a way that the effort was small and focused, targeted, specific, not necessarily coming from a strategy of direct action politics.

All through my ACT UP experience, I worked at the Gay Men's Health Crisis. I also, in 1993, left that job as well. I didn't want to do AIDS service work anymore, either. Ray had died. That was just profound for me. I just can't tell you how profound Ray's—I was with Ray when he died. I just watched life go out of him. That was after three years of like cleaning up his shit and wiping his mouth. A large portion of my life was about that. Then he just vanished. I think that was a huge part of it, too. I just was really burnt out. Things seemed desperate. 1993 was the year that the Berlin conference announced that there would be no cure or even any viable treatment on the horizon for ten years, or something like that.

02:20:00 It was personal, too, selfish. I am an artist, right? But as an artist, I completely gave over my practice to ACT UP, and GMHC, and the AIDS movement. From 1988 to 1993, I didn't make a single work that I signed under my own name. I had been involved with and a founder of the Testing the Limits Collective. I had been involved with and a founder of DIVA Television, which was the ACT UP video collective the produced three or four tapes and then went on in various permutations with many different people. Jean

and I signed everything together that we produced. We made like thirty videotapes—small, not necessarily thirty feature-length things. But if you look at it all together, I think it's like twenty-five to thirty tapes.

I had wanted to do something myself. I just wanted to make some work that was a kind of statement about all of the stuff I had been through in those years. So I ended up making *Fast Trip, Long Drop* in 1992 and finished it 1993. So I was going in a different direction, anyway. It was really about doing my own work and not being so much tied to groups. And ACT UP also was—what I was doing, a lot of people were doing. The numbers were diminishing. It didn't seem to have a focus at all.

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

GB: The biggest achievement was the idea that people with AIDS should be in control of the decisions that govern our treatment and cure. It's the one thing I return to, that principle that the people with the disease should be at the center of a discussion about the disease. No more of this notion of patients being taken care of, that patients play an active role in their care. All of that self-care stuff was really important. I think that was the lasting contribution of ACT UP.

SS: What was its biggest failure or error?

GB: None. I can't see it playing out any differently. I have my disappointments. I think we could have won universal healthcare. There was a huge debate within the group about whether or not we should become a national organization. I felt actually we should. That was part of what ACT-NOW was about. That was a defeat I suffered within the group, as well, because I was interested in having the group become part of a

larger national group. And New York wasn't interested in that, maybe for good reasons or bad. It doesn't keep me up at night. It's not something I'm bitter about. At the time, I was annoyed. But maybe if ACT UP had achieved some kind of bureaucratic stability, maybe there would still be an organization in place now.

SS: You mean like having a national staff?

GB: Yeah.

SS: Instead of just a movement, to actually be an organization. I see.

GB: Yeah, exactly. I don't know, maybe it would have been terrible. It didn't happen. There are disappointments, but I don't think there were any mistakes. I mean, I can't imagine playing it out any differently. Even Stop the Church—I was just out of touch with what the group wanted. I mean, the group really had a need to go to that church. I don't know if it was a mistake or not.

SS: Is there anything else you want to talk about, Gregg?

GB: There is like a million things I could talk about.

SS: Is there something that you really feel—

GB: No.

SS: Okay, thank you.

02:23:24

GB: Thank you.