

THE LEGACY OF JON GATES  
Transcript

FINAL TEXT

*(CANADIAN AIDS SOCIETY ANNUAL GENERAL MEETING, HALIFAX, 1992)*

JON: I just like to do a spot-check first. The last time I spoke in public was at the University of Ottawa, and I droned on for 20 minutes with my fly open. (Laughter) And when I discovered it, I'm not sure which I was more disappointed in - the fact that no-one had told me that it was open or that I didn't receive any interesting offers. (Laughter)

Good evening. I'd like to start by thanking you for inviting me to be the key-note speaker at the Canadian AIDS Society's Annual Bean Feast and Bun Toss. I do so early on, because many of you may well wish I hadn't come by the end of my speech.

*(Jon preparing medicine)*

GRANT McNEIL (VOICE OVER): Jon, he was very sick at that point, and I just remember he looked awful, he looked like he was on the verge of death. And he literally, I think dragged himself to Halifax to make this speech, he found the speech, I think, was very very important to himself.

He was so driven, very very determined, and he would fight and fight and fight.

*(Montage of Jon exercising, on chrome machine, working on word processor, etc ), background to:*

Title: THE LEGACY OF JON GATES

*(Jon on boat in Halifax harbor)*

HALIFAX, 1992, JON GATES IS KEYNOTE SPEAKER FOR CANADIAN AIDS SOCIETY ANNUAL GENERAL MEETING

JON: The people who are present, without exception, they are all from domestic AIDS service organizations from across the country, and what I want to do tonight is make them aware of what the dimensions of AIDS are in a global context, and what some of the things that they, as people with ten years of experience and some lessons learned and so on, might be able to do that's of use to three-quarters of the world's population, who are operating and dealing with AIDS under very very different circumstances.

CANADIAN AIDS SOCIETY SPEECH

JON: In the industrialized countries of the world, AIDS struck hardest in a pre-existing, self-identified community, with existing political and community structures and with a defined agenda for social change - namely the gay male community. While the

results were, and are, devastating to this community, the consequences were not all detrimental. Let me explain.

The Gay community was faced in the 1980s with a fight for its very survival. And fight they did. Wonderful, talented, at times impossible, at times inspired, but always determined, the community came together and fought back with grit and determination. This room is filled with those people, and we are all benefiting from their actions.

*(Cottage: Jon and Lisa prepare food.)*

LISA HEBERT (VO): Jon and I talked about buying a cottage for about ten years.

*(Jon cutting oregano)*

JON: You're all going to be subjected to a culinary experiment tonight, not having done this with oregano before.

LISA HEBERT (VO): We put the trial bid down for the cottage when he was in hospital - he was recovering from his first pneumonia.

I did it because I thought that it would be important to find a place where he could die and feel at home, and he did it because he wanted me to have a place where I could have something to remember him by.

And what it succeeded in being for both of us was living, it was all about living, and keeping on going.

*(Montage of Jon's life, from schooldays, through university union activist, to gay activist.)*

LISA HEBERT (VO): Jon came from a political family, maybe that's where he learned how to give a good speech. He did become quite involved in student politics as well, that's where we met.

On campus, a slate of progressive people ran, and Jon ran for president. He was the de facto leader of a group we called "The FGL" - The Forces of Goodness and Light.

If there was a cause, Jon was there, and he knew how to take his place.

He threw himself into community organizing. He was involved with the Vancouver gay and Lesbian Community Centre, with the Human Rights Coalition.

He did development work with the United Nations Association as the Executive Director. He was a real trooper.

He seemed to be able to motivate people from principle in a way that I haven't seen other people be able to do.

Jon quite clearly saw that it was essential that discrimination against sexual orientation be part of our understanding of human rights.

JON (VO): I have no idea why I am gay. I suspect it may well have had something to do with listening to both sides of Judy Garland's Carnegie Hall album at an early age...

*(Jon working in his office, with pictures of husky males on wall)*

KENNETH MEWS (VO): There have been so many gay men who have lost friends and lovers, that there is a deep and passionate commitment to doing something in this situation.

SPEAKERPHONE: I have been reading your article on - the AIDS article you gave me.

JON: Yeah.

SPEAKERPHONE: And there are a couple of questions I have, but when do you want.

JON: As soon as you can, actually, because...

KENNETH MEWS (VO): I think that the kind of dedication that Jon showed to the issue of AIDS and development had a tremendous amount of emotion in it. He was the sort of person who held no mild beliefs.

SPEAKERPHONE: OK.

JON: But that's actually sooner than later, they want to get that published by the end of January.

SPEAKERPHONE: OK, OK, well - I will give...

KENNETH MEWS (VO): Everything he espoused he took on with enormous enthusiasm, and - I'd almost a kind of joy.

JON (laughing): By HIV status I'm qualified, but whether or not, as somebody involved in one of your organizations I qualify would be another question.

SPEAKERPHONE: That's more when you're...

KENNETH MEWS (VO): And the joy came from his own sense of fulfilment in what he was doing. He believed so much in what he was doing that it brought other people to an understanding of the problem on more than a simply intellectual level, that there was a gut reaction. And it was, you know, the heart and the mind and the gut. Jon, as well as being a great talker, was a great builder. He couldn't see something just lying there, without thinking about what you could do with it.

*(Jon walking in snow with Kenneth Mews.)*

JON: ...a lilac hedge, I'm going to get growing there, because Lisa loves lilac, and then, er, and then get the rest of that planted, so that, ah, we're not just producing a crop of melons every year (snigger).

KENNETH MEWS: There's nothing wrong with melons.

JON: Currently we're growing melons very well.

JON: You see, he knocked off this one, he's done that one there, done enough damage that probably that this is not going to survive. This one...

KENNETH MEWS (VO): He was bit of a beaver, he just itched to get his teeth into something. There wasn't any tree big enough that he couldn't gnaw down. Absolutely incredible energy.

JON: Wouldn't have been my choice of diet, unless, maybe, it's OK with hollandaise.

KENNETH MEWS: Everything is OK with hollandais.  
JON: Anything is OK with hollandaise.

I've never been to sub-Saharan Africa ever, in my life, and I have the sort of sense of like, 'What on earth am I, a white gay male, doing there that's going to be of any use to people there in formulating a response?' I mean, you know, different culture, different...

KENNETH MEWS (VO): Jon was preparing to go to Africa to work with small village-scale projects that were doing innovative work in supporting their communities to deal with AIDS as an issue.

*(Conversation continues inside cottage)*

JON: In Africa right now...

KENNETH MEWS (VO): He was really excited about being there on the ground meeting people, and seeing how things really translated into human terms.

JON: ...responses that work in rural areas, where there are more women, and there's a totally different sort of economic structure, and so on.

KENNETH MEWS (VO): He really got off on people.

JON: ...because of the demographics being different, different - family structures.

KENNETH MEWS: Because AIDS is a sexually transmitted disease, it's people of a sexually active age, therefore of an economically productive age, and at least in the beginning stages, primarily people in urban elites. And doing without those people is going to be extremely difficult.

KENNETH MEWS (VO): Jon's whole life had been, both in his union organizing days and in his political days, in his gay activism, had all been concentrated around this idea of strengthening communities, of making people believe in themselves as capable as a group of dealing with major issues.

JON: You know, AIDS comes along, and it takes, almost by definition, it's taking those people who have already survived all of these childhood illness which are the big killers, and so they've already survived their rounds of dysintery, or, and malaria or anything else, and now they are productive adults, and that's where the disease is being concentrated, and that's er, that's different, I mean, that is unique, because the other STDs that are also in the same group aren't by and large fatal, and that has created a circumstance that I'm not sure that we're responding to, er, really well. So you've, you know -

KENNETH MEWS (VO): He did have a real vision that tied things together.

JON: It's finding that balance, there's the tension between being insensitive and interventive, and on the other hand not getting a response engendered in time, people are dying. We need to get it together, to get things working sooner than later.  
KENNETH: Well you're aware of it.

JON: I'd much rather be considered to be an inconsiderate, insensitive clod than to be considered to be someone who didn't do what I could for them...I don't know.

*(Kenneth goes through ice)*

JON: Well there you are. I told you I could walk on water.

*(Jon in office with boss)*

TIM BROADHEAD: And then we would look at specifically how the insistence that governments cut back on their spending tends to be reflected in social spending - so cut back on health programmes, cut back on education...

TIM BROADHEAD (VO): Jon came to the Canadian Council for International Corporation at a time when we were starting to try to get Canadian development agencies more interested and more involved in the whole issue of AIDS and its impact on the Third World. And it was a very early point, there had been relatively very little effort by them, little understanding on the part of many agencies of the effect of AIDS in the Third World and by them to incorporate into their program. So the reason why we hired Jon was to get out and sensitize people to what this really meant, and the impact it was likely to have on their programs overseas.

JON: Here's the thing that Bob Gross did, this was the survey that he did in '87 - but as I say, we're starting to get stuff, if this was written in '88, '87, it means the research part was, say, '85, '86.

TIM BROADHEAD: I think this is probably too old.

TIM BROADHEAD (VO): I don't think there's any question that if Jon had not been involved in that early animation work there probably would have been a gap of several more years before individual agencies began to look at the issue of AIDS.

JON: There is, I understand, at least two studies now - World Bank studies out - on specifically on economic impact - now, that doesn't... I don't know how closely that's going to relate to structural adjustment questions.

*(Jon exercising at gym)*

*(Jon and Caroline Ford)*

CAROLINE: She wants money to be specifically to be able to organize the locals, all the ANC Women's League local branches, to be able to disseminate AIDS information through that way, and then to be able to get the funding to be able to hire women to be trained, and then send out the information that way. So what she's asking me is, Where can I go for funding - because there's no funding, obviously.

JON: We've been looking at something like TAP - have they been working with that?

CAROLINE: What's TAP?

JON: Township AIDS Project, in Soweto.

CAROLINE: No, she's in Welkom. So they have like, individual AIDS projects in different sort of high priority townships, and in places like Welkom -

JON: - there isn't any.

CAROLINE: Nothing.

JON: Well, how are they going to get, like - I guess what my concern is that we get, from our perspective, from our end of it, a little more rational process, because I also domestically, because this whole thing around World AIDS Day, because it was basically those with the sharpest elbows who were getting in on an essentially non-existent group of funds.

CAROLINE: It was non-existent?

JON: Well, we found some. You heard about that?

CAROLINE: What's that?

JON: Well we got it... 30,000. I've seen it.

CAROLINE: For what, AIDS Day? What the hell did you do with it?

JON: We went to -

CAROLINE: I'd like to see a little brought over this way.

(JON laughs)

*(Ottawa AIDS Society, Women's Section)*

CAROLINE: So when you called me about this meeting, I was hoping that we could discuss some way to further women and AIDS on everyone's agenda, you know, to place it as a higher priority.

HANNAH COWEN: Much of that same information that we haven't found valuable for helping women to protect themselves against HIV here gets shipped wholesale to Africa. And it's no good here, it's much worse there.

BIBIANA SEABORN: In Africa, people are dying, people have been dying all the time. For me, I don't really think that this syndrome we are talking about only affects mainly gay men -

STEPHEN COWEN: No, it doesn't begin with gay men or end with gay men, and you know, when we're talking about AIDS in Africa, um, we're talking about communities and families that are affected, um, particularly extended networks, where um a variety of individuals within one family might be affected.

JON: When you're looking at 30% infection rates in adult populations, it isn't so much an issue of prevention and education, it really is the real need to have coping mechanisms, adapting mechanisms, allowing quite literally to use our phrase here from our perspective, it's to try and assist communities to live with AIDS and not die from AIDS, in the same way we, as individuals here, you know, live with AIDS as opposed to dying from it.

*(Ottawa Mall. Jon and John Foster)*

JOHN FOSTER: Well, but we've seen that with the women from Africa, people are beginning to wrestle with that, and the women particularly bringing that message North.

JON: If I as a, er..., individual am saying, I'm not dying of the disease, I'm living with it, and I therefore have to survive and so on, why wouldn't we assume, in that old maxim of the personal being political, and vice versa, why wouldn't we assume that that also applies to communities, communities need to live with AIDS, and survive AIDS, as opposed to having communities die of AIDS?

JOHN FOSTER: And, er, if you can find the existing community organization, ah, which have Northern partners, support and work from there, I think it'll be easier to bring the Northern groups on board.

JON: You see, I think, from our perspective from this end, I think that's always been our agenda...

JOHN FOSTER (VO): I think that a number of African women of Zimbabwe, and Zambia and Uganda had an effect on Jon, he saw here were people who were using their community experience to put forward the notes of hope and challenge.

JON: ...one of the things we have to do is begin getting community-based AIDS service organizations begin to place their work in broader developmental context.

JOHN FOSTER (VO): He had this clear sense of the moral weight of things - a way of looking at the world, I guess. This sensitivity to the moral challenge of our times became extremely acute in Jon and was very special. And it was extremely refreshing and it still reverberates.

JON: ...well he said, well we he said, well we can...

(John Foster laughs)

JOHN FOSTER (VO): You know, it was a little in your face. But not in a negative way, I don't think it made people sit up and take notice, and it created energy. So that was one of the pleasures of working with him, it was never dull, it was never dull.

(Jon at Capilano College, Vancouver)

SHAUNA SYLVESTER: ...stand up and holler at...

SHAUNA SYLVESTER (VO): We asked Jon to speak about women in AIDS issues. It sounds ironic that we would ask a man to do that, but at the time I don't think there was anyone in Canada who could address the issue of women and AIDS, from a global perspective, as well as Jon could.

SHAUNA SYLVESTER: ...things that focus in on women...

SHAUNA SYLVESTER (VO): He was a man, but he had such a strong feminist perspective.

SHAUNA SYLVESTER: ...some of those issues...

JON: Well, as you know, our response in the North was fundamentally and primarily a male response, and it's not too surprising, over 80%, or at one point, 90% of the cases were among gay men. And so we came up with as the centrepiece of our prevention campaigns, the condom. Well, it's no surprise to the women in this room that condoms were meant for and designed for male physiology. Right? And that worked, and it's one of the reasons why we did succeed in reducing infection rates in the gay community, because by definition, when two people who are gay, two males, going underneath the lintel of the bedroom door, for an evening of connubial bliss, by definition, you had two men going through the door. And the decision as to whether or not a condom got used was something that they had equal power in determining as to whether or not it got used. And so we found a model that worked for us as gay men, and worked for us as men in our culture, where men have power, and we exported it to the South, where men have just as much or more power, comparative to women in those cultures, but - huh, it was a heterosexual disease by and large in developing countries.

You are faced immediately with the status of women in those societies. Well, most women in developing countries simply don't have power. Women are going to lose their lives, if we don't start to address those issues, from the feminist or women's-centred analysis of the issue of AIDS.

*(Jon in silhouette)*

JON: ...to construct. And I think young people today have an understanding, and when we talk about global warming, and we talk about destruction of rain forests, and we talk, particularly on environmental issues, there's a growing sense that it's one planet that we're on. And I think we can make the argument on this, there is an obligation worldwide on worldwide issues for people everywhere in the world to address those issues, and where possible to do so in consultation with each other. And I think we're moving towards that on a lot of issues, AIDS is just one of them. I do think it's possible.

*(Jon at Capilano College, Vancouver)*

JON: ...so you have the mechanisms for doing that in this community, get the names of those agencies, phone them up and say, What the hell are you doing about this issue? Set 'em up, make 'em work for it - they deserve it, and they deserve to know that we have a public here that is concerned beyond our immediate concerns in our own community. And there are absolutely concrete things we can do.

Lastly - and I would be remiss if I did not wrap up with this - all of the information, isn't worth diddly squat unless you do something with it. Information in and of itself has no intrinsic value. Its only purpose is in fact to allow people to understand issues more completely, and as a result of that understanding, take some action.

*(CAS Annual General Meeting)*

JON: We have learned that action to create change comes from the individual and is an individual responsibility. And we have learned that we have succeeded best when we have acted collectively. Thus, if we want things to change, we must make individual decisions to do so, and recognize that our best chance of effecting the desired change is to act in concert with other individuals with similar goals. This process has a name: it is called Solidarity.

Solidarity crosses all boundaries of race, religion, sex, culture and age. It occurs when individuals make common cause towards common goals. In the face of all that has confronted us, it has been our solidarity that has allowed us to make gains. When we have stood together, we have increased our chances of success. When we have been divided amongst ourselves, we have increased our chances of failure. Our solidarity is our primary resource, with money, staff and volunteers being wasted without it.

END OF REEL ONE

REEL TWO

*(Jon in car)*

JON: We're not even bothering to do T-cell counts anymore in my system. T-cells are, the helper T-cells, basically the good guys in your immune system, and a normal body has about 800 to 1300 of them per unit of measurement. I have seven left, so I figure that those seven need to be treated fairly well, with some measure of respect, so, so I've named them after the Seven Dwarfs, so I've got, you know, Sleepy, and Grumpy, and Dopey, and Doc and so on. And I sort of encourage them to forget all



this hi-ho, hi-ho nonsense and just get out there and work, because the seven of them are presumably doing the work of about 700. So the, the Magnificent Seven have so far been hanging in there quite well. I'm not at all disappointed.

There are certainly some quite longterm survivors now with virtually no T-cells. So it's one of those things where, as usual, there are statistics which if you choose to believe, you're dead, er, you know, you go with the evidence, and the evidence is, at least from my perspective, that I'm still alive, and the quacks tend to confirm that every now and then, so, I, I ah, figure that's good enough for me.

*(ICAD Roundtable meeting)*

JON (VO): When you're working with bureaucracy, on the one hand you sort of want to be reasonable and try and make sure that things are going to be as easy and they're going to work as well as they should, on the other hand, there's a real imperative there, around time and decisions. When they have all the power, and I walk into a meeting, you need to have something that makes the playing-field a little more level, and I know what that is. It's me sitting down in a meeting (OC) and looking at the people that I'm meeting with, the bureaucrats, people sitting there, who, you know, will blithely say, Oh, well, you know, we'll have a committee meeting by the end of the month, and then we'll have to sort of get some policy researchers' reports, and maybe in six months, we'll have - you know, I wind up tapping the table with my hand, and saying, you know, 'I have real outcomes on the decisions made in this meeting. My stakes in those outcomes, my stake is my life'. And I look across the table at whoever and say, 'What's yours?'

Bringing it home to people, making it real, allowing them to see anger, pain, impatience, that, er, the need to move, that this is immediate, people's - these are real people, real people's lives, real flesh and blood involved, including my own, dammit - and I want them to understand that.

*(Slomo Jon takes medicine)*

JON (VO): I am a gay man, and I'm living with AIDS.

*(Jon at Canadian Medical Association Meeting)*

JON: The last ten years has taught us a lot around AIDS and medical issues. I have learnt, for instance, that the letter 'MD' after a person's name does not stand for 'Medical Deity'. And that, of course, was an astounding revelation for me. And although I could go on in what is often a favourite activity in our society of taking an occasional swipe at doctors, the medical profession are in fact a fairly decent reflection of their society, which is to say, a society that is in many of its elements racist, sexist, and homophobic. In Canada, patients have been isolated in hospitals and in their community. They've often had great difficulty finding a family physician, someone who will treat them once their HIV status is known, and to this day there are a sizeable number of GPs who will not accept people with HIV into their caseload. In the face of the legitimization of people's hatred and inability to accept gay men, gay men themselves were forced to respond to the illness - the rest of the culture and society was not prepared to do so. Over and over one hears that it is patients who are providing information to their doctors, information around treatment and care and education and prevention, and quite frankly, we are the experts. Doctors have got a long way to go to catch up with us. So where do we go from here? Doctors should become participants in the process of social change, one of the things we can do is start working together to teach people to move from a very passive mode to a very active one, and come to take responsibility for their own state of health, and in fact work and fight to retain that level of health, and that fight and that willingness to

engage in that battle will assist you in medical terms, it will assist them in terms of their survival.

*(Jon in hospital II)*

JON: One of the side effects of jaundice is something that is politely called poritis, but the rest of it known as itching like hell all over. And I just did that, I was itching like hell all over. And it got worse and worse, and I kept asking, or kept saying that it was getting worse, and wasn't certain that I was getting all the response that I should be getting out of them.

That site's gone?

NURSE: It's gone.

JON: I thought it had, yeah, it -

So it was, ah, that was very discouraging, 'cause I couldn't seem to get through to the doctors who were so deeply concerned about my liver that it, for me, it was itching that was doing me in.

*(CAS Annual General Meeting)*

JON: Our community understands pain. In the face of social hatred and contempt, we have endured. In the face of uncaring and unmoving bureaucracy, we have endured. When family members or friends abandoned us, we have endured. In the face of divisions within our own community, we consulted, we built consensus, and we have endured. We have endured and suffered, and tonight I'm going to ask you to engage in a course of action which may well result in the need for more endurance and in more pain. But this effort will not be in vain. It will be part of a process which changes the world we live in for the better, and displays in real terms the solidarity we've been talking about this evening. It allows us internationally to have the word 'solidarity' come to have the same concrete reality and meaning that we know it to have domestically.

*(Jon and Grant McNeil .Hospital I)*

JON: Large and beefy, just to assist me...

GRANT McNEIL (VO): I worked with Jon to develop his speech, that was presented at our nineteen ninety two annual general meeting in Halifax. He used me to bounce ideas off, trying to talk to Jon about what he had to achieve in his speech.

I would react and I would play devil's advocate to a certain extent.

He had his laptop computer there, he had telephones, and he was still working as much as he always did, regardless of the fact that he might have been sick at that point.

He was in his hospital bed, he'd get out, go back in the hospital, get out, go back in, but he'd always just keep working on his speech, he had to make this speech, the speech was the primary motivating force that was keeping him going at that point.

JON: In terms of the structure, I've been thinking of bringing, presenting two separate streams. Where on the one hand, I make the case, ah, for involvement internationally, and what I want to do, and I have been waiting some time, to be perfectly blunt about this, is to stomp all over the argument that ah, charity begins at home, you've got to take care of your own people first.

Where the hell are the lines? What are you talking about, you know. your own people, does that include the neighbours, does it include everybody on your street? Is it the quarter, is it the village, is it the township, is it the county, is it the whole province? I mean, in 1992, those lines are meaningless, and I want to sort of really drive that home.

We're all in it together, whether we like it or not on this planet, and that there are some moral imperatives, and what they might be for that involvement.

And what I want to do in particular is to, because I think there's a tendency, in the gay community, to talk as if we somehow are very special.

And that's what I want to challenge. I want to say, All of that hard work, and the courage, and the endurance, and the pain - that doesn't make us special. What we've come to know is the nature of suffering. We've joined the rest of humanity.

*(CAS Annual General Meeting)*

JON: By the end of this decade there is a good possibility that the first therapeutic vaccine will be on the market, perhaps the first preventative vaccines, and not long afterwards a cure for AIDS will in fact be found. If history is any guide to go by, our society - once we've discovered those vaccines or cures - will move very quickly to secure the safety of our own populations. Once that has been accomplished, we will promptly forget about the issue, and in the process abandon three-quarters of the world's population to meet their fate as best they can.

*(Jon in Hospital, II)*

JON: Well, you see, I don't think most Canadians, most people in industrialized countries have any concept of the sheer scale of the problem in developing countries.

Ah, you're looking at astounding infection rates, 30% of adult populations in country after country after country.

Canada has an infection rate in its total population of one-fifth of one percent.

*(Jon at CAS Annual General Meeting)*

JON: I believe that our community, from its lessons learned over the last 10 years, and from its unique placement in health care issues, has an opportunity to act in solidarity on this issue in a way that is striking, effective, and in fact manifests that solidarity, which we understand domestically, on a global scale.

*(Jon in bedroom)*

JON: This little tablet, which is about \$11 or \$12, is nearly double the total amount spent per capita on health care for about three-quarters of the world's population. I think most of the world's population live in countries where they spend under \$7, certainly under \$10, so it's er - I'm always aware of that, that I live in a country with one of, if not the best, health care systems in the world. I've got full coverage for all of the medication that I need. I am treated differentially in a way that no-one in a developing country can even hope to get services for, so I try to remind myself of that on

the bad days when I'm feeling a little morose, I try and remind myself just how really comparatively how very lucky I am.

*(CAS Annual General Meeting)*

JON: We have over the last ten years lobbied successfully for the early release of drugs. Tonight I am asking you to change tactics and reverse that process. I am asking the People Living with AIDS and with HIV, and their organizations call on our national governments and multilateral organizations to delay the release of any new vaccines or cure for AIDS until such time as three conditions can be met: that the drug or vaccine be affordable worldwide; that it be accessible worldwide; and that it be available worldwide. And that without those conditions being met, we would make it clear that we would not be in favour of the release of those vaccines or drugs.

*(Jon and Grant McNeil, Hospital I)*

GRANT McNEIL: Do you realistically think that people would buy into solidarity? When people ????? you could very well be confronted with people who say, I'm fighting for my life. I want this drug. I don't care about anybody else right now except myself. I'm sorry, I can't carry the weight of the world on my back -

JON: To that person who said, It's me, and screw the rest, I cannot cope with anything else but my own battle, I look at them and say, Fight your battle well. Fight your battle well, I hope you win. But it is not the battle that has to be fought on behalf of all of us.

*(CAS Annual General Meeting)*

JON: Every individual choice has collective consequences, so every choice carries responsibilities that extend beyond the individual. Those who do not recognize this principle are social rogues requiring restriction by the rest of society for the common good. Tonight I'm asking you to make individual choices. They will not be easy or without pain. Fundamental change does not occur without pain - it is not an easy process.

In taking this action, we would send a clear message to government, and most importantly to people living with HIV and AIDS in developing countries that we will not allow the lifeboat to leave until such time as everyone has a chance to be on board. This action will be historic. Never before has any relatively privileged group in an industrialized country indicated to the world that they were prepared to make genuine sacrifices in order to ensure that people in developing countries would have a better life. I repeat. The rich of the world have never sacrificed to improve the lot of the poor. If we take this action, we will create a model for all other endeavours to make the world a more just place to live.

*(Jon in bedroom)*

JON: I really have a responsibility, a duty to try and do something to equal up the balance a bit. I don't know that I'll ever succeed in balancing out the scales, but I can try. To have at the day - if, when I died, the only thing that someone said of me, Well, Jon was a net contributor to the society that he lived in, then I'd die very happy. To me, that's the - one of the reasons why we're here. We access and enhance our own humanity by what we do in the world to make the world a more just place to live, and I - there's nothing particularly selfless about it at all, in that regard, it's in fact quite the contrary, it's selfish, it's the way in which I get access to who I might possibly be and become. And without doing it, I would never get that insight about where my humanity

comes from, and what it's meant for. And so I think a lot of people who spend a lot of their lives trying to find meaning, trying to figure out what it's all about - maybe I'm being a little sanguine about it all, but I don't think there's far to look. It's er, it's the world we live in, that's what it's all about, and what we do in that world.

*(CAS Annual General Meeting)*

JON: The people in this room represent everything that I would like to be. You represent my dreams, my hopes and aspirations for myself, you are the model by which I try to live my life, and it is your standards that I try to emulate. I do not have it within my capacity to make those of you who are ill well. Nor do you collectively have it within your capacity to make me well. But together we can start to make the world well. And at the end of the day, that is one of the primary reasons for our existence. You are my heroes. I commend you, I salute you, and I thank you. Je vous remercie. (Applause)

*(Jon is embraced, fade to black)*

*(Fade in on Jon listening to opera music at cottage)*

*(Moving into Jon's new house)*

LISA HEBERT (VO): Jon bought a house, and when it came time to move in, Jon was in hospital. So we got some friends together and moved in and settled into the house - he wasn't there.

You may say that he was denying that he was dying, but he was. I think, busting at the seams with trying to accomplish everything that he really wanted to do, and he - I mean, it's a dream to buy a house with somebody you want to live your life with, and Jon did it.

*(Hospital exterior.) OTTAWA GENERAL HOSPITAL.*

*(Jon, Hospital II. Telephone rings.)*

JON: Hello, Troop. Well, I made it along for a few days, and then I had to come back into the hospital, and finally I decided to go for a liver biopsy, and I happen to be one of those lucky, rare people that - that hemorrhaged after the biopsy, so we had a bit of fun up on the ward here, ah, with the crash carts and nurses and so on.

No, no, no, that's fine. I ah look like Mr. Chizzlewitt, yeah, a little Pickwickian character with my fat little tummy all distended from the liquids. Yeah, I've got these fat pudgy little legs and toes and so on, less so than they were a couple of days ago, so it is going down. No, my stomach was pretty spectacular, though - it does hurt, yes.

I've got a living will that I put in place, yesterday in the hospital records. I'm having the trust fund is being set up and the lawyer is coming out this afternoon with the final drafts of that. So we're getting there.

Yeah, well, if the hiccups don't bump me off...

*(Jon in Vancouver, greeting friends)*

SHAUNA SYLVESTER (VO): I remember Jon's last trip to Vancouver, he came up to say goodbye to friends, and he was barely standing on his own. He wanted people to see who he was at that point, and to care for him for who he was at that point, and not to apologize for who he was.

By this time, Jon is brown, and the reason he was brown was that he had lost the use of his liver.  
Throughout his sickness, he didn't pity or feel sorry for himself, and he looked so strong to me.

WOMAN: How are you doing?

JON: Just fine.

SALLY O'DONNELL: So did you bring the CIA in, or what?  
Remember that aboriginal woman who, when we were first at the founding of the Human Rights Coalition, and she got really pissed off at you - Allie?

JON: Yes.

SALLY O'DONNELL: And she said, Look, you ass-hole, she said, you may be discriminated against, but you can pass for white - well -

JON: Allie will be pleased to know that while I'm still a son of a bitch, at least I'm not passing for white.

*(Jon greets others, slow mo)*

*(Jon at home)*

JON (VO): I don't share North Americans' anxious and uptight fear of death. Death's very natural. You know it will come one day, and if you happen to know that it's likely to be happening soon, it allows you to free up. It allows you to come to know, when everything's been stripped away, what's really important to you to be doing and to be done.

*(Bleach to white)*

*(In from black. Jon in his kitchen, slomo. Bleach to white.)*

JON GATES DIED IN DECEMBER, 1992.

THE SPEECH HE MADE TO THE CANADIAN AIDS  
SOCIETY IS HIS LEGACY

*(bleach in from white)*

JON: We can choose to stand by and watch the sweep of history, or we can make history. Let us choose to make history.

The ghosts of those who died of AIDS will ride with us. Justice is our cause. Our solidarity is our shield, passion is our sword, and we must not stop until the day is ours, the dragons are slain, and everyone, everywhere, regardless of circumstance, can live their lives free from the scourge of AIDS.

*(bleach out to white)*

*(credits)*