FOIA Number: 2018-0756-F

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3770

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Clinton Presidential Records

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PLEASE READ BEFORE PROCEEDING INTO FOLDER

THE WHITE HOUSE

WASHINGTON

June 27, 1994

Captain Virginia R. Holeman
The Columns of Castleton
7603 Ivywood Drive
Indianapolis, IN 46250

Dear Captain Holeman:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

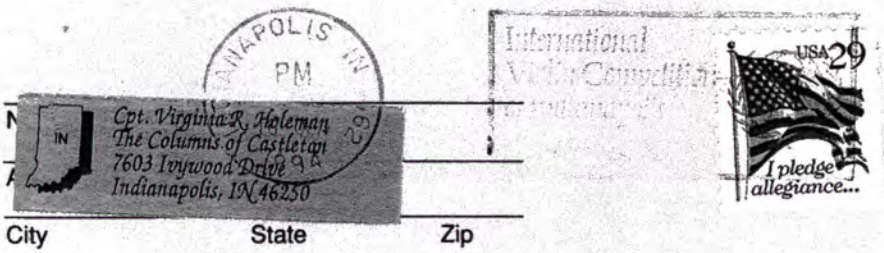
Dear Ms. Gebbie,

Along with other registered nurses, I am growing increasingly alarmed at the degree to which nurses are not being adequately protected — particularly in the clinical setting — from people who carry the HIV virus or have AIDS. There is now persuasive evidence that "universal precautions" are not adequate.

We urge you to put the full force of your office into insuring that: (1) HIV becomes a reportable disease, in keeping with sound preventive and treatment policies; (2) definitive studies about the potential of HIV to be spread by aerosol are completed and publicized; (3) operating rooms be equipped with special air filters and O.R. nurses be provided with special face shields and other impenetrable protection; (4) premarital, prenatal, and neonatal testing be mandatory; (5) routine testing of all patients and healthcare workers be mandatory.

I am concerned that the rights of nurses are being abrogated in the name of "political correctness" and call upon you to respect the health and lives of America's frontline healthcare workers, the 2.4 million registered nurses in the United States.

Sincerely,



City State Zip

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
750 17th N.W., Suite 1060
Washington, D.C. 20503

THE WHITE HOUSE

WASHINGTON

June 27, 1994

Ms. Patricia Woods
567 Alvin Drive
Salinas, CA 93906-3001

Dear Ms. Woods:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

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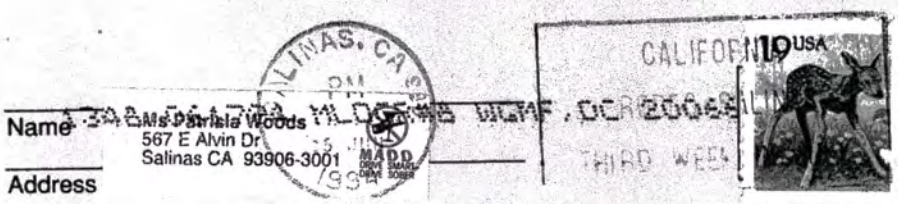

Name Ms Patricia Woods

Address 567 E Alvin Dr
Salinas CA 93906-3001

City State Zip

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
750 17th N.W., Suite 1060
Washington, D.C. 20503

THE WHITE HOUSE

WASHINGTON

June 27, 1994

R. Buchheit, RN
30 O'Sullivan Road
Derby, CT 06418

Dear R. Buchheit:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

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Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

RECEIVED JUN 20 1994

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Sincerely,

L Buchner

L. Buchner RN
Name
30 O'Sullivan Rd.
Address
Derby CT 06418
City State Zip

BRIDGEPORT, CT 13 JUN

10 USA

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
750 17th N.W., Suite 1060
Washington, D.C. 20503

AMERICAN NURSES ASSOCIATION

600 MARYLAND AVENUE SW
SUITE 100 WEST
WASHINGTON, DC 20024-2571
202 651-7000 • FAX: 202 651-7001

VIRGINIA TROTTER BETTS, JD, MSN, RN
PRESIDENT

Leads fyi.

June 23, 1994

Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
Washington, D.C. 20500

Dear Ms. Rasco:

We are pleased to see that the President and Kristine Gebbie, National AIDS Policy Coordinator, will be participating in a televised program focused on HIV/AIDS education and prevention in the near future. We applaud the use of television for this vital message and urge increased executive direction, attention and leadership on what we believe is still a critical domestic issue and one of our top public health problems.

Although we are pleased to see increased funding of the Ryan White AIDS CARE Act in the Administration's budget, we are dismayed that the budget for HIV prevention has been decreased. As advocates for patients and especially women, children and other underserved populations, we believe this is both shortsighted and detrimental to the nation's health at a time when women, minorities and adolescents are reeling from the HIV epidemic.

Underfunding of these prevention programs is perceived as a lack of interest in and support for the Office of National AIDS Policy Coordination by the Administration. We believe the ability of the that office to effectively and proactively coordinate National HIV/AIDS policy has been compromised with the lack of funding, appropriate staffing and decision making authority. Without economic and management resources and Administration support, the Office of National AIDS Coordinator is simply a figurehead position.

The establishment of an "AIDS Czar" was intended to be more than symbolic of the Administration's commitment to a coordinated, aggressive and effective National HIV/AIDS policy. Rather, the coordinator was envisioned to be an active participant in domestic policy making, priority setting and advocacy. We believe that the current discussions about the nation's HIV policy grow out of the underlying disappointment in the lack of infrastructure provided by the Administration of the Office of the National AIDS Coordinator.

Although the Administration, like ANA, is absorbed in ensuring the passage of comprehensive health care reform, we urge your open support of the Office of National AIDS Coordinator and its mission. There must be a public statement about the necessity of this office and the administration's commitment to coordination of HIV policy. The dedication of additional resources must also be a priority to ensure the effectiveness of the Coordinator.

We must not lose momentum in combatting the prevention of the spread of HIV/AIDS epidemic to women, minorities and adolescents while we are fighting for health care reform. These populations do not have the volunteer infrastructure, community-based organizations or political clout that has been so effective in addressing the first wave of the HIV epidemic. Therefore, the National AIDS Coordinator must have the strong support of your office and the Administration.

We look forward to working with you toward the reauthorization of the Ryan White AIDS CARE Act, the strengthening of the Office of the National AIDS Policy Coordinator, the implementation of a national AIDS policy as outlined by the National Commission on AIDS, and the passage of comprehensive health care reform. Please feel free to contact me if I can be of assistance to you on achieving what I know to be our mutual goals for the health of the nation.

Best Regards,

Virginia Trotter Betts

Virginia Trotter Betts
President

cc: Kristine H. Gebbie, RN, MN
National AIDS Policy Coordinator

g:\grel\drr\aids\gebbie.aids
06/24/94

JUN 27 1994

THE WHITE HOUSE

Dear Tony -

Please share my appreciation with everyone involved in the meeting and lunch at The Brothers Network. I learned a great deal which I can share with others and can use in our work to strengthen national policies. Please stay in touch about your work, & let me know if I can help - Christine Gebbie

the

BROTHERS NETWORK

PHOTOCOPY
PRESERVATION

625 O'Farrell Street
San Francisco, CA 94109

415/749-6714 • FAX 415/749-6706

HIV Testing

Free and Anonymous

(Donation Requested)

Telephone appointments

<u>Times to Call</u>

Monday through Friday

9:00am - 5:00pm

Call 621-4858

See other side for locations and hours

HIV Testing Locations & Hours

Health Center #1, 3850 17th St.
Wed-Thu 5-8:30pm
Sat 8:30am-2:00pm

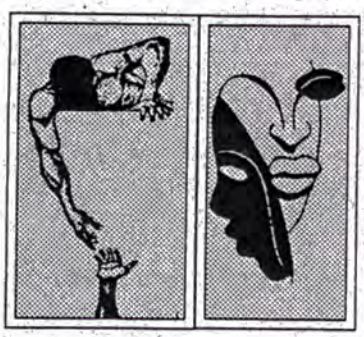
HC#2, 1301 Pierce St.
Mon only 5-7:30pm

St. Anthony, 105 Golden Gate Ave.
Tue only 5-6:30pm (drop-in)

Mission Neigh. H.C., 240 Shotwell St.
Wed only 5:30-8:00pm

South of Market H.C., 551 Minna St.
Thu only 5-7:30pm

~~**Center for Positive Care, 3180 18th St.**~~
~~**Fri only 12:00-4:30pm**~~



HOPE
•
HELP
•
HEALTH
•
LIFE

WE ARE HERE FOR YOU

THE BROTHERS NETWORK

A Free & Confidential Program of Services
625 O'Farrell Street • San Francisco • CA • 94109
Phone: 415•749•6714 Fax: 415•749•6706

WHO ARE WE?

We are an idea whose time has come! Please consider yourself a part of us. Welcome to a place to call "home."

We are Black / African American and Caribbean transgenders, bisexual men and gay men with a message of great importance: those with the compassion, dedication, intelligence, street savvy, political and moral commitment to curb HIV & AIDS among transgenders, bisexual men & gay men of African descent can be found amongst our own.

We have created an institution that is about keeping our brothers and transgender sisters alive, safe, creative and vibrant.

WHAT WE OFFER

We offer a comprehensive service approach to health and HIV/AIDS for transgenders, bisexual men & gay men of African descent in San Francisco.

PREVENTION PROGRAM

One-on-one Prevention Peer Educator

Prevention Referral = HIV Test Sites •Recovery Programs

Your Listener / Prevention Educator No matter your HIV status, this Peer Educator listens to concerns, helps reduce safer sex risks & encourages illness prevention. He educates, identifies health risks & offers resources to take care of yourself.

Prevention Referrals Referrals to 12-step and other programs that support your recovery as a Black gay, bisexual or transgender person who wants to remain substance free or who wants to change unhealthy relationships with substance users.

How can we help you prevent illness and stay healthy? Does substance use worsen your HIV/AIDS? Does HIV/AIDS prevent you from taking care of a substance abuse problem? We have someone who will work with you privately and confidentially.

TREATMENT ADVOCACY

One-on-one Treatment Advocate

Treatment Referral = HIV/AIDS • Substances •Abuse + Clinical Trial and Social Service Referrals

Advocate Promoting Treatment / Early Intervention Do you want to talk with someone about your treatment options regarding HIV, substance use or abuse, holistic interventions, traditional & non-traditional health and medical interventions.

Treatment Referrals Do you need referrals to: clinical trials, clinical counseling, primary medical care and comprehensive social services? We have someone skilled and knowledgeable to discuss all this with you privately and confidentially.

[TURN ME OVER]

WORKSHOPS = RISK REDUCTION +SELF-ESTEEM+LEADERSHIP

Workshops Our Workshops Coordinator , Risk Reduction Coordinator, Transgender Services Coordinator and entire staff help in developing workshops on Prevention, Early Intervention, Leadership, Self-Esteem and Risk Reduction (reducing risk regarding sex, alcohol, and drug behaviors/patterns and whatever might be unhealthy for you) .

SUPPORT SERVICES = GROUPS+PEER COUNSELING+TRANSPORTATION +LEGAL SERVICE REFERRALS

Support Services Our Support Services Coordinator offers facilitated support groups for sharing experiences & knowledge with peers. We offer support groups for expressing feelings on HIV via creative writing or dance/movement. We offer peer counseling. Talk one-on-one or in group setting with HIV positive or negative people who share experiences and strategies you may find helpful. We can refer to clinical counseling.

Legal Referrals We have excellent relationships with agencies that address your legal concerns: immigration, criminal defense and human rights/ discrimination.

Transportation We have transportation subsidies for clients in support groups and/or who have medical emergencies.

SPECIAL EVENTS = CULTURE+ARTS +SAFER SEX CLUBS+VOLUNTEERS *BROTHERS:* OUR INTERACTIVE VIDEO

Special Events We celebrate our culture through song, dance, poetry readings, art & video viewings and theatre. We sponsor events at safer sex clubs. Our Special Programs Assistant and volunteers help us put it all together!

Volunteers We always need volunteers to help set up, plan & coordinate special theater, performance and club events and to help with administrative & computer tasks. Are you into video production, media contact , outreach, advertising, or marketing? How about social work / case management ? **WE NEED YOUR SKILLS!** We provide training & references for a job well done!

Interactive Video Check this out! We have developed a video educational game, entitled *Brothers*, created by and for black gay men, bisexual men and transgenders. You play it like a video game. On screen, your choice of a filmed man or transgender woman seduces you as you negotiate and learn about what you and "your" man or woman considers safer sex – all this you control by touching the video screen!

OUR NEWSLETTER: *POSITIVELY, BLACK & PROUD*

Our Newsletter *Positively, Black & Proud* is published monthly. It features news, essays, poems, narrative, and photography, created by & for Black gay, bisexual & transgender folk. Submission deadline is the 3rd Tuesday of the month.

HOPE + HELP + HEALTH = LIFE

WE OFFER HOPE! Where there's hope, there's help. Where there's help, there is health. And, in good health, you shall live!

LEARN FROM AND TEACH YOUR BROTHERS & TRANSGENDER SISTERS.

Give • Receive

DROP BY • CALL • ASK FOR MORE

WE'LL GIVE YOU THE 4•1•1!

4 1 5 • 7 4 9 • 6 7 1 4

625 O'Farrell Street•San Francisco•CA•94109

[TURN ME OVER]

USA TODAY
Thursday, May 26, 1994

Multimedia used to fight social problems

By Mike Snider
USA TODAY

ATLANTA — More multimedia developers are doing the right thing: making interactive products with a message.

At the Comdex computer trade show, two laser discs to help substance abusers kick or avoid the habit won top honors in *NewMedia* magazine's multimedia awards.

And an interactive kiosk developed to educate gay black men in San Francisco about unsafe sex was among about two dozen products cited for excellence. "I sense a groundswell of this new consciousness," says Antony Williams, a director of the *Brothers* software program for the kiosk.

Surrealistic games may help show off multimedia's capabilities, but lower-budget, realistic titles "let people help themselves," says Steven Coursen of the American Institute for Learning in Austin, Texas.

The non-profit institute produced the laser-disc courses *Addiction and Its Processes* and *Life Moves: The Process of Recovery*. The 3½-hour courses contain video vignettes of young adults to illustrate the consequences of abuse.

The courses, which will be used in 300 Texas schools and counseling and rehab sites, cost $995; non-interactive video versions, $180. Consumer CD-ROM versions are planned.

Such products don't take a lot of money to develop — the *Brothers*' kiosk costs less than $30,000. But organizations could use corporate help, says producer Rebecca Price: "(Making) money isn't the only measuring stick. It's very satisfying to make a product that means something."

Brothers

Using Multimedia to Prevent AIDS

Interactive multimedia is an educational tool whose time has arrived, technology that will come into widespread use in the 21st Century—combining computers, audio systems and state-of-the-art video. The National Task Force on AIDS Prevention, a San Francisco-based organization that is recognized as a national leader in HIV/AIDS prevention programming, has already harnessed the power of interactive multimedia to support a strategy for preventing the transmission of HIV infection.

The hallmark of this use of interactive multimedia is "going to where the people are" and where consistent health promotion campaigns are most needed. Interactive multimedia kiosks are currently used for educational purposes in hospitals and museums, but this is certainly the first time an educational kiosk has been placed in the setting of a Black gay bar, where it can be played like a video game by bar patrons. This particular **IMM** kiosk, custom-built for bar durability, looks like a sleek, high-tech ATM machine.

Our innovative **IMM** project, designed by and for African American gay and bisexual men, is entitled *Brothers*. It contains a creative combination of original rap music, dramatic dialogues, show-'n'-tell information about safer sex, well-displayed resource directories, and the humor that is part of the Black gay experience. It is appropriate that this educational innovation was launched in San Francisco, a city recognized for its model of extensive community-based HIV/AIDS programs and more recently acclaimed as the "multimedia capital of the U.S."

The original music used in *Brothers* is written, produced and performed by Oakland rap artist, DJ-KGB, also known as Kevin G. Brooks. He presents a distinctive new theme in social consciousness rap—the dangers of unprotected sex and the positive experience of safer sex between men.

Five characters are brought to life in interactive drama that is the heart of *Brothers*. One is a young Black gay man whose identity is heterosexual because he "only steps out every now and then." There is an older man who misses the "good ole days" prior to the epidemic. Another character is open about being HIV-positive and readily shares his knowledge about safer sex. The fourth character is a transgender person who promises her/himself only to have safer sex despite temptation to slip. A "diva" character sometimes appears to guide the user who is conflicted or unsure about what is safe.

The dialogues were scripted after focus groups and are based on characters speaking directly with the user up-close and personal, via a video monitor. These characters present choices to the user as the scenario ensues. At regular intervals, the user can select one out of a number of responses presented on the touchscreen, making different video/audio follow, depending on the option chosen. As dialogue between screen character and user proceeds, the options involve negotiating to have sex and making sexual choices that have varying degrees of risk. This has proven to be a great modality for learning new skills and information. The health education message has greater impact and thereby saves more lives. *Brothers*, thus, serves as a training ground for concrete and useful skills.

National Task Force on AIDS Prevention ● 631 O'Farrell St. ● San Francisco, CA 94109 ● 415-749-6700

Background on the Project

The National Task Force on AIDS Prevention began the **IMM**[PROJECT] as an outgrowth of our health education and HIV risk reduction workshops. Since initiating our first workshop in 1987, we recognized that an important experiential component was role-playing, in which workshop participants practice negotiation scenarios that establish safer sex as the basis of an impending encounter. We also created role-plays to handle the issues of HIV disclosure and of maintaining safer sex in the face of pressures to "relapse." By 1991, we realized that interactive multimedia could present these dialogues in a professionally produced and more polished manner. Participants could also control the process, perhaps making the exercises more believable, more relevant and less threatening.

In seeking out a partnership that could bring such a project to realization, we began working with the Bay Area Video Coalition (BAVC), a community-based, non-profit organization with over 16 years experience. BAVC received a grant from the John D. and Catherine T. MacArthur Foundation. Our organization was privileged to be selected into the Interact program, and a pilot entitled, "Hot, Horny & Healthy" was completed in January, 1992. This was used as a prototype to attract additional funding and garner publicity for the project, such as an article in the May, '92 issue of *MacWorld*. In October, 1992, the National Task Force received a $30,000 HIV prevention contract from the S. F. Dept. of Public Health AIDS Office, which allowed us to purchase the equipment and build the **IMM** kiosk while a new group of students worked at BAVC for three months on this fuller production, *Brothers*.

Overall, the **IMM**[PROJECT] is important to African American gay and bisexual men because it is a continuation of one of the few interventions designed and implemented completely around those cultural-social norms and speaking directly to their needs. We strongly believe, based on current research, that this is the best way for Black gay and bisexual men to incorporate attitudinal and behavioral changes which lead to practicing safer sex 100% of the time.

The key to effectiveness for this use of interactive multimedia is that the **IMM** kiosk placed in a Black gay bar works overtime, every hour that it is open, and in a manner controlled by the participant. Some men will stand at the kiosk for hours, absorbed by the interactive experience. Others will have a little fun with their friends and walk away. It's up to the individual. The **IMM** kiosk also lends itself to group interaction. Typically, a group of Black men will laugh and carry on as they recognize their own issues embedded within the snappy dialogue. Our HIV prevention program is based on the premise that we have to go to where the men are—we are challenged to present information and to use methods that "hit home" for African American gay/bisexual men when they are socializing in the bars.

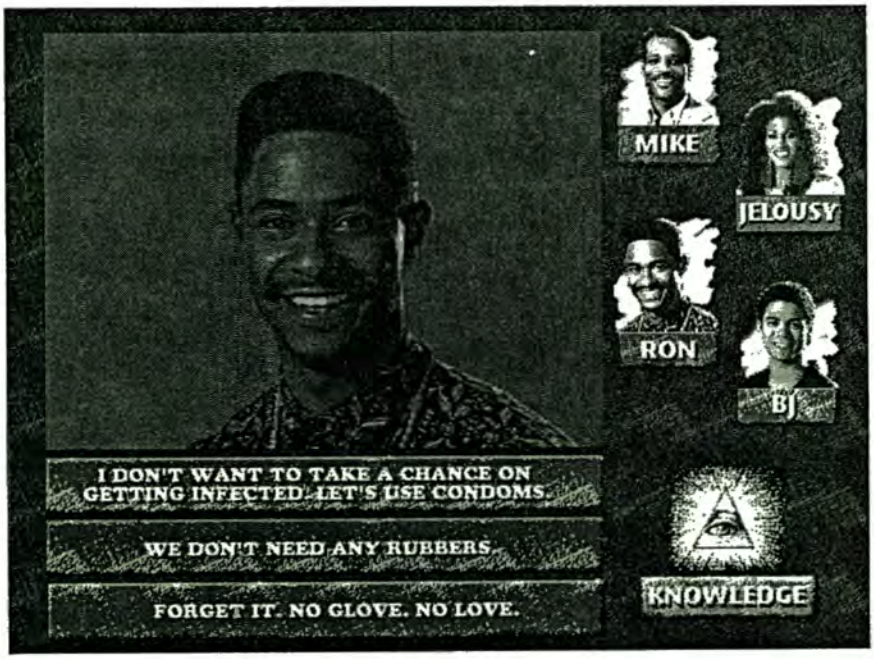
The Brothers Network

Brothers, as an educational kiosk, acts as the heart of a unique community network. It is an appropriate high-tech symbol for this comprehensive, user-friendly network of services, which provide for the needs of African American gay and bisexual men in San Francisco. The network's resources include HIV/AIDS education to change risky behavior, prevent relapse, and encourage early treatment for those who test HIV-positive; pyscho-social support services; linkage to substance abuse treatment and mental health services; and referrals to housing, primary medical care and other auxillary services. Interactive multimedia presents this continuum of service to the user and confronts some of the personal issues that sometimes hinder an individual from seeing the interconnections. It concretely empowers individuals to make use of these resources. It is undoubtedly one of the most effective outreach and education tools yet developed in the fight against AIDS.

BROTHERS Interactive

Award Winning HIV/AIDS Prevention Game

Users of the computer-interactive dating game *Brothers* are confronted with a provocative invitation: "Touch any man on the right to turn him on," reads one of the game's first menu options. To the right of the text appear wallet-sized portraits of four African-American men, potential dream dates who come alive, speak, and engage in dialogue with users at the touch of your finger. This is no ordinary arcade game but a program created for gay, bisexual, and transgendered African American men to generate discussion about safer sex practices. The laserdisc and computer interface are designed to be installed in free- standing kiosks in gay bars and clinics and to be accessed at no cost to the user.



Brothers is a collaborative project of the Interact Program of the Bay Area Video Coalition (BAVC) and the Brothers' Network, a service organization within the National Task Force on AIDS Prevention (NTFAP) that focuses on HIV/AIDS prevention, treatment, advocacy, and counseling. The International Health and Medical Film Festival has awarded *Brothers* a 'Freddie' for Best of Category: Interactive Health Care, 1994.

"Winning first place in the interactive category, the newest technology in the contest, proves that the ingenuity and collaborative spirit that reigns in the non-profit sector can successfully compete against the very best and biggest budgets." says Sally Jo Fifer, BAVC's Executive Director. Executive Producers David Bolt (BAVC) and Steve Feeback (NTFAP) coordinated efforts for two years to create the product and additional versions are being planned at this time. Steve Feeback can be reached at 415-749-6700 through the NTFAP. BAVC can be reached at 415-861-3282.

Interactive computer programs can offer a very different kind of viewing experience, one that potentially engages its audience in more casual, less structured settings, effectively reaching people who may not choose to read a pamphlet, attend a video screening, rent a tape, or participate in a workshop. Furthermore, these programs can be designed to incorporate multiple narratives, characters, or kinds of information, which the user can selectively choose from to cut right to their particular interests and needs. Interactives engage viewers in an exchange that has the potential to be more to the point and more intimate than a video screening. They offer experiences that are engaging and informative not because they offer more choice or more viewer control, but because they provide a pleasurable fantasy of interaction and a kind of virtual intimacy, inviting users to play out roles within a narrative that is modeled after their own cultural experiences.

The team that created the final version of this important collaborative effort has continued to work together as Interact Design Associates. They may be contacted through Rebecca Price, 510-233-2984 or Peter Wolf, 510-658-6224.

Segments of this article are from Intimate Interactivity, Creating Safer-Sex Software, by Brian Goldfarb, The Independent, Jan/Feb '94

POSITIVELY, BLACK & PROUD

SPEAKING TRUTH TO POWER • PROMOTING OUR FREEDOM THROUGH THE POWER OF TRUTH

The news publication of The Brothers Network for its members and those who care about them

Whoop! There it is...

The Brothers Network — A Place to Call Home

by Tony Glover

I hail from the East Coast. A dream of mine has been to be caressed by the waters of the Pacific. Dreams can come true.

I first visited San Francisco in 1990 and promised I would return. And so I did. Today, I am Director — the grand diva if you will — of The Brothers Network. I come to you with hope that Black gay, bisexual and transgendered men will help make this my home.

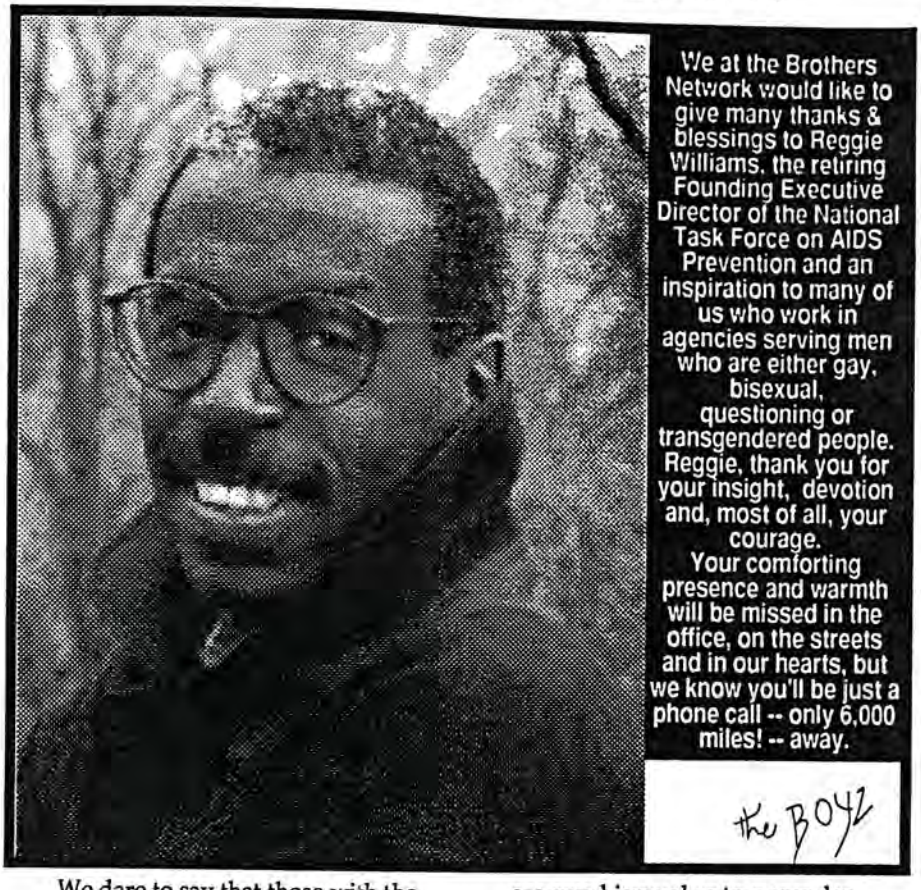
Too often are the times that we, as Black gay, bisexual and transgendered folk don't have a place to call home. Before we find that place, too many of us commit suicide, as young people. Before we find that place, we find drugs and alcohol, as young or older people. Before we find that place, too many of us go through life, wishing in older days for things we were never able to find ourselves. Before we find that place, too many of us find our way to the grave, too young, too Black, too gay to die.

We all need a place to call home. A place to find the love, caring, friendship – the realness – that comes from being part of something you feel is stronger and greater than you alone.

Though many transgender, bisexual and gay people have lost, and never really again find, home, there are others who have found a sense of belonging amongst their own and amongst others — who though they are different share a common experience of oppression because of who they are — Black... gay... woman... bisexual... poor... transgender... young. More than ever Black gays, bisexuals and transgenders are creating institutions that are about our survival, about finding ways to love and support each other.

The Brothers Network is such a place. If you haven't yet become a part of us, we say welcome. Come to a place you can call "home."

A home should be safe. A home should be about not only surviving, but a place where you can lift up your eyes and see each day is worth living. At the Brothers Network we dare to dream.



We at the Brothers Network would like to give many thanks & blessings to Reggie Williams, the retiring Founding Executive Director of the National Task Force on AIDS Prevention and an inspiration to many of us who work in agencies serving men who are either gay, bisexual, questioning or transgendered people. Reggie, thank you for your insight, devotion and, most of all, your courage. Your comforting presence and warmth will be missed in the office, on the streets and in our hearts, but we know you'll be just a phone call -- only 6,000 miles! -- away.

the BOYZ

We dare to say that those with the compassion, dedication, intelligence, street savvy, and the political and moral commitment to curb HIV and AIDS can be found amongst our own. We have created an institution that is about keeping our brothers and transgendered sisters alive, safe creative and vibrant.

Together, we have already created and will maintain a dedicated, humane, positive organization comprised of people who refuse to believe that transgenders, bisexual men and gay men of African descent must continue to be infected at higher rates than any other Black or gay population in San Francisco.

The simple truth is this: **55% of all San Francisco-based Black gay / bisexual / transgendered men (nearly 6 out every 10) are infected with HIV.** Considering all sexual orientations, if you look at all Black people infected with HIV in San Francisco, 64% are Black gay, bisexual or transgendered men. Perhaps most disarming is this fact: looking at all Black people who have progressed to AIDS in San Francisco, 74% are gay, bisexual or transgender-identified men. That's right: 3 out of every 4 Black people with AIDS in San Francisco are **not** heterosexual or women, but gay, bisexual or transgendered men.

Turning to gay men of all races and colors — only gay-identified Vietnamese immigrants come close to approaching the HIV infection rate amongst Black, African-American gay or bisexual men. We are HIV infected at a higher rate than all ethnic groupings of gay and bisexual men.

Therefore, at the Brothers Network our task is formidable but not impossible. We have a staff whose dedication is unchanged by statistics which predict the struggles of our HIV-afflicted brothers and transgendered sisters will not soon end. In the face of such news, I know the Brothers Network staff will be there. I know this for sure, because already, they have been there for me.

See WHOOP *on page 3*

The Brothers Network
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Positively, Black & Proud and *Survivor Stories* are periodicals of the Brothers Network (BN), a program of The National Task Force on AIDS Prevention, Inc. (NTFAP): Advocates for Gay Men of Color. Opinions offered in signed columns, letters and articles belong to individual writer(s) and are not necessarily the opinions of *Positively, Black & Proud*, BN or NTFAP.

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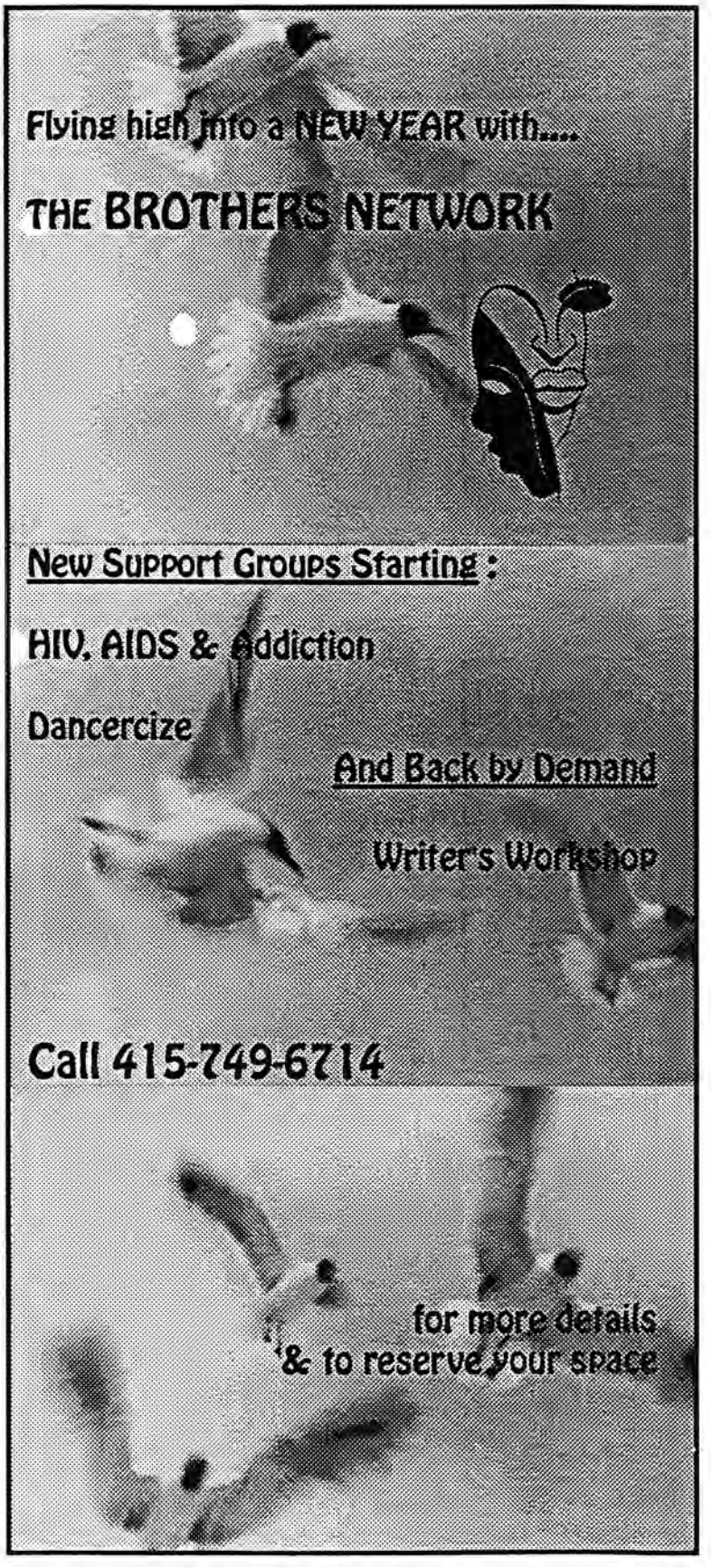
Please send any materials for publication to: 625 O'Farrell Street, San Francisco, CA 94109. No materials will be returned unless a SASE (self-addressed stamped envelope) is sent. We have (and do reserve) the right to reject any material sent in for publication.

We encourage our readers to write and let us now how we're doing. Send letters to the above address, attention "Editor, Positively, Black & Proud."



WHOOP, *from page 1*

If you are a Black gay man, bisexual man or transgendered person worried about HIV do not be afraid to stop by. Regardless of race, sexual orientation or creed, if you need someone who will listen, our staff can provide you with HIV prevention education and materials, treatment information, advocacy and peer, group and clinical counseling support services .

The Brothers Network — we are an idea whose time has come. Please consider yourself a part of us. You have found a place to call your own.

We encourage our brothers and sisters to make the Network your place for we need you — all of you — to be effective. We will be a network where the diversity of our gender identifications, the diversity of our lovers and personal affections, the diversity of our political and social commitments can be the strength by which we reach as many Bay Area Black/African descendant bisexual, transgendered and gay men as possible.

Our approach will be bold. Our approach will be different. Our approach will draw upon the creative, spiritual and intellectual talents of our staff and those who choose to use the Network to make a long-term commitment toward helping themselves and their brothers and sisters confront HIV and AIDS in their lives.

We are survivors who dare to dream. Our eyes are lifted. Our tongues are untied. The truth is our sword. A collective spirit our strength. We have given birth to our dream and embraced its promise of hope. A place where we all can be as healthy and alive as we need to be.

Come on home brother. Where there is hope, there is help. Where there is help, there is health. And in good health, you shall live. And with life you can dream, then help make real, this place where brothers love brothers. Because of that love, together we will survive.

Welcome home.

For Whites Only?
An Open Letter To Edge Magazine...

from James Stokes - Los Angeles, CA

This is an open letter to you [Edge Magazine]... *{SBC editorial note: Edge magazine is a West Hollywood-based bi-weekly for the white gay community}*. ... I'd like to offer my congratulations on your having done what was thought to be impossible: using non-violent civil rights tactics against people of color. You did this by doing two things: first you put what appears to be a pretty boy of color on the front cover, then you printed an article entitled, "AIDS Sees No Color," written by Bill Roberts (Issue #263). The article will be a success because many white gays will learn how to fight civil rights with civil rights.

Most readers of your magazine are moderate in thinking. As a result, most will find the contents of the article to be reasonable. If they are inspired enough, many will write their Congresspersons and Senators urging them to deny further funding to minority AIDS organizations serving people of color. To further drive home their point, they may even picket AIDS organizations of color, and get television coverage while doing so, to add publicity to their cause.

No one knows for sure where President Clinton stands on AIDS funding. No one knows how he plans to finance AIDS programs in existence and those planned to go into existence. Perhaps Clinton, in an attempt to atone for failing to allow gays and lesbians to be themselves in the armed forces, may do what Bill Roberts suggests and create "a comprehensive, uniformed national educational program." Thus, with a stroke of a pen, all funding to AIDS organizations of color and AIDS services to women and babies would be cut off. This would put them in financial jeopardy, if not out of service.

What the article doesn't say is that this "comprehensive, uniformed national educational program" will be a means of funneling money to white AIDS organizations only. If people of color are HIV positive or have AIDS, they will have to come to the place in the white community where the program exists. Those who can't make it will suffer and die. This program will not reach the ghetto or the barrio. It would have neither the money nor the desire to do so.

What the writer won't say is that he doesn't want people of color treated for HIV/AIDS. He wants to see the HIV rate quadrupled among people of color with no organizations to save them. Thus, a multitude of people of color will develop full blown AIDS and die. This is genocide done in a palatable, non-violent way.

Since the article appeared in your magazine, [I] must assume that you agree with Bill Roberts. In fact, you know that all that is necessary for you to have your way is for enough "good" people of color to do nothing.

[This letter excerpt originally appeared in* SBC Magazine: "The Bi-monthly for The Afrocentric Homosexual Man:" *January / February 1994]

The National Task Force on AIDS Prevention / The Brothers Network and BAVC: The Bay Area Video Coalition received honors for the interactive AIDS educational/safer sex video game, *Brothers* (see page 5). Call 415-749-6714 for info on where you can go to experience for yourself this fun interactive video game.

In This Issue

Magic Johnson Foundation Awards Brothers Network $50,000 for Gay & Bi Youth/Young Adult Program, The Brothers Physical

Let's Get Phyiscal

by Tony Glover

I write to invite you to be a member of The Brothers Physical: Taking Care of Our Bodies, Our Hearts and Our Minds, a program designed for Black/African American young adults under 30 years old who self-identify as gay men, bisexual men, or transgendered, or who are heterosexual-identified but also sleep with men. To join you must be available on Tuesdays, Thursdays & Saturdays from 1:00 to 4:00 PM and meet criteria specified below.

Funded by the Magic Johnson Foundation, The Brothers Physical offers the following, at no cost, to those who qualify (all Brothers Physical applicants must be interviewed, medically cleared for physique training, become a Brothers Network client, and sign a consent form). The YMCA will be used as training facilities. Consistent with YMCA membership rules, all Brothers Physical members must waive any liability claims against the YMCA. Without signing this release, clients cannot use YMCA gym facilities.

A certified physique trainer and/or his staff works with you in groups of seven. 3 days a week you train on state-of-the art equipment including life-cycle, nautilus, universal, and free-weight body-building systems. The training program allows you to participate regardless of past experience or inexperience.

High-carbohydrate, high-protein, low-fat gourmet food will be prepared. 3 days per week, on training days, members receive delicious, fresh, healthy small meals in microwavable recyclable containers.

Each month you attend 2 sessions on how a nutrition and diet plan maintains health and helps you body-build and reach any weight gain / loss goals. You learn how nutrition / exercise impacts immune systems.

2 times per month you receive tips on how to prevent and treat HIV/AIDS. Featured are creative safer sex "playshops" and up-to-date information on HIV/AIDS holistic and medical treatment options.

In diary form, you learn to track calories, document weight gain, take notes and record thoughts about successes and challenges. When needed, a tutor helps you improve writing and basic math skills

You play The Brothers Network's award-winning interactive video dating game. By touching the screen, you interact with sexy Black characters who seduce you for a night of fun while challenging your commitment to practice safer sex. Don't miss this sexy, safe, and hot new twist in video games!

Membership in The Brothers Physical, with all privileges listed above, is for a 12-week period. Only 20 memberships are available during each 12-week period. Certified physique trainers, knowledgeable nutrition counselors and experienced HIV/AIDS educators help you fully participate and maximize your potential to benefit from this program. Upon completing the program, you receive a certificate, and, as a Brothers Physical graduate member, continue to receive (based on availability) passes to local area gyms which are available daily — "first come, first served" — to all Brothers Network clients.

Through The Brothers Physical, developed and applied is an HIV/AIDS advocacy approach that stresses prevention and treatment not only through direct education about these issues, but also by way of a fun, well-planned body-heart-mind program not associated with the stigma and discrimination that often dissuades those who might otherwise seek life-saving information about AIDS. Moreover, because this program is conceived, directed and implemented by The Brothers Network, an added benefit is that each member can access well-trained and informative professionals providing services that welcome and do not judge HIV-affected Black gay, bisexual, transgender or questioning young adults.

Our insight is that young Black adults and youth must be educated that part of what is needed to improve overall health and maintain immune system function is a personalized program that encourages each person to commit to take care of his or her body, heart and mind. Our hope is that through our Brothers Physical Program, we can challenge, and inspire to better health, young Black gay men, bisexual men, transgenders and young Black men who question their sexual orientation.

All Brothers Physical members are encouraged to participate in any Brothers Network program. We offer the following services targeting Black / African American gay men, bisexual men and transgenders:

Prevention Education & Advocacy, Treatment Education & Advocacy, Risk Reduction, Anti-Oppression Services, Support Groups, Facilitation Training, Peer Counseling, Leadership/Self-Esteem, Transgender Services, Cultural Arts Special Events, Volunteer Services, Creative Writing, "Dancercize" Groups, Transportation Subsidies, Drug/Alchool Abuse Treatment Referrals, Medical, Therapy & Legal Referrals, Case Management/Social Service Referrals, Publications: *Positively, Black & Proud* and *Survivor Stories.*

Earvin "Magic" Johnson

Since all Brothers Network program staff self-identify either as Black gay men, bisexual men, or transgenders, many of whom are dealing with HIV and AIDS in their own lives, the staff is uniquely qualified to deliver services from a cultural and social perspective which promotes the overall self-esteem of members. At The Brothers Network we take seriously our commitment to deliver services in culturally appropriate ways that are respectful of the ethnicity, culture, race, and sexual orientation of each client.

We'd Love for You to Become a Brothers Physical Member — Apply Now! Our grant with the Magic Johnson Foundation gives preference to young folk between 18 and 25, but anyone under 30 can apply to participate. Only 20 memberships are available for the March through May training period. New 12-week training periods will begin in June and September. But don't wait! Call us today or drop on by!

All Queens Don't Live In Castles

(Stories from the Transgender Side....)

by Rica Madame Turner

Well, here we are in the early stages of 1994, and how many of our New Year's resolutions have we broken so far? Me, I promised I would cut down on my man intake. (I don't worry about calories just yet). I must be real with my readers, for I can not live with this terrible secret: I have CSB!

You might be asking: "What the hell is that?" The Answer: Compulsive Sexual Behavior.

Yes boy and girls, I'm addicted to good sex. I can't help myself. I find, after two or three days, I break out in a cold sweat if I don't have a thick and muscular man near me in the middle of the night. What do I do? Is there some hotline I can call. Where is Oprah when you need her?

For those of you out there who suffer just like me, we must fight the urge to succumb to the temptation of the manly flesh. "Stop The Madness!!!"

On a more serious note, I just recently returned from a 5-day trip to the East Coast (snow storms and all!) where I attended The Black Gay and Lesbian Leadership Conference in Secaucus, New Jersey, where I had a faboo time.

This is my third year attending this conference, and I think everyone should somehow, at least once in their life, attempt to go. You can retrieve and distribute tons of information from other organizations from across the US. Plus, the people you interact with just may become life long friends whom you look forward to seeing each year. And, of course, since the host city, New York, was just 15 minutes away, guuurrlll, I PAR-TAYYED!!!!

While at the conference, I attended the workshop facilitated by my good friend Sheri Webb, who is Transgender Advocate and Counselor at the Terderloin Aids Resource Center (T.A.R.C.). Her workshop was entitled "Transgenders in the Black Community and Who We Are." Sherri focused on her life as a post-operative transgender person living as a heterosexual woman. She spoke of her beginning struggles, her supportive family, and how she made it to the well-known position she now holds as one of the major forces in the fight for transgender rights. The workshop, very well received, was evaluated and those expressing opinions clearly stated they wanted workshops of this nature to appear at the conference next year. Unfortunately, despite the workshop's excellence, still there needs to be more inclusiveness about providing information to my community sisters.

Now, now! Don't go thinking this trip was all work and no play.

HARDLY!! I had several opportunities to see New York's culture at its finest, and I do mean F-I-I-I-NEST! The Boys there were all over me like footprints in new snow (modesty rarely suits me). I went twirling through Manhattan, New Jersey and experienced this fierce house party in Brooklyn, where I was the only queen in the house. I felt a little uncomfortable at first, but after the boy started asking me to dance, I started opening up (so to speak) and even got a few phone numbers to take home. To top of my trip, I spent my last two days in NYC with a handsome young man named "Justice" (Yes, that is his real name). His life was made a tearful hell when reality set in, and he accepted that I did have to go home. Thank you Justice, for a wonderful time, and may our time together always be a special memory in your heart, as it will be in mine. Au revoir Mon Amour...

Well, that's it for now. Time to end my little journal notation on the journey back home. Tune in next time when I talk about whatever else comes to my twisted little hormone induced brain.

Brothers Video Wins International Film/Video Award

Brothers, the interactive safer sex video game developed by the National Task Force on AIDS Prevention and BAVC, The Bay Area Video Coalition received a *Freddie*, the most prestigious medical and health film/video award in the world. It was voted by the International Medical and Health Film Festival to be the best interactive video for its 1994 awards presented on February 12 at the Herbst Theatre in San Francisco. The Awards Ceremony featured former Surgeon General Dr. C. Everett Koop, Tipper Gore as keynote speaker and was hosted by Chevy Chase.

Pictured in this dot-matrix impressionist photo (l-r) are: Video Exec. Producers David Bolt and Steve Feeback, NTFAP Exec. Director Reggie Williams, Video Star and Brothers Network Staff Member Jelousy Jiggets, Video Producer Becky Price, Video Co-Director Tony Williams and two BAVC staff members.

A Lesson in Black History

by Tony Glover

The history of Black peoples is such that we, in our wisdom, often create new projects that challenge racist institutions and create programs that are about our own survival — the survival of our peoples.

Here are some of the heroines and heroes of Black America: John Glover, Fannie Lou Hamer, Frederick Douglass, Sojourner Truth, Marcus Garvey, Ma Rainey, Langston Hughes, W. E. B. DuBois, Jesse Owens, Rosa Parks, Adam Clayton Powell, Jr., Ralph Ellison, Malcolm X, The Black Panthers, The Wilmington 10, Medgar Evers, Wilma Rudolph, Arthur Ashe, The Student Non-Violent Coordinating Committee, the Rainbow Coalition, the Southern Christian Leadership Conference, A. Phillip Randolph, Ella Baker, Martin Luther King, Jr., Spike Lee, Whoopi Goldberg, Ruby Dee, Ossie Davis, Jackie Joyner Kersee, Michael Jordan, Magic Johnson ...

Yet more heroines and heroes of the Black community: Coretta Scott King, Hon. David N. Dinkins, The NAACP, The Minority Task Force on AIDS, Hon. Maxine Waters, Rev. Jesse Jackson, Hon. Willie Brown, The Rev. Benjamin E. Chavis, Sweet Honey in the Rock, Faye Wattleton, Hon. Carole Moseley Braun, Dhoruba Bin Wahad, Angela Davis, Alice Walker, Rev. Cecil Williams, June Jordan, The SF Black Coalition on AIDS, AMASSI: African American AIDS Support Services & Survival Institute, Nelson Mandela and the African National Congress of South Africa...

One more list – my heroines and heroes: Audre Lorde, Bayard Rustin, Pat Parker, James Baldwin, Cheryl Clarke, Assoto Saint, Tseko Simon Nkoli, Jewelle Gomez, Donald Woods, Barbara Smith, Reggie Williams, Dr. Marjorie Hill, Lidell Jackson, James Credle, Mabel Hampton Rory Buchanan, Donald Woods, Rev. Renee McCoy, Rev. Carl Bean, Marlon Riggs, Craig G. Harris, Tracy Chapman, Toshi Reagon, Gay Men of African Descent, Men of All Colors Together, Adodi of Philadelphia, Adodi of New York, Black and White Men Together, Lesbians and Gays of African Descent for Democratic Action, National Black Gay and Lesbian Leadership Forum, African Ancestral Lesbians United for Societal Change...

The first group of African descendant peoples and organizations are known to history as supporting Black peoples rights in their time. The second group of African descendant peoples and organizations are those known to have openly supported both Black peoples' and lesbian and gay peoples' rights. The third group comprise openly gay or lesbian African descendant peoples and organizations that have supported the rights of Black lesbian and gay people to live free from oppression.

I am open and honest about this list when confronting homophobes of all races, colors and creed who claim that Black people supportive of lesbian and gay rights do not exist... that lesbian and gay leaders within the Black community do not exist... that Black lesbian, gay, bisexual and transgendered people do not exist.

At The Brothers Network we are proud of the history of Black peoples in America. We are proud of the history of Black lesbian and gay people in America. The Brothers Network is now a part of both histories.

African descendant bisexual, lesbian, gay and trangendered people will challenge homophobic, gender-biased and racist ideologies – ones that say to us, as Black gay men, as Black lesbians, as Black bisexuals and trangenders: you are not welcome, you cannot be a part of our struggle, nor can you meet the needs of our young people.

We are not a threat to your children, we are your children — the children, in the life, who claim the right to live proud and free of homophobia amongst a community labeled Black...and...free from racism amongst white peoples and communities — including those labeled transgendered, lesbian, gay and bisexual.

Undoubtedly, some will see us as a threat to racism and heterosexism in AIDS delivery services. I would describe us as presenting a challenge to others to deliver culturally-relevant social services. I would describe us as a healthy, sane alternative, for we at The Brothers Network seek to deliver services in ways that do not overtly or covertly subjugate and relegate Black gay men, bisexual men and transgenders to an afterthought.

Our **mission statement** is clear: *The Brothers Network is an HIV institution created by transgender, bisexual and gay people of African descent dedicated to the health and well being of gay men, bisexual men and transgendered peoples. We have united in response to the needs of peoples whose lives have been impacted by HIV and AIDS. We are an idea whose time has come and whose time to be will never pass, for we are about keeping our brothers and transgender sisters alive, safe, creative and vibrant. Together we have given birth to, and will maintain, a strong, effective, compassionate, risk-taking, trusting, healing, mutually respectful, dedicated, humane*

HISTORY, *from preceeding page*

and positive organization comprised of people who refuse to believe that transgenderers, bisexual men and gay men of African descent must continue to be infected at higher rates than any other Black or gay or bisexual or transgendered population in San Francisco.

Welcome to the Brothers Network. We offer hope.

With hope, there is help. With help there is health. And in good health you shall live.

The Brothers Network claims its place in history. If you are Black gay, bisexual, transgendered and concerned about HIV and AIDS in the life of our community perhaps our history will be instructed and influenced by the power of your personal history and herstories.

You see, we want Black peoples regardless of sexual orientation, color, creed, personal affections and preferences, and biological or self-assigned gender-identification to survive HIV and AIDS, and you can help.

Gay, bisexual and transgendered people must survive HIV and AIDS, for without our history, our contributions, our sacrifice, our intelligence, our street savvy, our spirituality, the history of Black peoples and gay/bi/transgendered peoples would never be as rich nor as special as we know it to be.

Celebrate our history with us by helping us create history. Help us become an organization impassioned and dedicated to those not afraid to claim us as their own – an organization which in all its endeavors strives to make visible, and keep alive, a Black gay/bi/transgender population that too many have forgotten.

Never again will we allow others to disappear us from Black History, Gay History, or World History. 'Nuff said!

The BROTHERS NETWORK

presents

RISK REDUCTION

as you have never seen it before

Learn to EROTICIZE safer sex

Lower risks related to HIV, substance abuse and other risky behaviors

When: TUESDAYS
Where: 625 O'Farrell St.
Time: 10:30 AM - 11:30 AM

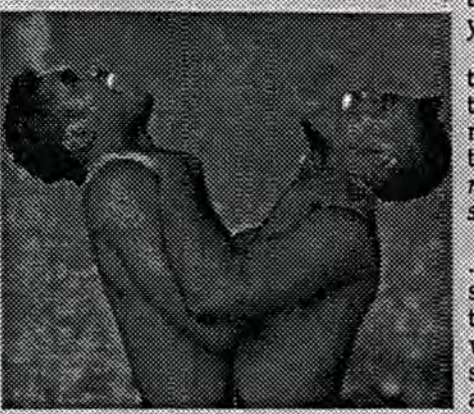
by J. D. Scott-Hoffman

NO He Didn't

"Let history bear witness, that no human bow before a tyrant"

-- Krysten Wells

Well, that is easier said than done. People constantly try to oppress other people. I, as a Black bisexual male realize this all too well, as I am sure do many of you, for you too may have had the experience of someone trying to control you, condemn you, or exert power over you.



I also know full well that at times I can be the tyrant. I am a tyrant when it comes to relationships. I ask myself, all the time: *What is it that makes me so control-freakish in relationships?*

My answer is ... whoops ... no ... *my excuses are*: I was shuffled around from one home to another from age 1 to 11... I was sexually molested by my step-father... I was emotionally and spiritually abused by my mother.

Combined these past experiences, during which I had no control, still affect my present – driving me to control my partners. This is what oppression has done for me.

What has it done to you? Think about it for awhile. How does your own journey, through a life in which you were part of a community targeted for oppression, make you act out towards those whom you, in your best moments, care for, love and enjoy having in your life.

I am working hard to figure out why I have to feel rage or why I leash it upon those around me. I find this to be the hardest thing I ever have had to do in my life. I hope that those I have hurt can forgive me, especially you Bob. Know that I never meant to hurt you, and thereby hurt myself. When you can, be my friend, and just maybe, if the time is right, re-join me as my lover. Whether or not this can happen is up to us.

the "black sheep"

by Shelly

I was sitting here thinking about people and things, trying to put them in some sort of order in this messed up world of mine.

It's so insane, this world in which we live. In order to "fit in," you must follow the ideas and beliefs of everyone else.

What has happened to individuality? Don't people realize that you need to be who you are when you are? Can't they see you need to follow your own ideas and beliefs? Evidently not. Everywhere I go, it seems everyone is afraid to be themselves.

What have we all turned into? A bunch of "sheep," I think. If you do what you feel, you're immediately labeled the "black sheep."

I can't understand society's anger towards anyone who is different. To me, this is damned selfish. If you can't be who you are, then who the hell can you be?

And who are you? A clone of society? A clone of your family?

Are you being whom and what you want to be? You follow all the "rules", but... Are you happy? Only you can answer.

I can answer. I am happy. I live how I want, despite what society says. I am the "Black Sheep" in this world of artificial "white sheep."

If you're unhappy with your image, then you should try to change to the person that you are, or, perhaps, the one you want to be. If you can't find the ways to your personal strength, then one day you may wake to find you are just another member of society's "white sheep."

The Kid Is Not My Lover

by Jonathan William Brown

The sex-abuse charges against **Michael Jackson** have slowly, but surely, disappeared from front-page news since the recently announced multi-million dollar settlement between MJ and his accuser.

As the lead Black entertainer in the United States and the leading entertainer in the world, it's sad to see such a public airing of MJ's dirty laundry... so to speak.

I know a great many of us are tired of hearing about MJ. However, this entire situation brings to mind another scenario – this time a traffic accident, where I tell myself I won't look, but feel I have to.

The profound negative publicity will undoubtedly affect MJ's career. Already, high-powered advisors are scrambling for media and public relations tricks to restore him to public favor. No matter if you supported, or were against, Michael in this latest affair, to a certain extent we are bound by a common disgust. It is not illogical to assert that if his own family was divided in their support, MJ's audience, fans and the media-influenced general public will be divided as well.

Your guess is as good as mine regarding how many tell-all biographies and sex scandal sheets with Michael's name or likeness on the cover, and in-between the pages, will flood bookstores in the coming months and years. The cast of characters could rival *Ben Hur* : celebrity goddess **Elizabeth Taylor**; 11 year-old **Brett Barnes**; Jackson biographer **J. Randy Taraborelli**; pint-sized movie star **Macaulay Culkin**; private investigator **Anthony Pellicano**; voice-expert **Stephen Laub**; former Jackson maid **Bianca Francia; La Toya Jackson**; former Jackson bodyguards **Fred Hammond, Morris Williams, Leroy Thomas, Donald Starks** and **Aaron White**; prosecutor **Lauren Weiss**; and, of course, his **13 year old accuser.**

What movie screen writer could create such real-life drama: La Toya's teleconference from Tel Aviv (is this woman well?)... the Jackson family rebuttal from Encino featuring **Jermaine** *"I-love-Michael-as-a-brother/I-hate-Michael-as-a-brother-as-long-as-it-gets-me-some-publicity-to-sell-my-next-album"* **Jackson**... the body search by Santa Barbara police (for those who claimed he and **Diana Ross** were one and the same, we now know he HAS a penis)... Michael's dramatic TV statement (honey, pull back the hair!)... various confessions by past employees (loyal help is hard to find, especially when offered thousands of dollars to tell one's story to sleazoid tabloid TV)... and, finally, the multi-million dollar settlement (wouldn't one million suffice?).

Where oh were did Michael go wrong? Did Michael go wrong? Was he in the right place at the wrong time or in the wrong place at the right time? That depends upon whether you think the alleged act was worth all the negative publicity that followed. Perhaps it depends on whether you think the alleged sex between MJ, as an older man, and his accuser, as a young teenager, was consensual. Perhaps it depends on whether your homophobia dictated your response to this affair. Maybe you were unable to sympathize with a star, or anyone for that matter, who could not come out of their closets of seclusion regarding sexuality or alleged child abuse.

One thing's for sure though — we all make mistakes. And because of this universal truth, is it really any of our business that we make it our business to discuss it. If I answer no to this I might as well read myself for writing this column. If I answer yes, I better be ready to open all my closets and reveal all my demons. And you must do the same!

by Demetres V. Munford

The Risky Corner

The Experience The Antidote The Cure

I once heard it said that we need to find an antidote for AIDS; others have said we should, "Be here for the cure."

In actuality, we are all living with HIV/AIDS. True, some of us may not be infected with HIV. Still, we are, nonetheless, people living – co-existing if you will – with the existence of HIV and AIDS in our world.

This common experience, of all of us living with the HIV/AIDS, can put each person into various uncommon, even peculiar, states of being.

I have heard it said that "experience is the best teacher." It is for this reason I have chosen to accept the experience of living with, for, and around, just one more epidemic. This epidemic will make me neither any less nor any more than whom, or what, I choose to be – an experience.

This is why I have come to be full of life, rich with color, no less memorable than the most vivid, crisp clear day.

I yearn for the experiences of a lifetime.

To some it may seem regrettable that I must be handicapped with this "life-threatening" difficulty. For others around me, this difficulty has reached the very heart of their beings. It made many of us realize we just might be more than we ever thought we could be. I, for one, accept even the difficulties simply as experiences of MY life – a life filled with zeal and dazzled with brilliance.

My eternal being never can be marred. It remains forever my breath of life and the song in my soul. My one experience is a testament. My one experience is the antidote. I have found THE CURE.

Survivor Stories is a collection of writings, photos and/or illustrations submitted by you the reader of PB&P. Submit your work to:
PB&P
c/o The Brothers Network
625 O'Farrell Street
San Francisco, CA 94109

Movie This...

by Jonathan William Brown

There is a new, albeit small, crop of movies being produced in Hollywood that entertain the idea of homosexuality.

Six Degrees of Separation featuring *Fresh Prince of Bel Air* star Will Smith comes to mind. And, of course, there is the groundbreaking **Philadelphia** with Denzel Washington and Tom Hanks.

In *Six Degrees*, Smith plays a hustler who is Black, gay and craftily invades the life of a well-to-do white Manhattan couple. Claiming to be Sidney Poitier's son and to have gone to school with the couple's children, the hustle begins.

It seems some of the...ahem...technical aspects of the film were difficult for Smith. While filming, he backed out of an on-screen kiss with co-star Anthony Michael Hall claiming his East Coast homeys just wouldn't understand. Smith later remarked he regretted not doing the scene, excusing his refusal not as homphobia, but immaturity. Is homophobia ever mature?

Having worked in televison production, I know the bottom line is money. If "controversial" films like Philadelphia make money, it's not unlikely a plethora of "copy-cat" films will be made. Many such films may already be "in the can" waiting to be released?

No media influences so many people in so short a space in time as Hollywood's cinematic films. Though the opportunities for education thus far lost are astounding, one can hope that when, and if, films more often humanely present issues like AIDS and homosexuality, human tolerance might also increase.

From such a tolerant vantage point, one might see that many of our Black brothers and sisters with AIDS still die in silence. Hollywood producers bankroll films that show Black folk killing each other in gang wars, while lost to ourselves and others is the increasing violence of AIDS and racism. Indeed, many are the ways we die.

But yesterday's lesson, today's challenge and tomorrow's promise is this: we always find ways to live. Though if Hollywood were to record our tomorrows, their version of our future would likely hold that we'll all be partyin' in House Party 16. Oh Lordy, NO!

And what of the Black gay experience. Surprise! Currently, there exist no other Hollywood productions about the **Black gay** experience. Guess we'll all have to do a **Marlon Riggs** and shoot it (not each other) ourselves!

by Kerrington Osborne

Policy Corner

HIV Prevention Community Planning

Greeting Brothers!

HIV has become the second leading cause of death for young African males (18-35). In San Francisco it is estimated that 55% of gay and bisexual African American men are HIV positive and that 70% of black gay and bisexual injection drug users are also HIV infected. In a recent study by the San Francisco Department of Public Health on Lesbians and HIV, African Americans had the highest rate of HIV infection. The majority of heterosexual women and children with AIDS are also African American. New infection rates among African Americans continue to rise. There is no denying this fact any longer: HIV infection is a concern for all Black/African American communities. We as community activists must make sure that HIV disease remains on our political agenda.

In the spirit of continued activism and awareness, I would like to update you on current happenings on the HIV prevention front. As I discussed last time (*Dec. '93 issue, Positively, Black & Proud*), the Centers for Disease Control and Prevention (CDC) has issued guidance to state and local health departments with cooperative agreements on HIV Prevention community planning. Mandated by the CDC is the creation of local community planning councils. The County of San Francisco and the State of California have their own cooperative agreements, and each has established their own HIV community planning groups.

The CDC has mandated that such planning bodies be inclusive and that special attention be paid to socially marginalized, economically marginalized, "hard-to-find," and "at-risk" populations. (This means us).

I am an advisor to the State's HIV Working Group and a member of the San Francisco HIV Prevention Planning Council. Brothers' Network staff members Jonathan Brown and Reggie Pulliam also serve on the San Francisco Planning Council.

Our membership alone will not be enough! We need to hear from you, for we will need your help to ensure that the issues and concerns of Black/African American gay men, bisexual men and transgenders are heard.

The planning bodies will conduct needs assessments to identify unmet HIV prevention needs. Also, they will evaluate existing strategies and interventions as well as make recommendations for high priority prevention strategies and target populations. In short, it is quite possible they could revamp existing HIV prevention efforts within the State of California and San Francisco County. That, my brothers, is a lot of potential power. Planning bodies will begin meeting in February and March.

It is important that these HIV Prevention Planning bodies hear from you.

I will keep you advised of upcoming community meetings and focus groups.

Finally, we have an opportunity for real community input into HIV prevention efforts in California and San Francisco; however it is up to all of us to ensure we are at the table when decisions affecting our community are made.

Yours in the Struggle.

Next time: Health Care Reform: Part I

HIV SERVICES FOR AFRICAN AMERICAN TRANSGENDER, GAY & BISEXUAL MEN

(415) 749-6714.

625 O'FARRELL STREET SAN FRANCISCO, CA 94109
415-749-6714
FAX 415-749-6706

the BROTHERS NETWORK

is for SISTERS too

IF YOU ARE TRANSGENDER AND HAVE CONCERNS ABOUT

Health / Conditions Being Newly Diagnosed

Being Emotionally Upset Or Just Need Information

We offer *free* help to African-AmericanTransgenders like yourself who have questions about HIV / AIDS, its' transmission, Safer Sex practices, Support and Treatment Information plus Outreach in the community for those with HIV and Information and Education for those who don't have HIV.

WHERE THERE IS HOPE, THERE IS HELP

415 / 749-6714

FREE SERVICES

HIV SERVICES FOR AFRICAN AMERICAN GAY & BISEXUAL MEN

(415) 749-6714.

625
O'FARRELL
STREET
SAN
FRANCISCO,
CA 94109
415-749-6714
FAX
415-749-6706

the
BROTHERS NETWORK

Health Concerns /Conditions

Being Newly Diagnosed

DO YOU HAVE CONCERNS ABOUT?

A Need For More Information

Being Emotionally Upset

the BROTHERS NETWORK

Offers the *free* help to African-American Gay, Bisexual Men and Transgender with concerns about HIV

Outreach and Education to the African-American Communities in San Francisco about Safer Sex and Prevention of tramsmitting the HIV virus

Support and Treatment Information for those with HIV and Education for those who don't have HIV.

Where there is hope, there is help

415-749-6714

FREE SERVICES

the BROTHERS NETWORK

PLAY SAFE
PLAY HARD
PLAY WITH ME

BE HOT, HORNY AND HEALTHY

LET'S GET IT ON *(Intro)* CARD

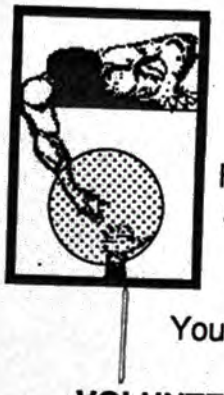
Hello, my name is_____
and I'm interested in you.

I'd like to:
__Spend the evening with you
__Give you a HOT massage
__Body rub with you and see what comes up
__Lick you from asshole to afro
__Fuck using rubbers
__Jack off with you
__Get wild with you
__Join you for coffee and conversation
__Safely work your body over
__Talk dirty with you on the phone sometime
__
_____
Are you open to it?

Here's my number_____

Funded by
The MAGIC JOHNSON FOUNDATION

with additional support from
Gargantuan Catering
(day-long gourmet meals)
Embarcadero and Central YMCA of San Francisco
(gym facilities)
Project Open Hand
(evening meals)
Alex Greenfield
(color art work/color logo design)



Be there for your Friends & Feel Good about Yourself...

...VOLUNTEER

Want More Details Call
415-749-6714

The BROTHERS NETWORK
625 O'Farrell Street
San Francisco, CA 94109
FAX (415) 749-6706

Clinton Library Transfer Form

Case #, if applicable	2018-0756-F	**Accession #**			
Collection/Record Group	Clinton Presidential Records	**Series/Staff Member**	Kristine Gebbie		
Subgroup/Office of Origin	National AIDS Policy Office	**Subseries**			
Folder Title	June Chron Files 1994	**OA/ID Number**	3770	**Box Number**	
Description of Item(s)	The Brothers Network card wrapped around a Maxx Plus condum and a Kimono Aqua Lube Plus packet				

Donor Information

Last Name:		**First Name:**		**Middle Name:**		**Title:**	
Affiliation:		**Phone (Wk):**		**Phone (Hm):**			
Street:		**City:**		**State (or Country):**		**Zip:**	

Transferred to:	Museum	**Transfer Point**	During Processing
Other (Specify):		**New Location**	

Transferred by:	Debbie Bush	**Date of Tranfer**	5/16/2019
Received by:		**Date of Receipt**	

The Brothers Network

625 O' Farrell Street • San Francisco • CA • 94109
Phone: 415-749-6714 • Fax: 415-749-6715

BROTHERS NETWORK

I. STATEMENT OF NEED

According to statistics and seroprevalence projections for 1993 released by the SFDPH, AIDS Office, 16% (n=4,378) of those living with HIV infection are African Americans. Of this 16%, 74% (n=3,238) are gay and bisexual men including gay and bisexual IDUs. This rate of infection shows a seroprevalence rate of 5.7% for the entire African American communities as compared to 5.0% for the White communities and, assuming the total population estimates for African American gay and bisexual men are accurate, a seroprevalence of 56% among this population as compared to 42% among their White counterparts. More alarming is the fact seroprevalence trends indicate that infections among African American gay and bisexual men are increasing while they are leveling off for White gay and bisexual men. The engine that drives these rates of transmission is made up of a host of factors that include self-esteem issues, racism, homophobia, substance addiction, socioeconomic status and others.

A KAB study of 952 gay and bisexual black men completed by the NTFAP confirms the above analysis noting that from a wide cross section of homosexually active black men, only 53.5% of those questioned reported always or nearly always practicing safer sex despite 96% relating that they know how HIV is transmitted (Minns, et al, 1990). Another study indicates that Black bisexual men have significantly more risk factors than white bisexual men and that 36% of the Black men reported participating in unprotected anal sex while only 12% of the white men reported unprotected anal sex (McKirnan, et al, 1991). Yet another study reveals that African American gay and bisexual men reported a substantially higher prevalence of unprotected anal intercourse during a six month period in 1990 (52%) than did White gay and bisexual men as reported in the AIDS Behavioral Research Project (15%) and the SF Men's Health Study (20%) (Peterson, et al., 1992). This study further revealed that African American gay and bisexual men in the Bay Area were more likely to have practiced unprotected anal sex if they were low

income, had been paid for sex, and/or had injected drugs - these behaviors persist despite the fact that these men accurately perceived themselves to be at risk for HIV infection (op cit.).

The findings of these various studies find that interventions targeting Black gay and bisexual men and youth must address self-esteem, empowerment, substance abuse, education and literacy, and economic opportunity as well as increasing skills to eroticize condom use and enhance their use. HIV prevention behavior change will not occur in a vacuum. It is clear that behavior change will only occur proportionate to the extent that these other issues are addressed as well primary and secondary HIV prevention.

II. GOAL STATEMENT

There are two primary program goals:

1. Empower members of the target population to reduce their risk for contracting HIV disease by providing them opportunities to increase their skills, self-esteem, self efficacy and leadership abilities in life and, specifically, in relation to HIV disease prevention behaviors;

2. Change existing, and establish new, community norms within the African American gay, bisexual, youth and transgender communities that will reinforce the need to change and sustain lower HIV risk behaviors.

AGENCY DESCRIPTION

In San Francisco County, we provide comprehensive HIV/AIDS prevention education / advocacy, treatment education/advocacy, and support services targeting Black/African American gay men, bisexual

men, Transgenders and any other Black/African American men who love men. Also served through this program are youth/young adults and substance users who need education and advocacy around HIV/AIDS prevention, treatment, and support issues. For those who qualify, these services are also available: 1) access to local gym and physique training facilities; 2) diet and exercise programs; 3) dancercise groups; 4) creative arts special events; 5) writing workshops; 6) fun and informative safer sex playshops; and 7) a fun computerized interactive video dating game on safer sex.

ELIGIBILITY

Program **targets** Black gay men, bisexual men, transgendered men, and other Black men who love men (though services are available to all). Intake interview required. Those who agree to receive services must sign an agreement that details the client's rights and The Brothers Network's responsibilities. Youth/Young adult services targets people under 30 years old who identify as Black gay men, bisexual men, transgenders or as men who love men. To provide ethno-culturally relevant services, some support groups have specific race, sexual orientation, gender-identification and/or HIV-status requirements.

SERVICES

Peer & Clinical Counseling
Prevention & Treatment Advocacy
HIV/AIDS Education
Risk Reduction/Anti-Oppression
Support Groups/Youth/Young Adults
Transgender
Physician Referral, Info/Referral Service
Self-Esteem/Leadership
Volunteers
Newsletter/Publishing
Diet/Exercise/Physique Training
Cultural Arts/Special Events

METHODOLOGY

1. Community Workshops

Facilitated educational and interactive serial community workshops will encourage participants to discuss how to reduce overall risks that contribute to poor health with a focus on reducing risks related to transmission of HIV. The Brothers Network will conduct five of these workshops every three months. Four series of workshops will be held at various community-based organizations (CBOS) outside of the Brothers Network offices, one series will be held at the Brothers Network offices. Each serial workshop consists of four two-hour sessions and will revolve around themes relevant to African American gay and bisexual men, African American youth and African American transgendered persons. Themes will include self-esteem, personal empowerment, effects of racism and other oppressions on health maintenance and self-care ability, and difficulties with maintaining HIV risk reduction behaviors. The workshops will be promoted through social network channels of members of the target population, by Outreach and Intervention volunteers in bars and special and community events, and through newsletters and newspapers targeting members of the target population and the broader lesbian and gay communities. The community workshops will be led by the Transgender Services Coordinator and the Workshop Coordinator.

2. Workshop Facilitator and Outreach & Intervention Volunteer Training

The Brothers Network training module consists of a six hour, three day training, which includes, but is not limited to the following areas: Client support; methods of facilitation; providing ethno-culturally relevant support; respecting cultural diversity with regards to race, sex, gender, creed and national origin; administering evaluation instruments; meeting needs of the facilitator versus meeting the needs of the participants; and, identifying and properly referring clients in need of additional services. These activities will be carried

out by the Workshop Coordinator, the Special Events/Volunteer Coordinator and the Transgender Services Coordinator at the BN offices.

3. Curriculum

The Brothers Network curriculum is designed to impact seropositive Black/African American gay men, bisexual men, transgenders and other Black/African American men who have sex with men. The curriculum has taken into account factors such as low literacy by incorporating materials that do not rely upon a client's ability to read. This includes, but is not limited to, the Brothers Network's interactive video game on safer sex, negotiating with partners to reduce risky behavior, and practical and emotional support resources available at The Brothers Network and at other San Francisco medical, health and social service institutions.

4. Location of Services

Support groups will be convened at easy access, handicap accessible locations including but not limited to locations in Bayview Hunters Point, the Western Addition, the Tenderloin/Polk Gulch, South of Market, Haight Ashbury or the Castro. Wherever possible, sites will be chosen to respect participants' needs for confidentiality. One support group with a duration of at least eight weeks will be initiated during each quarter of the contract year.

5. Outreach Methodology

Outreach and recruitment of seropositive African American men for the support groups will be coordinated on an ongoing basis by the Program Coordinator and shall utilize Brothers Network Volunteers. Volunteers will be recruited to provide outreach activities -- to include but not be limited to distribution of support services posters, brochures and condoms -- in local bars, sex clubs, African American gay and bisexual social/political organizations, and community fairs and events.

6. Peer Counseling Methodology

On an individual appointment basis, the Program Coordinator and Intake Workers will be available to meet with clients to provide peer counseling, assessment of support needs and/or linkage to other services i.e. primary medical care, health care, mental health, drug/alcohol recovery, detoxification programs, or other needed practical support and social services.

7. Self-Care Workshops

The Program Coordinator and Intake Workers will develop a culturally-specific and competent self-care workshop curriculum that will be implemented in quarterly six hour workshops to help clients to acquire and maintain self-care skills and learn effective self-care strategies.

8. Client Linkage & Case Conferencing

Linkage to other in-agency Brothers Network services will be arranged by the Program Coordinator and/or Intake Worker who will arrange, chart and document the referral in client files. Toward effective client support through referral to outside agencies, all Brothers Network Staff will case conference once per week for two-hours to discuss clients, out-agency linkages, including follow-up on referrals made to outside service agencies. Case conferences will target for extra support, clients most in need of increased primary medical care, health care, mental health, drug/alcohol recovery, detoxification programs, or other needed practical support and social services. As needed, the Program Coordinator and/or Intake worker will arrange client conferences between The Brothers Network and staff from outside agencies to ensure follow-up and coordination of additional support services.

9. Staff & Volunteer Self-Care Training & Education

For the first two quarters, a clinical Consultant (MSW) will be contracted to train and provide needed support to the program staff and volunteer facilitators. Staff and volunteer facilitators will then use this training to provide self-care workshops to clients.

10. Facilitator Training

The Brothers Network training module consists of a 16-hour, two-day training which includes, but is not limited to, training facilitators in the following areas: Client support, methods of facilitation; respecting cultural diversity; administering evaluation instruments; meeting one's need as facilitator versus meeting the needs of support group clients; and identifying and properly referring clients in need of additional services. The training will be conducted by the Program coordinator with additional help as needed from other Brothers Network staff.

11. Staff & Volunteer Self-Care Training & Education

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11. Advertising

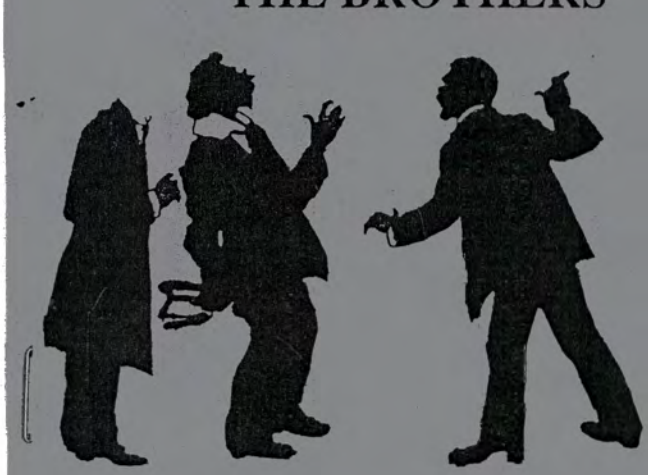
The centerpiece of the campaign will be the development and distribution of a culturally-specific poster advertising the availability of the support groups with a phone number to call for more information.

The poster will be distributed to: 1) HIV/AIDS prevention, treatment and support service organizations; 2) hospitals, clinics and other health, mental health and social service organizations; 3) drug/alcohol treatment recovery homes and detox centers; 4) bars, affinity organizations and safer sex clubs that cater to gay, bisexual and/or transgendered clients.

12. Transportation Services

Taxi vouchers and bus tokens will be made available for clients to attend the support group meetings and to obtain necessary medical or social services. Any client participating in the support groups will be eligible to receive transportation assistance by completing the necessary paper work and submitting a letter of diagnosis from a medical doctor. Priority in distributing transportation assistance will be given to clients with disabling HIV or AIDS. Transportation services will be coordinated and supervised by the Program Coordinator.

THE BROTHERS NETWORK



PRESENTS

RISK REDUCTION

as you have never seen it before

Learn how to erotize safer sex

Lowering risk related to HIV

Substance abuse and other risky behaviors

WHEN: Tuesdays
WHERE: 625 O'Farrell St.
TIME: 10.30 am -11.30 am

Facilitated by Demetres Dino Munford

For more information call (415) 749-6714

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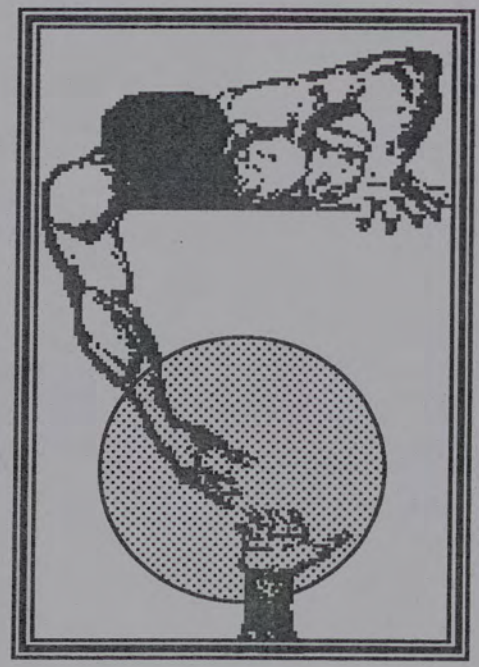
The Outing Party
for the
Brothers Network

16pgs

the

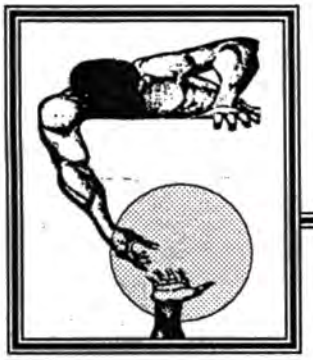
Outing Party

for the BROTHERS Network



Sunday
August 8, 1993
Kennel Club
628 Divisadero
3:00 – 8:00 p.m.

with diva DJ, Evol-E !



The Brothers Network

625 O'Farrell Street • San Francisco • CA • 94109
Phone: 415-749-6714 • Fax: 415-749-6706

THE BROTHERS PHYSICAL
Taking Care of the Body, the Heart and The Mind

A Brothers Network project funded by the Magic Johnson Foundation

REQUIREMENTS:

To participate in the program applicants will need have a signed consent form and receive a physicians permission to participate in the physical training and also be available at the following times:

Tuesdays	1 p.m. - 4 p.m.
Thursdays	1 p.m. - 4 p.m.
Saturdays	1 p.m. - 4 p.m.

All participants are required to sign a consent form to participate in the Brothers Physical Program and youth under eighteen years of age need the consent of a parent or guardian.

PHYSIQUE TRAINING:

There will be two hours of physique training (catering to the needs and body structure of each individual participant) on all three days. The sessions will also include two sessions of Nutrition and Diet per month, the remaining two days of the month will be comprised of one session on Prevention and one session of HIV Treatment.

NUTRITION / DIET / HIV PREVENTION & TREATMENT:

Training sessions will include a personalized physique development plan, full balanced and nutritional low fat high carbohydrate and high protein gourmet prepared meals; also mandatory attendance at weekly classes on proper nutrition and diet, HIV/AIDS prevention, and HIV/AIDS treatment.

MATH / WRITING / COMPUTER SKILLS:

Besides tutorial educational services in Math and Writing, each participant will be asked to keep a diary recording their physical improvements and their increase in knowledge about HIV.

INTERACTIVE VIDEO:

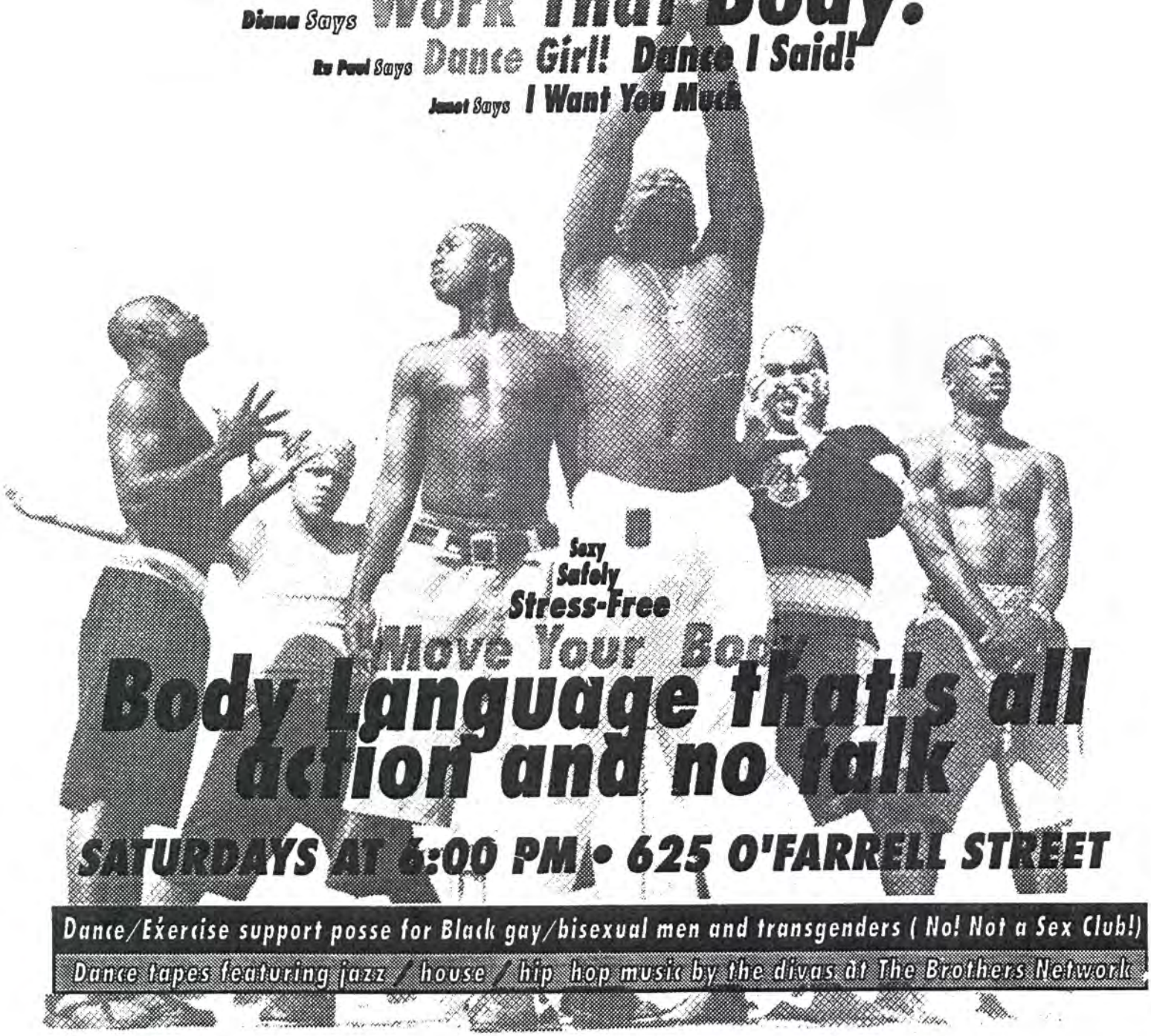
Lastly, all program participants will have frequent access to the Brothers Network Interactive Video Dating Game. This features creative interaction with videotaped men and women who seduce and challenge you around Safer Sex and HIV transmission issues.

Ru Paul Says **You Better Work!**

Diana Says **Work That Body!**

Ru Paul Says **Dance Girl! Dance I Said!**

Janet Says **I Want You Much**



Sexy
Safely
Stress-Free

Move Your Body

Body Language that's all action and no talk

SATURDAYS AT 6:00 PM • 625 O'FARRELL STREET

Dance/Exercise support posse for Black gay/bisexual men and transgenders (No! Not a Sex Club!)

Dance tapes featuring jazz / house / hip hop music by the divas at The Brothers Network

Is that the end? Janet says, "NO"! The Brothers Network says there's always,

SEX(Y)ERCISE!

For Life ...
Exercise with sex-positive men

DANCERCISE!

For Health ...
Energize with dance!

THE WHITE HOUSE

WASHINGTON

June 27, 1994

Ms. Minerva Quiroz
293 Oxford Street
Providence, Rhode Island 02905

Dear Ms. Quiroz:

In honor of Pediatric and Adolescent AIDS Awareness Week at the end of last month, President Clinton issued a proclamation, which was announced at the May 23, 1994 reception held here.

I am pleased to send to you an official copy of the proclamation, suitable for framing and display. I join President Clinton in commending the fine work and dedication of the many people that have been working diligently to educate all of us as to the needs of those young people and children affected by HIV and AIDS and to assure that generations to come are able to live as healthy lives as possible.

Thank you for your hard work.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Enclosure

Ms. Deborah Allen
Director
Division for Children with Special Health Care Needs
Massachusetts Department of Public Health
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Boston, Massachusetts 02111

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San Antonio, Texas 78284-7818

Ms. Andrea Armstrong
Boston Pediatric AIDS Project
Dimock Community Health Center
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Roxbury, Massachusetts 02119

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MASSCARE
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Ms. Barbara Bryan

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Ms. Mary Campione-Patchen
Health Program Administrator
Pediatric/Adolescent/Maternal HIV
Section
New York State Department of Health
AIDS Institute
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Ms. Sheila M. Cook
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A Baby's Place
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Tracking Coordinator
Healthlink Project
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Atlanta, Georgia 30319

Ms. Stephanie L. Taylor
Northern Manhattan Women
and Children with HIV
Columbia University
School of Public Health
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New York, New York 10032

JUN 28 1994

THE WHITE HOUSE

Dear Friends at Being Alive—

I'm glad I got to spend a few minutes with you last Sunday evening. I'll be following up on your questions, especially with the Social Security Administration. Please stay in touch.

Sincerely,

Mr. Walt Senterfitt
President
Board of Directors
Being Alive
3626 Sunset Blvd.
Los Angeles, CA 90026

BEING ALIVE

PEOPLE WITH HIV/AIDS ACTION COALITION

SUPPORT, VITAL INFORMATION, AND A POWERFUL VOICE

BY AND FOR THE EXPERTS...
PEOPLE LIVING WITH HIV

Our emphasis is on doing what we can, rather than on what we cannot.

WHAT WE DO FOR EACH OTHER

Being Alive is an organization OF and FOR people with AIDS and HIV infection, their friends,lovers and family. Being Alive is for people who want and demand maximum quality time and life for themselves and others impacted by HIV disease. Being Alive provides vital, up-to-date medical information, individual and group peer support, outreach, social contacts, advocacy and a unique opportunity for networking and exchanging information among similarly affected people.

A VOICE OF REAL SUPPORT

Being Alive was founded by people with AIDS and people affected by AIDS to provide support for living with HIV.

We saw the need to provide a unified voice to speak out on our needs and wishes rather than passively accepting what others told us was best for us.

Being Alive was created to help us connect with each other, bring others like ourselves out of isolation, and take charge of our lives, our care and our destiny.

In this powerful and empowering community of support, we cease to be victims, sufferers and clients.

We are strong partners for each other, we define our own needs, and we help each other meet those needs. We have become a vital voice for people living with HIV.

"The AIDS agency that puts living at the top of its agenda."

The Los Angeles Times

PEER SUPPORT...Office Drop-In and Telephone Outreach

Being Alive Peer-Support Volunteers provide emotional support, referrals to physicians and other agencies and information on drug protocols, alternative treatments, affordable housing and financial assistance.

At Being Alive, there's always a friendly voice to talk with—a person who has been there, is there, and understands.

MONTHLY MEDICAL UPDATES

Our monthly medical updates provide an informative forum which brings together qualified physicians to provide our community with up-to-date information on both mainstream and alternative treatments.

NEWSLETTER

Being Alive publishes a monthly, nationally acclaimed, newsletter which features concise medical information, articles on insurance and social security, and a variety of material of interest to people living with HIV.

SOCIAL EVENTS

Being Alive sponsors social events and recreational activities which lessen the isolation and provide a comfortable setting for exchanging information and meeting new people who truly understand.

COPING SKILLS SUPPORT GROUPS

Support Groups provide those affected by HIV disease a safe place to discuss their hopes, fears and concerns with others who are in similar situations.

Support Group participants share and discuss, in confidentiality, options for coping, growth, psychological well-being, stress reduction and medical and alternative treatments.

Our emphasis is on doing what we can, rather than on what we cannot.

HIV FIGHT BACK! and LIBRARY

Being Alive has taken the lead in educating the community on the need to intervene against HIV, and how to do it. Our Peer Educators provide the community with the very latest treatment information.

Our HIV Resource and Referral Library contains state-of-the-art information on treatments, experimental protocols and monitoring.

ROOMMATE AND AFFORDABLE HOUSING REFERRAL

Being Alive provides free access to listings of available rooms, apartments to rent or share and other affordable housing alternatives.

ADVOCACY

Being Alive is a powerful political voice for the HIV community, advocating for quality primary physician and hospital care, early medical intervention and fair access to care.

Being Alive seeks to create a politically empowered community of people with AIDS and HIV.

SPEAKERS BUREAU

Being Alive provides speakers for a wide variety of forums including education, media interviews and community meetings. Our Members and Associate Members include individuals from a wide range of personal and professional backgrounds. These speakers provide unique and important insights on a variety of HIV-related issues.

NEIGHBORHOOD NETWORKS

Being Alive refers interested members to a Neighborhood Network in their area. These networks provide friendship, support and information exchange in an unstructured, informal setting. Neighborhood Networks are different from the support groups which meet more frequently and are more structured.

We Invite Your Involvement and Support

Membership is open to all persons who are HIV positive. Lovers, friends, family, neighbors and supporters are all encouraged to become Associate Members.

Being Alive warmly welcomes all Members and Associate Members regardless of race, color, creed, national origin, gender, age, disability or sexual orientation.

Your involvement as either a person with HIV/AIDS yourself, or as a friend and supporter, is vitally important.

Please join us as a Member today.

Helping people affected by HIV to lead happy, productive lives.

What Being Alive Does Is Up To You

Being Alive's many services and programs are developed and provided by its Members, people like you, working as volunteer staff.

Being Alive is a vehicle for individuals like yourself who want to take charge of their lives and improve their quality of life.

Being Alive–West
621 N. San Vicente Boulevard
W. Hollywood, California 90069
(213) 854-1327

WE ASK FOR YOUR SUPPORT

All of our services and activities are provided, without charge, to people affected by HIV.

To help us continue providing these services, we ask that our supporters make a generous tax deductible donation.

- ☐ Enclosed is my tax deductible donation of $_____ to Being Alive.
- ☐ Enclosed is a $20 donation for a one year subscription to the Being Alive Newsletter.
- ☐ Enclosed is $12 for a six month subscription.
- ☐ I cannot afford to pay for a subscription. Please enter my free 8 month subscription.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Being Alive
4222 Santa Monica Boulevard
Los Angeles, California 90029
(213) 667-3262

FAX (213) 667-2735

MEMBERSHIP INVITATION (CONFIDENTIAL)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Please check one:

- ☐ Person with HIV/AIDS
- ☐ Significant Other, Friend, Supporter of person(s) with HIV/AIDS

Please check one:

- ☐ I live, work and/or own property in the City of West Hollywood.
- ☐ I do not live, work and/or own property in the City of West Hollywood.

How do you want to participate in Being Alive?

- ☐ Newsletter
- ☐ Speakers Bureau
- ☐ Visitation/Outreach
- ☐ Social Events
- ☐ Peer Support
- ☐ Office Volunteer
- ☐ Fund Raising
- ☐ Advocacy

If there are any other special interests, talents, abilities or comments you would like to share, please call the office and let us know.

Signature: _____

Date: ___/___/___

BEING ALIVE

PEOPLE WITH HIV/AIDS ACTION COALITION

S·P·E·A·K·E·R·S B·U·R·E·A·U

LET US TELL YOU ABOUT LIVING WITH HIV/AIDS

An introduction to the Speakers' Bureau of BEING ALIVE

BEING ALIVE SPEAKERS' BUREAU
3626 Sunset Boulevard
Los Angeles, CA 90029

BEING ALIVE SPEAKERS' BUREAU REQUEST FORM

☐ YES, we would like a Speaker from **BEING ALIVE** for our group/organization.

GROUP/ORGANIZATION _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

CONTACT PERSON _____ TELEPHONE (____) _____

Mail this form to: Being Alive Speakers' Bureau
3626 Sunset Boulevard
Los Angeles, CA 90029

Or Call: (213) 667-3262

BEING ALIVE

PEOPLE WITH HIV/AIDS ACTION COALITION

S·P·E·A·K·E·R·S B·U·R·E·A·U

"We answer questions that too often go unasked or unanswered!"

WHAT WE DO...

The **BEING ALIVE Speakers' Bureau** is a volunteer organization comprised of men and women dedicated to telling the real AIDS story as it personally affects our day to day living. We share this invaluable information with groups of all sizes and backgrounds.

THIS ENCOMPASSES:

- COMMUNITY SERVICE ORGANIZATIONS
- BUSINESS OF ANY KIND
- MEDICAL FACILITIES
- EDUCATIONAL INSTITUTIONS INCLUDING BOTH STAFF AND STUDENTS OF ANY AGE
- RELIGIOUS ORGANIZATIONS
- ANY PUBLIC OR PRIVATE GROUP

We share our individual experiences of what it means to live with HIV disease. We answer questions that too often go unasked or unanswered. We talk about "being alive" as it relates to us and **"BEING ALIVE,"** our sponsoring organization. Most of all, we put a human face on the AIDS epidemic. In so doing, we save lives because we can provide accurate information on how the virus is and is not transmitted, how to identify and modify high risk behaviors and we share referrals on HIV-related community resources.

WHO WE ARE...

BEING ALIVE is an organization OF and FOR people who are HIV-positive and those diagnosed with AIDS. **BEING ALIVE** was created to help us connect with each other. We help bring others out of the isolation. We have taken charge of our lives, our care and our destiny. Our services include providing essential information to our members and the community through a nationally acclaimed newsletter, medical update forums, a resource library, and our **Speakers' Bureau.** Additionally, **BEING ALIVE** provides psychological support groups, peer counseling, social events and roommate referrals. We strongly advocate for the rights of those living with HIV/AIDS.

There is no doubt that AIDS is an issue of critical concern to every woman, man and child on this planet. The AIDS virus does not discriminate by age, sex, race, or sexual orientation. Yet, with the knowledge that we will share, one can learn how to avoid an exposure to HIV. When you meet a person living with HIV/AIDS, the disease becomes real. It becomes a human crisis that knows neither boundaries nor stereotypes. That is why our speakers are so vital for all of our efforts in fighting AIDS. Our volunteers will share personal stories that will help you and your associates separate the facts from fiction. Together we can make a difference. **Being there for each other is what BEING ALIVE is all about.**

"I can't tell you how much we appreciated your talk on AIDS. You are a very courageous woman and are doing a tremendous service to our youth and the community."

Marymount School

"The Being Alive perspective was the most vital component of our last AIDS seminar."

Richard Wigod, M.D.
President of the LA Medical Association
Committee Chair on Aids.

"Thanks for providing an excellent spokesperson to be a guest on our cable program."

Phil Wilson
Office of AIDS Coordinator
City of Los Angeles

"The Speakers Bureau from Being Alive has helped inform our students in a very real way about AIDS prevention. They have also helped to change the student responses from fear, to compassion for those who are affected."

Crossroads School for Art and Science

"...I want to thank you for giving the Keynote address at this year's AIDS Awareness Week. We were overwhelmed by the power of your presentation... Students spoke to me of new realizations, of the need to talk to someone they cared for, about HIV, and coming to the awareness that this is about them... Again, thank you for speaking, thank you for speaking out and thanks for letting us hear."

AIDS Education Committee
Pierce College

Full Name:

_____
(Only your first name will be listed)

Mailing Address:

_____
Street Address (where you want the list sent)

_____
City

_____
State Zip Code

Phone Number:

( )_____
(Required, even if not to be published)

List Selection:
(choose one)

Men Wanting To Meet Men
Men Wanting To Meet Women
Women Wanting To Meet Men
Women Wanting To Meet Women

Contact Method:

❑ Phone ❑ Address ❑ Both

Amount Enclosed: $_____

Would you like to volunteer? ❑ Yes

Use the lines below to write the words you want in your listing. PLEASE PRINT as clearly as possible.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I hereby agree to be listed in *CONNECT!* A service exclusively for those who are HIV+ or diagnosed with AIDS, and also agree to keep the information published in the list confidential--for personal use only. I hereby hold Being Alive, its designees or assigns, harmless for any outcome resulting from my use of the *CONNECT!* program. I understand that my listing will run for three months, after which it will be automatically removed unless I re-subscribe.

Signature:_____
(No unsigned application will be processed)

Connect!®

BEING ALIVE
PEOPLE WITH HIV/AIDS ACTION COALITION

Being HIV positive or having AIDS can be lonely. But now you don't have to be ALONE!

Join more than 2,000 other HIV+ people in the nation's first friendship/dating network exclusively for those with HIV/AIDS. Receive a monthly listing (first names only) of others who also want to connect. Join us at periodic social events sponsored by Being Alive; end the isolation that can accompany a positive HIV test or AIDS diagnosis.

What is CONNECT!?

CONNECT! is the nation's first friendship network for those with HIV/AIDS. The listing of all participants is published toward the end of each month and mailed only to those who have signed the promise on the back of this form to keep the information confidential, for their personal use only. New members will receive the current listing by mail when they join even though they are not listed in it.

CONNECT! is a program designed and run by volunteers who themselves live with HIV disease. We have all had to learn from experience the discrimination that can result from disclosure of HIV status. For this reason, we urge subscribers not to share *CONNECT!* listings with others who are not subscribers.

If you wish to help with *CONNECT!*, please indicate on the back of this form.

Does CONNECT! have ads from all over the U.S.?

While we do have some ads from people across the country, the great majority of ads are from those living in the Southern California area.

Do I have to have an ad to receive the newsletter?

Yes. We have found through experience that this program is fairest to all when everyone receiving the newsletter has an ad listed.

How are the ads grouped?

Your ad will go into one of four sections:
Men Wanting To Meet Men
Men Wanting To Meet Women
Women Wanting To Meet Men
Women Wanting To Meet Women

How will others respond to my ad?

You can have your phone number and/or address listed; it's up to you.

Can I be listed under more than one heading?

You can be listed under more than one heading if you purchase a separate subscription and fill out a separate application for each heading.

If I have a question, can I call the CONNECT! office?

Feel free to call us if you need an application sent to you in the mail. But, if you have questions regarding your specific ad (changes, deletions, subscription extensions or general info.), we must ask you to put it in writing and mail to us at the address shown below. Being Alive is run entirely by volunteers and we don't have enough people to answer all questions by phone. If you want to leave us a message, you can call our voice mail number; however, we are better suited to answer written inquiries. All new ads, changes and deletions MUST be done in writing with your signature. This is to protect you, the subscriber.

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Being Alive
3626 Sunset Boulevard
Los Angeles, CA 90026
Voice Mail number:
(310) 289-3216
(Press "2" for CONNECT! messages)

How do I write an ad?

We have found that creative and honest ads get the best responses. There is no maximum size ad, so you have plenty of room to say whatever you want. *CONNECT!* reserves the right to edit or refuse any ad which we feel is in poor taste or offensive to others. If you still need some inspiration, we can give you a sample sheet of ads which have been used in the past; just ask!

What are the CONNECT! deadlines?

Our deadline each month is the fifteenth (15th) for the next month's issue. We must adhere to this deadline in order to get the magazine to you on time each month.

How do I get started?

A minimum donation if $10 will get you a three month subscription. Simply fill out the application on the back of this form, enclose with your payment (please try not to send cash) and mail to us. Or you can hand deliver your completed application to our office.

CONNECT! urges all people with HIV to practice safer sex. Even when both partners are HIV+, the use of condoms and latex barriers is important to prevent transmission of other, perhaps more virulent, strains of the virus as well as other sexually-transmitted diseases, which can be even more dangerous for those with compromised immune systems. If you have any questions regarding safer sexual practices or needle hygiene, please contact Being Alive.

Ad Samples

36 y/o GWM, 6'2", 175 lbs., brown hair, blue eyes, moustache, slender and goodlooking. Receive SSD, but self sufficient. I enjoy quiet nights at home, candle-lit dining, movies, entertaining, as well as people, parties, going out (Levi bars to dance clubs). Not looking for a provider, but a sincere, cute to attractive, fun and sexual man to age 45, with romance on their mind, but can still have fun doing a night on the town occasionally. Sexual preference depends on partner. Very versatile. Prefer Latin men, but race not important if you have similar likes. Slender and long hair a plus. Don't have car at the present, but don't let that discourage you from getting to know me. I live in the Silverlake area. I smoke.

Reside in Hollywood, CA, USA. Not a star, modest beginnings from folk back in Kansas where Auntie Em, Dorothy and Toto remain. I've become a member of the YMCA to realize that part which I've always just talked about--getting in shape. Am 5'10", 170 lbs., brown hair/eyes, moustache, semi-hairy body, very masculine and goodlooking. Asymptomatic. If you're White or Latin, masculine and would like to share the pain and gain, let's talk. Don't use drugs or drink and if it controls you, save your quarter. Leave message on my machine.

Reside in Hollywood, CA, USA. Not a star, modest beginnings from folk back in Kansas where Auntie Em, Dorothy and Toto remain. I've become a member of the YMCA to realize that part which I've always just talked about--getting in shape. Am 5'10", 170 lbs., brown hair/eyes, moustache, semi-hairy body, very masculine and goodlooking. Asymptomatic. If you're White or Latin, masculine and would like to share the pain and gain, let's talk. Don't use drugs or drink and if it controls you, save your quarter. Leave message on my machine.

I could be the one you are looking for. I'm a handsome, outgoing and vibrant GWM with romantic spontaneity and charm. I'm 38 y/o, 6'1", 170 lbs., short brown hair and hazel eyes, slender build and moustache. I'm of Italian descent and, therefore, have a great lust for life. Some of my interests include cooking Italian food, entertaining, going to amusement parks, dancing and playing cards. I'm playful and affectionate with the right guy. I have a good sense of humor. I'm a non smoker and a light drinker. Being an Aries, I'm often very direct and do not like beating around the bush. SEEKING: a man of similar description. Although I do not have a particular type, I find that I am most attracted to guys who are tall, slender to average build, dark hair, moustache, beard, around my own age.

Very goodlooking, ex-model in LA, healthy, non smoker. I've been positive for one year and seven months with a positive outlook. Dark blond hair, 6'2", 185 lbs., muscular and athletic. Seeking friendship and possible relationship with a very goodlooking, sexy, affectionate, sincere, healthy, artistic, spiritual LA guy. I love jazz, A/C, big band music, movies, cooking and spectacular sunsets by the ocean. I'm a hopeless, yet realistic (un-codependent) romantic. I'm 33 y/o, you be around the same age range and hopefully share some things in common. Let's have a cappuccino and talk.

Very young looking 41 y/o, brown hair, green eyes, moustache, 170 lbs., 6'0". Asymptomatic and healthy. Into movies, plays, travel, desert, cars, and STAYING ALIVE! I'm handsome, straight in appearance and way too much fun. YOU BE: Healthy, in-shape, mentally awake, morally secure, hard-working, financially stable, willing to compromise, not into bars, nonsmoker, independent, and with a smile that melts me! GWM or Asian-American preferred.

GWM, 35 y/o, 6'2", 185 lbs., blond hair, blue eyes, clean-shaven, non-smoker. Genuinely: Kind, goodlooking, playful, smart, funny and loving. Mild KS is being successfully treated, otherwise asymptomatic. Really enjoy: Bike rides, picnics, travel, cars, massage, gym, nude beaches, movies, good coffee, cuddling, kissing and passionate love-making. Big sex drive, average equipment(darn!), into a wide range of sensual pleasures. Dislike: Pretense, mean, inconsiderate people, cigarettes, perfume and bars. Want: To meet guys with similar tastes, 30ish to 40ish, for dates and hopefully a match so we can enjoy a warm, playful courtship which will gradually evolve into a loving, permanent connection. Shorter, dark, European a plus, but not required. Sense of humor, kind heart mandatory. Thanks for reading this far!!

SEX-I love it and am tired of connecting just on that level. Am seeking affection, sensuality as well as sexuality. Am a healthy and hearty GWM who loves LIFE. Am happily older and very energetic. I enjoy theatre, football, opera, basketball, ballet, tennis, NATURE (especially mountains and desert). Am bright and curious and intuitive. My spirit has dominion over my libido (except when making love). Oh--I'm 5'10", smooth and toned (not buffed) bod--I like hirsuteness. Am a loving and gentle man and seek the same. Sense of humor and adventure good qualities. Also honest, commitment, intelligence and altruism. I don't smoke (anything) or do any

WHO I REALLY AM: Loving, nurturing, friendly, compassionate, courageous, reliable, sensitive. Somewhat scared. Spiritual yet very down-to-earth. A Jewish sense of humor with a healthy sense of values and ethics. MY STATISTICS: 40 y/o. Career/Goal oriented executive. Handsome, 5'10", hairy bod/clean face. Physically/mentally/emotionally fit. Currently asymptomatic. Non co-dependent. A real catch. And, single ten years. LOOKING FOR: The right guy to (ultimately) be my best friend, lover, lifepartner and soulmate...a man who, like me, wants his dreams to come true in this lifetime ... and is willing to work for it.

Healthy, goodlooking 38 y/o GWM, 6'1", 175 lbs., brown hair, hazel eyes, clean shaven top. College grad. I enjoy a variety of activities (when I have the time) including, but not limited to, travel, seeing movies and plays, attending concerts, listening to music at home and reading, trying new restaurants, taking long drives and hiking. I'd like to meet a relationship-minded GWM who is also healthy, nice looking, in shape (without having to be "buffed"), weight and height proportional, who has a generally positive outlook on life, bright with a sense of humor (essential), employed, with at least a few of the same interests. Prefer a non smoker and light drinker, early 30's to early 40's.

If you are a Latin (looking) man interested in meeting a goodlooking WASP, read on. I am a busy 31 y/o Post Production professional. Remember that guy in "The Hand That Rocked the Cradle"? Well, I could be his younger brother. You know, brown hair, blue eyes, well trimmed beard and moustache. I'm a fairly well rounded person--I read, I write, I watch films, I help make them, I mess around with computers and they REALLY mess around with me. I have eclectic taste in music, but couldn't play an instrument to save my life. I thought "Angels in America" was one of the best plays I've ever seen and it didn't even have a score by Sondheim. When I have the time, I enjoy volleyball, two stepping, camping, hiking, museums and sex. I'm smarter than the average bear and good in the sack, too. There's something about an olive-skinned man looking at me with his deep brown eyes that melts my restraint and makes me want to do just about anything (how do you think I got into this situation?!) Normally, I'm a very calm, down to earth person. I tend to be cautious when it comes to affairs of the heart, the romantic in me wants to fall in love and live happily ever after, but the realist in me doesn't believe in fairy tales anymore. So, if I haven't bored you to death or scared you off, why not give me a call. Wishing us all Health and Happiness.

THE WHITE HOUSE

WASHINGTON

June 28, 1994

Martin DiCarlantonio
Editor, American Journal of Nursing
555 West 57th Street
New York, N.Y. 10019-2961

Dear Mr. DiCarlantonio:

I have enclosed three pictures of Kristine Gebbie, the National AIDS Policy Coordinator, for Marietta Lee's article.

When you have completed publication of the article, please return the pictures to:

Office of the National AIDS Policy Coordinator
750 17th Street, NW
Suite 1060
Washington, D.C. 20503

Please don't hesitate to contact me if I can be of further service. I can be reached at (202)632-1090.

Sincerely,

Jeff Perkins
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

JUN 28 1994

MEMORANDUM FOR EXECUTIVE OFFICE OF THE PRESIDENT STAFF

FROM: KRISTINE GEBBIE
COORDINATOR
NATIONAL AIDS POLICY OFFICE

SUBJECT: Presidential Initiative on HIV/AIDS Education

It is great pleasure that I report on the leadership record of the Executive Office of the President (EOP) in providing HIV/AIDS education to its staff. Shortly after issuance of the President's statement, the Office of Administration (OA) moved forward quickly to implement the education initiative on the staff level.

In addition to my briefings for senior White House officials, the EOP's program was developed and implemented for the remainder of the EOP staff, to meet the President's objectives. The EOP recently completed its initial education program which had an outstanding attendance record. That record of staff participation is cause for recognition, which is why I am issuing this memorandum. In addition, the EOP quarterly report on HIV/AIDS education progress clearly establishes the EOP as a leader in this important effort.

As we focus on ongoing training efforts, I am confident that the EOP will provide other programs for the staff. I look forward to the EOP's continuing support.

I am delighted to include the EOP success story in my message as I meet with groups throughout the country.

THE WHITE HOUSE

WASHINGTON

June 28, 1994

Ms. Rosyln Savitt
National Association of Social Workers
North Carolina Chapter
412 Morson Street
Raleigh, North Carolina 27601

Dear Ms. Savitt:

Thank you for writing and for sharing the article on discrimination by nursing homes against persons living with HIV/AIDS.

My staff has contacted the Office of Civil Rights, Department of Health and Human Services to inquire about the issues raised in the article. It is my understanding that your regional Office of Civil Rights and North Carolina's Department of Health Services are currently conducting a joint investigation on discrimination practices in 38 nursing homes in North Carolina. I have asked to be kept informed about the process of this investigation and the findings.

Again, thank you for writing to inform me of this situation. When I am in your area, I would be delighted to meet with the N.C. AIDS Advisory Council.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

MAY 27 1994

NASW NORTH CAROLINA CHAPTER

National Association of Social Workers

J.M./Andrew for

May 23, 1994

Kristine M. Gebbie, RN, MN
Office of National AIDS Policy
Executive Office of the President
Washington, DC 20500

Tim — draft reply — identify what agency(ies) we should pull in —

Dear Ms. Gebbie:

Thank you for your kind note to me sent soon after meeting you in April at the Union of American Hebrew Congregations AIDS Committee meeting in New York. I do hope that the Ryan White Funding Formula can be revised.

The other issue I mentioned at the meeting concerned nursing homes. Your staffperson at the meeting, John Gurrola, suggested I share any information I had on this issue. Enclosed is an article from a Triangle (North Carolina) weekly news magazine. Perhaps some of the information in the article will be useful to you or your staff.

Thank you again for meeting with us in New York. The religious community has a vital role to play in fighting the disease. I fact, our local Temple has conducted a monthly AIDS food drive at a local supermarket for over a year and then donates the collection to our local AIDS service agency to stock their food pantry.

Perhaps you will make a visit to North Carolina and speak to our state's newly created N.C. AIDS Advisory Council.

Thank you and the President for all your support and hard work. It truly is a very refreshing change!

OCR Investigations
Toni Baker
619-1331 - no answer

Sincerely,

Roslyn Savitt

Roslyn Savitt

Enc.

6/13
Spoke w Toni Baker, OCR, Investigations
- A joint investigation by OCR Regional & N.C. Dept. of Health, Div. of Facility Services ongoing of N.C. nursing homes.
- 38 being investigated
- started in April, 1994 - to various, could not say.

412 Morson Street, Raleigh, NC 27601 • P.O. Box 27582,Raleigh, NC 27611-7582 • Office: (919) 828-9650 • Fax: (919) 828-1341

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500

Phone: (202) 690-5560
Fax: (202) 690-7560

Deliver To: Toni Baker

Sent From:

_____ Kristine Gebbie, RN, MN, National AIDS Policy Coordinator
__✓__ Tim Fox
_____
_____

Number of Pages: 4 + Cover Fax Number: 619-3818 Date: 6/13/94

Message:

Copy of article

THE INDEPENDENT WEEKLY

Nursing Homeless

Triangle facilities are discriminating against people with AIDS

BY BOB BURTMAN

For weeks, William Bedford lay on a folding cot in Durham's Community Shelter for H.O.P.E., wrapped in rank blankets, shivering. Sick with AIDS, Bedford suffered bouts of dementia, had difficulty breathing and was chronically gripped by fever and chills.

Isolated in a corner of the homeless shelter's large main room, Bedford's space might as well have been surrounded by barbed wire. His fellow residents shunned him; some demanded he be evicted. The staff, fearing he'd infect them, refused to change his cot or feed him. When he had one of his frequent seizures, says shelter director Maggie Lee, staff members would "call 911 and not go near him."

Bedford desperately needed treatment. But finding it was another matter. For one thing, he required a level of care that most facilities, such as the AIDS residences in Raleigh and Durham, couldn't provide. He'd already been hospitalized, but the hospital had discharged him a few days later, saying he was stable enough to leave; hospitals are reluctant to absorb the tremendous costs of treating AIDS patients long-term.

So Durham County Health Department social workers and H.O.P.E. shelter staff tried to place him in a nursing home, one of the few types of facilities that could give Bedford appropriate care.

The results were distressing. The few nursing homes that regularly accept AIDS patients, many of whom are on Medicaid, had no available beds. The others sang a refrain that's all too familiar to people in the AIDS field: no room, no Medicaid beds, or simply no.

It's illegal for nursing homes to categorically refuse AIDS patients—state and federal law prohibits discrimination against people with HIV or AIDS. But AIDS service workers and health-care professionals who deal with AIDS say it happens anyway, that most nursing homes refuse to admit people with AIDS (PWAs) and will find excuses to keep them out. "Often when we have a client we think needs nursing home placement," says Jacquelyn Clymore of the AIDS Service Agency of Wake County, "we run into a brick wall."

Hillhaven Convalescent Center administrator Carol Drum (left) and director of social services Mary Lou James: "This was the building, this was the community, this was the staff." PHOTO BY M.J. SHARP

The "burial ground" at Durham's Community Shelter for H.O.P.E.: "You just go there and you sit." PHOTO BY M.J. SHARP

Some nursing homes don't even make a pretense of fairness when confronting an AIDS patient. "In the beginning, it was 'Tell me about the patient.' " says Miriam Kane, a social worker at Durham Regional Hospital who has been grappling with the problem since 1982. "It's not that way anymore. It's an absolute 'no.' "

The state is aware of the problem, but has yet to respond (see "The official story"). Meanwhile, the shortage is growing more acute. Reported AIDS cases in North Carolina jumped about 38 percent in 1993. And homeless PWAs aren't the only ones feeling the pinch—reports from hospitals and other health-care facilities confirm that in many cases their patients either can't find nursing home beds or must wait months for openings.

Though limited progress has been made to address the problem, it's not nearly enough. "I think things are evolving, but it's too slow," says UNC Hospitals social worker Mary Hoover. "We're not growing up to the numbers."

In William Bedford's case, he was eventually admitted to Duke Medical Center and transferred a few days later to the Greenery, a Durham nursing home that accepts PWAs, when a bed opened up. He died a short time later.

But other Bedfords are waiting in line. Maggie Lee says she's seen eight sick residents in the shelter the past two months alone. Some of them disappear without a trace. One current resident is too ill to leave the building during the day: He sits in an institutional-orange plastic chair, waiting blankly for the time when he can no longer feed himself or go to the bathroom without help, when the process of trying to find him a place to spend his last days will begin in earnest. "I'm burning up about having no place to carry the people we know are dying," Lee says.

Lee points to the corner with its single chair and invisible walls. "It's like the burial ground," she says. "You just go there and you sit."

Nursing homes openly acknowledge they won't take AIDS patients regardless of circumstances. *The Independent* called a number of area nursing homes and asked: If a prospective patient was HIV positive, would you take that patient if you had room?

Only four of the more than 20 nursing homes in the Triangle—Hillhaven Convalescent Center of Chapel Hill, Britthaven and Integrated Health Services of Raleigh and the Greenery in Durham—affirmed they take PWAs.

Many, such as Hillhaven Sunnybrook Convalescent Center in Raleigh, said admission would depend on a number of factors, including the home's ability to provide adequate care. None of those, however, would verify that they'd ever taken an AIDS patient.

Eight facilities said no: the other three Triangle Hillhavens, the Raleigh and Durham affiliates of the Brian Center chain, Brighton Manor and Forest Glen Health Center in Raleigh, Brookshire Nursing Center in Orange County.

The results matched informal surveys others have done the past few years. A Charlotte-based group of social workers, for example, asked hospitals throughout North Carolina to identify nursing homes that accepted PWAs. In addition to the four in the Triangle, the hospitals noted only two others statewide.

Why don't nursing homes want PWAs? Some say they do—of the nursing home officials contacted by *The Independent*, a number said they'd like to take PWAs in the future, though only Meadowbrook Manor in Durham has actually made moves to begin staff training. "What we're seeing is a crying need out there," says Meadowbrook administrator Peggy Moore. "There's a real commitment [on our part] to provide the service."

But even Meadowbrook isn't sure just when the first AIDS patient might come through the door. Moore says the facility might undergo a renovation soon, which would push back the date up to a year.

Some reasons for denying PWAs admission are legitimate: Nursing homes *are* often full, or have a limited number of Medicaid beds. Intensive treatments that very sick patients might need, such as intravenous therapy, are beyond the capacity of some facilities.

Also, administrators have real concerns about preparation for AIDS residents. If a facility is ill-equipped to handle their needs, the results can be disastrous. Indeed, those facilities that openly don't accept AIDS patients often attach an alibi: We're not ready, our staff isn't trained, our rooms are not set up for it.

While an understanding of the disease is imperative for health-care workers who deal with it, AIDS service providers say these reasons don't cut it. All skilled-care nurses are already required to know and practice "universal precautions," a standard that applies to AIDS as well as other infectious diseases. To get folks up to snuff on the medical side of AIDS would take a matter of hours.

Addressing the fears associated with AIDS requires more complex training. But there's no shortage of professional help available—free of charge. "Getting people to come and do [training] in nursing homes is not tough," says Trish Bartlett, a Duke Medical Center social worker. What's lacking, as the experience of most AIDS service providers indicates, is the will. "I've never been contacted by a nursing home" to train employees, Bartlett says. "I would be happy to do that."

Those trying to place PWAs in nursing homes are sympathetic to the concerns and fears associated with the disease. And they know that on a case-by-case basis, certain patients will be unsuitable for certain facilities, or no beds will be available. But it's almost impossible for them to tell when the homes are telling the truth or feeding excuses. "They can give you a line and you won't know it," says Keith Feather, a social worker with Interim Health Care, a Raleigh home-health agency.

Clearly, however, nursing homes pick and choose their admissions, and AIDS patients are at the bottom of the wish list. Bartlett says she's amazed at how readily a home will admit a patient with private insurance and good rehab potential. But if an AIDS patient on Medicaid gets referred to the same home, she says, "that person will be put on a waiting list and you'll

continued on next page

continued from previous page

never hear about a vacancy."

In fact, the key factor that drives nursing home policy on AIDS is neither medicine nor fear—it's money. Caring for residents with AIDS, especially those who require intensive treatment, is increasingly expensive. And Medicaid reimbursement rates for AIDS are simply inadequate.

Gary Witte, vice-president of operations for Hillhaven's Southern region, says the current payback schedule creates disincentives to accept not only AIDS patients, but anyone on Medicaid. "In most states," Witte says, "for every Medicaid patient we accept, we lose money."

More so for PWAs, whose treatment can as much as double the reimbursement rate. "If you're getting $80 a day [for an AIDS patient]," Witte says, "if that patient's not costing you $160 a day, I'll fall over."

Or, as one Triangle social worker says dryly, "Nursing homes are profit-making institutions, or they try to be. AIDS is not a profit-making illness."

Despite its red-brick, institutional exterior, Hillhaven Convalescent Center in Chapel Hill smashes nursing home stereotypes. Inside it's bright and homey, a feeling reinforced by residents who chat up strangers like they're old neighbors.

Until last year, Hillhaven was like other nursing homes—no PWAs. Not that people weren't interested. "The question would always come up," says administrator Carol Drum. "I would give the pat answer, which was a true answer: 'We're not ready yet.' But there comes a time when you aren't able to live with the pat answer any more."

After much discussion, Drum and her department managers met and collectively decided to change the policy. They launched a plan to notify residents and their families and provide training and counseling for the staff. They set a date for the first admission.

Drum recalls with amusement the meeting to inform the family members of residents that their loved ones would soon be sharing space with PWAs. "We fortified ourselves" expecting the worst, she says. And the response? "It was like, well, what's the problem?"

Not every encounter went as smoothly. Technical training of the staff took only a few hours, Drum says. But the psychological barriers were harder to break down. Director of nursing Cory Read says many staff members wanted counseling and reassurance. "I had people six deep" waiting to get in her office, Read says.

Still, only two staff members left Hillhaven, and Drum says no one has turned down a job offer because the facility has PWAs.

In fact, she says, all of the myths and fears that disaster would follow AIDS residents have proved unfounded. "Taking care of HIV-AIDS patients has not hurt this building [financially] at all," Drum says, "and on the human side it has made us all very proud."

The pride is evident as Drum, Read and director of social services Mary Lou James trade stories of their experiences: how the staff got so psyched for the arrival of Jesse, their first PWA, that a van load went to pick him up at UNC Hospitals and showered him with attention, the most he'd gotten in years; how the nurses became extremely protective of him, and how many of them stayed with him after work the night he died; how hospitals have given AIDS referrals little chance to survive a week, only to see them rebound and thrive in the Hillhaven environment; how the community plans to plant a tree in the spring, fertilized with Jesse's ashes, as a memorial to residents who have died of the disease.

Though the transition hasn't been as traumatic as they'd feared, the staff doesn't underestimate what it took to reach its goal. "If anybody was going to bust this barrier," Drum says, "this was the building, this was the community, this was the staff."

The hospitals know nursing homes are shutting out PWAs. The AIDS service agencies know it. State officials who have authority over AIDS-related issues know it. The nursing homes admit it. Is anybody going to do anything about it?

The Hillhaven company, one of the largest nursing home chains in the country, has been supportive of its Chapel Hill affiliate, according to Drum. Regional executive Gary Witte says the company is exploring ways to get more PWAs in the system, and he's surprised that other area Hillhavens say they don't take PWAs. "What we've told all our buildings is this," he says: "If you can render the care for that patient, take that patient."

How aggressive nursing home companies will be in opening admissions to PWAs remains to be seen, though their track records don't inspire confidence. It's likely that without increased Medicaid reimbursement for AIDS treatment, nursing homes will continue to see PWAs as a potential drain on profits rather than a population that needs their attention. "It's a dollar issue," says Witte.

The state Division of Medical Assistance, which sets Medicaid reimbursement rates, has no plans to change the existing rate structure any time soon.

As the front-lines people who most often encounter discrimination against PWAs, social workers and hospital-discharge planners might be logical choices to lead the fight for change.

But their options are limited. They rely heavily on relationships with nursing homes to find beds for their many non-AIDS patients with Alzheimer's or other long-term illnesses.

State officials know that nursing homes discriminate against PWAs. Ask them why the problem persists, and they pass the buck.

To go after nursing homes for discriminatio would jeopardize those relationships. "If di charge planners only had AIDS patients, I ca tell you they would go hot and heavy to purs it," says Trish Bartlett of Duke Medical Cente

The need to maintain good relations made number of sources for this story skittish abo talking on the record. "If I tell you what know," says one Triangle social worker. "it gonna be difficult for me to make referrals."

Nursing home placement is a drop in th bucket of social and medical concerns th social workers and others in the AIDS fie face every day. Given the demands on the time, the path of least resistance is often t only practical choice for people like Carl

No, thanks: The Brian Center in Durham, like most nursing homes in the Triangle, doesn't take AIDS patients. PHOTO BY M.J. SHARP

Rutherford. Duke Medical Center discharge planner. If four nursing homes in the Triangle will take AIDS patients, then why keep calling the others when there's no chance of placement? "You stop looking," says Rutherford. "You go where you know."

AIDS activists have made various attempts to jump-start action at the state level over the years, but to no avail.

That leaves the problem in the hands of the AIDS patients who need nursing home care but can't get it. They could always sue, a course of action state officials interviewed for this story noted repeatedly. A successful lawsuit in New York resulted in more PWAs gaining access to nursing homes.

The problem with that scenario, say AIDS service workers, is that finding a patient sick enough to be in a nursing home but motivated enough to sue is almost impossible. "If someone needs that level of care," says Jacquelyn Clymore of the AIDS Service Agency of Wake County, "the last thing they want to do is spend their final months battling in the courts."

Besides, few PWAs want to go to nursing homes in the first place. "It's like saying, 'This is it, you're not gonna get any better,' " says Trish Bartlett. "For them, it's death." ■

The official story

State officials know that nursing homes discriminate against PWAs. Ask them why the problem persists, and they pass the buck.

Responsibility for AIDS issues is scattered among a variety of state agencies. The Division of Medical Assistance sets Medicaid reimbursement rates. The Division of Facility Services regulates nursing homes and other health-care facilities. The departments of Environment, Health and Natural Resources and Human Services oversee different pieces of the puzzle.

As many in the AIDS field have discovered, it's easier to chase a wild goose than to find someone at the state level willing to tackle the issue. "People have gone from place to place to place [in state government], with no answer," says Duke Medical Center social worker Trish Bartlett, who is also a member of the newly convened Governor's Advisory Council on AIDS. At its first meeting, the council discussed nursing home access and the lack of state accountability.

Most fingers point to the Division of Facility Services as the place where the buck should stop. But DFS deputy director Linda McDaniel says no one has lodged a formal complaint about individuals denied admission to specific facilities. If that happened, McDaniel says, DFS would act.

A number of sources told *The Independent* they'd brought the issue to the attention of officials throughout state government. But apparently the word hasn't filtered to DFS. "The Division of Facility Services really hasn't been aware of a general problem in this area," says Department of Human Services spokeswoman Lynn Garrison.

This ignorance seems peculiar, given that a DFS committee established in 1991 to look at nursing home rules "discussed this problem quite openly," according to Trish Bartlett, a committee member.

McDaniel responds that anecdotal evidence presented in meetings or otherwise passed along isn't enough. "We've heard these hazy sorts of things," she says, "but nothing that would warrant an investigation."

One of the reasons people who have experienced discrimination haven't filed formal complaints, says AIDS activist David Jones, is a lack of trust in the state's commitment to tackling AIDS issues in general. "Virtually no one out in the field expects the state to take it seriously based on what has happened in the past," Jones says.

Case in point: The North Carolina AIDS Task Force established by Gov. Jim Martin released a report in December 1988 that listed a number of recommendations, including ensuring an adequate housing supply at every care level. "All of it's just been ignored," says Jones.

Responsibility ultimately lies at the top, with state health director Ron Levine, Department of Human Services Secretary Robin Britt and Department of Environment, Health and Natural Resources Secretary Jonathan Howes. And with Gov. Hunt. As yet, efforts to persuade top officials to respond to this aspect of the AIDS umbrella haven't worked. "I've tried to raise the issue," says AIDS Care Branch head Hope Lucas, "but there hasn't been a lot of support." —*Bob Burtman*

Division of Facility Services

NASW
National Association of Social Workers

North Carolina Chapter
Post Office Box 27582
Raleigh, North Carolina 27611-7582

RALEIGH, NC 276
23 MAY
1994

RESEARCH TRIANGLE
RALEIGH - DURHAM
CHAPEL HILL

Kristine M. Gebbie, RN,MN
Office of National AIDS POlicy
Executive Office of the PResident
Washington, DC 20500

JUN 28 1994

THE WHITE HOUSE

Dear friends at Bienestar-

Muchas gracias for the wonderful evening of food and conversation. You are doing a great service! I carry your words & feelings to the President, and others in Washington - and I look forward to seeing you again — Cristina Saralegui

Bienestar Latino AIDS Project
1169 North Vermont Avenue
Los Angeles, CA 90029
(213) 660-9680

JUN 28 1994

THE WHITE HOUSE

Dear Jennifer —

Thank you for the opportunity to visit the African-American Health Jamboree in Louisville. I look forward to working with Links, Inc. in the coming months, as you continue your community leadership work. I hope the rest of the Links meeting is a success, & you've gotten some rest!

Hillary

Ms. Jennifer Mays
1515 Chester Street
Little Rock, AR 72202
(501) 376-3621

JUN 28 1994

THE WHITE HOUSE

Dear Jacques —

Thank you for including me in the Tenth AIDS Candlelight March and Vigil. It was a moving remembrance, celebration, and reminder of all we have to do. You have my prayers & best wishes - I look forward to seeing you again soon — Hillary

Mr. Jacques T. Garon
Christopher St. Festival Community
92-16 Whitney Avenue, #210
Elmhurst, NY 11373-2281

THE WHITE HOUSE

WASHINGTON

JUN 28 1994

MEMORANDUM FOR EXECUTIVE OFFICE OF THE PRESIDENT STAFF

FROM: KRISTINE GEBBIE
COORDINATOR
NATIONAL AIDS POLICY OFFICE

SUBJECT: Presidential Initiative on HIV/AIDS Education

It is great pleasure that I report on the leadership record of the Executive Office of the President (EOP) in providing HIV/AIDS education to its staff. Shortly after issuance of the President's statement, the Office of Administration (OA) moved forward quickly to implement the education initiative on the staff level.

In addition to my briefings for senior White House officials, the EOP's program was developed and implemented for the remainder of the EOP staff, to meet the President's objectives. The EOP recently completed its initial education program which had an outstanding attendance record. That record of staff participation is cause for recognition, which is why I am issuing this memorandum. In addition, the EOP quarterly report on HIV/AIDS education progress clearly establishes the EOP as a leader in this important effort.

As we focus on ongoing training efforts, I am confident that the EOP will provide other programs for the staff. I look forward to the EOP's continuing support.

I am delighted to include the EOP success story in my message as I meet with groups throughout the country.

JUN 29 1994

THE WHITE HOUSE

Dear Sharon —

Thank you for the pictures — Just thought I'd check & see how you are these days — Hope there are more days out of the hospital than in it —

All my best wishes —

Katherine

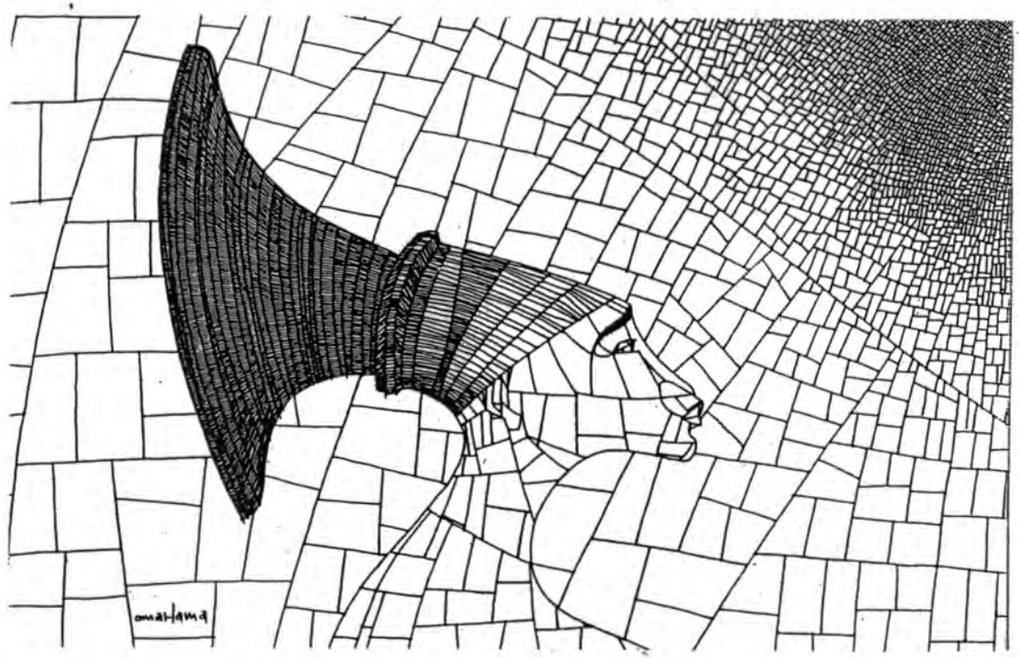
Thank you for sending me that card. Second Family has been a lot for me. I've been in the hospital quite a few times since March & I haven't been doing so good.

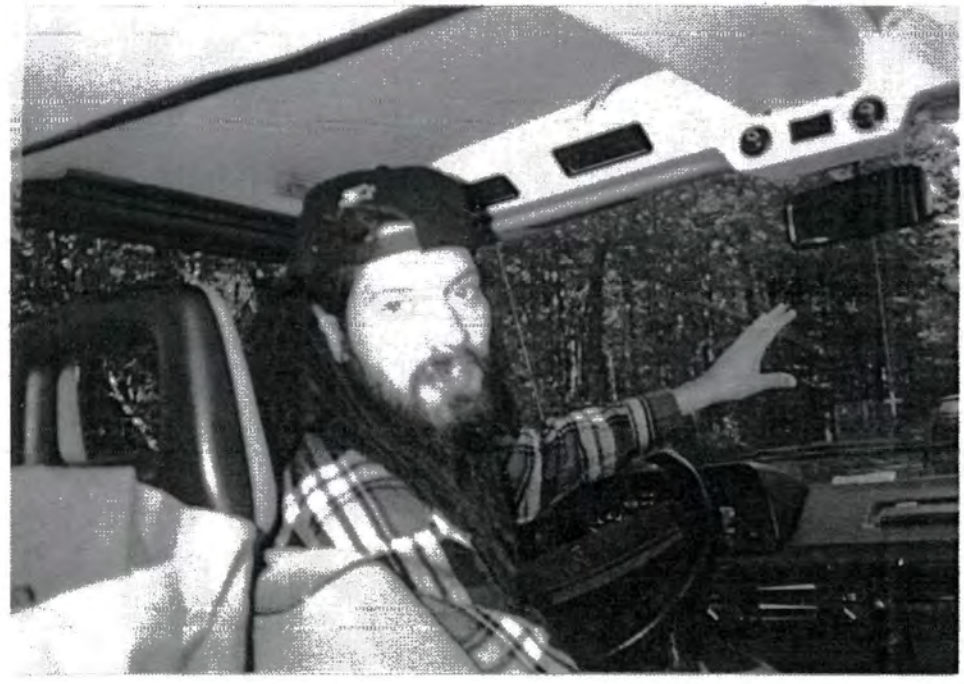
But I'm hanging in there. Thanks again for listening to us in Chicago tell our story. I glad you put up with me while I was most sick.

Respectfully
Sharon C. Omar

MAY 26 1994

OMAR LAMA
8020 S. Eberhart St.
Chicago, IL 60619
(312) 994-8322





me before
I got sick
my baby also

my husband
Kurt Cobain
before he died
September 10 1993

JUN 29 1994

THE WHITE HOUSE

Dear Leon -

My best wishes as you move into your new responsibilities. At your convenience, I'd be happy to talk with you about the AIDS policy office & how it might fit into the overall effort. If there's anything I can do in the meanwhile, please let me know.

Cristina Gabrielle

JUN 29 1994

THE WHITE HOUSE

Dear Mack —

Best wishes as you move into your new role — perhaps we'll even find a minute or two to visit — I know your time was entirely overbooked before! I appreciate your encouragement & counsel.

Warm regards,

JUN 29 1994

THE WHITE HOUSE

Dear Libby —

I'm terribly slow in sending this "thank you" for your company and driving services when I was in L.A. We still haven't had much time to really visit, but I count you as a friend & look forward to seeing you when you come to DC —

All the best - Clinton

Ms. Libby Gurrola
1048 12th Street, #19
San Pedro, CA 90732

JUN 30 1994

THE WHITE HOUSE

Dear Lori —

I'm sorry we didn't get much time to visit while I was at UCLA — I get whisked around too rapidly. It sounds like the teaching experience has really been a positive one for you — that's great — I miss having students around. And thanks you for the manuscript — I've become quite interested in the disaster recovery area. Best wishes — hope to see you before I leave —

6151 1/2 N. Avon St.
San Gabriel, CA 91775
818-285-2565 /310-940-7643

Kristine Moore gebbie
2737 Devonshire Pl. N.W. #315
Washington, D.C. 20008

Dear Kris,

I heard from my students, that yuu may agree to be the Commencement speaker for the BSN students graduating from UCLA June 19, 1994. If this is true, I would like to see you at that time.

In January of this year I decided to "try something new" and was offerred a position at UCLA, as Clinical Lecturer for Community Health Nursing working out of the Comprehensive Mid-Valley Health Center in Van Nuys, CA. This has proven to be a remarkable experience and I have had the opportunity to work with the senior BSN Nursing students. I want you to know what a truly remarkable group these people are and therefore I am including a copy of a currently unpublished manuscript which is under consideration by the Editorial Board of **Rehabilitation Nursing.**

I should know shortly whether this material will, in fact, be published. In any case, it will give you an idea of activities engaged in by some of the students who will be graduating this June.

It is fun to learn about all your activities in Washington, D.C. and nationally as well. I know you are the right person in the right place at the right time.

Take care.

Sincerely,

Lori Blatzheim

Lori Blatzheim RN, MSN, CRRN

THE WHITE HOUSE

WASHINGTON

June 30, 1994

Ms. Debra Fraser-Howze
Executive Director/CEO
Black Leadership Commission on AIDS
105 East 22nd Street
New York, NY 10010

Dear Debra:

Thank you for sharing the information packet on your current activities. I am pleased by the strong support that the Black Leadership Commission on AIDS has received from the Black clergy in responding to the disastrous effects HIV and AIDS are having on communities of African descent.

Many of your programs have proven effective in creating partnerships with Black churches, and are making progress in services and prevention for communities of African descent. Communities of Color across the nation continue to feel the pain of this epidemic and groups like yours are critical to easing the pain and preventing future infections.

Please accept my best wishes for your upcoming National Conference: *Turning Pain Into Power - AIDS Ministries in the Black Church*. This subject matter is important and the message needs to get out. Also my best wishes as you work to promote your Black Clergy replication plan across the nation. I'm looking forward to some visits with your partners during my fall trip to Detroit.

Please keep me posted on your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator