

# Conference on Aging

## GALA CONFERENCE

TORONTO—About fifty lesbians and gay men of all ages met Nov. 7-8 to explore the options available to us as we grow older, and to consider what action we might want to take to change and improve these options. Sessions focused on healthy aging, maintaining independence in your own home, creating a supportive social network, and new housing options for older lesbians and gay men. "Over 80% of those over 65 get some assistance from their families, while just 7% of over 65's live in the 'traditional' institutions" participants were told. This statistic focused attention on the need for us to create

and strengthen the "alternate family" structures that replace or supplement our actual relatives.

A number of representatives of institutions such as the Toronto Department of Public Health, the Ministry of Community and Social Services, the Ontario Association of Non-Profit Homes and Services for Seniors, and other social service agencies focusing on the aging participated in the presentations and discussions, and all of them indicated an openness on the part of the organizations they represent to begin to consider the issues that were being raised by conference participants. The

conference was an important step towards sensitizing existing agencies to the special needs of older lesbians and gay men. Also, it provided a useful body of information which GALA can now use to pursue specific projects in the area of housing and support services for the older members of our community.

For more information on the conference, or to obtain a copy of the conference proceedings, contact Roy Bowland at (416) 925-7325.

John Campney

## Talking Politics by George Smith

### Silence Equals Death - Professionals And PWA's

On Nov. 13, the Toronto *Globe and Mail* published a letter to the editor from Philip Berger, MD. The letter complained about the fact that in order to get AZT, which is the only currently approved drug for treating the AIDS virus, patients are required to have a T4 cell count. In fact, the T4 count is crucial for monitoring the status of people being treated with AZT. But most Toronto physicians, according to Philip Berger, cannot order a T4 test. There are only two hospital-based laboratories in Toronto that can perform this test. And even if they could serve the entire population, the T4 test, which is expensive, is not covered by the province's medical insurance plan. As a result hundreds of AIDS-infected individuals in the city are being denied access to proper medical care.

This is not the first time Dr. Berger, known for his work documenting case histories of torture among political refugees from South and Central America, has broken rank with his medical colleagues to call attention to problems in the delivery of medical services. But this complaint is merely the tip of the iceberg. Physicians in family practice, who have considerable numbers of AIDS patients, but are not well connected to teaching hospitals with major AIDS projects, have real difficulties meeting their patients' medical needs. AZT, for example, is not uniformly available to their clients.

Moreover, there is considerable variation both within and among Toronto hospitals in accepting and treating AIDS patients. Many hospitals have not developed training programs for all their medical and support staff in the treatment and handling of PWA's. As a result, PWA's are still treated in an abominable manner on many hospital wards, not used to AIDS patients, where neither the nursing nor the cleaning staffs have been adequately trained in the treatment and care of people with AIDS. Most importantly, medical professionals have not brought these problems to the attention of their profession, the public or the government. If conditions like these exist in one of Canada's foremost medical centres, what must it be like for PWA's in other parts of the country?

This kind of professional silence is not confined to doctors and other health professionals. Social workers are also not for rocking the boat. Earlier this month, at a meeting of the Ontario Hospital Association, a gay man who is a Professor at the Ryerson School of Social Work pointed out that PWA's need the services of competent and committed social workers. They not

only suffer great emotional distress at times, they can also find themselves unable to work, reduced to poverty, sometimes even with no place to live. But at this same meeting the director of social work at Toronto East General Hospital complained that the Ontario Association of Professional Social Workers has failed to take an active role in lobbying for the needs of People With AIDS.

--especially those who long to take what they regard as their rightful place among the establishment. Given the complexity of our society, the fight against AIDS has to depend upon the skills and training of professionals. This means not merely medical and social service professionals, but the lawyers, teachers, university professors, journalists, graphic-designers, professional administrators, clergy, etc.



Square Peg

**Professionals'** silence on the treatment of PWA's is not uniform, of course. Take for example, a letter sent some months ago to the *Globe and Mail* by Dr. Buckingham, a psychiatrist at the Toronto General Hospital, expressing outrage at the gassing, by the Toronto police, of a PWA with AIDS dementia. In fact, this kind of silence within the ranks of professionals is in many ways not so much a matter of individual responsibility as it is a matter of professional practice. Professional silence is a routine part of the work professionals do in managing and administering the society in which we live. They are inducted into this practice as part of their professional training at university. It is reinforced by the professional associations they belong to after graduation where it can become central to career advancement. Indeed, it is this feature of their professional lives that identifies them as part of the ruling apparatus.

At the recent march on Washington, AIDS activists raised the slogan "silence equals death." For gay people this slogan identifies the struggle that has to be waged against the system by which we are ruled. It applies especially to the professional practice of silence, located in and shaped by the organization of a ruling apparatus. Because of this silence many professionals fail to stand with us in our fight against AIDS. This practice, which locates professionals as part of a managerial elite, can be found even among gay professionals

George Smith is a former chairperson of the Right to Privacy Committee and longtime gay activist.



Peter McGebee.

## Carole Geller 1933-1987

Carole Geller, feminist, human rights activist and my dear friend died at her home in Toronto Nov. 7 after a long struggle with cancer. She was 54.

Carole began her work in the human rights field in 1967 when she was president of the Manitoba Voice of Women. In 1971 she was employed as a Human Rights Officer with the Manitoba Human Rights Commission. She became the first Director of the Saskatchewan Human Rights Commission in 1973.

As Director, she was a progressive and courageous voice in the national human rights community promoting strong law enforcement policies for human rights infringements, as well as affirmative action and equal pay for work of equal value. She was a dedicated, principled and tireless advocate for the rights of women, people with disabilities, Native people, lesbians and gay men, and others disadvantaged by discrimination and poverty.

During her tenure in Saskatchewan, the Commission won some landmark cases. For example, it established that blind people could take guide dogs into restaurants where dogs were prohibited, and that theatres were required to provide a place from which films could be seen comfortably by people in wheelchairs.

Carole was a special friend of our community. In 1973 under her direction the Saskatchewan Human Rights Commission became the first commission in the country to recommend the inclusion of sexual orientation in human rights legislation. In 1975 while the Ontario Human Rights Commission was refusing to consider the discrimination case against John Damien the Commission under her direction again led the way by calling for a public enquiry into my case against the University of Saskatchewan.

Although the University was granted an injunction by the Court of Queen's Bench halting the Commission's action the case had great symbolic and legal implications. Prior to this particular case, Canada's attorneys general had always refused to entertain the inclusion of sexual orientation in the human rights codes claiming that we were probably covered under the definition of sex although it seemed clear to us that we weren't. We were left in limbo since the human rights commissions refused to legitimize lesbian or gay claims of discrimination by actually attempting to try to prosecute any case.

Carole's action in launching an official investigation of my claim and, on the basis of the discrimination discovered, recommending a full public enquiry for the first time in this country gave official recognition and legitimacy to a gay claim of discrimination. The decision to fight the case as an example of sex discrimination also called the bluff of law-makers. The University of Saskatchewan had to go to court to stop the enquiry. An injunction was granted which stated that sex referred to gender and not orientation. This meant that the case could not continue but it also meant that the law was clarified. We were not covered under sex and could from that point on lobby and educate clearly for real protection with the inclusion of sexual orientation in human rights legislation across the country.

Even though the timid Blakeney government never did move to include sexual orientation in Saskatchewan's otherwise progressive human rights code Carole continued to launch informal investigations into discrimination on the basis of sexual orientation, encouraging our community to file claims and document every instance of injury.

She was fired from the Saskatchewan Human Rights Commission by Grant Devine's Conservative government.

In 1981 Carole came to Toronto to study law after raising two sons alone and working her way into the Saskatchewan government post with only a high school education. She received her Bachelor of Law degree from the University of Toronto in 1984, and commenced graduate work in law at Osgoode Hall Law School that fall. She was awarded her Masters of Law shortly before her death.

In 1985, the Government of Manitoba named Carole the first executive director of its pay equity bureau. In the autumn of 1986 her cancer was diagnosed.

Carole came to Toronto to visit old friends when she found she wasn't going to be able to beat the cancer. The women's collective with which she had lived previously asked her at that point if she would stay with them until she died. This fine group of women with Carole's many other friends and her family cared for her through the long painful process to the end.

The *Canadian Human Rights Reporter* has established an annual award to honour the contribution Carole made to progressive work in the human rights field over 20 years. The award in her name will honour activists and advocates whose contributions to the improvement of rights often receive no official recognition.

- Doug Wilson

## NEWS CREDITS

ANGELIS, CANADIAN HUMAN RIGHTS ADVOCATE; THE GUARDIAN, GAY COMMUNITY NEWS; JOHN HUBERT PAZ Y LIBERACION, PERCEPTIONS; WINNIPEG GAY LEBNAIN YOUTH LINES.