

AIDS:

IS IT A MAJOR THREAT TO BLACKS?

*Deadly Acquired
Immune Deficiency
Syndrome hits
disproportionate number
in urban areas*

By Thad Martin

ONCE he was a dancer and, more than anything else, he wants to dance again. But now it takes all of the energy that he can muster to do the simplest of things. Daily, he grows weaker as he sits alone in his small apartment. He is young, Black and gay. And he knows he has only a short time to live. He has AIDS.

Since the summer of 1981, when the first cases of AIDS (Acquired Immune Deficiency Syndrome) were diagnosed in New York and Los Angeles, Black Americans have fallen victim to the disease's lethal clutches in disproportionately large numbers.

Of the more than 12,000 cases reported to the federal Centers for Disease Control in Atlanta as of July (including 145 cases which were children), 25 percent have been Black, a statistic which more than doubles the 12 percent that Blacks represent in the nation's population. Although medical experts are quick to discount race as a factor in contracting AIDS, most find it difficult to explain why the disease occurs with greater frequency among Blacks than any other ethnic group.

One view which attempts to explain the disparity suggests that Blacks have generally looked at AIDS as a disease which afflicts only the gay White community. As a result, says Dr. Nigel Jackman, director of Communicable



An AIDS victim on the East Coast laments his fate as the disease daily saps his strength and the will to fight back. The disease destroys the body's immune system, leaving its victims vulnerable to numerous infections which hasten their deaths.

Health Services for the Prince George's County (Md.) Department of Health, Blacks have heedlessly ignored the precautions that should have been taken, leaving themselves

prey to the deadly virus. But the disease is not confined to any particular ethnic group or lifestyle; it strikes gays, straights, women, Blacks, Whites, Hispanics, and the young and old.

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Another view suggests that because of what some perceive as an uncompromising intolerance toward homosexuality within the Black community and the stigma placed on AIDS as a "gay White disease," many Blacks who have contracted the disease have been reluctant to seek treatment, choosing instead to suffer in silence while keeping their affliction secret.

"This is a disease with three stigmas," says Jim Graham, administrator of the Whitman-Walker Clinic in Washington, D.C., a clinic which provides a variety of health services for Washington's gay community. "It is, first, a gay disease; it implies a bizarre sex life, and it is a *contagious disease that no one understands.*"

Among Blacks, the stigma associated with the disease may also account for the lack of support groups for Black AIDS victims similar to the support groups among gay Whites, says Dr. Wayne Greaves, assistant professor of medicine at the Howard University Medical School and chief of the Infectious Disease Division at the university's hospital. David (not his real name), a 35-year-old Black AIDS victim from Chicago who is also gay, laments the fact that he is gay, a victim of AIDS, and Black. "I lose on all counts," he says, angry now that his parents want to put him out, despite his recent bout with pneumonia and being unable to work. That is typical, says Dr. Greaves. "Black AIDS victims are often abandoned by family and friends. Blacks are a lot more conservative than Whites overall, and because of that, many Black homosexuals are less ready to admit they are homosexuals." Most AIDS patients become so depressed, says Dr. Greaves, that they develop a sense of hopelessness. Some become very angry. One patient became so angry, says the doctor, that he threatened to throw his stool at the nurse tending him.

Abandonment is a serious problem and it comes at a time when the victim, usually young and facing the prospect of death, is undergoing perhaps the most traumatic period of his or her entire life. Dr. Greaves tells the story of a young man who came to visit his brother in the hospital. The brother was gay. Once the man was told his brother had AIDS, the man completely disowned him, even though it was he who had introduced his brother to homosexuality. AIDS is a disease haunted by fear and ignorance.

Eddie King, a staff member of



A 14-month-old girl with AIDS, abandoned by her father and not aware of her mother's death, has been given no more than three years to live. Below, Rock Hudson, responsible for much attention being focused on the disease by revealing he had AIDS, fights desperately to live.

HERO (Health Education Resource Organization), a Baltimore group which attempts to address the health problems of gays in the city, says that Blacks tend to question the morality of homosexuality more so than Whites. "In general, the Black community doesn't want to admit that the disease afflicts Blacks, too," he says. "The clergy doesn't want to deal with it. But the clergy has to be concerned because a large number of professionals have the disease." Dr. Nicholas Ifft, president of the Philadelphia AIDS Task Force, recalls that when his group placed AIDS posters in the city's Black communities earlier this year, his office received many negative calls from irate Blacks who thought that "only White gays and Haitians got AIDS."

No one is quite sure what causes the disease, although 80 percent of those stricken have died within two years of diagnosis. Since it was first diagnosed, almost half its victims have died. And for the remainder, the prognosis is, at best, grim. "It is the most important communicable disease of this decade," says Dr. Harold Jaffe, chief of the epidemiological section of the CDC. AIDS has an incubation period of from six months to five years. Most times



the individual is unaware that he or she is harboring the virus, which can be innocently passed along to others before the symptoms become manifest in the carrier. The virus can only be transmitted in semen during sexual intercourse and blood (among drug addicts when sharing infected hypodermic needles) and blood products. While there is some controversy whether the virus can be transmitted in saliva, AIDS antibodies have been found in the spittle of AIDS victims. Medical authorities suggest that kissing AIDS victims for prolonged periods be avoided. The experts do not, however, believe that the virus can be transmit-



Dr. Wayne Greaves, asst. professor of medicine at the Howard University Medical School, and chief of the Infectious Disease Division at the university's hospital (left) and Dr. Nigel Jackman, dir. of the Communicable Health Services for the Prince George's County (Md.) Dept. of Health, are both concerned that there is little hope for AIDS victims in the near future.

AIDS *Continued*

ted through casual contact, pointing to the large number of medical personnel who have treated AIDS patients and have not contracted the disease.

Another factor which may explain the frequency of the disease in the Black community, says Dr. W.C. Jordan, chief of the Infectious Disease Department of Family Medicine at the Charles R. Drew Postgraduate Medical School in Los Angeles, is that AIDS is primarily an urban disease, noting that Blacks are primarily urban dwellers. In many of the nation's central cities, Blacks outnumber Whites by wide margins. As Dr. Jordan points out, that simple fact may account for the high number of Blacks who have contracted the disease, particularly in places like Washington, D.C. and Newark. Even so, the numbers do not always jibe, and sometimes confound reasonable explanations, such as Dr. Jordan's, which attempt to help us understand why Blacks suffer disproportionately from acquired immune deficiency syndrome. In Prince George's County, Md., for example, where Blacks make up roughly 40 percent of the county's population, Blacks comprise almost 70 percent of the county's AIDS cases. In Baltimore, where Blacks comprise about 55 percent of the city's population, Blacks account for two-thirds of the city's AIDS cases, according to Dr. John E. Maupin, deputy commissioner of the Baltimore City Health Department. And in Philadelphia, a city not quite 40 percent Black, Blacks account for 50 percent of the city's 168 AIDS cases.

RICHARD Jones (not his real name) at 36 is a statistic among the age group between 30 and 39 which makes up the majority of AIDS cases in this country. He has always prided himself on his strength and vitality, and much of his adult life he worked as a laborer or at odd jobs. But he has not worked since 1983. That was the year his strength began to ebb. In the past year he has been in and out of the hospital. Last March doctors told him he had AIDS-related complex (ARC), a vague assortment of symptoms usually associated with AIDS: swollen lymph nodes in the neck, armpits and groin, high fevers that do not break, night sweats, diarrhea, extreme fatigue, rapid weight loss along with loss of appetite, a dry cough not related to smoking, black and blue flat or raised blotches or bumps, weakness in the arm and leg on one side, and thrush, a thick whitish coating inside the mouth, which lasts for weeks. Jones had most of the symptoms.

Married since 19, he is the father of a 17-year-old daughter and a seven-year-old son. The family lives in a small town in Maryland not far from Baltimore. Antibodies of the disease were also found in his wife's blood. The CDC estimates that between 500,000 to one million Americans are infected with the virus, and of that number, it is predicted that between 5 percent and 20 percent will actually contract the disease, which breaks down the body's natural ability to fight off diseases and infections, leaving the victim susceptible to between 10 and 12 "opportunistic" infections. By next April, 10,000 more Americans will have contracted

the disease, according to the CDC's Charles Fallis. The two most common of the opportunistic infections are Kaposi's sarcoma, a rare and often deadly form of skin cancer that eventually invades the body's vital organs and that normally strikes elderly White men, and pneumocystis carinii pneumonia, a rare form of pneumonia. Even when the victim is able to fight off one infection, the bout further weakens the body's already wracked defense system, leaving one vulnerable to the next series of infections. Eventually, one is fatal. Pneumocystis carinii pneumonia strikes twice as many AIDS victims as Kaposi's, and is twice as deadly. Some victims have contracted both at once. Some are prey to other infections. And most will die unless a cure is found soon. Eighty percent of all AIDS victims have died within two years of diagnosis. Although a recently developed blood test enables doctors to check for antibodies which indicate the presence of the virus, it is not 100 percent reliable. Positive results only indicate the presence of the antibodies associated with the virus.

Although he had been a pretty fair provider for his family, Jones was a drug addict. He had already had hepatitis, but that was 10 years earlier. Hepatitis is a disease common to many AIDS victims. Doctors are not able to explain the connection. It is not unusual, however, for addicts to contract the disease because of the habit of sharing dirty needles.

"I was never afraid when I was with my husband," Mrs. Jones says. "I love my husband very much." Now she keeps busy to keep her mind off the inevitable. "I haven't digested death yet," she says, although she is aware that most AIDS victims eventually die of an illness associated with the disease. "We're trying to hold on." In the meantime, she puts her trust in the doctors at Johns Hopkins Hospital and the support she receives from HERO. "When I go to the hospital I feel so strong. At home I panic."

Much of the time, her husband wanders endlessly about the house, that is, when he can muster the strength. He reads and sleeps. The job of running the household has fallen on Mrs. Jones' fragile shoulders, which she tries to keep up on a secretary's salary of \$15,000. And all the while she must buy the medication her husband needs. The family's gas was turned off in April. Meals were prepared on a hot plate, until that burned out. "I think

"I'm handling it pretty good," she says. "I try not to go on about what I see. At first I did and when I would see him walk, I would cry." It was enough to make a war-hardened veteran cry, seeing the once vibrant and athletic body now hobbled by pain, one shoulder lower than the other because of the loss of bone marrow. "There are things I wish we could do, but now I know we will never do," Mrs. Jones says. "But I'm getting stronger. I still have to maintain a household and care for the children. I just have to keep going the best that I can. I thought this would be a time when we would be enjoying life. Still, it makes me feel good knowing that I can give my husband a decent burial and to know that he will have a church to be buried in. He looks at me sometimes and says 'Honey, I'm trying so hard... I'm trying so hard.' He doesn't want to talk about death. What I find the hardest to deal with is that we have no future."

WHEN AIDS first made its frightening appearance in this country — which with a rate of 51 cases per million population is the highest in the world — it was considered a disease which struck only the gay White community and Haitian entrants. Recent evidence is to the contrary. Although more than two-thirds of the disease's victims are gay and bisexual men, there is increasing evidence that it is striking heterosexuals in growing numbers. In all likelihood, the number of cases among heterosexuals will continue to increase. Whites comprise the majority of AIDS victims in this country (59 percent), followed by Blacks at 25 percent and Hispanics, who make up 14 percent of the total. The other 2 percent come from several ethnic groups and nationalities, including Haitian and Asians. Haitian entrants to this country, in fact, appeared to be especially vulnerable to the killer virus when the disease first began to catch the attention of the medical experts in the late 1970s and early 1980s, a factor which prompted the CDC to list them as a high risk group. In April, the federal agency removed the Haitians from that list, reclassifying them as a group with "no known risk factors" in the total number of cases reported to Atlanta.

Gay leaders think that more was not done sooner by the federal government to help find a cure for the disease because those considered at risk were groups looked at with disdain by the

general population. In mid-1983, Health and Human Services Secretary Margaret Heckler announced that the conquest of AIDS was the government's No. 1 health priority. Since 1982, more than \$200 million have been allocated by the Public Health Service for AIDS research, but many, frustrated that a cure has not been found, think the funding has been inadequate.

"Let's face it," says William Mannon, director of health services for the AIDS Action Project at the Howard Brown Memorial Clinic in Chicago, which treats many gays, "if this were a disease that attacked the Girl Scouts, you would have had more money and probably a cure by now." The CDC's Dr. Jaffe is more optimistic. "You have to realize that the AIDS virus [commonly called HTLV-III, identified by French and American researchers in April of 1984] was only found a little more than a year ago," he says. "We're making progress." The drug which has attracted the most attention, mainly because of Rock Hudson, is HPA 23, which Americans plan to begin using soon. The drug has been shown to stop the replication of the HTLV-III virus, but it is highly toxic and cannot be used longer than two weeks. Two other drugs which show promise are suranim and isoprinosine. But no cure for AIDS exists, and many think one is years away.

Meanwhile, AIDS victims continue to hope.

The diagnosis Claire (not her real name) received in October of 1984 was what she expected all along: AIDS. For much of her adult life, the 28-year-old was a drug addict and had seen at least one friend die of the disease. But in and around her home town, drugs were rampant, and the urge was too much to fight. The diagnosis was devastating.

"I knew that the disease wasn't a good thing and that it wasn't good to go around boasting about it," she says. "When I found that I had AIDS I was very depressed because I knew it meant death and that it would be something that I would have to go through myself. At first I didn't want to talk to anybody. I felt, 'Lord, I don't want that on my death certificate, not that I died of AIDS.' Quite a few times I have already come close to death."

Claire learned to lean on family and church. She told her mother first, and then the priest. (She's Catholic.) The mother was strong.

"I have several daughters," the



Dr. John E. Maupin, deputy commissioner of the Baltimore City Dept. of Health, says it is very important that Blacks receive better education about AIDS if they are to lower the disease rate.

mother says, "and I don't want to lose any of them. I was the only one [Claire] told. At first she was upset. She didn't want to accept the fact that she had AIDS. No one else knew but me and I'm good at keeping secrets. My husband thought [Claire] had cancer because she had so many operations (14 over the past two years). My husband can't handle things like this too well. When he found out he cried because he knew that eventually [Claire] was going to die; that he was going to lose one of his daughters. Now every time he sees [Claire] his eyes fill up. But I don't feel no less love for her. In fact, I feel a lot closer. But I know that miracles do happen and I hope one will happen that will take this burden from her."

Claire has already asked her priest to conduct her funeral and she has seen a lawyer to prepare a will.

"There are some mornings when I can't get out of bed," she says. "I don't feel as strong as I once did. Before, I could walk up and down the steps without getting tired."

Now she tires easily. Most times she is depressed. To help ease her burden, she talks to others with the disease.

"Now I tell people what I've been through with drugs and I tell them that it's just not worth it, I mean, to put yourself through all this. Now, I try to live every day as though it is the last day of my life. But I'm not afraid of dying anymore. To me, dying would mean no more pain, no more operations. I'm looking at it that way. Yes, I want to die, but I don't want AIDS on my death certificate."

And she still hopes. "Every day," she says, "I pray to God that they hurry and find a cure."

VICTIMS

— From B-1

whom are considered likely to get the disease.

The AIDS Foundation has a reference manual for women and makes referrals to the city AIDS Health Project, which has a women's support group. There are few avenues, though, for women who are not diagnosed with AIDS but are considered at risk.

"Sometimes you wake up in the night and you're scared," Erica said. "You just want to pick up the telephone and call someone."

Allen Blankenship also feels he is part of a minority that's not being served adequately by health care agencies.

An intravenous drug user for 15 years who has AIDS, Blankenship was rejected from a drug rehabilitation program because of his disease and spent two months living on the streets.

Shaw said drug residency programs won't accept anyone who even has tested positive for AIDS antibodies or has children.

"We need a major effort to expand programs for IV drug users,"

she said. "We need more education, counseling and programs in the jails, where 60 to 70 percent of the women have a history of drug use."

Blankenship, who has been in several drug programs and now goes to a methadone treatment center, found emergency housing — a hotel room — through the AIDS Foundation.

But he began living on the streets when no one could find satisfactory long-term housing for him, he said. Now he lives in a group home with a woman who took in two AIDS patients after her husband was diagnosed with the illness.

Juliet Traynor found out her husband, Gar, had AIDS in 1982. She said she and her husband, who won a lawsuit against United Airlines for putting him on unpaid medical leave after his diagnosis, also have had trouble finding services.

"The agencies are not set up to deal with anything but a gay disease and AIDS is not just a gay disease," Juliet Traynor said.

"People with substance-abuse problems are turned away and there is no housing for women with children. I can't bring home every one who falls through the cracks."

AIDS services lacking for non-gay victims

By Katherine Seligman
OF THE EXAMINER STAFF

Ever since her husband died in December, Erica has lived in fear of people's reactions when they find out he had AIDS.

She worries she'll be evicted or lose the secretarial job she needs to support her 2-year-old son, Christopher, who is healthy. Her uncertainties about the future are compounded by the recent test showing that she has been exposed to the AIDS virus.

"I'll get branded if people know about it," she said. "In the future, if anything happens to me, people will get nervous."

Erica, who is 25 and did not want her full name used, is one of a number of "underserved" AIDS patients and their families who are part of a statistical minority.

Health care workers say members of this group — mainly women, intravenous drug users and certain ethnic minorities — aren't being served by the agencies that help people whose lives have been affected by acquired immune deficiency syndrome.

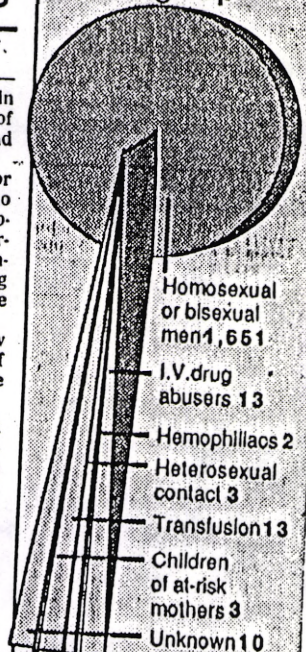
"The numbers are smaller so the services just haven't been developed," said Nancy Shaw, director of women's programs at the San Francisco AIDS Foundation.

"One of the consequences of that is that there are services for men that don't exist for women," she said.

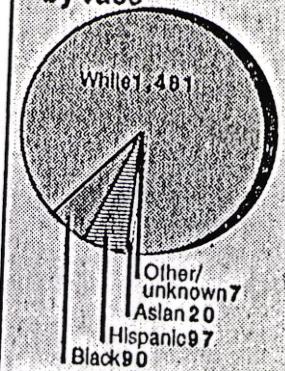
Figures from the city Public Health Department show that only 13 of 1,651 diagnosed AIDS patients in San Francisco are intravenous drug users and only 13 are women.

The statistics don't reflect the number of people who are affected by the sometimes-fatal AIDS-Related Complex or by people who have tested positive for AIDS antibodies, only 5 percent to 20 percent of

The City's AIDS cases by risk group



by race



Source: San Francisco Department of Public Health

— Please see VICTIMS, B-6

Examiner/David Lemc

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Despite the public perception of AIDS as a white, gay, male disease, four out of every ten Americans diagnosed with AIDS is non-white. The ethnic percentages of AIDS reported have remained the same since 1983 when Howard Jaffee described the first 1000 cases, of whom 60% were white, 25% black, 14% latino, and 1% consisted of Asian, American Indian and other ethnically-identified groups.

Nor is AIDS a new phenomemon among these groups. The first report of AIDS among of people of color was in New York in 1980, two years after the earliest gay incidence. The following year the CDC noted 21.5% of the first 107 cases of previously healthy persons with KS and PCP were black and hispanic males, most of whom identified themselves as gay or bisexual. Although in sheer numbers the great majority of these PWAs were gay and white and male, minorities were represented in far greater proportion than their presence in the society. This overrepresentation remains today.

	% Population	% AIDS
Black	11.7	25
Latin	6.4	14
	18.1	39

The ethnic differences are even more stark among women and children. At this time 52% of women with AIDS are black, 2% latinas, and 2% white. Most of these women are of childbearing age. Consequently, of the pediatric cases reported to the CDC in July 1986, 59% are bl, 22% are latino, and 18% are white. Three-quarters of these babies are from New York, New Jersey, Florida, and California. The CDC reported the first pediatric cases of AIDS in 1982, and others have been identified retrospectively to 1980. Almost all these infants became infected *in vitro*, and their increase over early reports in June 1984 reflects the

disease trend in women who are themselves intravenous drug users (IVDUs) or are partners of users, because 86% of diagnosed children have at least one IV using parent. A more ominous picture is drawn by estimating the live births to high risk women. Based on calculations of Peter Selwyn of Albert Einstein School of Medicine from available data there may have been 20,000 to 30,000 ^{high risk 56000 babies with AIDS/ARC} ~~babies with AIDS born, mostly black~~ and Puerto Rican, in the New York Area alone since 1982. Furthermore these figures are only for women who are themselves IVDUs, not partners of users. *Only a few of these potential cases have thus far been reported.*

Information on Asian populations whether Chinese-, Korean-, Japanese-, Philipino-Americans, or Southeast Asian immigrants is extremely limited as is data on American Indians. In most statistics these groups are reported as a single category. Not only do these communities resent being called "Others", more importantly the blurred ethnic distinction misses trends in these populations several of whom, like the recent Indochinese refugee and the urban Indian, may be at great risk. According to Sally Jue of the Los Angeles AIDS Project, there were fewer than 100 (<1%) Asian PWA nationwide and fewer than 40 cases in California (22 cases or 1.2% in SF) as of April 1986. Of these Americans 77 were gay/bisexual, 5 were IVDUs, 6 transfusions, and the illness of 9 was of unknown etiology. Many question the reporting of Asian and American Indian AIDS/ARC cases suggesting that actual illness or cause of death may well be masked by community caregivers concerned about family shame and neighborhood sentiment.

Risk groups in black and latino communities

Slowly new information is coming to light. Robert Redfield at Walter Reed has been analyzing the results of mandatory testing of Army recruits, most of whom are black. His study found 3.9 out of 1000 black and .9 out of 1000 white recruits tests positive for antibodies. ^{2.6 other racial groups} Granted the black

recruit is younger, more likely to be "street", sexually active and drug users or experimenters, less likely to seek health care or education than the general population; but these same facts make this finding a source of concern.

Wayne Greaves, Chief of the Department Infectious Diseases at Howard University Hospital, has found in his preliminary studies of the Washington D.C. black community that most ARC cases were IV and most AIDS had a gay etiology. His work promises to provide the first tracking of risk-behaviors among this group.

AIDS projects, like Health Education Resource Organization (HERO) in Baltimore, that work with IVDUs are providing new data on these cultures. The widely varying incidence of AIDS in minority communities around the nation mirror regional differences in drug and sexual practices. Eddie King, Director of HERO states that multiple partners is an important part of the "be cool" ethic of Baltimore users. Moreover, the state's GC rate is highest in 15-24 year old black youth. And according to the City Health Department, blacks, who make up 55% of the population, comprise two-thirds of the AIDS cases.

Black and latino people are part of every risk group: homosexual/ bisexual men with and w/out history of IV use, heterosexual IVDUs, heterosexual contacts of PWAs, hemophiliacs, babies of women WA, and recipients of blood products. Combined black and latin adults are the majority of three risk groups: IVDUs, heterosexual contacts, and that vague "other" category which includes foreign born and those with no identified risk behavior. They are also large numbers of ethnic minorities among growing potential risk groups not yet delineated in the statistics, prisoners, the homeless, and undocumented workers. Haitians, once considered the source of AIDS and later removed from the risk group list, has again been included.

Although their exposure is much lower than other risk groups, at 8% the prevalence of seropositivity is high enough for concern. Non-sterile IV ritual and medical practices, prostitution, a high rate of bisexuality (37% in one study) and of STD in that country have all been blamed for the HTLV-III exposure.

However, Bakeman, Lumb, Jackson and Smith documented in the New England Journal of Medicine that the largest single group in black population with AIDS is homosexual and bisexual men. Moreover, many blacks, like other people of color, would rather say they are IV drug users than gay, so statistics may minimize the homosexual or bisexual etiology of AIDS in these groups.

Although a smaller portion of the black PWA were at risk due to their sexual behavior (32% homosexual blacks compared to 78% of whites), in fact a larger proportion of the black PWA are bisexual (13% of black vs 11% of whites). Bakeman et al report that 30% of their black and 12% of their white patients were bisexual. These findings generally corroborate a study by SF psychologist, Dr. Julius Johnson who found a major difference in the black gay orientation from whites described in the 1977 Kinsey study.

However, when we speak of IVDUs and AIDS we are speaking of predominately blacks and latinos, and as of January 1986, 77% of IV cases in nation were in NYC where incidence of AIDS from all sources is 80.4, 71.9, and 73.6 per thousand respectively among whites, blacks, and latins.

In other terms, 33% of the AIDS cases in NYC are IV related compared to 17% nationally (25-28% if we include the gay IV population), 95% of prisoners with AIDS are IVDUs. Fifty percent of blacks and 15% of latinos with AIDS are users.

Retrospective examination of stored serum samples of intravenous drug users in New York City has shown an increase in seropositivity similar that seen in white, gay men. AIDS is quickly becoming the leading cause of death of young males in Harlem. AIDS is also the second highest cause of death for New York City women aged 30 to 34, and, as stated previously, most of these women are of color. Yet not one prevention and education program exists in that major black and latin neighborhood.

To date, few reporting systems have recognized the IV drug use in the gay community. Many blacks and latins are in this dual group. The New England Journal correspondence showed graphically and for the first time the overlap of IV and gay populations among PWA. The difference in risk-group profiles in white and minority people is clear. A larger number of black (and probably latin) are at risk for AIDS are bisexual, and more of these gay or bisexual men are IV drug users. The risk to the black and Latin communities is much broader than the white making both reporting and intervention much more complicated and sensitive.

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Clinical findings

The average survival rate of blacks with AIDS is 8 months compared to 18-24 months for whites. One explanation is the tendency of blacks to postpone medical care until very late in the illness. Secondly, economic and nutritional differences as well as access to health care and education has always led to increased rates of illness and a tendency of infectious disease to become lodged in poor, non-white populations. Finally, PCP patients, both male and female adult, are more likely to be black or Hispanic. Throughout the world, pneumonias of all kinds, tuberculosis, cryptococcal meningitis and disseminated toxoplasmosis are more

frequent in black PWA. Although this racial difference in disease is not entirely understood, we do know these opportunistic manifestations are more rapidly and more often lethal. PCP is associated with IV drugs.

However, KS does also appear in the black population both in the states and abroad. In fact it has long existed in a less virulent, non-AIDS form in Africa among elderly men. On dark skin it looks bluish rather than the reddish color typical on white skin.

Epidemiology

Information on people of color in other continents has not shown much relationship to their situation here. The most recent studies indicate AIDS appeared in America, Africa and Europe at about the same time. Yet the disease looks very different ^{among blacks} in Europe where only 12% of diagnosed cases are African-born and 81% of these people have no known risk factor in contrast to the white, European population whose risk typology parallels whites PWA in the U.S. Similarly in the so-called "AIDS Belt" of Central Africa, AIDS ^{varies} ~~is very~~ from white, American models. High levels of seropositivity are coupled with at least 50% absence of T-cell abnormalities, and the disease, as in the Caribbean but not the U.S., appears to be transmitted equally between heterosexual partners. However, outside Rwanda, Zaire, Uganda, Tanzania, and Burundi few cases disease have been confirmed on the continent despite high seropositive reactions.

As is true with other American health issues, epidemiological data on non-white, ethnic groups is inadequate. AIDS studies in the US have focused primarily on the white male, and there is no statistical model for understanding or predicting AIDS among people of color. We can only guess, for instance, that based upon the standard exposure-disease ratio and the June 1981-August 1986 CDC figures of 23,115 white and 9,049

minority PWA, between 500,000 and 300,000 people of color may have HTLV-III infection.

The largest statistical disparity between ethnic groups was in SF where white PWA are reported at 4 times that of blacks and latins. However, we already have some indication that we are on the verge of narrowing that gap and the numbers of seropositives in those communities are substantially underestimated. For example, of the clients tested at Alternative Testing Sites in SF, 7,695 have been white, 362 were black, 525 have been Hispanic, 288 have been Asian, and 141 "other". However, of those tested, a larger rate of positive results was found in both the black and latino clients than in the white. (Wh 27%, Hisp 35%, Bl 35%, Asian 15% seropositive). These figures also are significantly higher than the relative percentages of these groups within the city.

In Belle Glade, Florida, a town of 19,000 with the largest per capita incidence of AIDS in the nation, the CDC has not yet determined the specific risk behavior or environmental factor responsible, though poverty and fecal filth have been implicated. If this town is any indication, we may be missing numbers of black and brown PWA who live in isolated or less medically sophisticated rural communities.

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KWIC-FAN / *Kapuna West Inner-City Child/Family AIDS Network*

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824 Fell Street

Berkeley, California 94702
San Francisco, California 94117

(415) 655-2830
(415) 861-2441

STATEMENT OF PURPOSE

Kapuna West Inner-City Child/Family A.I.D.S. Network (KWIC-FAN) is made up of Black individuals from A.I.D.S. risk groups and Black professionals. We are an action-oriented group. Our main purpose is to bring easy-to-understand educational materials on A.I.D.S. directly to the Black community. We will target Black I.V. drug users, Black I.V. drug-using street prostitutes, Black street youths, Black drag queens, Black sexual partners of prisoners, Black heterosexual women, Black gay men, and Black bisexual men.

The incidence of A.I.D.S. among black and brown people in the San Francisco Bay Area is on the rise. There is an urgent need for immediate action. KWIC-FAN is committed to developing grassroots A.I.D.S. prevention models for hard-to-reach, poor black populations. We will recruit and involve low-income, local Blacks in creating A.I.D.S. education and safe sex materials. We are also dedicated to building coalitions and collaborative working relationships with existing agencies that are doing A.I.D.S. prevention work.

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POSITION PAPER:

CALLING FROM THE ROOTS

L.C. Calu Lester, Ph.D.
Alondra Oubre, M.A.

STATEMENT OF PROBLEM

The need for AIDS-related education, treatment, research and ancillary services for minority populations has surged dramatically in the past two years. Twenty-five (25%) percent of all 20,000 reported people in the United States who have contracted AIDS are black. This statistic is astounding given the fact that blacks comprise 12% of the national population. Sixty percent (60%) of all AIDS pediatric cases have been in black children. Equally appalling is the finding that 52% of the women who have contracted AIDS are black. Within the last two years, the total number of AIDS cases among Blacks continues to climb exponentially. Thus, future trends for AIDS in minority populations, at large, and for the black community, in particular, represent a major health problem of unprecedented importance for local and national authorities.

The need for outreach prevention is especially important in the San Francisco Bay Area which has a high percentage, over ten percent (10%), of all cases of AIDS nationally. Of 2,250 cases of AIDS reported by July, 31, 1986 to San Francisco public health officials, 129 were among blacks. This figure included 102 homosexual and bisexual men, 12 I.V. drug users and 15 individuals not designated in the latter, two at-risk categories. Although

the relative proportion of blacks with AIDS in San Francisco is less than the national percentage, presumably the proportion is higher in neighboring Bay Area communities. A well designed, education intervention program in the Bay Area at this point in time conceivably can be expected to prevent an otherwise rising incidence of AIDS among blacks in this area.

Confounding the trend toward an escalating AIDS epidemic in the black community is the lack of culture-sensitive education and outreach efforts in minority communities. The health differentials between blacks and whites have been well documented in the literature. Due largely to inequalities in the health care delivery system itself, the widening gap in health status is exacerbated by disparities between blacks and whites in education, diet and economic status. These discrepancies, in turn, manifest as inequalities in access to high quality health care services, in life-style and health related behaviors, in accessibility to culture relevant and language appropriate health education (i.e., information barriers to health-related knowledge), and in professional attitudes toward higher and lower income ethnic groups. All of these these factors probably are major contributory factors to the causes for why blacks with AIDS die sooner than their white counterparts, and why blacks are more likely to receive a diagnosis of an AIDS-related condition at more advanced stages of the disease than are whites.

Minority homosexual men and intravenous (I.V.) drug users are the only at-risk groups who continue to grow proportionately in terms of the total number of AIDS cases nationally. Since I.V. drug users represent a link to HTLV-III infection in two other groups, children and heterosexual partners, prevention tactics targeted toward needle users are critical. An estimated 80% of all heterosexual I.V. drug users are minority people. Future trends suggest that there will be a rapid rise in the incidence of I.V. drug-

related cases of AIDS, independent of race, which can be expected to have an excessive total on Blacks.

While most cases of white persons with AIDS are among homosexual men (78%), the majority of black persons with AIDS nationally are intravenous drug users (43%). Of the blacks who have contracted AIDS, 32% were homosexual and 13% were bisexual (C.D.C. reported cases through April 7, 1986) indicating also that bisexual men comprise a higher percentage (i.e., 30%) of the group of combined homosexual and bisexual persons with AIDS than do white bisexuals (12%). The implications of these figures are staggering in light of the fact that through sexual contact with bisexual men, a higher percentage of black women can be expected to be at risk for HTLV-III infection. That over half of all women with AIDS are black thus underscores the increased risk confronting black women as a result not only of direct I.V. drug use and prostitution, but also of sexual contact with I.V. drug users, bisexual men, and even asymptomatic, HTLV-III seropositive partners (heterosexual male carriers who do not belong to any known at-risk group).

Clearly, there is an imminent need for an expeditious, effective educational outreach in this population which has not yet fully realized the threat of a potentially lethal condition and which the media still portrays as a "white gay disease". The crisis of AIDS in the black community is essentially the crisis of the black family: be they alternative families of black gay men or heterosexual couples and their children.

Homosexual black men face an abiding dilemma of identity that poses severe psychosocial constraints on them. In turn social stresses may trigger, through proposed psychoneuroimmunological mechanisms, immunocompromization, thereby leaving black gay men more susceptible to

chronic viral infection. Targets of both racism and homophobia, gay black men as a community stand in a particularly precarious position.

Educational efforts launched by national and local sources on safe sex and AIDS prevention have been directed predominantly toward white homosexual men. The majority of AIDS education material and, more precisely, program strategies designed for the dominant white culture have had virtually no impact on changing at-risk behavior for AIDS in black homosexuals.

Although some ethnically oriented literature has been produced, it is not yet clear that these materials have been adequately disseminated to low-income, hard-to-reach target populations. In addition, it should be noted that the relatively high proportion of bisexual men in the black community probably are less likely to be reached through AIDS prevention tactics directed toward homosexuals than they would through culturally relevant efforts aimed at the at-risk heterosexual black community.

I.V. drug users, in particular, comprise an exceptionally hard -to-reach population. Marginal in society, I.V. drug users suffer the additional stigma of being labeled criminal. Because they are targets of both racism and societal condemnation black I.V. users face what has been called "double jeopardy," suggesting also that black, gay I.V. drug users face "triple jeopardy." National epidemiological statistics indicate unequivocally that I.V. drug users, who once were thought to be relatively insignificant in the AIDS epidemic, are assuming increasing importance.

On a local level, for example, in 1984 blacks made up 12% of the population of San Francisco but represented 24% of heroin addicts who used drug clinics in San Francisco. Forty-five percent(45%) of I.V. cocaine abusers admitted to San Francisco drug clinics in 1984 were black. If during that year there were an estimated 12,000 needle users in San Francisco, and if at least one-fourth of those users were black, then there

were roughly some 3,000 I.V. black drug users in San Francisco two years ago. However, since the I.V. drug population in San Francisco has increased since 1984, this figure is probably higher now. An estimated one out of every six I.V. drug users is thought to be infected with HTLV-III, indicating that the current tabulations for other black needle abusers in other Bay Area cities such as Oakland, Richmond, and Marin City most likely are comparable to, if not more dramatic than, the estimate in San Francisco. The probability that their sexual partners are also being infected with the AIDS Virus continues to mount daily. If the statistics on the extent of HTLV-III infection in black I.V. drug users are suspiciously low (perhaps because of limited resources for inner-city research, as some black advocacy groups maintain), then this figure may be a gross underestimate of the true magnitude of the AIDS problem in black I.V. drug users in San Francisco and low income blacks in the Bay Area. Further complicating this scenario are the culturally distinct sexual practices of black homosexual men, and needle-sharing rituals of black I.V. drug users, patterns which require special educational intervention approaches that take into account specific biocultural behaviors.

Black women and children represent a unique component of the AIDS problem since they are proportionally over-represented in the AIDS epidemic. Sexual contacts between and among male homosexuals and bisexuals; male and female I.V. drug users; bisexual men; prostitutes and male partners of prostitutes; and female partners of I.V. drug users, and HTLV-III infected heterosexual men give multiple bridges for the spread of the virus within the Black community. Inadvertently, these pathways now place the drug free, heterosexual, low-income black population at increased risk for AIDS and AIDS-Related Conditions (ARC). Also, compounding these trends further is the fact that the incidence of sexually-transmitted diseases in

black youth in San Francisco, ages 15-24 years, is nearly five times as high as among white youth.

Effective outreach programs for risk factor reduction, prevention and education about AIDS must be developed and implemented immediately. In order to be cost-effective and cost-beneficial, such programs must be culturally sensitive to the needs of the black community and the hard-to-reach subpopulations such as black gays, needle users, prostitutes, and low income individuals. All of these groups are at increased risk of exposure to the AIDS virus, precisely because of deficits in prevention and health-related knowledge. Blacks residing in outlying areas removed from metropolitan centers also warrant special outreach efforts since they would be even less likely to receive public health information which is more readily available in urban pockets.

KWIC-FAN proposes to serve a wide variety of educational and behavioral change needs for AIDS at-risk black populations in the San Francisco Bay Area. The network is structured to develop and implement multidisciplinary prevention models, distribute educational and media materials locally and regionally, and create a professional and volunteer pool of community health educators who are knowledgeable about AIDS and culturally sensitive to issues confronting low income blacks.

NCBLG

National Coalition of Black Lesbians and Gays

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Albany, N.Y.

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D.C. Chapter

Charles Williams
Minnesota Chapter

Dan Weddo
Washington, D.C.

Dear Colleagues:

The National Coalition of Black Lesbians and Gays has been awarded a contract by the U.S. Public Health Service to host a national conference on **AIDS IN THE BLACK COMMUNITY**. This conference is scheduled for July 18th at the Washington Convention Center in the District of Columbia. NCBLG is very eager for your organization to join us in this massive educational venture by becoming an endorser of the conference.

The main objectives of this conference are:

- to inform civic, media, social service providers, medical professionals, religious leaders, substance abuse workers, lesbian/gay activists, and other opinion makers in the Black community about the impact of AIDS on Blacks;

- to address the particular needs for education and AIDS related services in the Black community; and

- to create a more informed and supportive social environment among conference participants to enable an increase in local community initiatives to provide AIDS related services as required for AIDS prevention and as required by People with AIDS (PWA) in the Black community.

In the United States, about 25% of those diagnosed with AIDS are Black men, women, and children. In metropolitan cities such as the District of Columbia, Philadelphia, Oakland, Atlanta, New York, Chicago, and Baltimore, the incidence of AIDS among Blacks is even higher--as much as 50% or more.

Furthermore, 60% of all pediatric AIDS cases are among Black children. 40% of the 19,000 cases of AIDS in the United States are among People of Color. 52% of all women with AIDS are Black women. These statistics are only a slight indication of the impact that the AIDS crisis is having on the Black community.

In light of these staggering statistics, the AIDS crisis should, in fact, must be a concern of everyone--particularly Black institutions and community leaders. We must all become aggressively active in various aspects of resolving the crisis by: educating the public; generating funds for research, health, social services, and educational materials; and combating the racism, homophobia, and AIDS-phobia which hinders positive action.

For the duration that AIDS remains fatal to men, women, and children of all nationalities, races, genders, ages, orientations, and lifestyles, AIDS is a medical issue.

To the extent that Persons with AIDS (PWA) are being discriminated against in areas of employment, housing, health, social services, public accommodations and gatherings, AIDS is a civil rights issue.

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As NCBLG sees it, endorsement would entail assisting in the promotion of the conference by:

- * including registration brochures in your mailings;
- * placing announcements highlighting the conference as an upcoming event in your organization's newsletter;
- * and by spreading this information to other local community, religious, and political leaders in order to garner their support.

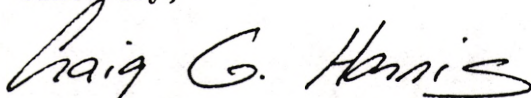
In addition, any financial contributions which your organization wishes to make toward this educational effort would be greatly appreciated.

We hope that you will find these terms agreeable and will choose to assist us in this unique endeavor to educate the Black community of the specific impact of AIDS on Black men, women, and children.

We look forward to your rapid response to this request for endorsement. Please complete and return the enclosed form without delay. This will signal us to list your organization among conference endorsers in upcoming promotional materials.

If you require further information regarding the **AIDS IN THE BLACK COMMUNITY** conference prior to arriving at a decision, I hope that you won't hesitate to contact me at this office. In the meantime, we look forward to the prospect of working with you.

Sincerely,



Craig G. Harris
AIDS Conference Coordinator

Specific funding needed for minorities, says lobby

by Rick Harding

A group of five black and hispanic AIDS activists met Wednesday with Rep. Matthew Martinez (D-Calif.) and the staffs of three other Congressmen to push for AIDS funding directed specifically at minorities.

National Coalition of Black Lesbians and Gays Executive Director Gil Gerald told the staffs that nearly 40 percent of all reported AIDS cases in the U.S. are among blacks and hispanics and that little federal effort has been directed at the growing problem.

The activist group, calling itself the National Minority AIDS Council, announced its formation Tuesday at the end of a two-day meeting on minority AIDS issues sponsored by the National Institute of Mental Health and the National Lesbian and Gay Health Foundation.

According to Health Foundation President Caitlin Ryan, the meeting was the third in a series made possible

through an NIMH grant. Ryan said she and group member Manuel Fimbres, chairman of the National Association of Social Workers' Committee on Lesbian and Gay Issues, would draft a report for NIMH detailing the group's findings.

The Rev. Carl Beam, who directs the Minority AIDS Project in Los Angeles and who attended this week's meeting, said he hopes the report will "send up a flag" to legislators and to the Gay community itself that racism, both intentional and unintentional, exists among Gays and is a probable cause of deficient AIDS services for blacks and hispanics.

Another group participant, Don Edwards of the AIDS Project New Haven, agreed, saying that both the federal and local governments need to fund minority-run programs to reach minorities who are at high risk of contracting AIDS.

Edwards said that while rectal gonorrhea rates are going down among

whites in cities across the country—an indication that white Gays are having safer sex and consequently are contracting fewer sexually-transmitted diseases—the rates among blacks are climbing.

This week's meeting was the last in the series scheduled under the NIMH project. Ryan said the report on the group's findings and recommendations should be ready by early fall.

A number of those who came together for the meeting will continue to meet as the National Minority AIDS Council and, according to Gerald, will continue to lobby Congress on minority AIDS issues.

Gerald said Wednesday's reception from Rep. Martinez, chairman of the Congressional Hispanic Caucus, and the staffs of Rep. Mickey Leland (D-Tex.), chairman of the Congressional Black Caucus; Rep. Louis Stokes (D-Ohio); and Rep. Edward Roybal (D-Calif.) was "very positive."

AIDS and the Black community

Editor's note: The following is a speech made to the Southern Christian Leadership Conference.

**By Gil Gerald,
National Coalition of Black
Lesbians and Gays**

I am indeed honored to be able to address this SCLC/Women's Conference on AIDS as a representative of an at risk community—sexually active black gay men—and as a representative of the National Coalition of Black Lesbians and Gays.

Once again the claim to leadership implied in the organizational name Southern Christian Leadership Conference is upheld. Your actions come at a time when there are other prominent black organizations who will not touch the subject of AIDS because of its association with the taboo topic of homosexuality, which is often viewed as some sort of white disease, and therefore alien to the black community.

On behalf of the National Coalition of Black Lesbians and Gays, I wish to reciprocate your welcome by extending to all of you an invitation to come to the National Conference on AIDS in The Black Community, which we are sponsoring in DC, at the Washington Convention Center, this coming July 18.

Today, some five years into the AIDS crisis it is becoming more widely understood in the black community that AIDS is having a far more devastating effect on those of us who are black.

This should not come as a surprise. Because of inequities in the health care delivery system and the disparities in education, diet, and economic well being between blacks and whites, we are always struck harder by disease. One only need look at the continuing incidence of cancer, high blood pressure, heart disease, infant mortality and other health indicators to recognize this fact.

More of us now know that 25% of all 20,000 U.S. AIDS cases are black individuals with AIDS. This compares with the fact that the black community makes up only 12% of the population.

We also know that three out of every five children with AIDS are black children and that one out of every two women with AIDS is a black woman. We also know that four out of every ten people with AIDS are non-white persons—about 8,000 of the 20,000 cases in the U.S.

With all due respect to those of you who disagree, I believe that the proposition that this disease is God's punishment on a class or category of people is as racist a proposition as it is homophobic, in view of the facts, not the myths, about AIDS.



Indeed racism and homophobia, as well as classism, are key impediments to AIDS prevention and the care of people with AIDS in the black community.

Let's deal with racism and homophobia as an impediment to health care delivery.

Jeff Levi, Executive Director of the National Gay and Lesbian Task Force, informs me that over the past five years the gay and lesbian community has raised, matched, or exceeded the 5 to 600 million dollars the government has poured into the AIDS health crisis. It is a veritable example of what people can do for themselves in a society that spurns them.

This effort by mostly white organizations has its limitations. Racism and racial divisions or separateness transcend sexual orientation.

A study of black gay men in the San Francisco area by black psychologist Julius Johnson, explores the fact that black homosexuals have identity concerns which we resolve in a variety of ways.

We often are made to feel we must choose between an emphasis on our identity as gays and our identity as blacks, and that these identities are mutually exclusive.

By contrast the organization I represent is founded on the propositions that we can be whole—we need not choose—we can be both black and gay, proud of both.

Our current theme, "Black Pride and Solidarity: the New Movement of Black Lesbians and Gays" restates the political and social implications of that consciousness.

Blacks, who emphasized their gay identity, have adjusted to their personal encounter with gay oppression by socializing and adjusting to life in the white gay ghetto. His or her black identified gay brother and sister, on the other hand, remain physically "closeted" in the black community and its institutions.

Either option is a compromise. In

the first case racism is accommodated, and in the second, homophobia is accommodated.

Both options represent complicity with a system of oppression that denies our very existence.

You can not provide services, health or otherwise, to a community that does not exist.

These facts have great repercussions. The networks and institutions, of the gay community, created to deal with the AIDS crisis, cannot have much effect beyond those black individuals who are already accessible to them. This represents a minority of us, black gays, and practically none of the IV drug users.

The language we use, our socializing patterns, as well as our numbers are very much still a mystery to the white gay community as a whole.

The racism that permeates many gay establishments is a documented fact that has necessitated the enactment of anti-discrimination legislation in cities like Washington DC.

This fact of alienation and separation in the gay community would not be as devastating if our political institutions—institutions like the National Coalition of Black Lesbians and Gays were far more developed at this time in history.

Black lesbians and gay organizing is still largely centered around our socializing needs and our need to remain hidden. We are less likely to risk alienation from our home community—the black community—by politicizing the gay issue.

This brings us to the issue of homophobia in the black community.

We have been too eager to buy into the myths of AIDS and homosexuality that is perpetuated by the mass media—that these are white concerns. We have seen *An Early Frost* on TV and can empathize with the difficulties of the family.

However, the all white cast of characters contributes to the distortion of the truth about the demographics of AIDS. We read *Newsweek* magazine, and for the last fifteen years we see depicted a distorted picture of who lesbian and gay people are.

We somehow remove ourselves from lesbian and gay people and then dare to celebrate the lives and contributions of James Baldwin, Audre Lorde, Langston Hughes, Bayard Rustin, Alain Locke, Countee Cullen, Bessie Smith, Porter Grainger, Lorraine Hansberry, Wallace Thurmond, Bruce Nugent, and Sylvester—all people

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AIDS

from page 15

we love and appreciate for their contributions to community life.

Effective programs for the prevention of AIDS in the black community will require some frank and open dialogue that acknowledges the transmission modes of this disease and the existence of black lesbians and gays amongst us, who lead and have always led both exemplary and ordinary lives.

Examination of the statistics indi-

cate that Intravenous drug abuse and sexual transmission contribute equally to the incidence of AIDS among blacks.

The issue of AIDS cannot be tackled without acknowledging both of these facts.

If we are to make some headway in stopping the spread of AIDS and AIDS hysteria, we must recognize the social political, and economic implications of the crisis.

People with AIDS—by the way, they prefer this terminology, to the term AIDS victims—require support, services, and love like any other individual who is ill. It can be

an extremely difficult time for persons afflicted with AIDS and their families. It is likely to be the time when the individual must confront his or her family with the truth of his or her life-style, whether it be that of one of a myriad of gay lifestyles, or that of an intravenous drug user.

One million people are believed to now be AIDS antibody positive, many of them black and poor. Only a small portion of them are expected to develop ARC or full blown AIDS. Yet, the insurance industry proposes to deny all of the them insurance.

While most of these people will not develop AIDS, they will need health

insurance to cover other ailments. It would be folly for us, as a community, to not understand and support the need for legislation of this kind all over the country.

Blacks with AIDS are dying quicker than their white counterparts. Diagnosis is likely to come at more advanced stages of the disease and we have less access to the best available care.

It is the ultimate tragedy that those of us who come down with AIDS might need to seek refuge among strangers in our hour of need.

In conclusion, it is the position of the National Coalition of Black

Lesbians and Gays that black institutions need to get involved more aggressively in pursuing funding for our own programs in AIDS prevention, and information.

Furthermore we need to provide AIDS related support services for people with AIDS and the families of People with AIDS in the community.

The most effective programs will be those that refrain from being judgemental, involve members of the at risk communities as well as persons with AIDS, and focus on providing useful medical information and caring services to those afflicted with, and at risk for AIDS.

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To the extent that irrational and judgemental values hamper humane approaches to providing information and services to persons at risk, **AIDS is a religious issue.**

To the extent that policy makers and community leaders continue to address the AIDS crisis within the parameters of homophobic (it's gay disease), racist (it's a white disease), and sexist (it's a male disease), dictates, **AIDS is a political issue.**

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We look forward to your rapid response and endorsement. Please complete and return by the end of the week to avoid delay. This will signal us to contact the conference endorsers in upcoming promotional efforts.

If you require further information regarding the **COMMUNITY** conference prior to arriving in Atlanta, you won't hesitate to contact me at 404-525-1234. We look forward to the prospect of working with you.

Sincerely,

Craig G. Harris

Craig G. Harris
AIDS Conference Coordinator



Salon -
Please obtain endorsements from
Third World AIDS Researchers
TWATE
Life Links
BCTFA, etc.
Sorry you'll have to make copies.
Maxi Craig

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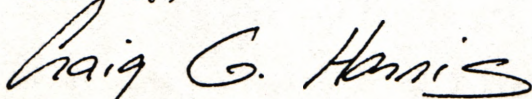
In addition, any financial contributions which your organization wishes to make toward this educational effort would be greatly appreciated.

We hope that you will find these terms agreeable and will choose to assist us in this unique endeavor to educate the Black community of the specific impact of AIDS on Black men, women, and children.

We look forward to your rapid response to this request for endorsement. Please complete and return the enclosed form without delay. This will signal us to list your organization among conference endorsers in upcoming promotional materials.

If you require further information regarding the **AIDS IN THE BLACK COMMUNITY** conference prior to arriving at a decision, I hope that you won't hesitate to contact me at this office. In the meantime, we look forward to the prospect of working with you.

Sincerely,



Craig G. Harris
AIDS Conference Coordinator

AIDS IN THE BLACK COMMUNITY CONFERENCE
July 18, 1986 - 9:00 a.m. - 9:00 p.m.

ENDORSING ORGANIZATION CONTACT SHEET

Name of Organization: _____

Address: _____

Contact: _____

Title: _____

- ___ Will include registration brochures in upcoming mailings.
- ___ Will place announcements of conference in upcoming newsletters.
- ___ Will inform other local community, religious, and political
leaders and organizations.

In addition, we would like to make a contribution of \$_____ to
help defray conference costs.

Please send _____ conference registration brochures for
distribution.

Please return to:
Craig G. Harris
AIDS Conference Coordinator
NCBLG, Inc.
930 F Street, NW - Suite 514
Washington, DC 20004

AIDS IN THE BLACK COMMUNITY CONFERENCE
July 18, 1986 - 9:00 a.m. - 9:00 p.m.

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Contact: _____

Title: _____

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Please send _____ conference registration brochures for distribution.

Please return to:
Craig G. Harris
AIDS Conference Coordinator
NCBLG, Inc.
930 F Street, NW - Suite 514
Washington, DC 20004

NCBLG

National Coalition of Black Lesbians and Gays

930 F Street, N.W.
Suite 514
Washington, D.C. 20004
(202) 737-5276

May 23, 1986

Executive Director

Gil Gerald
Washington, D.C.

Board of Directors

Michelle Parkerson
Co-chair
Washington, D.C.

Louis Hughes, Jr.
Co-chair
Baltimore, MD.

Gwendolyn Rogers
Secretary
New York, NY

Clifton A. Roberson
Treasurer
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Joseph F. Beam
Philadelphia, PA.

Angela Bowen
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Audre Lorde
Staten Island, NY

Marlena G. Mason
Baltimore, MD.

Luvenia Pinson
New York, NY.

Betty Powell
Brooklyn, N.Y.

Barbara Smith
Albany, N.Y.

Lawrence Washington
D.C. Chapter

Charles Williams
Minnesota Chapter

Dan Weddo
Washington, D.C.

Dear Colleagues:

The **AIDS IN THE BLACK COMMUNITY** conference, scheduled for Friday, July 18th in Washington, DC is a unique opportunity for your organization to do education, outreach, and advertising to Black professionals, businesses, and organizations focusing on civil rights, social services, and progressive political agendas.

This national conference will be bringing together Black professionals and activists from across the country to address the impact of AIDS in the Black community vis-a-vis healthcare, social services, economics, civil rights, and education. History is in the making as Black physicians, social workers, attorneys, researchers, educators, ministers, and others gear up for this conference to acknowledge that the discriminating factors of homophobia and racism have hindered the Black community's response to the AIDS crisis, and to formulate education and support service models appropriate for the Black community. An advertisement in the conference program is an opportunity for you to inform a varied cross section of the Black community of your existence, activities, and services.

NCBLG is offering very reasonable rates for advertising space in the 40 page conference booklet (see size and rate sheet enclosed). Space, however, is limited and we will need camera ready copy no later than Tuesday, June 17th.

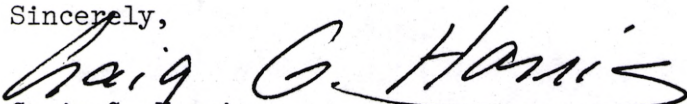
Camera ready ads must be accompanied with full payment (payable to **NCBLG, INC**) unless other billing arrangements are made. Send camera ready ads to:

NCBLG/CONFERENCE

930 F Street, NW--#514
Washington, DC 20004

Please contact our business office if you have any questions regarding ads for the conference program booklet or other conference issues.

Sincerely,



Craig G. Harris
AIDS Conference Coordinator

CH/bj

Encl

National Coalition of Black Lesbians & Gays
 AIDS IN THE BLACK COMMUNITY CONFERENCE
 Washington Convention Center
 900 Ninth Street, NW in Washington, DC
 Friday, July 18, 1986--9am to 9pm

Advertising Rates for Conference Program

Full Page ($4\frac{1}{2}$ " x $7\frac{1}{2}$ ") \$200.00

Half Page ($4\frac{1}{2}$ " x $3\frac{3}{4}$ ") \$125.00

Quarter Page ($4\frac{1}{2}$ " x $1\frac{7}{8}$ ") \$ 75.00

Eighth Page ($2\frac{1}{4}$ " x $1\frac{7}{8}$ ") \$ 50.00

Camera ready ad copy must be accompanied
 with check (payable to **NCBLG**) and mailed to:

NCBLG/CONFERENCE
 930 F Street, NW--Suite 514
 Washington, DC 20004
 202-737-5276

Payment and camera ready ad must be received
 by **NCBLG** no later than 5pm on Tuesday, June 17th.

		<u>FULL</u>	<u>PAGE</u>
		$4\frac{1}{2}$ x	$7\frac{1}{2}$ "
		<u>HALF</u>	<u>PAGE</u>
		$4\frac{1}{2}$ x	$3\frac{3}{4}$ "
<u>QUARTER PAGE</u>	$4\frac{1}{2}$ x $1\frac{7}{8}$ "	<u>EIGHTH PAGE</u>	$2\frac{1}{4}$ x $1\frac{7}{8}$ "

NCBLG

National Coalition of Black Lesbians and Gays

RECEIVED

MAY 18 1988

930 F Street, N.W.
Suite 514
Washington, D.C. 20004
(202) 737-5276

Executive Director
Gil Gerald
Washington, D.C.

Board of Directors

Michelle Parkerson
Co-chair
Washington, D.C.

Louis Hughes, Jr.
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Brooklyn, N.Y.

Barbara Smith
Albany, N.Y.

Lawrence Washington
D.C. Chapter

Charles Williams
Minnesota Chapter

Dan Weddo
Washington, D.C.

BK
SU

Dear Colleagues:

The National Coalition of Black Lesbians & Gays has been awarded a contract by the U. S. Public Health Service to host a national conference on AIDS IN THE BLACK COMMUNITY.. This conference is scheduled for July 18th at the Washington Convention Center in the District of Columbia. NCBLG is very eager to have you join us in this massive educational venture by becoming a member of the conference Advisory Board.

The main objectives of this conference are:

- to inform civic, media, social service providers, medical professionals, religious leaders, substance abuse workers, lesbian/gay activists, and other opinion makers in the Black Community about the impact of AIDS on Blacks;
- to address the particular needs for education and AIDS related services in the Black community; and
- to create a more informed and supportive social environment among conference participants to enable an increase in local community initiatives to provide AIDS related services as required for AIDS prevention and as required by People with AIDS (PWA) in the Black Community.

You are, of course, aware of the extremely high and disproportionate rate of AIDS among Black men, women, and children. One of every four AIDS cases affects Blacks, one of every two women with AIDS is Black, three of every five children with AIDS is Black.

In light of these staggering statistics, the AIDS crisis should, in fact, must be a concern of everyone--particularly Black institutions and community leaders. We must all become aggressively active in various aspects of resolving the crisis by: educating the public; generating funds for research, health, social services, and educational materials; and combating the racism, homophobia, and AIDS-phobia which hinders positive action.

Beyond a number of medical issues, the implications of AIDS-related civil rights issues, educational issues, religious issues, and political issues are manifold. These are issues which the Black community needs desperately to confront.

Your active support in rallying the Black community to become more involved in the battle against the AIDS virus is most necessary. NCBLG would like very much to have you support its efforts of outreach by becoming a member of the Conference Advisory Board.

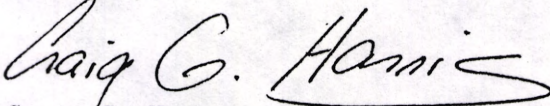
As NCBLG see it, your position as an Advisory Board member would entail assisting in the planning and promotion of the conference by:

- * suggesting workshop topics and speakers, and keynote and featured speakers (do not hesitate to include yourself);
- * identifying additional funding sources and assisting in the solicitation of financial contributions;
- * assisting in the solicitation of other national Black organizations to act as co-sponsors of the conference;
- * assisting in the solicitation of local, regional, and/or non-Black organizations to act as endorsers of the conference;
- * and by spreading promotional conference information to local community, religious, and political leaders in order to garner their support.

We look forward to your rapid response to this request for your active participation in the planning of this conference. Please complete the enclosed form and return to us by **May 19th**.

We look forward to working with you on this unique and crucial project. If you require further information regarding the AIDS IN THE BLACK COMMUNITY conference, I hope you won't hesitate to contact me at this office.

Sincerely,



Craig G. Harris
AIDS Conference Coordinator

enclosures



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 15010 • WASHINGTON, D.C.

POSTAGE WILL BE PAID BY ADDRESSEE

National Coalition of Black Gays
930 F Street N.W., Room 514
Washington, D.C. 20004

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



AIDS IN THE BLACK COMMUNITY CONFERENCE
July 18, 1986 - 9:00 a.m. - 9:00 p.m.

ADVISORY BOARD CONTACT SHEET

Name: SALA UBIN

Title: Co Director
(As you wish it to appear in conference materials.)

Affiliation: Multicultural Prevention Resource Center

Address: 170 Fell St #37
SAN FRANCISCO, CA, 94102

(To which you want materials sent.)

Telephone contacts:

Business: (415) 861-2142

Home: 4 [REDACTED]

Service/other: _____

Special skills/areas of interest:
(i.e. law, medicine, social service, community outreach, PR)

Prevention Strategies

Educational Materials

Targeting IV drug users

Organizational/professional affiliations:

Black Community Task Force on AIDS, Member

Life Links Project (AIDS Prevention-IV Drug Users), Director

Third World AIDS Researchers, Founder - Coordinator

Third World AIDS Advisory Task Force, Member

Able/available to conduct workshops on the following topics:

(See "Special skills", page 1)

I suggest the following resource persons as workshop panelists:
(Name, address, specialty)

John Peterson + Ernest Andrews

Pacific Center For ^{Human Growth} ~~AIDS Education~~, Oakland, CA

(415) 420-8181 (Third World Gay, Straight and
Needle Users Outreach)

I will approach the following national Black organizations to
co-sponsor the conference on AIDS IN THE BLACK COMMUNITY:

I will approach the following community, religious, and civic
organizations to endorse the conference by assisting with promotion
and outreach:

(See organizational/professional affiliations)

I suggest the following as possible keynote speakers:

SALA Udin

Willie L. Brown - CA. Assembly Speaker

I suggest the following sources for additional funding:

AMFAR

Kaiser Foundation

S.F. Foundation

Please send me 20 conference registration brochures for distribution.

Please accept the enclosed donation of \$_____ to help defray the costs of the AIDS IN THE BLACK COMMUNITY CONFERENCE.

Return to:
Craig G. Harris
AIDS Conference Coordinator
NCBLG, Inc.
930 F Street, NW - Suite 514
Washington, DC 20004

*Note: please return forms by May 19th, 1986

KWIC-FAN / *Kapuna West Inner-City Child/Family AIDS Network*

3220 Sacramento Street
824 Fell Street

Berkeley, California 94702
San Francisco, California 94117

(415) 655-2830
(415) 861-2441

FACT SHEET

A.I.D.S. IN THE BLACK COMMUNITY

1. 25% of all cases of A.I.D.S. in the United States are in the Black community.
2. 80% of the children in the United States with A.I.D.S. are Black and Brown.
3. 75% of the women with A.I.D.S. in the United States are Black and Brown.
4. 43% of all the cases of A.I.D.S. in Blacks are in I.V. drug users.
5. The Black community is from 2 to 3 years behind in basic A.I.D.S. education and prevention information.
6. Blacks are dying of A.I.D.S faster than whites because they are entering the health care system later.

PEOPLE AT RISK FOR A.I.D.S.

GAY OR BISEXUAL MEN

I.V. DRUG USERS: MEN AND WOMEN

HETEROSEXUAL CONTACTS

PEOPLE WHO GET BLOOD TRANFUSIONS: MEN, WOMEN, CHILDREN

HEMOPHILIACS: MEN, WOMEN, CHILDREN

MEN AND WOMEN WHO SHARE "WORKS" OR EQUIPMENT FOR I.V. DRUG USE

CHILDREN OF I.V. DRUG USERS

"WHERE IT ALL STARTED"



Black and White Men Together
2269 Market St. #199
San Francisco, 94114

MAY 27 1987

May 20, 1986

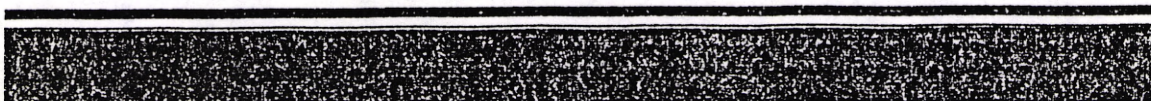
David Werdegar, M.D., M.P.H.
Director of Public Health
Department of Health
101 Grove Street
San Francisco, California 94102

Dear Dr. Werdegar:

We here at the BWMT AIDS TASK FORCE are writing to address several problems that have come to our attention regarding services offered to people of color with AIDS in San Francisco. We are particularly concerned with minority cases because their health care and social services needs are not currently being met on Ward 86 at San Francisco General.

Recent statistics on the racial mix of people with AIDS indicate that a substantial percentage are minorities. Eighty per cent of the pediatric cases, for example, are children of color. Seventy-five per cent of the women with AIDS are people of color. A large percentage of the intravenous drug users with AIDS are people of color. People of color make up a total of forty-one per cent of all AIDS cases.

Ward 86 has done a good job of disseminating information to its gay patients. The groups mentioned above, however, are not predominately gay. In fact, cultural circumstances often dispose these groups to be hostile toward gay men. Intravenous drug users, for example, are not typically gay, and may have trouble receiving information about AIDS that is primarily directed at a gay audience. Ward 86 has been slow to recognize this. We believe that this problem could be lessened if information and other services provided by Ward 86 to the intravenous drug user, the minority woman with AIDS, et al. were given a cultural slant more acceptable to these types of patients. The Department of Public Health, and the AIDS Activities Office in particular, can play a major part in remedying this problem by encouraging and funding staff training seminars in sensitivity to the needs of patients who are not gay, and by making available to these patients more Ward 86 staff members of color. Further, special outreach is needed for these populations, which are not easily reached by traditional educational avenues.



Another current problem on Ward 86 is the need for an interpreter for AIDS patients whose primary language is not English. Although this issue has come up several times in the past, it has never been satisfactorily resolved. A local, community-based organization, Committee for Alternative Social Association, has begun collecting donations for such an interpreter. While we applaud CASA's efforts, we find it difficult to understand why monies cannot be found to fund the position from the millions of dollars that the AIDS Activities Office receives each year. A position of such importance should not be left to the uncertainties of funding by charity.

Every indication is that both the percentages and the total number of minority AIDS cases will increase. The need for services directed at these groups will become more and more pressing with the passage of each day. Let's not wait for the numbers to double before serious consideration is given to the special services.

We would appreciate a response detailing a plan of action addressing our concerns. If you have any questions please contact us at:

BWMT AIDS TASK FORCE
630 Fillmore Street # 201
San Francisco, California 94117
(415) 431-8333

Sincerely,

Reggie Williams
AIDS Task Force Co-Chair

Larry Burnett
AIDS Task Force Co-Chair

cc: Phillip Randolph Lee, President
John Blumlein, Vice President
James M. Foster, Commissioner
Naomi T. Gray, Commssioner
Richard Sanchez, M.D., Commissioner
Y. Clement Shek, D.D.S., Commissioner
Rosabelle Tobriner, Commissioner
Dianne, Feinstein, Mayor

AIDS Fund \$600/yr emerg fund
Cath Social Services
Jewish C.C.

Create of Bl. Fund
Survey of Providers
Attitude Survey
Charles Dohk

Mike Dante - Pac Bell AIDS in Workplace
Ron Baker AIDS.
Ernest - Rap music video

Marin City pilot
One on one to educate first
opinion makers.
Unions - Jean Lannon
Providers - Epic SF Org
Project

AIDS volunteer work

Shanti

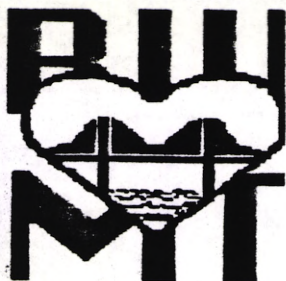
864-4376 Ken Jones ask for
AIDS volunteer list

Broad & Care Operators
Resource Manual for People
Ernesto

Open House 12th Thurs Founder 9-5
730 Steering Committee. 12th

Endorsements

Call Ernest re Ed materials



SAN FRANCISCO

Volume 7, Number 2 / February 1986

BLACK and WHITE MEN TOGETHER SAN FRANCISCO

A Chapter of The National Association of BWMT

NEW STEERING COMMITTEE OFF AND RUNNING!

The Steering Committee has met two times (and probably a third by the time you read this) and has plowed through a lot of organizational details. The first meeting on January 4th proved to be very productive and encouraging to committee members. All members attended except Dallas, who was ill, and Don, who was back home for the holidays. Bill S. and Scott were also absent from the meeting. As a matter of record and routine, the Steering Committee decided that they would meet the first Sunday of each month from 7:00 to 9:00 PM at the homes of the various members.

It was decided to have two people "in charge of newsletter production and that these two will serve for at least six months." Larry Burnett and Bernard Sinkler are the ones responsible. It was expressed that since Jerry B. is interested in continuing to take care of the calendar, the committee should by all means take advantage of his generous offer! Many ideas were discussed concerning the newsletter and any suggestions you have would be appreciated. Larry and Bernard are in charge of overseeing the production of the newsletter, but would appreciate help, and will solicit assistance if necessary.

Michael Foo volunteered to keep the books. A resolution was introduced by Larry that we have three designated signers for the BWMT checking account, of which two signatures are required on all checks. The designated signatories are Michael Foo, Bernard Sinkler, and Bill Bateman. Since Michael is intimately familiar with the bookkeeping and works for Atlas, everyone felt that this would make for a smooth transition in this department.

Michael will also keep the ongoing BWMT files. The minutes of each meeting will be taken on a rotating basis and will be distributed by Larry. Bill Bateman will be in charge of maintaining the bulletin board, and would appreciate your giving him anything you would like to see posted. On January 19th, the Steering Committee held a special meeting to deal with programs for the Thursday night meetings, and to plan some of the upcoming events. The emphasis for the Thursday

continued on page 2

BWMT AIDS TASK FORCE TESTIFIES BEFORE HUMAN RIGHTS COMMISSION

The following is the text of the BWMT AIDS Task Force's testimony given at the San Francisco Human Rights Commission's AIDS/ARC Hearings on February 5, 1986

Good evening. My Name is Reggie Williams and I represent the AIDS Task Force of the San Francisco chapter of Black and White Men Together - a gay, multi-racial organization for all people. Black and White Men Together is an all-volunteer organization committed to fostering supportive environments wherein racial and cultural barriers can be overcome and the goal of human equality realized.

Our AIDS Task Force was established last May because we recognized that with all the AIDS-related activity occurring in San Francisco, there was virtually no activity directed at educating or providing services to anyone other than relatively well-educated white, gay men. Nationally, 40% of all AIDS Cases involve Third World people. 79% of the children with AIDS come from Third World communities. AIDS is NOT a gay, white-man's disease. We felt obliged to take steps to educate our own

continued on page 4

Don't forget our
phone number:
931 - BWMT
(Tell a friend!)

New Steering Committee *continued from page 1*

meetings will be to provide a program that will involve and interest everyone attending the meeting. We will be drawing on some of the many resources that exist in the community at large, as well as within our own organization, to aid in presenting the programs. We are hopeful that the programs will become more interesting and diverse within the next few weeks as we are able to schedule speakers to present a variety of topics. The Steering Committee would appreciate any suggestions and assistance for programs that you would like to see happen.

The format of the Thursday night meetings has also been changed to accommodate the requests of the membership for more opportunity to socialize and meet friends, acquaintances, and new members. With this in mind, the Steering Committee has set the following schedule:

7:30—8:00 Social time
8:00—9:30 Program/Rap
9:30—10:00 Social/Wind-down

We're still in the process of going and growing through changes, and we ask you to bear with us. Now is the ideal time to make suggestions as to what you'd like to see happen with the organization. We want BWMT to serve a meaningful purpose for its members, and invite all to attend the Steering Committee meetings to help see that it happens.

by Bill Bateman

**REGISTER NOW
FOR CONVENTION
'86!
DON'T BE LEFT
OUT!!**

**Contact Chas of
MACT-NY at
238 Adelphi St.,
Brooklyn, NY 11205**

Current Steering Committee Members

Bill Bateman	431-8912
Don Bradley	928-3089
Larry Burnett	821-6296
Dallas Clemmons	929-9478
Michael Foo	863-0925
André Gillard	621-0558
Stephen Matchett	621-0558
John McDonald	929-9478
Bill Samuels	431-0669
Bernard Sinkler	864-35160-
Scott Struble	431-0669
Lee	654-6110

BWMT/SF NEWSLETTER STAFF

Co-Editors: Larry Burnett, Bernard Sinkler
Layout/Graphics: John McDonald

Steering Committee Meeting Notes

The Steering Committee met on Sunday, February 2, to discuss some issues that were still open from the previous meetings, as well as to dispose of new business and other items. The following are some of the highlights of the meeting: our current checking account balance is \$641.33 (thankyou, Michael, for your meticulous money minding!); the terms of office for the 12 members of the Steering Committee were decided, so we now know who will be vacating office at 4, 8, and 12 months. As per the organization's by-laws, current Steering Committee members may not run for re-election immediately, but must wait a minimum of 4 months, with the exception of the first two groups of officers (those who only serve for 4- or 8-month terms—it was decided that these two groups of 4 persons only would be able to run immediately for re-election, since they would have served only a partial term of office.) Upcoming Thursday night rap topics were proposed and planning is already underway for a series of Raps on the subject of Black History. February is Black History Month, and a variety of programs are shaping up for the month, so check the Calendar for details! Several social events have also been planned for the upcoming weeks. Check the Calendar for details! Next, the Committee vowed to tackle the issue of the organization's budget for the coming year. We will be proposing that the fiscal year begin in April, to coincide with the first General Membership meeting.

continued next page

Steering Committee Notes (continued from previous page)

After realizing that time was quickly running out, the Committee disposed of a final few minor business matters, and adjourned until next month.

During the coming weeks, the Steering Committee members will be soliciting your involvement in the

various aspects of the organization. We have spent the first three meetings getting ourselves organized, and planning how we will tackle all the different facets of the organization. One thing is clear: we need your support and help. There are many areas that are open to your involvement, such as Membership, Social, Rap, Newsletter, and the AIDS Task Force, to name but a few. Get involved because YOU make the difference!

by John McDonald

BWMT/SF 1985 FINANCIAL ANALYSIS\$

COMMITTEE	1984 ACTUAL	1985 BUDGETED	1985 ACTUAL
Social/Fundraising			
INCOME	5288.62	3750.00	3825.05
EXPENSE	<u>5406.26</u> (117.64)	<u>1350.00</u> 2400.00	<u>2966.22</u> 858.83
Membership (*Education & outreach)			
INCOME	1677.00	1940.00	1678.00
EXPENSE	<u>*548.87</u> 1128.13	<u>220.00</u> 1720.00	<u>152.28</u> 1525.72
Newsletter			
INCOME	50.00	0.00	50.00
EXPENSE	<u>1217.94</u> (1167.94)	<u>1440.00</u> (1440.00)	<u>662.35</u> (612.35)
National Association			
INCOME	100.00	0.00	257.48
EXPENSE	<u>0.00</u> 100.00	<u>1548.00</u> (1548.00)	<u>1171.43</u> (913.95)
Rap			
INCOME	979.71	1440.00	1200.69
EXPENSE	<u>1216.69</u> (236.98)	<u>1380.00</u> 60.00	<u>1253.11</u> (52.42)
Administrative (Includes AIDS Task Force Transactions)			
INCOME	0.00	240.00	639.76
EXPENSE	<u>309.01</u> (309.01)	<u>300.00</u> (60.00)	<u>973.88</u> (334.12)
Totals			
INCOME	8095.33	7370.00	7650.98
EXPENSE	<u>8698.77</u>	<u>6238.00</u>	<u>7179.27</u>
PROFIT / (LOSS)	(603.44)	1132.00	471.71

HUMAN RIGHTS TESTIMONY

(continued from page 1)

members and to begin an active campaign to assist and encourage providers of AIDS-related services to include Third World communities in their plans.

To this end we have met with virtually every major provider of AIDS education and social services. When asked "What programs or materials does your agency have for addressing the needs of Third World communities?", the typical response was "Well, we really don't have anything specific, but we recognize the need to address those needs." When asked if they had significant numbers of Third World staffers, the answer was consistently "No."

The reality of the situation is that AIDS service providers in San Francisco have been so busy trying to accomplish the impossible that they continually operate on the day-to-day issues of how to provide services to the individuals already ill or most at risk. It is only recently that there has been a belated effort to address other communities. For example, the first educational brochure to be produced in San Francisco in a language other than English was not available until 1985. Because San Francisco does not yet have as many Third World, or needle user, or youth cases as other parts of the country, there has been very little effective planning for how to meet the needs of these communities.

But the evidence is clear that the numbers of these cases are going to steadily increase unless immediate, effective educational programs are implemented. These programs must be designed to meet the needs of the target communities and their cultures. What has proven to be effective in working with well educated gay, white men should not be assumed as a good approach for dealing with other groups. The people responsible for designing these new programs need to be very knowledgeable about the target group - preferably, they should be members of the target group. The City of San Francisco has been negligent in ensuring that the racial and cultural diversity of the city is reflected in the hiring practices of the AIDS agencies.

There are other areas which also warrant immediate attention. San Francisco General Hospital's Ward 86, the ward which provides outpatient services to AIDS patients has serious problems in meeting the needs of Third World individuals. Promises were made in October to conduct racial sensitivity training. The training has not occurred. Spanish-speaking patients receive unclear explanations of their medical condition because it is too time-consuming to call an interpreter. Medical research studies do not seem to include Third World patients.

The area of AIDS research is another area that appears to reflect some blatant discrimination. Part of the reason that there has been so little research done which includes

Third World communities is that the groups which receive research grants do not hire Third World researchers. Since most of these grants must include some level of cooperation with the city, the city is in a position to force a change in this employment situation.

Based on the work we have done and what we have learned over the past eight months, BWMT's AIDS Task Force recommends that:

1. The City of San Francisco develop a culturally sensitive plan for identifying and meeting the needs for AIDS education with the following groups:
 - a. racial and ethnic minorities
 - b. people whose primary language is not English
 - c. needle users
 - d. homeless and street youth
 - e. all other youth.
2. The City of San Francisco implement a procedure to ensure that all agencies receiving City funds have effective affirmative action in employment plans as well as effective programs for addressing the needs of the groups listed.
3. The City of San Francisco take immediate action to rectify the situation at San Francisco General Hospital's Ward 86 which has denied to non-English speaking patients the same services and information available to English-speaking patients.
4. The City of San Francisco refuse to assist in the procurement of research grants for any organization which does not include Third World researchers in responsible positions.

Thank you for your consideration. I'd be happy to answer any questions.

March Newsletter Deadline: 2/24/86

All articles should be submitted on plain single-sided 8 1/2 by 11 inch paper, double spaced, or on 3 1/2 inch single sided, Macintosh diskette as a TEXT-ONLY file.

BLACK AND WHITE MEN TOGETHER-SF

FEBRUARY 1986 CALENDAR

FEBRUARY IS BLACK HISTORY MONTH!

Thursday Night Rap Topics:

(Raps are at 1350 Waller St., 7:30 P.M. every Thursday)

- 2/6 Black History and Personal Reflections
- 2/13 The Dating Game
- 2/20 Black History Sessions--Jule Anderson of the San Francisco Afro-American Historical and Cultural Society will be presenting a special program
- 2/27 Black History Sessions-- Jerry B. will present The History of Apartheid
- 3/6 "Your Hands, My Body... a Guided Experience in Non-Sexual Touching"
- 3/13 Singles and Couples Sharing groups
- 3/20 Readings from Black Literature
- 3/27 A viewing and discussion of Bill Moyer's recent "Report on the Black Family"
- 4/3 Continuation of 3/27 topic

Social Events:

- 2/8 Zodiac Party at the home of Teamer and Foo; BYO, 9:00 P.M.
- 2/15 Volleyball at Hamilton Methodist Church, 1525 Waller St. at 2:30 P.M.
- 2/16 Couples' Brunch at David's Garden Restaurant, Hayes St.; Please R.S.V.P. with Tim at 431-8333 by 2/10
- 2/23 Pot Luck Sunday Brunch from 2-6 P.M. at Jim Grange's 326 Evergreen Ave (off Mission) in Daly City; for info: 584-8400
- 3/8 Zodiac Party (BYO) from 9:00 at Bill Bateman's, 101 Baker St. @ Broderick
- 4/12 Zodiac (BYO) from 8:00-Midnite at Dallas and John's, 2628 Sutter St. @ Lyon
- 4/27 Potluck Springtime Sunday Brunch at Dallas and John's 2628 Sutter St. @ Lyon

Meetings and Miscellaneous:

- Weds. BWMT AIDS Task Force. meets at 630 Fillmore St., #201. at 8PM. Everyone Welcome! Call Reggie at 431-8333
- 2/19 "AIDS and Its Impact On People of Color" A public forum for Gay Men & Lesbians of Color 7-9 at Metropolitan Community Church, 150 Eureka St. at 18th

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AIDS IN THE BLACK COMMUNITY
Washington Convention Center
Washington, D.C.
Friday, July 18, 1986

Name _____
Address _____
City _____ State _____ Zip _____
Phone (day) _____ (evening) _____

- ☐ Enclosed please find my registration fee of \$25
(*includes luncheon).
- ☐ Please accept my contribution to this worthy project,
though I am unable to attend.
- ☐ I want to help build support for the conference. Send me
brochures and promotional material for distribution.
- ☐ I will need sign language interpretation.
- *Please notify us of any special dietary needs.

Mail to:

AIDS IN THE BLACK COMMUNITY

NCBLG, Inc.
930 F Street, N.W. Suite 514
Washington, D.C. 20004

For additional conference information contact Craig G. Harris,
Conference Coordinator: (202) 737-5276

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Washington Convention Center
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9:00 a.m. - 9:00 p.m.

AIDS IN THE BLACK COMMUNITY

a national conference
to address the need for greater
awareness and involvement
by the Black community
in the ongoing responses to
the AIDS health crisis

Friday, July 18, 1986

Washington Convention Center
900 Ninth Street, N.W.
District of Columbia
9:00 a.m.-9:00 p.m.

Sponsored by the
**National Coalition of Black
Lesbians and Gays**
and other civil rights and social
service organizations
and funded in part by a grant from
the United States Public Health Service

Honorable Marion Barry, Jr.
Honorary Co-Chair

WORKSHOP TOPIC AREAS

- The Political Implications of the AIDS Crisis
- Issues of Drug and Alcohol Abuse
- Media as a Vehicle of Education and Outreach
- Women and AIDS
- Prenatal and Pediatric Healthcare
- AIDS Among Black Gay Men
- HTLV-III Antibody Testing
- AIDS and Correctional Institutions
- Education and Service Models
- Mental Health and AIDS
- Alternative Healing Approaches
- Insurance, Financial, and Legal Issues
- Liturgical and Pastoral Religious Responses
- Risk Reduction

**Reception, Thursday evening,
July 17, 6-8 p.m.**

AIDS IN THE BLACK COMMUNITY

In the United States, 25% of those diagnosed with AIDS are Black men, women, and children. In metropolitan cities such as the District of Columbia, Philadelphia, Oakland, Atlanta, New York, Chicago, and Baltimore, the incidence of AIDS among Blacks is even higher—as much as 50% or more.

***3 of every 5 children with AIDS
are Black***

***1 of every 2 women with AIDS
is Black***

***9 out of every 10 prisoners with AIDS
are People of Color***

In light of these staggering statistics, the AIDS crisis must be a concern of everyone, particularly Black institutions and community leaders.



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800-368-5729

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Reservation cutoff deadline June 26th 1986.

Rates & availability not guaranteed after this
date.

Alternative Hotel

The Governor's House Holiday Inn

For Hotel Reservations call toll free
800-821-4367

\$66.00 per night up to Quad occupancy
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Reservation cutoff deadline June 26th 1986.
Rates & availability not guaranteed after this
date.

All registrants are urged to make their travel reservations early in order to obtain the best schedules and lowest fares. Reservations for these discounted airfares must be made with tickets paid for and issued at least (7) seven days prior to departure from your home city. Your fare is guaranteed not to increase once the ticket is issued. Tickets will be issued upon receipt of payment by either credit card or check.

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