COMMUNICATION TECHNOLOGIES

July 30, 1986

To: San Francisco AIDS Foundation

From: Communication Technologies and
Research & Decisions Corporation

Re: Summary of Major Findings from Focus Groups with Leaders
from Minority Communities

This memorandum reports on findings from attitudinal research conducted with opinion leaders from San Francisco's Black, Asian, and Latino communities on the subject of AIDS risk reduction. Three focused group interviews were held on July 16, 22, and 24, 1986. The interviews lasted approximately three hours and involved approximately ten participants each. A total of 28 respondents attended one of the three discussions. Participants were identified and invited by professional focus group recruiters employed by Research & Decisions Corporation, a San Francisco-based public opinion research firm. The discussions took place at the facilities of Research & Decisions Corporation in downtown San Francisco and were moderated by Eleanor Ramsey, Evelyn Hogan-Jackson, and Isami Waugh of Mason Tillman Associates (Berkeley, California), and Evelyn Lee, a private consultant (San Francisco). The discussion outline was prepared by Larry L. Bye of Communication Technologies, who also served as project director. Mr. Bye observed the interviews and drafted this report with the assistance of the moderators.

All of the participants were prominent in minority-oriented media, health and social service providing groups, or community-based organizations. Prospective respondents were identified by contacting a variety of public officials, political and civic leaders, health and social service agencies, AIDS service-providing organizations, and other sources. Each person contacted was asked to recommend prospective participants, each of whom then received telephone and mailed invitations. A complete list of invitees and attendees is attached in the appendix of this report.

Study objectives included the following:

- Ascertain perceived level of awareness, information, concern, and impact of AIDS within various minority communities.
- Explore the prevalence of AIDS risk behaviors within these communities or key segments within them.
- Gather views on the effectiveness of risk reduction efforts in San Francisco to date.
- Determine attitudes toward messages and communication channels to be used to reach minority audiences.

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MAJOR FINDINGS

Awareness and Information Levels

1. There appears to be a low level of awareness and information on the part of most minority members of the community, particularly outside of high-risk groups within minority communities. Minority media coverage has not been extensive and hence non-English language monolinguals and other less well-assimilitated individuals lack even basic information about AIDS. Among more assimilated individuals who rely on the mass media, there is considerable denial about AIDS, fueled by the stigmas associated with homosexuality and drug usage. There is very little awareness that sexually active heterosexuals are at risk for AIDS. Adolescents have a high rate of AIDS denial. There is also probably more misinformation about casual contagion in minority communities than in the general community in San Francisco.

   Many minority gays deny the reality of AIDS, believing it to be associated with promiscuous white homosexuals. Many of these men perceive gay community institutions as racist, insensitive, or irrelevant to their lives. On the other hand, homophobia prevents these men from feeling integrated into minority subcultures. Asian gays believe themselves to be less promiscuous and hence not at risk. Some even seem to believe that they are immune to AIDS.

2. Large numbers of minority homosexual men, particularly Blacks and Latinos, do not identify with the gay community and are deeply closeted. Many do not even consider themselves to be homosexuals, although they frequently have same-sex partners. These men are not being reached by risk reduction programs targeted at openly gay men, because they do not read gay publications and are not integrated into the gay male subculture.

3. Within the Black community there are large numbers of men who have been incarcerated and have practiced homosexuality in prison. As one Black leader said, "they've been experimenting with it for years and don't believe that it is risky." They do not identify with the gay community, however, and will be very difficult to reach with risk reduction messages.

4. Participants tended to believe that homophobia was greater within minority subcultures than in mainstream American culture. Individuals pointed to the tendency of some Black families to "disown" gay children who come out of the closet and to the pervasiveness of "machismo" within Latino culture. Others pointed to the conservatizing influence of Roman Catholicism among Latinos. Within Asian cultures, as one participant explained, "to be open about AIDS or homosexuality is to raise questions like 'Why is he doing this and bringing shame to his family?'" One observer of local Asian communities said that he could not even get one of the local Asian persons with AIDS to consent to a newspaper interview on the subject.

Impact on Behavior

1. The epidemic has had little or no impact on sexual behavior or lifestyles within minority communities. Some individuals may be limiting the number of partners and/or the number of high-risk partners, but these changes are probably lagging behind the caucasian section of the population. Few people are altering what they do with partners or altering drug-using behaviors. Too few people perceive a personal threat from AIDS due to the sense of denial and the stigmatization of the disease as one that affects only whites, gays, and men. The media reinforces the stigmatization of AIDS because so many current persons with AIDS are white gay men. As one participant remarked, "some effort is needed to reach and sensitize people who write and edit the news. If heterosexuals and other groups are at risk, we need to get the attention of the media by having someone authoritative say so."

2. Despite the minimal impact to date on behavior, concern and even fear is increasing. As one respondent said, "I used to drive through the Castro and laugh with relief, but now I don't because I'm getting scared myself." A number of respondents spoke of their own personal concerns about AIDS and reported increasing fear on the part of individuals with whom they interact in their schools, churches, and organizations.

Prevalence of Risk Behaviors

1. Participants tended to view the risk behaviors as quite prevalent in minority communities. Participants from the Black community indicated that IV drug use has been a problem in the Black community for decades. It is also a major problem within the Latino community. Non-middle class users frequently share dirty needles and conventional educational programs will be ineffective in deterring "down and out folks with a bad habit who really need the junk." According to some participants, IV drug usage is less of a problem in Asian communities. The drugs of choice vary between subgroups within minority communities. One participant mentioned that less well-assimilated Asian men have traditionally frequented prostitutes. Evidence for this is plentiful in family planning clinics in the city in the form of high rates of sexually transmitted diseases among middle-aged Asian women who are being infected by their husbands. Respondents conceded that homosexuality exists in all of the communities, as does premarital and extramarital sex.

2. Concerns were voiced about the stigmatization that could flow from studies documenting the prevalence of risk behaviors within the communities. There was consensus that it would be difficult to mount prevalence studies due to cultural inhibitions, confidentiality concerns, as well as fears about how data would be used. Some participants agreed that minority researchers would be more likely to elicit cooperation. Others pointed to the difficulties of household sampling. Telephone interviewing would be impossible, some said, because of cultural inhibitions. Instead, as one participant said, it would

be better to interview people at family planning clinics or similar settings, where people are more comfortable discussing sex, and where rapport could be more easily established.

It may also be appropriate to use ethnographic research methods that rely on participant observation rather than survey research techniques. Nearly everyone agreed that cultural norms prohibit easy discussion of sexual behavior and that this would be a difficult problem, especially with older, more traditional, less well-assimilated individuals in the Asian and Latino communities. It will be necessary to use "savvy people who can earn people's trust," according to participants.

Reaction to Existing Risk Reduction Programs

1. Opinion leaders in the focus group discussions tended to be well-informed about AIDS and were aware of some elements of the local risk reduction campaign, particularly the recently-placed bus signs and the "Don't Share" billboards. Many had also seen (and helped distribute) brochures from the San Francisco AIDS Foundation and other AIDS-related service providers. Respondents tended to believe that gay men have been the audience for most of the material. They based this assessment on the sexually explicit nature of much of the printed information, as well as the behaviors connected with the safe sex guidelines. Because of this, many participants felt that the material was ineffective in breaking through the sense of denial existing about AIDS in San Francisco minority communities.

2. Most respondents indicated that few rank and file members of their communities were aware of the San Francisco AIDS Foundation. Among those aware of the Foundation, there exists a perception that it is a gay community-based organization and is dominated by caucasian men from the Castro district. Informed opinion leaders also perceive the Foundation as a "gay, white male preserve," according to participants. Concerns were expressed about the number of people of color involved in Foundation programs and about how committed the Foundation was to minority programs. Despite these perceptions and concerns, however, there was no hostility toward the Foundation, little distrust, and a number of participants remarked that they were impressed that the focus group research was taking place. Others recognized that given how hard the gay community has been impacted "it is not surprising that the initial leadership came from the gay community." As the caseload begins to change, there is an expectation that the Foundation will also change.

3. There was general agreement that much of the risk reduction material being circulated is too sophisticated for individuals with limited language skills and educational levels. Participants indicated that large numbers of Asian and Latino immigrants are illiterate and poorly educated. "The brochures I've seen -- even those that have been translated -- have too much copy, are too technical, and assume a vocabulary way behind what the audience can bear," in the words of one respondent familiar with Asian immigrant groups. Others said that the bus signs were "obtuse and esoteric" and failed to communicate the

intended message that everyone was at risk for AIDS. One participant also remarked that a brochure developed for Vietnamese prostitutes was far too sophisticated for the audience.

4. A number of participants criticized the translation of the spanish language lifeline brochure as being too literal. Because of the literal translation, the brochure tends to feed the sense of denial about AIDS that already exists within the community. "It obviously wasn't developed by Latinos for Latinos," as one participant commented. Whenever possible, literal translations should be avoided. Participants also stressed that there will be a continual need for more materials in other languages, particularly Spanish.

5. Time and time again, participants emphasized that material seemed to be too sexually explicit. Respondents knowledgeable about each of the large minority subcultures said that cultural taboos about sexuality had to be respected if minority audiences were to be reached. Sexual explicitness not only offends readers, but also feeds stereotypes about who is at risk for AIDS. References to non-mainstream sexual behaviors should be deleted whenever possible. Care should be taken to select non-offending terms for behaviors. Street vernacular should be avoided. Interpersonal communication channels should be selected and media channels should be downplayed. As one knowledgeable observer of Asian communities pointed out, "face to face, we can use non-verbal expressions and inoffensive signals to communicate about behaviors to be avoided, but when these behaviors are put on the printed page, they cause big problems."

Developing Messages

1. Participants agreed that few minority individuals currently feel personally threatened by AIDS, especially individuals who are not homosexual or IV drug users. Until this is achieved, there is minimal value in communicating about safe sex efficacy, satisfaction, and changing group norms.

2. Risk reduction messages aimed at minority audiences must emphasize that everyone is at risk, not just drug users and homosexual men. If we emphasize stigmatized risk groups, rather than risk behaviors, rank and file members of minority communities will continue to deny the threat posed by AIDS.

3. Participants stressed the importance of using appropriate spokespeople, images, and symbols for minority-targeted campaigns. Religious symbols would be compelling within Latino subcultures. Music could be effectively used to reach the Black audience, for example. Family images are important within Asian communities. There was also agreement that symbols need to be concrete and not abstract.

4. The campaigns should seek, as one participant said, to "lower concern among those needlessly fearful, but at the same time raise concern on the part of those engaging in high-risk behaviors." For many minority audience segments, messages need to answer basic questions: what is

AIDS and why is it relevant to minority people? For some segments, this basic information must even precede efforts to persuade people of the personal threat they face.

5. Ultimately, messages appealing to group pride and solidarity may be effective, as has been the case with gay and bisexual men. Racial and ethnic minorities resemble the gay minority in that they all have shared experiences and institutions. As with the gay community, there is geographic concentration to a certain extent, and easy-to-identify communication channels. These are advantages when designing a targeted communication campaign.

Audience Segments

1. Separate targeted campaigns are needed for each of the sizable minority communities in San Francisco, according to most participants. Within Asian and Latino communities, the audience appears to be segmented primarily in terms of language and degree of assimilation. National differences seem to be less important.

   First generation immigrants tend, of course, to be monolingual and unassimilated into American culture. They rely on native language media, are extremely focused on family and other traditional social outlets, and are almost completely ignorant of AIDS. These segments need materials that reflect the basic informational themes discussed above. Since they are likely low-risk in terms of the risk behaviors, media communication channels alone can be relied on.

   Second and third generations are bilingual (or monolingual English) and well-assimilated. Because of recent trends in American culture, they are more likely to be sexually active and recreational drug users. Because this places them at heightened risk for AIDS, a more multifaceted effort is needed if the epidemic is to be controlled. Family planning clinics, other health and social service providers, minority media, schools, and community organizations all need to be mobilized. These individuals need to be convinced of the personal threat they face and urged to alter risk behaviors. To do that will require destigmatizing AIDS and breaking down denial. Appropriate spokespeople, symbols, and images will still be the key to the communications campaign, even though the individuals speak English and are well-assimilated.

   National differences may be more important within the Asian community. Southeast Asians, Koreans, Chinese, Japanese, and Pacific Islanders all differ from one another in terms of degree of assimilation. Southeast Asians and Koreans probably have a larger proportion of new immigrants than the other groups. They are probably therefore at lower risk for AIDS. The Chinese, Japanese, and Pacific Island communities probably have larger numbers of individuals at risk and should be targeted for a multifaceted campaign effort.

Communication Channels

1. The Black community will be difficult to reach without the active involvement of the churches. According to a number of respondents, local religious leaders like the Reverend Cecil Williams should be asked to organize a religious community response to AIDS and to spearhead a risk reduction campaign.

2. The Catholic archdiocese should be asked to play a role in risk reduction education. This will be difficult to bring about, in the view of many, given church dogma about sexuality. Nevertheless, local church leadership is currently highly interested in AIDS, and it may be possible to employ church communication channels to reach segments of the Latino community.

3. Minority gay men could be encouraged to give leadership to risk reduction efforts designed to reach other members of minority communities. The problem here is twofold, according to one respondent: "There is homophobia on the one hand, and distrust of the heterosexual community on the other." Nevertheless, it would be a good way to break down barriers and open communication channels, according to some of the participants.

4. There was agreement on the importance of the media as a communication channel. The mass media will be reluctant to give much attention to minority messages, so native language radio stations and print outlets should be approached and urged to get involved. If the media are involved in planning the effort, they will give greater emphasis to AIDS-related programming and public service announcements, participants felt. If prominent leaders from the respective minority communities can be persuaded to get involved, then radio station owners and newspaper editors will be most likely to be responsive.

   Minority media outlets are critical for reaching new immigrants, but they are valuable for reaching assimilated individuals, many of whom still use these media. Radio and print advertising is inexpensive to produce. Use of these media can reduce unnecessary fear and also break down denial about AIDS.

5. Family planning clinics are able to reach thousands of minority women at risk, according to some participants, and primary health care providers are also important. However, minority health professionals may suffer from the same misinformation and sense of denial that rank and file community members do. Therefore, a number of participants called for educational efforts focused on minority health professionals prior to launching the campaign.

6. According to respondents, the schools should be used to reach adolescents who are sexually active. Teacher cooperation will be essential because of their influence as role models and authority figures. "Videos may be a good way to reach the kids if they could be developed and distributed through the schools," according to one school counselor who participated in the discussions.

7. Prevention outreach committees should be created to oversee efforts in each of the targeted communities, one participant suggested. She pointed to the precedent for this with cancer and other diseases. Prominent medical people and others visible and trusted within the communities should be approached and asked to serve. These committees, with staff assistance, could devise an overall plan and contact minority media outlets as well as community-based organizations and health providers in order to get them involved. "Perhaps the mayor could appoint a blue ribbon panel on minority AIDS education as one way of getting things moving," she said. These community leaders should be sensitized before targeting the rank and file.

Antibody Testing

1. Racial and ethnic minorities will probably have the same sensitivities about antibody testing protections that gay men have, given the history of discrimination and civil rights concerns. Given stigmatization of AIDS, sensitivities may even be greater. As one participant said, "as it is currently set up with the emphasis on group orientation and counseling, minority people won't want to go and reveal themselves. The current program is set up for white gay men who are out of the closet." There was consensus on the need for continuing anonymous testing procedures.

Other Issues

1. Participants tended to see a facilitating and educational role for the San Francisco AIDS Foundation in the area of minority risk reduction education. Some participants said that visible, minority-based service providers need to deliver programs, but that there was still a role for the San Francisco AIDS Foundation to facilitate the development of the programs and educate community resource people.

2. A number of participants took the point of view that AIDS offered a unique opportunity to educate on a broad scale about issues surrounding acculturation, drug usage, sex roles, and homophobia. The hope was expressed that positive side benefits would flow from a properly designed AIDS risk reduction program.

3. Finally, participants felt that it was important to build on the work of existing AIDS minority outreach efforts, including the Third World AIDS Coalition and the Latino coalition that has recently been formed to deal with the issue. It may be useful to schedule a session to brief these efforts on the outcome of this research.

APPENDIX A

LIST OF PARTICIPANTS

LIST OF ALL PERSONS WHO AGREED TO PARTICIPATE IN AN AIDS RISK-REDUCTION FOCUS GROUP AND RECEIVED CONFIRMATION LETTERS (ASTERISKED NAMES ARE THOSE WHO ATTENDED)

* Mr. Woody Hunter
EAP Director
City and County of San Francisco
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Mr. Ronald Hatter
Social Services Director
Potrero Hill Neighborhood Center
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

Mr. Ed Morales
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Ms. Nancy Moore
Clement St. Counseling Center
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Ms. Cathy Kodama
Coordinator of AIDS Education
381 Cowell Hospital
Berkeley
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Ms. Andrea Garcia
Pinole
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Ms. Ann Armandral
29th Street Clinic
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Ms. Donna Jung
Chinese for Affirmative Action
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Mr. Philip Tse
S.F. Community Mental Health
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Mr. Jose Gomez
Centro Legal
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

Rev. James McCray
Jones Methodist Memorial Church
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Mrs. Enola Maxwell
Director
Potrero Hill Neighborhood Center
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

* Mr. Mitchell Salazar
Director
Real Alternatives Program
San Francisco
FOCUS GROUP DATE: Wednesday, July 16, 1986, at 6:00 pm

Dr. Bart Aoki
McCauley Institute
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Father Michael Lopes
St. Dominic's Church
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Mr. Lee Roberson
Youth Director
Telegraph Hill Neighborhood Association
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

Mr. Ernest Andrews
Clinical Director of Direct Services
The Pacific AIDS Project of the East Bay
Oakland
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Officer Wil Battle
Community Services Director
San Francisco Hall of Justice
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Mr. Boun Chanh
Community Employment Project Coordinator
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Mr. Dean Leng
Director
Cambodian Community Center
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Father Will Wauters
Good Samaritan Community Center
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Ms. Gloria Rodriguez
Director of Public Relations and Media Relations
San Francisco General Hospital
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

Mr. Jesse Valencia
Director
Projecto Ayuda
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

Mr. Gregg Brooks
Reporter
Sun Reporter
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

Ms. Rosaly Ferrer
Social Service Coordinator
Canon Kip Center
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Mr. Wayne Luk
Southeast Asian Refugee Center
San Francisco
FOCUS GROUP DATE: Tuesday, July 22, 1986, at 6:00 pm

* Mr. Eddie Singleton
Social Services
Reality House West
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

* Ms. Sandra Hertlein
Health Services
Native American Health Center
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

Mr. Dennis Conkin
Reporter
The Tenderloin Times
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

* Ms. Wilma Montanez
Family Planning Supervisor
Mission Neighborhood Health Center
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

Ms. Yolanda Ronquillo
AIDS and Substance Abuse Program Ward 92
San Francisco General Hospital
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

Mr. Juan Cruz
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

* Dr. Abner Boles
Bayview Hunters Point Foundation
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

Ms. Sherry Hirota
Executive Director
Asian Health Services
Oakland
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

Ms. Joyce White
Executive Director
Westside Methadone Treatment Program
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

* Ms. Harriet Lem
Health Center #5
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

* Dr. Berti Mo
Berkeley
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

* Mr. Pat Anderson
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

Dr. Jose Cuellar
Assistant Professor of Anthropology
Department of Anthropology
Stanford
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

* Mr. Leroy Looper
c/o The Cadillac Hotel
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

Ms. Reina Parada
La Raza Information Center
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

* Ms. Debra Rodriguez
Clinical Coordinator
Native American Health Center
San Francisco
FOCUS GROUP DATE: Thursday, July 24, 1986, at 6:00 pm

APPENDIX B

LIST OF PEOPLE CONTACTED

LIST OF PEOPLE CONTACTED TO
RECOMMEND PROSPECTIVE PARTICIPANTS

Mr. Ernesto Henjos
San Francisco AIDS Foundation

Mr. Mitchell Salazar
Latino Teens

Ms. Wilma Montanez
Mission Neighborhood Health Clinics

Dr. Amanda Houston-Hamilton
Chair
Task Force of AIDS in the Black Community

Ms. Naomi Gray
Health Commissioner

Ms. Patricia Evans
Public Health Consultant

Mr. Sala Udin
active in multi-cultural
drug abuse programs

Ms. Shirley Gross
Director
Bay View Hunter's Point Foundation

673-5700
648-5785
822-1124 / 6025 3rd Street SFCA 94124

Dr. Abner Boles
Psychologist in
Bay View Hunter's Point Foundation

Mr. John Hayes
West Side Methadon Program

Ms. Joyce White
Director
West Side Methadon Program

Mr. Wilbur Battle
San Francisco Police Department
Third World AIDS Task Force

Ms. Fran Miller
Director
Lyton-Martin Clinic

Ms. Nancy Moore
Clement Street Counseling Center

Ms. Elissa Boone
Director
Wells Fargo Foundation

Mr. Joe Maddox
Director
EPA Program -- PG&E

Ms. Edie Jardine
Director
Occupational Health Services, Inc.

Mr. Woody Hunter
EPA Director
City and County of San Francisco

Mr. Darryl Inaba
Director
Haight-Ashbury Free Clinics

Mr. Ernest Andrews
Clinical Director
Pacific Center AIDS Project

Mr. Davis Ja
Director
Asian-American Residential Recovery Service

Mr. Ed Morales
Clinical Psychologist
U.C. San Francisco -- Third World Research

Ms. Enola Maxwell
Director
Potrero Hill Neighborhood Center

staff at the
Booker T. Washington Center
Sutter/Presidio

Mr. Bruce Frank
Educational/Job Counseling/GED

Mr. Michael Gonzales
Director
Young Community Developers -- Hunter's Point

Ms. Susan Mulholland
EAP Division
United Airlines

Mr. Chuy Varela
Program Director
KPFA Radio

Mr. Greg Brooks
Reporter
Sun Reporter

Dr. Nicki Collins
Medical Director
Larkin Street Youth Center

Ms. Eileen Eya
Alternative Test Program

Dr. Toussaint Street
works with
AIDS patients

Mr. Ramon Calabraquin
Director
Canon-Kip Neighborhood Center

Rev. James McCray
Pastor
Jones Methodist Memorial Church

Rev. Cecil Williams
Pastor
Glide Memorial Church

Ms. Aixa Maria Gannon
Director of Family Planning
Mission Neighborhood Health Center

Ms. Marion Vedulla
Assistant Director
Canon-Kip Neighborhood Center

Ms. Rosaly Ferrer
Canon-Kip Neighborhood Center

Mr. Juan Cruz
Latino Advocate
Patients' Rights

Dr. Machelle Clark
Physician Specialist
San Francisco General Hospital

Ms. Ruth Hughes
Director
Center for Special Problems

Mr. Martin Waukazoo
Executive Director
Native American Health Center

Mr. Philip Tsui
M.S.W.
North East Lodge

Mr. Jose Gomez
Director
Centro Legal

Mr. Miguel Ramirez
Latino Coalition on AIDS

Mr. Edgar Quiroz
Health Educator

Mr. Gordon Lew
Editor
East West

Mr. Manny Olimpo
Editor
The Reporter

Ms. Reina Parada
Manager
La Raza Information Center

Rev. Bernard Travers
Pastor
Pilgrim United Church of Christ

Rev. Howard Gloyd
Pastor
Bethel AME

Mr. Leonard Gordon
Director
Ella Hill Hutch Community Center

Mr. Wade Huston
Editor
Tenderloin Times

Mr. Pete Garcia
Director
TAP (teenage pregnancy)

Mr. Jesse Valencia
Director
Projecto Ayuda

Mr. Robert Burkhardt
Director
San Francisco Conservation Corps

Mr. Fred Eyster
National Farmworker Ministry

Mr. Brian Lawton
Director, EAP Division
Wells Fargo Bank

Mr. Clement Shek
Health Commission

Ms. Lorraine Low
Director
Asian Neighbor Design

Mr. Esterey Oropeza
head
Postal Workers Union

Mr. Ernie Yates
Director
Sunshine Garden

Mr. Robert Morales
head
Sanitary Truck Union

Mr. Mario Pinedas
Business Manager
Galleria de la Raza

Ms. Marguerite Recinos
MALDEF
Mexican-American Legal Defense Fund

Ms. Linda Gordon
Psychological Technician
working with AIDS patients

Mr. Ben Carasco
Union Representative
Hotel & Restaurant Workers

Ms. Debra Washington
social worker

Ms. Doris Thomas
Aide to
Representative Sala Burton's office

Ms. Esther Talarera
The Women's Building

Ms. Edna Austria Rodi
representative for
a nurses' group

a reporter from
The Portrero View
a neighborhood newspaper

staff at
Visitation Way Community Center
Glen Park

Editor
Phillipino News

Mr. George Saucin
Horizons Unlimited

Ms. Yvonne Jaffe
Clement Street Counseling Center

Ms. Fran Miller
Director
Lyon-Martin Clinic

Ms. Barbara Cabral
San Francisco Community College

Editor
El Tecolote

Althea
Women's Health Center

Ms. Nancy Wrecker
Iris Project

Mr. Keith Choy
Chinatown Youth Center

Mr. Vu Duc Vong
Southeast Asian Refugee Center

Mr. Wayne Luk
Southeast Asian Refugee Center

Mr. Dennis Conkin
worker with
Mid-Century Consortium

Ms. Gayling Gee, RN
Ward 86
San Francisco General Hospital

Mr. Craig Ishada
Health Educator
San Francisco General Hospital

Ms. Kathie Taylor
Antibody Health Program