

# Responding to AIDS *The Seattle-King County Department of Public Health 1982-1996*



## Exhibit Contents

Introduction	1	Needle Exchanges	45
AIDS Emerges	3	The AIDS Omnibus Act: New Mandates	50
Poised to Respond	6	Safer Sex: The New Normal?	60
New Programs: Working Together	11	The Legacy	68
Responding to Fear	16	Gallery	75
The AIDS Prevention Project	23	Oral Histories	135
A Leader in Research, Education, and Housing	31	References and Resources	142
Expanding Outreach	39	About the Exhibit	143

KING COUNTY ARCHIVES



## Introduction

The emergence of AIDS in major U.S. cities demanded an unprecedented response from the Seattle-King County Department of Public Health. Before the syndrome was completely understood and its cause isolated, public health officials embarked on an aggressive program of public education, prevention, patient assessment and counseling, and research.

With leadership and input from individuals personally affected by the disease, the Department worked directly with community organizations to develop programs that addressed the unique needs of at-risk populations and people with AIDS.

The Department's AIDS Prevention Project would come to serve as a model for public health agencies across the nation, and it informed responses to future public health crises.

The spread of HIV/AIDS in King County would be less significant than in cities such as New York and San Francisco. But by 1996, before effective treatment was developed, over 3,000 people in King County would die from AIDS-related diseases, and the impact of the disease is still felt to this day.

This exhibit tells the story of the Seattle-King County Department of Public Health's response to AIDS in Seattle and King County from 1982 to 1996 using archival documents, graphics, and photos. Video clips from interviews with staff who led Public Health's response to AIDS appear throughout the exhibit and provide different perspectives on the many issues that arose around the epidemic.

*"The ground shifted with AIDS.*

*Our culture shifted, our language shifted, the way we think about relationships, acceptance of different expressions of sexuality — everything changed with AIDS.*

*I don't think yet, even decades later, people even realize what a pivotal moment that was."*

– Ann Downer, AIDS Prevention Project Education Program Coordinator

KING COUNTY ARCHIVES

# AIDS Emerges

In 1981, a rare form of pneumonia and other rare infections and cancers began to be reported in otherwise healthy young gay men in Los Angeles, New York and San Francisco.

The cause of AIDS was not yet understood, and there was no treatment and no cure.

By 1982, AIDS was known to be transmitted not only by sexual contact, but also by contact with infected blood, through transfusions or shared injection needles. The deadly nature and the potential for rapid spread of the new disease was soon recognized as a public health emergency.

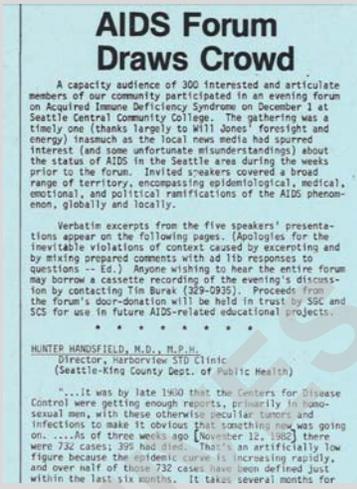


Clipping from the Seattle Gay News, reporting on the first documented case of AIDS in Seattle in 1982. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program.] [1825-1-7]

By November, 1982, King County had reported its first case of AIDS. This was an immediate challenge for local public health. The number of cases in the region increased steadily, mostly but not exclusively among gay men. The first deaths in the region occurred in Tacoma and Seattle in the spring of 1983.

The Seattle-King County Department of Public Health participated in public events, organized by health leaders in the gay community, to share the latest medical understanding of the threatened epidemic.

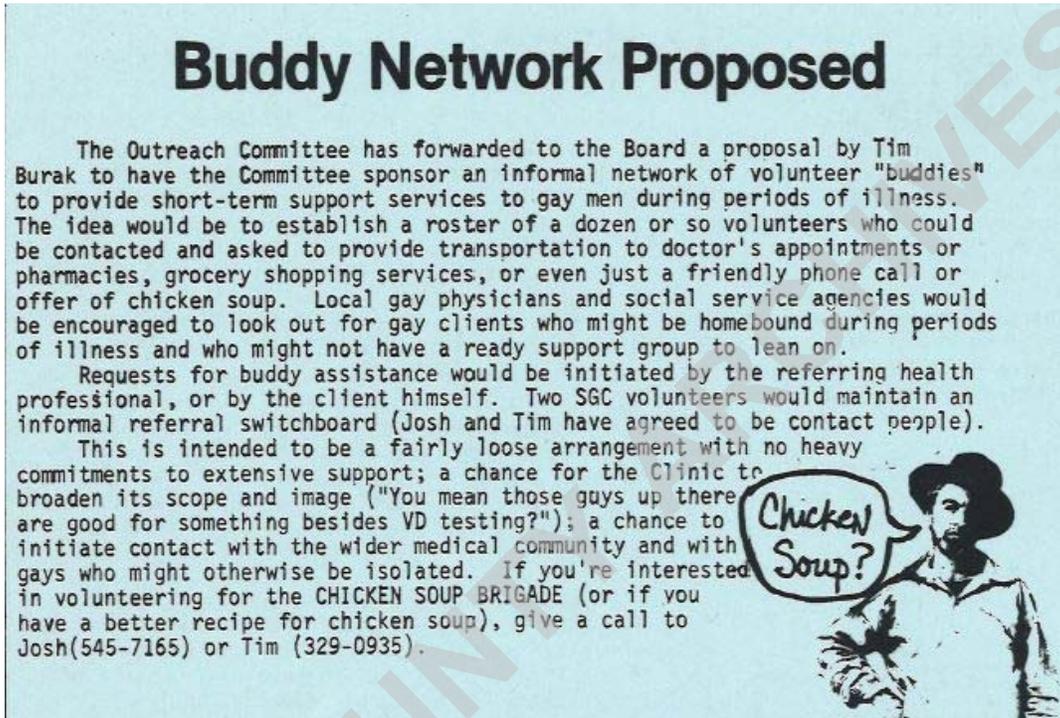
By early 1983 community groups had taken the lead in organizing support and services for people with AIDS. The Seattle Gay Clinic (an all-volunteer organization that provided STD screening, physical exams, counseling, and referrals), the Northwest AIDS Foundation, and others would become important partners to Seattle-King County Public Health.



The Seattle Gay Clinic newsletter Staff Notes reported on the December 1, 1982, event, "Keeping Our Gay Community Healthy: An Open Forum," held at Seattle Central Community College. The article included excerpts from presentations by Counselor Dr. Douglas Allmon; Seattle-King County Department of Public Health STD Program Director and University of Washington Associate Professor Dr. Hunter Handsfield; University of Washington Fellow, Division of Infectious Diseases Ann Collier; Seattle Gay Clinic Physician Dr. Tom Marsella; and Seattle Gay Clinic Volunteer Tim Burak. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-1-9]

# The Chicken Soup Brigade

The Chicken Soup Brigade, which would later merge with the Northwest AIDS Foundation to form the Lifelong AIDS Alliance, began in 1983 as an informal network to help ill and housebound gay men with basic needs like shopping, cooking, and transportation to medical appointments. Seattle Gay Clinic volunteer, Tim Burak, who later served as Project Coordinator for Public Health's AIDS Prevention Project, helped found the program and proposed the name.



Announcement of the new program from the January, 1983 issue of the Seattle Gay Clinic newsletter. Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program.[1825-1-9]



## Helping someone with AIDS

Tim Burak:

*I have this person, he doesn't technically have AIDS, but I believe that he does. He really wants to get out of the hospital, he does not want to stay in the hospital, but I know there's no one to help him because his lover has left him and his family has disowned him and he's kind of an angry guy and there's not much more we can do for him, and he wants to be discharged, but I'm afraid to discharge him because there's no one at home to help him."*

*So I said well, I think that's something we can help with. And I just decided that I would go out and meet this guy at home the day after he was discharged, to figure out what we might be able to do. So I went to his apartment and explained that we had this network. He didn't want to be called someone with AIDS because he wasn't someone with AIDS. Eventually he was diagnosed with AIDS. And he was pretty skeptical and he was a difficult guy, and you've got a very angry guy, but he needs help. So I said, "I can help you get some groceries. We've got these other volunteers who can help you if you need to get to a doctor's appointment or whatnot." And he said, "Well, I really need someone to clean out my bathtub." So I thought okay, this is where we learn by doing, so I just stayed with him and helped him get settled back in his apartment. And he was pretty upset because his lover had left him. I'm describing that first day with him, trying to get to know him and get to know his situation.*

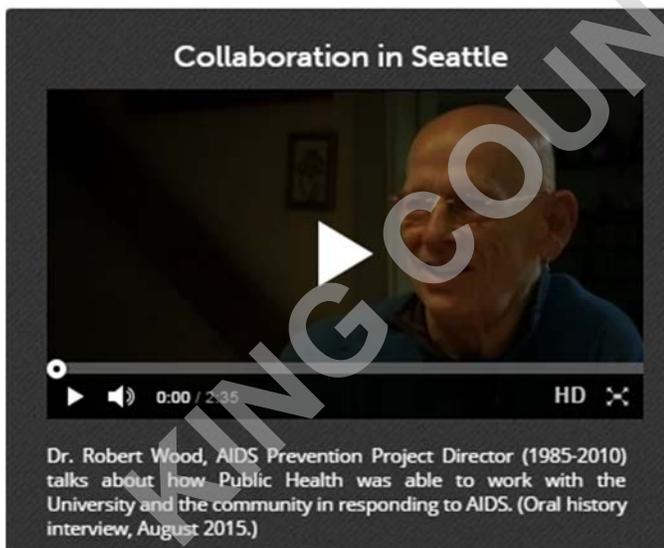
*There was a picture on the wall of his apartment, it was a picture of somebody that I vaguely recognized, and I thought it might be his lover. So I said "gee, that looks familiar – is that a picture of your lover?" And he looked at me and said, "No, Tim – that's me." But he had changed so much that he didn't look anything like his photograph. And I'd vaguely known him in the community and that's why I recognized his photograph, but it was hard for me to make the connection between the photo and him, because his body had changed so much, and he had been through so much. And you know, we just kind of sat down and cried together. So I contacted Josh and Stan and others, so we could sort of spell off on each other, driving this guy to get groceries or helping him out at home. He'd intermittently get angry at one or some of us, so we learned by kind of this very difficult initiation.*

# Poised to Respond

The Seattle-King County Department of Public Health was well-positioned to respond to the onset of AIDS epidemic.

## Research

Seattle's University of Washington Medical School was known for its research into sexually transmitted diseases. Some Public Health Department doctors were also associated with the medical school. Dr. Hunter Handsfield, head of Public Health's STD program, in 1982 was studying a lymph-gland disorder that might relate to AIDS. Already a nationally recognized leader in STD research and prevention, Handsfield helped forge policies and made recommendations to the federal Centers for Disease Control for a national response to the emerging epidemic.



## Collaboration in Seattle

Robert Wood:

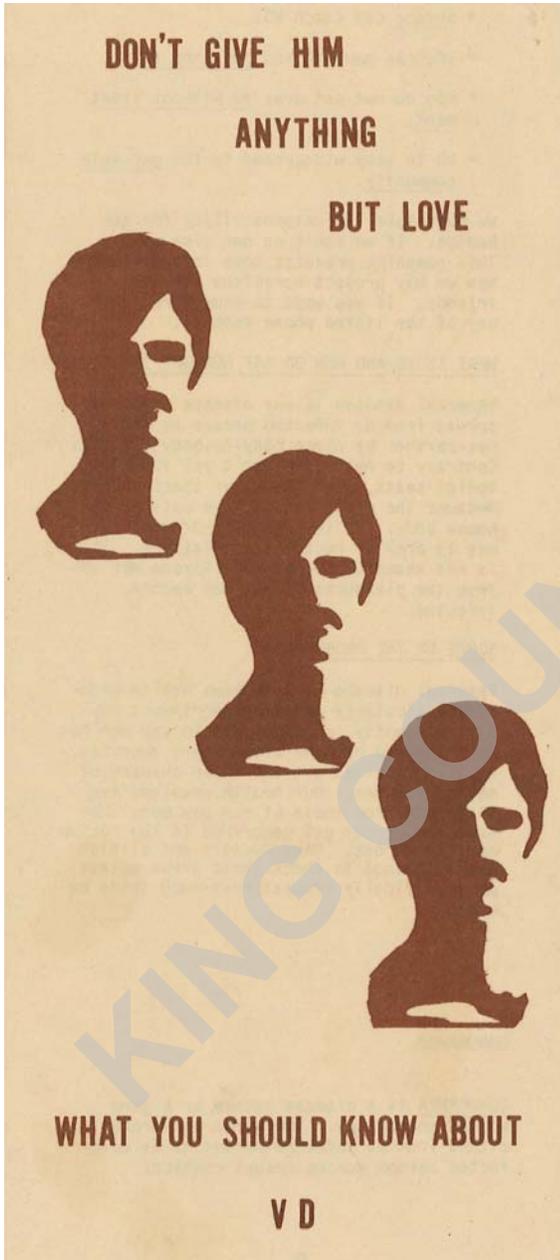
*But one of the things about Seattle I think that was really fortunate was that we had the ability to work together. In going around the country and looking at how other cities were dealing with HIV-AIDS, there was often a lot of competition and that didn't seem to be so much the case in Seattle. There was a little, when we had an opportunity to go after some money from the Robert Wood Johnson Foundation, I know Swedish was thinking about going after it itself, and wasn't sure that the health department should proceed to go after the money. But I think Patricia actually talked Swedish into kind of bowing out and letting the health department pursue it. So there were really good cooperative efforts that occurred within Seattle.*

*One time we had a visitor from Margaret Hamburg, who right now is the head of the FDA, but at the time she was the medical officer, the chief of public health in New York City, and she came out and said, "How come you have such great relationships with the university?" And to me it was really simple, because we only had one university (laughs) and in New York City they had Albert Einstein and Columbia and Cornell and Montefiori and Mt. Sinai, all these different entities that were all wanting a piece of various pies, and in Seattle it was fairly simple – we just had one university to work with, and we had a great university.*

*King Holmes and all the people that had been working on sexually transmitted diseases over the years geared up really early on and were a great set of allies for us, and both Hunter and I had appointments in the university as well, and were involved in teaching medical residents. So we really had our legs in to getting word out about AIDS. So that was a big part of the community was the university, but then there were also these burgeoning community organizations that all wanted a piece of the pie, as the pie got bigger, and more and more people realized that AIDS was going to impact them.*

## A History of STD outreach

The Public Health Department had a long history (see right) of treating sexually transmitted diseases. STD prevention and treatment programs included outreach to men who had sexual contact with other men.



Brochure targeted to gay men in the 1970s, before the emergence of AIDS. Series 11 - Clipping and press release files, Seattle-King County Department of Public Health. [11-6-7]

Still, some saw Public Health's venereal disease clinic services as punitive in tone and insensitive to privacy needs. In 1982, to better understand and respond to the needs of the gay community, Public Health, with input from volunteers from the Seattle Gay Clinic, formed the STD Advisory Committee, focused on STD's in gay men. Its membership drew from the Public Health Department, Seattle Gay Clinic, and the Dorian Group, a gay rights organization.

### Local support for gay rights and rights activism

In some areas of the United States, hostility towards gay people slowed or undercut efforts to address the AIDS epidemic. This was less the case in Seattle. The city had passed civil rights ordinances that prohibited discrimination based on sexual orientation in the 1970s. In 1978, citizens' Initiative 13 sought to repeal these ordinances as they applied to gay people, but broad coalitions formed, and the measure was defeated at the polls by a margin of two to one. This experience of community members working together for common ends greatly helped Seattle and King County respond to the AIDS epidemic four years later.

To read more about the history of gay rights in the City of Seattle, see the Seattle Municipal Archives' exhibit The Gay Rights Movement and the City of Seattle during the 1970s. (<http://www.seattle.gov/cityarchives/exhibits-and-education/digital-document-libraries/gay-rights-in-the-1970s/>)

## From “Social Disease” to “Love Needs Care”

From before 1890 until 1947, Seattle’s Department of Health and Sanitation was responsible for the control of sexually transmitted diseases in the region. Control techniques included contact tracing, anti-prostitution campaigns, hospitalization, and quarantine (in or out of jails).

World War II introduced new populations and social dynamics into the Seattle area, as well as the use of penicillin as a treatment for sexually transmitted diseases. This led to an enhanced postwar campaign by the newly unified (1947) Seattle-King County Department of Public Health. Intervention was based on education, detection, and treatment.



You might have seen this advertisement on a Seattle Transit bus in the 1940s and 1950s. “The Road to Health,” 1954. Series 872, King County documents collection.

The department’s Venereal Disease Clinic won national attention with its idea of putting posters in public transit coaches with the message that quick and simple tests were available for VD, as well as quick and simple treatment. Rather than reinforcing the stigma of “social diseases,” post World War II outreach materials treated the problem in a cheery, scientific manner.



Public Health sought to reach a new generation, as shown in the psychedelic graphics style used to promote “Love Needs Care” outreach events staged during the 1960s.



Graphic from advertisement for STD prevention outreach event. Seattle-King County Department of Public Health, ca. 1968.

### STD ADVISORY GROUP FORMS

by Tim Burak

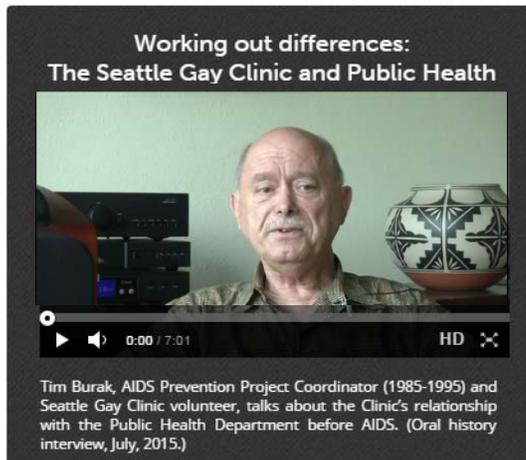
Representatives from the Health Department's STD Clinic at Harborview, the Seattle Gay Clinic, and the Dorian Group held a meeting on March 2nd to discuss the changing health needs of gay men in Seattle and King County. The meeting grew out of a series of exchanges that were sparked by an editorial written by Dr. Hunter Handsfield for the September, 1981 issue of the *American Journal of Public Health*. Dr. Handsfield hoped to establish an environment in which representatives of the gay community could brainstorm and share concerns in such a way as to help the Health Department to reassess its role and performance in control of STDs in gay men. All participants agreed that the get-together was a success (as was the Chinese dinner, afterwards), and the group will meet on a monthly basis.

The Seattle Gay Clinic is an all-volunteer community based STD screening and referral activity that operates out of County Doctor Clinic two half-days per week. The Dorian Group is a statewide human rights and public information oriented organization that plays an advocacy role regarding public issues that affect the lives of lesbians and gay men. All three agencies hope to maintain an ongoing dialog, and meetings are tentatively set to occur on the first Tuesday evening of each month.

Above: The April, 1982 issue of the Seattle-King County Department of Public Health’s employee newsletter, *The Carrier*, announced the formation of an STD Advisory Group for gay men, with representatives from the Department’s STD Clinic at Harborview Hospital, the Dorian Group, and the Seattle Gay Clinic. Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program.[1825-1-6]

Left: A cheery, scientific approach to VD testing. (1950) Series 275 – Photograph Files, Seattle-King County Department of Public Health. [275-14-187 item 90.2.2726]

## Working out Differences



Tim Burak: You know, I told you my own story about how I felt I didn't get first class care at Public Health and quite many of the gay men who showed up at the Seattle Gay Clinic were either afraid to go to Public Health – I mean, for one thing, it was in the same building as the police department, and in those days, you know, I'm forgetting the exact year, but in many states it was still illegal for men to have sex with men. There was the Harwick case in the Supreme Court and whatnot. Even though Seattle and King County were fairly progressive and had an open housing and employment ordinance that protected gay men and lesbians, there was still a lot of fear and difficulty about being out, and some of that had to do with going to doctors, going to Public Health clinics, etc. So the Gay Clinic, setting up as an alternative to all that, often we heard stories from folks who told us why they didn't want to go to a private doctor and why they didn't want to go to the Public Health Department, etc. So we learned a lot about that. And I had a foot in a couple of camps – my day job was at Public Health, and I volunteered at the Gay Clinic, you know, I got to hear both sides quite a bit.

There was maybe one sort of flashpoint, and this again was before the AIDS epidemic, just before it. There was some back and forth tension between the Public Health Department and the Gay Clinic, but not just at our gay clinic. We were part of a movement across the country of many gay clinics that had sprung up at about that time and were trying to do the same kind of thing, each in our own way. Some of the clinics had more resources than we had, and had grown to be bigger entities now. But some public health officials, including our own director of the STD program in those days, Dr. Handsfield, were critical of these freestanding gay clinics and Hunter felt that they were counterproductive because they might keep people from going to Public Health Department's and getting a wider range of services and more extensive follow up care than a freestanding gay clinic could provide. So Hunter wrote an article for the American Public Health Association's journal that was critical of the phenomenon of freestanding gay clinics for that reason – he felt it was keeping people from going to places where they could get more comprehensive care, i.e., Public Health Department's. It happened that in those days I went to the annual national meetings of the American Public Health Association every year, and I joined the gay and lesbian caucus of the APHA and the month that that letter came out, I went to our meeting in Los Angeles and here are my colleagues in the gay and lesbian caucus talking about that Dr. Hunter Handsfield from Seattle who doesn't like gay clinics. So I was there and I knew Hunter, we're friends. So we talked about that, and a group within the caucus decided to write a letter in response, arguing in favor of the importance of freestanding gay clinics.

So I came back to Seattle and I talked to Dr. Handsfield, and I said you know, that's a very controversial letter. A lot of conversation about it at the American Public Health Association and you're going to get some responses. And he said well, I'll handle that. And indeed, there was a letter submitted and he wrote a follow up letter. Hunter and I spoke several times around that, and I suggested to him why don't you actually come out to the clinic on a weekend and sit with us and see what we do. I think that might better inform you about what we're doing, and if there's something that we're not doing that's comprehensive enough, maybe we could improve the situation. And to his credit, he did. He came for a couple Saturdays and volunteered and worked with us, completely – what's the word? I don't want to say untrained, but civilian non-medical types like me were doing STD screens, but we were doing it under the direction of volunteer doctors and nurses, and he got to watch that, to see what that really looked like and if there were some ways that some quality assurance could be built into what we were doing.

So what came from that was a collaboration that in retrospect I think was a very, very positive collaboration, and less conflict. And the idea that we finally agreed upon was the strength of the Gay Clinic was that we could be a magnet for people who for whatever reason were never going to show up at a Public Health Department STD clinic or private doc or university operation. And we could provide a basic service and we would do that in conjunction with the health department to make sure that we were gathering specimens correctly, giving results correctly. But when we identified clients who needed follow up that we couldn't provide, we would stay with them as kind of case managers and work with the Public Health Department to make sure that they eventually got to the STD clinic or to another place where appropriate follow up could be done. And that was the model that we worked on for several years. The conversations around working out that model, coordinated largely by Dr. Handsfield and his nursing staff and STD clinic staff, there was a monthly gathering that we had that we called the Gay STD task force that involved staff from the Public Health Department and volunteer staff from the Seattle Gay Clinic and some volunteers from other organizations like the Dorian group, for example.

Eventually it was a group that happened to be in place when the first cases of AIDS were identified in Seattle, and because we had those conversations going, there wasn't this big schism between public health and the Gay Clinic anymore.

## More on what made Seattle-King County's experience different



Patricia McInturff, AIDS Prevention Project Division Manager. (Oral history interview, September 2015.)



Gary Goldbaum, AIDS Prevention Project Medical Director (1993). (Oral history interview, August 2015.)

### Seattle-King County's Experience

Patricia McInturff:

*...we had the right people in the community. I used to say that some of them could get to the mayor a lot faster than I could. Especially in the gay community where it went first - people who understood politics, who played politics, who knew who to call and how to call them. We had the University which at the time I think did more research on sexually transmitted diseases than any university in the United States. We had good people in the health department and we had good people running community based agencies. They were smart.*

### Seattle-King County's Experience

Gary Goldbaum:

*Well, Seattle's always been really progressive, and it was one of the leaders nationwide in certainly community level intervention strategies. Washington State 1988, that legislation - that was way ahead of its time. I don't think but a half dozen states followed in the next few years with comparable legislation. So we started with a state that was really ahead of most others, and then a place like Seattle, which was always pretty progressive, there were a lot of good connections already between the communities that were being affected and government, and frankly the public health institution really understood, we've got to get a head start on this.*

### Public Health: a history of reaching out to those in need

*"I have to really tip my hat to public health nurses, who are some of the most underappreciated people in the world, who welcomed me into their domain as a gay man, [and] who taught me a whole lot about how to provide quality care to people who were not used to getting quality care."*

Tim Burak on working in Public Health's dental program in the 1970s and 1980s. The program served populations such as refugees, jail inmates, and low-income senior citizens. Experience reaching out to under-served communities also informed Public Health's response to AIDS. (Oral history interview, July 2015.)

# New Programs: Working Together

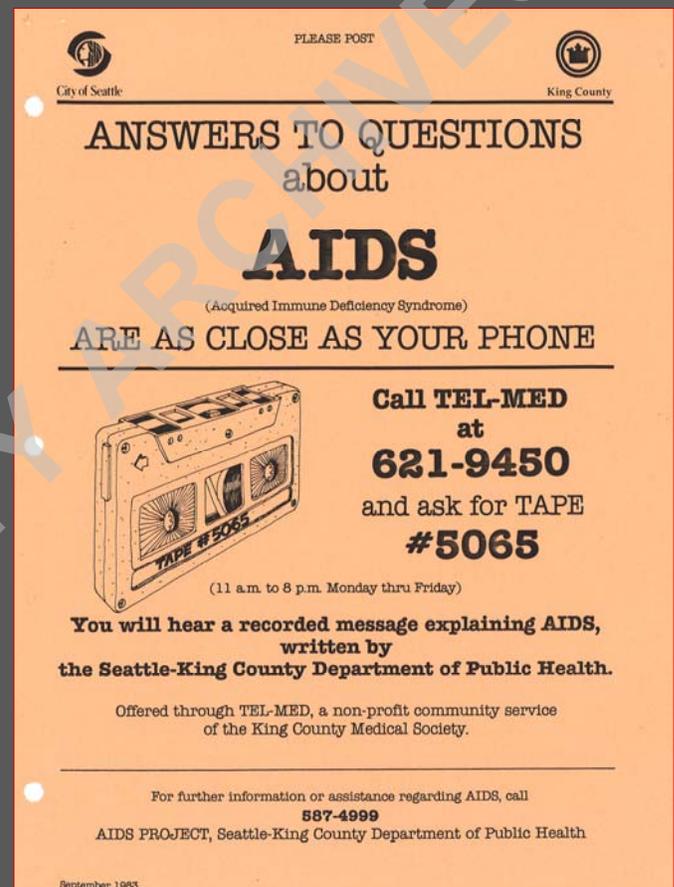
## Partnerships and Programs Develop

The Seattle-King County Department of Public Health initially focused on providing accurate information about AIDS through community meetings, press releases, newspaper interviews and recorded telephone information. The Department set up an AIDS information hotline at Public Health's STD Clinic located at Harborview Hospital in Seattle's First Hill neighborhood. The hotline was originally staffed by a single volunteer, Will Jones, who would later become a paid employee, training new volunteers as the hotline grew.



1983 poster advertising a community forum on AIDS in King County. Sponsored by the Seattle Counseling Service, the Seattle Gay Clinic, the Northwest AIDS Foundation, and the Gay/Lesbian Student Organization at Seattle Central Community College, the forum featured guests from San Francisco: Bobby Reynolds, a man with AIDS, and Jim Geary of the Shanti Project. Public Health worked closely with such community-based organizations.

Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-12-1]



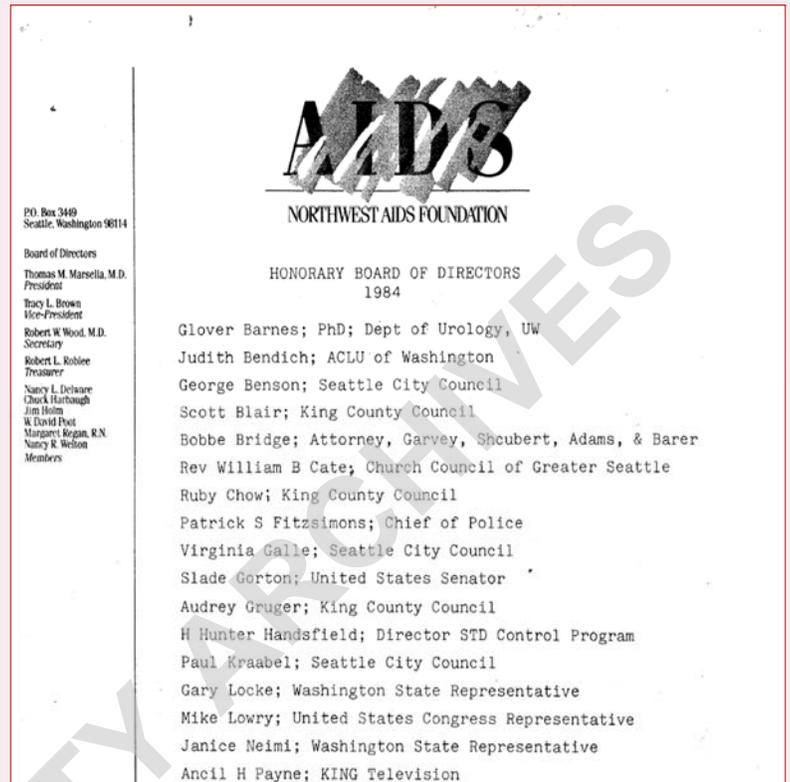
It may be hard to remember (or for younger people, to imagine) what communication was like before email and the Internet. The 1983 flyer above advertised recorded AIDS information heard over a telephone hotline.

Series 11 – Clipping and press release files, Seattle-King County Department of Public Health. [11-6-6]

## A Community Partner: The Northwest AIDS Foundation

The Northwest AIDS Foundation was the lead organization in the local community-based response to AIDS. Dr. Robert Wood was an early NWAFF Board president.

NWAF was instrumental in helping promulgate Public Health's prevention messages and strategies. State and local officials, including King County Executive Randy Revelle, Seattle Mayor Charles Royer, and City and County Councilmembers, along with other community leaders, served on NWAF's Honorary Board of Directors. From the mid 1980s, most public funding of other AIDS service organizations passed through NWAF. NWAF later merged with the Chicken Soup Brigade to become the Lifelong AIDS Alliance.



1984 Northwest AIDS Foundation Honorary Board of Directors. Series 1825- History files, Seattle-King County Department of Public Health: Prevention division/HIV-AIDS Program

## Emergency funding for a Surveillance and Education program

In 1983, the Department proposed an AIDS surveillance and education program to provide assessment, referral, and counseling services; to gather data and contribute to national research; and to provide accurate information to at-risk groups and a fearful public. The plan was developed in collaboration with the Seattle Gay Clinic and included funding for the AIDS hotline and one nurse practitioner.

King County Executive Randy Revelle recognized the need to fund AIDS programs without waiting for the next County budget cycle. He understood the implications of AIDS and its coming storm and supported emergency action, in spite of advice to the contrary from some advisors.

## The proposal: The AIDS Surveillance and Education Program

By August 1, 1983, both the Seattle City Council and the King County Council had passed emergency funding ordinances. Together they became the second local jurisdiction in the United States, after San Francisco, to allocate public funding directly for the fight against AIDS.

[ May 1983 ]

New Program Proposal: A I D S SURVEILLANCE AND EDUCATION PROGRAM

Acquired immune deficiency syndrome (AIDS) is a condition of profound impairment of cell-mediated immunity that results in disseminated malignancies (especially Kaposi's sarcoma) and opportunistic infections (especially Pneumocystis carinii pneumonia and disseminated infections). About 1500 cases have occurred nationwide, with 520 deaths to date; far exceeding the total combined mortality to date due to toxic shock syndrome and Legionnaire's disease.

King County, unfortunately, now appears to be following the trend observed in other metropolitan areas. The first local case of overt AIDS was diagnosed in mid-1982, and two more were reported in January 1983. A total of ten cases have now been reported in the Seattle-Tacoma metropolitan area; four have been

AIDS Surveillance and Education Program proposal.

August 1, 1983 830801- 06 Introduced by: Audrey Gruger  
Proposed No. 83-315

ORDINANCE NO. 6476

1 AN ORDINANCE appropriating \$15,843 to the  
2 Public Health Pooling Fund, County Division,  
3 from the City of Seattle General Fund for a  
4 new acquired immune deficiency syndrome (AIDS)  
5 program, amending Ordinance No. 6213, Section 55,  
6 as amended.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

7 SECTION 1. The amount of \$15,843 is hereby appropriated to  
8 the Public Health Pooling Fund from the City of Seattle General  
9 Fund for new acquired immune deficiency syndrome.

10 SECTION 2. Ordinance No. 6213, Section 55, as amended, is  
11 hereby amended as follows:

12 County Divisions (46347697777)	\$14,713,200
City Division	\$ 7,028,116

King County Council Ordinance 6476 allocating funds for the proposed AIDS Surveillance and Education Program.

Community activists, organized by the Dorian Group, the Greater Seattle Business Association, and the Seattle Gay Clinic, rallied at City Hall and spoke before the Seattle City Council. Representatives from the Northwest Physicians for Human Rights, the Freedom Socialist Party, the Seattle Mayor's Office, the Seattle Office of Women's Rights, and Seattle-King County Department of Public Health, all supported emergency funding.

### The Gay Community's Involvement in Creating an AIDS Assessment Project

The proposal would establish a formal partnership between the Department and the Seattle Gay Clinic. Tim Burak described this relationship in this 1983 program summary referred to in his APHA presentation. (Transcript next page.)

THE GAY COMMUNITY'S INVOLVEMENT IN CREATING AN AIDS ASSESSMENT PROJECT IN SEATTLE

Tim Burak Seattle/King County Department of Public Health -- Seattle Gay Clinic  
American Public Health Association, Session 659 (Socialist Caucus Panel) November 15, 1983

SUMMARY

Late in 1982, news of the first CDC-defined cases of AIDS in Seattle reached the public through a series of troubling newspaper articles, some carrying headlines that exacerbated people's fear and confusion about the new syndrome (e.g., "Deadly 'Gay' Disease Found in Heterosexual Seattle Man"). The Health Department responded with corrective news releases. The Dorian Group (a statewide gay/lesbian civil rights organization) immediately called a conference of local media people to identify sources of misleading information and to educate journalists on the basics of gay health issues. And the Seattle Gay Clinic organized a public forum, AIDS: Keeping Our Community Healthy that drew a crowd thrice the expected size.

By this time, 5 cases had been reported, community interest/anxiety was high, and gaps in the local health network were apparent: the communicable disease unit of the Health Department had no special resources to direct toward adequate case-surveillance; the Gay Clinic, with its all-volunteer staff and limited STD-screening focus was not equipped to handle increasing demands (clients were presenting for STD checkups, while really requiring full physical workup

## What is “surveillance”?



Sharon Hopkins interviewed by Lawrence Knopp:

*...what we call public health surveillance. Which is a term that has a very bad connotation outside the realm of public health, but it means counting the cases, analyzing who's getting HIV, why they're getting HIV, what populations are impacted, what are the trends? Is the disease increasing/decreasing? What are the risk factors? That's where you can get into a little more research. Are certain types of injection drug users more at risk? Gay men, lesbi-*

*ans - who was at risk? That's the type of thing I was doing. When you think of research, most people think of laboratory or big studies and so on, but this was more what we call public health surveillance.*

**LK:** *Would that be more sort of data analysis, data cleaning?*

**SH:** *The big thing was data collection. At the time what we called full-blown AIDS people, people who were very sick with AIDS, legally had to be reported to the Public Health Department at the local level and then those data were eventually transmitted to the state and maintained. Then we would analyze them - how many people had died, how many were male, female, age group, risk factors, etc. and make that data public on an aggregate level. That helped inform where did the prevention services need to go, what the hospitals and doctors should expect for future case numbers, etc. So that was the job. The day I started, Will Jones was one of the first employees of the AIDS Project and he handed me what we call a line list, essentially an 8 x 11 piece of paper that had a listing of everybody who'd been reported with AIDS in King County. I counted them, there was 140 people on this handwritten list, and that was the basis of the surveillance program. And of course that was maintained in a locked up situation, but that's what I started with. I think it was in pencil, as I recall, which seemed kind of odd.*

What was it like to visit an assessment clinic in the days before there was an HIV test and when there was no known treatment for AIDS?

## My trip to the AIDS Clinic

By Steve Foiles

After studying AIDS for a year and a half, I thought I understood the subject well. When a close friend died of AIDS this summer, I needed to find out more — and right away.

Specifically, I wanted to know if I "had" AIDS. The first people I turned to were the folks at the AIDS Assessment Clinic in Seattle. They were able to reassure me about my own health and surprisingly, they also gave me some new information. Or, my heightened personal interest

I felt better going in the second time — on familiar territory. I was told to go through the double doors into the waiting room, after giving the woman at the counter my "vitals" for the client file — name, address, birthday, income.

There's a lot more than just the AIDS clinic on the twelfth floor. In the big, bright waiting room, I saw young families with infants, pregnant women, a bunch of people in offices at desks.

Soon, Will Jones came out and invited me into his office. He explain-

*"There is no test for AIDS.*

*The AIDS clinic does not diagnose AIDS. It assesses risks...*

*There is a lot more about AIDS that we don't know. A lot of doctors and nurses have been exposed to AIDS and they don't know what to do about it any more than we hunks on the street do."*

(From "My Trip to the AIDS Clinic," Seattle Gay News, 1984.)

First-person account published in the Seattle Gay News, September 7, 1984.



Nurse practitioner Joanne Tilton and Frank Chaffee, posing as a patient for the photo, at the AIDS assessment clinic (ca. 1986). Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-10-19]



## “Can I get AIDS?”

In the correspondence below, one individual was concerned about a shared communion chalice, and another speculates on the possibility of getting AIDS from salad prepared by an infected individual.

Dr. R.M. Nicola  
Seattle-King County Health Department  
610- 3rd Avenue  
Seattle, Washington 98101

Dear Dr. Niccla,

Can you advise me what public health dangers are posed to individuals who share a "common cup" at communion in church?

I recently listened to The Reverend Carol Ludden, who has an Episcopal church at the Pike Place Market, preach from the pulpit about one of her parishioners who is dying from AIDS. Mrs. Ludden has taken this man into her home because he did not wish to die in a hospice and his family has refused him. What dangers are posed to my family by using the common chalice at a service where infected persons are also receiving? Other diseases such as tuberculosis and Epstein-Barr must also present some degree of contagious passing even in today's world of sophisticated medicine. I have been lulled by the thought that faith makes me immune, and the shibboleth the the alcohol in the wine will kill these virus and bacteria. My intellect tells me this is nonsense.

I am urging our church to provide a communion cup for intinction for those who do not wish to share saliva. Can your staff provide me with any information which would further this goal?

Sincerely,

products." Then she asked, "Well couldn't I get AIDS if a homosexual AIDS victim cuts their finger off and bleeds in my salad, well couldn't I? I mean isn't it possible?" My response was, "Health regulations do not allow any contaminated food to be served, food that anyone has bled in should never be served. AIDS is transmitted through intimate sexual contact and through transmission of blood and blood products; AIDS is not transmitted through casual contact." She said, "So I can get AIDS from my salad!" I then suggested she call the nurse in the AIDS clinic and gave her the number.

On the Sunday evening, May 20, Town Meeting program, I was surprised to hear a young woman remark that the Health Department AIDS information line told her, "Yes, I could get AIDS from my salad." The host of the program made it very sensational and, after repeating several times, finally attacked Dr. Handsfield to defend the Health Department's position.

I have no way of knowing if the young female on the program was the same person I had spoken to the previous week, or if I had spoken to her at all. People hear what they want to, what they hear is not necessarily what is said.

Series 10 – Director's city/county division files, Seattle-King County Department of Public Health. [10-24-2, 10-23-3]



## Fear in the early years

Ann Downer: *For many people it was fears for their children. Maybe not even through sex, but fears of getting it somehow by another kid being at school or falling down on the playground and having some sort of contact with a child who was bleeding. Other people I think look for a place for their generalized anxiety to reside, so they had absolutely no personal reason to be afraid but lock onto something like this to express their anxiety. And then other people are having sex and they're worried...*

**Q:** How is AIDS contracted?

**A:** This is still unknown. There are many theories about how a person becomes susceptible. As with any newly described condition, there have been false leads in the search for a cause. For example, it was first suspected that certain drugs, especially inhaled nitrites ("poppers") might cause AIDS; it is now known that this is not the case. The best current hypothesis is based on a similarity between the characteristics of those contracting AIDS and those at high risk for hepatitis B (homosexually active men, IV drug users, and people who receive a large number of transfusions.) This analogy supports the theory that AIDS is due to a virus, transmitted like hepatitis B; that is, by contact with infected body secretions that may occur with sexual contact.

**Q:** Can AIDS be prevented?

**A:** Because the cause of AIDS is still unknown, medical science cannot make definitive recommendations for prevention of this illness. However, since AIDS appears to be a communicable disease that can be sexually transmitted, common sense, as well as results of some scientific studies, support the following recommendations:

1. Intimate sexual contact should be avoided with persons known or suspected to have AIDS. Sexual contact in which partners do not exchange sexual secretions probably does not increase the risk of acquiring AIDS. Sexual secretions can include blood, semen, saliva, urine and feces.
2. Avoid having sexual contact with multiple or unknown partners, and

This 1983 brochure answered questions with an honest assessment of the current knowledge about how to avoid contracting AIDS. Series 820 – King County documents collection. [820-5390]



## Mistrust

While Public Health worked closely with organizations such as the Seattle Gay Clinic, many in the gay community mistrusted the idea of a “surveillance” program, fearing that patient names might appear on government lists that could be used to discriminate against them based on their sexuality or illness. In 1983, the Department had to reassure the community that Seattle police were not maintaining lists of people with AIDS. See the Department’s news release.

# Police deny AIDS list



George Bakan, president of the Seattle AIDS Action Committee, is pictured (left) speaking at the Municipal Building to picketers responding to police AIDS list. (Photo by Jim Arnold.)

by **RON ENDERSBY**

According to sources connected with organizations working with people with AIDS, the Seattle Police Department, or certain officers in the department, have constructed and circulated a list of persons with AIDS. The list is reported to contain the names of ten King County residents with the deadly disease.

When contacted by *Seattle Gay News*, Assistant Chief of Police Noreen Skagen said that this list, should it exist, did not have the authorization of the Seattle Police Depart-

of Public Health AIDS Project said that if there is a list of people with AIDS, it should not be in the possession of the police department. If there was not such a list, added Helgerson, then the actions of the police officers concerned with the issue are indeed questionable.

According to Helgerson, “If it does exist, it should be burned.” Helgerson’s main concern was confidentiality.

Assuming that the police did not simply draw the ten names out of the phone directory, what then was the

Clipping from Seattle Gay News story on leaked list of individuals identified as having AIDS. Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-1-7]

# The Media

Public Health leaders worked closely with local media to promote public understanding about AIDS and to discourage sensationalist



In 1984, Seattle's public television station, KCTS-TV, produced a Peabody-award-winning documentary program, *Diagnosis AIDS*, about the Seattle-King County response to AIDS. Some public television stations in other parts of the United States refused to air the program, citing its "controversial" nature.

Local efforts working with the media sometimes met with mixed results. In 1986, only one of three major local television stations would air a public service announcement produced by the Northwest AIDS Foundation and funded by Public Health and the federal Centers for Disease Control.



Above: Stills from *Diagnosis AIDS* (Above: Tim Burak. Below: Hunter Handsfield.) Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-1-10]

Vice President & General Manager  
KING 5 Television  
P.O. Box 24525  
Seattle, WA 98124

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH

Dear Mr. Dorrance:

We are taking this opportunity to thank KING Television for its decision to run the Northwest AIDS Foundation public service announcement on AIDS risk reduction. KING has led the local electronic media in its contribution to control of both the AIDS epidemic and the resulting public hysteria, largely through your superb documentary of one year ago. We are grateful for your continued leadership in this area.

We would appreciate your insight as to how we might influence your major competitors, KIRO-TV and KOMO-TV, to air the PSA. Alternatively, if you have professional contact with your counterparts at those stations, we and the Northwest AIDS Foundation would greatly appreciate any influence you can bring to bear on them.

Thank you once again for your valuable contributions to the control of AIDS.

Letters to King 5 Television, KOMO-TV, and KIRO-TV regarding the stations' decision to air or not to air the PSA. Series 443 – Administrative files: Bud Nicola 1973-1989, Seattle-King County Department of Public Health: Director's Office. [443-5-6]



Hunter Handsfield on appearing in a TV news segment. (Oral history interview, September 2015.)



Patricia McInturff on media relations. (Oral history interview, September 2015.)

## Sensationalism

Hunter Handsfield interviewed by Lawrence Knopp:

*HH: So they had a ten minute segment on the peak hour KING evening news, I think Lori Matsukawa, was she also with KING?*

*LK: Before she was at KOMO. I think that's right.*

*HH: Anyway, he talks to me ahead of time, he knows all the deal, he knows the stuff, he's not going to make this inflammatory and so on, but at newspapers – I think even now, I don't really know very often anymore – I know at newspapers and I think at radio stations, the people who write the stories often are disconnected from those who write the headlines and the grabbers, and they sort of had this intentional firewall, that the headline writers were supposed to be able to look at this and not feel obligated to coordinate. Well, sometimes you'd get a headline that was inflammatory over a story that was sober. Well, this time I'm getting ready to go live on the air, and whoever does the voiceover introduces me and says, "AIDS is here. It's rampant. It's infecting everybody. As far as we know, it's infecting your dog and your cat. This is the plague – " I mean, it was just inflammatory horseshit, it was just – and this voiceover is going on, and Mike James, am I remembering right? My brain slipped a second. So Mike's looking at me and his eyes are getting big and mine are getting big as we hear whoever's reading this voiceover so we spent the next ten minutes correcting the misinformation from the introduction before we got into the meat of the important stuff.*

## Making Public Health the Source

Patricia McInturff:

*We wanted the media to come to us, the health department. We wanted to be the person they went to as opposed to someone in the community who might not have the same public health perspective we did. We always said that good civil rights is good public health, and vice versa. But nevertheless, we wanted AIDS to be a public health problem, not a civil rights problem, and we thought if we kept it public health, we could keep people from breaking up. So we had a rule that we accepted calls from the media 24 hours a day, no matter where you were - yes, they could come to your house; yes, they could call you. If they didn't know what that word was in a story or how to describe it, we made ourselves totally available to them. And I think because we never blew them off, we knew they had deadlines - because we knew the minute we didn't answer the question, "Why is this strain of the disease better than that?" or "Why can't you get AIDS this way instead of that way?" they'd go to somebody else and then we'd have to spend our time trying to correct. Because there was a lot of bad information out there about AIDS - how could you get it, how could you not get it. Especially in the early days. We used to say you put sex and death together, just gets all kinds of problems. So the media knew we were always available and we made ourselves available, and we cultivated them.*

# The AIDS Prevention Project

## Scientific progress: HIV testing

In 1984, scientists discovered the HIV virus, the cause of AIDS, and developed an experimental antibody test. The test was offered by the AIDS Assessment Clinic and the Seattle Gay Clinic. The Puget Sound Blood Center, in conjunction with the Public Health Department, became a leader in developing blood screening policies.

AIDS in King County
<b>1984</b>
52 new cases of AIDS 18 deaths
<b>1985</b>
82 new cases of AIDS 56 deaths

## Controversy around testing

When the HIV test became available, medical treatment was limited. People debated testing's potential benefits and risks.

### Fear of being tested

Ann Downer, interviewed by Michael Brown:

*Well, this was before AIDS treatment and I think just like the fear reaction to AIDS, people had a lot of different reactions to testing. One of them was why get tested if there's nothing you can do about it? Which of course was misinformation, there are always things you can do when you have knowledge. But I think people thought it was fruitless to be tested. Another big fear, and I think a legitimate fear for people who are already really stigmatized like gay men or drug users or African Americans, is what are you going to do with the information and how might that be used against me? People had a lot of legitimate fears around that, I think related to insurance, like would they then be denied health care benefits or even life insurance? Like any fear, it tends to lock onto whatever is personally relevant for you.*

**MB:** *So you weren't just dealing with how is this virus transmitted, it was also "if I go to public health and get tested and it's positive, where does that information go?" You had to educate about those kinds of things as well?*

**AD:** *Yeah, and test results are physical results and they are recorded. And information, as we know today all these years later, you can't always protect it completely. So yeah, people had legitimate fears. And then again, it's difficult to remember just how much stigma and fear there was around HIV back then. People fearing that others would find out they're positive. And then if you're positive, you have a responsibility to tell your partners, and whoever teaches those skills? So people were pretty much at the mercy of something new and frightening, and were already stigmatized in many cases by their sexual orientation.*



## Frustration in the early years

Hunter Handsfield:

*Early on, running an AIDS prevention program was a very frustrating business; unlike sexually transmitted diseases, tuberculosis, vaccine preventable diseases and so on, we had this new syndrome which we couldn't do much about at a biological and clinical level. We had no drugs, we weren't sure initially of diagnosis, the blood tests that became available initially, we were not sure how to interpret them, then we did know how to interpret them – so we could test people, we could determine that they were or were not infected, we could counsel them about how they can reduce their risk of being infected if they weren't, or to reduce transmission if they were – all that was we now know profoundly ineffective, we were spinning our wheels, because we didn't have a drug to treat. We didn't have an ability, we didn't have a vaccine, we didn't have any ability to intervene except to help people cope if they were frightened, we could try to do that. That was less a public health department role – once someone was diagnosed, they weren't continuing to come to us, the public health department clinics and so on, so we ran what we called an AIDS assessment clinic, but it was only assessment. It wasn't treatment, it wasn't therapy. And there was a lot of controversy as to whether the counseling, interviewing, advising people what most of them intuitively knew anyway was not a very satisfying exercise.*



## Should you or shouldn't you?

Tim Burak interviewed by Michael Brown:

*...and now that a test was available, a lot of controversy about the test. What are the steps that you take when you decide to be tested or not? So a lot of that got played out on the hotline.*

*MB: Could you say a bit about that? The anxiety around testing and the issues?*



*TB: Well, here's a test that's being piloted – I think it's being accepted as pretty accurate, it shows that people are infected by this virus that's been identified as the cause of eventually, of AIDS. But if you take the test and you test positive, so what? Because we didn't have anything we could do to treat people. We could help them get them further evaluation, we could help them get into a system where if they tested positive and they were showing early signs of illness, like something that could be pneumonia or this skin cancer, but could we treat it? Not really. We could do some preventive care around that pneumonia, pneumocystis pneumonia, it was called.*

So yeah, great good news – we had this test, but a lot of people were afraid because they thought well, all right, sure, I'll go take this test, but now that I'm positive, what does that mean? Am I going to die? What can I do? Doesn't sound like I can do much, doesn't sound like they can offer us very much. There was also the fear that taking the test and somewhere having a record that you were testing positive would put you at unknown risk for who knows what, whether it was job discrimination, whether it was having your neighbors want to kick you out or whatever. So there was a whole lot of fear about the ramifications of taking the test. At the gay clinic we had a lot of debate about the value of taking that test in the early first year, especially, and we wrote up a position paper that we published in the Seattle Gay News, should you or shouldn't you take the test? Giving what we thought were the pros and cons of taking this pretty controversial test. The Public Health Department's line was it wanted to encourage people to take the test because that could lead to getting them into care earlier, even though the care might not be – certainly not a cure, but care that was going to make people better. There was more skepticism among the gay community and among the volunteers at the clinic about pushing the test, so we didn't want to push people or give the impression that we were pushing people into taking the test, because our clients at the gay clinic were coming to us, many of them having experienced pretty severe discrimination in their lives, and were wary of opening themselves up to some whole other level of discrimination.

### **In favor of testing**

Robert Wood:

So it made sense right off the bat to me that once we had the ability to distinguish people who really had this infection from those who didn't, we should encourage people to get tested, even though we knew that was going to be frightening for them. We didn't have a treatment, really, for HIV. We did have treatments for some of the other diseases, and we very early on learned that we could prevent some of those diseases. So knowing that somebody was infected could potentially have a big impact of two or three years on keeping somebody well and then before they would develop side pneumocystis. So that was one argument for testing people.

Another argument was that if people knew they had HIV infection they would very likely not want to transmit it to anybody else, and there was a major controversy there because we were not just inferring, we were actually saying if you know you have HIV, you should tell other people you have HIV. But that was not palatable to a lot of people in the early days, because it was scary to disclose that you had HIV. It might get further than that one person that you told, and people might lose employment or housing, and end up out on the street or something of that sort. So testing was very controversial. In the very early days Gay Men's Health Crisis in New York City, the main AIDS organization there, was opposed to testing. They said what have you got to – what's the value of it? All it's going to do is frighten you and there's no treatment for it. Why should you be tested? On the other hand, those of us in medicine, it made all the sense in the world to test so that we could know who to worry about and whom to put on prophylactic treatment, and so on and so forth.



## Federal funding

The federal Centers for Disease Control (CDC), impressed with both Seattle-King County's ability to obtain local public funding for AIDS work and its collaboration with community groups, awarded the Public Health Department one of the first AIDS Prevention Demonstration Project Grants in the United States, along with Dallas, Denver, Long Beach and New York.

### AIDS Prevention Project opens, brings together other organizations



The staff of the AIDS Prevention Project opened their doors this week.

by Chris Dzielwontkoski

There are no balloons or door prizes, and no banner saying "Grand Opening," but a major community facility is now open and doing business at 1116 Summit Avenue: The AIDS Prevention Project.

Following a grant from the Centers For Disease Control in 1985, the Seattle-King County Department of Public Health AIDS Project has been assembling a staff, and looking for a home.

"Some of us were at Harborview, some were downtown at the Public Safety Building," said Ann Downer, Health

The facility will offer information through its resource center, phone line, and by providing speakers to to businesses and organizations.

"We've gotten over 300 requests for speakers in the past six months," said Downer, "mostly regarding AIDS in the workplace — everything from AIDS-101 to very specific detailed information for research."

Recently, Downer had to compete on radio with a Lyndon LaRouche supporter. "He was very smooth — very self-righteous — and very wrong."

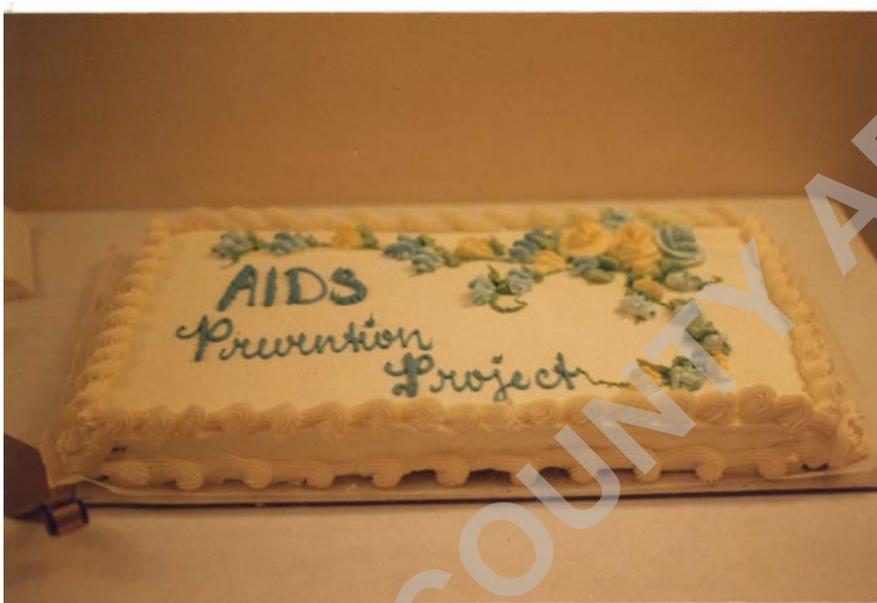
Clipping from the *Seattle Gay News*, 1986 Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-1-11]

The grant of \$365,000 developed model programs: AIDS education for the general public and prevention and control projects among one of the groups of King County citizens at highest risk: men who had sex with men (by far the largest group.) The grant also provided coordination and support for community-based AIDS services, such as the medical resources program of the Northwest AIDS Foundation. A second CDC grant of \$70,000 funded epidemiological work.

The Seattle-King County Department of Public Health had made the decision to assume the lead role in applying for and allocating outside funding for local programs. External funding for surveillance, prevention, public education, and support for persons with AIDS would all come through Public Health, with partner organizations as subcontractors. Public Health's leadership assured that there were no conflicting proposals nor duplication of services.

## The AIDS Prevention Project

The grant allowed the Public Health Department to expand its AIDS Program into a more consolidated and independent unit: the AIDS Prevention Project (APP).



The project originally had a staff of thirteen: a medical director, a project coordinator, an epidemiologist, a health educator, two information/outreach specialists, two nurse-practitioners, two health advisors (counselors), and a front office staff of three.



Photos from the AIDS Prevention Project's open house at its new location on First Hill at the corner of Summit and Seneca.

Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-9-2]



Robert Wood: *I marketed my practice as it opened up to the LGBT because I was a gay physician, and I was sort of an academic physician, already on the faculty at the U and helping to teach interns and residents. And I had some epidemiology skills, and I got involved in taking care of some people with AIDS through the gay physicians group, and basically when the Health Department decided they needed a health officer for HIV-AIDS, Hunter approached me and asked if I might be interested.*

*I remember we had dinner one night up at Charlie's, which is about to close, up on Capital Hill. And I got thinking about it and ultimately decided it was a good match for me. It was a particularly good match for me because in May of '85, I discovered that I tested positive for HIV, and so I got thinking that this would be a good way maybe to make a contribution before my life ended. And it has yet to do that.*

Flier advertising the APP's new location and extended hours. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-3-5]

## A Place in the Community

Turned away by many potential landlords, in June, 1986, the AIDS Prevention Project finally moved into its new home on Seattle's First Hill at 1116 Summit Avenue.

### Finding a location for the AIDS program

Tim Burak:

*We moved the AIDS Prevention Project from the Public Safety Building largely because we were still concerned that people might be a little leery of coming to a building that housed the police department and the jail. That's where the health department was in those days. And so I became charged with looking for an alternative place for the HIV AIDS program to operate*

*that wouldn't be so identified as a government institution, and so when I went on a search that was kind of a strange adventure, because that was still – this is 1985, but there was still a lot of fear in the community, and real estate brokers and landlords and landladies had lots of fear about the potential of renting space to an AIDS clinic, as they would think of it.*

*This was when we were first offering HIV testing and we wanted to offer it in some alternative site, so I went looking and eventually found a space on First Hill that was close enough to Capital Hill that we felt it would be gay friendly. But I endured some pretty nasty treatment from real estate agents who either didn't want to deal with anything having to do with AIDS or in one case, this woman drove me out to a site that's long gone, but it was basically a brick bunker covered with blackberry bushes, and she said, "Well, there's maybe a good place for you," and she laughed. You know, people got away with that kind of treatment in those days. But I stuck with it and we finally found a place on First Hill, and the landlord there was – well, he knew what his interests were, but he was also willing to consider – after he met with me, he said, "I went and I talked to some of my doctor friends, and they told me this AIDS thing is going to be around for a while. So I think it probably wouldn't hurt if I established some kind of relationship with you and let you rent some space." So he let us rent half of his building, which had been a vocational training school up on Summit Avenue, and that's where we established the AIDS Prevention Project as its own entity, physically separate from other health department buildings. Because in those days we kind of wanted to do that. Nowadays everything is mainstreamed. HIV testing and services are offered at all the health department clinics throughout King County, but in those days, it was a different story and most folks just did not want to have something with AIDS in its name in their neighborhood or in their building.*



APP staff formed a close-knit unit. In addition to the daily challenge of assessing, testing, and counseling people who might be diagnosed with AIDS or found to be HIV positive, over the years, some staff members, community partners, and friends would also become ill with AIDS and pass away.



AIDS Prevention Project Staff on retreat in 1988. Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-10-24]

### The saddest time



Ann Downer reflects on what it was like working in the APP before treatment was available. (Oral history interview, August 2015.)

**The saddest time** Ann Downer: *I think in many ways it was the saddest time of my life. It was exciting to be learning something new and to help other people learn, but it was before treatment and that was a particular time everybody remembers.*



In 1992 the APP moved to a new location in Seattle’s Belltown neighborhood. At the ribbon-cutting ceremony for the new space, above from left to right are pictured APP Medical Director Dr. Robert Wood, Public Health Department Director David Lurie, an unidentified person, and King County Executive Tim Hill. Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-9-15]

# A Leader in Research, Education, and Housing

## Be a Star

With grant funding, the AIDS Prevention Project (APP) undertook research studies.

One of the first (1986) and largest studies was called “Be a Star.” It was a longitudinal study—a study in which data is collected about the same group of individuals over a span of time. The APP developed a way that subjects, gay and bi-sexual men, could participate anonymously.

Anonymity was important for those who were concerned that government agencies might not keep their information confidential and who did not want friends or employers to find out that they identified as gay or that they might be HIV-positive.

### Being a Star while remaining anonymous

The APP’s innovative solution to ensuring anonymity was to organize participants into six groups, each named for a “camp” cultural icon.

Every six months the men were reminded through public advertisements that it was time for their assigned “star” group to return to the APP for follow-up interviews and optional HIV testing. With these public notifications, there was no need for APP staff to directly contact participants.

In addition to notification through public advertising, participants received wallet-sized reminder cards like the one shown below to help them remember when to return for their follow-up visit.

Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-2-13]



Each participant was also assigned a unique code that APP used to track that individual’s data over time without the records being associated with a name.

By the time the study ended in 1992, 2,676 men had participated. Initial data from the study helped the APP target its programming and improve counseling services.

Later data assessed the impact of APP interventions on sexual behavior change.



Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-2-13]

In the above photo from the 1987 Seattle Gay Pride Parade, volunteers portrayed the study’s “stars” to recruit participants. From left to right are Billie Holiday, Mae West, Marilyn Monroe, Judy Garland, and Oscar Wilde. The sixth star, not pictured, was James Dean.



Front and back covers of "The Seattle Star," a semi-annual report targeted to the gay community, summarizing findings from the Be a Star study. Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-2-13]



Flyer advertising the Be A Star study. Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-5]

### Personal and profound

Frank Chaffee: *Well, a typical day was mostly direct face to face, one client after another. And we had one hour visits at the time. That was because many of them were part of this longitudinal study where we had an interviewer administered questionnaire, and it was a long questionnaire where we asked a lot about sexual behavior and attitudes and things like that. So I would come in and I'd grab the chart out of the pending chart file, call a client from the waiting room, take them back to my office, we'd sit down*

*and we'd have this hour interaction where we would talk about really personal and sometimes profound things with a complete stranger. We were predominantly enrolling people on an anonymous basis so that they were creating a code. I didn't know the name of the person or how to get in touch with them. We had a clever system to get people to try to get people to remember to return every six months. And it quickly became clear that when you talk to somebody about sex, all sorts of other things come into the mix. There's a tendency when you think of sexually transmitted infections from a biological perspective that there are bugs that go from Person A to Person B, and you got to figure out how to either treat them or prevent them from going from Person A to Person B. And it quickly becomes clear that yes, people put Part A into Slot B and they have sex, but it comes packaged (laughs) in all this other stuff around emotions and cultural expectations and family expectations and personal views about the future and their self worth and the worth of their partners. It's just all this complicated stuff that gets attached to also this biological act. So there's a tendency initially in public health, in public health communicable disease, to think from the perspective of the disease causing entity. It gets from Person A to Person B, how can we interrupt that so we can keep the population safe? And so our usual tools are vaccines and treatments and we didn't have either of those with HIV. In the course of saying okay, we'll at least make you aware whether you've got it or not and hope that you'll behave responsibly if you do, all this other stuff started coming up. Because the stakes were so high.*



## Wide-Ranging Research

Beyond the Be a Star study, the APP conducted research on an array of topics, many in partnership with the University of Washington, the CDC, and Washington State. By 1988, APP research included blind testing of blood samples at blood banks and hospitals to measure the prevalence of AIDS in the general population; surveys of knowledge and attitudes among students in response to AIDS curricula; research on the cost of AIDS care; validation of the completeness of AIDS case reporting; and studies on the effectiveness of counseling intravenous drug users in prevention methods; among other subjects.



### Epidemiological research

Sharon Hopkins interviewed by Lawrence Knopp:

*So we had a small group to start with, like 5-7 people at the beginning, and myself, I was one of the later additions after those folks. But eventually we grew into a unit at one point doing different forms of more intense research, not just surveillance, of 60 people, so at one time I think there were 60 of us working in the epidemiology surveillance research part of things. It had a small start and then really built up, and there were quite a bit of funds available, primarily from the Centers for Disease Control to do spin-off studies that did things like looked at the medical records of people diagnosed with AIDS, and to see what their natural history was - what diseases did*

*they get, what treatments did they get, how sick were they during the course of their illness? We called that the spectrum of disease study. That was one of the first studies that sort of added on to the surveillance system, funded by the Centers for Disease Control. That's still going on in some different - it's been renamed obviously a number of times, and reformatted. Later we did an interview study of people with HIV AIDS, to find out more about their needs - what kind of treatments, what the barriers were to treatment, how they were doing, etc., and that was called SHAS - Supplemental HIV/AIDS System, I think it was.*

*These names are coming out of my distant memory here. A later study looking at whether the HIV virus was becoming resistant to antiretrovirals, that was an important study, resistance is always a concern. So yeah, there were others. Some of them were related to evaluating the surveillance system - how well was the surveillance system working. In fact, I think we were the first area here to sort of identify and call to the attention of the Centers for Disease Control that people were no longer being diagnosed primarily in the hospital with AIDS, they were getting diagnosed as outpatients, and that trend hadn't been apparent and it really affects the surveillance system. Because initially, hospitals were doing all the reporting of cases. So we kind of wrote a paper about that, called that to the attention of the CDC, they made some changes to do more outreach into outpatient settings to make sure the case reporting was coming in as complete as possible. So there were things like that we were evaluating. We were looking at the survival, how long were people living after their diagnosis, and we documented increasing links of survival, which was very gratifying to see.*

**LK:** *So much if not most of this was actually more systems analysis, social scientific than biomedical?*

**SH:** *Yes, here at public health. That's public health's role.*

## Education campaigns

Much work under the Centers for Disease Control grant centered on reducing risk-taking behaviors among high-risk groups through clinical and peer counseling, through testing, and especially through education.

Education was carried out through the telephone hotline; a Speakers' Bureau to respond to hundreds of community requests for up-to-date AIDS information; flyers and brochures; media spots and advertisements containing risk-reduction messages and news of available services; and model school curriculum materials.



### Ask Dr. Bob

One form of targeted education was "Ask Dr. Bob," an advice column by APP Medical Director Dr. Robert Wood, which appeared in the *Seattle Gay News*. In the column, Wood responded to readers' questions about safe sex practices and other AIDS-related issues.

Dear Dr. Bob,

I just read your article in the SGN about the importance of knowing one's serostatus. I have been wanting to be tested for a while, but my big fear is insurance. I am currently not covered by a medical plan. With all the stories of insurance companies' persecution and avoidance of people with AIDS, I've found myself paralyzed -- I really fear having any indication of my being gay on any medical / insurance forms, thinking that if at any point I developed AIDS I would be dropped as a policy holder. I am self-employed, so I don't have access to a group plan through work. Are there any insurance companies to be trusted?

I really would appreciate any help and/or referrals you could give me.

Thank you,

Concerned

Letter to Dr. Bob and text of response published in the *Seattle Gay News*, 1989.

Series 1861 - Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-2-13]



### Ask Dr. Bob

Robert Wood: *Well, there was an obvious need to talk, particularly to the gay community, about their risk for HIV-AIDS and specifically what we knew and thought was likely in terms of how people were getting at and what kinds of steps they needed to take in order to prevent it. So it was part of my original plan for how to do comprehensive AIDS control was to have a series of articles that targeted the MSM community and told them in explicit and helpful ways, attractive ways, catchy ways if I could, all about HIV-AIDS and try to get their interest and cooperation essentially.*

Education campaigns aimed at the general public sought to help people understand risks, ease unfounded fears, and reduce the stigma around being HIV-positive.

In 1986, the Public Health Department helped support the Northwest AIDS Foundation's "Please Be Safe" campaign, using a road-sign theme, urging people to practice safer sex.



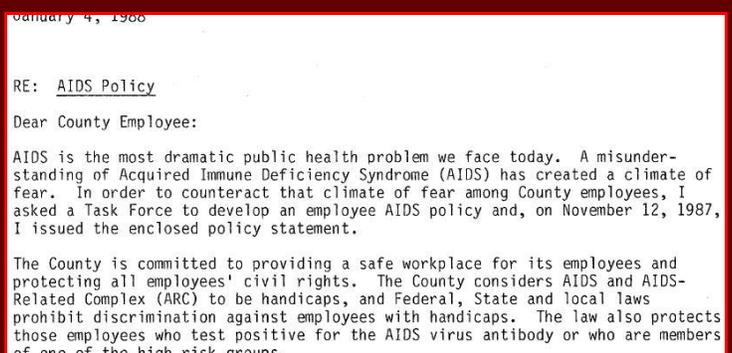
### Public understanding

Ann Downer: *I think gay men were pretty aware of the situation by then, but the public was not. They knew something was there, but it was so early - it's hard to even imagine now, but people still thought it was transmitted casually through proximity to others, sharing plates and utensils and things like. People really did believe that back then. I learned a lot about AIDS fast and then went out and spoke to groups like Rotary - all the animal clubs (laughs), the Lions and the Elks and all those groups. Because people were aware it existed then, and many people I think knew that they had misinformation.*

## Fear and stigma in the workplace

AIDS education also happened face-to-face. APP educators visited groups who wanted to learn more about AIDS, including work-sites where employees feared contracting AIDS from their co-workers.

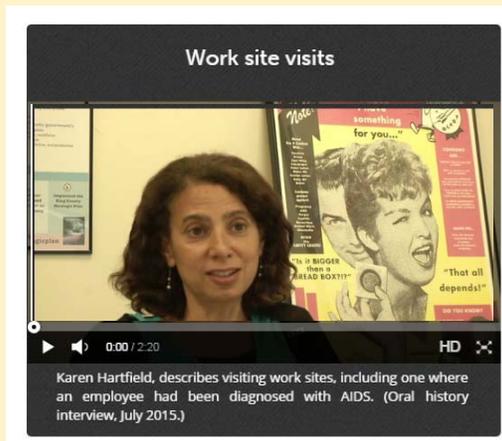
### Fighting AIDS discrimination at work



In late 1987, King County Executive Tim Hill issued an executive order, the King County Employee AIDS Protocol, prohibiting discrimination against King County employees with AIDS or the AIDS virus. It also required accommodation for County employees who were ill with AIDS, as was the law for other disabilities. Series 1861 - Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV -AIDS Program. [1861-4-4]



Poster from the Northwest AIDS Foundation's "Please Be Safe" campaign, produced with funding from Public Health. [Image courtesy of the National Library of Medicine Item A025195]



## Work site visits

Karen Hartfield:

*Businesses would call us and say "there's a person with AIDS in our workplace and everybody is freaking out, no one wants to drink from the water fountain." This really happened. It was pretty interesting.*

*I can remember several times I would go out, and my job was to talk to managers about what happens when you have a*

*person with AIDS in the workplace, and calm everybody down. It really was very rewarding work, because once you talked to people about it, you could just see them visibly relax. There were so many myths about it and there was so much discrimination and homophobia out there, it really required a sort of one on one or one in a group contact.*

**MB:** Can you give some examples?

**KH:** Sure, a couple of them. One - King County decided that every work unit or I can't remember, every department? I don't know, something - we had to go out to every part of King County employees and talk to them about HIV. So people would ask questions like, "Are you going to have different bathrooms for these people? Are we allowed to know these people - " and they're always like "these people" - "are in our workplace?" Very, questions that sounded so uninformed. You would answer them, and people would be like - oh. And then sometimes people would volunteer that someone in their family had AIDS, or something that would sort of help - it's like, "Really? Your brother has it?" That kind of thing.

*I remember one instance where I went out to Burlington Railroad - the only reason I remember this is because two things, one, I was pregnant, and they were just shocked that somebody who was pregnant would be around people with AIDS. It was like no, it's really fine. But the second reason I remember is because they gave me a railroad hat (laughter), those funny striped hats. Anyway, they brought me out there because someone had come down with AIDS in the workplace and the employees wanted that person to not be allowed to work there anymore, so I went out and did the education and explained to them about how they could be supportive of their coworker but how they also didn't need to be afraid of their coworker.*

## Training for health care providers

Public Health identified and reached out to private doctors who were willing to accept AIDS patients and provided training on safety precautions and how best to treat unfamiliar AIDS-related illnesses. Public Health also coordinated the sharing of clinical information so that doctors in private practice and those at Harborview (the local public hospital specializing in AIDS treatment), could learn from one another's observations.

### Supporting health care providers

Robert Wood and Tim Burak:

*TB: ... because the Health Department didn't really provide direct medical care to people with AIDS - that's not really been the role of the Public Health Department. There were some other activities that were going on. I think you mentioned that Dr. Wayne McCormick early on started doing some work looking at care patterns. Do you recall Wayne's work? Wayne, who's now gone on to become a national expert in end of life care and gerontology, gave a good deal of volunteer time to the project in those years.*



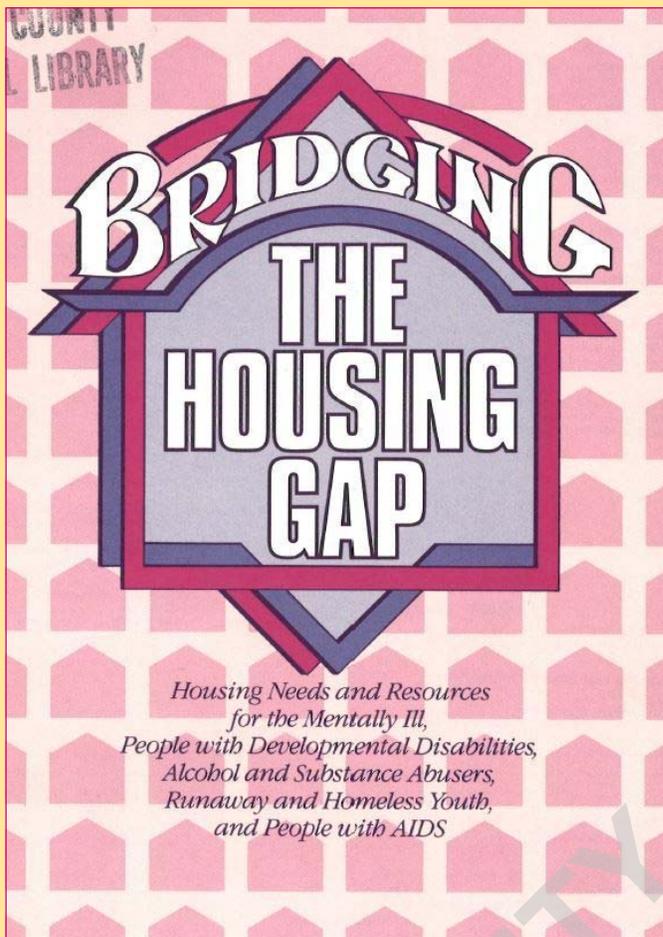
*RW: Right. We were worried that the care system might be overwhelmed by the number of cases - I guess we're transitioning now into the care discussion. In the very early days some people had insurance and would go to whatever doctors they'd been going to and a fair number of people didn't have any insurance. Certainly the IV drug users didn't tend to have any health care insurance, and Harborview would generally be the place as the public hospital where they would get care. And we were quite concerned that if people went to a private provider with insurance and said "I'm gay and I think maybe I have AIDS," that private provider might very well say "gee, I don't know anything about HIV-AIDS and I'm not going to be able to take care of you - maybe you should go to Harborview" or "maybe you should go to Dr. Wood." Because actually in '82, I was beginning to take care of people with HIV and AIDS.*

*RW: It was going out and meeting with docs, and making sure that they knew that they could take care of people with HIV-AIDS if they were interested and we would provide them some education about how to do that. We would tell people about safety precautions, making sure that needles didn't get shared in any practices, talking about infection control precautions as well in their practice. And then being available - I think both Wayne and I were available to docs out in the community if they wanted to call and ask questions. We also worked with the University of Washington's help line, they had a statewide help line, so the University of Washington was occasionally updating materials that they had and we would help them update materials around HIV-AIDS and make sure that providers had all the resources and support that they needed to be able to provide care.*

## Housing

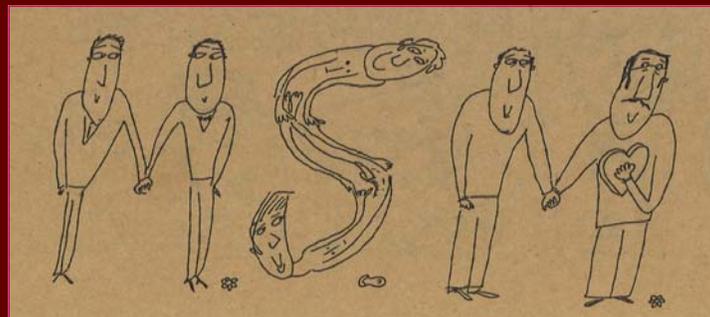
The Northwest AIDS Foundation had approached King County in 1985 to help with housing for people with AIDS. In 1986, the Robert Wood Johnson Foundation awarded King County a planning study grant to look at housing disadvantaged demographic groups, including people with AIDS. Public Health hired local AIDS activist Betsy Lieberman, whose research demonstrated the need to fund specialized residential care facilities for AIDS victims. With the opening of Bailey-Boushay House in 1992, King County became a model in compassionate end-of-life housing and care for AIDS patients.

Listen to stories of people who have lived at Bailey-Boushay House, the first housing facility specially designed for people with AIDS, on the Bailey-Boushay Web site (<http://www.bailey-boushay.org/storycorps>)



Cover for the report on the 1987 planning study for housing disadvantaged people, including people with AIDS. *Bridging the Housing Gap* helped establish the need for housing for people with AIDS, separate from already existing facilities. Series 872-King County documents collection [872-735]

Starting in the 1980s, the academic and clinical research communities used a collective term to describe one of the principal risk groups: men who have sex with men (MSM; sometimes ngi-MSM or MWM). This term was viewed as more clinically accurate, as it included men who had same-sex partners but did not personally identify as gay. The abbreviations may also have reassured people who were uncomfortable using the word, "gay." Some gay men, however, objected to the use of "MSM," saying that it reduced one's identity to only a sexual act. In Seattle in the 1990s, an MSM Task Force reorganized as the Gay Men's AIDS Prevention Task Force, or GayMAP



Graphic from the 1995 MSM retreat schedule, by "Stella Seattle" artist Dominic Capello.

# Expanding Outreach

## The People of Color Against AIDS Network

The People of Color Against AIDS Network (POCAAN), a Seattle-based, multi-racial community coalition, provided HIV/AIDS education and training aimed at Latino, Black, Asian/Pacific Islander and Native American communities.

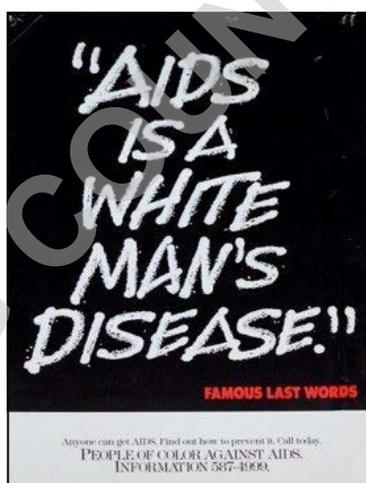
King County's administrative director for AIDS programs, Patricia McInturff (formerly Patricia Canova), saw that the AIDS epidemic would not spare communities of color. She supported POCAAN's principles and committed the Public Health Department to working closely and often with the group. In one early collaborative project, POCAAN, using seed money from the AIDS Prevention Project, created the 1988 "Famous Last Words" educational campaign to increase awareness of AIDS among people of color.



### Political clout

Patricia McInturff: *The only thing that I used to worry about during the ten years there was that the leadership in the impacted community was so smart, so good - knew who to touch and how to touch them - that I knew the disease would eventually move into other populations that didn't have that kind of political clout, that didn't have that kind of know-how, to know how to get to the governor's office or the mayor's office.*

Right and below: Poster and brochures from the "Famous Last Words" series, published by POCAAN with support from Public Health. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-3-16, 1825-3-20]



"POCAAN's coalition building effort is to bring people together across color, gender, sexual orientation, agency affiliation and community lines. POCAAN provides a forum for dispelling myths and fears, and for enabling people of color to work together in unity....We must confront the effects of the isolation caused by homophobia in communities of color, and by the racism of the gay/lesbian community." — from POCAAN's mission statement



## POCAAN campaigns

Karen Hartfield interviewed by Michael Brown:

So, I was actually a founding board member of POCAAN before -

MB: When was that?

KH: Probably when I was working at the Urban League, like '86-87. It was a great sort of in, when I started this job at Public Health, because I already knew all of them. What we did was we contracted with POCAAN to do a number of campaigns.

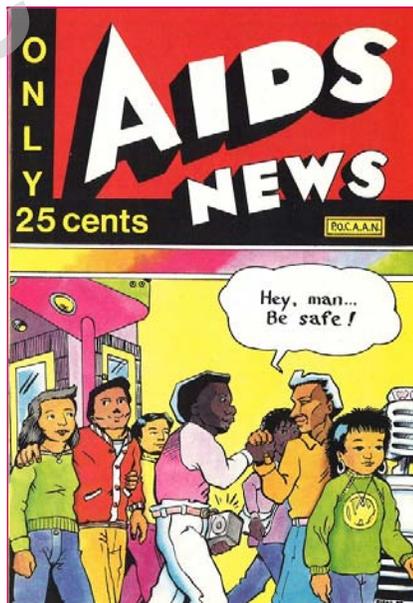


Karen Hartfield describes how Public Health worked with POCAAN. (Oral history interview, August 2015.)

One of our earliest campaigns was called - the tagline was "AIDS is a white man's disease - famous last words." At the time people were so interested in AIDS, it was such a sexy topic. So ad agencies would practically be lining up to do pro bono work for us at that time. Not so much anymore.

So we had McCann Erickson which is a really big huge ad agency, it's a national company, and they developed that message, "AIDS is a white man's disease." It looked like it was on a blackboard. I don't know if you have any of those posters. So it was in white like the background is black. It said "AIDS is a white man's Disease" like someone wrote it on a blackboard. And then in red it said "Famous last words." And that was a campaign where we were trying to get the African American community to understand this was not a white man's disease. So that was a really big campaign we did early on. We had TV, PSA's, we had billboards all over the place. So that was again targeting a bigger community where you don't do quite as much targeted work. But then we also worked with them on various targeted campaigns. The other thing they did which was very helpful for public health is they did a lot of community organizing and community building. So they would get the black community together and they would be the messenger for "this is really important, and could you put these brochures in your grocery store?" or "could you have like a box of condoms around" or that kind of thing. So we worked very closely but we really ceded a lot of the responsibility to them.

AIDS News comic book published by POCAAN in 1988 and the storyboard for the comic. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-3-17, 1825-4-6]



## At risk and hard to reach

In 1989 the federal Centers for Disease Control renewed the APP's original Community Demonstration Project Grant. The grant expanded the program to target hard-to-reach populations, including street youth and sex industry workers. The candid personal stories used by outreach programs such as Street Kids AIDS Training and Education (SKATE) and Girlfriends Talking reflected the reality of people's lives.

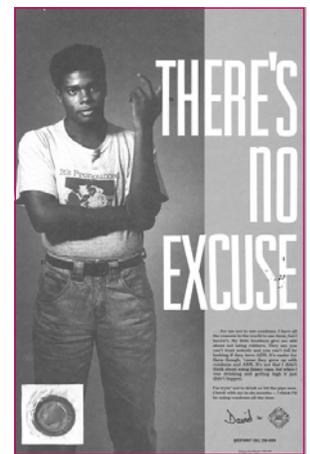
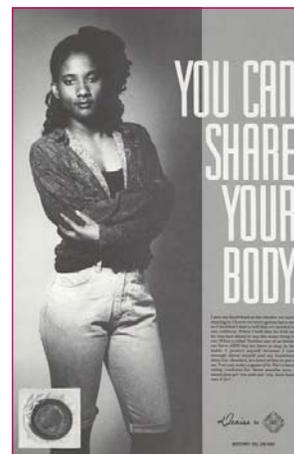
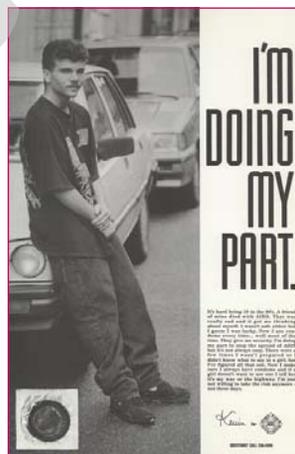
## Street Kids AIDS Training & Education

With funding from Public Health, POCAAN produced a series of posters that shared stories from homeless youth learning to adopt condom use and other STD prevention strategies.



### People in danger

Karen Hartfield: *One was men who have sex with men who do not identify as gay or bisexual, and that was based on a fear at the time that HIV was going to spread far beyond the population of self-identified gay men, there was acknowledgement that there were men who were living in heterosexual marriages or relationships but having sex with men on the side, that was one population. Then there were women in the sex industry, women who trade sex for either money or drugs. Usually, I would have to say, it was either drugs or money to buy drugs. Almost all of the sex industry work was connected to drugs, it wasn't like a choice. Like the "Pretty Woman" movie came out I think around then. It was like - no (laughs), that's not really how it is. And then other population was homeless or street youth, because they were at risk, because they were again maybe trading sex for a place to stay, or looking for affection from an adult because they had been kicked out of their homes, and that sort of thing. And then also we focused on gay men who use methamphetamines which continues to be the highest risk population for HIV, even now. That was a population that was much more sort of underground and harder to reach. And then we focused on gay men who identified as gay, but who were continuing to have risk behavior.*



Street Kids AIDS Training & Education (SKATE) posters. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-12-4]

# Girlfriends Talking

The Girlfriends Talking campaign was directed at African American women who were disproportionately affected by AIDS, including women using drugs or working in the sex industry.

AIDS in  
King County  
**1987**  
290 new cases of AIDS  
113 deaths

**Vivian:  
Her  
Baby  
Comes  
First**



Vivian's in her mid twenties, pregnant with her fourth child. She's been using since she was 15 and started working the streets at 18. She heard about AIDS four years ago and gets tested regularly.

"I'm scared," she says. "Working the streets and using any longer might give my child AIDS. So I decided to really quit both this time. I'm gonna protect this new baby."

"It's really hard, even with my mother helping and my church giving me strength. But my goal is to stay clean during this pregnancy and give my child the best chance I can."

"The first couple of times I decided to quit, I was back on within a few days. But this time, I talked to one of those outreach people at CATCH-On and she helped me get into a treatment program just for pregnant women. I think it's going to work this time."

Look for **GIRLFRIENDS TALKING** Newsletters for Women

**Dear Sheilah...**



Dear Sheilah,  
How many people in the United States have AIDS? Are a lot of them women and babies?  
—Curious

Dear Curious,  
There are 179,136 reported cases of full blown AIDS in the USA as of May 13, 1991. About 16,000 are women and about 3,000 are children under the age of 13. AIDS is in Seattle-King County too — there have been 1,797 cases of AIDS reported so far. Scientists think that there are over one million people in the United States who carry the virus that causes AIDS (the virus is called HIV). All of those people can pass the virus to someone else through unsafe sex or needle use. So AIDS is definitely something we need to be concerned about as women in Seattle.

Hi Sheilah,  
How do you talk about safer sex to your partner?  
—Mary

Hi Girlfriend!  
Good question. First of all, it really helps if you have good information yourself and some skills that you know you can use. The presence of HIV/AIDS and other sexually transmitted diseases in our lives has made it necessary that we become easy and clear about talking to our partners about safer sex. Here are some ways you can get started:

1. Know what is safe and what's not.
2. Decide what you are comfortable with and what amount of risk you are willing to take.
3. Become secure in your choices. You have a right to decide your own level of risk. To anyone who doesn't respect it, say goodbye.
4. Communicate your choices to your partner in clear and positive language.
5. Reduce drug and alcohol use. You want a clear head to stick to your decisions.
6. Thank your partner for being safe. This increases the chance that you'll both be safe next time.

All of these skills and more can be learned at one of POCAAN's safer sex workshops. Call me at 322-7061 to schedule one.  
—Sheilah

[Questions for Sheilah? Leave them for her at either POCAAN office, the downtown CATCH-On office at 2nd and Pike or the Needle Exchange. Or mail them to POCAAN, 1200 S. Jackson, Suite 25, Seattle, WA 98144.]

**Sheilah Robinson is an outreach worker for POCAAN. Her column will be a regular feature of Girlfriends Talking.**

**GIRLFRIENDS TALKING**

**I Use Condoms with my man (and I'll tell you how!)**



**INSIDE . . .  
DEAR SHEILAH —  
ADVICE FOR WOMEN,  
HIV POSITIVE AND  
TAKING CARE OF  
MYSELF, AND MORE!**

Hey Girlfriends! Welcome to the third Girlfriends Talking Newsletter. It's for you — about women, by women and for women. Each month we'll have a new issue with stories about health issues women are interested in. Girlfriends Talking has stories about things that happen to women like you. All the stories are about real people who live in Seattle, but the photos are not necessarily the real people in the stories. Most names have been changed to protect their privacy.

Look for Girlfriends Talking newsletters and posters in health clinics, community agencies and stores in the Downtown, Central and Rainier Valley areas. We are looking for ideas for stories. If there's something you'd like to hear about, call Sheilah at 322-7061 and tell her your idea.

**AUDREY:**

Audrey's 25, lives in the CD and works the streets. She's protecting herself from AIDS.

"I decided awhile ago that if I was going to keep doing this, I'd better take care of myself. I take no chances getting something from my tricks. If he doesn't use a rubber, he has nothing coming."

Audrey shoots up, but she has her own rig and she uses the needle exchange downtown. It's harder for her to use rubbers when she is sick — that really affects her judgment. But she doesn't care how stressed she is when it comes to rubbers with tricks — "I tell him to go down the block if he doesn't use them."

Audrey's only lost a couple of dates when she insists on rubbers. "Mostly, they look for me again because they know I'm the girl who uses rubbers and doesn't have diseases."

**"My Dates Use Rubbers Or I Send Them Down the Block."**



Girlfriends Talking posters. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-3-13]

## Barriers to AIDS Education



Karen Hartfield, APP Education Team Coordinator and founding board member of POCAAN, describes perceptions about AIDS among African Americans in the mid-1980s, when she directed a sexuality education program for parents and their children for the Seattle Urban League. (Oral history interview, August 2015.)

### Seeing the impact in the community

Karen Hartfield: *I was mostly dealing with the African-American community at the time, and there was almost no perception that it could impact the community at all. There was obviously concern, because at the time it was a fatal disease and we didn't even know anything about it or what caused it, but it was clearly, in the eyes of the community it was a gay community, a gay problem. Especially then, I think that a lot of gay men, African-American gay men were not out to their families, so it was sort of like this is a white problem too. So overcoming all of those obstacles was challenging. And in addition of course parents would prefer not to even think about their children being sexually active anyway, so there were*

*many, many barriers to getting the community to sort of own this as something that might be impacting them.*

### Gay stigma

Robert Wood: *interviewed by David Reyes I think there's probably more stigma still around HIV than there is around Hepatitis C just because it's sort of more sexual and gay-related. It's interesting that people sort of knee-jerk, thinking about stigma, they think about HIV, but what has become more clear to me over the last ten years or so is that it's the stigma around HIV actually that – not HIV, but the stigma around being gay that I think is contributing to HIV spread, particularly in the African American and Hispanic communities. It's very difficult for minority people to own up to being gay, and so they tend to be tested later or not at all, and therefore potentially have the opportunity to transmit more. I've been working with the community action board of the Center for AIDS Research a little bit, Jasani Henry and some other folks have been doing it more than I, to try to get the community action board to address gay stigma as a way of doing HIV prevention in the racial minority communities. We have Parents and Friends of Lesbians and Gays is a fairly good group at the national level and several local levels. I've spoken with groups here in Seattle and over in Bellevue, but there are no Parents and Friends of Lesbians and Gays within the black community or in the Hispanic community that I know of, and it's such a hard stigma in the black community where religion is such a driving force for them, for people to be openly gay and to be accepted within their community. So my sense is that if we could get minority communities more accepting of homosexuality, it would actually do a lot to decrease the possible ongoing transmission of HIV in that population. So that's a need that continues. It would be great to have a good community action board to do that, but now AIDS is such a chronic disease (laughs).*

DR: *Right, so again, how do you create that sense of urgency to bring momentum and energy to -*

RW: *It should be urgent in the black community because it's so inordinately hit by it. They should see that as urgent, but it's a very stigmatized problem and it's actually I think the stigma of homosexuality is more damaging than the stigma of GHIV in many ways. I don't know how to address that, but I think the Supreme Court's decision to allow gay people the right to marry will ultimately help to move people in the direction of more normalization...*

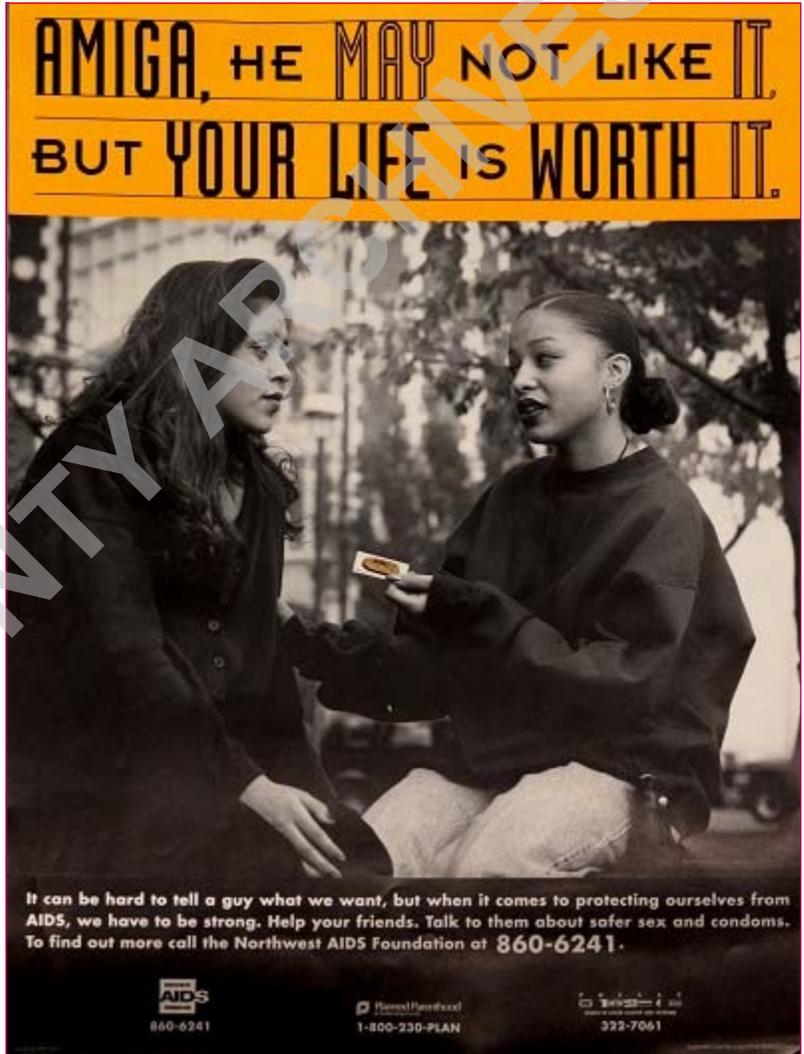


Robert Wood posits that gay stigma prevents some members of minority communities from obtaining early HIV testing and treatment today. (Oral history interview, August 2015.)

# Outreach to Latinos and Native Americans

Public Health also supported POCAAN campaigns oriented toward the Latino and Native American communities. The posters below were published in partnership with the Seattle Indian Health Board, the Coalition of Latinos in Washington against AIDS, and the Northwest AIDS Foundation and Planned Parenthood.

AIDS in  
King County  
**1988**  
219 new cases  
156 deaths



POCAAN posters. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-14-1]

# Needle Exchanges

## Sharing Needles

By 1991, injection drug users accounted for over 25 percent of AIDS cases nationwide. The figure was far lower in King County: three percent, with another nine percent among gay or bisexual men who were also injection drug users.

But with an estimated 12,000 to 14,000 intravenous drug users in King County, over 80 percent of whom shared needles, the risk of AIDS spreading in this community was great. Sharing needles put not only users at risk, but it also risked infecting their sexual partners, as well as the fetuses of pregnant partners.

The Public Health Department's first strategy was educating users about the risks and distributing bleach to sterilize needles.

If you use drugs and share needles, you can get more than just high – you can get AIDS.

Right now, there is no cure for this deadly disease. But you can protect yourself.



### Don't Share.

The AIDS virus travels in the bloodstream. Using the same rig, cooker, cotton, or water puts you at risk of infection. That goes for skin popping too. And you can't tell if someone has AIDS just by looking at them. So keep your works to yourself.



### Clean Your Works.

If you borrow or lend a rig, cleaning it with bleach reduces the risk of getting the disease. It only takes a

minute using the 2 by 2 method and it could save your life.

### Anyone Can Get AIDS.

AIDS doesn't discriminate. Fact is, almost half of the people with AIDS in the U.S. are people of color and most of those are African-American or Latino.

So play it safe. Clean your works. Or better yet, don't share.

For more information, call the People of Color Against AIDS Network at 322-7061 today.



PEOPLE OF COLOR AGAINST AIDS NETWORK. 322-7061.

Early efforts at fighting the spread of HIV among injection drug users discouraged needle sharing and encouraged people to use bleach to clean syringes.

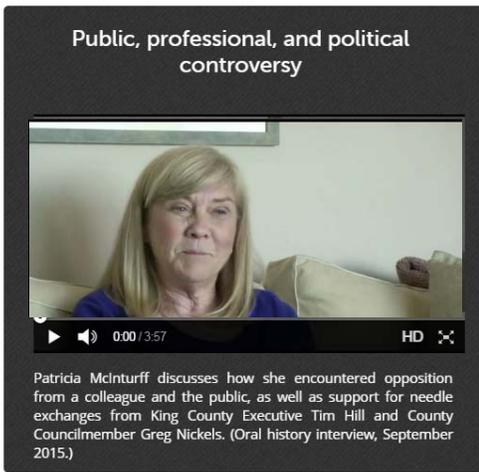
Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-5]

## Successful needle exchange programs abroad and at home

Needle exchanges originated in Europe, Canada, and Australia around 1984 as a means to minimize the risk of HIV and Hepatitis B transmission among people unable or unwilling to cease injection drug use. New sterile syringes were exchanged for old contaminated ones. Needle sharing and reuse were more likely in states like Washington, where state law prevented the purchase of syringes without a prescription. In the United States, the first publicly funded needle exchange was established in Tacoma in 1988.

## Public, professional, and political controversy

Patricia McInturff interviewed by Lawrence Knopp: *Tacoma actually started the first needle exchange. Which was embarrassing to Seattle, because we always thought we were way out ahead of everyone else. There was not a lot of political support for it.*



LK: *Not a lot of political support in Tacoma?*

PM: *No, in Seattle to do it.*

LK: *Oh, you mean to do it in Seattle.*

PM: *To do the needle exchange. And there's some folks in ACT UP who I happen to know, who said you know, we're going to embarrass the hell out of you, and I said great (laughs), if you need some needles, let me know and we'll get them for you. So they sort of started it and then some of us went to the electeds and said now, don't you think it would be better if we public health people were running this? We want to do this from a public health perspective. We just don't want to hand out needles, we want to connect people with services and care and yada yada. So we sort of then took it over. But even after it had been there several years, we would continue to get pushback during the Rice administration - move it inside, don't leave it on a corner.*

LK: *Where did that pushback come from?*

PM: *Business, the businesses down there. We used to say two things - one is, we're not attracting people to your neighborhood. These are not people who have what we call health seeking behavior, they're not going to walk three blocks for needles. We're there because they're there first, we're not attracting anybody, this is where these people are. And second, you start putting it inside a building - people get nervous. Do I want that door to shut? Am I inside? Is there a cop around? I think it finally did move inside years later, but we wanted it outside, so you could come and go as fast as you could. I think that's the only time I ever got into a big policy dispute. Because the head of the Alcoholism and Substance Abuse Division of the health department, my peer ran that, and they traditionally had come from an A.A. background. I found out, much to my surprise, that my colleague had written a position paper against needle exchange and had got it to the County Executive. Well, it looks pretty bad in one department when the county executive is getting two papers, and I was furious. And he eventually, I believe, had to withdraw that, but that's the only - that's where I got the real pushback, because they felt it was enabling, they really didn't believe in what we call the risk reduction model, they really thought abstinence was what we should - the AA model is the model that we should be presenting. So my biggest flap came from inside my own department.*

\* \* \*

*I remember Tim Hill at the time who was a Republican said, "I don't like it," but when you showed him the data about how it was exploding, and IV drug abusers in other cities - HIV just exploded in some cities - he said, "I'll support you on it because I think it's right thing to do. I don't like it."*

LK: *By this time was he County Exec or was he a county councilman?*

PM: *He was county exec. And then when we expanded it to go out in the county, I think we went to White Center first, that was Greg Nickels's area. I know one night I was sending one of my staffers out to be just eaten alive by the community out there who was really unhappy about us. I got called over to Greg Nickels's office by his aide at the time, Tim Ceis who became the deputy mayor, and basically they said a couple of things to me. One is, do you want Tim to go with your staff member? And two, we don't care how much they yell, we'll back you. We won't change our minds on this. I can remember that I never forgot that from Greg Nickels - "I don't care what the community says, I'll support you, so don't be afraid if the noise gets loud."*

LK: *Was that the result of some careful groundwork or was that just his -*

PM: *Well, I think he'd been on the Board of Health, I'm guessing, but he and Tim just said don't worry. We said fine, we'll go out and get shouted at and screamed at.*

## Harm reduction

The idea of distributing free syringes was seen by some as encouraging drug use. But the harm reduction approach to public health argued that even when a person's behavior (in this case, drug use) doesn't change, the harmful impact of that behavior could, and should, be minimized. Reducing the harm of contracting HIV and spreading it to others took priority over demanding abstinence.

### Even if you can't cure

Gary Goldbaum: *The way we've always done business is not necessarily the way we need to move forward. AIDS perhaps more than any disease brought to the forefront the notion of harm reduction strategies. They are important tools, so syringe exchange was the obvious example back then. Today we have other harm reduction strategies. We're still talking about injection drug use, it's a real epidemic – well, we'd love for everyone to no longer inject, but if they're going to inject, we want them to have clean syringes. We want them to have access to drugs that can reverse an overdose. Harm reduction strategies – that wasn't really part of our mantra 30 years ago. AIDS has said, you know something? Even if you can't cure, even if you can't adequately treat, you can reduce the harm. Always look for those opportunities.*

*So those are examples of how it's really influenced me. I think perhaps the most important lesson of AIDS is that we mustn't forget what happens when you have a disease that can be highly stigmatizing and we need to always keep that in mind. For example, Ebola – well, did we observe overreaction to Ebola in this country? Governors who basically said you are going to be isolated, people who were the medical volunteers going to Africa, forgetting that they need to really think about what's the best science, how do we avoid stigmatizing, what strategies do we want in the community, how do we engage the community so that this isn't just government's overreaction. I'd say that's the most important lesson I take away from the AIDS era. I also have learned subsequent to my experience working directly with AIDS, in my current role as director of a public health agency where I'm thinking about a lot of different conditions and where I actually have to think very holistically about my agency and how it allocates its resources.*

*One of the things we've observed with HIV and AIDS has been a transition from a time where resources to take care of people were frankly not available and it required dedicating resources. Others have now learned from that experience – maybe we need dedicated resources for other conditions. That's been a powerful tool in the community. At the same time it has created a challenge, as we've moved away from an era where there weren't resources to take care of people, to an era now where we have the Affordable Care Act and health care transformation quite independently of the Affordable Care Act, but an opportunity for us to move in a new direction. This was not anticipated at the time. At the time AIDS was really appearing, the medical community did not want to have anything to do with people with AIDS – didn't want to take care of them, didn't feel that they had anything to offer, oftentimes it was affecting folks who weren't*



## Seattle's first needle exchange

Seattle's own needle exchange began in March 1989, operated by the local branch of the AIDS Coalition to Unleash Power (ACT UP).

Stressing the benefits of public oversight, the Public Health Department successfully took over the program from ACT UP two months later and launched the new program with existing city and county funding. It was to be a two-year pilot program subject to review and evaluation. The program also included referrals to drug treatment and social and health services and distribution of condoms and bleach.

AIDS in  
King County  
**1989**  
252 new cases  
189 deaths

### What do public health experts say about this investigation?

"If providing free needles will stop (AIDS), it is fine with me...No country should go to a massive program until we try it on a pilot basis."  
C. Everett Koop, M.D., U.S. Surgeon General

"I strongly support the recommendation of the Seattle-King County Department of Public Health that the Department undertake a pilot needles/syringes exchange program."  
King Holmes, M.D., Director, University of Washington Center for AIDS and STD

"We are at a point in our battle against AIDS that demands extraordinary efforts, and no reasonable prospective weapon should be cast aside without at least a trial."  
David Axelrod, M.D., New York State Commissioner of Health

"Intravenous drug abuse holds the key to the future of the AIDS epidemic. Because no information is available from the United States that measures the effects of a needle exchange program, and because of the gravity of the AIDS epidemic, this study is both needed and justified."  
Stephen C. Joseph, M.D., M.P.H., New York City Commissioner of Health

"I now support a pilot project because I firmly believe that all of us charged with protecting the public health have a clear responsibility to provide leadership...especially when the consequences affect the whole community."  
Bailus Walker, Jr., M.D., President of the American Public Health Association

Excerpt from the Department's 1989 proposal "Needle Exchange: A Pilot Program to Reduce AIDS Among Intravenous Drug Users." Series 462 - Project files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [462-7-3]

### What is ACT UP?

A grassroots activist group, ACT UP formed in Manhattan in 1987 to draw attention to the AIDS epidemic and to help improve the lives of people with AIDS. From its beginnings, ACT UP used politically savvy demonstrations and civil disobedience to critique the roles of homophobia, racism, sexism, and capitalism in what they saw as an indifferent and flawed national response to the AIDS epidemic.

### SEATTLE-KING COUNTY NEEDLE EXCHANGE PROGRAM



**THE POINT IS SAVING  
LIVES**

Brochure for the new needle exchange. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-5]

King County and the City of Seattle, convinced that the program was effective and had not led to an increase in drug use, continued funding the program and have done so to the present day. Seven years later, the Public Health Department could claim that its needle exchange program was "probably the largest legal program in the country" (Dr. Robert Wood, 1996), exchanging over a million needles in that year.

## The needle exchange

Robert Wood:

...we got programs off the bat going, targeting gay men, but by 1986-87 it was quite clear that we didn't have much yet for injection drug users, and there were other programs and ideas that were emerging, not just nationally but even internationally. I think in '88 Hunter and I went to one of the last United States international AIDS meetings. Shortly after that, there were prohibitions on letting people with HIB into the country, and so the International AIDS Society decided they wouldn't have any more meetings in the United States. That was one of the Bush President ideas and Congressional ideas. And so anyway, we went to this meeting in Washington, D.C. and we learned that in Holland they were beginning to do needle exchange programs and allowing to get people to get sterile injection equipment instead of forcing them essentially to use old dirty injection equipment. It made all the sense in the world, not just from the standpoint of not having people inject with filthy equipment that other people had used, but also from bringing people to us. We knew that injection drug users weren't people that would necessarily kind of throng into public health departments to be tested and to get education, and so duh (laughs), you know, why not attract them to us and provide them some services and education, first on the street but then ultimately in storefront settings. And that was clearly something we learned from people in other parts of the world.

We came back from that meeting with this great idea as a way of kind of approaching the injection drug using population by providing some services to them and we both talked to Patricia who was our boss and said hey, let's do this. And she said I don't know whether – but Nicola and – who was the mayor at the time? I think it was Norm Rice, I don't know, might have been Charlie Royer maybe. I think it was after Royer. And the county executive – I mean obviously the county council and the city council had to buy off on this. But AIDS was such a great lever, because it was so frightening and such a scary disease that I think a lot of people were willing to take risks around this disease that otherwise they wouldn't have been able to take if it had just been sort of an outbreak of tuberculosis or something like that. People were dying of this disease in a nasty way, and I think it frightened a lot of people into giving us chances and opportunities that they otherwise might not have been willing to do.



Wallet card showing needle exchange locations and schedule. Series 459 – Legislative files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [459-1-9]

SEATTLE - KING COUNTY NEEDLE EXCHANGE							
LOCATION	MON	TUE	WED	THU	FRI	SAT	SUN
<b>DOWNTOWN</b> Table at 2nd and Pike	2-4 pm	1-5:30 pm	1-5:30 pm	1-5:30 pm	2-4 pm	2-4 pm	
<b>WHITE CENTER</b> Van at SW 100th and 14th Ave. SW		6:30-8:30 pm		6:30-8:30 pm			
<b>SOUTH PARK</b> Van at Orr St. and 14th Ave. Bridge			6:30-8:30 pm				
<b>RAINIER VALLEY</b> Van by old welfare office, 1 block from Rainier & McCheslen	10 am-12 noon				10 am-12 noon		
<b>CAPITOL HILL</b> Van parked on 10th at E. Seneca	5:30-8:00 pm			5:30-8:00 pm			
<b>UNIVERSITY DISTRICT</b> Table in front of Tower Records on University Ave.	5-7 pm		5-7 pm		1-5 pm	1-5 pm	1-5 pm

**NEON is about:**

- Stopping the spread of HIV among men who inject crystal meth and have sex with other men.
- Reducing any physical and social harm related to crystal injecting.
- Educating each other and our communities about harmful stereotypes.



**NEON is about working together. We are:**

- HIV-positive and HIV-negative Gay and Bisexual Men who shoot crystal meth working with people at...
- The Needle Exchange, the AIDS Prevention Project, Stonewall Recovery Services, and Street Outreach Services.

NEON offers Crystal injectors safer sex packets and home safer sex workshops, health tips and treatment (get a place to exchange needles and a place to talk about their stuff).

For more information about NEON or other services, please call any of the numbers listed below:

NEON RESOURCE LIST	
NEON	654-9885
AIDS Hotline	296-4999
TDD	1-800-678-1595 296-4843
Stonewall Recovery Services	461-4546
Street Outreach Services	625-0854
People of Color Against AIDS Network (POCAAN)	322-7001
Northwest AIDS Foundation	860-6241 323-2686
YouthCare	292-1288
Alcohol/Drug Helpline (24 hours)	1-800-562-1240
Crisis Clinic (24 hours)	1-800-244-5767
Seattle AIDS Support Group	322-2437

The services of NEON are available to all regardless of race, national origin, religion, income, sex, sexual orientation, marital status, age, or disability.

This brochure is available in alternate formats.

### Getting Clear About Crystal and HIV



Information for Gay, Lesbian, Bisexual and Transgendered People.

Brought to you by:

NEON (Needle and Sex) Education Outreach Network

The Needle Education Outreach Network (NEON) targeted a high-risk group: gay men who injected methamphetamine. A Harm Reduction Group met at the Group Health Medical Center on Seattle's Capitol Hill. Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-3-17]

# The AIDS Omnibus Act: New Mandates

In March, 1988, Washington State Governor Booth Gardner signed into law the AIDS Omnibus Act. Because of its sweeping scope, public health orientation, substantial civil rights protection, and statewide approach to providing AIDS care services, the Act was considered the most comprehensive and progressive statewide approach to AIDS policy in the United States at the time. It served as a model for legislation in other states.

**Ch. 206**                      **WASHINGTON LAWS, 1988**

**CHAPTER 206**  
[Engrossed Second Substitute Senate Bill No. 6221]  
**SEXUALLY TRANSMITTED DISEASES—AIDS—PUBLIC HEALTH AND EDUCATION**

**AN ACT** Relating to sexually transmitted diseases; amending RCW 43.150.050, 28A.05-.010, 70.24.050, 70.24.070, 70.24.080, 70.24.110, 70.24.120, and 9A.36.021; adding a new section to chapter 28A.05 RCW; adding a new section to chapter 28B.10 RCW; adding a new section to chapter 28B.50 RCW; adding a new section to chapter 28C.04 RCW; adding new sections to chapter 49.60 RCW; adding new sections to chapter 70.24 RCW; adding a new section to chapter 70.48 RCW; creating new sections; repealing RCW 70.24.010, 70.24.020, 70.24.030, 70.24.040, and 70.24.060; prescribing penalties; providing an effective date; and declaring an emergency.

*As enacted by the Legislature of the State of Washington.*

The Washington State AIDS Omnibus Act, signed on March 23, 1988. The law primarily amended RCW Chapter 70.24 – Control and Treatment of Sexually Transmitted Diseases. Source: Washington State Revised Code of Washington Chapter 70.24.

## Expanding Education: Condoms in Schools

The AIDS Omnibus Act required AIDS education in public schools for grades 5 through 12. The Seattle-King County Department of Public Health, which had supported outreach programs to schools since the mid-1980s, now undertook new initiatives.

In 1995, student focus groups at West Seattle High School provided feedback on this pamphlet, “You Are Not Alone.” As a result, Public Health decided to make several changes, including removing the image of the hairy palm in the upper left, because the focus group did not understand the reference.

Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-18]

	CURE?	SYMPTOMS:
CHLAMYDIA	YES	burning discharge
GENITAL HERPES	treatments only	sores, itching, swollen glands
GENITAL WARTS	treatments only	painful bumps, may itch
GONORRHEA	YES	burning discharge
HIV/AIDS	treatments only	usually none for 5-10 years then weakness, fever, weight loss, swollen glands, diarrhea
VAGINOSIS	YES	discharge, odor
SYPHILIS	YES	sores, rash, fever, may damage organs
TRICHOMONAS	YES	odor, itching, burning



1992 report prepared for the Seattle School District. Series 1861 – Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV/AIDS Program. [1861-4-20]

The AIDS Omnibus Act required school curricula to focus on “the dangers of sexual intercourse, with or without condoms” and to promote abstinence, while also providing accurate information on AIDS prevention. When Washington State’s Advisory Council on HIV/AIDS recommended that condom use be included in AIDS education, the Department found itself in the middle of a public debate.

Educational programs and materials provided detailed information to promote accurate understanding of condom use and STD prevention. Many saw these campaigns as encouraging teen sex. Some objected to teaching condom use in schools with the argument that condoms were ineffective in preventing HIV infection. The Department challenged this view with a report distributed throughout the Seattle School District in 1992.

Are Your Children Safe At School?

“Concerned Grandparents, Parents, and Teens” of Kirkland, Washington, produced this brochure objecting to the education program prior to public meetings that were required under the Act. Parents had the choice to opt out of AIDS education for their children. Series 1861 – Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV/AIDS Program. [1861-2-35]

**AIDS**

YOU DON'T HAVE IT. GET IT.

Cover of a brochure produced with input from the West Seattle High School student focus group in 1995. Series 1861 – Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV/AIDS Program. [1861-2-35]

**IGNORANCE = DEATH**

YOU HAVE RIGHTS

- to say NO to sex when you want
- to say YES to sex when you want
- to make choices in your life that are right for you
- to express your sexuality and be respected
- to protect yourself and your partners with life-saving information and materials

**ACT UP SEATTLE youth caucus**

Cover of brochure (art by Keith Haring) that was independently distributed, along with condoms, at Seattle area schools in 1992 by the local youth caucus of ACT UP. Series 1861 – Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV/AIDS Program. [1861-4-20]

## Controlling HIV while protecting civil rights

Discrimination due to the stigma of being HIV-positive was so potentially damaging that lawmakers saw the need to change long-standing public health policies. With other diseases, there had been less concern for protecting patient privacy. Practices such as reporting names to local and state health offices, forced testing, and notifying partners of an infected individual were standard.

From the beginning of its response to AIDS, the Seattle-King County Department of Public Health had held firm that protecting patients' privacy was critical to an effective program. They argued that if people trusted the Department and its community partners, they would be more likely to get tested and engage in prevention efforts.

The AIDS Omnibus Act created standard, statewide rules in an effort to balance civil rights and patient privacy with public health and safety. In practice, implementation could still prove challenging.

### New protections under the Act

Gary Goldbaum: *Government and community started to learn very new ways of working together. I'll give the example, the question of should there be mandatory testing. Another example would have been mandatory reporting. So if someone gets tested, they test positive, for every other sexually transmitted infection basically that information gets reported. If you test positive for gonorrhea, it must be reported to public health so that public health can do partner notification. Well, with HIV and the stigma associated with it, and real concerns by the community that this is going to lead to serious social problems, discrimination, loss of jobs – it was a very realistic concern. Of course anyone who looks back at the history, you can read the news articles at the time and you see the obvious evidence of discrimination. So this notion – hey, stigmatization is a problem – it was very real. So the community was very reluctant for government to be doing business as usual, the notion of reporting of HIV testing – for example, just testing. With other sexually transmitted infections, someone went into a doctor's office and said "Doctor, I've got a drip from the penis, I'm a little worried." Doctor says, "Could be gonorrhea, I'm going to do a test." Does it, "I'll call you in a few days." With HIV, there was real concern – I want to say if I'm going to be tested. I want this to be a clear conversation and I want to have the authority to say yea or nay to it. And it led to dramatic changes in the consent process. Never before had we required significant consent, which was actually prescribed by law now, for a medical test – just didn't exist.*



*Even surgeries and such where we expected consent, at that time largely it was verbal and it was kind of informal. With HIV testing, this was a big deal. Because people were worried – if I'm identified as having HIV and AIDS, it can lead to this stigma. That's a problem. So we were learning government role vis-à-vis the community, we had to have these conversations. Reporting – another great one. We don't want there to be reporting and government reaching out, we're worried about these lists. Who's going to have access to it? Could someone misuse those lists to discriminate, to prosecute, whatever – it led to real concerns and deep conversations about things like the behaviors endangering. So in the past if someone had a disease that could be infectious, public health could isolate an individual or quarantine those who'd been exposed. State law was changed to be very specific about the limitations on government, how it would proceed in cases where there were concerns about someone who's got HIV. As an example, this notion of a behavior endangering. So there had been a very small number of cases in Washington prosecuted where someone was HIV infected, had unprotected sex without disclosing to partners, those partners became infected and lo and behold, they were concerned, how was it that I was never informed? This person was infecting others. It was a very difficult time for government agencies to interact with the community because the community was still very wary – we don't want you stepping in, even at the same time as there were serious concerns, quite frankly, largely these behaviors endangering involved women who were exposed by men, heterosexual contact. But the gay community was also very concerned – what are you going to do to us? If I have a partner who becomes infected, does this mean we're now going to be subject to legal harassment?*

*It required a lot of negotiation and some open conversation, because law only goes so far – law is what's printed out. How it's implemented, that was what we started to deal with within the AIDS Prevention Project and the other local public health agencies....*

## Balancing interests: mandatory testing

Frank Chaffee:

*So in 1988 there was a big push to get some state money established as an ongoing fund for HIV prevention, it was called the AIDS Omnibus bill. So its initial impetus was – get a pot of money and then a second one was create some coherent laws around this stuff that makes sense and then create a good prevention structure. People often forget that bill was only passed by one vote so it was a hard fought bill.*

TB: And it was called –

FC: The vote? Oh, the AIDS Omnibus bill, yeah. One of the compromises that got slipped in there by folks who were sort of knee-jerk is that by God, we're going to get some mandatory testing in there. So there was mandatory testing of people convicted of sex crimes. And it was written very poorly

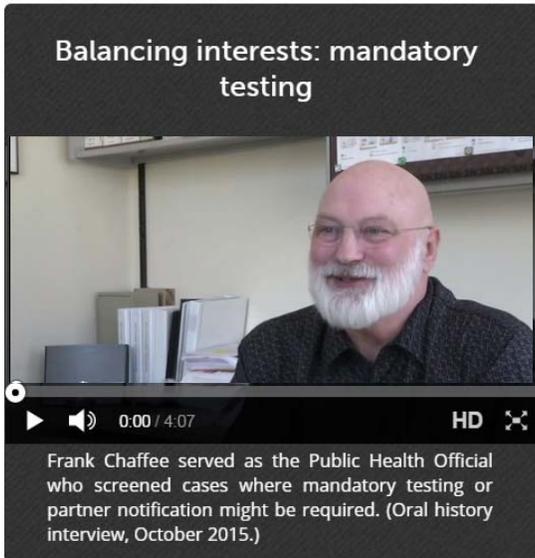
*and had all kinds of ambiguities and was a mess to administer. And then there was also a provision of mandatory testing for people who were the source of a blood exposure to a health care worker and at the time – because once again, there was nothing to be done for the health care worker, it seemed like an exercise that was kind of pandering to paranoia. If the health care worker was going to get exposed and actually get infected, the only way they could know that for certain is their own test. But in 1988 we thought that it routinely took six months from exposure to a positive test so you were dooming somebody to this six month period of worry. But it created this law that said okay, if you're a health care worker and you sustain a needle stick from a syringe that was contaminated by your patient, you get to ask the patient to test for HIV and disclose those results to you so that you can figure out what your follow up is going to be. And if the patient says no, you can go to a health officer which is the public health officials and say I want you to make that person test for HIV.*

*So for many years I was the screener for those cases in public health, and started that and came to know a lot of people who worked in the field called infection control that I had known about. And learned that particularly in hospitals, if something can happen, it will happen and all kinds of bizarre accidents happen. I think the one that really changed my opinion was a health care worker who sustained a needle stick and she was two months pregnant, and this was when it was still really scary around AIDS, and she was making a decision about whether or not to continue the pregnancy based on whether that patient was HIV positive or not. And that seemed to me to be a really rational calculus for her to pursue, and that even if the patient said no, that her interests were greater than the interests of a patient saying no because we had a lot of protections in place for that information. It wasn't like we were going to publish the patient's results on the front page of the paper. True, it was an imposition on the patient's will. And in most cases we could just explain that to a patient and they'd say sure, I understand how you'd be worried, that's just fine.*

### DRAFT!!! DEPARTMENT OF HEALTH GUIDELINES ON HIV/AIDS: BEHAVIORS ENDANGERING PUBLIC HEALTH PARTNER NOTIFICATION, AND HIV REPORTING

<b>Purpose of this brochure</b>	State health care providers have requested us to provide simple guidelines which clearly state what providers can and should do to help control HIV & AIDS. We hope that this brochure will clarify providers' responsibilities for:
	<ul style="list-style-type: none"><li>● reporting AIDS and (in some circumstances) HIV infection,</li><li>● assuring that sexual and needle sharing partners of HIV-infected persons are notified of their exposures, and</li><li>● dealing with infected clients whose behaviors may endanger others.</li></ul>

In 1991, the AIDS Prevention Project developed this brochure to help health care providers understand the how and when to report HIV and AIDS cases to public health officials. Series 1861 – Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program.



# The Steven Farmer Case

In 1987, the King County Prosecuting Attorney's Office charged Seattle resident Steven Farmer with felony exploitation of a minor for taking inappropriate photographs of teenage male prostitutes. (The subjects were 16 and 17—the age of sexual consent in Washington State. The state's exploitation law, however, protects individuals under 18.) The photos had been seized in what was found to be an illegal search, causing the charges to be reduced to a misdemeanor in a plea bargain.

After receiving a tip and corroboration from Farmer's acquaintances that Farmer had told them he was HIV-positive, prosecutors sought to increase his sentence, accusing him of deliberate endangerment. Farmer denied he was HIV-positive.

Amidst an increasing public outcry, the court ordered that Farmer be tested for the virus without his consent. The results (positive) were presented in open court by the head of the Public Health Department's STD Program, Dr. Hunter Handsfield, who appeared at the request of the presiding judge.

The test in question was not performed by Seattle-King County Public Health nor by the AIDS Prevention Project. But the court-ordered disclosure of Farmer's HIV status by a Public Health official caused people to question whether the Department was protecting patient confidentiality. APP staff worked to rebuild trust and reassure critics that case records were indeed maintained in confidence.

The State Supreme Court later found that the judge had acted outside his authority. In 1994, when he was dying of AIDS in jail, Farmer was granted clemency by Governor Mike Lowry.

The case highlighted legal and civil rights questions around forced testing, rules for which were set out in the AIDS Omnibus ACT. The prosecution was seen by some as deliberately targeting Farmer amidst a wave of anti-gay/AIDS hysteria, with media coverage stoking the public's fear. Prosecutors held that the case was about protecting vulnerable minors from sexual exploitation and endangerment.

**Sex offender exposed to AIDS**  
Yet he had sex with minors, court is told

By Jack Hopkins  
Times Staff Writer

Convicted sex offender Steven George Farmer, who was forced to take a blood test against his will earlier this month, tested positive for exposure to the AIDS virus, it was revealed yesterday in court.

Disclosure of the test results came during a hearing that included testimony from two of Farmer's ex-friends, who said the former flight attendant knew he was carrying the fatal virus when he committed sex offenses involving minors.

Both the former friends testified Farmer told them he knew he carried the virus in 1985, about four years before he engaged in the sexual acts with juveniles that led to his recent criminal convictions.

One of the ex-friends testified Farmer told her he had had sex with "hundreds" of people in recent years.

The test results, kept secret until yesterday, were revealed when Senior Deputy Prosecutor Rebecca Roe produced the formal testing document in court in support of her request for a long prison term for Farmer.

King County Superior Court Judge Charles Johnson tentatively is scheduled to sentence Farmer Friday on two counts of patronizing juvenile prostitutes and two counts of sexually exploiting a minor, offenses that occurred in 1987.

Farmer was to have been sentenced yesterday, but the hearing bogged down during sometimes heated testimony from his former friends.

Prosecutors contended a lengthy prison term is justified because Farmer has a history of practicing unsafe sex with people unaware of the risk he presents. Roe is asking the court to sentence him to 10 years in prison.

Farmer sought being required to take the AIDS blood test that Johnson, in what may be a precedent-setting case statewide, ruled last month that he had to submit to the test to determine whether he was carrying the deadly virus.

Robert Gombler, one of Farmer's attorneys, unsuccessfully objected to admission of the test results publicly.

Gombler said Farmer should never have been forced to take the test and said the results are meaningless because they don't prove Farmer was exposed before the virus.

Dr. H. Hunter Handsfield, director of the Seattle-King County Health Department's sexually transmitted disease program, said anyone testing "uniquely positive" to both procedures is "100 percent certain to have been exposed to the disease."

James told the court that Farmer admitted on several occasions that he knew he tested positive for AIDS years ago.

"I don't remember exactly when he told me the first time," Jones testified. "It was kind of shocking. It's a scary thing." It was probably close to 5 years ago, he said.

"I remember he said he was in an AIDS study group at Harborview." It was the Jones testified Farmer told her he had sex with "hundreds" of people in recent years.

Jones said Seattle's gay community has a strong support group to assist adult gay people who have been exposed to AIDS, but expressed concerns about what will happen to young people exposed to the virus.

"What's going to happen to the kids? Who's going to stand up for them," she said.

"This case has let the gay community back 30 years," she said.

Defense attorney Michael Lewis attacked Jones' credibility during cross-examination. He accused her of making up some of the conversations she said she had with Farmer.

Steven Farmer, left, and his attorney Robert Gombler react to testimony during a hearing yesterday. A former friend of Farmer, Mavis Jones, said Farmer had told a dentist he had not been exposed to AIDS, although he knew he had, and later left a bloody piece of cotton from his mouth on Jones' table. The court heard that Farmer had tested positive for exposure to the AIDS virus.

Dr. Hunter Handsfield, director of the Seattle-King County Health Department's sexually transmitted disease program, said anyone testing "uniquely positive" to both procedures is "100 percent certain to have been exposed to the disease."

James told the court that Farmer admitted on several occasions that he knew he tested positive for AIDS years ago.

"I don't remember exactly when he told me the first time," Jones testified. "It was kind of shocking. It's a scary thing." It was probably close to 5 years ago, he said.

"I remember he said he was in an AIDS study group at Harborview." It was the Jones testified Farmer told her he had sex with "hundreds" of people in recent years.

Jones said Seattle's gay community has a strong support group to assist adult gay people who have been exposed to AIDS, but expressed concerns about what will happen to young people exposed to the virus.

"What's going to happen to the kids? Who's going to stand up for them," she said.

"This case has let the gay community back 30 years," she said.

Defense attorney Michael Lewis attacked Jones' credibility during cross-examination. He accused her of making up some of the conversations she said she had with Farmer.

Seattle P-I article on the Steven Farmer case, which was highly publicized in local media. Series 1342 - Issue Files, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1342-1, 1342-6]

## A prosecutor's perspective

There was a real mix of reactions back at that time, obviously illustrated by the fact that the judge had to be escorted out of the courthouse.

....there was a real public health concern and there was a real concern for these kids. They're vulnerable, they live on the street, they don't have any support system. You know, when we look at human trafficking issues today – when I look back at that time, at those boys, they didn't really have anything or anybody. So part of the concern was making sure they're protected in all respects, not just from HIV but from sexual assault or any kind of exploitation. We didn't have the kind of mindset back then...the sensitivity that we have today. I think our office had that, but I don't know if it was as widespread as it is today, where we embrace our vulnerable and try to make sure that they're protected.

....it was an important moment in history and it was one where you had concerns about public safety... where a judge found there should be a test compelled. Of course our system works when it goes all the way to the Supreme Court and they can say yea or nay, and they said that was exceeding authority. The thing is, our laws are always changed through the courts.... Our courts really have to handle some of these social, impactful issues.

I think we had the first Special Assault Unit in the country in Seattle, and we had a long-term prosecutor that was extremely fair and principled, so if a case is to be tested anywhere on that issue, I think King County would be one of the best places, if not the best...to deal with the issue."

Anne Bremner, Prosecutor in the Special Assault Unit of the King County Prosecuting Attorney's Office 1983-1988. Bremner prosecuted the initial case against Farmer. (Anne Bremner. Oral history interview, October 2015.)

Right: Seattle Gay News piece on the Farmer case, published June 22, 1990, in anticipation of the State Supreme Court ruling.. Series 1342 – Issue Files, History files, Seattle -King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1342-1, 1342-6]

## The Farmer case: Prosecution attacks criticism that its stance was homophobic

The following letter, addressed to Michael Brady, president of The Dorian Group, outlines the response of the King County prosecutor's office to criticism of its handling of the Steven Farmer case (see June newsletter for background on the case). The letter was written by Michael T. Hogan, deputy prosecuting attorney.

The Farmer case has generated a lot of emotion within the community. Unfortunately,



there has been much misinformation and misunderstanding over what actually occurred in the case. The Prosecutor's Office has been characterized as homophobic. It has been inaccurately reported that the State sought an exceptional sentence based solely on the fact that Farmer carries the HIV virus today. Additionally, some have claimed that the State's actions will discourage testing. These false perceptions should be answered. If believed, these misperceptions may do more to delay treatment than any actions of the prosecution. Not all matters are of public record, the prosecution is ethically allowed to respond.

First, it has been widely claimed that the confidentiality of testing was destroyed in this case. This perception is absolutely untrue. It is a fundamental legal concept that the physician-patient privilege is waived if the patient reveals his or her confidential communications to third parties. Three witnesses were subpoenaed and testified under oath that Farmer told them about his positive HIV status and his participation in Harberview's AIDS study program. No pre-existing doctor-patient privilege was invaded. Despite the evidence that Farmer was partici-

ing in Harberview's AIDS study program, the State did not subpoena Harberview's confidential records. The State instead chose the less intrusive method of proving Farmer's HIV status on the basis of his statements to others, corroborated by a court-ordered test after conviction. The alternative of subpoenaing Harberview's AIDS Project records was rejected in deference to the importance of fostering research at Harberview. Both past and future participants in these confidential research programs should be reassured by this choice made by the Prosecutor's Office.

Second, Farmer's attorneys claimed that it was impossible to determine a person's HIV status until 1985. This is untrue. Dr. Hunter Handsfield testified at sentencing that the currently used commercial test to detect the HIV virus became widely available in 1985. However, before 1985, a person's antibody status was measured by a combination of blood testing to monitor the T-cell count, coupled with observations of objective symptoms such as lymph node activity. The AIDS study used these methods to diagnose and treat AIDS and AIDS related diseases. This testimony of Dr. Handsfield was not rebutted by any contrary testimony, nor was it opposed by the SGN or The Weekly. The witnesses never stated that Farmer told them how he had been diagnosed. They merely related that, as early as 1983, Farmer told them that he had tested positive for the presence of the virus and was participating in an AIDS study program at Harberview.

Third, it has been claimed that Mr. Farmer received an exceptionally long sentence solely because of his present HIV status. This is untrue. Mr. Farmer is not the first defendant known to be HIV positive. The State sought an exceptional sentence solely due to Farmer's knowing actions made particularly dangerous by his health status.

Under the Sentencing Reform Act of Washington, convicted persons are to be sentenced within a presumed range of punishment for crimes unless "substantial and compelling circumstances" exist to justify a sentence which goes above or below this standard range. For crimes proven to be more serious than the average case, the judge may order an enhanced sentence. Please see next page...

The Dorian Group

Above: Letter to Michael Brady, president the Dorian Group, from Deputy Prosecuting Attorney Michael Hogan, published in the organization's newsletter (1988). Series 1342 – Issue Files, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1342-1, 1342-6]

### FACT SHEET: THE STEVEN FARMER CASE

#### A Dangerous National Precedent:

## Having AIDS is Now a Crime, Punishable with a Prison Term!

Only because he is HIV positive...  
~~they sentenced him to more than 7 years in prison~~

**O**n July 1, 1988 Steven Farmer, after being tested for the AIDS antibody against his will, was sentenced to seven and one-half years in prison for the crime of being HIV positive.

On February 27, 1990 an appeal was heard by the Washington State Supreme Court. A decision is anticipated between June and November, 1990.

Forced HIV testing and the criminalization of AIDS are an attack on every person's civil liberty and constitutional right to privacy. Forced testing also drives the disease underground, with disastrous public health consequences.

The case sets a dangerous national precedent. Essentially any person, particularly those perceived to be "high risk," can be arrested, tried, and subjected to discriminatory sentencing if a judge decides they might be infected with HIV.

If the Farmer Case is not overturned, it will not matter that an activity is legal, nor will it matter that the acti-

ty could not transmit AIDS at all. With this legal precedent, any judge in any case can indiscriminately order testing and multiply a sentence many times over if the person tests HIV positive.

What we have here is first and foremost a simple case in which Steve Farmer, because he is gay, became a scapegoat in a political witchhunt. AIDS hysteria fueled an incredible and horrifying chain of events which led to Steve being forced-tested for AIDS and sentenced for a crime fabricated by the prosecutor's office.

The Farmer Case is actually two cases. Steve was originally in the legal system in a small misdemeanor plea-bargain case. After AIDS was raised as a possible issue, Steve suddenly found himself scapegoated, pilloried in the media, and slapped with new, contrived felony charges.

Notes, as you are reading this, that all of the players in this case had a political or personal stake in seeing Steve convicted.

## A softer approach

Some felt that public health agencies should take a more aggressive approach to testing, tracing contacts, notifying partners, and reporting HIV infections. The Seattle King County Department of Public Health argued that a softer touch worked better to keep people engaged and to fight HIV's spread.

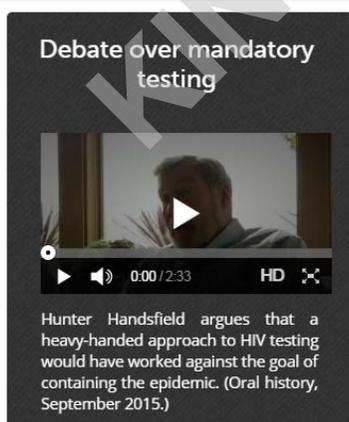
### Debate over closing bath houses

Gary Goldbaum: *There were also the challenges about the places where infections could occur – bathhouses for example, that became a very challenging topic, because the public health folks understood that the bathhouses were probably sites where there was a lot of unprotected anonymous sex without much disclosure, if any, and that might be a place where hey, if we shut them down, would that prevent a lot of the transmissions? Fortunately there was a lot of thoughtful conversation and dialogue, not only with that industry especially with the gay community – you know what? The fact is all you're going to do – it's like the balloon – you're going to squeeze here and it's going to come out here. And actually what we need to do is take advantage of the opportunity to reach the highest risk folks in the community by engaging them at those sites. This is a really different approach to public health. So public health went into the bathhouses, we offered testing, we offered the educational information, we tried to build relationships in those settings with both the owners of the bathhouses for example, and with the clientele there. But that required a long term investment of personnel who really built relationships. It also led to some new approaches to the kind of staffing we hired, because we understood as an example, it wasn't going to work as effectively to put a woman into a man's bathhouse, we'd need to have folks who were really comfortable with what goes on in a bathhouse. So you needed to hire predominantly from the community, but folks who really cared about the community, understood what the work was about. Again, these were extraordinary changes...*



### Debate over mandatory testing

Hunter Handsfield: *But there were a lot of us who believed that a softer approach – make it voluntary, don't be so assertive with people that you frighten them away – was the smarter way to go, and we were accused by people on the other side of the political spectrum or what I would say the populist rightist perspective, of coddling to this disadvantaged group, gay men's civil rights and personal concerns over the public's health, that the public health was secondary to protecting this disadvantaged group. In fact I would posit with absolute confidence that our motivation was – what is going to maximize the number of people who get tested? And if hitting people over the head with a sledgehammer is going to reduce that, then why would you do it? What then happens is you now flash forward ten years, you get in the mid 1990s. Effective therapy's becoming available and now we can say we need to test you because we can now offer you treatment and that treatment will help you protecting others, and now we became advocates for more assertive testing, with still those residual elements on the other side of this argument saying "See? We told you all the time – we were right and you were wrong. We wanted to test more assertively, and now you've finally seen the light." No – we didn't see any goddamn light at all. We saw the light from the start, and we still see it, and the issue is what is going to maximize access to knowledge of infection and treatment? And the social and medical and political context of the mid 1980s was unequivocally that a softer approach was going to maximize that. It shifted to a point where a more assertive approach was going to maximize it, but it wasn't because we were philosophically wrong then and saw the light, it was because of pragmatic – and public health people who run prevention control programs are almost with not exceptions the ultimate pragmatists. What's going to work is what they're going to do, and it was just a question of what's going to be most effective in achieving our long term goal of maximizing prevention.*



## **AIDS activism's impact on the "Ivory Tower"**

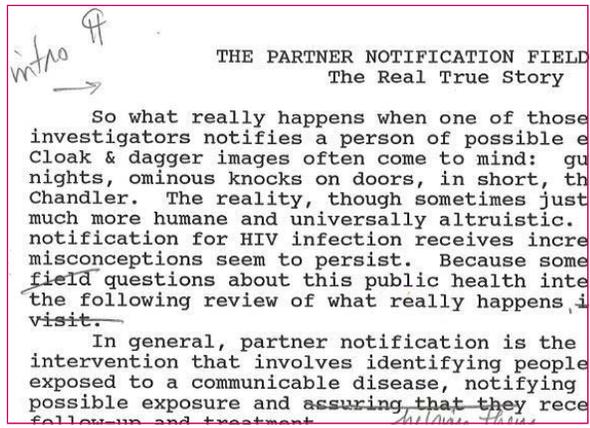
Frank Chaffee: *...the camps of people who come to play in the arena called public health come from different perspectives and there's a kind of biological hard science camp that says well, we just need the data and we need to run frequencies and so we need to have good data before you can make any decisions about things. And then there's always been a kind of either nursing or social service camp that has come into the public health arena that would talk about social justice and you've got to be sure that you're doing things in a way that's culturally competent, etc. Along comes AIDS with all of the fear of it, the huge consequences, death, no treatment, stigma of getting it through sex or drug use, and along comes a community group that says we're not going to let you, the government, treat these people like crap. And we're going to fight you every step of the way if you think you're going to put in policies that aren't thoughtful and that will hurt people.*

*So unlike any other communicable disease, a growing vocal constituency of people advocating for the folks who are affected by the disease made their presence known in what turned out to be very effective ways. I often think that ACT UP would take position statements that I wouldn't necessarily agree with on public health grounds, that the fact that ACT UP staged a demonstration where they got on the roof of the NIH and closed it down for a day, scared the shit out of a bunch of these stodgy scientific bureaucrats. Nobody knew what to do with people who were calling them pigs and it wasn't civilized, "that wasn't a group that I dealt with when I got my Ph.D." And it ripped open the veil that what you're doing affects people in their guts, where they live, it has real consequences. You can't live in this ivory tower and think that you can make decisions and just ignore the ripple effects of those decisions.*

*I think that happened first round AIS and has percolated through the health care system in a lot of ways since then. It was a real watershed. But it initially created fear and a lot of policy capitulations and okay, we'll set up special rules, that were eventually then characterized by the opposition as AIDS exceptionalism. Let's come up with a nasty name for it, we'll call it AIDS exceptionalism and say you're really just afraid of all the queers, aren't you. You think you're being so politically correct that you don't want some fag calling you a fascist, that you'll compromise the public health so that you can create special rules that put the rest of us at risk. That was the kind of rhetoric of the extreme opposition and then you'd have people who would say I'm not upset with anybody, I'm just a rational scientist and you've of course gotta do these things. And then folks would say – yeah, weren't you from the group that said Tuskegee was an okay thing to do too? Maybe you don't have so much moral credibility after all. So a lot of people were calling out the unquestioned privilege of white men in positions of power in the medical establishment.*



## Partner notification: the real true story



Draft of article, "The Partner Notification Field Visit: The Real True Story," by Frank Chaffee, describing what partner notification was really like. The article was published in the APP's staff newsletter, *The House Organ* in 1991. Series 1861 - Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1861-1-5]

The Seattle-King County Department of Public Health is ordering you to report immediately to HIV counseling and testing.

This order is based on the following facts:

- 1) We have compelling evidence that you are knowingly putting others at risk of contracting Immunodeficiency Virus (HIV); and
- 1) That you are not telling your sexual partner that you have HIV.

You are also ordered to do the following:

- 1) In the future you must never again engage in sexual activity with your partner without using a condom.
- 2) Before engaging in sex you must always use a condom.

Order requiring Medical Examination and Counseling, used in cases where an individual appeared to be placing others at risk of contracting HIV. Series 1861 - Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1861-3-26]

### "Behaviors endangering"

Frank Chaffee: *...there was another part of the AIDS Omnibus law that created this set of testing circumstances for situations that were called behaviors endangering the public health and that was basically a set of laws - well, what if somebody knows they have HIV and they want to spread it and hurt people? What are we going to do as a society to intervene in that case? Well, the first response should have been that happens with just infinitesimally small frequency. It just isn't something that happens a lot. But admittedly, if it happens, when it happens, we didn't have a lot of laws that described what could we do to intervene to stop a person who was doing things to hurt other people. And so these laws came about and they were often written in a really clumsy way and they were vague and they had inflammatory language in them, and from my own experience, impossible to administer because they were so contradictory.*

*So I was the one for many years who took the reports, usually from the medical community. "Oh, I've got this patient who has HIV and his wife came in and it's really clear that he hasn't told her that he has HIV and they've got a baby at home and she might be pregnant and I can't tell her because of privacy laws but it looks like he's continuing to put her in harm's way - what are you going to do?" So situations like that. And in most cases what we would do is play a form of good cop/bad cop where the reporting provider would report it to public health as was allowed by the AIDS Omnibus law, that meant it came to me, and that we would play out a kind of good cop/bad cop scenario with the patient and we would do everything we could to point out the problem of the situation to the patient and the need for transparency for the sake of the health of everyone involved. And we usually succeeded on those grounds. I think where the problems came is those situations are so morally outrageous to folks that they go to their outrage place and then stamp down - "I can't believe you would do something that irresponsible! What's wrong with that person? He should be shot!" And then we'd come in and say well, you know, everybody's got a story (laughs), there's probably a lot going on. Let's see if we can pull this apart and get to an endpoint where everybody knows what's going on.*



## Federal funding and the HIV/AIDS Planning Council

The State of Washington provided funding for programs required by the AIDS Omnibus ACT. In 1990, the federal Ryan White Comprehensive AIDS Resources Emergency (CARE) Act also allocated money to be used for local AIDS programs. The Ryan White Act required establishment of local councils to coordinate distribution of funds.

The first HIV/AIDS Planning Council in King and Snohomish counties was appointed by King County Executive Tim Hill in August 1992 with a membership composed of both Public Health Department representatives and community partners. This was the first time local AIDS funding decisions were consolidated under one regional entity. The Planning Council had to overcome initial opposition from gay and AIDS activists who feared conflicts of interest among Council members, and who questioned the early models used to prioritize and allocate funds. The Council still works today to distribute AIDS funding equitably to organizations in King, Snohomish, and Island counties. By law, one third of the Council members must be agency-unaffiliated people living with HIV who are consumers of care services.

The Council is now known as the Seattle Transitional Grant Area HIV Council. Read more about its work at <http://www.kingcounty.gov/healthservices/health/communicable/hiv/pc/>.

Who was Ryan White? Visit <http://hab.hrsa.gov/about/hab/ryanwhite.html> to find out.

## Leadership and recognition



1992 Governor's AIDS Service Award ceremony. Left to right: Patricia McInturff, Washington State Representative Gary Locke, and Governor Booth Gardner. (Photograph courtesy of Hunter Handsfield.)

Patricia McInturff led the Department's response to AIDS as Section Administrator and then Regional Division Director for the Seattle-King County Department of Public Health from 1982 to 1994. She influenced state and national health policy, such as through her service as co-chair of the Ryan White Title I Council and as a member of the National Advisory Committee on HIV/AIDS for the CDC.

In 1992, McInturff was awarded the first Washington State Governor's AIDS Service Award for Public Service for her work as Regional Division Director.

In 1994, she was awarded the Municipal League of King County's Public Employee of the Year.

# Safer Sex: The New Normal?

## A second wave of infections

Ten years into the AIDS epidemic, there was still no cure for AIDS. But new drugs showed promise against AIDS-related diseases. Some, thinking that “AIDS could be treated,” began to abandon safer-sex practices. The HIV infection rate began to climb.

The Public Health Department responded with new outreach efforts, stressing the need to continue practicing safer sex and encouraging condom use. More edgy and explicit materials were designed to catch people’s attention and were narrowly distributed to predominantly gay venues.

AIDS in King County	
<b>1990</b>	328 new cases 237 deaths
<b>1991</b>	353 new cases 321 deaths
<b>1992</b>	371 new cases 316 deaths

### Dr. Bob on the resurgence of HIV infections

March 8, 1990

Dear Dr. Bob,

Hello! Thanks for your recent article in the *SGN* (March 2, 90 issue) on HIV infection & trends of increased unsafe sexual practices among gay men.

Having recently sero-converted to HIV+ I believe I am representative of the men who are not consistently practicing safer sex. A little personal background might be helpful in drawing a full picture. I am 32 yrs old white, college degree, raised in [redacted]. Realized I was gay at around 21 years old and quickly & almost instantly in a positive habit

and prevention. Although more of this money recently has been used to fight disease among minorities and drug users, there has been no letup in the amount of funding targeting the gay male community, and frequently we change the message to maintain interest.

Are people just getting tired of safer sex? Did they expect a cure or vaccine by this time (9 years into the AIDS epidemic), and just can't wait any longer? Is the news that HIV infection and AIDS more treatable luring people to resume risky sex because the disease is getting better? I would point out that even though AIDS is more treatable, it is still very lethal. Even now practically no one survives beyond 5 years from an actual diagnosis of AIDS. AZT and drugs to prevent pneumocystis prolong survival but only a few extra years usually.

We must keep the gay male population from spreading this infection within its ranks, otherwise...

Letter to Dr. Bob from a reader reflecting on the reasons for his own risky behavior. The letter linked to here includes notes from Frank Chaffee and Dr. Robert Wood on a potential response from “Dr. Bob.” Series 1861 – Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1861-1-5]

“Ask Dr. Bob” column on the problem of men abandoning safer sex practices, published in the *Seattle Gay News* March 23, 1990. Series 1861 – Subject files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1861-1-5]

# How do you help people change?

From the beginning of the AIDS epidemic, Public Health saw that condom use was critical to preventing the disease's spread. The challenge was to help people learn to accept safer sex practices as the norm.

## King Condom: resistance to condoms

Frank Chaffee: ...people started promoting condoms for gay sex as early as '83-84. I remember as part of the Seattle Gay Clinic went to one of the big Halloween parties in a gorilla mask and tights, and I was King Condom, and I had this big bag of condoms that I was trying to pass out, and my husband was dressed as a prince with King Kong. And I would be doing a monkey routine and trying to pass out condoms, and a couple of people almost decked me. Like how dare you put that insulting thing in front of me.



## What was learned about changing behavior

Gary Goldbaum: I got involved very early on in many of the CDC's community based intervention studies. I was involved from 1989 until about 1994 in those studies. I think that they resulted in some useful insights into how we could really reach out to communities and encourage behavior change. At the same time, subsequent to that period, I think we've come to understand that changing human behavior is really, really difficult. Of course we've really known this fundamentally, anyone who's ever tried to quit smoking or lose weight or exercise more understands how difficult it is to change one's own behavior, and changing the behavior of an entire community is even harder. So we did some work that suggested we can make changes. I think at the same time we started to appreciate - this isn't going to be enough. And it was fortunate that we

were also seeing the advances in technology, the new drugs that were becoming available.

## Believing you can change

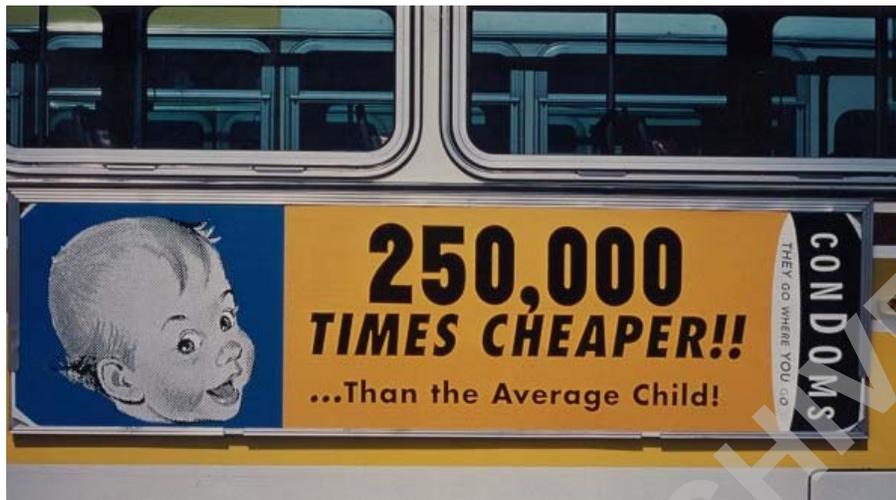
Karen Hartfield: So the big grant that we had was a really interesting project, where we looked at health behavior theories that basically tell us what is going to predict behavior change. Like what things do you have to change in a person in order to get them to change behavior? It's sort of a well-known little fact that knowledge is necessary but insufficient for behavior change. So what we really needed to do was change people's attitudes about the behaviors we wanted them to adopt, like using condoms or abstaining or not using needles, we needed to change the social norms or the subjective norms in the community that condom use is widely accepted, is actually the norm in the community.

We needed to make sure - there's a concept called self-efficacy which means that people do not change their behavior unless they actually feel like they can. A good way to look at that is sort of around weight loss. People will often say yeah, I'm going to lose weight, I'm going to go on a diet, and then you say, do you really think you can drop 20 pounds? And they're like, I don't really think I can do it. Basically, having a high level of self-efficacy is a predictor for actually making a change, so we did a lot of education and skill building around condom use, around communicating with partners, relationships - we funded things like dating workshops to get people to try to move their relationship-seeking from outside of bathhouses into more sort of permanent or trusting kinds of relationships. Those are the kinds of things we did.



## The Condom Campaign

In 1994 and 1995, Public Health promoted condom use to the general public through a series of signs appearing on Metro buses.



Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-20]

## Public standards and the Smut Committee

Standards around what content was considered appropriate for the public (what was “decent”) changed over time. In the 1980s, grant-funded outreach and educational materials had to be vetted by the CDC for approval or censorship. Later, the APP was allowed to form its own review committee, informally referred to as the Smut Committee. Members included health educators, medical professionals, and the media. The APP gradually became freer to create attention-getting content that resonated with at-risk groups. Public Health sought to strike a balance: creating materials that were engaging and accurate, while not crossing over into what might be seen as indecency. The most explicit materials were not designed for the general public and were placed in targeted venues such as gay bars or bath houses.

### The formation of the Smut Committee

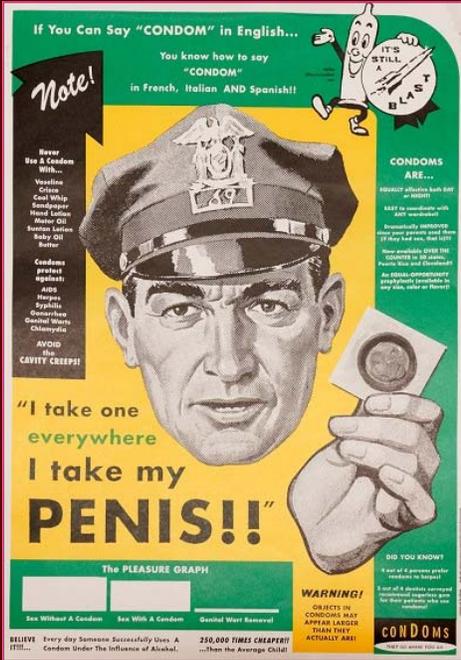
*Tim Burak: In the early years, even though we were very fortunate to have a lot of good local support and we were fortunate to get a federal grant, that grant came with strings attached because it was a grant that was administered by people who worked for the government of Ronald Reagan, including the Attorney General, Ed Meese, who – no bones about it, was homophobic. There was in certain sectors of the Congress and out of the Attorney General's Office, there were lots of roadblocks to moving fast to getting programs going, and we had restrictions on funds, the CDC had huge restrictions on how they could spend their funds, and actually they were grateful to us, because once they were able to get grant money up to us in Seattle, we were able to buy furniture, to put an office together, to do stuff that at the CDC they had to almost take back to Congress to get permission to do things like that – to buy a computer.*

*We bought the first computer – it's hard to imagine now that we were doing any of this work without computers, but we got our first computer with all the Bernoulli box, and it was like space age. But we got it because we were able to buy it here, the CDC people weren't able to buy computers there, and it was because of political strings that were attached. Then when we started designing materials and designing programs and posters and handouts and whatnot to teach people how to have safe sex or use condoms, Jesse Helms was very vocal in Congress at that point and was able to slap lots of restrictions on these federal funds and how they would be used, and so we initially had to run everything we developed by CDC for review, but eventually they reneged and allowed local entities to put together their own review committees to decide what was appropriate and what was too explicit or whatnot. We worked fast to develop a review committee here to review our education materials and I think we were very smart in how we selected people for that committee, because the credentials couldn't be challenged. We had the person at KING-TV whose job it was – he was in charge of broadcast standards and practices and he was the one at KING-TV who had to review everything that ever went out on screen from KING-TV to see whether a word needed to be bleeped or if it was too explicit or whatnot. He came and he volunteered to be on our committee. We had a teacher from Seattle Public Schools, a middle school teacher who was very knowledgeable in sex education programs within Seattle Public Schools. She sat on that committee. We had the director of the local chapter of the Red Cross sit on that committee. Trying to think of others – representative from the University of Washington Medical School who was involved in health education, a representative from the Bellevue School District. These were people who knew what they were doing but also were committed to making sure that we didn't get bogged down and stuck in the mud with censorship issues. So in jest we called it the Smut Committee and they kind of enjoyed being called the Smut Committee and they met once a month and we had everything that we produced, we had it run by them to get their feedback before we could send it out. It wasn't easy doing that. We tried to do it with a sense of humor, like all right, if we're going to beat them at that game.*



# The Power of a Word

An award-winning poster designed by the ad firm Cole & Weber (at no charge to Public Health) was intended for a gay male audience, but it drew so much attention that *Playboy Magazine* asked permission to feature it in its Forum section. Public Health expressed concern that publication outside the intended arena (Seattle's Gay Pride Parade) might jeopardize the program and would serve no legitimate public health purpose. *Playboy* editors chose to feature the poster regardless, with a jab at local politics.



find these guys?" Don't the reverends have anything better to trash? Maybe unimportant things like theft, rape and murder. Perhaps they should watch more reality-based news than fantasy cartoons and animated movies. How do they feel about board games? Are there any evil agendas in *Eat at Ralph's?* *Big John?* How about *Goody Louie*? For the record, my four-year-old refers to Bert and Ernie as friends or brothers and not as men or fathers.

Christina DeWitt  
Manassas, Virginia

It just goes to show you that in this world, there will always be someone who will take good, innocent things like *Sesame Street* and *Barney* and warp them to fit his own twisted agenda. When I was a kid, Bert and Ernie helped me learn to count, read and pronounce words, so I'm appalled at what the reverends Chambers and Wildmon said about those characters. I watched those shows for many years when I was young and thought of the characters as best friends, maybe even as brothers, but never as homosexual. Now I am 19 and I seem to have turned out just fine.

Daniel Statkowski  
Cherry Tree, Pennsylvania

The article entitled "The Ridiculous Right," however amusing, has dark and sinister implications. More and more religious groups are becoming quasi-political, marching un-



**PUBLIC DISSERVICE**  
When the Seattle Department of Public Health took its crusade for safe sex to the streets it brought along a sense of humor. Not so the local councilmen who wanted to keep this poster under house arrest. Despite the councilmen's attempts to limit circulation, word of mouth has made it one of the most popular items in town.

when will they grow up?"

Petersen states that against Bert and Ernie King as ever, it need those crazy dorked by a servative. Some Christians show these their kids in my church well adjust ually and in their left and weirdos, for them servative, ridiculous.

While extreme right Christians anybody needs meantime, they're other than the fairy. Reportedly Ernest Furlong launched a nation the mythical spirit, ing little fruitc idea that his own ture is an appropriate wants to see banned, and he a bill declaring children. We would before Furlong

Top left, the "penis poster." Above, photocopy of clipping from *Playboy Magazine*, Volume 43, May 1996. Bottom left: this poster, similar in design, did not draw the same public attention.

History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-13-2, 1861-2-27, and 1825-6-20]

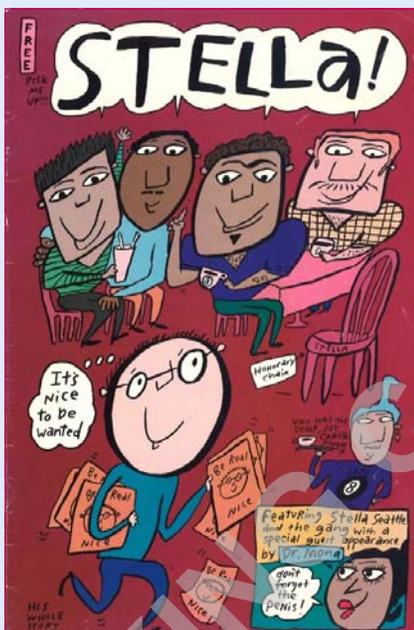
## Stella Seattle

One prominent campaign from this period was *Stella Seattle*, a serial comic about a health educator and his friends, illustrated by Dominic Cappello using the pen name Paul Hornby. The single-panel comics were printed on postcards placed in gay bars and bathhouses and were published in gay newspapers. *Stella Seattle* also had a 1995 calendar, mugs, T-shirts, magnets, posters, and, at the end of its run, a comic book with all of the episodes.

A *Stella Seattle* telephone hotline helped the APP evaluate the effectiveness of *Stella Seattle*'s messages. Readers were invited to respond to a question posed by each comic, like "Do you talk about HIV before having sex?" The comic's production staff would use this feedback to help guide future *Stella Seattle* topics and story lines.

Well-received by the gay community and considered effective as an HIV prevention and education campaign, *Stella Seattle* also faced critics. When it first appeared in 1994, the *Stella Seattle* hotline was jammed with hostile calls.

AIDS in  
King County  
**1993**  
2,012 deaths to date  
**1994**  
2,454 deaths to date



Cover of *Stella Seattle* comic book published at the end of the series in 1995. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-10]



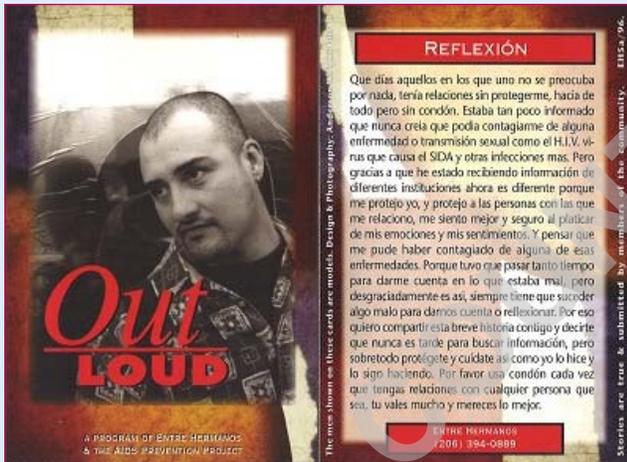
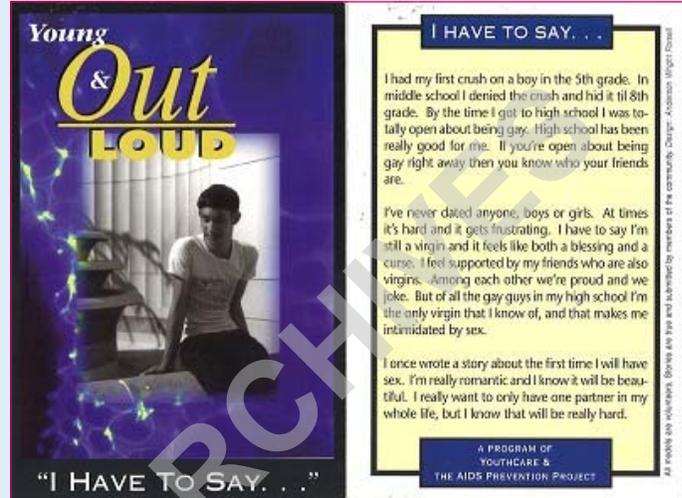
*Stella Seattle* took many forms. A total of 29,900 postcards like this one were distributed at gay bars and bathhouses over the course of *Stella Seattle*'s initial 15-episode run. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-10]

# OutLOUD

Public Health collaborated with with the Asian Pacific AIDS Council, Entre Hermanos, the Northwest AIDS Foundation, POCAAN, and YouthCare for the OutLOUD campaign (1994-1996). Outreach materials in the form of tabloids, 'zines, and trading cards told true stories to provide real-life role models for safer-sex practices.

Produced in collaboration with YouthCare, this OutLOUD card tells the story of a gay youth who wants to remain abstinent until he is in a committed relationship.

Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-15]

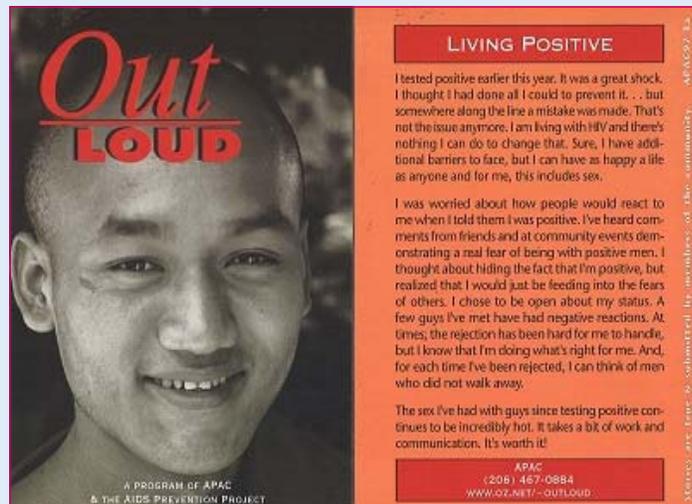


In this Spanish-language OutLOUD card produced with Entre Hermanos, the storyteller advises his peers to always use condoms because they "deserve the best."

Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-15]

This OutLOUD card was produced with Asian Pacific AIDS Council. Here a peer talks about being HIV-positive.

Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-15]



# GAY AND BI MEN SPEAK OPENLY AND HONESTLY!

Amazing  
**True Stories**  
City Edition  
from Gay & Bisexual Men

## To Each Other!

- Candid Interviews
- Exclusive photos
- Details Inside!

## SEATTLE SEX SHOCKER!

### People you know are involved

**THIS JUST IN!** OutLOUD correspondents from the field report an astonishing degree of frankness, honesty and concern for the well being of others in recent field interviews with men who have sex with other men in King County. Some of these interviews reveal the subjects to be happy and well-adjusted despite the changing face of HIV and AIDS and the stresses this places on

**"I opened my mouth and the whole story came OUT!"**

navigating the uncharted waters of sexual health.

"Sometimes I get confused," one subject recently noted. "But it occurred to me to talk to some of my friends to get advice on just

what the facts were."

Sources close to the OutLOUD project reveal that the community members in question are not paid actors but ordinary citizens asked to speak out candidly about their lives. "At first I wasn't sure about talking," one man said. "But then I remembered

the First Amendment and thought, Heck! What have I got to lose?"

### Allegations Surface

SEATTLE Sources close to the special prosecutor reveal that certain members of the community are willing to go public with their stories. "We can't offer them complete immunity, but speaking outloud certainly will help their case," said the source.

One of those called to testify said, "We are just simply citizens doing our civic duty. It's as innocent as sharing recipes." (cont'd)



An OutLOUD Publication

# EXTRA!

Tabloid-style OutLOUD project update. Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-6-14]

# The Legacy

## New medications: a sea change

In 1994, researchers reported that the medication AZT was found to decrease the chance that babies of HIV-infected women would be born HIV-infected. Testing and treatment for pregnant women were quickly adopted. The new medications were also found to be effective in slowing or preventing AIDS-related illness in HIV-positive individuals. At first, treatment was provided to those who were close to becoming ill with AIDS. Then, from 2009, increasingly earlier treatment proved to be more effective in preventing illness, and, more recently, antiretroviral medications have been found to be effective in preventing new HIV infections.

The availability of effective treatment changed people's views on testing, partner notification, and HIV case reporting, as early knowledge of one's HIV-status could prove life-saving. No longer a death sentence, HIV came to be regarded with less stigma and fear. A negative impact of this change was that some people began to abandon safer-sex practices, leading to an increased incidence of other STD's, in response to which Public Health renewed its education and prevention efforts.

### AIDS: no longer a death sentence

Robert Wood: *The only other thing I think we haven't talked about is the sea change that occurred in '94 to '98. Let's talk about that a little bit. I was at the time on the CDC's advisory body and I remember very distinctly a meeting - I think it was in Washington, D.C. - where data were presented from the study that was an attempt to reduce vertical transmission from pregnant women to babies, and that study wasn't actually published in the New England Journal of Medicine until November of '94, but we got to hear the early data in February of '94. I'm blocking on his name, but he was a professor at Harvard -*

Tim Burak: Dr. Hull?

RW: No, I'm blocking on his name.

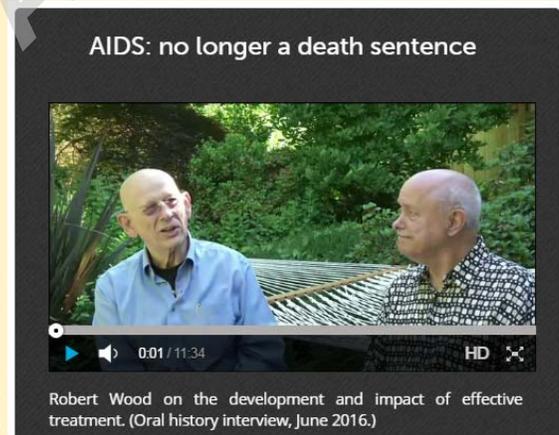
TB: We could find it in the timeline, if we had it to look at.

RW: It's not -his name is I don't think in the timeline.

TB: "That guy."

RW: Yeah, that guy. Anyway, he said this is a sea change, we should announce this as soon as possible - we need to get women tested for HIV if they're pregnant and let them benefit from this incredible result, which was that if a woman who had HIV infection gave birth to a child prior to this study, the risk that the child would be infected was roughly 25 percent. One in four kids born to infected mothers would be born with infection. What the study was, was a study of AZT in the latter part of pregnancy, and to the baby in the very early days after birth, and it showed that you could reduce the transmission from 25 percent to 8 percent. That was a very substantial reduction, and it was the first time we sort of realized that this was a wimpy virus, a virus that even a simple drug like AZT - well, it wasn't a very simple drug - but at least one drug could very substantially reduce the probability that a kid would be born with infection. It was a major breakthrough and it was published in November of '94, and all of us began working at that point - those of us in AIDS control positions around the country - on changing rules so that women would be sort of opt-out tested for HIV. There was some disgruntlement about that in some of our AIDS activist communities, they weren't quite sure that that was a good idea, but ultimately, we managed to change the rules in the state of Washington so that women would be sure to be tested as often as possible. The people you miss are the women that are pregnant who don't come in for care, which of course is a problem. And then later we discovered that sometimes if you even test them early, they might get subsequently infected, still during pregnancy, so then people had to test women repeatedly during pregnancy. And then people got smart and said well, if only one drug, AZT, can reduce the rate of transmission from 25 percent down to 8 percent, what about multiple drugs? That actually happened after '96, when David Ho's findings got presented up in Vancouver, that suggested if you used multiple drugs like AZT and DDI and d4T, or a protease inhibitor along with two other drugs, you could basically stop HIV from multiplying and make people virus-free, although you couldn't really eliminate it from their body.

TB: Virus suppressed perhaps.



RW: Yeah. I was at that meeting and, again, people were aghast that now we had really a way of effectively getting this virus under control, and there was hope in that meeting in Vancouver that actually if you could control the virus for a long period of time in an individual that you might actually be able to wipe it out and actually cure HIV infection. That hasn't happened. It's turned out there are latent places in the body - lymph nodes and other places where the virus hangs out - and once you stop those medicines, the virus will proliferate again and reestablish the old level of infection, and gradually wear away at the immune system. But that was the sea change, it was the most profound medical development in my life as a physician, for us to have found a way of keeping a virus under control like that. We had a treatment that did something like that for herpes, acyclovir was a drug we'd known about for a long time, that could keep herpes under control but wouldn't really eradicate it. But this was the first time we could do that with a lethal disease like HIV. So that was an extremely important development. And then the question was who should be treated. There were committees that CDC established and NIH established that included community activists and were national level meetings where people debated about really who should be treated, and whether everybody should be treated or just people who were really getting close to AIDS. If you followed T cells you could sort of tell when people were close to AIDS, because their counts would gradually go down and then at some point they'd get down to two hundred T cells and at that point they were at risk for pneumocystis pneumonia. We wanted to keep those people alive, so it made all the sense in the world to treat people whose T cells were low, but then there was a lot of concern about these medicines, because they were essentially some kind of chemotherapy. They were interfering and messing with DNA and RNA, and a lot of people were worried that they might cause cancer themselves and they might have other side effects that were really bad. And of course there was a very high cost associated with these drugs, to the extent that some people couldn't get them, couldn't afford them, their insurance wouldn't pay for them. And there were buyers clubs. The Dallas Buyers Club movie, that was out four or five years ago, describes a buyers club that was centered in Dallas, that Matthew McConaughey started the movie to sort of describe that. One of our colleagues, Bill Lafferty, who has now died of AIDS, was a member of the Dallas Buyers Club and he was the AIDS epidemiologist for the state for a while. He had HIV infection as well, and I always wondered whether his taking these strange drugs - because he was taking some drugs back in those days that we weren't even sure were the drugs that had been discovered and were being used by David Ho in New York City - I always wondered whether that might have contributed to his disease later in life, and his death. But there was a lot of controversy about whether everybody should be treated for HIV, and in the early days basically the decision of these committees was that probably it made sense just to treat people whose T cells were at 350 or lower. That way, we would make sure we were treating people who were about to develop AIDS and we weren't gearing up too many people to all of a sudden be on a chemotherapy-type treatment. And the systems that existed out there could probably bear the costs of treating a segment of the population whose T cell counts were relatively low. Actually it was in 2009, Mari Kitahata - we're way past the '96 deadline, but it wasn't until 2009 that we had enough data from around the country in Madison Clinic type populations where we discovered that if people were treated earlier, actually they did better, they had fewer complications, and they lived longer. So I think it was about December of 2009 just before I retired that an article written by one of our local researchers, Mari Kitahata, showed that treating earlier made more sense. She also showed that treating everybody also reduced complications. So initially there was a phase-in of people whose counts were less than 500 and then I think in 2013, they went to treating everybody with HIV, and that was possible in our country, but is still not possible globally because of the cost and the difficulties of getting all the meds out there. WHO is gradually expanding the rules around treating people, but somebody had asked me why did we hold off for those years, and not treat everybody right off the bat, and it was I think because the community and the medical establishment basically kind of mutually agreed that it made sense to start it out just targeting the people who were about to develop AIDS, and then gradually gather more data and figure out really who should be treated.

TB: It sounds like what you've just talked about in the last few minutes - this sea change - a big turning point was at that Vancouver international AIDS conference, when Dr. Ho made his presentation. I remember I had left the AIDS program at that point, I was working in another part of the Health Department, but Frank Chaffee went up to Vancouver for that conference. I remember him coming back and saying "Tim, this changes everything." That was a real turning point.

RW: It did change everything, and I thought it was probably going to be very hard to get all of the doctors to come onboard - I wondered about Group Health, for example, because now all of a sudden they were going to have to treat a lot of people with very expensive medicines. But they were one of the first groups to immediately adopt treatment with multiple drugs. I was just dumbfounded about how fast the medical establishment adopted these new guidelines about recommending treatment for people with HIV and AIDS. Nowadays, we're actually using antiretroviral drugs in combinations to prevent HIV - that was something I had proposed about the time I retired from Public Health and I remember Gary Goldbaum said "that'll never happen, we will never use these very expensive drugs to prevent HIV." But the evidence really accumulated over the next few years, that treating people in this way kept them from getting infected and insurance companies bought it and now we're increasingly trying to get more and more high risk people onto Truvada, as one of the of the meds that keeps people from getting infected. There's some hope we might actually be able to stop this epidemic in its tracks in resource rich countries like our own, and maybe even in the globe at some point.

## The epidemic peaks

1996 was the first year the CDC reported a national decline in AIDS deaths, attributed both to new medications and a slowing of the epidemic and new cases of HIV.

In the third quarter of 1996, Dr. Robert Wood, looking back at the first ten years of AIDS control, announced in the state's HIV/AIDS Quarterly Epidemiology Report "the first (and very welcome) news that the local AIDS epidemic has reached a peak."

But, continued Dr. Wood, it was no time to slacken efforts. People were still becoming sick and dying. Continued and increased support for prevention programs was needed, including "clear and explicit communications about the behaviors which presented risks, and [about] realistic steps to maintain safety.... Our youth are at greatest risk...."

AIDS in King County	
<b>1995</b>	577 new cases 2,852 deaths to date
<b>1996</b>	493 new cases 3,164 deaths to date
<b>1997</b>	319 new cases 3,302 deaths to date

*I think it has been beneficial for society to have had to struggle with a very serious disease for which there is yet no cure or preventative vaccine. [Instead of relying on medicines], HIV control has had to rely on...behavior change, targeting socially disparate and disadvantaged communities.*

*"More frighteningly than many diseases, HIV has also highlighted for us the tight interconnections between diseases and social factors like poverty, homelessness, stigmatization, discrimination, and lack of fully effective sex and drug education. – Dr. Robert Wood, 1996.*

## HIV today in Seattle and King County

By 2015, HIV infection rates had dropped by one-third nationwide. Most of that decline occurred among heterosexuals and injection drug users. On the national level, the infection rate among men who had sex with men remained the same.

But, in contrast to other areas of the country, Seattle-King County showed a decline in HIV among gay men.

In a July 2014 radio interview, Dr. Matthew Golden, director of the Public Health Department's combined HIV/STD program, credited several historical factors contributing to the department's comparative success in combatting AIDS:

*"We are benefiting today from a long-term investment in prevention and care," – Dr. Matthew Golden, 2014.*

- Better funding for HIV/AIDS prevention and care in Washington State and King County than nationally
- A demographic that did not disproportionately include injection drug users
- Excellent collaboration with engaged community groups to bring AIDS prevention messages to groups at risk, particularly gay men
- An efficient public health system

## AIDS is not history

Public Health continues to fight HIV/AIDS today. Between 1996 and March 31, 2016, over 2,000 people in King County died of AIDS. And, in the past five years, over 1,200 people have been newly diagnosed as HIV-positive. (Source: Public Health Seattle/King County HIV/AIDS Quarterly Surveillance Report, through March 31, 2016).

### Looking back

The AIDS epidemic has had a lasting impact on the nation, on the region, and on individuals. In the following clips from the oral histories, interviewees reflect on the epidemic and the AIDS Prevention Project.

**Patricia McInturff:** *Thinking back on it in retrospect, those were probably the most exciting, fulfilling, emotionally charged days of my career. It was all new, and the people who sort of came together around this are probably some of the smartest, most dedicated people I've ever worked with in my career - I guess it speaks to the fact that here 30 years later, many of them are still some of my best friends in life....these were fabulous people who cared, who were smart, who were - this was not a job anymore, this was really a passion. And on the other side of it many of the people who came to work at the health department and wanted to work on this issue were people at high risk, so you were working with people you cared about, you were also going to funerals for people that you worked with every day, and you don't usually start going to funerals in your life at 37 and 38 and 39. So there was lots of mixed emotions. The workday could be emotional to the point of sitting at your desk and crying, or sitting around and trying to plan a new grant and being with people who were twice as smart as I was. So it was a very heady time. And in government - because I spent my whole career in government, I spent a year at the CDC on sabbatical, even, working for the director's office there and watching things - there are very few times in your career you get to design something from scratch.*

**Karen Hartfield** *I think AIDS was the first time people started thinking about behavior change theory and how that should intersect with public health works. That was more like a psychology field, like working with individuals, and sort of thinking about it in terms of how you work with a whole community was brand new. I also think it let us push the envelope in other ways on messaging, that we just became more community focused, so in other parts of public health materials we put out didn't look quite so much like a Benetton ad. It was more personalized....*

*I could give an example for right now. In CD, where I work now, we're seeing a little bit of a resurgence or a little bit of an outbreak of shigella in men who have sex with men, that's an enteric disease that caused unpleasant symptoms and can be treated, but there are now some drug resistant forms of shigella out there. So normally our approach would probably be to do a health alert to health care providers, like "be on the lookout for this, test for this." What I was able to do was to actually hire Drew Emory to do a campaign, just a small poster campaign which is very explicit about what shigella is and what you should do if you think you have symptoms, and we put that out in the bathhouses and the bars. That's something we probably never would have done before having done this kind of HIV work.*



## Robert Wood and Tim Burak

RW: *I think AIDS is to a large extent responsible for the incredible changes we've seen also in LGBT rights. I never thought as a gay man that I would see gay marriage adopted by the Supreme Court. To me it was astounding that happened, and that it started off in a couple of states, and then really the Supreme Court decided to endorse it. I think that happened because AIDS basically brought LGBT issues to the forefront, and made everybody pay attention them. They'd sort of been back in the closet with the gay men and the lesbians and the trans folks, and all of a sudden Rock Hudson has AIDS and Arthur Ashe gets AIDS and all these people get AIDS, and some of them are gay, and it brings them out of the closet. People realize they have gay friends, and that their gay friends have romantic relationships but they're sort of closeted about their relationships. I argued before I retired that it made all the public health sense in the world to encourage long-term, solid gay relationships, gay marriage, from a public health perspective, because it would be likely that people in marital relationships would probably have fewer outside partners than if people were just meeting up with partners randomly. I think it was AIDS that really brought to the public awareness the fact that there was this minority population, maybe 3 to 5 percent of gay men and similar numbers of lesbians, and now recently we're talking about trans people. There's a society reaction to these changes which is difficult, but at the same time I think we've bit the bullet and we're moving in a direction where more and more people I think are seen as equals, and ought to have equal rights in all sorts of ways, and trans people ought to be able to go to a bathroom where they're comfortable. I don't think that would have happened if AIDS hadn't happened. Does that make sense to you?*

TB: *I think I'd rather say if the response to AIDS hadn't happened.*

RW: *Well, maybe it was the response. I mean, I think the Supreme Court is a response to AIDS.*

TB: *True.*

RW: *I mean, if we'd all gone into the closet and died I suppose then AIDS wouldn't have created that, but I don't think that could have happened.*



**Gary Goldbaum** *When I started in 1989, AIDS was still a death sentence. Basically if you were diagnosed with AIDS, we advised that you get your affairs in order, we'll do everything possible to deal with opportunistic infections and so on, things that were a consequence of AIDS but not actually treating AIDS. At the same time, medicines were starting to appear. The first medicine, AZT, now called zidovudine, had appeared and it was in experimental trials – that by the way was driving real change at the federal level because people were aware, there's a medicine that might have promise. It wasn't available commercially, it wasn't licensed yet, but there was potential, and everyone understood also, there are going to be other drugs. There was a tremendous interest and funding for research into new treatment modalities.*

*So this was a time when we were all appreciating – gotta gear up, we need to identify who's infected. We now had the tools to test folks for the virus, or at least for an immune response to the virus, and that was going to allow us then to get people into treatment. But at the same time, folks would want to know, what can I get treated for? Well, suddenly we were starting to see some new drugs that can directly treat HIV infection, and that was driving demand, huge demand within the infected community, and actually beyond that, the communities that were most affected, especially the gay community. The advocacy at the national level pushed really huge changes in how government did business, so there were changes in how pharmaceuticals were being tested, how we did the studies, and how they were made available. A thing called the Compassionate Use Pathway, which meant if you had AIDS and you weren't otherwise eligible for a clinical trial, you might still be able to get access to a drug that was not yet licensed for commercial sale. And that was huge. Then there were changes in how studies were being done. There were changes in how we were going about managing folks as medicines were becoming available. It was a much accelerated process. Usually changes in medicine can take anywhere from one to two decades from the time science demonstrates here's what you ought to do until the medical community's really doing it. AIDS accelerated that process because the communities that were most affected said we're not going to wait for you in medicine to come around to understanding how to do the work right. Instead, we're going to make demands of you. And that really drove enormous change in how medicine was being practiced, how public health was being practiced.*





**Sharon Hopkins** interviewed by Lawrence Knopp

LK: ...how has all of this affected you?

SH: Well, I gained about 30 pounds (laughs) and got much older during the course of things. No, when you're working that much, your coworkers are kind of your social life, at least it was for me. Actually it did affect my family in one very big way, I think. My daughter was born when I was working for the HIV-AIDS Project. In fact at the end I had some high blood pressure because I was 40 years old and pregnant, and I had to be on bed rest, so my team came to me while I lay on the couch at home and we had our meet-

ings the last three weeks before my daughter was born. Anyway, everybody was of course very supportive of anybody that had kids, because most people in the project were having kids. And when she got older, she used to come into the office with me because she loved the people of the AIDS Project. They were fascinating to her. Some of them were kind of flamboyant and they were powerful people. So she'd be 7 or 8 years old, and she could spend a whole afternoon going from person to person, talking to people. And I worried it was impacting their job, they're supposed to be working, but I figured a little of this is okay. She got a lot out of that. In fact we feel it influenced her whole career choice, because she's out of college now and she's working with homeless youth, and she just finished a job in Washington, D.C. She was on contract working providing subsidized housing for people recovering from mental illness and now she's just taken a job working with homeless youth. I'm sure she was so influenced by people in the AIDS Project as a youngster that she went this route. In fact she's so anti-business, she would never dream of working for a for-profit business. While my husband and I are both scientists, she majored in politics, her major interest is equity and social justice, and I feel like it came from the AIDS Project.

LK: There's a legacy.

SH: There is a legacy, yeah - the next generation influenced by these people that she got to know. They still Facebook her, Theresa who was a longtime employee here is now in Miami, but they still follow her career and give her advice and positive feedback on what she's doing. She's just 23 so she's still early in her career.

LK: That's a lovely story.

SH: It is. I'm glad you drew that out. So that is a big thing. But certainly, what you're doing really affects your life, particularly if you're doing it for that long. At one point, I thought, "I think over half my friends are gay men. I think that's kind of cool."

LK: Tim's right, we're getting a lot of this sense that we were making history. That's why I asked you the question about dramatic moments is a lot of people seem to feel that they were living some really powerful history, and making history and making important legacies.

SH: For instance, two days ago, there were emails going around about Bill Ford, who was one of the early employees who died 20 years ago now, we were all remembering him through some emails, just thinking back. He was really I think the first person to die from this immediate group. Not too many did from this small group. Many of them, they're out, they're HIV positive, but they're still doing pretty darn well. And they lived long enough to get into the era of the good treatments, thankfully. Like Dr. Bob Wood is skiing in the Alps and having a good time in his retirement and I keep in touch with him. Yeah, it's a family. It's kind of trite to say that, but it turned out to be a family and it's always great to go back and see everybody.

### Gary Goldbaum:

*I think perhaps the most important lesson of AIDS is that we mustn't forget what happens when you have a disease that can be highly stigmatizing and we need to always keep that in mind. For example, Ebola – well, did we observe overreaction to Ebola in this country? Governors who basically said you are going to be isolated, people who were the medical volunteers going to Africa, forgetting that they need to really think about what's the best science, how do we avoid stigmatizing, what strategies do we want in the community, how do we engage the community so that this isn't just government's overreaction. I'd say that's the most important lesson I take away from the AIDS era. I also have learned subsequent to my experience working directly with AIDS, in my current role as director of a public health agency where I'm thinking about a lot of different conditions and where I actually have to think very holistically about my agency and how it allocates its resources. One of the things we've observed with HIV and AIDS has been a transition from a time where resources to take care of people were frankly not available and it required dedicating resources. Others have now learned from that experience – maybe we need dedicated resources for other conditions. That's been a powerful tool in the community. At the same time it has created a challenge, as we've moved away from an era where there weren't resources to take care of people, to an era now where we have the Affordable Care Act and health care transformation quite independently of the Affordable Care Act, but an opportunity for us to move in a new direction. This was not anticipated at the time. At the time AIDS was really appearing, the medical community did not want to have anything to do with people with AIDS – didn't want to take care of them, didn't feel that they had anything to offer, oftentimes it was affecting folks who weren't insured and medicine is a business. That was a really bad time and we learned from it that in that kind of setting you need to set aside, dedicate resources. Today we have new opportunity to try and assure that everyone in this country has full access to care. It should never again happen that we have to set aside resources because people can't get the care that they need in an existing open welcoming highly functional, high quality system. And that's a change.*



### Ann Downer:

*...the ground shifted with AIDS, our culture shifted, our language shifted - the way we think about relationships, acceptance of the different expressions of sexuality, everything changed with AIDS. I don't think people yet even decades later realize what a pivotal moment that was. And just from a personal point of view, I went into the University of Washington to be the director of a health care program that prepared doctors and nurses to treat AIDS patients, that morphed into the global HIV-AIDS health system strengthening work that I do now. So my own life has shifted with it, but everybody else's has too. I know everybody I worked with back then, I know almost everyone still, those are formative experiences and people stay in touch, and everybody remembers who didn't make it through that period.*



# Gallery

## 1940s-1970s: Public Health VD programs



Seattle Transit bus ad appearing in 1947, from "The Road to Health," 1954. [Series 872, King County documents collection.]



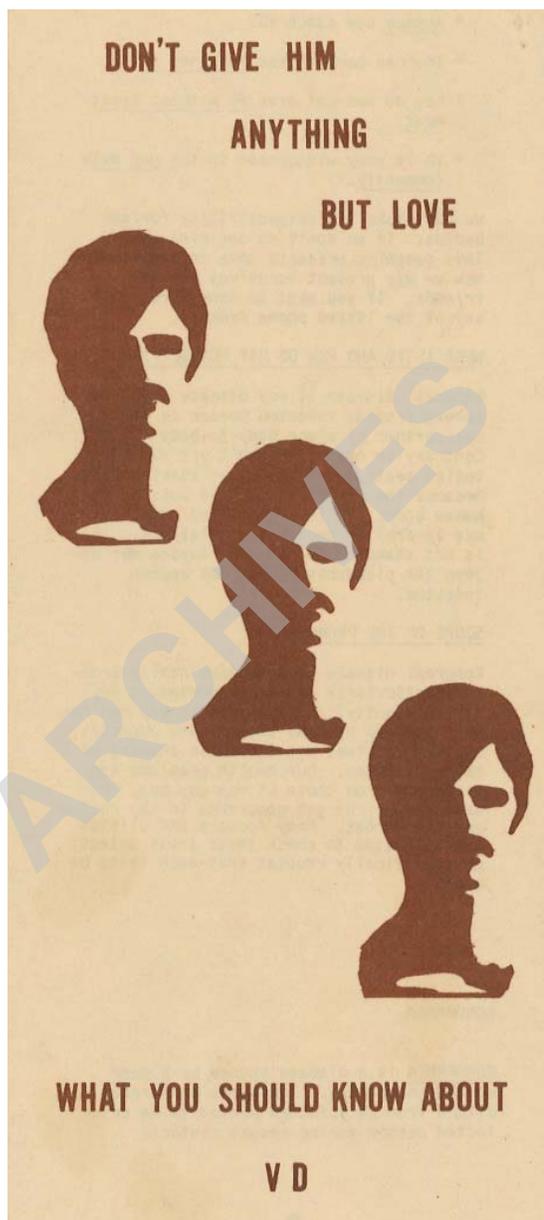
VD Blood Check Poster – 1950s [Series 275 – Seattle-King County Department of Public Health Photograph Files. Item 90.2.2726]



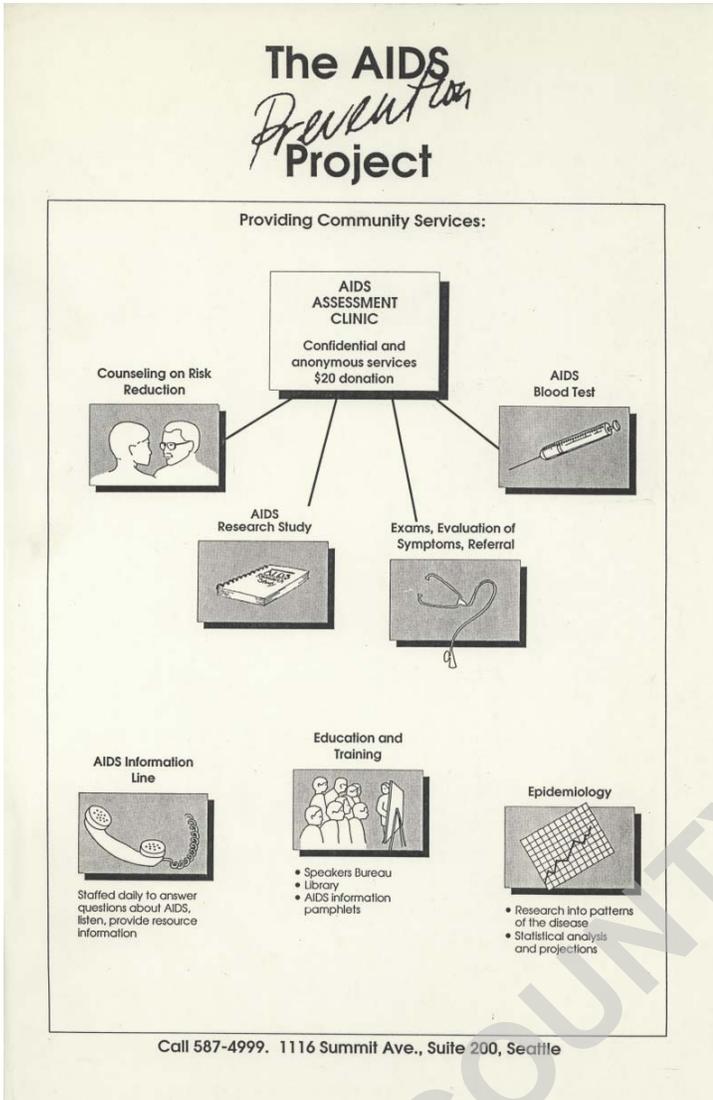
Left: Nursing Program – bulletin board “Nursing in VD control,” 1950. [Series 275 – Seattle-King County Department of Public Health Photograph files. Item 90.2.0955]

Right: Public Health brochure targeted to gay men (1970s). [Series 11 – Clipping and press release files, Seattle-King County Department of Public Health. 11-6-7]

Below: Graphic from 1960s Public Health STD outreach event.



# Early 1980s: AIDS Emerges, Early Outreach and Education



CONFUSED about whether or not to get tested?  
WORRIED that you might be having AIDS-related symptoms?  
UNSURE about exactly what's safe and what's risky?  
HIV+ and wondering about available options and resources?  
JUST NEED SOMEONE TO LISTEN, AND DON'T KNOW WHERE TO TURN?

**TALK TO US**

**WE CAN HELP**

ASK ABOUT OUR NEW EXTENDED EVENING HOURS

**The AIDS Prevention Project**

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH  
FOR AN APPOINTMENT CALL

**296-4999**  
TDD: 296-4843

Flyer advertising AIDS Prevention Project at Seneca and Summit location, ca. 1986. [Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. Folder 1825-3-5.]

Poster describing services of the AIDS Prevention Project, ca. 1986. [Series 1825 – History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-12-5.]

Below: Front of fold-out wallet-card, 1983. [Series 10, Director's city/county division files, Seattle-King County Department of Public Health. Item 10-11-7-7]

**Advice About AIDS**

**Seattle-King County Department of Public Health**

July 1983



# A.I.D.S.

Acquired Immune Deficiency Syndrome

## Keeping Our Gay Community Healthy: An Open Forum

- Douglas Allmon, PhD  
Counselor
- Hunter Handsfield, M.D., M.P.H.  
Harborview Medical Center
- Ann Collier, M.D.  
Fellow, Division of Infectious Diseases
- Tom Marsella, M.D.  
Physician, Seattle Gay Clinic
- Tim Burak  
Volunteer, Seattle Gay Clinic

A presentation of the latest data on the gay health crisis, and a chance to discuss the impact of this information on our own lives.

Wednesday, December 1st, 7:00 p.m.  
Room B1110 SEATTLE CENTRAL COMMUNITY COLLEGE  
Broadway at Pine Suggested donation: \$2.00



Benefit For:

SEATTLE COUNSELING SERVICE

and

Flyer for community forum on AIDS held on December 1, 1982. Over 300 people attended the event at Seattle Central Community College. [Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-1-7.]

Below: Collage of early AIDS headlines. [Series 1825 - History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-1-7.]

## Gay community 'galvanized' against threat of AIDS

by Warren King  
Times medical reporter

It has been five years since the gay community's interest in a disease called AIDS... It's forgotten of differences... Only Initiative 13, the sex rights amendment of 1978...

Hunthausen letter urges compassion for AIDS patients... Seattle Archbishop Raymond Hunthausen is calling upon Catholics to show compassion for those afflicted with AIDS... In a pastoral letter published in today's edition of The Progress, the archdiocesan Catholic weekly, Hunthausen writes...

number of its victims is rapidly accelerating... "I don't like being pessimistic, but I think the number of victims is rapidly accelerating... and Human Services Department... "It is our No. 1 priority," he said of the affliction...

The Seattle Times, 6-1

## Hunthausen letter urges compassion for AIDS patients

by Peter Lewis  
Times staff reporter  
Seattle Archbishop Raymond Hunthausen is calling upon Catholics to show compassion for those afflicted with AIDS... In a pastoral letter published in today's edition of The Progress, the archdiocesan Catholic weekly, Hunthausen writes...

activity. It is rather to acknowledge that pastoral initiative always lies with the healing love of God, which the church and its ministers are called to represent... in another passage, Hunthausen wrote that AIDS should not be seen as a punishment from God... "This kind of explanation would be unworthy of our God. AIDS is no more a punishment from God...

...pointed out, a small percentage of King County's 1.2 million population...

## King County Council pledges funds to help victims of AIDS

pointed out, a small percentage of King County's 1.2 million population... "Isn't its incidence predominantly peculiar to people with certain aberrant lifestyles?" Barden asked Audrey Gruger, chairman of the council's Health, Housing and Human Services Committee, which recommended the council pass the resolution... The disease hits people who have contact with the high-risk groups and may be transmitted through blood transfusions, Gruger said...

## Potential AIDS cases may be 'staggering'

by Warren King  
Times medical reporter

The deadly disease AIDS spread much faster than anticipated, a top researcher said in Seattle yesterday... Instead of the predicted cases by the end of 1982, it were 500...

research of the baffling disease... "The heat is on them... it can be spread by casual contact... time and was introduced into a susceptible population...

## AIDS panel: Epidemic of fear can be cured

by Brian Stanley  
The Spectator

After being diagnosed as having AIDS, Dan Tuner said he felt cheated and surprised... "I say surprised and not shocked because I did not feel sick and had read that only sleazy fanatics and dope fiends were at risk... "Please take initiative to actively demand Congress to spend the money that they promised to find a cure for AIDS. I am healthy today, but tomorrow the sun may not come out..." Tuner said...

the search for information and search for community response... "A person with AIDS can not be patient; he or she cannot wait around for the approval of the Senate... "Whenever that fear has reared its ugly head in our community we have to respond as public officials as directly and quickly as effectively as we can... "They should not have to defend their human rights while fighting for their lives..." Tuner was diagnosed in February 1982 as having a rare infection associated with AIDS, Kaposi's Sarcoma, cancer that affects blood vessel...

row the sun may not come out..." Tuner said... "A person with AIDS can not be patient; he or she cannot wait around for the approval of the Senate... "Whenever that fear has reared its ugly head in our community we have to respond as public officials as directly and quickly as effectively as we can... "They should not have to defend their human rights while fighting for their lives..." Tuner was diagnosed in February 1982 as having a rare infection associated with AIDS, Kaposi's Sarcoma, cancer that affects blood vessel...



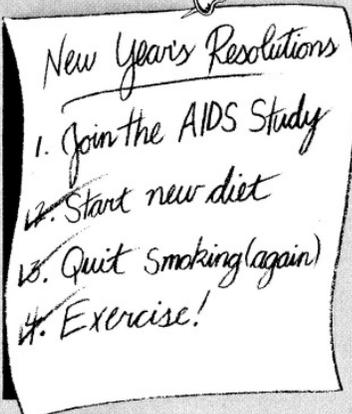
## 1986-1990: The “Be a Star” Study



AIDS Prevention Project staff and volunteers with float advertising the Be a Star study at Seattle’s 1987 Gay Pride Parade. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-2-13.]



Poster advertising a thank-you party for “Be a Star” study participants (ca. 1991). Mae West was one of the “stars” assigned to subjects, in a system designed to allow long-term, anonymous participation. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-5.]



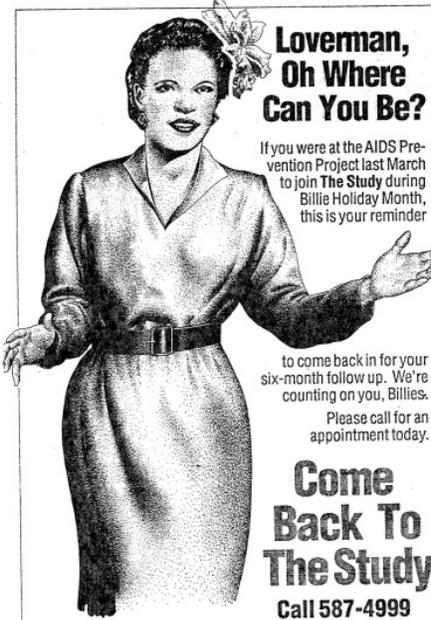
*New Year's Resolutions*

1. Join the AIDS Study
2. Start new diet
3. Quit Smoking (again)
4. Exercise!

What are you waiting for?  
**Join The Study • Be a Star**

**Call 587-4999**  
**AIDS Prevention Project**

City of Seattle, Charles Royer, Mayor  King County, Tim Hill, County Executive 



**Loverman, Oh Where Can You Be?**

If you were at the AIDS Prevention Project last March to join **The Study** during Billie Holiday Month, this is your reminder

to come back in for your six-month follow up. We're counting on you, Billies.

Please call for an appointment today.

**Come Back To The Study**

**Call 587-4999**  
**AIDS Prevention Project**

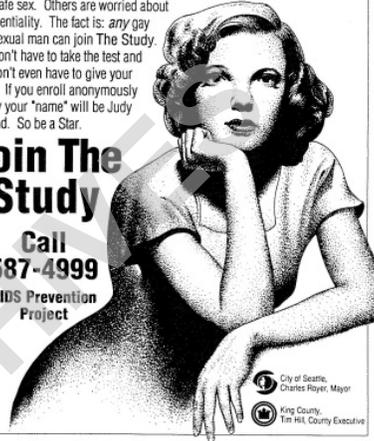
City of Seattle, Charles Royer, Mayor  King County, Tim Hill, County Executive 

**If you have a heart, a brain, and a little courage . . .**

Follow the yellow road signs to the AIDS Prevention Project and join **The Study**. A lot of men in Seattle feel in their hearts that they want to help the fight against AIDS, but they don't have the nerve to take that first step. Some even know about **The Study**, but think they're ineligible because they don't want to be tested, or because they're monogamous or have only safe sex. Others are worried about confidentiality. The fact is: *any* gay or bisexual man can join **The Study**. You don't have to take the test and you don't even have to give your name. If you enroll anonymously in July your "name" will be Judy Garland. So be a Star.

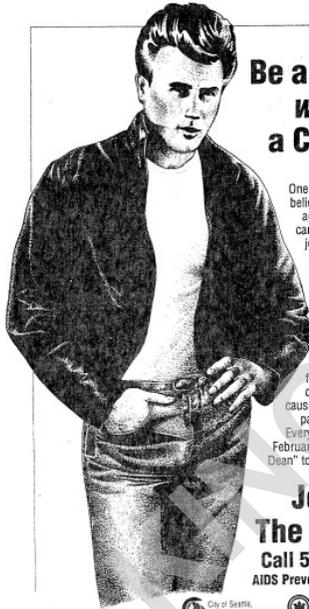
**Join The Study**

**Call 587-4999**  
**AIDS Prevention Project**



City of Seattle, Charles Royer, Mayor  King County, Tim Hill, County Executive 

6 Intl. N.W. Guide Magazine ■ JULY 1987



**Be a Rebel with a Cause**

One cause we can all believe in is the fight against AIDS. You can do your part by joining **The Study** being conducted by the AIDS Prevention Project. It's quick. It's easy. And it can make a difference.

There's no cause for concern about confidentiality because you can participate anonymously. Everyone who joins in February will be "James Dean" to us. So be a star.

**Join The Study**  
**Call 587-4999**  
**AIDS Prevention Project**

City of Seattle, Charles Royer, Mayor  King County, Tim Hill, County Executive 

**Desperately Seeking Oscar**

If you joined **The Study** during Oscar Wilde Month, then now is the time to come back to the AIDS Prevention Project for a six-month follow up.

The effectiveness of our fight against AIDS depends on **The Study**, and **The Study** depends on you.

Please call for an appointment today.



**Come Back To The Study**

**Call 587-4999**  
**AIDS Prevention Project**

City of Seattle, Charles Royer, Mayor  King County, Tim Hill, County Executive 

**IT'S OSCAR TIME!**

If you joined **The Study** last October, it's time to come back to the AIDS Prevention Project for your six month follow-up visit. Men who enrolled anonymously that month were called "Oscar Wilde". If you haven't joined **The Study** yet, you can be an Oscar too if you enroll this month.

Be a Star and help the battle against AIDS. You may not win an Oscar, but in April you can be one.

**Join The Study**

**Be a Star**

**Call 587-4999**  
**AIDS Prevention Project**



City of Seattle, Charles Royer, Mayor  King County, Tim Hill, County Executive 

Posters advertising the "Be a Star" study (ca. 1987-). [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-2-13.]

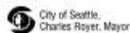
## Don't let excuses keep you from being a Star



A lot of people are confused about who can join The Study. The fact is: any gay or bisexual man can join. It doesn't matter what kind of sex you have or how many partners. You don't have to take the AIDS antibody test. And you don't have to worry about confidentiality because you can join anonymously by using the name of one of our stars. So what are you waiting for? Nearly 1000 men have joined so far, but that's only 1/2 our goal. Please help us in the fight against AIDS. Call for an appointment today. No excuses.

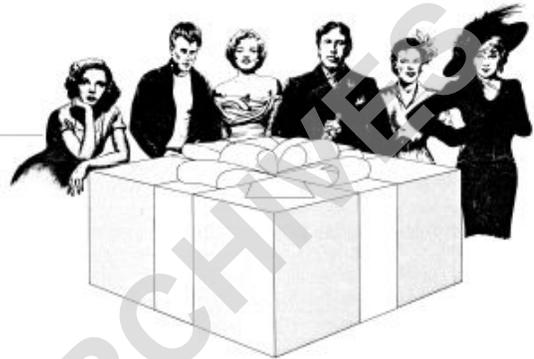
**Join The Study Be a Star**

**Call 587-4999 AIDS Prevention Project**



## The Most Important Gift You'll Give All Year. . .

This holiday season, please think about giving a small gift of your time by joining The Study. The input you provide by filling out The Study Questionnaire can truly make a difference in the fight against AIDS in our community. You can join regardless of the number of partners you have, whether or not you always have safer sex, and even if you don't want to be tested. As always, your anonymity is assured by taking the name of one of our stars. So think about all the gifts you'll give this year. And then think about giving a gift that can help change the course of an epidemic that has taken too many of our friends.



**Join The Study Be a Star**

**Call 587-4999 AIDS Prevention Project**

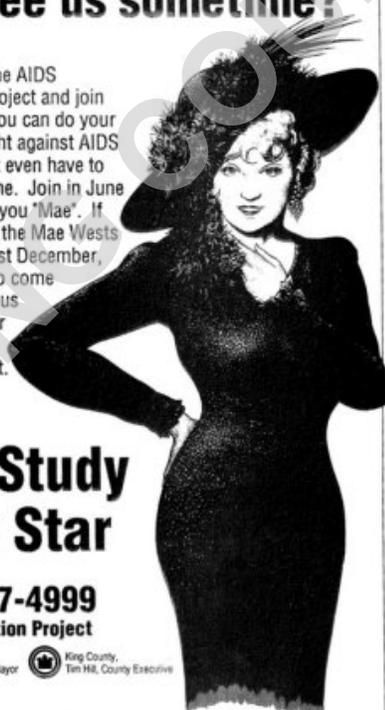
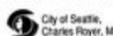


## Why don't ya come up and see us sometime?

Come up to the AIDS Prevention Project and join The Study. You can do your part in the fight against AIDS and you don't even have to give your name. Join in June and we'll call you "Mae". If you're one of the Mae Wests who joined last December, don't forget to come back and see us this month for your first follow up visit.

**Join The Study Be a Star**

**Call 587-4999 AIDS Prevention Project**



## Follow the Wise Men & Women to the AIDS Project

The staff at the AIDS Project would like to wish everyone a joyous holiday season. And when you exchange gifts, remember to give only the safest of toys. The "Be A Star" Study for gay and bisexual men is still open to new and continuing clients. So rise to the occasion this holiday season. Be A Star.

THE AIDS *Prevention* PROJECT

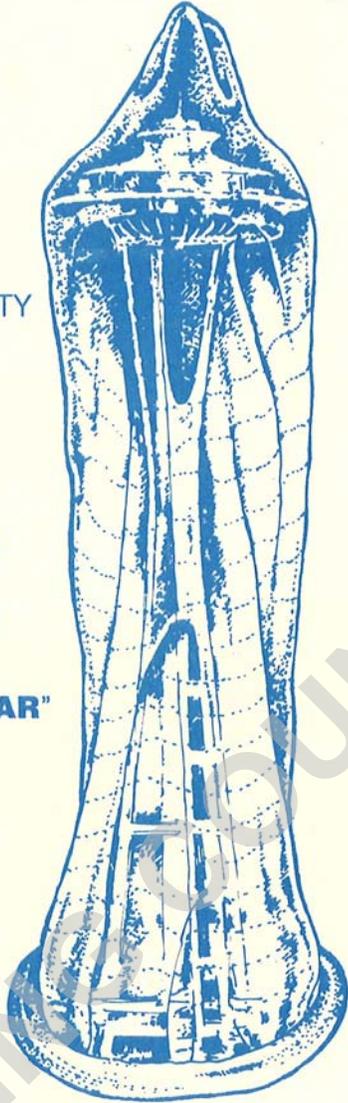
**296-4999 • TDD: 296-4843**

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH

JANUARY 1991  
NUMBER 2

# The SEATTLE STAR

A  
REPORT  
TO THE  
COMMUNITY  
ON WHAT  
WE'RE  
LEARNING  
FROM THE  
"BE A STAR"  
STUDY



The Study  
is still enrolling  
new participants.  
Please join  
today.



## The AIDS *Prevention* Project

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH

1116 Summit Avenue, Suite 200

Seattle, WA 98101

**296-4999**

TDD: 296-4843

Front and back cover of "The Seattle Star," Report No. 2, 1991. The semi-annual report to the community summarized findings from the Be a Star study. Marilyn Monroe was one of the "stars" assigned to subjects, in a system designed to allow long-term, anonymous participation. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. [1825-2-13.]



AIDS Prevention Project volunteers playing the “stars” (Billie Holiday, Mae West, Marilyn Monroe, Judy Garland, and Oscar Wilde) on float advertising the Be a Star study at Seattle’s 1987 Gay Pride Parade. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-2-13.]



Staff [and volunteers?] with the AIDS Prevention Project float advertising the Be a Star study at Seattle’s 1988 Gay Pride Parade. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-2.]

## 1987: Seattle Pride



Seattle Pride Festival, 1987. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-1.]



## 1988: Seattle Pride



[Staff and volunteers] with AIDS Prevention Project float advertising the Be a Star study at Seattle's 1989 Gay Pride Parade. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-3.]

## 1989/1990: Seattle Pride



AIDS Prevention Project booth at Seattle Pride Fest, ca. 1989/1990. Top left: condom dress at Seattle Pride Fest. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-5.]

# Late 1980s: Outreach to Intravenous Drug Users and the Needle Exchange



If you use drugs and share needles, you can get more than just high – you can get AIDS.  
Right now, there is no cure for this deadly disease. But you can protect yourself.

**Don't Share.**  
The AIDS virus travels in the blood-stream. Using the same rig, cooker, cotton, or water puts you at risk of infection. That goes for skin popping too. And you can't tell if someone has AIDS just by looking at them. So keep your works to yourself.

**Clean Your Works.**  
If you borrow or lend a rig, cleaning it with bleach reduces the risk of getting the disease. It only takes a

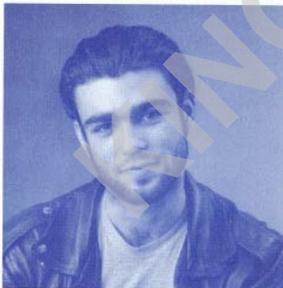
minute using the 2 by 2 method and it could save your life.

**Anyone Can Get AIDS.**  
AIDS doesn't discriminate. Fact is, almost half of the people with AIDS in the U.S. are people of color and most of those are African-American or Latino.  
So play it safe. Clean your works. Or better yet, don't share. For more information, call the People of Color Against AIDS Network at 322-7061 today.

**PEOPLE OF COLOR AGAINST AIDS NETWORK. 322-7061.**

Cover and inside of brochure directed at intravenous drug users, produced by the People of Color Against AIDS Network, ca. 1989. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-5.]

- NEON is about:**
- \* Stopping the spread of HIV among men who inject crystal meth and have sex with other men.
  - \* Reducing any physical and social harm related to crystal injecting.
  - \* Educating each other and our communities about harmful stereotypes.



- NEON is about working together. We are:**
- \* HIV-positive and HIV-negative Gay and Bisexual Men who shoot crystal meth working with people at...
  - \* The Needle Exchange, the AIDS Prevention Project, Stonewall Recovery Services, and Street Outreach Services.

NEON offers Crystal Injectors, safer sex packets and home safer sex workshops, health tips and treatment referrals, a place to exchange needles and a place to talk about their stuff.

For more information about NEON or other services, please call any of the numbers listed below:

NEON RESOURCE LIST	
NEON	654-9885
AIDS Hotline	296-4999
TDD	1-800-678-1595 296-4843
Stonewall Recovery Services	461-4546
Street Outreach Services	625-0854
People of Color Against AIDS Network (POCAAN)	322-7061
Northwest AIDS Foundation	860-6241
TDD	323-2685
YouthCare	282-1288
Alcohol/Drug Helpline (24 hours)	1-800-562-1240
Crisis Clinic (24 hours)	1-800-244-5767
Seattle AIDS Support Group	322-2437

Seattle-King County Department of Public Health.

The services of NEON are available to all regardless of race, national origin, religion, income, sex, sexual orientation, marital status, age, or disability.

**This brochure is available in alternate formats.**

## Getting Clear About Crystal and HIV

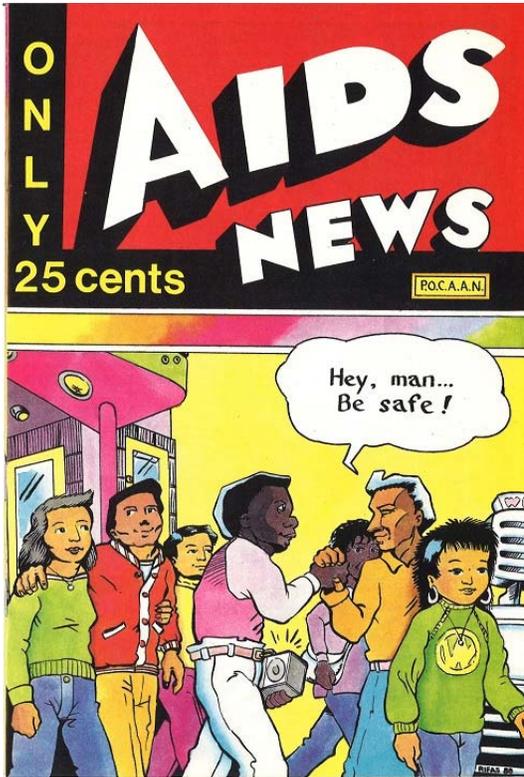


Information for Gay, Lesbian, Bisexual and Transgendered People.

Brought to you by:  
**NEON** Needle (and Sex) Education Outreach Network

Brochure for the Needle Education Outreach Network (NEON), which targeted a high-risk group: gay men who injected methamphetamine. A Harm Reduction Group met at the Group Health Medical Center on Seattle's Capitol Hill. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-3-17.]

# The 1990s: People of Color Against AIDS Network (POCAAN)



**REMEMBER:**  
 You can get the AIDS virus by:  
 -Having unprotected sex (without a latex condom) with someone who has the virus.  
 -Sharing needles to shoot drugs.

The virus can also be passed by a mother who's infected to her unborn child.

You can have the virus and not have symptoms (signs of the disease). There is no special kind of person who gets AIDS. If you have unprotected sex, multiple sex partners, and/or share needles, you could be at risk for AIDS.

AIDS is **not** casually transmitted:  
 -You **cannot** get AIDS from sitting on a toilet seat.  
 -You **cannot** get AIDS from eating food prepared by someone who has AIDS.  
 -You **cannot** get AIDS from holding, hugging, or touching a person with AIDS.

You can be safer:  
 -The best protection from AIDS is not having sex and not shooting drugs.  
 -If you are sexually active, use a latex condom for all types of sex. Also use foam, cream or jelly with nonoxynol-9 in it.  
 -Don't share needles

**ORDERING INFORMATION FOR AIDS NEWS COMIC BOOK**  
 AIDS NEWS Comic Books cost 25¢ each plus shipping. (U.S. Dollars only)  
 Shipping and handling is billed as follows:  
 \$ 1.00 to \$ 15.00 - \$ 2.50  
 \$ 15.01 to \$ 25.00 - \$ 4.00  
 \$ 25.01 to \$ 50.00 - \$ 6.00  
 \$ 50.01 to \$ 75.00 - \$ 8.00  
 \$ 75.01 to \$100.00 - \$10.00  
 \$100.01 to \$250.00 - \$20.00  
 \$250.01 to \$500.00 - \$40.00  
 \$500.01 to \$750.00 - \$50.00  
 For orders over \$750 please add \$10.00 for each \$100 order.

Shipping costs for Canadian and other international orders will be billed at current UPS or U.S. international mail rates. All shipping costs are subject to change.  
 If you have a question or wish to place an order by telephone please call (206) 322-7061 or fax (206) 322-7204.

**ORDER FORM**

	Price
Number of AIDS NEWS Comic Books _____ x 25¢ each	\$ _____
Washington State residents add 8.1% Sales Tax	\$ _____
Shipping & Handling (see above)	\$ _____
Please remit this amount with your order (U.S. Dollars)	<b>TOTAL</b> \$ _____

NAME \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_  
 Mail to: People of Color Against AIDS Network,  
 1200 S. Jackson, Suite 25, Seattle, WA 98144. (206) 322-7061

**A LETTER TO OUR READERS**  
 In the best of all possible worlds, you would not have to live with the fear of nuclear holocaust, deadly diseases, poverty, hatred or injustice. In the best of all possible worlds, there would always be bread on the table, love in our homes, and difference would be cause for celebration.

But we do not live in such a world. We are faced with many problems and the solutions are never easy nor simple.

AIDS affects all of our lives and will continue to do so into the next decade, either because we know someone who has it, or because we fear getting it ourselves. We have few weapons against the disease, but those we have are mighty: *compassion, information, and education.*

This comic book is designed for you and your friends to get information about AIDS, to use in educating each other and the adults in your lives. It is crucial that you have the facts. Only you can decide for yourself what to do. We all need the ability to respond to this disease without hysteria and blaming, to work together to care for people with AIDS, and to protect ourselves and our loved ones from this fatal disease. We hope this book will help.

Be safe—  
 People of Color Against AIDS Network  
 Leadership Tomorrow

Many thanks are due:  
 -to P. Calia Fullwood, Kazuo Jones, Jeff Salmons and Karen Hatfield of POCAAN, and Antonio Chavez, Mary Ann Eikens, Tina Nari, Bill Covington, London Winger, Howard S. Wright III and Elaine Ko of Leadership Tomorrow for guiding the creation of this comic;  
 -to the Greater Seattle Chamber of Commerce for creating the concept of community service for future leadership through the Leadership Tomorrow organization;  
 -to the American Friends Service Committee for its ongoing support which has made the work of POCAAN possible;  
 -to the Nordlife Foundation, the Bishop Foundation, and Chicorp for providing the funding for the completion of this project;  
 -to the kids at Indian Heritage High and the Orion Center for taking the time to make this a better comic book;  
 -to Leonard Rifas, the cartoonist, without whom this book never would have happened.

VJ

Delores

Ms. Terry

Kenji

Mort

Rosalba

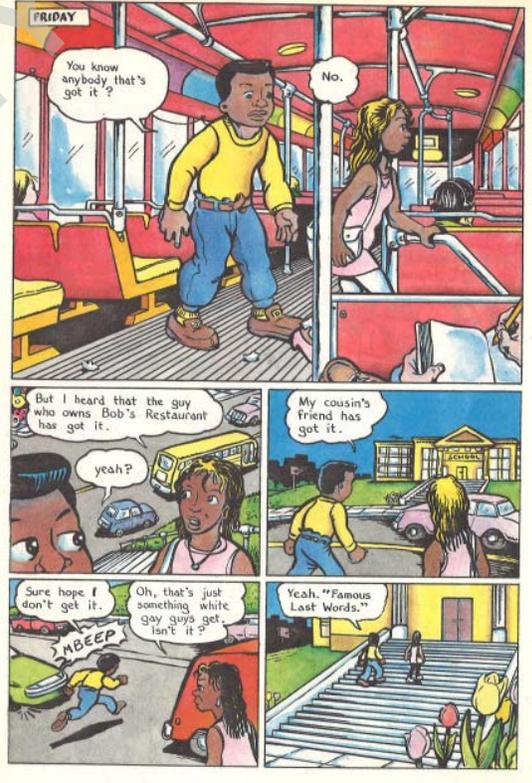
Chuy

Kim

Kat

Jeff

AIDS News is © 1988 by People of Color Against AIDS Network (POCAAN). First printing: July 1988. AIDS News was edited by P. Calia Fullwood with members of POCAAN and Leadership Tomorrow. It was written and drawn by Leonard Rifas (of EducComics, Box 4381, Seattle, WA 98145) and Mark Campus (who wrote and pencilled pages 8-9 and 12-13, and inked pages 3-5.) Coloring is by Michael Downer. Additional artwork (on the inside back cover) is by Daniel Fernandez and Paula McCartin. Advice on art and writing by Mitsu Fujimura. All characters in AIDS News are fictitious. Any resemblance to actual persons is a coincidence. People of Color Against AIDS Network is at 1200 S. Jackson, Suite 25, Seattle, WA 98144. (206) 322-7061.



"AIDS News" comic book, published by the People of Color Against AIDS Network, 1988. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-3-17.]

I don't know how you can stand to think about it.

About what?

This is Mort! Hear me weeknights with the best dance music, from 7 to 9 o'clock.

OK. Turn off the radios. Today's lesson is ready to start.

Now listen up, class. We're talking about a disease that can kill you.

But we already studied AIDS.

Do we have to hear this again?

The rising rates of teen S.T.D.'s show that teens are not practicing "safe sex."

TEEN VD

\*STD=Sexually Transmitted Disease (VD)

All right. I'll give you a chance to show me what you know.

Answer these questions on a separate sheet of paper.

1. How do people get AIDS?

2. How can you tell if someone has AIDS?

How can we stop AIDS?

SOON...

These questions are rough!

That's right.

Now let's study this video.

I'll be asking you some more questions after it's over.

You can't get AIDS from a hug or a handshake.

I've got AIDS.

That's terrible.

You can't get AIDS from coughs and sneezes and spit.

I know I can't get AIDS this way, but would you cover your mouth anyway?

You can't get AIDS by eating food prepared by someone with AIDS.

YUM

You can't get AIDS just by living with or taking care of someone with AIDS.

You can't get AIDS from swimming pools.

You can't get AIDS by being bitten by mosquitos.

You can't get AIDS by kissing mosquitos, either.

The answer is still no.

You can get AIDS by having sex with someone who has the AIDS virus.

I'll never forget you, baby.

What will you remember about me?

Using latex condoms reduces the risk of catching AIDS.

Oh no! Here I am, an AIDS virus trapped in a rubber.

GOOD.

Another way you can get AIDS is by sharing needles to shoot drugs.

This is the safest way to shoot drugs.

Don't share needles!

Some babies are born with AIDS (if their parents have AIDS.)

WAH! NO FAIR!

It's not fair for us either, honey.

Some people get AIDS from blood transfusions. Now all blood is tested to be sure it's safe.

You can not get AIDS by donating blood.

The safest way is to not have sex and not shoot drugs.

When you do have sex, protect yourself with a condom, and a foam, cream or jelly with nonoxonyl-9 in it. This chemical may kill the AIDS virus before it can infect you.

### SYMPTOMS of AIDS

Symptoms to watch out for include... a fever that lasts for weeks.

Sudden, unexplained weight loss.

Diarrhea that lasts for a month.

Being very tired.

These symptoms COULD be a sign of AIDS, or they could be something else.

If you think you have AIDS, see a doctor.

Swollen glands.

Drenching night sweats.

YOU CAN'T ALWAYS TELL! REMEMBER: Most people carrying the AIDS virus have NO symptoms.

MEDICAL CENTER 1300 WILLOW

PARK 1300

L. GAZVINSKI, M.D.

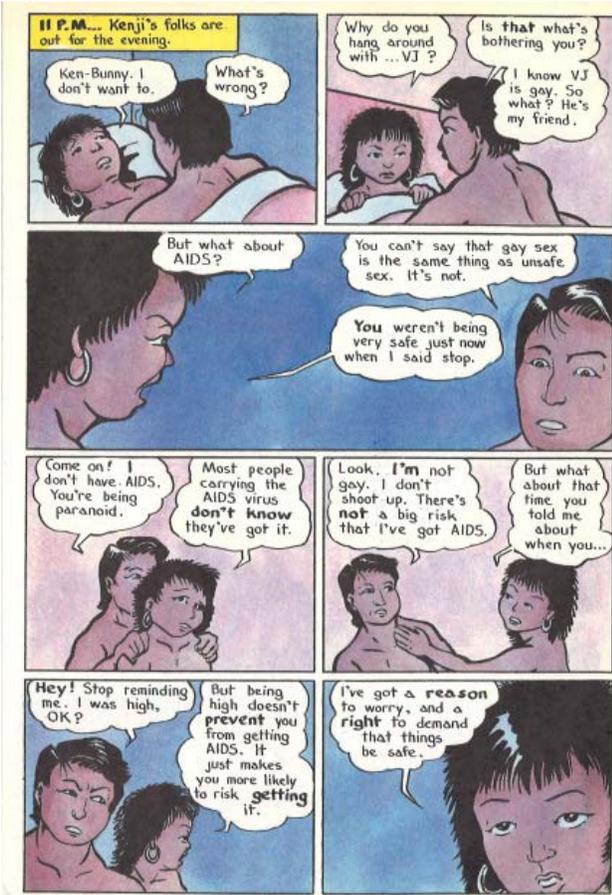
S. SASAKI, M.D., M.P.H.

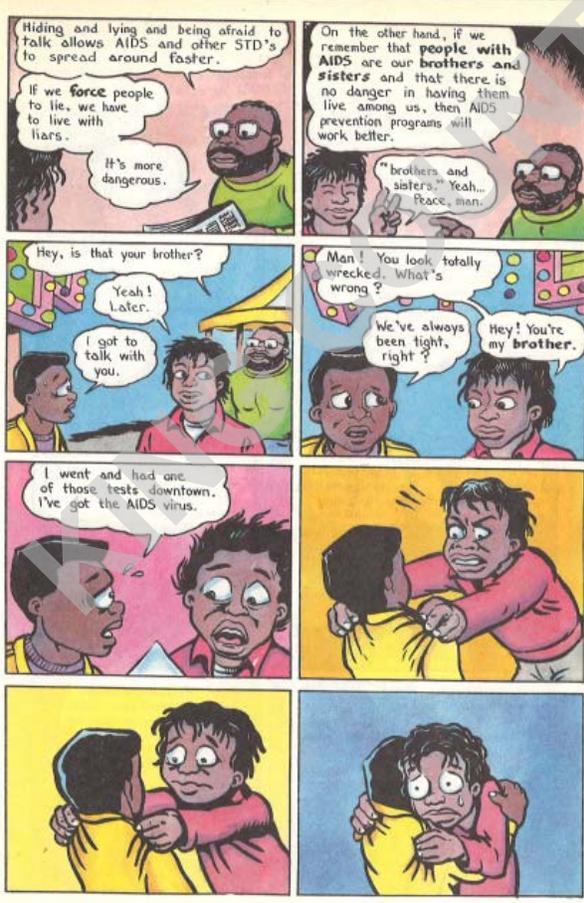
W. CONA, O.B.G.Y.N.

M. DIAZ, M.D., P.S.

R. COX-SASAZI, M.D.





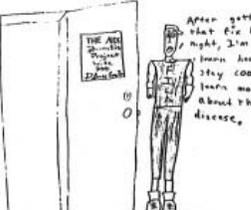


for more information call . . .



**NORTHWEST AIDS FOUNDATION**  
1818 E. Madison  
Seattle, WA 98122  
(206) 329-6923  
(206) 323-2685\*

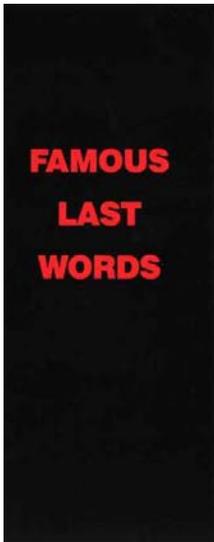
**WASHINGTON STATE AIDS HOTLINE**  
1-800-272-AIDS  
**NATIONAL AIDS HOTLINE**  
1-800-342-AIDS



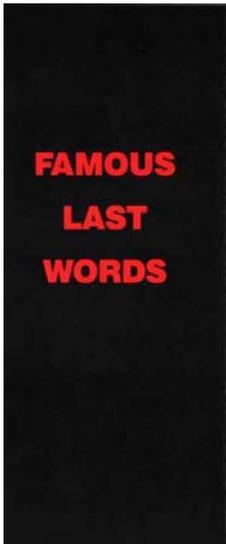
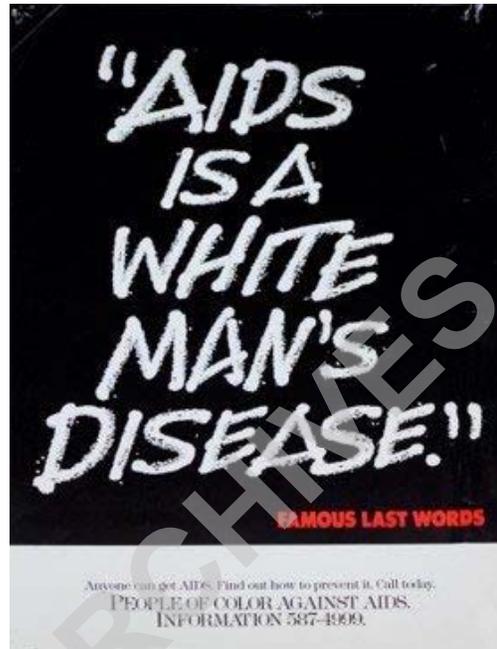
**SEATTLE/KING COUNTY DEPARTMENT OF PUBLIC HEALTH AIDS PREVENTION PROJECT**  
1116 Summit  
Seattle, WA 98101  
(206) 296-4999, (206) 296-4843\*

- PEOPLE OF COLOR AGAINST AIDS NETWORK**  
1200 S. Jackson, Suite 25  
Seattle, WA 98144  
(206) 322-7061
- CENTRAL AREA MOTIVATION PROGRAM**  
722 18th  
Seattle, WA 98122  
(206) 329-4111
- CENTRAL YOUTH AND FAMILY SERVICES**  
1730 Bradner Place S.  
Seattle, WA 98144  
(206) 322-7676
- SOUTHEAST YOUTH SERVICES BUREAU**  
5511 Rainier Ave. S.  
Seattle, WA 98118  
(206) 721-5542
- EL CENTRO DE LA RAZA**  
2524 16th Ave. S.  
Seattle, WA 98144  
(206) 329-7960
- SEATTLE URBAN LEAGUE**  
105 14th  
Seattle, WA 98122  
(206) 461-3792
- PLANNED PARENTHOOD**  
2211 E. Madison  
Seattle, WA 98122  
(206) 328-7700
- THE ORION MULTI-SERVICE CENTER**  
1820 Terry Ave.  
Seattle, WA 98101  
(206) 223-1305
- THE SHELTER**  
6201 46th Ave.  
Seattle, WA 98118  
(206) 725-8888
- FILIPINO YOUTH ACTIVITIES, INC.**  
810 18th Ave.  
Seattle, WA 98122  
(206) 461-4870
- ASSOCIATION OF GAY AND LESBIAN YOUTH ADVOCATES**  
P.O. Box 23551  
Seattle, WA 98155  
(206) 467-4168
- GAY AND LESBIAN TEEN DISCUSSION GROUP**  
(206) 328-5996
- GAY/LESBIAN ADOLESCENT DROP-IN GROUP**  
16150 NE 8th  
Bellevue, WA 98008  
(206) 747-4937

## Famous Last Words



People of Color Against AIDS Network  
1200 S. Jackson, Suite 25  
Seattle, Washington 98144  
(206) 322-7061



People of Color Against AIDS Network  
1200 S. Jackson, Suite 25  
Seattle, Washington 98144  
(206) 322-7061



Left and above: Posters from the "Famous Last Words" campaign by the People of Color Against AIDS Network. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-3-20.] Below and right: pamphlet from "Girlfriends Talking" campaign by the People of Color Against AIDS Network. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-3-13.]



Cadena de gente de color contra el SIDA  
(POCAA)  
1200 S. Jackson, Suite 25  
Seattle, Washington 98144  
Información (206) 322-7061



**I Use Condoms  
with my man  
(and I'll tell you how!)**

**INSIDE . . .  
DEAR SHEILAH —  
ADVICE FOR WOMEN,  
HIV POSITIVE AND  
TAKING CARE OF  
MYSELF, AND MORE!**

Hey Girlfriend! Welcome to the third Girlfriends Talking Newsletter. It's for you — about women, by women and for women. Each month we'll have a new issue with stories about health issues women are interested in. Girlfriends Talking has stories about things that happen to women like yourselves. All the stories are about real people who live in Seattle, but the photos are not necessarily the real people in the stories. Most names have been changed to protect their privacy.

Look for Girlfriends Talking newsletters and posters in health clinics, community agencies and stores in the Downtown, Central and Rainier Valley areas. We are looking for ideas for stories. If there's something you'd like to hear about, call Sheila at 322-7061 and tell her your idea.

# Girlfriends Talking



## Dear Sheila...

Dear Sheila,

How many people in the United States have AIDS? Are a lot of them women and babies?  
—Curious

Dear Curious,

There are 179,136 reported cases of full blown AIDS in the USA as of May 13, 1991. About 18,000 are women and about 3,000 are children under the age of 13. AIDS is in Seattle-King County too — there have been 1,797 cases of AIDS reported so far.

Scientists think that there are over one million people in the United States who carry the virus that causes AIDS (the virus is called HIV). All of those people can pass the virus to someone else through unsafe sex or needle use. So AIDS is definitely something we need to be concerned about as women in Seattle.

Hi Sheila,

How do you talk about safer sex to your partner?  
—Mary

Hi Girlfriend!

Good question. First of all, it really helps if you have good information yourself and some skills that you know you can use. The presence of HIV/AIDS and other sexually transmitted diseases in our lives has made it necessary that we become easy and clear

about talking to our partners about safer sex. Here are some ways you can get started:

1. Know what is safe and what's not.
2. Decide what you are comfortable with and what amount of risk you are willing to take.
3. Become secure in your choices. You have a right to decide your own level of risk. To anyone who doesn't respect it, say goodbye.
4. Communicate your choices to your partner in clear and positive language.
5. Reduce drug and alcohol use. You want a clear head to stick to your decisions.
6. Thank your partner for being safe. This increases the chance that you'll both be safe next time.

All of these skills and more can be learned at one of POCAAN's safer sex workshops. Call me at 322-7061 to schedule one.  
—Sheila

*(Questions for Sheila? Leave them for her at either POCAAN office, the downtown CATCH-ON office at 2nd and Pike or the Needle Exchange. Or mail them to POCAAN, 1200 S. Jackson, Suite 25, Seattle, WA 98144.*

**Sheilah Robinson is an outreach worker for POCAAN. Her column will be a regular feature of Girlfriends Talking.**



## Taking Myself Seriously — and getting HIM to!

Rita is 30 years old. She's been with her man, John for 7 years, but they use condoms all the time.

"I love him," she says, "but I don't trust no one with my life."

Rita and John have been shooting together for years and they do the usual stuff to get by. But Rita always uses condoms with her dates, so when she found out she had gonorrhea, she knew it had come from John.

"I felt this burning and noticed this strange discharge so I went straight down to Harborview. I've always been the kind to worry about my health. The nurse told me it was gonorrhea and to make sure I let anyone who might have been exposed know about it. So I went home and gave John two things: medicine to get rid of the infection and a whole mess of condoms.

"He was not interested at first. Tried to tell me he didn't need to use them, that the gonorrhea had come from one of my tricks. But I told him I knew about my stable sisters and I could deal with that, but that he is responsible for my health too. And if he loved me, wouldn't he want me to stay healthy? Particularly since if I get sick like that, I can't work!"

"I think that turned him around. Also, we experimented with the different kinds of condoms Harborview had given me and I found out that using lubricant really helped. To tell the truth, sex is better for me using the lubricant.

"After the gonorrhea thing, I got tested for AIDS again and luckily I'm still negative. But I'm not taking any chances with this anymore. My friends think I'm crazy, but if John gives me an outfit he's using, I shoot the dope out on the ground. Now that he knows I'm going to do that, he makes sure we've got a clean outfit or bleach or we pay us a visit to the needle exchange.

"We all have to do what works for us and I don't expect all of you to handle your situation with your man this way. But find a way to do it. Take yourself seriously — it's going to save your life."



## Janiece's Fight with Alcoholism

When Janiece was in her twenties she used to drink a little now and then. She wasn't worried. But later on, when life got a little harder, she started drinking more.

"Now I know that I was a serious alcoholic for ten years. I was doing crazy things. One day I found myself out on 12th and Jackson looking for a place to sleep. I couldn't even remember that I had an apartment!"

"I have five kids and I got really worried about what my drinking was doing to them. One night I couldn't remember where my daughter was and I got scared."

"I ended up going to Cedar Hills Treatment Center but that was just the beginning. You always have to worry about starting drinking again. For me, support is the answer. I have to know there's an AA group and a church for me. I have to be with people who understand recovery."

Janiece also works with young people at Bright Morning Star Baptist. "I need to give something back and it helps me stay in control — helping those kids out."

*Need to find an AA group? Call 722-3700, 24 hours a day for the place and time that's best for you.*

## AUDREY:

Audrey's 25, lives in the CD and works the streets. She's protecting herself from AIDS.

"I decided awhile ago that if I was going to keep doing this, I'd better take care of myself. I take no chances getting something from my tricks. If he doesn't use a rubber, he has nothing coming."

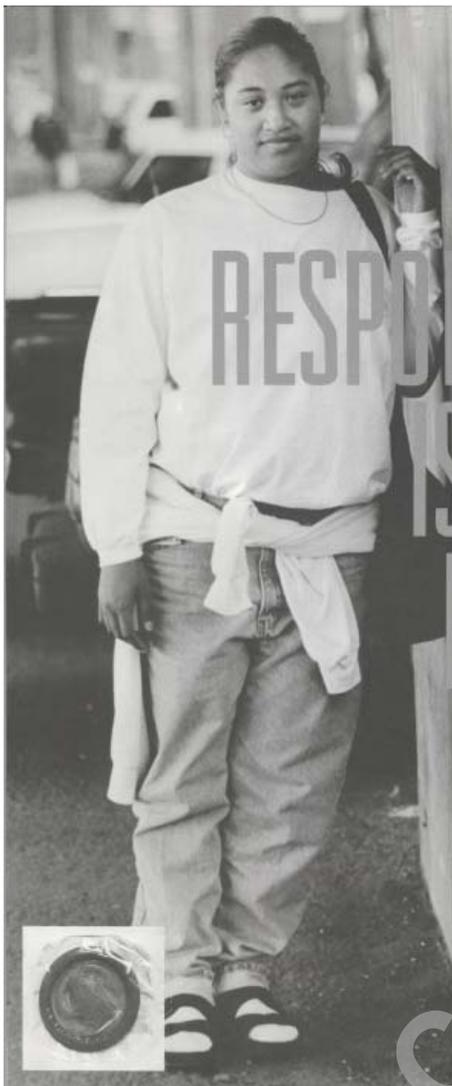
Audrey shoots up, but she has her own rig and she uses the needle exchange downtown. It's harder for her to use rubbers when she is sick — that really affects her judgment. But she doesn't care how stressed she is when it comes to rubbers with tricks — "I tell him to go down the block if he doesn't use them."

Audrey's only lost a couple of dates when she insists on rubbers. "Mostly, they look for me again because they know I'm the girl who uses rubbers and doesn't have diseases."

## "My Dates Use Rubbers Or I Send Them Down the Block."



# Street Kids AIDS Training and Education (SKATE)



**BEING RESPONSIBLE IS A LOT EASIER**

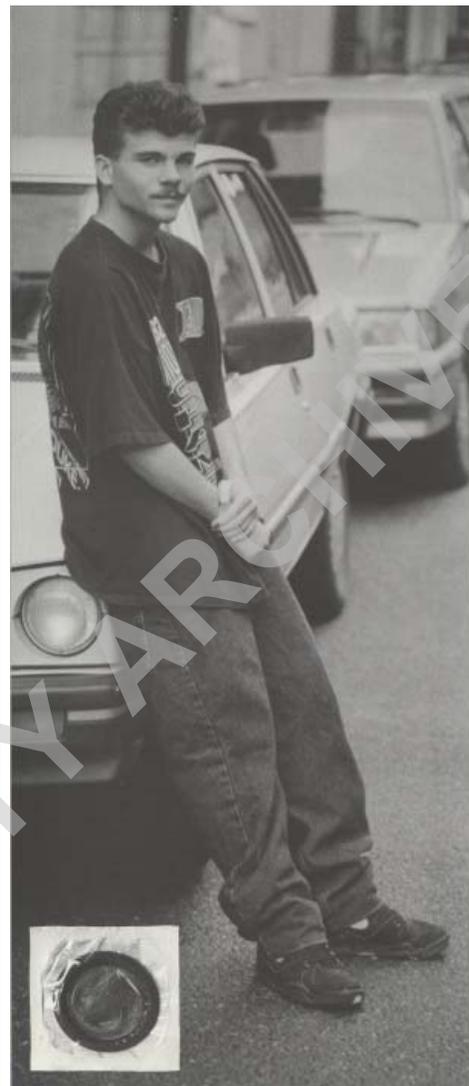
The first time I had sex I was 14 and I got pregnant. I didn't use any condoms back then and I got an STD during my pregnancy. My doctor wouldn't let me take any medications because I was pregnant and I was scared cause STDs can be dangerous to your baby.

Luckily, my baby is ok. I'm on Norplant now so I don't have to worry about having another kid, but I want to use condoms all the time anyway. My doctor told me that only condoms will protect me from STIs like gonorrhea and HIV. My boyfriend is cool about condoms so that is not a problem.

It's more of a pain to get rid of a disease than it is to prevent one. Plus, some diseases never go away, like herpes or HIV. When I use condoms, I feel like I'm being responsible for myself, my boyfriend, and for my baby.

*nma* for **STREET KIDS AIDS TRAINING AND EDUCATION SKATE**

QUESTIONS? CALL 206-4099

**I'M DOING MY PART.**

It's hard being 19 in the 90's. A friend of mine died with AIDS. That was really sad and it got me thinking about myself. I wasn't safe either but I guess I was lucky. Now I use condoms every time... well most of the time. They give me security. I'm doing my part to stop the spread of AIDS but it's not always easy. There were a few times I wasn't prepared or I didn't know what to say to a girl, but I've figured all that out. Now I make sure I always have condoms and if a girl doesn't want to use one I tell her it's my way or the highway. I'm just not willing to take the risk anymore - not these days.

*Kevin* for **STREET KIDS AIDS TRAINING AND EDUCATION SKATE**

QUESTIONS? CALL 206-4099

Donor to: Mazon Adcock



Posters from "Street Kids Training and Education" campaign. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-12-4.]

# USING CONDOMS MAKES ME FEEL LIKE A GOOD MOM

The first time I used a condom was when I was with this guy who had been sleeping with my friend. I knew my friend had herpes so I asked him about using a rubber. It felt weird talking about it because it was the first time I had to. Now I talk with everyone I'm with and I use condoms most of the time. It's a good thing too because I'm still in happy shape.

I worry a lot about diseases like herpes, gonorrhea and AIDS because this is the only baby I've got. I want to be in good health so I can take care of my baby. I don't want a disease that's gonna get me down and out. I want to be up so I can take care of her. Using condoms makes me feel like a good mom—a healthy mom.

*Saina* for 

QUESTIONS? CALL 296-4999

Design by Megan Adams

# GOTTA BE STRAIGHT WITH MYSELF

Mom was always on my case about using condoms. I told her that I used them just to get her off my back, but I never did. Then I got involved with this guy who tested positive for the AIDS virus. He said it was okay to have sex as long as we used a condom every time. Besides he knew how to use them so that I couldn't even tell he had one on. I'm not with him anymore so sometimes I don't use condoms cuz I get lazy. I wanna use jimmies all the time cuz you never know who you are dealing with. I just gotta be straight with the guys — and myself — about being safe.

*Steph* for 

QUESTIONS? CALL 296-4999

Design by Megan Adams



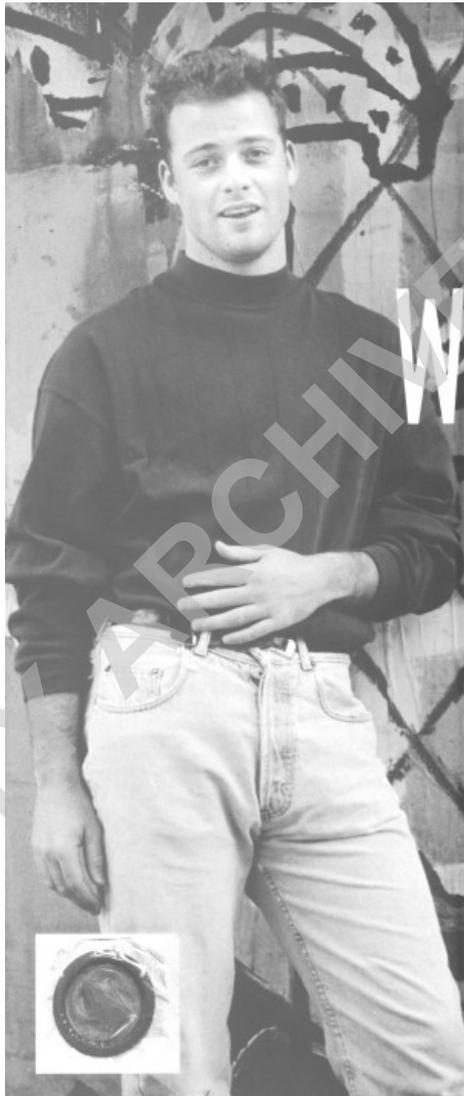
# STOP PLAYING GUESSING GAMES.

The first time I used a condom it was because I was nervous about catching something from the guy I was with cuz he had been with plenty of people. He brought it up and I thought it was a good idea so it was no big deal. Since then I've really been trying to use them. Every now and then I mess up. Like a few weeks ago I was with a really good friend and we were drinking and started fooling around and ended up having sex. We wanted to use a condom but we didn't have any so we had sex anyway. That was stupid cuz you never know who a person has had sex with—even your friends. Sometimes people can look really clean like they've never done anything to get AIDS, but it's not always true. And even though this guy is one of my best friends I don't think he would tell me about everything he has done. Instead of playing guessing games I'm gonna start looking out for myself.



QUESTIONS? CALL 296-4999

Design by Maggie Adcock



# ONE WOMAN ONE MAN

I used to have sex with other females and not tell my girlfriend. Then I started hearing all this stuff about diseases, so now I'm trying to have sex with only one woman and make sure that she only has sex with me. We use condoms cuz it keeps you from getting ill from VD or AIDS or from becoming a dad. If you don't have a condom right there it's real hard to stop and get one so I try to keep them around all the time. I don't mind the way they feel as long as I don't catch anything. I'm glad they invented condoms. Now I don't have to worry as much.



QUESTIONS? CALL 296-4999

Design by Maggie Adcock

# THERE'S NO EXCUSE

... for me not to use condoms. I have all the reasons in the world to use them, but I haven't. My little brothers give me shit about not using condoms. They say you can't trust nobody and you can't tell by looking if they have AIDS. It's easier for them though, 'cause they grow up with condoms and AIDS. It's not that I didn't think about using them, 'cause for when I was drinking and getting high it just didn't happen.

You tried not to do it or let the pipe flow. Cheers with me by six months — I think I'll be using 'em from all the time.

David for 

QUESTIONS? CALL 296-4099

Graphic: Stephen Hildner

# I'M DOING MY PART.

It's hard being 19 in the 90's. A friend of mine died with AIDS. That was really sad and it got me thinking about myself. I wasn't safe either but I guess I was lucky. Now I use condoms every time... well most of the time. They give me security. I'm doing my part to stop the spread of AIDS but it's not always easy. There were a few times I wasn't prepared or I didn't know what to say to a girl, but I've figured all that out. Now I make sure I always have condoms and if a girl doesn't want to use one I tell her it's my way or the highway. I'm just not willing to take the risk anymore — not these days.

Kevin for 

QUESTIONS? CALL 296-4099

Debut by Muzer Adcock

# YOU CAN SHARE YOUR BODY.

I met my best friend at the shelter my first semester of college. I have no more genital herpes, and I know I had to tell him my condition. We were both just about to say "I love you" to each other. When I told him he said he'd be here just about as long as I was going to be. When a girl tells you she has AIDS, we have AIDS, but we have to stay in the field. I pushed myself to get a condom, and we went about things until we had sex. I was the only one who had AIDS. I was the only one who had AIDS. I was the only one who had AIDS. I was the only one who had AIDS.

**ARNOLD for AIDS**

QUESTIONS CALL 326-4888

Design by Thomas Arnold

# USING THEM FEELS DIFFERENT BUT IT'S WORTH IT.

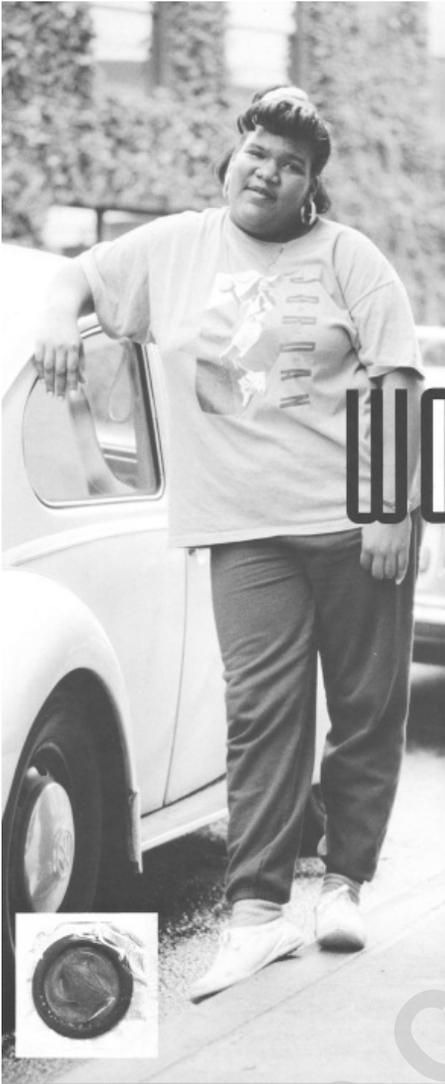
About five years ago this man told me if I used condoms I wouldn't get any new diseases. Well, I didn't exactly listen and guess what — I got a chlamydia. After I got treated I used condoms sometimes. Then I started hearing about the AIDS stuff. It took me a long time, but now I use condoms every time I have sex.

Using a condom feels different, sometimes I miss the wet and I don't like messing with putting them on, but it's worth it. I don't mess up anybody, but using condoms is doing the right thing.

**ARNOLD for AIDS**

QUESTIONS CALL 326-4888

Design by Thomas Arnold



# WE'RE STILL WORKING ON IT

The first time I ever kissed my new boyfriend I let him know that if we ever had sex I wanted to use a condom. He didn't agree and I got real mad cause I've read all the pamphlets and heard all the talks. I've been hearing a lot of scary things about AIDS lately. I don't want to die young. Some of my friends have died cause of drugs and other stuff. AIDS is just another way to go.

I tried explaining to my boyfriend what I know, but he still isn't sure. We are still working on it. If we do decide to have sex and he still doesn't want to use a rubber, I'm gonna tell him he can go in the other room and leave me alone until he comes to his senses. I want to protect myself from AIDS.



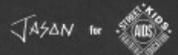
QUESTIONS? CALL 296-4999

Design by Megan Adcock



# YOU ONLY GET ONE CHANCE

When I was locked up, I saw a guest speaker who had AIDS around here. He got it from a woman who was sleeping around on him. After I saw that guy in jail, I never wanted to have sex again. But right after I got out of jail I picked up this girl at a party. She was cheating on her fiancé with me, just like what happened to Joe. She said we didn't need to use a condom 'cause she had a boyfriend. I said that's exactly why we need to use one! I was real horny and really wanted sex, but I knew I couldn't have sex without a condom, so I felt thrilled when she agreed to use one. Sure, you have to stop the act for a minute to put it on, but that's no biggie. With a condom, you can relax and enjoy yourself. Don't fuck with life. You only get one chance and a little thing like a rubber shouldn't mess with that.



QUESTIONS? CALL 296-4999

Design by Megan Adcock

# The Condom Campaign

If You Can Say "CONDOM" in English...

**Note!**

Never Use A Condom With...

- Vaseline
- Crease
- Cool Whip
- Sandpaper
- Hand Lotion
- Motor Oil
- Boston Lotion
- Baby Oil
- Butter

Condoms protect against:

- Pregnancy
- AIDS
- Herpes
- Syphilis
- Gonorrhea
- Genital Warts
- Chlamydia

AVOID the CAVITY CREEPS!

**"I have something for you..."**

**CONDOMS ARE...**

- ESILLY (condoms have 60% more holes!)
- EAST to use (condoms with 100% lubrication)
- ESPECIALLY IMPROVED (most have parents use them 10 times less, that's 100%)
- Now available OVER THE COUNTER in 22 colors, 10 sizes and 10 flavors!
- An IDEAL OPPORTUNITY (available in any size, color or flavor!)

**BELIEVE IT!!**

Every day someone successfully uses A Condom Under The Influence of Alcohol.

**"Is it BIGGER than a BREAD BOX?!"**

**"That all depends!"**

**DID YOU KNOW?**

- 4 out of 4 doctors recommend condoms for their patients who use condoms.
- 4 out of 4 parents prefer condoms to babysit.

**WARNING!**

OBJECTS IN CONDOMS MAY APPEAR LARGER THAN THEY ACTUALLY ARE!

**CONDOMS**

250,000 TIMES CHEAPER!!! ...than the Average Child!

**The PLEASURE GRAPH**

Posters from Public Health's condom campaign. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-20.

**If You Can Say "CONDOM" in English...**

You know how to say "CONDOM" in French, Italian AND Spanish!!

**Note!**

**Never Use A Condom With...**

- Vaseline
- Crisco
- Coal Whip
- Sandpaper
- Hand Lotion
- Motor Oil
- Suntan Lotion
- Baby Oil
- Butter

**Condoms protect against:**

- AIDS
- Herpes
- Syphilis
- Gonorrhea
- Genital Warts
- Chlamydia

**AVOID the CAVITY CREEPS!**

**IT'S STILL A B L A S T**

**CONDOMS ARE...**

- EQUALLY effective both DAY or NIGHT
- EASY to combine with ANY lubricant!
- Continually IMPROVED since your parents used them (if they had sex, that is!!!)
- Now available OVER THE COUNTER in 50 states, Puerto Rico and Cleveland!!
- An EQUAL-OPPORTUNITY prophylactic (available in any size, color or flavor!!)

**"I take one everywhere I take my PENIS!!"**

**The PLEASURE GRAPH**

Sex Without A Condom	Sex With A Condom	Genital Wart Removal
----------------------	-------------------	----------------------

**WARNING!**

OBJECTS IN CONDOMS MAY APPEAR LARGER THAN THEY ACTUALLY ARE!

**CONDOMS**

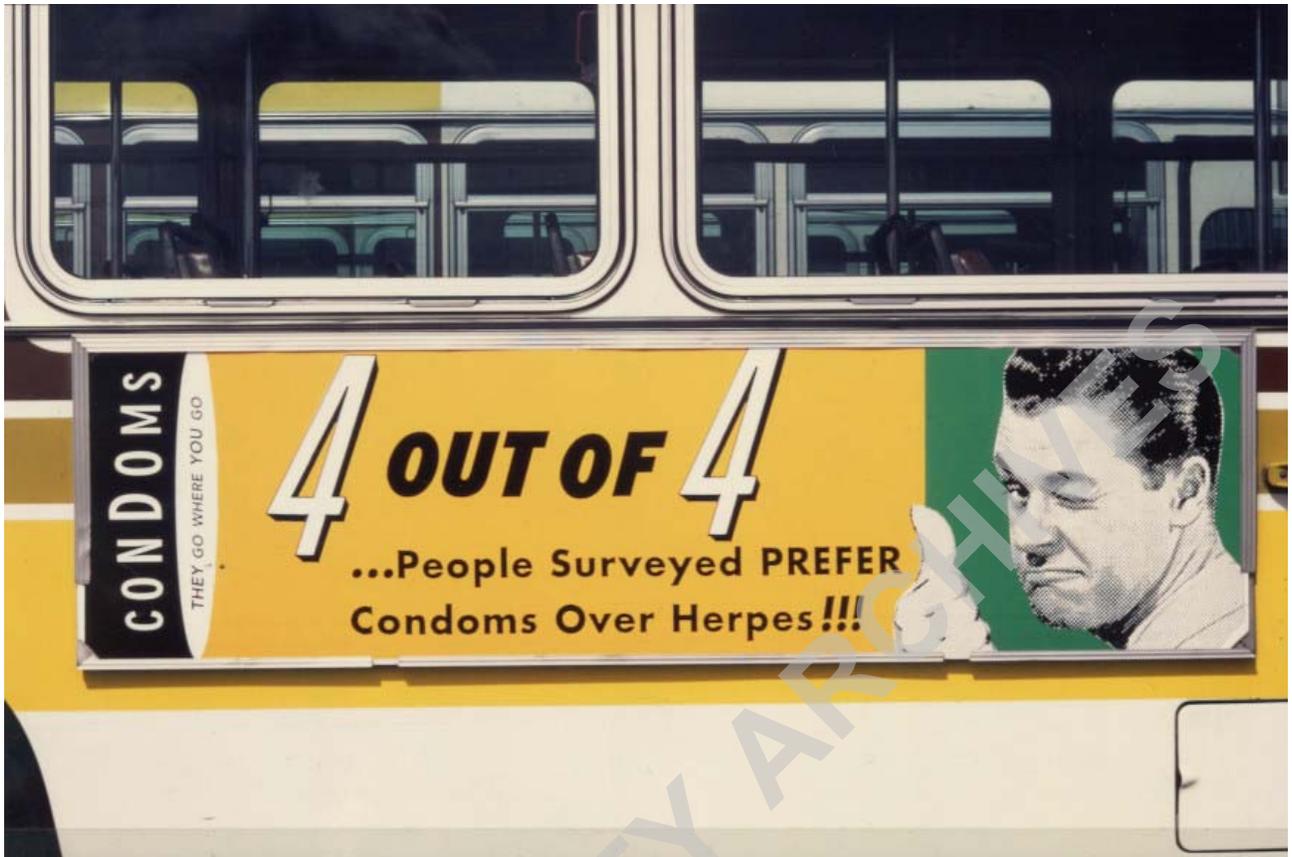
THEY DO MAKE YOU GO

**BELIEVE IT!!!...** Every day Someone Successfully Uses A Condom Under The Influence of Alcohol.

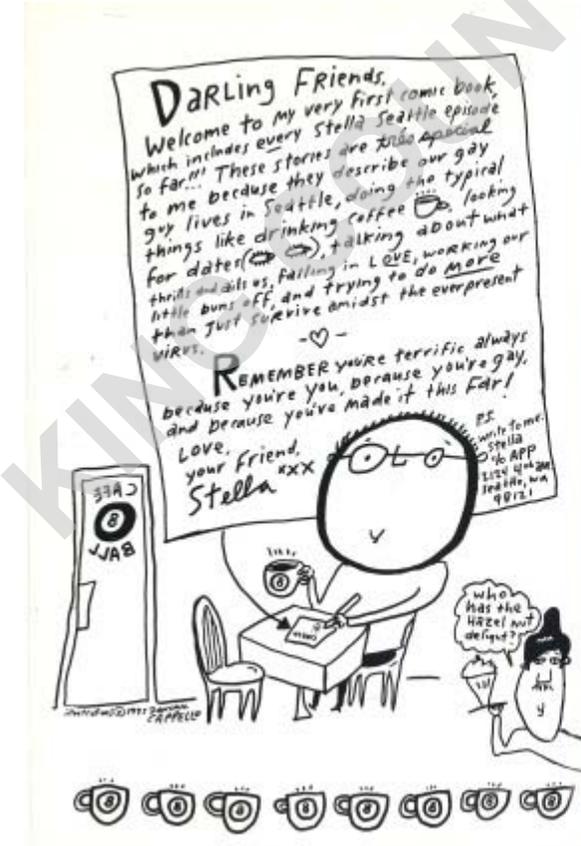
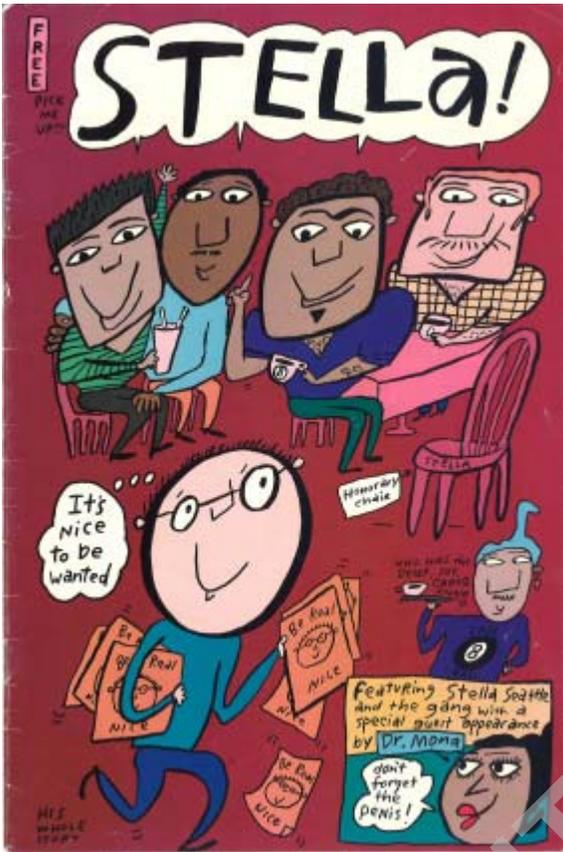
**250,000 TIMES CHEAPER!!** ...Than the Average Child!



Metro bus signs from Public Health's condom campaign. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-20.



# Stella Seattle



# Stella Seattle



By Paul Hornby



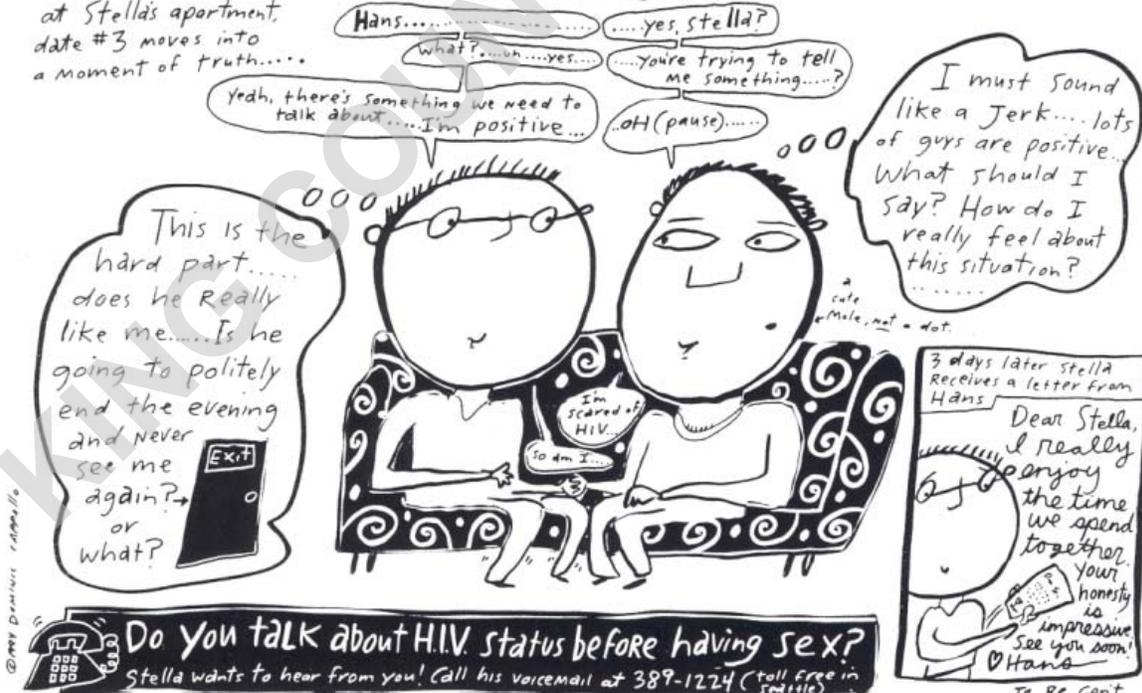
For questions about HIV, AIDS or health call the HOTLINE at 206/296-4999 sponsored by the AIDS Prevention Project of the Seattle King County Dept. of Public Health

# Stella Seattle



By Paul Hornby

at Stella's apartment, date #3 moves into a moment of truth...



For questions about HIV, AIDS or health call the HOTLINE at 206/296-4999 sponsored by the AIDS Prevention Project of the Seattle King County Dept. of Public Health

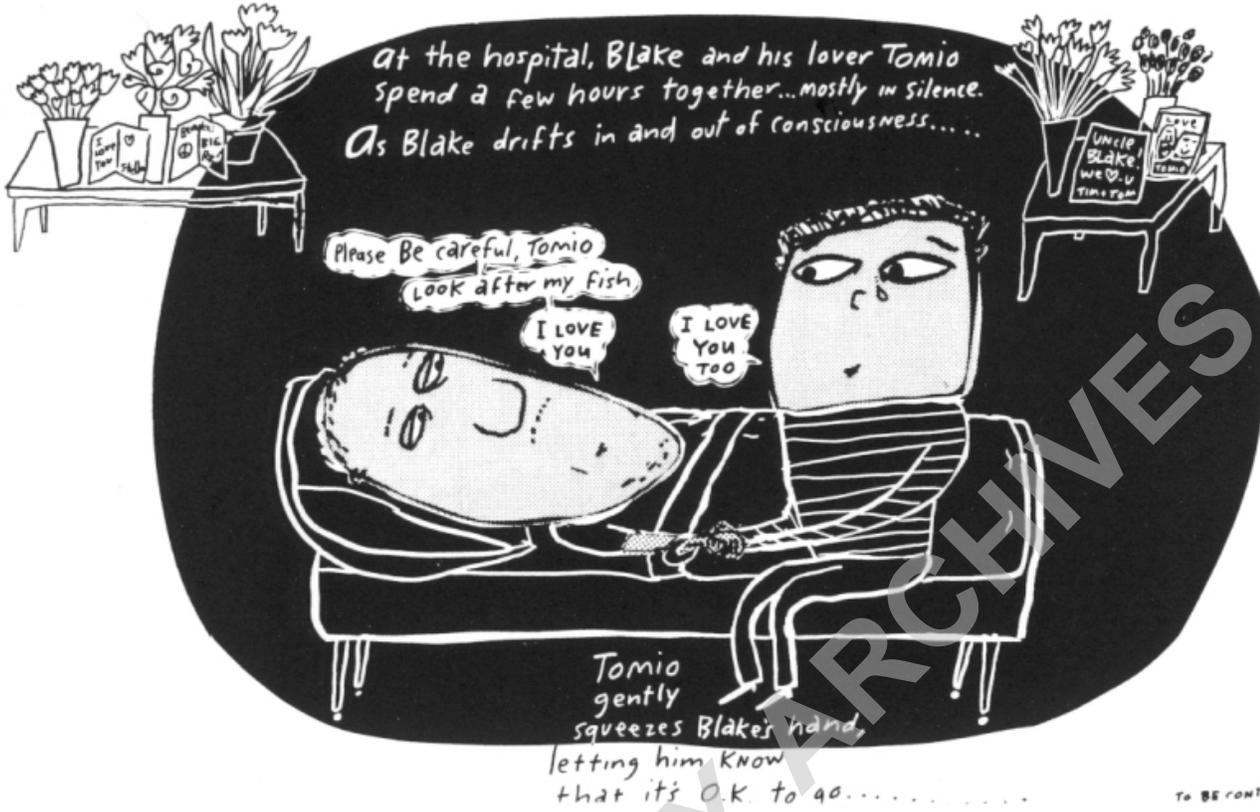
"Stella Seattle" Left: cover and pages from comic, book and calendar, above postcards, by Dominic Cappello (Paul Hornby). [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-10.]



# Stella Seattle



By Paul Hornby



# Stella Seattle



By Paul Hornby



# Stella Seattle

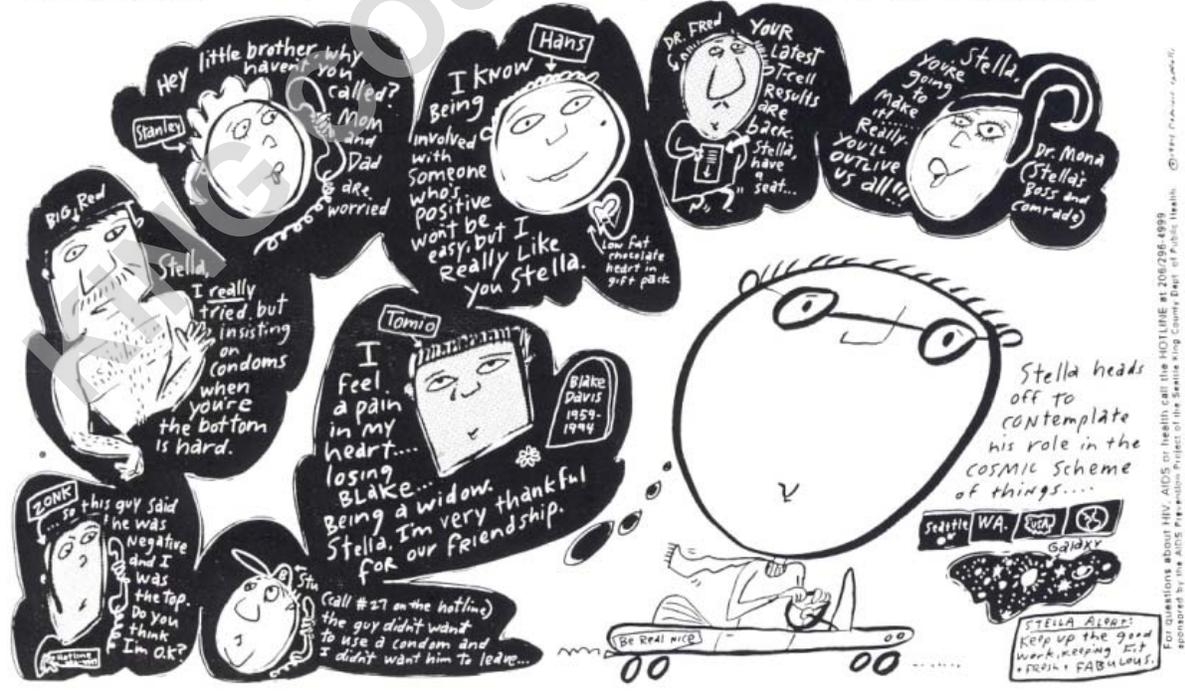
By Paul Hornby



# Stella Seattle's Sedson Findle

By Paul Hornby

For the past year Stella has fought to stay optimistic, creative and compassionate as the epidemic swirls around him.....





Romance Awareness Month      August      National Water Quality Month

SUN.	Mon.	TUES	Wed	Thurs	Fri.	SAT
National Catfish Month	International Get your Needs MET Month	Beauty Pleen+ Week	Johns Baldwin's Birthday	3	4	National Day
the late great Lucille Ball Birthday	6	7	8	9	10	11
13	14	15	16	17	18	19
20	Ozma's (the Queen of OZ) Birthday	21	22	23	24	25
27	First International Gay Games begin in San Francisco 1982	28	29	30	31	Corretta Scott King and other African American leaders demand support for Gay Civil Rights. 1982.
				"Make it T+ Day"		

Pages from "Stella Seattle" calendar, by Dominic Cappello. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-10.]

# OutLOUD

**GAY AND BI MEN SPEAK OPENLY AND HONESTLY!**  
**To Each Other!**

**Amazing True Stories**  
 City Edition From Gay & Bisexual Men

- Candid Interviews
- Exclusive photos
- Details Inside!

**SEATTLE SEX SHOCKER!**

**People you know are involved**

**THIS JUST IN!** OutLOUD correspondents from the field report an astonishing degree of frankness, honesty and concern for the well being of others in recent field interviews with men who have sex with other men in King County. Some of these interviews reveal the subjects to be happy and well-adjusted despite the changing face of HIV and AIDS and the stresses this places on navigating the uncharted waters of sexual health.

**"I opened my mouth and the whole story came OUT!"**

"Sometimes I get confused," one subject recently noted, "But it occurred to me to talk to some of my friends to get advice on just what the facts were."

Sources close to the OutLOUD project reveal that the community members in question are not paid actors but ordinary citizens asked to speak out candidly about their lives. "At first I wasn't sure about talking," one man said. "But then I remembered

the First Amendment and thought, Heck! What have I got to lose?"

**Allegations Surface**

SEATTLE Sources close to the special prosecutor reveal that certain members of the community are willing to go public with their stories. "We can't offer them complete immunity, but speaking outloud certainly will help their case," said the source.

One of those called to testify said, "We are just simply citizens doing our civic duty. It's as innocent as sharing recipes." (cont'd)

**An OutLOUD Publication EXTRA!**

Above: Front of OutLOUD newsletter/poster. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-14.] Below OutLOUD information card published by APAC and the AIDS Prevention Project. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-15.]

**OutLOUD**

A PROGRAM OF APAC  
 & THE AIDS PREVENTION PROJECT

**LIVING POSITIVE**

I tested positive earlier this year. It was a great shock. I thought I had done all I could to prevent it. . . but somewhere along the line a mistake was made. That's not the issue anymore. I am living with HIV and there's nothing I can do to change that. Sure, I have additional barriers to face, but I can have as happy a life as anyone and for me, this includes sex.

I was worried about how people would react to me when I told them I was positive. I've heard comments from friends and at community events demonstrating a real fear of being with positive men. I thought about hiding the fact that I'm positive, but realized that I would just be feeding into the fears of others. I chose to be open about my status. A few guys I've met have had negative reactions. At times, the rejection has been hard for me to handle, but I know that I'm doing what's right for me. And, for each time I've been rejected, I can think of men who did not walk away.

The sex I've had with guys since testing positive continues to be incredibly hot. It takes a bit of work and communication. It's worth it!

APAC  
 (206) 467-0884  
 WWW.OZ.NET/~OUTLOUD

Stories are true & submitted by members of the community. APAC97-1a

**REFLEXIÓN**

Que días aquellos en los que uno no se preocupaba por nada, tenía relaciones sin protegerme, hacia de todo pero sin condón. Estaba tan poco informado que nunca creía que podía contagiarme de alguna enfermedad o transmisión sexual como el H.I.V. virus que causa el SIDA y otras infecciones mas. Pero gracias a que he estado recibiendo información de diferentes instituciones ahora es diferente porque me protejo yo, y protejo a las personas con las que me relaciono, me siento mejor y seguro al platicar de mis emociones y mis sentimientos. Y pensar que me pude haber contagiado de alguna de esas enfermedades. Porque tuvo que pasar tanto tiempo para darme cuenta en lo que estaba mal, pero desgraciadamente es así, siempre tiene que suceder algo malo para darnos cuenta o reflexionar. Por eso quiero compartir esta breve historia contigo y decirte que nunca es tarde para buscar información, pero sobretodo protégete y cuídate así como yo lo hice y lo sigo haciendo. Por favor usa condón cada vez que tengas relaciones con cualquier persona que sea, tu vales mucho y mereces lo mejor.

ENTRE HERMANOS  
(206) 394-0889

A PROGRAM OF ENTRE HERMANOS & THE AIDS PREVENTION PROJECT

The men shown on these cards are models. Design & Photography: Anderson Wright Forsell

Stories are true & submitted by members of the community. EH5a/96.

Above: OutLOUD information card published by Entre Hermanos and the AIDS Prevention Project. Below: information card published in cooperation with YouthCare. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-15.]

**YOUTH CARE**

**YouthCare** has been serving Bisexual, Gay and Lesbian youth for over 20 years. Here's what we offer and how you can get involved! All services, unless noted, are open to youth 25 & under.

**Friend to Friend:** A workshop on how to talk with your friends about HIV and their safety. 282-9907 X263

**OutLOUD:** Prevent HIV by doing outreach, telling your safer sex story or being a model. 282-9907 X305

**Q.T.I.P.:** Queer Teen Information Project regularly swabs Seattle's Gay, Lesbian & Bisexual community with HIV prevention information through social activities, raves like Bloom, Solstice and Cream and peer education. 282-9907 X256

**Project P.I.E.:** Provides case management services for youth at risk for or who have HIV. 282-9907 X303

**Orion Center:** Serves all youth 19 & under. Case management, housing referrals, GED, and food program. 1020 Virginia Ave 622-5555.

OUTLOUD INFORMATION CARD  
(206) 282-9907 EXT. 305

A PROGRAM OF YOUTH CARE & THE AIDS PREVENTION PROJECT

The men shown on these cards are models. Design & Photography: Anderson Wright Forsell

Stories are true & submitted by members of the community. YC5/96.

Young  
& **Out**  
**LOUD**

"I HAVE TO SAY. . ."

I HAVE TO SAY. . .

I had my first crush on a boy in the 5th grade. In middle school I denied the crush and hid it til 8th grade. By the time I got to high school I was totally open about being gay. High school has been really good for me. If you're open about being gay right away then you know who your friends are.

I've never dated anyone, boys or girls. At times it's hard and it gets frustrating. I have to say I'm still a virgin and it feels like both a blessing and a curse. I feel supported by my friends who are also virgins. Among each other we're proud and we joke. But of all the gay guys in my high school I'm the only virgin that I know of, and that makes me intimidated by sex.

I once wrote a story about the first time I will have sex. I'm really romantic and I know it will be beautiful. I really want to only have one partner in my whole life, but I know that will be really hard.

A PROGRAM OF  
YOUTH CARE &  
THE AIDS PREVENTION PROJECT

All models are volunteers. Stories are true and submitted by members of the community. Design: Anderson Wright Forsell

**NORTHWEST  
AIDS  
FOUNDATION**

**Out  
LOUD**

A PROGRAM OF  
THE NW AIDS FOUNDATION & THE AIDS PREVENTION PROJECT

The men shown on these cards are models. Design: Anderson Wright Forsell

**NWAF**

**NWAF RESOURCES FOR  
GAY AND BISEXUAL MEN**

***"Survival Revival"***

The Seattle gay man's guide to 90's sex and culture! Three group sessions meeting with other gay guys learning how to thrive and survive in the age of HIV. Call 860-6239.

***Home Parties***

Get-togethers among friends, with a couple of fun loving NWAF volunteers to get you talking about sex and playing fun, sexy games! Call 860-6234 to set one up or get yourself invited!

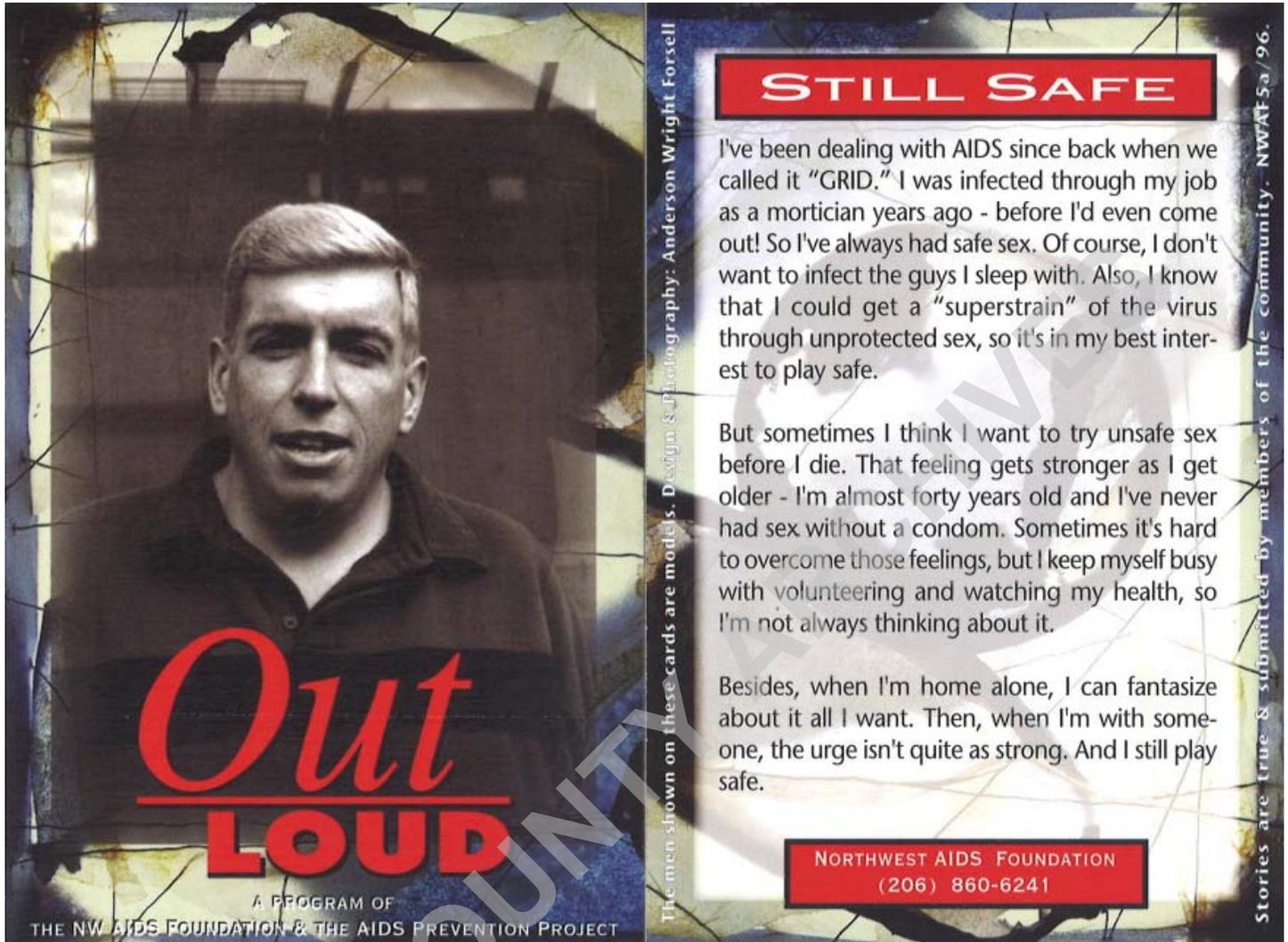
***Friend to Friend:*** Learn how to speak frankly with your friends about safe sex - you can help each other to stay safe! Call 860-6234.

***HIV Resource and Referral Line:*** All the latest info on safe sex and HIV, plus referrals to testing and other resources for gay and bi men. Call 860-6241.

***OutLOUD:*** Prevent HIV by doing outreach, telling your safer sex story or being a model. (206) 860-6282

**OUTLOUD INFORMATION CARD  
(206) 860-6282**

Stories are true & submitted by members of the community. NWAF6/96.



Top Left: OutLOUD information card published by YouthCare and the AIDS Prevention Project. Below left and above: information cards published in cooperation with the Northwest AIDS Foundation. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-6-15.]

## AIDS Prevention Project Staff



AIDS Prevention Project staffmember Jon Leonard. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-22.]



AIDS Prevention Project nurse practitioner Carol Dunphy, ca. 1987. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-19.]



AIDS Prevention Project HIV Counselor Edith Allen. [Photo courtesy of Tim Burak.]

AIDS Prevention Project nurse practitioner Joanne Tilton. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-19.]

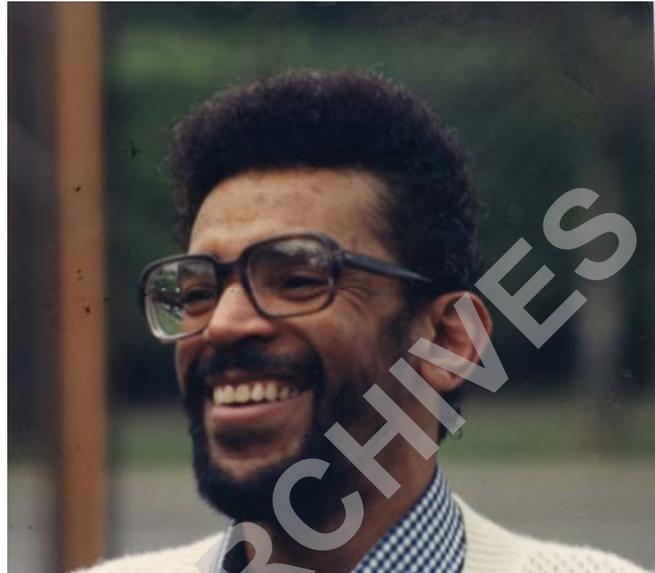


AIDS Prevention Project nurse practitioner Carol Dunphy. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-19.]

AIDS Prevention Project front desk staff [unidentified]. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-22.]

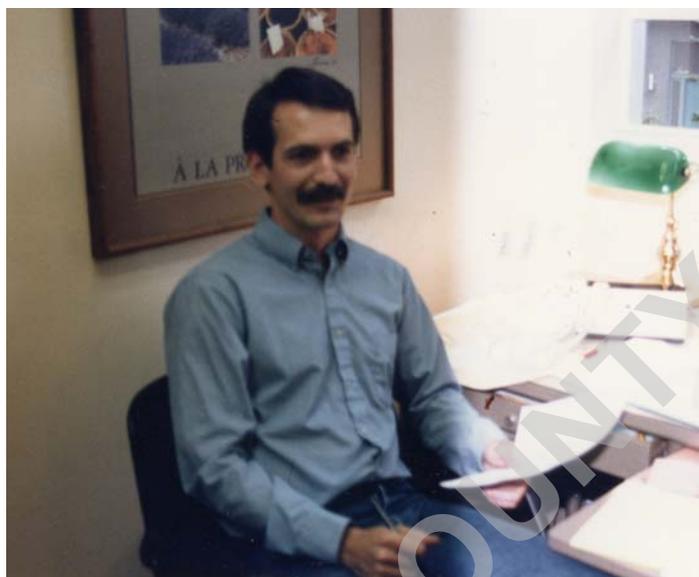


AIDS Prevention Project HIV Counselor Larry Handis. [Photo courtesy of Tim Burak.]



1992 ribbon cutting at new AIDS Prevention Project location in Seattle's Belltown neighborhood. Dr. Robert Wood, Public Health Director David Lurie, an unknown person, and King County Executive Tim Hill. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-15.]

AIDS Prevention Project Data Analyst  
Tianji Yu. [Photo courtesy of Tim Burak.]



AIDS Prevention Project AIDS Hotline  
Specialist Will Jones. [Photo courtesy  
of Tim Burak.]

AIDS Prevention Project AIDS Hotline  
Specialist Lillian Rae. [Photo courtesy  
of Tim Burak.]





AIDS Prevention Project Client Intake Receptionist Doris Harris, (circa 1985-1990). [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-21.]

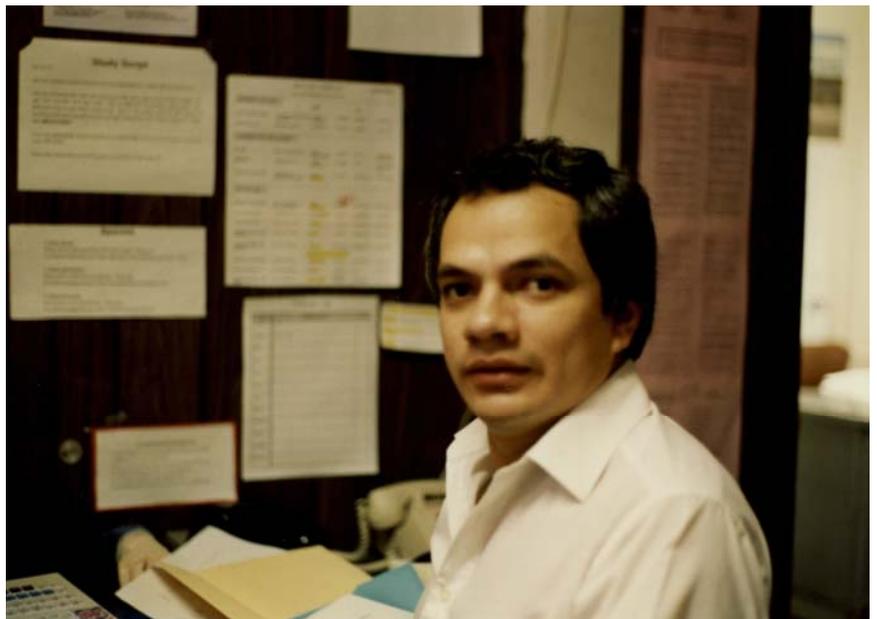


AIDS Prevention Project HIV Counselors Patricia Jones, Larry Handis, and Edith Allen, (circa 1985-1990). [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-20.]



AIDS Prevention Project office support staff [unidentified], (circa 1985-1990). [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-21.]

AIDS Prevention Project AIDS Education Specialist Javier Amaya (circa 1985-1990). [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-20.]



AIDS Prevention Project AIDS Hotline staff Lillian Rae, (circa 1985-1990). [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-20.]



Demonstration of first visit to AIDS assessment clinic. Frank Chaffee (posing for photo as patient) and nurse practitioner Joanne Tilton. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-15.]

AIDS Prevention Project staff John Leonard, Carolyn Dawson (a.k.a. Haley) and Kathleen Smith. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-18.]



AIDS Prevention Project Data Analyst Keith Okita.  
[Photo courtesy of Tim Burak.]



1992 Governor's AIDS Service Award for Public Service, awarded to Patricia McInturff (left), Regional Division Director for the Seattle-King County Department of Public Health. With her are State Representative Gary Locke (center) and Washington State Governor Boothe Gardner (right). Photograph courtesy of Hunter Handsfield.



Demonstration of second visit to AIDS assessment clinic. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-15.]



AIDS Prevention Project Client Intake Receptionist Doris Harris. [Photo courtesy of Tim Burak.]

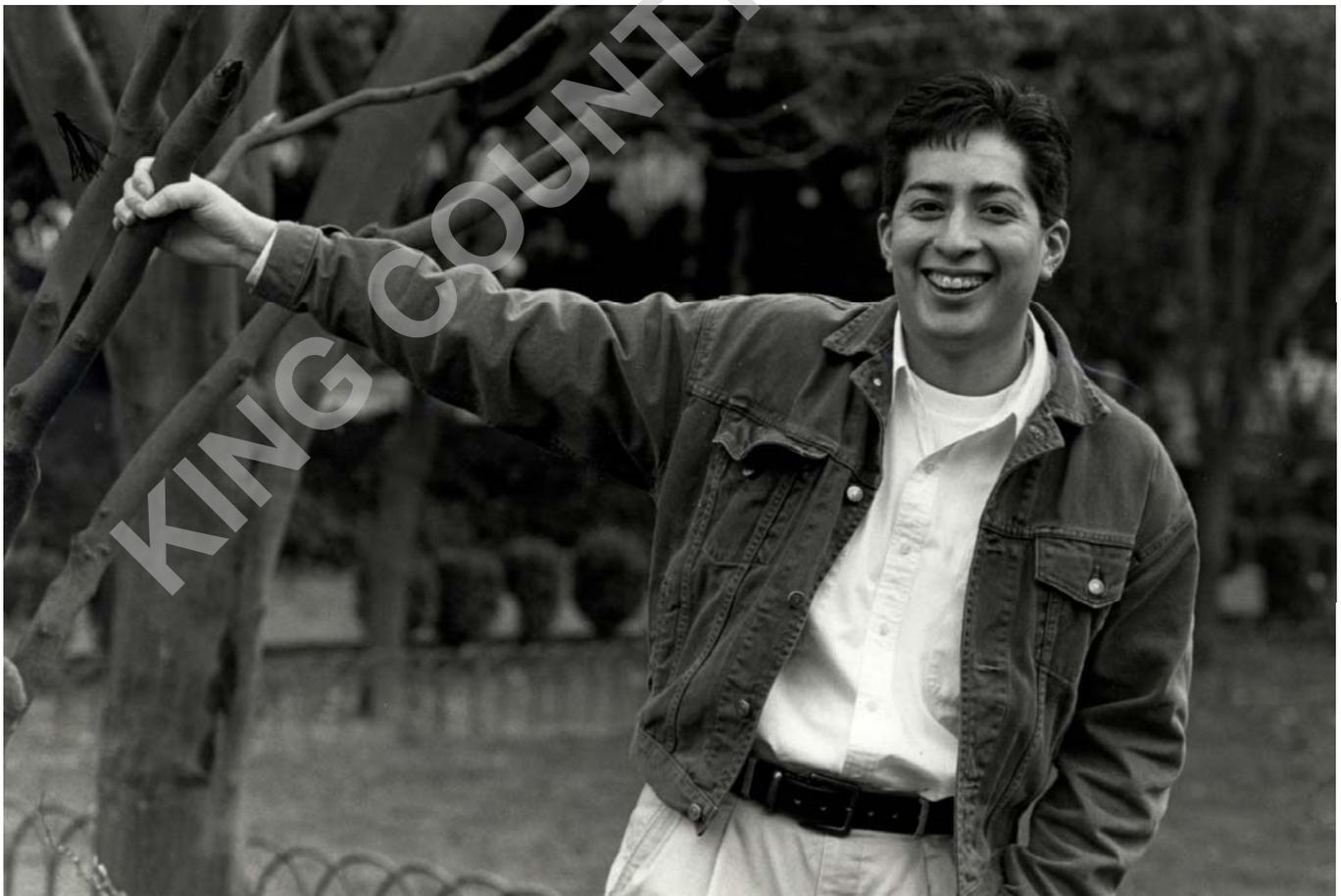
AIDS Prevention Project AIDS Hotline staff Anne McCaffray], (circa 1985-1990). [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-21.]

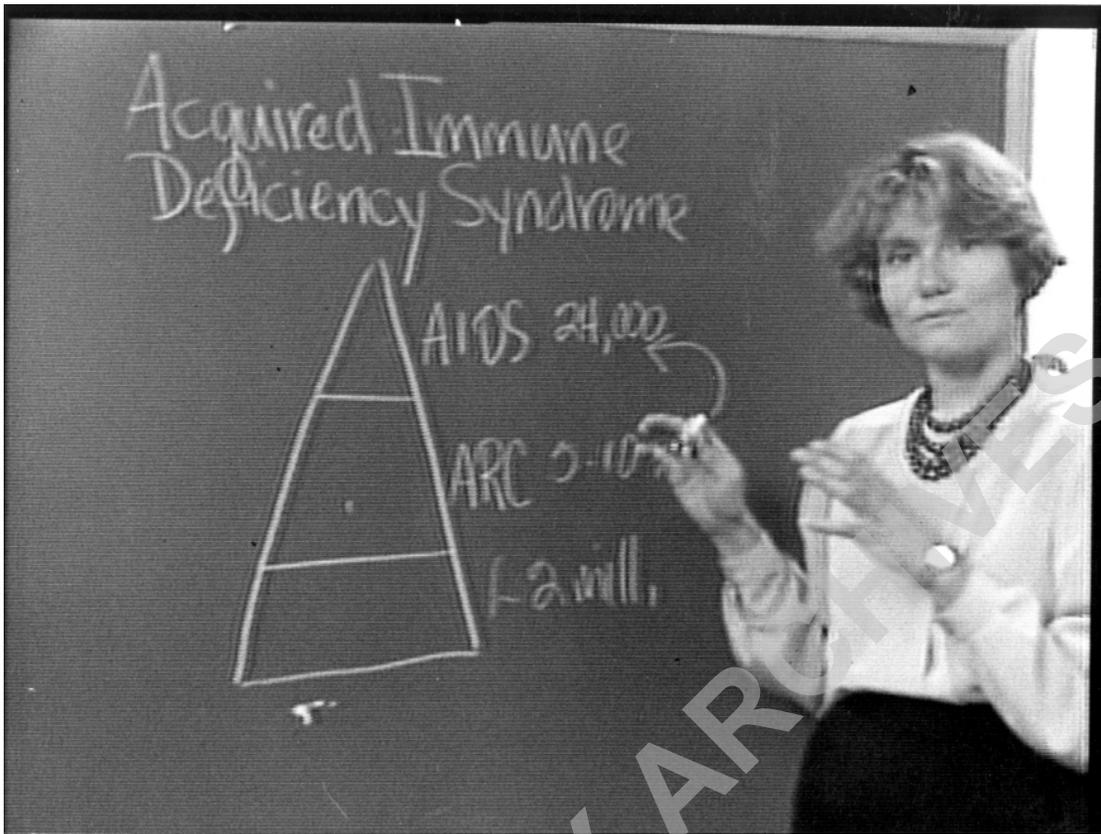


Carolyn Dawson (a.k.a. Haley) and Mark Fleming (?).  
[Series 1825, History files, Seattle-King County Department  
of Public Health: Prevention Division / HIV-AIDS  
Program. 1825-10-18.]



AIDS Prevention Project Education and Outreach staff  
Cevero Gonzales, (circa 1985-1990). [Series 1825, History  
files, Seattle-King County Department of Public Health:  
Prevention Division / HIV-AIDS Program. 1825-10-18.]





Above: AIDS Prevention Project Educator Ann Downer, late 1980s. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-18.] Below: AIDS Prevention Project Director Dr. Bob Wood. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-17.]





Above and below: AIDS Prevention Project Program Manager Tim Burak. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-17.]

Right: AIDS Prevention Project Director Bob Wood at AIDS Walk, 1989. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-31.]





Above: AIDS Prevention Project HIV Prevention Planner Karent Hartfield and others at 1989 AIDS Walk. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-31.]

Top right: AIDS Prevention Project Health Educator Ann Downer. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-10.]

Center: Carolyn Dawson (a.k.a. Haley) and APP staff member (unknown). [1825-9-11.]

Bottom right: APP HIV tester/counselor Mark Charonis. [1825-9-11.]



Above: Charlie Price. Below: AIDS Prevention Project Epidemiologist Sharon Hopkins. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-10.]





Above: AIDS Prevention Project HIV Prevention Planner Karen Hartfield. Below: Bill Ford. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-9.]





1989 open house for AIDS Prevention Project location on Summit and Seneca. [Series 1825, History files, Seattle- King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-9-2.]





AIDS Prevention Project staff on retreat, 1988. [Series 1825, History files, Seattle-King County Department of Public Health: Prevention Division / HIV-AIDS Program. 1825-10-24.]

# Oral Histories

## Tim Burak

Tim Burak served Public Health – Seattle & King County for 35 years, beginning in 1974 as Dental Program Coordinator. In 1985, Tim was hired as Program Manager for the AIDS Prevention Project, and then from 1995 through 2006, he worked as Community Health Center Program Manager. In 2006 Tim became Program Manager for HIV/AIDS Epidemiology Grants and retired in 2010. *Interviewed by Michael Brown at his home in Seattle on July 7, 2015.*



## Ann Downer



Ann Downer has worked as a public health professional in domestic and international settings for more than 35 years. She began her public health career as an educator with Planned Parenthood International and later worked as a trainer, curriculum specialist, and manager in public and private schools, clinics and hospitals, non-profits/NGOs, health departments, and with Ministries of Health and Education around the world. Dr. Downer was a member of the original team that founded the Seattle-based Committee for Children in 1981. Committee for Children is a non-profit organization based in Seattle that has taught millions of children the skills needed for managing their emotions, problem solving, and seeking help if they are being hurt. Teachers in schools all over the world now use the social and emotional learning materials of Committee for Children.

Dr. Downer joined the Seattle-King County Dept. of Public Health (SKCDPH) in early 1986 as the first Health Educator on the CDC-funded demonstration project called The AIDS Project. Dr. Bud Nicola led the well-regarded SKCDPH at that time, and Ann reported to Dr. Bob Wood, a pioneering HIV/AIDS specialist. Ann and her team supported development of behavioral research protocols and produced some of the first AIDS prevention campaigns in the state of Washington. Many of those mass media campaigns, curriculum products, and behavioral interventions are still in use today.

Dr. Downer left the health department in 1989 for an appointment on the faculty of the University of Washington (UW), Department of Health Services. She transferred into the newly formed Department of Global Health when it was established in 2007. During her many years at UW, Dr. Downer has taught courses on mass media in health, educational theory, health promotion planning, and management and leadership. She founded two centers at UW during this time, including the International Training and Education Center for Health (I-TECH) that now employs more than 600 people worldwide and operates 12 offices outside the US. I-TECH, the second largest program in the history of UW's external funding, provides technical assistance to strengthen national healthcare systems and increase human capacity for health throughout the developing world. Much of its work is focused on HIV/AIDS prevention, care, and treatment. *Interviewed by Michael Brown at her office in King County's Ninth and Jefferson Building in Seattle First Hill on August 17, 2015.*



## Frank Chaffee

Frank Chaffee joined the AIDS Prevention Project in 1986 and currently serves as Manager of Public Health – Seattle & King County's HIV/STD Program. He plans to retire soon, after 30 years with King County. *Interviewed by Tim Burak at his office in the King County Chinook Building in downtown Seattle on January 14, 2016.*



## Gary Goldbaum

Trained as a physician, Gary Goldbaum joined the AIDS Prevention Project in 1989 as Assistant Medical Director after earning his Master of Public Health from the University of Washington. In 2007, Gary moved to his current position as Director of the Snohomish Health District in Snohomish County, Washington. Gary also served as Associate Professor with the University of Washington from 1996 through 2013. *Interviewed by David Reyes at his office in the Snohomish County Health District Building in downtown Everett on August 14, 2015.*



## H. Hunter Handsfield, MD

Dr. Handsfield is Professor Emeritus of Medicine, University of Washington Center for AIDS and STD. From 1978 through 2005, he directed the Public Health – Seattle & King County STD Control Program, and for the first three years of the HIV/AIDS epidemic was the main public face of AIDS prevention and public education in Seattle and King County. He also was among the national experts first consulted by the Centers for Disease Control and Prevention (CDC) to formulate HIV prevention strategies and the national response to AIDS. During four decades of research, clinical services, and education on STDs, Dr. Handsfield has authored or co-authored over 200 research papers, monographs, reviews, chapters,

and a book, *Color Atlas and Synopsis of Sexually Transmitted Diseases*, currently in its third edition. He continues to consult frequently for CDC on STD prevention and treatment and twice served CDC as a visiting scientist. In 2010 Dr. Handsfield received the American STD Association's Distinguished Career Award (formerly known as the Thomas Parran Award), the nation's highest accolade for lifelong contributions to STD research and prevention. He remains active as an Associate Editor of *Sexually Transmitted Diseases*, the main journal for STD research, and as an attending physician at Harborview Medical Center. *Interviewed by Lawrence Knopp at his home in West Seattle on September 4, 2015.*

## Karen Hartfield

Karen Hartfield joined the AIDS Prevention Project as HIV Prevention Planner in 1988 and worked in that capacity for 15 years. In 2013 she took on the role of Health Services Administrator for Public Health Communicable Disease Epidemiology. Prior to joining Seattle-King County Public Health, she worked for the Seattle Urban League as a sex educator for parents and their children. Karen was also a founding board member of the People of Color Against AIDS Network. Her current role with Public Health – Seattle & King County is as Health Services Administrator for the Communicable Disease Epidemiology & Immunizations Section. Karen has been a lecturer with the University of Washington School of Public Health since 2001. Karen obtained her Masters in Public Health, Maternal and Child Health from the University of North Carolina at Chapel Hill School of Public Health and her Bachelor of Arts in Psychology from Harvard University. *Interviewed by Michael Brown at her office in the King County Chinook Building in downtown Seattle on July 1, 2015.*



## Sharon Hopkins

Sharon Hopkins was Senior Epidemiologist for the AIDS Prevention Project from 1986 to 2003. After 17 years with the APP, she returned to her original professional field of veterinary work and served the Seattle-King County Department of Public Health as Public Health Veterinarian from 2003 to 2014. Sharon is now retired. *Interviewed by Lawrence Knopp at the King County Administration Building in downtown Seattle on September 10, 2015.*



## Patricia McInturff

Patricia McInturff received her MPA in 1977 and was hired by the Seattle King County Department of Public Health in the same year. She began her career as a public health administrator in charge of grants and contracts and risk management. In 1982 she moved into the program side of the organization and became the Section Administrator for TB, Epidemiology, Sexually Transmitted Disease, and AIDS. In 1986 she was promoted to Director of the Regional Division which included the AIDS Services and Prevention Program, Sexually Transmitted Disease Control Program, Tuberculosis Control Program, Epidemiology Program, Public Health Laboratory, Vital Statistics Program, and Jail Health Services. She was a Clinical Assistant Professor at the University Washington Department of Health Services, School of Public Health and Community Medicine from 1994 to 2000.



Patricia co-chaired the Ryan White Title I Council and was a member of the National Advisory Committee on HIV/AIDS for the Centers for Disease Control. She was the Principal Investigator for Robert Wood Johnson Foundation and Health Resources and Services Administration grants for AIDS Services. In her volunteer life she was a founding member of the Board of AIDS Housing of Washington, which built Bailey Boushay House, and a Trustee of Harborview Medical Center.

Her awards related to her work in HIV/AIDS included the Governor's AIDS Service Award for Public Service (1992) and Public Employee of the Year Municipal League of King County—Civic Awards Recipient (1994).

After leaving the Health Department she was Visiting Scholar at the Centers for Disease Control and Prevention and finished her career as Director of the City Seattle Human Services Department. In addition to funding and operating program and services to meet the basic need of the most vulnerable in our community, the Department directed the City's investment in public health and provided public health policy direction to the Mayor and City Council. *Interviewed by Lawrence Knopp at her home in West Seattle on September 4, 2015.*



## Robert Wood

Dr. Bob Wood, a native of central New York State, is an academic general internist educated at Hamilton College, the University of Rochester School of Medicine ('70), Dartmouth-Hitchcock Medical Center, and the University of Washington, after which he joined the University of Washington faculty as an assistant professor of medicine. Initial research involved using computers in medicine, and to investigate cost-effective standards of care for common clinical problems as used by mid-level medical practitioners. In 1986 he became an associate professor based on his health services research. He is now a UW Clinical Professor of Medicine.

A gay physician leader of a local group of about 100 LGBT physicians in the late 70s and early 80s, Bob became involved in AIDS medical care in 1982, with an early case of extensive lymphadenopathy and then taking on the care for one of the region's first AIDS cases. In 1983 he joined the first board of the NW AIDS Foundation, and became its second board president. In May 1985 Bob tested HIV seropositive. In 1986 he was appointed Director of the HIV/AIDS Control Program for Public Health – Seattle & King County. Bob was appointed to the Governor's Council on HIV/AIDS in 1987 and was its chair for 4 years in the early 90s. He remained a member until retirement in 2010. From 1994-1999 Dr. Wood was a member of the CDC's Advisory Committee on HIV/AIDS & STD Prevention, and he twice represented US and Seattle model AIDS prevention efforts to the World Health Organization.

Before AIDS work Bob was the Principal Investigator (PI) for a 6-year grant from the US Army, and an NIMH grant studying depression among emergency room patients in Seattle. His AIDS work included being PI for several CDC AIDS Community Demonstration Projects ("Be-A-Star" Study targeting men who have sex with men, and harder to reach targets, 1986-1994), NIDA's National AIDS Demonstration Research targeting injection drug users (1987–1991), and for the Viral Hepatitis Integration Project (2000-2004). In 2006, he became Deputy Director for the Sociobehavioral Prevention Research Core (SPRC) of the UW's Center for AIDS Research (CFAR). He has authored or co-authored nearly 100 papers and chapters on such topics as management of upper respiratory infections, cough, and back pain, on HIV/AIDS

clinical care, epidemiology, and prevention, and on end of life options. He has also helped mentor 18 medical and masters in public health students.

Since retirement from his Public Health post in early 2010, Dr. Bob remains a very part-time on the faculty of the CFAR's SPRC, provides HIV/AIDS lectures both at the UW and Seattle University, and has been volunteering as the lead medical advisor for End of Life, Washington (formerly Compassion & Choices of Washington) a non-profit community organization which provides education about end of life planning to the elderly and personal assistance to terminally ill persons who seek the option of using the state's "death with dignity" law, enabling qualifying persons to obtain physician prescriptions for life-ending medication. Bob is now involved in educating physicians and other providers nationwide about this new option available to the terminally ill. *Interviewed by David Reyes at his home in Seattle on August 20, 2015.*

## Tim Burak interviews Robert Wood

In this follow-up interview, Dr. Bob Wood and Tim Burak discuss the work of colleagues Ann Collier, King Holmes, Pam Ryan, Wayne McCormick, Mark Dion, Andy Krusich, Jane Crigler, and Carol Wood, among others. They discuss how Public Health supported local doctors who were treating AIDS patients through training and sharing of best practices, ensuring safety and quality care; the meaning of "the community"; the AIDS Planning Council; the impact of effective AIDS treatments that became available beginning in 1994; and the impact of the AIDS epidemic on LGBT rights in the United States. [Airplane noise in audio.] *Interview conducted at the home of Robert Wood on June 3, 2015.*



## Carol Dunphy

Carol Dunphy was the first nurse practitioner for the AIDS Prevention Project, where she served in that capacity for 20 years. Prior to joining the APP, Carol worked as a nurse practitioner in various contexts, including in the King County Jail in downtown Seattle. *Interviewed by Michael Brown at her home in Seattle on June 22, 2015, audio recording only.*

## Anne Bremner

Anne Bremner worked the Prosecuting Attorney's Office from 1983 through 1988, including two years in the Special Assault Unit, which was one of the first such units in the nation. Anne served as prosecutor for the initial case against Steven Farmer (see section in *The AIDS Omnibus Act: New Mandates*). *Interview conducted by Lawrence Knopp via telephone on June 22, 2015, audio recording only.*

# Interviewers

## Michael Brown

Michael Brown is Professor of Geography at the University of Washington. His research is on urban politics, sexuality, and public health. His early research was on the local responses to AIDS in Vancouver, Canada.



## Lawrence Knopp

Lawrence Knopp is Professor and Graduate Program Coordinator for the School of Interdisciplinary Arts & Sciences (University of Washington Tacoma), Adjunct Professor of Geography; Gender, Women and Sexuality Studies (University of Washington Seattle), and Affiliate Professor, Comparative History of Ideas (University of Washington Seattle).



## David Reyes

David Reyes is Assistant Professor, Nursing & Healthcare Leadership Program at the University of Washington Tacoma.



## Access to the Oral Histories

Oral history interviews were conducted with 2015 grant funding from 4Culture's King County Lodging Tax Fund.

The complete video-recorded interviews are available on the King County Archives' Vimeo site, at <https://vimeo.com/kcarchives>.

Videos and transcripts are also publicly available for review at the King County Archives. Fees apply for copies of video recordings and transcripts.



# References and Resources

## King County Archives holdings relating to HIV/AIDS, 1982-1996

### Records of the Seattle-King County Department of Public Health: Prevention Division / HIV/AIDS Program

- Series 458 – Organizations files 1985-1998
- Series 459 – Legislative files 1987-1998
- Series 460 – Grant files 1985-2000
- Series 462 – Project files 1985-1998
- Series 463 – Correspondence files 1986-1997
- Series 464 – Departmental files 1986-1997
- Series 1770 – HIV/AIDS epidemiological report 1983-2009
- Series 1825 – History files 1979-2012
- Series 1843 – HIV/AIDS epidemiology profile for community planning, 1996-2008
- Series 1861 – Subject files 1986-2010

*Note: Access to research data is restricted under HIPAA and Washington State privacy laws.*

Accession A15-053: Dr. Robert Wood subject/issue files ( -1996); Brief Street Intercept 1992-1994, Seattle HIV/AIDS Planning Council 1998-2002; Wave #11 (Women, Youth, MSM) 1994  
Accession A16-029: Research study materials

### Records of the Seattle-King County Department of Public Health: Alcoholism and Substance Abuse Services Division

- Series 466 – Administrative files 1984-1989
- Series 470 – Detoxification Center subject files 1972-1994

### Records of the Seattle-King County Department of Public Health: Director's Office

- Series 10 – City/county division files 1973-1986
- Series 11 – Clipping and press release files 1965-1986
- Series 443 – Administrative files: Bud Nicola 1973-1989
- Series 444 – Administrative files: David Lurie 1987-1992

### Records of the Seattle-King County Department of Public Health: Regional Division

Accession 09-022. Division Director's issue files 1985-1993

### Records of the King County Council

- Series 305 – Ordinance files 1969-2014
- Series 306 – Motion files 1969-2014
- Series 997 – Administrative working files: County Council District One / Audrey Gruger 1978-1991

### Records of King County Executive Tim Hill

- Series 435 – Management work papers 1986-1993
- Series 1470 – Agency files 1982-1993

# About *Responding to AIDS*

*Responding to AIDS: the Seattle-King County Department of Public Health, 1982-1996*, describes the response by the Seattle-King County Department of Public Health to the HIV/AIDS epidemic, from 1982 to 1996, using documents, photographs, graphics, audio, and video from the King County Archives. The online exhibit was published in June, 2016.

The exhibit and oral histories are *not* intended to provide a comprehensive history of AIDS in Seattle-King County, but rather to document one facet of the history: the accomplishments, challenges, and perspectives of Public Health staff.

In addition, the records presented here are only a small percentage of the Archives' Public Health collection, and the exhibit only touches on some of the complex issues and challenges faced by the program and the community. Researchers are encouraged to contact the Archives to review the collection, which includes records from beyond this exhibit's 1996 cutoff date.

## The HIV/AIDS Oral History Project

As the Archives processed the records of the AIDS Prevention Project and began research for this exhibit, former AIDS Prevention Project Coordinator Tim Burak helped us identify people, places, and events in collection photos. On hearing just a few of Tim's reflections and stories, it became apparent that the unique experiences and perspectives of people working in public health were missing from the familiar narrative of the AIDS epidemic in our region. We hope that the interviews will help complete the historical record.

## Acknowledgements

Oral history interviews with former and current employees of the Seattle-King County Department of Public Health were produced with support from a 4Culture Heritage Project Grant funded by the 4Culture/King County Lodging Tax Fund.

We are grateful to all who shared their stories for the oral history project. Thanks to Michael Brown, Lawrence Knopp, and David Reyes—volunteers with the Northwest Lesbian and Gay History Museum Project—who generously donated their time planning for and conducting the oral history interviews. Thanks also to King County videographers Tim O'Leary and Judi Chapman for recording the interviews. Professional transcription services were provided by Jackson Street Associates.

Special thank-yous to Archives staff and volunteers: to King County Archives volunteer Kimberly Mann for her work processing the archival collection, researching, writing, and scanning materials for this exhibit, and planning and applying for grant funding of the HIV/AIDS Oral History Project; to King County Assistant Archivist Rebecca Pixler for her work arranging, processing, and describing the collection; researching and writing for the exhibit and interviews; and for her leadership in pulling together and helping guide the oral history team; and to former Assistant Archivist Amy Holloway who processed the records of Dr. Bob Wood.

Finally, sincere thanks to Tim Burak, Patricia McInturff, Hunter Handsfield, and Dr. Bob Wood for reviewing the site and providing critical feedback and helpful suggestions.

Editing and Web design and development by County Archivist Carol Shenk.

## About the print version of the online exhibit

This print document was developed in December of 2016 to create a tangible record of the online exhibit located at <http://respondingtoaidsexhibit.org>. The print version provides transcriptions of the video clips that are interspersed throughout the exhibit. An attempt was made to retain the overall feel of the online experience. Still, though the substantive text of the exhibit has not been changed or shortened, much of the original layout has been modified to fit a book format. And, documents that were linked to from the online exhibit are not presented in full in this printed version. However, all cited records are publicly available at the King County Archives. Full transcripts and recordings of the oral history interviews are also available at the Archives.

