



February 23, 1989

Dear Friend:

For the last decade the AIDS epidemic has been affecting our communities in each part of the world. And this epidemic does not discriminate against race, color, social status, religion, sex, or age.

While the number of new cases of infection and AIDS diagnosis has begun to decrease among white communities, the numbers are continuing to rise among minority populations. One of these groups that is being affected is the LATINO population.

There is a great need to combat this epidemic. In order to prevent this in our community, we must have EDUCATION and INFORMATION.

The Department of Public Health AIDS office has funded the ABRAXAS Project, which is administered by the Multicultural Training Resource Center in San Francisco. This project has a series of workshops provided by MTRC. These workshops will address issues of concern to our Latino community regarding the AIDS epidemic. The workshops will be performed by experts and Latinos affected by the AIDS epidemic.

Our goal is to inform and to provide the latest news and to reach Latinos at high risk of infection.

With this letter is a Registration Form for this series of workshops. There is no fee for the workshops, and you can participate in any or all of them according to your interest.

Your presence will be most appreciated and is very important for our community.

Sincerely yours,

Miguel Aguilar

Miguel Aguilar
ABRAXAS Project
Community Outreach Worker

1540 Market St.
Suite 320
San Francisco, CA
94102
415 415 8611/2142

/AIDS0221.LAT/
WS/FILEABRAXAS16/DB



MULTICULTURAL TRAINING RESOURCE CENTER

LATINO AIDS PROJECT WORKSHOPS

Registration Form

NAME:

ADDRESS:

AGENCY:

PHONE:

() _____

WORKSHOPS CHOSEN: ☐ MARCH 10, 1989, 1:00 P.M. TO 4:30 P.M.

☐ APRIL 7, 1989, 1:00 P.M. TO 4:30 P.M.

☐ MAY 4, 1989, 1:00 P.M. TO 4:30 P.M.

☐ MAY 26, 1989, 1:00 P.M. TO 4:30 P.M.

LANGUAGE YOU WISH THE WORKSHOPS TO BE CONDUCTED:

☐ ENGLISH

☐ SPANISH

☐ OTHER

NOTE: You may RSVP by phone at 861-2142.

Please register early, as capacity is limited.

The Multicultural Training Resource Center presents:

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**Latinos and AIDS/SIDA Workshops**  
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Workshop I: Latinos and AIDS/SIDA Update

1:00 PM - 4:30 PM

March 10, 1989

Issues:

Minorities and AIDS

Education and Prevention in the Latino Community

Importance of Targeting High Risk Populations

ATS's: The Reality

Panelists:

Dr. Sandra Hernandez - SFGH Ward 86, DPH AIDS Office

Concha Saucedo - Instituto Familiar de la Raza

Adolfo Mata - Latino AIDS Project

Juanita G. - ATS Clinic at Shotwell/Mission

**Workshop II: The Dangerous Link - Drugs, Alcohol, Sex
and AIDS**

Am
1:00 PM - 4:30 PM

April 7, 1989

Workshop III: Latinos in High Risk - The Social Effect

Am
1:00 PM - 4:30 PM

May 4, 1989

Workshop IV: Myths or Realities

Am
1:00 PM - 4:30 PM

May 26, 1989

All four workshops will be held at the **Mission Cultural Center**,
located at 2868 Mission in San Francisco.

For more information call MTRC at (415) 861-2142.



DEPARTMENT OF PUBLIC HEALTH - OFFICE OF AIDS

ABRAXAS PROJECT

FOCUS GROUP REPORT

March 3rd, 1989

A G E N D A *

- I. Welcome (Miguel A. Aguilar MTRC- COW)
- II. Members of the Focus Group
- III. MTRC
- IV. The Abraxas Project- Department of Public Health, Office of AIDS.
- V. The Antibody Test Video
- VI. Spanish materials review
- VII. Mesa Redonda
 - Topics:
 - a) ATS' and Latinos
 - b) The problem and need
 - c) Solution: INFORMATION AND EDUCATION
- VIII. Mock-ups
- IX. Recommendations

* The meeting was held from 5:00 P.M. to 8:30 P.M.

MULTICULTURAL TRAINING RESOURCE CENTER

DEPARTMENT OF PUBLIC HEALTH - OFFICE OF AIDS

SAN FRANCISCO

ABRXAS PROJECT

I. People from different backgrounds of the Latino Community were invited to participate in the Fpcus Group.

At this meeting the following Focus Group members were present :

Name	Agency	Position
- Salvador Mendijsr	Real Alternative Program	Student
- Angel Caballero	Real Alternative Program	Student
- Armando Taviz6n	Real Alternative Program	Teacher
- Vladimir O.	Private Citizen HIV+	
- Miguel Ram6rez	Bilingual Multicultural Services, SFAF	Coordinator
- Mar6a M.	Private Citizen PWA's	
- Juan Lira	Sin M6scaras (Magazine)	Editor
- Domingo G	Private Citizen PWA's	
- Yolanda Ronquillo	Familias Unidas (Berkeley)	Coordinator
- Andr6s H.	Latinos AIDS Project	Health Educator
- Jos6 Luis Morales	Parent	
- Carmen Chavez	Latino AIDS Project	Volunteer Coordina tor
- Lorena Mart6nez	AIDS Education for Youth	Coordinator
- Victor G.	IAL Coalition	Attorney

Several meetings were held individually with some professionals within the Latino Community:

- Concha Saucedo	Instituto Familiar de la Raza, Inc.	Executive Director
- Jos6 Gutierrez	CURAS	Writer
- Jos6 rodriguez	Andifinitum Films	Film-maker
- Luis Coll	ACT-UP	Graphic Designer
- Everardo L6pez		Graphic Designer
- Ann Foster	Latino AIDS Project	Marketing Business woman

II. A G E N D A

The ABRAXAS PROJECT was presented and an update of latinos tested HIV+ was given to the Focus Group members; pointing out the need and importance to reach the latino population and to attract them to the ATS'.

- III. The Focus Group members obtained an overview of the MTRC's role within the AIDS Epidemic. (Some of the members had not heard before about MTRC).
- IV. The Antibody-Test Video was shown to members, and a report regarding statistics the ATS' and latinos was given. And one of the goals reached at this meeting was the understanding the importance to promote the Antibody Test in the Latino Population.
- V. Several educational materials made for some agencies regarding the Education and Prevention of AIDS transmission were reviewed and studied for the Focus Group members.

The members agreed in the negative images and messages that have been being utilized against the transmission of the AIDS virus in some materials, as images of the death, syringes, human being skeleton, etc., provoke a misunderstanding of the AIDS Epidemic.

With some of these ideas shown to the public, they are scared instead to be aware. And the goal is to educate and inform the population against the transmission of the HIV.

Because the negative images and messages in some educational materials, some prejudices are reinforced in the community, and some groups in the community became to be pointed out as the guilty party, for example: the gay latinos, prostitutes, the IV drug users, etc. And therefore the people do not accept that this epidemic is affecting to all of us.

In the other hand the incorrect use of the Spanish used in some materials was analyzed. The most of these materials have grammatical mistakes; it is important the correct use of the community language for to get the understanding within the population. And because the great diversity in the Latino Community is necessary to use the language appropriately and that can be understandable for everyone. And with the richness of Spanish language that is possible.

- VI. During some individual meetings with some professionals in the Latino Community, as doctors, filmmakers, businessmen, magazine editors, graphic designers, etc., some ideas for to create mock-ups were presented to them

obtaining interesting points of view.

The majority agreed the use of personajes del pueblo or heroes as Emilia no Zapata, Simón Bolívar, Benito Juárez, etc. The population has a great respect for these personajes or heroes. And they have been the inspiration for latinos in many luchas (fights) in different levels through our history.

People will have an awareness and motivation to see their heroes or personajes del pueblo using these positive images and not just negative images showing in some materials, for example: the devil, skeleton, syringes, borracho (drunkard), etc. We need to see and exalt the values in our community.

VII. These ideas were presented to the Focus Group members (a total of seven) but the members liked two of them that they found very positive.

MOCK-UP # 1. To use two of our personajes del pueblo or heroes: Emiliano Zapata and Simón Bolívar. They are known for everybody, those two personajes del pueblo or heroes got the freedom in Latinoamérica, using the values in their fight.

For this mock-up it could be used the Zapata's frase:

"La tierra es para quien la trabaja con sus manos" be changed by:

" LA VIDA ES PARA QUIEN LA CUIDA "

it means " Life is for whom takes care about it "

And to name the month of April:

Abril: Mes de la decisión latina contra el SIDA

it means: Latino AIDS awareness month.

With this idea people will have concern about the AIDS Epidemic and they will take personal responsibility for the AIDS prevention.

MOCK-UP # 2. There is a heart falling down, in the center of the heart there are some blue spots (the HIV); it means the heart (the life) is being affected by the AIDS virus. In another part close to the heart there are a group of people that they have tied the heart with cords (lazos) and trying to help it to right itself, and the frase:

" A DARLE PAREJO "

It means: Let's do it together.

With this mock-up the heart represented the life, the people of the

art represents the blood; the blue spots are the HIV affecting the life of the latinos. The group of people must be people from all diferent levels and backgrounds of the community, and all of them together and united are working over the same goal to triumph over this problem.

RECOMMEDANTIONS:

The Focus Gruop members are very enthused with this project. The thought is that our community needs the right education and information, because our community has no had cover its needs in all the diferents aspects within the AIDS Epidemic.

These ideas also have been presented with some service providers in the latino community, and a positive response has been got with the most of the latinos.

The Focus group have decided to get togheter once again to work more in this project.

Tie in to Ab Testing?

FOCUS GROUP AGENDA

March 3rd, 1989.

- I. Welcome - Miguel A. Aguilar (MIRC- COW)
- II. Members of the Focus Group.
- III. What is MIRC
- IV. The Abraxas Project- Dept. of Public Health, Office of AIDS.
- V. The Antibody-Test Video
- VI. Spanish Materials- Review
- VII. "Mesa Redonda"
 - Topics:
 - a) ATS' and latinos
 - b) The problem and need
 - c) Solution: **INFORMATION AND EDUCATION**
- VIII. Conclusions

abpct-mzapata

PROBLEM AND NEED

AIDS Acquired Immune Deficiency Syndrome is a condition characterized by a weakened immune system response and caused by viral infection which has come to be known as HIV-Human Immunodeficiency Virus.

Usually, within 2 to 8 weeks after infection seroconversion occurs, i.e., the B plasma cells in the immune system begin to produce a protein called antibodies, whose mission is to seek and destroy the invading viruses. These antibodies are specific to this particular HIV antigen and remain in the blood stream for the duration of the hosts life.

In early 1985, a method was developed to detect the presence of HIV antibodies in the blood stream, so that the nation's blood supply could be screened for HIV infection. Almost immediately, these same procedures were made available to public health departments so that individuals who wanted to know their infection status could do so. These public sites have come to known as Alternative Test Sites.

Although there are many different "risk groups" particularly vulnerable to HIV infection, white gay males were in the best position in early 1985 to access the new ATS's. Indeed, what little marketing done to promote the sites were aimed at white gay males, to the exclusion of other groups. (Of course, this is not to ignore that the denial of some members of these other groups contributed to this exclusion).

In April of 1985, the California Legislature allocated funds for the mandatory establishment of anonymous Alternative Test Sites. Presently, there are 53 such sites spread throughout the state, located in 31 health jurisdictions. 49,000 people have been tested as of August, 1986, according to the latest report distributed by the AIDS Office of the California Department of Health Services. However, this number only represents a fraction of these estimated to be at high risk for HIV infection.

The target groups not yet attracted to the ATS clinics are IV drug users, minority gay males/bisexuals, sex partners of the aforementioned and the general heterosexual Black, Latino and Asia populations.

The HIV Antibody Synopsis, Ca. DHS Office of AIDS, 8/28/86, reported that between June 1985 and June 1986 only 4.8 % of all statewide ATS were IV drug users, 9% were sex partners of high risk individuals and 10% where heterosexual with multiple partners.

Clearly, the need to target minority communities is great. Past efforts to do so have been non-existent or have fallen

short. The result is that while the number of new cases of infection and AIDS diagnosis is beginning to decrease among white gay males, the numbers are continuing to rise among minority target populations.

While Black people only constitute 12 percent of the general U.S. population, they constitute 25% of the total AIDS population. While Latinos constitute only 7 percent of the general population, they are 14% of the total AIDS population. And while the total number of Asians with AIDS in San Francisco is only 1%, there are noteworthy trends developing which need attention. Namely, Filipinos constitute 54% of all Asia AIDS cases, and Japanese constitute 22%. Unfortunately, the ATS data collection instruments do not yet inquire as to the ethnic identification of persons being tested. Therefore, there is no statewide baseline data to measure utilization by ethnicity. However, an unofficial report developed by the ATS Coordinator in San Francisco revealed that although utilization of ethnic minorities was comparatively low, the percentage of positive results among ethnic minority users was sufficiently high as to the cause for alarm.

As of October, 1986, although Black persons only constituted 4% of all persons tested in San Francisco, 40% of those Blacks who did test had positive results. Latinos were 5.8% of the total tested, also with 37% of those who tested positive. Asian/Pacific Islanders who constituted only 3% of those tested showed a 15% positive reaction. On the other hand, caucasians were 85% of the total, with only 27% seropositive.

The significance of statistics related to AIDS incidence and prevalence is that antibody testing can be effective tool in penetrating the stigmatization and denial prevalent in minority communities, both gay and straight. The experience of many San Francisco gays is still fresh in recent memory and contains an important lesson for other communities, i.e., denial was high even among some gays, and resistance to behavior change (e.g., "bathhouses, etc.") was great until more and more gays had personal experiences with sickness and death of friends and lovers. Resistance to testing was also great until the actual experience of unbroken confidentiality and the hard data of HIV prevalence was revealed by antibody test results.

Hard data is what gets the attention of a skeptical public. Once the hard data is know, then people tend to be more open to our rhetorical pleas to change their behaviors. The AIDS case statistics are effective data but the comparative numbers among San Francisco minorities are too small and too late. By the time people get to the full blown AIDS stage of infection, how many others have they exposed since their initial infection? Once more, people among ethnic

communities have the actual reliable data regarding the extent of infection is know, skepticism and denial will begin to melt; and behavior change is possible; and minds will open to information and education about AIDS.

ABRAXAS PROJECT

FOCUS GROUP

SAN FRANCISCO, CA 3/3/89

COMUNIDAD LATINA: Problema y necesidad.

El Síndrome de Inmunodeficiencia Adquirida (SIDA) es una condición que se caracteriza por el debilitamiento del sistema inmunológico humano, cuando este es afectado por una infección viral, la cual se conoce como VIH (Virus de Inmunodeficiencia Humano). HIV en inglés,

Generalmente, dentro de un período de 2 a 8 semanas después de que ha ocurrido la infección, se desarrolla una seroconversión; cuando esto sucede las células B del sistema inmunológico comienzan a producir una proteína llamada ANTICUERPO, y la cual tiene la misión de buscar y destruir al virus invasor. Estos ANTICUERPOS son creados específicamente para el VIH (Virus de Inmunodeficiencia Humano), y permanecen en la corriente sanguínea durante el tiempo que el virus invasor esté en el sistema inmunológico humano, o sea, de por vida.

A principios del año de 1985, un método fue desarrollado para descubrir la presencia de ANTICUERPOS del VIH en la corriente sanguínea; y de esta manera el suministro de sangre de la nación podría ser indentificado si había una infección del VIH. Casi inmediatamente estos recursos estuvieron disponibles en los departamentos de salud pública, y las personas estaban en disponibilidad de saber si estaban o no infectadas con el VIH. Estas lugares de la prueba del anticuerpo se han llegado a conocer como CLINICAS ALTERNATIVAS DE LA PRUEBA DEL ANTICUERPO, (ATS' s en inglés).

Aunque hay muchas comunidades vulnerables y estan en "alto riesgo" de infección del VIH, los homosexuales blancos estuvieron en mejor disposición de tener acceso a dichas clínicas. Y hubo dentro de este grupo una publicidad para alcanzar y atraer al homosexual blanco, al mismo tiempo que había una exclusión de otros grupos. (desde luego cabe mencionar que estos grupos contribuyeron a su exclusión con la negación de que la epidemia no pertenecía a estos grupos.)

En abril de 1985, la Legislatura de California otorgó fondos para un establecimiento mandatorio de dichas clínicas Alternativas de la Prueba de los Anticuerpos. A través del estado de California hay alrededor de 53 clínicas, localizadas en 31 jurisdicciones. A agosto de 1986, de acuerdo al reporte de la Oficina del SIDA del Departamento de Salud y Servicios Públicos, han sido examinadas 49,000 personas. Como quiera que sea, esta cantidad es considerada como una pequeña suma del total de la personas consideradas en alto riesgo de infección.

Los grupos que no han sido atraídos y alcanzados a estas clínicas son los drogadictos intravenosos, homosexuales/bisexuales en minorías, personas activas sexualmente con

múltiples compañeros en las poblaciones latina y asiática.

De acuerdo a la Sinopsis del Anticuerpo del VIH, CA, DHS Office of AIDS, del 28 de agosto de 1986, reporta que entre junio de 1985 y junio de 1986 sólo el 4.8% de los examinados en las clínicas fueron drogadictos IV, el 9% compañeros sexuales activos y el 10% heterosexuales con múltiples compañeros.

Es claro que existe una gran necesidad de alcanzar y atraer a las comunidades minoritarias. No existen antecedentes de esfuerzos por alcanzar a dichas comunidades, y los que se han hecho no han sido apropiados idiomáticamente o culturalmente. El punto principal es que, mientras en las comunidades blancas el número de personas infectadas está descendiendo, en las comunidades minoritarias el número de personas infectadas está ascendiendo.

La comunidad latina está compuesta por el 7% de la población total de los Estados Unidos, pero esta comunidad constituye el 14% del total de los casos de personas con el virus que causa el SIDA.

Desafortunadamente el sistema de colección de datos en las clínicas no tienen un sistema implementado que les permita identificar a los grupos étnicos, de las personas examinadas. Por consiguiente, a nivel estatal no existe una base o método para la implementación de la identificación de la etnicidad. A la vez un reporte no oficial del coordinador de las Clínicas Alternativas de la Prueba del Anticuerpo en San Francisco, revela que aunque los métodos para identificar a los grupos étnicos son menores y escasos, los resultados de personas infectadas con el VIH son lo suficientemente altos como para causar una alerta.

A octubre de 1986, el 5.8% del total de las personas examinadas fueron latinas, pero constituyen el 37% del total de las personas infectadas, o sea VIH+.

Las estadísticas continuas y eficientes relacionadas con la epidemia del SIDA, podrían asegurar que la prueba del anticuerpo puede ser un instrumento para combatir la negación en las comunidades minoritarias, dentro de homosexuales y heterosexuales. La experiencia de muchos homosexuales en San Francisco es reciente, y es una lección importante en otras comunidades. La negación estaba dentro de la comunidad homosexual y por consiguiente había una resistencia hacia un cambio en el comportamiento, hasta que más y más homosexuales estuvieron envueltos directamente con la epidemia y con la muerte de amigos y amantes. La resistencia a tomar la prueba del anticuerpo fue grande, hasta que se implementó legalmente la confidencialidad dentro de la prueba.

Es difícil tener una estadística exacta para atraer la atención de un público escéptico. Pero una vez que las estadísticas son conocidas, entonces la gente tiende a ser más abierta y a haber un cambio en su comportamiento. Las estadísticas de personas con el VIH en San Francisco, no son exactas y al día. Pero, mientras la gente llega a tener un conocimiento de la epidemia del SIDA ¿Cuántos más estarán expuestos a una infección? Una vez más los grupos minoritarios deben de tener los conocimientos necesarios sobre el pro-

ceso del peligro de la infección, y así de esta manera el exceptismo y la negación comenzarán a ser relegados, y el cambio en el comportamiento será posible, y las mentes estarán receptivas a la INFORMACION Y EDUCACION sobre la epidemia del SIDA.

MEETING WITH MIGUEL AGUILAR 2/24/89

MIGUEL'S HOME PHONE: [REDACTED]

1. Would it be possible to have someone from MTRC help with the front desk during registration? Volunteers?
2. Miguel has spoken with some film or video makers regarding their interest in shooting the workshops. Miguel can provide a budget. Can we rent the equipment they'd need?
3. If there is need for someone to translate or for a moderator, how much can we pay?
4. Is it possible to put our brochures and information on the registration desk?
5. Miguel would like to put information from other agencies on table as well; would we approve that?
6. How are the panelists to be paid? Is it possible to prorate their \$300 honorarium over more panelists?
7. Can you do a focus group next Tuesday March 2 at the Mano a Mano office? You need to decide who gets paid the honoraria at that time.
8. The Mission Cultural Center will send their rental bills to us; the fee will be \$150/day plus \$30 to \$40 for personnel.
9. Migues will have a final list of panelists next week.
10. Mailing lists outside of Bay Area--do we want to use? About 100 names
11. The Mission Cultural Center needs \$20 for large projector screen for videotape.

phone [REDACTED]

Handouts of Conference Mts

- Person for front desk
- Film or video makers (M.O. will provide budget) - we can rent)
- Need someone to translate
- Moderator = How much can we pay?
- Poss. to get our brochures & info? = wants to put in agenda
- M.O. would like to put info for other agencies on table.
- How to pay panelists' honorarium - \$300 each wkshp - ok to propose to have more panelists
- Can be to focus group next Tues @ Manoj Manoj office. Need to decide who's to get paid honor. @ that time, Tues Mar. 2
- Miss. Cult. Ctr will send their bi [REDACTED] to us - \$150/day plus \$30-\$40 personnel.

- Will have final list of panelists next week.
- Mailing list outside of B. D. - do we want to use?
abt. 100 names.
- Miss Cult. Ctr needs \$20 for large proj. screen for videotape.

FACT SHEET ON HOMOSEXUALITY

<u>MYTHS</u>	<u>FACTS</u>
Homosexuality isn't normal.	Most human societies consider homosexual activities normal for certain members.
Homosexuality is an illness.	American Psychiatric, Psychological, Medical Assoc's say homosexuality isn't an illness.
Homosexuality is illegal.	26 states don't restrict adult consensual sex. 53 cities/counties protect gay rights.
Few people ever have homosexual activity.	Homosexual activity is widespread. Men 50% women 26%, boys 60%, girls 33%. We don't know how many self-define as lesbian or gay.

<u>MYTHS</u>	<u>FACTS</u>
Homosexuality is specially caused.	Scientists don't know what causes homo-, bi or heterosexuality. People simply vary.
Gays have weird sex practices.	Gay sex is more similar than different from straight sex: mutual pleasuring, oral, etc.
Gay people are child molesters.	Los Angeles police found that 97% of cases involve heterosexual men and young girls.
Homosexuality is for rich white men obsessed with sex.	Homosexuality occurs in all races, classes, and cultures, including both women and men. Lesbians and gay men think no more about sex than anyone else. Gays are very diverse.

DEFINITIONS

SEXUAL ORIENTATION = The deepseated direction of one's sexual attraction toward the same sex (homosexual), other sex (heterosexual), or both sexes (bisexual). Sexual orientation is a continuum, not a set of absolutely different categories. People do not choose their sexual orientations, but become aware of their feelings of attraction, and choose to act on their feelings or not. Some peoples' feelings vary over time.

HOMOSEXUALITY = Sexual attraction to and/or behavior with the same sex. It's normal, not an illness, and has no known cause.

BISEXUALITY = Sexual attraction to and/or behavior with both sexes. It's normal, not an illness, and has no known cause.

HETEROSEXUALITY = Sexual attraction to and/or behavior with the other sex. It's normal, not an illness, and has no known cause.

NORMAL = Natural (homosexuality occurs throughout nature); not a disease, defect, or disorder (American Psychiatric Association, 1973); conforms to long-standing expectations (cultures throughout history have the full continuum of orientations); and statistically common (Kinsey found some homosexuality in 50% of adult men, 28% women, 60% boys, and 33% girls.)

GAY = Men and women who accept their homosexual orientation and identify (define themselves) as gay. There are gay people in every part of our culture and society.

LESBIAN = Gay women. Most prefer the term lesbian because it gives them an identity independent from men. There are lesbians in every part of our culture and society.

BI = A slang term for people who accept their bisexual orientation and identify (define themselves) as bi. Bi-s often face discrimination from gays as well as straights.

STRAIGHT = A slang term for people who accept their heterosexual orientation and identify (define themselves) as heterosexual. Non-straights are often denied their human rights.

IN THE CLOSET = Being totally or partially secret about one's sexual orientation, often necessary due to discrimination and anti-gay violence. Being secret often causes mental pain.

COMING OUT = The never ending process of becoming aware of one's sexual orientation, accepting it, acting on it, and telling others about it. People often are only partially "out."

HOMOPHOBIA = The fear and intolerance of homosexuality, bisexuality, lesbians, and gay men. Homophobia is the disease, not homosexuality. Even gays have internalized homophobia.

TRANSGESTITE = Men and women who enjoy wearing the clothes of and appearing as the other sex. Most are heterosexual. Some gays enjoy drag and camp as liberating humor.

TRANSSEXUAL = Men and women who feel they have the wrong set of sexual organs. Many transsexuals have sex change operations. There is no connection with homosexuality. Transsexuals may be gay, bi, or straight, in the same way as the general population.

AIDS = Acquired Immune Deficiency Syndrome. An often fatal breakdown of the body's defenses against disease, caused by a virus, spread by sexual fluids (semen, vaginal) during sex (anal, vaginal, oral) or by blood (sharing needles). AIDS is not spread by casual contact. Condoms stop the AIDS virus.

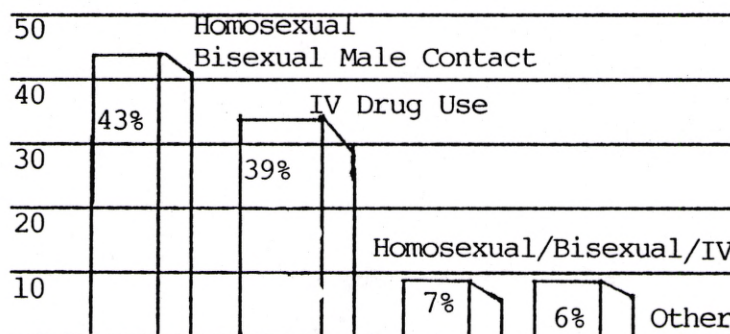
MASCULINITY/FEMININITY = Sex role stereotypes, greatly differing from culture to culture, which get arbitrarily imposed on men and women, denying their true androgyny (similarities) and individuality. Gays aren't any more stereotypical than others.

(c) 3/12/86 by R. Hunter Morey MSW IHS, sexologist, primary author of Demystifying Homosexuality: A Teaching Guide About Lesbians And Gay Men. 1984. The book is available from the author, 585-4335.



Multicultural AIDS Resource Center
 (MARC) is a statewide project of:
 Multicultural Training Resource
 Center, Inc.

I. Homosexual and Bisexual contact among men
 account s for almost half of latino AIDS cases.



Latinos AIDS cases by
 rate of transmission.*
 (Adults and Adolescents)

It is important and necessary that education and prevention not ignore
 homosexuality and bisexuality among latino populations.

II. Nine states and Puerto Rico each have more that 150 latinos AIDS
 cases. *

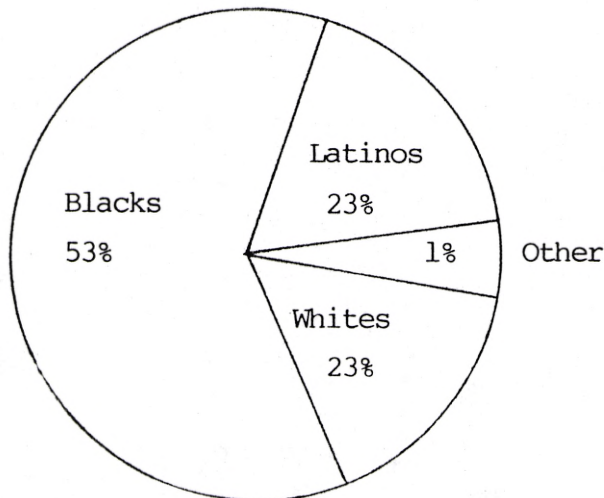
New york	4917	Delaware	11
California	1851	Wisconsin	10
Puerto Rico	1693	Rhode Island	9
Florida	714	N. Carolina	9
New Jersey	698	Tennessee	8
Texas	591	Utah	7
Illinois	238	Kansas	5
Pensylvania	161	Idaho	4
Connecticut	153	Wyoming	4
Maine	152	N. Dakota	4
Colorado	77	S. Dakota	4
Arizona	54	Nebraska	4
DC	40	Oklahoma	4
Maryland	36	Iowa	4
New Mexico	33	Arkansas	4
Washington	30	Alabama	4
Giorgia	28	Kentucky	4
Ohiao	26	Indiana	4
Virginia	26	Missouri	4
Lousiana	25	S. Carolina	4
Minnesota	19	West Virginia	4
Montana	18	Massachusetts	4
Nevada	14	New Hampshire	4
Oregon	13	Vermont	4
Hawaii	13	Alaska	4
Michigan	13		

* Source: Center for Disease Control. AIDS Weekly Report, November 7, 1988.



Multicultural AIDS Resource Center (MARC) is a statewide project of: Multicultural Training Resource Center, Inc.

III. More than 1,000 cases of Pediatric AIDS have been reported and almost one out of every four of these cases is a Latino Child.

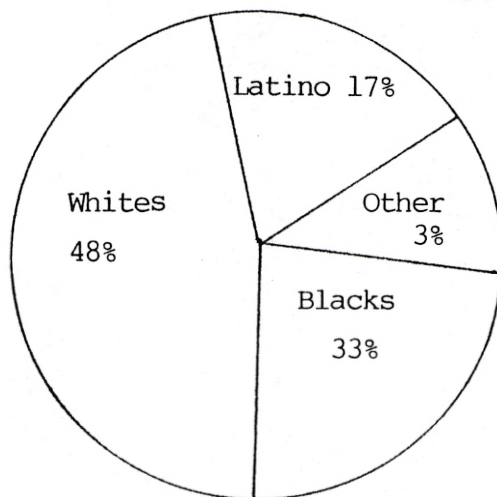


AIDS cases among children under 13 years of age* (Distribution among racial/ethnic groups)

* SOURCE: Centers for Disease Control November 7, 1988

AIDS is a tragedy among Latino community infants. Almost one in four (23%) of children under age of 13 years) AIDS cases are Latinos. The MAYORITY of children AIDS cases are infants born to mothers with HIV infection or AIDS.

IV. Almost one in five AIDS cases among teenagers is a Latino youth.



AIDS cases among 13-19 years old*

More than 300 AIDS cases have been reported among teenagers. A far greater numbers of AIDS cases are found among 20 to 29 years of age. Indeed, more than 2,500 Latinos in that age group have been diagnosed with AIDS. Since the incubation period of HIV is lengthy, some of these cases are a result of infection during adolescence. The choices a teenager makes regarding IV drug use and sexual practices can bring consequences in the future.

Tired

- I am tired of being asked: How long do I think I'll be alive
- I am tired of the fear, the awareness of the fear, being the object of the fear, of being afraid
- I am tired of taking pills, keeping track of medicines, having my life reduced to survival
- I cringe every time someone tells me that they will pray for me
- I am tired of hanging in there
- I am tired of people who assume I am gay, assume I still shoot dope, assume I feel fine when I'm not hospitalized
- I am sick and tired of the idea that aids has made anyone a better person, tired of the notion that anyone is paying for their sins, angry at this twisted "blaming the victim" thinking
- I am tired of people who see aids as a political problem, the biological response to an industrial society gone mad
- I am tired of the self-centered new age response of meditation, introversion and orchestrated denial of the horror show I am living every moment of every day
- I am tired of all the people who believe that a cure lies around the corner, who think that everything will be ok just fine back to normal just as soon as that magic bullet arrives
- I am bored with the healing powers of crystals
- I am tired of hearing of the evils of azt and the wonders of wheatgrass
- I am sick and tired of the treatment of the month club; vitamin therapy, ozone, good attitude
- I am really tired of aids activists who believe drug addiction is not their problem
- I will puke if I hear one more time: just say no to drugs
as cocaine barons throw parties for orphans while holding whole countries hostage
- I am tired of hearing all the reasonable arguments for testing and contact tracing
- I am sick and tired of reading about aids in the style section of the village voice, of being a victim in the human interest section of the new york times, of reading about innocent victims everywhere I turn
- I am bewildered by all the people who believe our government is doing all it can do, that research is proceeding as quickly as it could be, who cannot see history repeating itself ("Holocaust II", playing at a hospital near you) and who do not realize that our government is at least guilty of murder, and that we are at war
- I am tired of fighting and I am tired of hanging in there and the skin of my teeth is stretched very tight

- Gary Mackler

CULTURAL PLURALISM: A KEY TO AMERICA'S FUTURE

1

All of us, no matter what our situation in life, want the best for our children. We want them to do as well as they can in everything they attempt and get ahead in the world. Yet for many children in America today, most forms of success are an elusive dream.

For too many young people success is something that happens to others, not to people like them. Millions of children in our society receive a subtle message every day that although the world is full of different kinds of people, some are the "right" kind and others, like them, are the "wrong" kind.

A predictable response to this situation might be hopelessness and despair. Yet there are many different options for helping young people get a fair shake. It is essential to begin by recognizing that the means of educating and empowering individuals, and of helping young people develop their potential to the fullest, will vary from one situation and one community to another. We are not all the same. Nor is it enough just to respect ethnic and cultural differences; we must acknowledge that such differences are assets that contribute to the greater well-being of society.

In short, one basic ingredient in helping young people to succeed in today's complex, multifaceted society must be a commitment to the value of cultural pluralism. This begins by acknowledging that all people, whatever their ethnic, cultural, and racial background, are worthwhile citizens in our society. It means celebrating differences instead of viewing them as a problem or a deficit. It means finding ways for diverse people to work together.

The Challenge

Americans have always acknowledged the concept of cultural pluralism, even if they have not always valued it. This is a nation in which the idea of equal opportunity is an important guiding principle. Problems arise when we realize that the gap between principle and practice, between rhetoric and reality, is disappointingly wide.

Indeed, American society has repeatedly suffered from the strains caused by immigration, a negative focus on cultural differences, an emphasis on assimilation, and competition among ethnic subgroups. This will not change, and young people of all ethnic and racial backgrounds will not have an opportunity to participate fully in our society,

until we recognize that cultural pluralism is and should be a fundamentally *positive* element. Instead of being a problem that divides us, it can be the glue that holds us together.

To move more in the direction of cultural pluralism, those of us concerned about the education of young people must recognize that mainstream organizations have much to learn from diverse cultures. They must find ways to incorporate these learnings into their organizations and their work.

Mainstream institutions and organizations, especially those engaged in education, must find ways to make their services culturally appropriate for a variety of groups and communities. The alternative is a monocultural approach that does not have sufficient relevance in a multicultural society. Mainstream organizations and the communities they serve must also work together to establish reciprocal relationships and trust.

None of this will happen quickly. The organizations and individuals involved may be required to change in ways that will be difficult and unfamiliar. At the heart of such changes lies the challenge of creating greater parity for ethnic and racial groups at a time when these groups continue to face serious inequities.

There are no simple responses to the challenge. Nevertheless, when people are sincerely willing to respond, the possibilities are unlimited.

UNDERSTANDING HISPANICS: BACKGROUND AND ISSUES

2

Better education and more solid hopes for the future of Hispanic and other ethnic youth cannot happen in a vacuum.* For Hispanics in particular, effective programs must be based on a clear understanding of their unique place in today's society—their context, their history, their cultural characteristics, and their needs.

Historical Roots

Although the United States has held out the beacon of equal opportunity to many generations of immigrants, the country's racial and ethnic minor-

*"Hispanic" is derived from the name of the Iberian peninsula, Hispania. The term is often used to describe the peoples of Spain and Latin America. The U.S. Census Bureau uses it to refer to people whose origins are in a country where Spanish is the dominant language.

Many Hispanics today prefer the term "Latino" and use it almost interchangeably with "Hispanic." Throughout this paper, the terms will be used synonymously.

ities have not benefited in proportion to their numbers. This has been and continues to be one of the most troubling issues in American society. It is no less true of the Latino population than of other groups.

This is bitterly ironic, given that Mexican Americans and Puerto Ricans, who constitute nearly three-fourths of all Latinos, have been on the American continent since before the English landed at Plymouth Rock.* San Juan, Puerto Rico, is one of the oldest cities in the Americas, and cities like El Paso, Santa Fe, and St. Augustine were inhabited by Latinos long before the Plymouth Colony was founded.

Latinos had made great strides well before the British and Northern European presence began to change the face of America. At least ten primarily Spanish universities were chartered and open for instruction in America, including the University of Mexico, before a single college in the English tradition appeared (Jencks and Reisman, 1968). How is it, then, that Latino groups fare so poorly in America four centuries later?

One answer lies in the fact that most Latinos in Texas, Arizona, New Mexico, California, and parts of Colorado and Utah became U.S. citizens as a "conquered" people. Mexican residents of territories ceded to the U.S. became foreigners in their own homeland, and the plight of Puerto Ricans is similar. Mexican Americans were guaranteed citizenship and protection of property and civil rights in the Treaty of Guadalupe Hidalgo, which ceded large parts of Mexico to the United States, but the guarantee was more rhetorical than real. No such guarantees were provided by the Treaty of Paris (1898), which added the colonies of Spain. Puerto Ricans did not receive the rights of U.S. citizenship until 1917. Meanwhile, they were subject-wards of the U.S. Government.

The defeat of the Mexicans in war and the ceding of Puerto Rico a half-century later created a situation of "internal colonialism" that led many white U.S. citizens to think of Hispanics as inferior. Inevitably, the Hispanic population became exploited and subjugated (Noboa, 1981).

In 1870, El Paso, Texas, had 12,000 inhabitants, only 80 of whom were Anglo-American. Yet most of the elected offices and the country's wealth were controlled by Anglos. In California, there were many legislators of Mexican origin in the early days of statehood, but by the 1880s "no Spanish-surnamed people could be found in office" (Orfield, 1978).

In the late 1800s and early 1900s in many parts of the Southwest, the life of a Mexican was consid-

ered worthless, regardless of citizenship. The prevalent attitude of law enforcement officials was that "there [was] . . . no penalty for killing [Mexicans], for no jury along the border would ever convict a white man for shooting a Mexican" (McWilliams, 1968).

Latinos have been regularly exploited as a cheap labor source, yet public policy in this regard has often been inconsistent. Although there is now great controversy about immigration from Mexico, often in the past when immigrant labor was needed, immigration laws and practices were suspended to fill the need.

Puerto Rican islanders have also experienced various forms of oppression. The island of Puerto Rico has often been referred to by Puerto Ricans themselves as a "glorified colony," even though large numbers of Puerto Ricans are strongly pro-American. When the United States first occupied the island in 1898, English was imposed as the language of instruction in all schools. This policy was discontinued in 1948 not by a change in the law, but by administrative subterfuge.

For centuries Latinos have been relatively ignored in public policy. It has been argued that because blacks were subjected to involuntary servitude, their civil rights were more seriously violated than those of other minority groups.* However, Latinos have been denied their constitutional rights just as systematically. The public acts of discrimination and segregation that Latinos have endured have, in many cases, been as debasing as those suffered by blacks and other people of color throughout America's history.

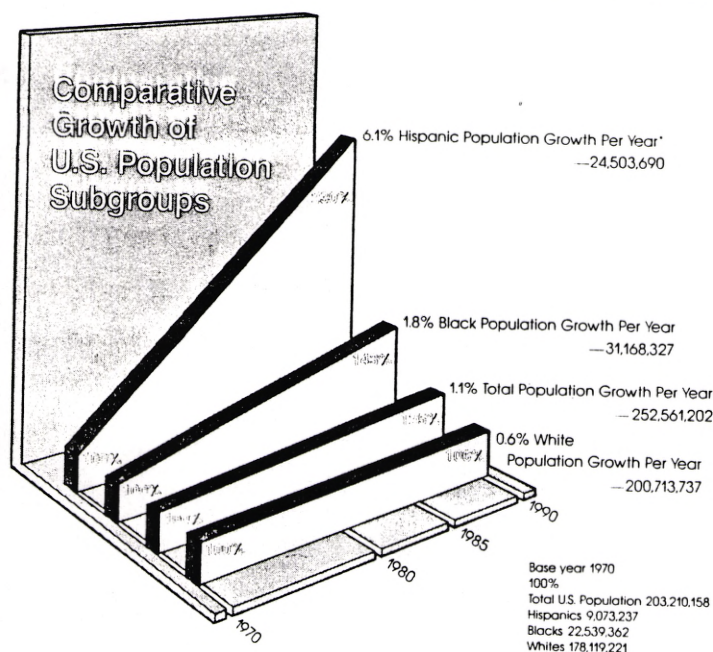
Latinos Today

One of the most distinctive aspects of America's Hispanic/Latino population today is its rapid growth. Latinos have tripled in numbers in three decades. According to a 1985 report, the number of Latinos in the United States increased 16 percent between 1980 and 1985 to nearly 17 million (Bureau of the Census, 1985). This growth far exceeds the growth of any other racial/ethnic group in the country (Hispanic Policy Development Project, 1984). The Latino population in the United States is expected to increase at the rate of 6.1 percent each year in the foreseeable future. By the year 2000 the Hispanic population will increase by 60 percent, compared with an increase of 15 percent in the general population (Spencer, 1986).

*The more than three million Puerto Ricans now residing in Puerto Rico are not included in this statistic.

*The writings of the noted sociologist Louis Wirth did much to popularize the term "minority group." According to Wirth, "It refers to victims of subordination." The people whom we regard as a minority may actually, from a numerical standpoint, be a majority.

By the year 2020, diverse racial/ethnic groups will make up half the population of the United States. Latinos will constitute a majority among minorities, and a young majority at that. One report projected that by 2020 the median age of Hispanics will be 31.3. The median age of the Anglo population, currently 30, will be almost 43 (Hispanic Policy Development Project, 1984).



Source: CII projections from 1970 and 1980 Census data. Census sources include: 1980 Hispanic count—Report PC80-51-7; 1970 Hispanic count—Supplementary Report, "Persons of Spanish Ancestry"; 1980 counts for total U.S. population, Whites and Blacks—Report PHC80-51-1; 1970 counts for total U.S. population, Whites and Blacks—"United States Summary 1970."

*The total Hispanic population grew by 6.1% per year from 1970 to 1980. From 1980 to 1990 the population is projected to increase by 6.8% per year.

The growth of the Latino population can be attributed to many factors. These include high rates of immigration, both documented and undocumented (the latter is generally regarded as being much higher than the former), and the high fertility rates of Latino women, many of whom are now entering the child-bearing years. The Latino population will be young for some time, while the rest of the U.S. population will continue to age.

The challenges and opportunities that such a youthful, rapidly growing, and diverse population poses for schools and employers are profound. As the general population of the nation ages, Latinos will become the majority of the school-age population in many cities throughout the country. A major study sponsored by the Ford Foundation noted that youth unemployment is likely to affect Latinos and blacks disproportionately, as it has in the past. The report stated that "Important social, economic, and political consequences may also follow from the fact that as more whites reach Social Security age, their

support will depend on Social Security taxes paid by an increasingly Hispanic and black workforce" (Ford Foundation, 1984).

Latino Subgroups

Mexican Americans, a sizable percentage of whom refer to themselves as "Chicanos," are the largest Latino/Hispanic group. Although they live in almost every state, they are concentrated mainly in California and the Southwest. Much of this group traces its ancestry back to the Spanish colonialists and Indians who were the original inhabitants of the Southwestern United States long before Anglos set foot in the area.

Puerto Ricans are U.S. citizens by birth and thus are not subject to immigration restrictions. Many of those who have come to the mainland have done so to find better job opportunities than they could find at home. Ironically, Puerto Ricans have the highest unemployment rate and lowest income level of either Hispanics or blacks. The rates reflect even worse deprivation if statistics from Puerto Rico are included.*

Among the Cubans and the Central and South Americans who have immigrated to the U.S. for political reasons, many had already attained higher levels of education in their countries of origin than those arriving from Mexico and Puerto Rico. This was especially true of Cubans who arrived in the United States between 1959 and 1964, after the establishment of the Castro regime. The Cuban refugees of the 1960s and 1970s struggled with language, cultural, and economic barriers to emerge as an important force in the life of Dade County, Florida, and other localities.

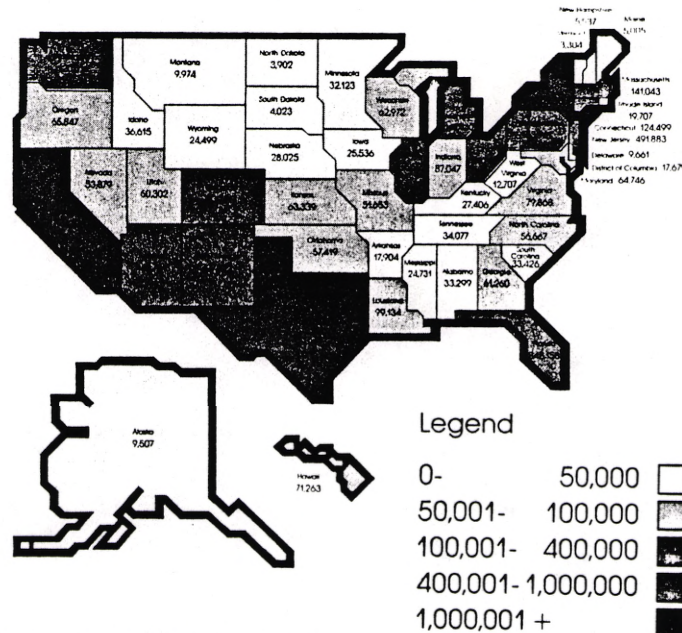
Starting with the "freedom flotilla" of 1966 and continuing until the Mariel exodus in 1980, the social and economic levels of Cuban immigrants tended to approximate more closely those of the total U.S. population. More than 130,000 Cubans have entered the U.S. since 1980. Members of this group approximate the lower income levels and general socioeconomic backgrounds of Chicanos and Puerto Ricans. The Cuban population of one million is concentrated in Florida, with many also living in the New York metropolitan area. Other large communities of Cubans may be found in California, Texas, and Illinois.

Contrary to stereotypes, Latinos are the most urbanized of all ethnic groups in the United States.

*Statistics for the island of Puerto Rico are compiled separately by the Bureau of the Census and other branches of the federal government. Puerto Rico is poorer by far than the poorest state in the country (Mississippi), yet it is more populated than nearly half of the states in the U.S. Puerto Rico's rates of crime, drug abuse, alcoholism, and accidents are among the highest in the world. More than 60 percent of the island's population qualifies for food stamps; the official unemployment rate continually exceeds 20 percent.

Eighty-five percent of Latinos, 66 percent of Anglos, and 76 percent of blacks live in urban areas (Hispanic Policy Development Project, 1984). The bulk of the Latino population is concentrated in just a few states; however, many other states have sizable and growing Latino populations. It is a mistake, at any rate, to think of Latinos as being located only in the Southwest and a few major cities. There are more Latinos in Illinois than in New Mexico.

The Number of Hispanics by State



Numbers Included Within State
Boundaries Are 1980 Census Counts of
Hispanics

Source: Data from Census Report PC80-S1-7.

Quest International
6655 Sharon Woods Boulevard
Columbus, Ohio 43229



Multicultural
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A B R A X A S P R O J E C T

" L A T I N O S A N D A I D S / S I D A "

W O R K S H O P I R E P O R T *

In honor of People with AIDS who have enriched our lives
being our teachers.

This report was prepared by **Miguel A. Aguilar**

I. The 1st Workshop was held on the Mission Cultural Center,
located at 2868 Mission Street, San Francisco.

* Prepared for the Department of Public Health
Office of AIDS.

Abraxas Project/89



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" LATINOS AND AIDS/SIDA "

P R O G R A M

- 1:00 P.M. REGISTRATION
- 1:15 WELCOME BY SALA UDIN
(MTRC Executive Director)
- 1:30 "ANTIBODY TEST" Video
- 1:50 " MINORITIES AND AIDS " by Concha Saucedo, PH.
Instituto Familiar de la Raza, Inc. Executive Director.
Consequences in the Latino Population as a Minority
Group in this AIDS Epidemic.
- 2:30 Break
- 2:50 "ALTERNATIVE TEST SITES AND LATINOS", by Juanita Quintero
Latinos AIDS Project/ATS Clinics, Health Educator.
A closer and real look of statistics of Latinos and the
Antibody Test.
- 3:25 "EDUCATION AND PREVENTION IN THE LATINO COMMUNITY", by
Adolfo Mata, Instituto Familiar de la Raza, Inc., Latino
AIDS Project, Coordinator.
The importance of the Education as prevention tool to
target the diferents groups in the Latino Community.
- 3:55 Questions and Answers
- 4:20 Closing

MULTICULTURAL TRAINING RESOURCE CENTER

WORKSHOP I REPORT

ABRAXAS PROJECT

1. Around 500 register forms were distributed within services providers in San Francisco and the Bay Area.
2. To March 71 service provider have been registered.
3. 42 service providers participated at the 1st Workshop.
4. Publicity was made in Radio and T.V. Channels 14 and 48 of the Bay Area were present.
5. Several organizations that provide service to the Latino Population collaborate with this workshop:
 - Instituto Familiar de la Raza, Inc.
 - Mission Cultural Center
 - AIDS Health Project
 - ATS'
 - Real Alternative Program
 - Mano-A-Mano Project
 - Latino AIDS Project
6. The following topics were addressed:
 - a) " MINORITIES AND AIDS " by Concha Saucedo, Ph.D.
Instituto Familiar de la Raza, Inc. Executive Director.
An evaluation was made since that the AIDS Epidemic has started to affect the human being; and how the Latino Community has been treated by this epidemic. It was pointed out the co-factors of the HIV transmission and cultural, religious, social, behaviors, etc. were addressed.
 - b) " ALTERNATIVES TEST SITES " by Juanita Quintero
Latino AIDS Project, ATS' Clinics Health Educator
No official statistics were given to participants. The process of the Antibody Test was explained with the consequences of to have a result HIV+ and HIV-.
 - c) " EDUCATION AND PREVENTION IN THE LATINO COMMUNITY " by Adolfo Mata, Latino AIDS Project, Coordinator.

The importance of the Education and Information as tools to prevent the Latino Population was addressed. Different models were presented to the participants, pointing out the need to target the groups in high risk of the HIV transmission.

d) Two People With AIDS were presented at the panel. Participants heard their histories since they were diagnosed as HIV+.

e) Questions and answers. This part was extended 30 minutes more the two PWA's got more attention than any other panelist.

8. A survey was made with the participants, obtaining the following comments:

I. How did you like the workshop? Rate: 90%

II. How did you like the panelists?

Panelist #1 Concha Saucedo, Ph.D. 95%

Panelist #2 Juanita Quintero, ATS 90%

Panelist #3 Adolfo Mata, HE 87%

Panelist #4 PWA'S 100%

III. How did you like the Antibody Test video? 99%

IV. How did you like the organization? 85%

V. How did you like the bilingual moderators? 94%

RECOMMENDATIONS: The majority of the participants agree that is necessary more publicity. The small group was very powerful, it is interesting to point out that the Latino Population likes to participate in small groups, they found very inspirational to collaborate closely.



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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
AIDS OFFICE

ABRAXAS PROJECT

" ~~LATINOS AND AIDS/SIDA~~ "

SECOND COMMUNITY FORUM REPORT

By Miguel A. Aguilar

* * * * *

DATE: June 11th, 1989

TIME: 12:00 to 3:30 p.m.

PLACE: Mission Cultural Center
2868 Mission Street
San Francisco, CA

PANELIST: Juanita Quintero, Health Educator / Counselor
Latino AIDS Project, ATS Clinics

Jose M. Perez, Health Educator and Counselor
LWA's

Rogelio Diaz (HIV-)

MODERATOR: Miguel A. Aguilar

AIDS OFFICE - ABRXAS PROJECT

SECOND COMMUNITY FORUM

P R O G R A M

June 11th, 1989

- 12:00 Welcome by a Latino with AIDS
Bienvenida por un latino con SIDA
- 12:10 The Antibody Test Video
Video: La Prueba de los Anticuerpos
- 12:40 Why Should I take the Antibody Test?
¿ Por qué debería yo de tomar la Prueba de los
Anticuerpos?
By Juanita Quintero, Health Educator/Counselor
- 1:30 Break / Descanso
Snacks, beverages and pastries with latin music
Bocadillos y sodas con música latina
- 2:15 The Antibody Test Process
El Proceso de la Prueba de los Anticuerpos
By Jose M. Perez, Health Educator/Counselor
- 3:00 What it feels to take the Antibody Test?
¿ Qué se siente tomar la Prueba de los Anticuerpos?
A Latino HIV+
A latino HIV-
- 3:15 Questions and Answers
Preguntas y Respuestas
- 3:30 Closing/Clausura

Note: The program was extended 40 minutes more

AIDS OFFICE - ABRXAS PROJECT

SECOND COMMUNITY FORUM REPORT

I. PUBLICITY:

- a) 400 fliers were distributed in the streets and schools of Mission District
- b) Two Spanish TV Stations announced the event
 - KDTV Channel 14, San Francisco Bay Area
 - KSTS Channel 48, San Jose/San Francisco
- c) Two Spanish Radio Stations announced the event:
 - KCBS Radio Station
 - KLOK Radio Station
- d) -
- d) The event was announced in several groups, schools, agencies among the latino population.

II. COLLABORATION:

The following agencies and organizations collaborated with this Community Forum:

- American red Cross
- ATS Clinics
- Latino AIDS Project, IFR, Inc.
- Mano-A-Mano Project, IFR, Inc.
- KDTV Channel 14, San Francisco Bay Area
- KSTS Channel 48, San Jose/San Francisco
- "Sin Máscaras", Latino Gay Newspaper

III. Attendance:

At the Second Community Forum 57 people were present

IV. TOPICS:

- a) The importance to be informed and educated regarding the AIDS epidemic was addressed by a latino with HIV+
- b) The Antibody Test Video was presented to the participants, with the principal goal to make an understanding among the latino population.
- c) Why Should I take the Antibody Test? by Juanita Q.
Statistics were given to the participants; the facts of the latinos in high risk were presented, trying to accept the reality of the HIV epidemic within the latino population.

d) The Process of the Antibody Test, by Jose M. Perez

The whole process of the antibody test was explained to the participants step by step.

e) What it feels to take the Antibody Test?

By a latino HIV+ and a latino HIV-

Two latinos, one HIV+ and one HIV- told their experiences to be tested. Emotions as fears, anxieties were pointed out as a feelings that cause depression. The importance to tested with the right information and education that are necessities before to take the antibody test.

d) Questions and Answers, by Juanta Q., Jose M. Perez, Aldo, and Mario D.

V. MATERIAL DISTRIBUTION:

The following brochures were distributed among the participants:

- La Prueba del Anticuerpo, Preguntas antes de la Prueba 125
- La Prueba del Anticuerpo, Preguntas despues de la Prueba 125

VI. LANGUAGE:

Spanihs 80%

Englihs 20%

VII. POPULATION STATIC:

Male 33

Female 24



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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS OFFICE

ABRAXAS PROJECT

" LATINOS AND AIDS/SIDA "

W O R K S H O P I I I R E P O R T

By MIGUEL A. AGUILAR

DATE: May 4th, 1989

TIME: 11:00 a.m. to 3:00 p.m.*

PLACE: MISSION CULTURAL CENTER
2868 Mission Street
San Francisco, CA

PANELISTS:

YOLANDA RONQUILLO, Familias Unidas, AIDS Program
Coordinator, Richmond

SANDRA HERNANDEZ, M.D., San Francisco Department of
Public Health, AIDS Office; San Francisco General Hospital

CARMEN CHAVEZ, Coordinadora del Programa de Entrenamiento
Multicultural; Latinos AIDS Coalition; Latina Women Emotional
Support Group Coordinator.

Two PWA's Relatives.

TOPICS:

"THE SOCIAL EFFECT OF THE AIDS EPIDEMIC IN THE LATINA WOMEN"

- How the Latina women are dealing within the AIDS Epidemic ?
- Familia y el SIDA
- The Facts of AIDS- PWA's Relatives Panel

MODERATOR: Miguel A. Aguilar

* The time was extended two hours more; the participants were interested
in the medical issues.

" LATINOS AND AIDS/SIDA "

WORKSHOP III REPORT

P R O G R A M

" THE SOCIAL EFFECT OF THE LATINA WOMEN IN THE AIDS EPIDEMIC "

TOPICS:

- a) " LA FAMILIA Y EL SIDA " by Yolanda Ronquillo
Familias Unidas, AIDS Program Coordinator, Richmond.
 - What means FAMILIA in the Latin Culture ?
 - Biculture Families in the U.S.A.
 - Health and Culture
 - How Latin Families deal with the AIDS Epidemic ?
- b) " MEDICAL ISSUES AND THE LATINA WOMEN " by Sandra Hernández, M.D.
San Francisco Departement of Public Health, OFFICE OF AIDS .
 - Latina Women and Statistics.
 - How the latina women get the HIV infection ?
 - Latina's Idiosyncrasy

Note: Dr. Hernández made a very interesting presentation, which was extended one hour more. The participants showed a special interest regards Medical Issues in the Latina Women.
- c) " LA PRUEBA DEL SIDA " VIDEO
This new Spanish Video was presented for the first time to the public.
- d) " HOW THE LATINA WOMEN ARE DEALING IN THE AIDS EPIDEMIC "
By Carmen Chavez, Coordinadora del Programa de Entrenamiento Multicultural; Latino AIDS Coalition.
 - Latinas y Cultura
 - Latinas y Machismo
 - Heterosexual and Lesbian Latinas
 - Sexual and Health Education
- e) " THE FACTS OF AIDS "
PWA's Relativ es Panel

A B R A X A S P R O J E C T
" L A T I N O S A N D A I D S / S I D A "
W O R K S H O I I I R E P O R T

I. P U B L I C I T Y:

- 500 letters with a registration form were distributed to services providers in the Latino Community.
- 500 fliers were distributed in the Latino Population.
- The Event was announced in the Following TV an Radio Stations:
 - KDTV CHANNEL 14, Bay Area
 - KSTS CHANNEL 48, San JOse/San FRancisco
 - KCBS Radio, San FRancisco
 - KLOK Radio, San Jose

II. A T T E N D A N C E:

57 services providers confirmed their assistance
49 participants were presented

III. C O L L A B O R A T I O N:

The following agencies and organizations collaborated with this workshop:

- American Red Cross
- Mano-A-Mano Project, IFR, Inc.
- KDTV Channel 14, San Francisco Bay Area
- KSTS Channel 48, San FRancisco/San JOse
- Familias Unidas, AIDS Program

IV. M A T E R I A L D I S T R I B U T I O N:

- La Prueba del SIDA Preguntas antes de la prueba
- La Prueba del SIDA Preguntas despues de la prueba
- MARC Brochure

V. F O O D:

Pastries and beverages were offered to the participants



AND

THE DEPARTMENT OF PUBLIC HEALTH - OFFICE OF AIDS

P R E S E N T :

A WORKSHOP FOR THE LATINO COMMUNITY

Multicultural AIDS Resource Center (MARC) is a statewide project of: Multicultural Training Resource Center, Inc.

—AIDS IN WOMEN—

F A C T S : *

* Almost 12,000 latinos have been
* diagnosed with AIDS.
* FURTHERMORE, Latino Women account
* for 19% of all AIDS cases among
* WOMEN.
* More than 1,000 cases of
* pediatric have been reported
* and almost one out of every
* four of these cases is a
* LATINO CHILD.

* Source: Center for Disease Control.
November 7, 1988

LAS MUJERES EL SIDA Y SU FAMILIA

DATE: May 4th, 1989

TIME: 11:00 a.m. to 3:00 p.m.

PLACE: MISSION CULTURAL CENTER
2868 Mission Street
San Francisco, CA

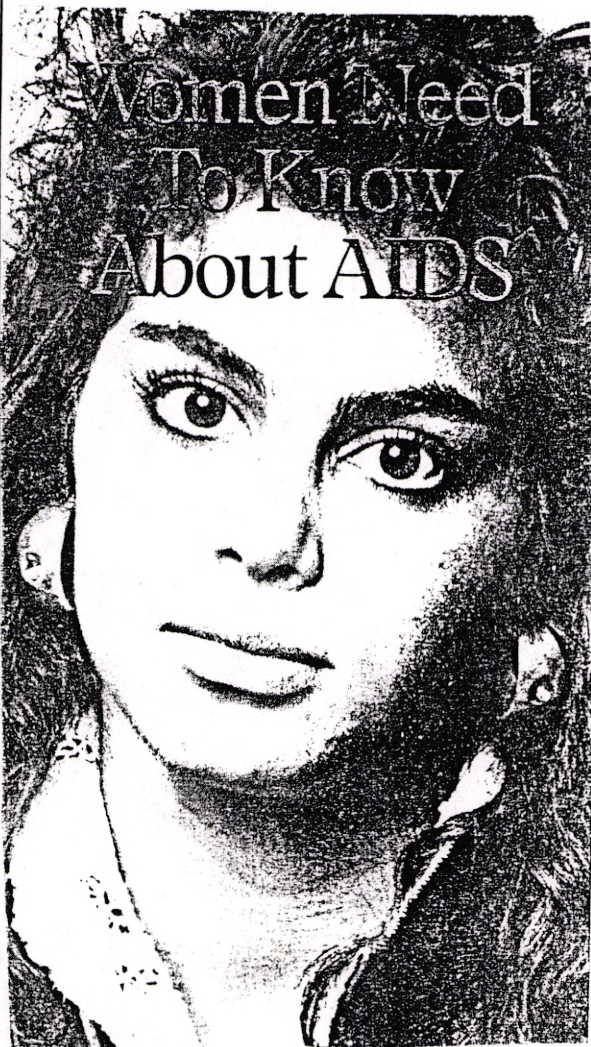
P A N E L I S T S :

Dr. Sandra Hernández, SFGH, Office of AIDS
Yolanda Ronquillo, Familias Unidas
Carmen Chavez, Latino AIDS Coalition,
Latino AIDS Project, IFR, Inc.

For more Information Call :

MTRC at (415) 861-2142

* MTRC will provide to the participants
Pastries and beverages; and remember
there is not charge





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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS OFFICE

ABRAXAS PROJECT

" LATINOS AND AIDS/SIDA "

WORKSHOP IV REPORT

By Miguel A. Aguilar

DATE: May 26th, 1989

TIME: 11:00 a.m. to 4:00 p.m.*

PLACE: Mission Cultural Center
2868 Mission Street
San Francisco, CA

PANELIST: Camilo Iriagui, Social Worker / Counselor, Mano-A-Mano Project, IFR, Inc.; Willian Nelson, Centro Pastotal Latinoamericano, Executive Director; Jose M. Perez, Health Educator / Counselor for the Latino Community.

TOPICS: " MYTHS OR REALITIES "

1. Sexuality and Latinos

2. Cultural Diversity

3. Religion and AIDS

A) The Catholic Church and the AIDS Epidemic

MODERATOR: Miguel A. Aguilar

* This workshop was extended with 1 hour and 20 minutes more.

ABRAXAS PROJECT REPORT
" LATINOS AND AIDS/SIDA "

I. PUBLICITY:

- 500 fliers were distributed to service providers in the Latino Community.
- The event was announced in the following TV and Radio Stations:
 - a) KDTV Channel 14, Bay Area
 - b) KSTS Channel 48, San Jose/San Francisco
 - c) KCBS Radio, North of California
 - d) KLOK Radio, San JOse/San Francisco

II. ATTENDANCE:

- 59 service providers confirmed their assistance
- 52 participants were present

III. COLLABORATION:

The following agencies and organizations collaborated with this workshop:

- American red Cross
- Mano-A-Mano Project, Instituto Familiar de la Raza, Inc.
- KDTV Channel 14, San Francisco Bay Area
- KSTS Channel 48, San Jose/San FRancisco
- "Sin Máscaras", Latino Gay Newspaper

IV. MATERIAL DISTRIBUTION:

- La Prueba de los Anticuerpos, Preguntas antes de la prueba 120
- La Prueba de los Anticuerpos, Preguntas despues de la prueba 120
- MTRC Brochure 100
- Material from athers agencies was distributed

V. PASTRIES, SNACKS AND BEVERAGES WERE OFFERED TO THE PARTICIPANTS

ABRAXAS PROJECT

P R O G R A M

VI. TOPICS:

" MYTHS OR REALITIES"

- a) Sexuality and Latinos by Jose M. Perez *
 - The Sexual Taboo in the Latino Community
 - Sexual Education in the Latino Family
 - Sex and Religion
 - How to provide sexual education among latino populations

- b) Cultural Diversity, by Camilo Iriagui
 - Cultural Values
 - Immigration / Cultural Shock
 - Social Problems in the Latino Community

- c) Religion and AIDS, by Willian Nelson
 - Church policies in the AIDS Epidemic
 - Relion and Homosexuality

- d) Latinos with AIDS Panel, two latinos with AIDS **
 - Living the HIV
 - How the communities behave with PWA's
 - Religion and PWA's
 - PWA's needs

* This issue was extended 50 minutes more

** This presentation with PWA's was extended 30 minutes more



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH - AIDS OFFICE

ABRAXAS PROJECT

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LATINOS AND AIDS/SIDA WORKSHOP

" MYTHS OR REALITIES "

P R O G R A M

11:00 to 11:15	Registration	
11:15	11:20	Welcome by Miguel A. Aguilar
11:20	11:40	Antibody Test Video
11:40	12:20	<u>Latinos and Sexuality</u> By Miguel A. Aguilar, Health Educator, Counselor for the Latino Community.
12:20	1:00	Lunch*
1:00	1:45	<u>Diversidad Cultural en la Población Latina</u> By Camilo Iriagui, Social Worker Mano-A-Mano Project, Instituto Familiar de la Raza, Inc.
1:45	2:30	<u>The Catholic Church and AIDS</u> By Bill Nelson , Centro Pastoral Latinoamericano Director Ejecutivo
2:30	3:30	LWA's Panel
3:30	3:40	Clausura

* MTRC will provide to the participants with pastries and beverages.



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June 6th, 1989

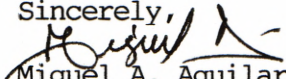
Mr. Sala Udin
Executive Director

Dear Mr. Udin:

The four Workshops that the Abraxas Project requested for the Latino Community and one Community Forum have been held already. As you ^{know} several service providers and PWA's (Latinos) have been offering their services as professionals and speakers, and for these services MTRC has offered and honorarium .

But unfortunately the most of them have had to wait until three months to receive their honorarium. As you know the Abraxas Project with the Latino Workshops and the Community Forums will be finished this week; and for this reason I am requesting you to clear up this situation with the speakers. I have enclosed a list of the Speakers and people that have worked with this project.

Sincerely,


Miguel A. Aguilar
Abraxas Project